Abstract

Title: The Development of Occupational Therapy in St. Finan’s Psychiatric Hospital, Killarney, Co. Kerry (1932-1939).

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Background: This study developed from a larger research project in the Clinical Therapies Department in the University of Limerick. The research project aims to document the Irish history of occupational therapy. In this study the researcher focused on the development of occupational therapy in St.Finan’s Psychiatric Hospital. The closure of St.Finan’s Psychiatric Hospital in 2012 and the release of its documentation to Kerry library archives provided this study with primary sources of data.

Objective: This study aimed to analyse and document the development of occupational therapy in St.Finan’s Psychiatric Hospital from 1932-1939.

Method: Historical documentary analysis of primary sources of archival material from St.Finan’s Psychiatric Hospital, Killarney. The documentation was analysed using thematic analysis.

Findings: Thematic analysis identified two themes: the establishment of the occupational therapy department and the delivery of occupational therapy in St.Finan’s Psychiatric Hospital.

Conclusion: This study provided strong evidence of the development of occupational therapy in an Irish psychiatric hospital in the 1930s. It highlighted the contribution of Dr. Eamon O’Sullivan in the development of occupational therapy and his role in the establishment of the occupation therapy department in St. Finan’s Psychiatric Hospital.
Research Question:

How did occupational therapy develop in St. Finan’s Psychiatric Hospital, Killarney from 1932-1939?

Objective:

This study aimed to analyse and document the development of occupational therapy in St. Finan’s Psychiatric Hospital from 1932-1939.

Literature Review:

Through critical reflection of the past, invaluable knowledge can be gained to shape current and future practice that will benefit the occupational therapy profession and people engaging in treatment. Historical research is a valuable tool that enables us to pursue information from the past (Trentham 2011). Looking back at the historical development of the profession can help the student to develop their professional identity and instil pride in their work (Creek and Lougher 2008). History reveals the cultural, economic, social and environmental factors in context at the time and the impact of these factors on the development of occupational therapy (Ring 2013).

Occupational Therapy derived from ‘The Moral Treatment Movement’ of the 19th century. Dr. Philippe Pinel and William Tuke are credited with the introduction and use of moral treatment with the mentally ill (Creek and Lougher 2008; Crepeau et al. 2003). This study focused on the development of occupational therapy in an Irish psychiatric hospital from 1932 to 1939. During the 1920s in America, Adolph Meyer (1922-1977), professor of psychiatry was an influential figure in the promotion of occupational therapy in those with psychiatric illness. He supported the idea that those with mental illness could benefit from the use of habit training, creative, educational and meaningful occupations (Crepeau et al. 2003). He emphasised the importance of engaging patients in work activities and the meaningful use of time (Friedland 1998).

In Scotland, Professor Sir David Henderson in psychiatry developed an occupational therapy department in 1925. He supported the establishment of The Scottish Association of Occupational Therapists by a group of ‘occupational therapists’ (Wilcock 2002 p156). He paid tribute to the pioneer work of Dr. Meyer, Dr. W.R. Dunton Jr. and Enoch Pratt in occupational therapy. These early pioneers shared an appreciation and value of occupational
therapy in the treatment of mental illness and founded specialised occupational departments in the hospitals they worked in. At this time an occupational therapy department was also set up in Edinburgh for those with physical disabilities. In the 1930s, London opened its first occupational therapy department and the first training school ‘Dorset House’ was established in Bristol. Mary McDonald, the principal of ‘Dorset House’ in 1938 was an instigator in setting up the Association of Occupational Therapists ( later known as the British Association of Occupational Therapy) (Wilcock 2002).

In Ireland in 1925, Dr. O’Sullivan accepted the position of Assistant Medical Officer (AMO) in Killarney Psychiatric Hospital as a newly qualified psychiatrist graduate. He became Resident Medical Superintendent (RMS) in 1933(Fogarty 2007). Throughout Ireland in this period there was an increase in social deprivation and an economic recession. There was a demand for housing the mentally ‘insane’ (Brennan 2014). St Finan’s Hospital, previously known as Killarney District Lunatic Asylum and Killarney Mental Hospital opened its doors in 1852 to 135 patients. Dr. O’Sullivan developed an interest in occupational therapy due to its ‘definite, successful and indeed pleasant form of psychiatric treatment’ (O’Sullivan as cited in Fogarty 2007, p 253). Restraint and ‘sedative therapy’ were treatments used in the hospital at this time (O’Sullivan as cited in Fogarty 2007, p250). According to Dwyer (2012) the hospital population was just under 1,000 patients when Dr.O’Sullivan sought to introduce occupational therapy to the hospital.

Dr. Eamon O’Sullivan has been identified as an early pioneer of occupational therapy in Ireland (O’Riordan 2013; Faughan 2013) His contribution to the profession is evident in his book he published in 1955, ‘Textbook of Occupational Therapy: with Chief Reference to Psychological Medicine’. Significantly, an early American pioneer in occupational therapy, Dr. William Rush Dunton, Jr wrote the foreword. This book resulted from extensive research and study in the area of occupational therapy by Dr. O’Sullivan (Fogarty 2007). In Dr.O’Sullivan’s book he acknowledged the importance of occupational therapy in the treatment of those with mental and physical illness. He emphasised the need for it to be administered under medical supervision. His book is based on his experiences of developing occupational therapy in St.Finan’s Psychiatric Hospital (O’Sullivan 1955).

Dr.O’Sullivan categorised occupational treatment into three sections, recreational, handicrafts and re-education/habit-training section. For maximum benefit for all patients in the hospital setting he recommended that occupational therapy should be structured into these sections
with specific trained personnel. The recreational or diversional treatment section consisted of active and passive occupations held indoors or outdoors in a group or individual context. According to Dr. O’Sullivan a well-balanced recreational programme in occupational therapy should consist of physical training and recreation. Handicrafts and recreation should be of equal importance in a patient’s occupational therapy programme to attain a balance of work, rest and exercise (O’Sullivan 1955 p 74). The handicrafts section was divided into “(a) The Special Occupational Centre (b) The Ward Occupational Activities and (c) The Utility Departments (O’Sullivan 1955 p 59). All activities are to be administered with precise gradation from minor, intermediate and major complex levels to suit the mental or physical illness (O’Sullivan 1955).

In the 1930s occupational therapy was beginning to be recognised as a treatment in mental hospitals throughout Ireland (Wilcock 2002). In 1934, a special occupation-therapy department was established in St. Finan’s Psychiatric Hospital, Killarney. In Dr. O’Sullivan’s 33 years of service he developed several occupational projects such as a printing press, Ross Products and the building of Fitzgerald Stadium (Dwyer 2002). He emphasised that the creative and therapeutic benefits of the treatment were his main objectives for the use of occupational therapy (O’Sullivan 1955). Dr. Eamon O’Sullivan considered the building of Fitzgerald Park the ‘Opus Magnum’ of projects. He believed it was the largest occupational therapy project ever organised and it was of significant therapeutic value leading to the complete rehabilitation of many patients. According to Dr. O’Sullivan, occupational therapy gradually expanded in the hospital and achieved a percentage rate of 90% of patient participation (Fogarty 2007).

**Methodology:**

**Historical Research Methods:**

The historical researcher uses recommended methods of inquiry to gather, interpret, analyse and organise reliable sources of data into an accurate narrative of the event or people from the past (Schwartz and Coleman 1988). Historical research depends on existing sources of data generally found in archives (Lusk 1997). Archives are a primary source of data that humanise information from past events and people (Crowe 2014). It is highly recommended that primary sources of data are utilised in historical research (Schwartz and Coleman 1988). Primary sources of data can consist of unpublished documentation such as diaries, minutes, reports and letters from that time period (Lusk 1997). Primary documents are “mediated
access” or indirect access to information based on past occurrences (Scott 1990). In this study, the researcher gained access to the Kerry archives and primary sources of data that were released from St. Finan’s Psychiatric Hospital, Killarney.

**Thematic Analysis:**

The researcher observed the Braun and Clarke guidelines when conducting thematic analysis of the data. The researcher played an active role in identifying reoccurring codes through manual coding (Appendix 2). These were submitted to the research supervisor and codes were analysed through the coding-recoding procedure. Following on from this, the codes progressed to identification of two themes and sub-themes represented in the findings (Braun and Clarke 2006).

**Trustworthiness and Credibility:**

The researcher used a variety of quality criteria strategies in the research process to ensure an accurate interpretation of the data and narrative (Curtin and Fossey 2007). Qualitative methods must have the following features: credibility, representativeness, authenticity and meaning (Scott 1990). Internal validity and credibility of this study were addressed by the researcher through an indepth emergence and long term engagement with the data. Leninger (1985) suggested that spending long periods of time with the material would reveal reoccurring themes and patterns. The researcher had archival access over several weeks and was permitted to keep a record of the material on paper and computer (Krefting 1997).

The researcher ensured confirmability by keeping a field journal and reflective pieces to alleviate personal bias and perspectives. Aamodt (1982) believed that the researcher is inclusive of the data and must analyse oneself and their experiences within the research context to gain a valid interpretation of the data (Krefting 1997). External criticism was satisfied through verification of the archival material by Kerry Library Archives where the material is stored. The researcher consulted with the research supervisor to satisfy internal criticism and meaning of the material and related to the material in the context of the time also being aware of the role and agenda of the people in the data. The language and terminology throughout the archival material was interpreted by positive criticism in consultation with the research supervisor to prevent researcher misinterpretation (Lusk 1997; Sweeney 2005). Negative criticism satisfied accuracy and dating of all the data (Sweeney...
2005). The archival books were documentation that was typical and representative of the time of records being kept in a hospital (Mogalakwe 2009).

**Ethical Considerations:**

Kerry County Archives required identification from the University of Limerick for the researcher to gain access to the archival material. Ethical clearance was applied for from the Health Service Committee and was received on July 15th, 2013.

The analysis of historical documents is a non-direct method of exploration into the lives of people so there is no direct disruption to the participant (Kielhofner 2006). However, historical researchers must still be respectful of the data and treat documentary sources as participants. In this study it is unknown if the clients are still alive but their living relatives need to be respected and remain anonymous. This researcher demonstrated an awareness of this through omission of names in raw data collection and the written report during dissemination to protect the individual’s concerned (Yin 2009).

Confidentiality, sensitivity and anonymity are of key importance when working with archival material that contains client details. Material was not removed from the archives but photos were permitted. These images are stored securely on a password protected computer and will only be available to the research team. All data will contribute towards the greater research project and may be used after this study has been completed within the larger project.

**Findings:**

Data for this study was accessed from the Killarney Mental Hospital (1932-1935) ‘Minute Book’, Killarney Mental Hospital (1937) ‘Head Nurses Book’ and Killarney Mental Hospital (1938/39) ‘Matron’s Report Book’. The Minute Book was the Hospital Management Committee minutes record book. The Committee of Management (Committee) managed the hospital and consisted of local farmers, clergy, publicans and shop keepers (Prior 2012). The Minute Book recorded the dates of meetings, the names of the committee members, absences and attendance. Subjects covered by the minutes included: accounts and superannuation, repairs and structural work, food contracts, staffing issues, stockbroker, RMS and Inspector reports. The ‘Heads Nurses Book’ and the ‘Matron’s Report Book’ was used by the Nurse in charge to record the daily number of patients from each ward employed in various occupations, probation, restraint, dental extractions, medication and night duty incidents.
Two themes and five subthemes were identified from the data that provided evidence of the development of occupational therapy in St. Finan’s Psychiatric hospital, Killarney from 1932-1939. Theme one: *the establishment of the occupation – therapy department with subthemes of planning, finance, permission, staff and equipment*. Theme two: *the delivery of occupational therapy in St. Finan’s Hospital and a subtheme of sections of treatment*.

1. The establishment of the Occupation- Therapy Department (also entitled Special Occupation Department)

1.1 Planning

In October 1934, Dr O’Sullivan, as the newly appointed (RMS) submitted a plan for repairs and additions including the occupation-therapy department (See Appendix 1). This building plan was submitted to the Department of Local Government and the Committee. In this plan, Dr. O’Sullivan provided a detailed rationale with each request. As well as his professional opinion of the need for the changes he acknowledged recommendations from the Mental Hospital Inspector Dr. D.L. Kelly on his latest inspection of the hospital. The Inspector had recommended buying additional land and completing tradesmen’s shop repairs. Mental Hospital Inspectors Dr. Forward and Dr. D.L. Kelly had commented on the lack of furniture and decorations in the hospital. These state employed inspectors were responsible for publishing an annual report outlining the activities of mental hospitals (Brennan 2014). Dr. Forward was responsible for inspecting the care of ex-soldiers in this setting (Minute Book 1934 p565).

In July 1935, the architect provided plans and increased estimates for the surgeries and surgery equipment, occupation – therapy department and workshops. Dr. O’Sullivan reported in August 1935 that he had written to the Department several times to follow up on his plans for the surgery, tradesmen’s shops and the occupation-therapy department but had not received any response in relation to the plan. These plans were approved by the Committee as they were in agreement that these additions and improvements were important to the hospital. The Committee supported and advocated for funding and Department permission to implement these changes (Minute Book 1935).

Dr. O’Sullivan attended a refresher course by the Medico- Psychological Association in London in December 1935 and used this opportunity to visit several hospitals in England. He was keen to promote occupational therapy and welcomed the Mental Hospital Inspector and
His Grace Most Rev. Dr. Ed. Prendiville, Archbishop of Perth to St.Finan’s Psychiatric Hospital. He showed them the various occupational sections in the hospital (Minute Book 1935).

1.2 Finance

In October 1934, the plan for repairs and additions totalled a probable cost of £21,050 (Appendix 1). His aim by submitting this to the Committee of Management was that the costing would be approved from the hospital sweepstake fund. The Sweepstake fund was developed to provide money for Irish hospitals from 1930-1987 through generating foreign currency into the country (Coleman 2010).

By January 1935, the Committee proposed to ask for the ‘Hospitals’ Commission Grants’ from the Hospital Trust to fund the occupation-therapy department “as promised” (Minute Book p695). The Hospital Commission was established by the Minister from the passing of the Public Hospital’s Act 1933. Their duties included visiting and examining hospitals under the control of the local authority on application for a grant from the Hospital Trust fund (Government of Ireland: Oireachtas 2014).

In May 1935, the Committee proposed that the architect prepare an estimate for the tradesmen’s shops, surgery and occupation-therapy department for the Department of Local Government. In July, the architect responded to this with an increased estimate of the total costs for the surgery, male and female occupation-therapy department, dental x-ray and general surgery equipment. It had increased from £7,000 to £10,000. The occupation-therapy department estimate had increased from £1,500 to £3,000. By August 1935, the funding for the refrigerator, occupation-therapy department, tradesmen’s shops, dental and general surgery had not been granted by the Department of Local Government.

1.3 Permission

Dr. O’ Sullivan submitted a report each month to the Committee. This report contained feedback on the monthly operations of the hospital and any matters of concern. Following various requests and recommendations from Dr.O’Sullivan the committee would either sanction or disapprove of the request. The Minister and the Department of Local Government granted approval in relation to tenders, expenditure, grants and plans. Dr.O’Sullivan gently sought that the Minister consider the matter of providing funding for the furnishing and equipping of the occupation-therapy department in the immediate future ‘approved by the
Minister without delay, as the matter is one of great urgency, requiring immediate assistance’ (Minute Book 1934 p587). Permission was required from the Committee and the Minister of the Department of Local Government in order for any future action.

By August 1935, the probable costing request for the refrigerator, occupation-therapy department, tradesmen’s shops, dental and general surgery had not been permitted by the Department of Local Government.

“The Superintendent has written several times to the Department with reference to the Refrigerator, erection of Dental Surgery, Tradesmen’s Shops and Occupational Therapy Department & c the plans submitted have not yet been approved of” (Minute Book 1935 p799).

1.4 Staff and Equipment

In November 1934, Dr. Eamon O’Sullivan reported to the Committee that the special occupation department had been established within the hospital. Dr.O’Sullivan stressed to the Committee the importance of furnishing and equipping the department. Following this report and the presentation of samples of mats, scarves and brushes to the Committee they approved the purchase of equipment and materials for “occupational schemes for the patients” (Minute Book 1934 p592). Approval had not been received from the Department for Local Government for funding to furnish and equip the department at this stage.

“In view of the importance of and success of this branch of treatment, it is to be hoped that the Committee’s application for £ 1500 from Sweepstake Funds to furnish and equip the Isolation Hospital Building will be approved of by the Minister without delay, as the matter is one of great urgency, requiring immediate assistance” (Minute Book 1934 p587).

In December 1934, Dr. O’Sullivan requested a temporary nurse and attendant to be exclusively assigned to duty in the occupation-therapy department. The Committee sanctioned the hiring of a temporary nurse for this purpose.

“That permission be given the Res. Med. Supt. to engage the temporary Nurse and Attendant needed to superintend the textile classes!” (Minute Book 1934 p615).
2. The delivery of Occupational Therapy in St.Finan’s Hospital

Dr.O’Sullivan provided an indepth analysis and description of the various sections of occupational therapy treatment in his book that was published in 1955 as (1) Handicraft (2) Recreational (3) Re-educational or Habit-Training” (O’Sullivan 1955 p 59). These sections comprised of various units such as the Special Occupational Centre and ward activities in the handicraft section. Archival data provided evidence of these sections of occupational therapy in the hospital. The ‘Head Nurses Book’ records the number of patients “employed” in the ‘OT Dept.’, ‘OT Dept Spec ward’, ‘Rec T’ (Heads Nurses Book June 28th, 1937; Nov.14th 1937).

2:1 Sections of Treatment

Recreational/Diversional Therapy

The recreation department was divided into indoor, outdoor and re-educational sections (O’Sullivan 1955 p 98). In 1932, Dr.O’Sullivan (AMO) requested the use of the dance hall for the patients and was granted permission from the Committee. In 1933, patients attended the circus, annual whist drive and dance. Whist drives consisted of card games of a group of four or more people with male and female patients and staff (O’Sullivan 1955 p89). He requested seats for the airing courts. Airing courts were enclosed outdoor exercise areas on the hospital grounds of an attractive appearance that aimed to therapeutically promote a sense of calm and serenity for the patients (Rutherford 2001). Dr.O’Sullivan ordered books for patients using the library. In the January 1934 minutes it recorded that there was a patient Christmas party with games and a gramophone concert (music) (O’Sullivan 1955 p103). In the October 1934 plan for repairs and additions Dr.O’Sullivan had requested a patients comfort grant.

“To increase comforts for the patients and provide amusements. In addition to improving the Hand-ball Court-billiard tables-tennis courts &c should be provided” (Minute Book 1934 p 573).

The ‘Head Nurses Book’ (1937) and The ‘Matron’s Report Book’ (1938/39) recorded the daily number of patients participating in recreational occupations. These included ‘Rec T’ (recreation therapy), the fortnightly dance, pictures, games and gramophone concerts (music). Dr.O’Sullivan was also recorded to have facilitated a gramophone concert for the patients.
“gramophone Concert given by R.M.S. thro Wireless from 11a.m” (The Head Nurses Book Nov 14th 1937).

In both nurses books a section ‘number of patients taking outdoor exercise’ recorded the number of patients participating in airing courts, in country (excursions), night parole (conditional night leave granted to a psychiatric patient for outside of the hospital grounds), loudspeaker (speakers for music), hurling matches and sports in Fitzgerald Park (Merriam-Webster 2014;O’Sullivan 1955).

**Handicraft and Utility**

From 1932, entries in the Committee ‘Minute book’ recorded the employment of patients in shoemaking and working on a field not the property of the Committee and an attendant’s home. In October 1934, Dr.O’Sullivan provided samples of mats, scarves and brushes from the ‘special Occupation Department’ at the request of the Committee. Dr.O’Sullivan reports that he also hoped to “have Leatherwork, Basketmaking and Weaving introduced before the next meeting of the Committee” (Minute Book, 1934, p 587).

The tradesmen’s shops were inclusive of this section and in 1934 Dr.O’Sullivan reported that the tradesmen shops are “in a rotting and damp condition”. He wished to “enlarge the Shoemaker, Carpenter and Engineer” so that they can be a “useful adjunct to the Occupation –Therapy Dept.”. According to Dr.O’Sullivan, Dr.D.L.Kelly had referred to this issue in his inspection of the hospital. Tradesmen’s shops had a twofold purpose in the hospital for utility repairs and the provision of occupations for patients (Minute Book, 1934 p 573). (See Appendix 2.1).

The ‘Head Nurses Book’ (1937) and The ‘Matron’s Report Book’ (1938/39) recorded the daily numbers of patients employed in the handicrafts section, needlework and knitting. Utility occupations were also recorded and included assisting on the wards, laundry, kitchen and dining hall were included in the handicraft section as referred to in Dr.O’Sullivan’s book (O’Sullivan 1955, p67-68) (See Appendix 2.2).

**Discussion:**

There is a substantial amount of literature documenting the development of occupational therapy worldwide. Limited literature exists on the development of occupational therapy in Ireland. Therefore, there are massive gaps in the Irish history of occupational therapy(Ring
2013). In this greater research project fellow students have recognised Dr. O’Sullivan’s contribution to the development of occupational therapy (O’Riordan 2013; Faughan 2013). The release of documentation from St. Finán’s Psychiatric Hospital, Killarney in 2012 provided this study with an opportunity to access primary sources of data that could contribute to the historical foundation of Irish occupational therapy and confirm the contribution of one of the leading pioneers of the profession in Ireland.

Data analysis supported the pioneering contribution of Dr. O’ Sullivan who was actively promoting and introducing occupational therapy beginning with the approval of the use of the dance hall for patient dances in the hospital from 1932. He used clear communication, organisation and planning to ensure successful implementation of occupational therapy (Clarke 1999; Armstrong 2014). In November 1934, Dr. O’ Sullivan established an ‘occupation-therapy department’ (Minute Book 1934 p587). This occupation-therapy department was located in the Isolation Building where handicraft occupations were delivered to the patients. Dr.O’Sullivan requested improvements to the tradesmen’s shops with the aim that these could promote the use of occupations with the patients in unison with the occupation-therapy department (Minute Book 1934 p 573). This demonstrated his ability to utilise and integrate resources for maximum use. He believed that this was the “chief form of mental treatment “at the time (Minute Book 1933 p573).

In the 1930s the Irish economic, social and political climate was experiencing a recession. This impacted on the provision of psychiatric care as there was lack of resources and increasing numbers of people accessing the services (Prior 2012). Dr.O’Sullivan was mindful of these challenges but continued to maintain his forward thinking and advocate for change and improvements to the hospital. He presented handicraft samples of mats and brushes produced by the patients as evidence to ensure this treatment was sustained and supported by the Committee, inspectors and Government (Clarke 1999; Minute Book 1934). In the current economic climate occupational therapists are working in services with increasing needs and fewer resources. Reflecting on similar challenges from the past can provide invaluable insight and knowledge to instil inspiration to positively overcome these challenges and generate ideas that can further promote effective use of resources.
1. The establishment of the Occupation- Therapy Department (Special Occupation Department)

Dr.O’Sullivan submitted clear plans with his rationale to the Hospital Management Committee for establishing occupational therapy in St. Finan’s Psychiatric Hospital. The data provided an insight into the planning process and the gradual steps to introducing the treatment in the hospital. In 1934, Dr.O’Sullivan’s plan included his request to furnish and equip the newly established occupation- therapy department in the Isolation Building to include a male and female floor within this department. His intention by submitting this plan was to seek approval from the Committee and obtain funding from the hospital sweepstake fund.

The probable costs increased for the occupational therapy department, tradesmen’s shops, refrigerator and surgeries. These areas were the most difficult to access funding and had not been granted approval by the end of 1935. As part of the planning process gathering feedback and information from staff, community and professionals in the area can assist with ideas and developing a focused vision and plan (Prabst- Hunt 2002). Dr. O’Sullivan had visited hospitals in America (Dwyer 2002). He also visited hospitals in Bristol, Kent, London and numerous other hospitals in England whilst he was attending a refresher course with the Medico-Psychological Association (Minute Book 1935 p 846).

Analysis of the data revealed challenges in the process of obtaining the relevant funds to complete repairs and additions. Dr.O’Sullivan was obliged to submit a report to the Hospital Management Committee each month on the operations of the hospital. With this report he also made requests and the committee would discuss and cast a vote to either approve or dismiss the request. They approved of all the requests submitted by Dr.O’Sullivan for the development of occupational therapy in the hospital. The Committee permitted Dr.O’Sullivan to purchase materials to be used for occupational programmes but he needed further funding approval from the Minister and Department of Local Government to furnish and adequately equip the occupation- therapy department established in the Isolation Building. The plans for the occupation- therapy department, tradesmen’s shops and dental and general surgeries had increased in costs from the original report from £ 7000 to £10,000. The Committee had resubmitted an estimate from the architect on these repairs and additions in May 1935 and had also considered seeking a grant from the Hospital Commission.
Dr. O’Sullivan wrote to the Department of Local Government several times to obtain their approval but by August 1935 he had not received this approval.

In 1934, Dr. O’Sullivan had requested the allocation of a nurse and attendant for exclusive duty in the occupational therapy department. He advocated to the Committee for the hiring of extra staff as “the ward staff were depleted accordingly” (Minute Book 1934 p 615). In Dr. O’Sullivan’s book he included the occupational therapy nurse or trained nurse as part of the administrative personnel of the occupational therapy department (O’Sullivan, 1955). Susan Tracy, a nurse was the earliest figure to coin the term ‘Occupational Nurse’ in the twentieth century indicating a specialisation of nurses working in occupational therapy (Bing 1981). It is unclear of Dr. O’Sullivan’s rationale for requesting staff for the occupational therapy department. The Committee sanctioned the hiring of a nurse and attendant in September 1935.

2. Delivery of occupational therapy in St. Finan’s Hospital

Dr. O’Sullivan published a comprehensive book on his experiences of the development of occupational therapy in a hospital setting in 1955. Analysis of the archival data provided evidence of Dr. O’Sullivan’s application of his knowledge of occupational therapy into practice in St. Finan’s Hospital. He was delivering and developing sections of occupational therapy from 1932 as Assistant Medical Superintendent. In 1934 he established a specialised occupation-therapy department which was mentioned throughout the ‘Minute Book’, ‘Head Nurses Book’ and ‘Matrons Report Book’. Dr. O’Sullivan demonstrated an appreciation for the value of occupational therapy in the treatment of people with physical and mental illnesses. He sought to adopt a strategic regime of occupational therapy “as in all occupational therapy activities, the object aimed at should be the creation of an atmosphere of realism, so that interests and emotions that we become dormant should be reawakened by environmental influence” (O’Sullivan 1955 p101).

Data analysis identified that handicraft and utility sections were delivered in the special occupation therapy department, occupation therapy special ward, laundry, kitchen, knitting, needlework, assisting in wards and miscellaneous (The Head Nurses Book 02/11/1937). Recreation or diversional therapy was delivered through the recreation therapy section, outdoors, gramophone, loudspeaker, dance, circus, social, sports, pictures and matches. Dr. O’Sullivan was actively involved in the application of occupational treatment and this was demonstrated in his facilitation of a gramophone concert for the patients.
Conclusion:

Since the emergence of occupational therapy from the ‘Moral Treatment Movement’ it has encountered social, political and economic challenges that have impacted on the development of the profession (Crepeau et al. 2003). These challenges have transformed and influenced the profession’s development into what exists today. The early founders such as Adolf Meyer, William Rush Dunton, Jr. and pioneer occupational therapists have persevered and remained true to their core beliefs, values and ideals and provided client centred treatment in the face of adversity. These earlier challenges in occupational therapy can encourage and inspire modern professionals to be innovative and embrace the current challenges to provide a creative and resourceful service (Quiroga 1995).

Dr. O’Sullivan was a visionary with a strong belief in occupational therapy which led him to a strong desire to introduce this treatment in the hospital. Through hard work, research and determination he constantly advocated and persevered in his mission to establish occupational therapy in St. Finan’s Psychiatric Hospital, Killarney. This archival material provided invaluable primary sources of data in the creation of an understanding of our professional heritage and building the foundational blocks of the development of occupational therapy in Ireland.

Archival data provided this study with a rich source of knowledge of the development of occupational therapy in St. Finan’s hospital in the context of the time. This source of evidence identified that Dr. O’Sullivan established occupational therapy in the hospital. It confirmed that his book was applied in practice and occupational therapy was prescribed to patients in a strategic and therapeutic manner. He established an occupation- therapy department and continued to seek additional money to furnish and equip the department and the tradesmen’s shops. He was able to continue to run the department as the Committee approved of funding for the occupational therapy materials for occupational schemes. The data analysis provided this study with concrete evidence that recreation, handicraft and utility sections of occupational therapy were prescribed in the hospital from 1932-1939. The hospital was active and delivering therapeutic occupations to patients from as early as 1932 when Dr. O’Sullivan was Assistant Medical Officer. It was organised into sections and units with skilled staff and occupations were administered with a clear regime and goal.

A limitation of this study was that the ‘Minute Book’ from St. Finan’s Psychiatric Hospital, Killarney ceased in 1935. It is unknown if Dr. O’Sullivan received approval for funding.
repairs and additions to the occupation-therapy department from the Department of Local Government and the Minister. The remainder of the documentation from St.Finan’s Hospital has yet to be catalogued so the researcher was limited in accessibility to data. This could be a future consideration of the larger research team that these primary sources of data could be further explored and utilised for future research in the history of the occupational therapy profession.

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Finally to my wonderful brothers, family and friends that continually provide me with endless support, joy and inspiration.
Appendix 1:

Building Plan

<table>
<thead>
<tr>
<th>Year</th>
<th>Repairs and Additions</th>
<th>Probable Cost</th>
<th>Signee</th>
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<tbody>
<tr>
<td>Oct</td>
<td></td>
<td></td>
<td>(RMS) Dr. O'Sullivan.</td>
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<tr>
<td>1934</td>
<td>1. General &amp; Dental Surgery</td>
<td>£1,500</td>
<td></td>
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<tr>
<td></td>
<td>2. Refrigerator</td>
<td>£350</td>
<td></td>
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<td></td>
<td>3. Occupation-Therapy Department</td>
<td>£1,500</td>
<td></td>
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<tr>
<td></td>
<td>4. Tradesmen’s Shops</td>
<td>£3,500</td>
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<td></td>
<td>5. Front Entrance</td>
<td>£400</td>
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<td>6. Patients Comforts</td>
<td>£500</td>
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<td>For’d Total</td>
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<td>£7,000.</td>
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<td></td>
<td>7. Recreation Halls</td>
<td>£2,000</td>
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<tr>
<td></td>
<td>8. Extra Land</td>
<td>£3,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Furniture and Decorations</td>
<td>£1,100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Blackwood Floors</td>
<td>£1,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. House Telephone</td>
<td>£400</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Laundry Equipment</td>
<td>£2,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Farm Machinery</td>
<td>£800</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. Swimming Baths</td>
<td>£3,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total £21,050</td>
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</tbody>
</table>
Appendix 2: Coding Tables

### 2.1 Killarney Mental Hospital Minute Book 1932-1935

<table>
<thead>
<tr>
<th>Recreational</th>
<th>Handicrafts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dance</td>
<td>Shoemaking</td>
</tr>
<tr>
<td>Circus Performance</td>
<td>Gardener</td>
</tr>
<tr>
<td>Airing Courts</td>
<td>Stitching Machine</td>
</tr>
<tr>
<td>Library books</td>
<td>Potato Washer</td>
</tr>
<tr>
<td>Annual Whist Drive</td>
<td>Employment</td>
</tr>
<tr>
<td>Games</td>
<td>Field Work</td>
</tr>
<tr>
<td>Patient Christmas Party</td>
<td>Patient Homework</td>
</tr>
<tr>
<td>Gramophone Concert</td>
<td>Samples of mats, rugs scarves and brushes made by the patients.</td>
</tr>
<tr>
<td>Amusements</td>
<td></td>
</tr>
<tr>
<td>Handball Court</td>
<td></td>
</tr>
<tr>
<td>Billiard Tables</td>
<td></td>
</tr>
<tr>
<td>Tennis Courts</td>
<td></td>
</tr>
<tr>
<td>Patient Comforts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>of mats, rugs</td>
</tr>
<tr>
<td>scarves</td>
</tr>
<tr>
<td>brushes</td>
</tr>
<tr>
<td>made by the</td>
</tr>
<tr>
<td>patients.</td>
</tr>
</tbody>
</table>

### 2.2 Head Nurses Book 1937 and Matron’s Report Book 1938/39

<table>
<thead>
<tr>
<th>Recreational</th>
<th>Handicrafts and Utility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitzgerald Park</td>
<td>Needlework</td>
</tr>
<tr>
<td>Sports</td>
<td>Laundry</td>
</tr>
<tr>
<td>Airing Courts</td>
<td>Dining Hall</td>
</tr>
<tr>
<td>In Country</td>
<td>Assisting in wards</td>
</tr>
<tr>
<td>Chapel</td>
<td>O.T Dept.</td>
</tr>
<tr>
<td>Gramophone Concert</td>
<td>O.T Special Ward</td>
</tr>
<tr>
<td>Fortnightly Dance</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Circus</td>
<td>OT Dept.</td>
</tr>
<tr>
<td>Social</td>
<td></td>
</tr>
<tr>
<td>Hurling Match</td>
<td></td>
</tr>
<tr>
<td>Games</td>
<td></td>
</tr>
<tr>
<td>Pictures</td>
<td></td>
</tr>
<tr>
<td>Rec T.</td>
<td></td>
</tr>
</tbody>
</table>

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References


Faughan, C. (2013) To construct a timeline of significant events in Dr. Eamon O’Sullivan’s life time, particularly relevant to Occupational Therapy practice, Unpublished thesis (M.A.), University of Limerick.


Archival Material

Killarney Mental Hospital (1937) ‘Head Nurses Book’.


Killarney Mental Hospital (1932-1935) ‘Minute Book’.