

LEISURE TODAY

The 'Play Ladies'— The First Therapeutic Recreation Specialists

"Play ladies" was the term used for nurses, teachers, and recreation workers who helped demonstrate the benefits of play in the rehabilitation of hospitalized individuals.

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There is a recreational director or 'play lady' who is a most popular person (Binner, 1935, p. 58).

Historically, women have been the dominant providers of play and recreation services for people with disabilities. These services have ranged from health-directed play for children in "therapeutic camps," to providing recreation for wounded soldiers, to developing play programs as treatment in pediatric hospitals. Identified as the "play ladies," these women, hailing from backgrounds in education, social work, and nursing generally are considered the predecessors to therapeutic recreation specialists.

In this article, I outline the development of formal provision of play and recreation activities by the "play ladies" to children and adults with disabilities. I also describe the professional impact these women had on the foundation of therapeutic recreation as a profession.

Social Movements

Gittell and Shtob (1980) described

how, at the turn of the century, women had no political voice. As a result, they turned their activism to social needs of the community. Through involvement in the various social movements in the late 1800s and early 1900s, women clearly had an impact on the development of recreation services for indigent and disabled populations in the United States. By 1890, through programs such as settlement houses, over 4,000 women were involved in community programs that helped the poor, "immoral," and disabled in Baltimore, New York, and Boston alone. By 1910, 400 settlement houses were established in eastern and mideastern U.S., most of which were founded and staffed by women (Woods & Kennedy, 1911).

Settlements were centers for education and culture designed to meet the social needs of individuals who were poor or needy (Gittell & Shtob, 1980). Most often associated with immigrant families, settlements also housed people with tuberculosis, "cripples," families with "invalid" husbands, or addicts of alcohol or gambling and provided services that

addressed their unique needs (Woods & Kennedy, 1911). A major element of settlement services was the recreation program which offered instruction in literature, art history, sewing, cooking, and music; clubs for men, women, and children; and summer camps, trips, libraries, athletic teams, gymnasias, and parks. Administrators of the settlements also developed funding for building playgrounds and recreation centers.

Almost concurrently with the settlement movement, a need for safe play areas for youth in quickly growing urban areas was identified. For example, Marie Zakrsewka in 1885 introduced "sand gardens" to the United States as a way of addressing social and recreational needs of these children (Olivia, 1985). This playground movement was philosophically similar to the settlement movement in that it aimed at the "prevention of delinquency and antisocial behaviors" (Sessoms & Henderson, 1994, p. 47).

Beyond the association that exists between these social movements and the roots of recreation as a formalized profession, the impact of these

services on people with disabilities and the therapeutic needs of the community should be acknowledged. In addition to noted pioneers such as Marie Zakrsewka and Jane Addams, many unnamed women also created and provided play opportunities for immigrant children and their families, many of whom had disabling conditions.

Play in Schools for Children with Disabilities

At the turn of the century, women's involvement in these social movements was intense. New responsibilities fell on teachers (usually women) of children in both the public and private schools. As reflected in periodicals such as *Charities*, social reform targeted not only children in settlements, but also children with physical disabilities referred to as "defectives" or "backward."

In the early 1900s, schools were developed to meet the specific needs of children with disabilities. Many teachers provided play as a therapeutic technique via "play tents" or outdoor play environments. Schools in the form of "fresh air" camps were designed to enhance the rehabilitation of children with respiratory conditions ranging from asthma to tuberculosis. For example, as early as 1904, a seaside "tent camp" for children with tuberculosis was established in New Jersey (Williams, 1904). While exhibiting less of an educational focus, similar programs for adults with disabilities existed as well. At the turn of the century, for example, the State Commission on Lunacy sponsored the use of a hotel on Fire Island in New York as a "resort" for people with mental illness to provide an opportunity to relieve the negative effects of living in an institution ("The Defectives," 1904).

Some years later Neva Boyd's (1936) article, "Play as a means of social adjustment," in the *Journal of Health and Physical Education* discussed work at the Lincoln State School in Illinois for "mental defectives," describing how their play

programs differed only slightly from those of "normal children." She strongly supported play in schools (regular and special classes) because it was comprised of elements that "result in physiological and social adjustment" of the children (Boyd, 1936, p. 466). She identified how the social benefits were particularly important for children with disabilities, describing, "More than twenty-five years ago, the principal of a public grade school employed a play leader in preference to a physical education teacher, for the purpose of creating better social relations among the children" (p. 410).

Similarly, Edith Wheeler (1937), superintendent of special education at the University of Michigan Hospital, discussed how play and recreation in the hospital school was similar to programs for "normal" children in public schools. The objectives of the play and recreation services for the children with disabilities in the hospital school included increasing their confidence, increasing their leisure interests despite their disabilities, and decreasing the mental discomfort accompanying their illnesses. Additionally, Wheeler saw the play and recreation programs as "supplementing actual Academic programs offered by the Hospital school" (Wheeler, 1937, p. 23).

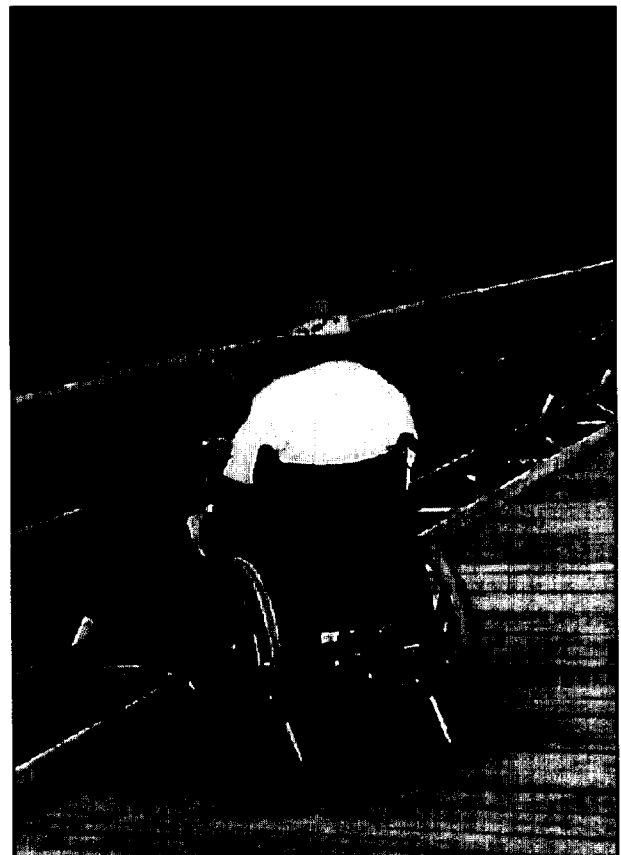
The World Wars

Human service administrators during World War I and

Planned treatments involving recreation had positive effects on the rehabilitation goals of wounded soldiers during the World Wars.

World War II could not help but discover the benefits of play and recreation for the morale and rehabilitation of wounded soldiers. Even before the twentieth century, nurses like Florence Nightingale applied recreation to rehabilitation. Having written *Notes on Nursing* in 1873, she referred to pet therapy, as well as the use of music, to address rehabilitation needs of the soldiers. Nightingale was also concerned about the moral fiber of the healthy soldiers. She stated, "Give them schools and lectures and they will come to them. Give them books and games and amusements and they will leave off drinking" (Woodham-Smith, 1983, p. 165). Nightingale's philosophy about recreation and leisure remained with the military and became an integral part of treatment and diversional programs contributing to recovery and morale of the soldiers.

In the United States, prior to June 1918, all "recreation" programs for soldiers were conducted only on wards and corridors. With the ap-



proval of the War and Navy Departments, the American Red Cross built 52 convalescent houses, or recreation huts, costing \$1,069,385 for recreation and amusement to facilitate the soldiers' recovery. These homelike structures provided convalescing soldiers with libraries, movies, entertainment, tables, games, and pianos. Each recreation hut served 2,000 beds and was staffed by four to five women. Ironically, although one of the responsibilities of these nurses included entertainment and fun, they were also charged with the contradictory duty of leading searches to find casualties and notify the families.

Recreation services were assumed to be performed almost exclusively by women. A typical job description for military nurses in 1918 suggested that appropriate applicants would be "women of cheerful disposition to staff recreation huts at each hospital" and "...should be those who are keen on entertainment, lots of music, reading aloud, and all that sort of thing to help make the recovery of wounded and sick soldier boys much quicker than otherwise would be the case" (*American Red Cross Bulletin*, 1918, p. 5).

In the years after World War I, Margaret Lower, a Red Cross worker, founded the Gray Ladies, named for their gray uniforms. These women volunteers assumed the primary role of providing recreation services to wounded soldiers. Recreation services provided by nurses and the Gray Ladies were successful in hospitals and later became part of the Hospitals and Recreation Corps volunteers in 1947. In addition to their regular duties these workers helped organize dances, conduct classes to encourage amputees to function better, provide speech and penmanship, operate ward movies and book projectors, and encourage bedside gardening and handicrafts.

Planned treatments using recreation were also being implemented and having positive effects on the rehabilitation goals of the soldiers. Maxim and Stolz (1946) noted how

recreation (play) was now clearly recognized by the military to be essential to the soldiers' rehabilitation. They stated, "Adults, no less than children, need to play if their physical and mental capacities are to function freely" (p. 75).

Children's Hospitals

Perhaps the term "play ladies" found its real home in pediatric hospitals where nurses, teachers, and recreation workers helped demonstrate the benefits of play in the rehabilitation of hospitalized children. One of the pioneers of pediatric hospital recreation came from Massachusetts General Hospital in Boston in the early 1920s. Isabelle Whittier, trained in kindergarten and Montessori with practical experience in settlement houses, was referred to in the hospital as the "Play Lady" ("Children's Play in Hospitals," 1923). At that time, recreation work in hospitals was considered "undeveloped." Whittier, however, proved from a medical standpoint that recreation and play for hospitalized children had a "real value and has hastened the care of the child" ("Children's Play," 1923, p. 489).

The next decade offered more acknowledgment of the benefits of play, especially within nurse training programs. Mabel W. Binner (1935), superintendent at Children's Memorial Hospital in Chicago described how morning hours with the children were staffed by three school teachers and a kindergarten teacher in the afternoon. She noted how nurses were taught how to play so that they could pick up the work of the "Play Lady." By 1941, the education staff for instruction of the psychiatric nurses consisted of the psychiatrist, education director, occupational therapy director, and recreation therapy director. The last three weeks of the nurses' training was spent in occupational therapy and recreational therapy, one week each, with the remaining week being a choice between the two (Bradshaw & Davis, 1941).

At the School of Pediatric Nursing at Children's Memorial Hospital in Chicago in the mid-1930s, nurses were required to take introductory and advanced courses in play as a fundamental method of care. Since nurses seemed to lack knowledge in children's play and were self-conscious, the beginner's course in play was established in 1932 and included lessons in presenting games, stories, poetry, rhymes, drama, and puzzles. The subsequent advanced course in play included more theory and practice, skills in making one's own equipment, and additional information in children's literature, music, and art. Between 1932 and 1938, 1,004 student nurses and 77 graduate nurses were given courses in play as a fundamental method of care for hospitalized children. Additionally, 232 voluntary workers helped in the Department of Play between 1932 and 1937 (Smith, 1941).

The "play ladies" did not limit themselves to direct service in hospitals or schools, however. Many women addressed the play and recreation needs of people with disabilities through their writings. For example, as early as 1916, Hilda Wrightson wrote a book entitled, *Games and Exercises for Mental Defectives*. A year later in 1917, Abbie Condit wrote an article titled, "Recreation for Crippled Children" in which she described Blanche Van Leuven-Brown of the Van Leuven Brown Hospital School for Crippled Boys and Girls in Detroit, who supported recreation for "crippled children" and worked with child welfare.

Empirical literature surfaced from these programs as well. Anne-Marie Smith (1941) wrote a six-year summary of the effects of play preceding operations for children under treatment at the Children's Memorial Hospital in Chicago. According to her notes, the nursing program treated 4,000 children each of the six years. Smith, a staff instructor at the leader's training school in Chicago, found that the benefits of play for the children included relaxation, satisfaction, diversion, prevention of

homesickness, and constructive use of energy. These experiments in pre-operative play also proved that therapeutic play had direct benefits in terms of improved recovery and compliance of post-operative children. During this time, Smith also noted how play served as preventative medicine for the children.

The effects of recreation and play in meeting rehabilitation needs seemed to take hold in the late 1940s. For example, New York installed recreation departments with recreation workers in each of its 29 institutions for care of the state's mentally ill, "mentally deficient," and "epileptic." Additionally, by 1951 the recreational department at Lincoln State School and Colony in Nebraska demonstrated the progress that can be made by a supervised recreational program to help alleviate the problem of overcrowded wards for the acutely disturbed and assist in bringing about a better social adjustment of patients.

Impact on the Therapeutic Recreation Profession

Many women from disciplines such as nursing, social work, and elementary education helped shape the field of therapeutic recreation as it is today. The foundation built by these women through recreation and play programs for people with disabilities in special schools, military hospitals, and children's hospitals prior to World War II set a framework from which therapeutic recreation could root and grow as a formal and autonomous profession.

As therapeutic recreation professionals (still primarily women) became more organized, standards, credentials, and curricula also were established. Although women like Neva Boyd were providing education in recreation and group work as early as the 1930s at Northwestern University, specific professional training in hospital recreation and recreation for the "ill and handicapped" began to formalize in the 1950s. Some of the first formal curricula in

hospital recreation education were established because of the work of dedicated women.

The impact of the work of the "founding mothers" on teaching and applying the importance of play and recreation for people with disabilities is evident in therapeutic recreation education and in practice today. Currently, there are over 100 professional preparation programs and two professional associations for therapeutic recreation in the United States, boasting strong leadership by women. Approximately 50 percent of therapeutic recreation educators are women (SPRE, 1989/90). Also, 50 percent of the presidents of the American Therapeutic Recreation Association have been women. In practice, 80 percent of the more than 13,000 individuals certified with the National Council on Therapeutic Recreation Certification (NCTRC) are women.

Through the work of the women identified, as well as many more women and men who saw the importance of play and recreation for people with disabilities of all ages, credibility was given to the possibilities that play could be therapeutic and beneficial in meeting the rehabilitation needs of various populations. Beginning almost concurrently in public and private sectors of the community, medicine, and education, people from many disciplines found it important to use and establish recreation and play programs as forms of treatment and education.

While the name "play lady" has officially given way to the title "therapeutic recreation specialist," the hard work and exploration of women throughout the twentieth century has brought recognition to the field of therapeutic recreation. Thanks to these women, recreation as a therapeutic intervention exists in most human and educational services today.

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