

# UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

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**MSc Occupational Therapy**

**(Professional Qualification)**

**Occupational Therapy Project 4**

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**Abstract:**

**Title:** Dr. Eamon O’Sullivan: An analysis of an Irish occupational therapy pioneer’s key considerations in relation to the patient in practice.

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**Background:** This study is part of the ‘History of Occupational Therapy in Ireland’ project undertaken by the University of Limerick. This study aims to explore the contributions of Dr. Eamon O’Sullivan to occupational therapy in Ireland. This study focused on analysing O’Sullivan’s ‘*Textbook of Occupational Therapy with Chief Reference to Psychological Medicine*’ (1955) one of the first psychosocial occupational therapy books published in Europe in the 20<sup>th</sup> century.

**Objectives:** The study aims to explore what key considerations Dr. Eamon O’Sullivan documented in his Textbook in relation to the patient. In an attempt to further strengthen Dr. O’Sullivan’s role in the development of occupational therapy in Ireland his Textbook is studied as a document of historical value.

**Method:** Historical documentary analysis of the Textbook, the primary source of data used in the research was used. The Textbook was analysed using Braun and Clarke (2006) thematic analysis.

**Findings:** Thematic analysis revealed three themes: *Careful consideration of the patient before prescribing therapy*; - *Understanding power of occupation and effect on patient*; - *Role of therapist and professionals in patient outcomes*.

**Conclusion:** The therapeutic use of occupation resonated a significant importance in promoting health and well-being in O’Sullivan’s Textbook on the patient. His Textbook provides valuable insight into the core philosophies required to practise occupational therapy and qualities of the therapist needed to enable the patient in occupational therapy.

## **Introduction:**

Dr. Eamon O’Sullivan (1897-1966) was recognized as an important figure in the establishment of occupational therapy in Ireland in the early decades of the 20<sup>th</sup> century (Cronin,2015;Dunne *et al*,2014;Lane,2014;O’Riordan,2013;Faughnan,2013) and considered “*a man before his time*” (Fogarty,2007). A well-known figure in Gaelic Athletic Association (GAA) circles, he coached his native Kerry to eight All Ireland Senior Football titles (Fogarty, 2007). O’Sullivan worked in St Finan’s Psychiatric Hospital Killarney for 37 years (1925-1962), with the majority of his time spent as the Resident Medical Superintendent where he also established the occupational therapy department (Pettigrew *et al*,2016).

O’Sullivan published ‘A Textbook of Occupational Therapy with Chief Reference to Psychological Medicine’ (O’Sullivan, 1955) which will be referred to as ‘Textbook’ throughout this study. It was published in response to a lack of suitable texts because of the “*infancy in development*” (pg.ix) of occupational therapy and “*to meet the teaching needs in the new and expanding profession associated with O.T*” (pg.ix). The Textbook received high acclaim from William Rush Dunton Junior, who wrote the Foreword text. Dunton was one of the original founders of occupational therapy in 1917 (Peloquin,1991A). He highlighted the fact the Textbook throughout emphasized “*the importance of consideration of the individual in prescribing occupational therapy for mental patients*” (pg.vii). The individual will from herein be referred to as ‘patient’ as this was the term used in O’Sullivan’s Textbook.

### **Table 1: Research question and aims.**

#### **Research Question:**

*What key considerations did Dr. Eamon O’Sullivan document in “A Textbook of Occupational Therapy with Chief Reference to Psychological Medicine” in relation to the patient?*

#### **Research Aims:**

- To complete a comprehensive analysis of O’Sullivan’s Textbook with key consideration in relation to the patient.
- To examine O’Sullivan’s core principles of occupational therapy which impacted on the patient in occupational therapy.
- To examine O’Sullivan’s Textbook as to how the patient is viewed in occupational therapy in the era when O’Sullivan was working, and also to examine a contemporary perspective.

## **Literature Review:**

*“History matters because it offers a context within which one can discover and affirm one’s professional identity; it is a testimony of who we are”.* (Peloquin,2007,pg.2)

Dunne *et al* (2015) believed that discovering the history of occupational therapy could *“provide insight on how to face new clinical challenges and reshape the profession itself”* (pg1). Acknowledging history as central to the development of occupational therapy practice, allows researchers to engage in critical thinking and engage in the preservation of occupational therapy identity. Exploring occupational therapy history can help develop our understanding of how the profession has evolved over time and can enable critical perspectives on contemporary occupational therapy theory and practice (Dunne *et al*,2015).

Many occupational therapists have written about the importance of history to guiding the profession globally (Reitz,1992;Wilcock,1999;Wilcock *et al*.2001;Lyons,2004;Friedland and Rais,2005;Reed 2005; Molke,2009). This may have been a response to an age of professional identity crisis and uncertainty when occupational therapy scrutinised its role within the healthcare system, its value system, dimensions of practice and educational requirements (Gilfoyle,1984). Gilfoyle highlighted the importance of re-examining the conceptual models that guide the profession in order to cope with future changes in practice. Yerxa (1992) believed that studying the history of the occupational therapy profession will empower the building of the profession's future on the developmental origins of the past, while at the same time, learning from past mistakes and triumphs.

In Ireland, some studies have explored occupational therapy history (Boland & Boyle,1997; Cronin, 2015 Cremin,2004; Lynch & Pettigrew,2014; Patterson,1992; Pettigrew *et al* 2016; Prendiville & Pettigrew,2015) however significant gaps still exist. Finlay (1997) found in her research that little was known about how occupational therapists consider the patient. It is from this standpoint the study will aim to contribute to the growing body of knowledge of Dr. Eamon O’Sullivan and his influence on occupational therapy.

Uncovering the literature on our occupational therapy founders and pioneers may give an insight into what consideration they demonstrate towards the patient. George Edward Barton, one of the founders of the occupational therapy profession discussed the importance of the patient needing to be occupied in meaningful occupation and the goal of occupational therapy

in making a productive person (Peloquin,1991A). Barton believed that enabling the patient through occupation produced an effect equivalent to a prescription drug, resulted in him being labelled as an extremist (Licht,1948). Barton also highlighted the need for the patient's competencies and interests to support the prescription of treatment and facilitate the patient to earning a sense of power through meaningful activity (Peloquin 1991A).

Similarly Herbert Hall, another key founder, identified the value of engaging in occupation, particularly through the use of the patient's hands to simplify life through occupation that could rest the mind (Hall,1915). Hall recognised the diversity of patients who need to be occupied, particularly for persons with disabilities where employment through industry could remove the historical idleness and dependence state, into a position of employment and restorative occupation (Hall,1915). Similarly William Rush Dunton Junior emphasised the power of occupation in the treatment of the patient with a mental illness (Peloquin 1991A). He stressed that the patient's occupational engagement in treatment must serve a therapeutic purpose rather than an economic benefit only (Dunton 1955, Peloquin 1991A). This is a viewpoint the researcher aims to explore in relation to O'Sullivan's Textbook and the power of occupation with the patient.

### **Methodology:**

Historical documentary analysis was applied to the Textbook in this study. Using the Textbook as a primary source material this study aimed to form a unique perspective on past events in the early development of Occupational Therapy in Ireland. With the development of knowledge on our occupational therapy pioneers, it is important to acknowledge the historical importance of the work of Dr. O'Sullivan which uncovered some of the philosophical assumptions that he may have articulated in relation to the patient. Lusk (1997) stated that primary sources of data include books and "*material that was produced at the time in question*" (pg.356). Validation of the authenticity of Dr. O'Sullivan's Textbook was based on previous work carried out by O'Riordan (2013) MSc dissertation at the University of Limerick.

### **Thematic Analysis:**

Thematic analysis was used to identify, analyse and report themes within the Textbook. Braun and Clarke's (2006) six stages of analysis was adopted to guide the process.

Qualitative approaches are very diverse and multifaceted, and thematic analysis is viewed as the foundation method for qualitative analysis (Braun and Clarke,2006).

After familiarising with the Textbook data, twelve chapters from the Textbook were selected based on their relevance to the research and given the limited time available for the research. The Textbook was analysed using inductive thematic analysis using manual coding, which resulted in 124 codes (See Appendix 1) which were collated into potential themes. Following refinement of codes three themes were identified (see Findings).

#### Considerations: Trustworthiness and Credibility

Strategies to strengthen the study's trustworthiness and credibility were made by applying an inductive approach to analysis. Boyatzis (1998) believes that this ensures that the data is strongly represented and prevents bias towards the researcher's own interpretation. The analysis of primary historical documents is a non-direct method of analysis and there is no direct interaction or disruption to the person. In addition, Dunne *et al* (2015) highlighted the need for historical researchers to study the historical document inside the context that it was written and to also carefully consider the context of the culture in which the text was written. This, she believed would reduce risk of bias by the contemporary student researcher. To further alleviate personal bias, the research engaged in various reflection through supervision with their research supervisor throughout the research process.

#### Ethical considerations:

Ethical considerations were not an issue as no patients were named in the Textbook and were not required for this study. However, to facilitate manual coding, a photocopy of the Textbook was developed following consultation with The Copyright and Related Rights Act 2000 where under the fair deals exemption of Irish law, the photocopy of copyrighted material is permitted for research purposes (University of Limerick,2015). The photocopied data will be returned as raw data to the research supervisor at the end of this study.

#### **Findings:**

Thematic analysis revealed three themes: (i) Patient's competence and interests must be considered in occupational therapy process; (ii) Understanding power of occupation on the patient; (iii) Role and influence of therapist and professionals on patient outcomes.

### **Patient's competence and interests must be considered in occupational therapy process:**

*“The approach to the patient should be such as to arouse not only his interest but his confidence” (O’Sullivan,1955,pg.25)*

O’Sullivan proposed from his seven ‘Principles of Occupational Therapy’ section (See Appendix 2) in his Textbook the need to become fully aware of the patient’s competence and interests regarding the work prescribed for occupational therapy. He indicated no occupation should be prescribed that presents a challenge too far for the patient or *“a type incapable of stimulating or maintaining his interest”* (pg.23). He also postulated that appropriate grading should always be applied to the patient in order to remain personal appeal to occupation (O’Sullivan,1955).

Analysis also presented the element of choice and decision making with the patient being significant in developing a patient-therapist relationship. O’Sullivan articulated that the *“volitional attitude”* (pg.24) of the patient must be recognized from the outset of the treatment in order to ensure a sense of *“co-operation”* (pg.24) in engaging in occupational therapy practices. O’Sullivan stressed the importance of *“compulsion or coercion of any kind must never be resorted to”* (pg.24). O’Sullivan recognises this as a critical element of treatment where the patient must recognise the therapeutic aspect of the occupation prior to engagement and through therapist *“persuasion and inducement”* (pg.24).

O’Sullivan articulated the importance of the patient being acknowledged as more than just a patient but in a role as *“an essential and much appreciated assistant to the staff in charge of the work”* (pg.25). These findings show the priority which O’Sullivan gave to *“an atmosphere of equality”* (pg.25). In this regard, he believed that in relation to the range of occupational therapy departments for the patient,-their contribution to the hospital should be acknowledged on same level as the attending nurse or occupational therapist (O’Sullivan,1955).

One key point O’Sullivan documented in his Textbook in relation to the patient was the need for careful consideration of each individual patient and the importance of not generalising interventions:

*“Individual cases [patient] require individual attention and what may have curative results in one case or group of cases, may have vastly different results in others”* (pg.78).

This quote shows O'Sullivan's consideration of the patient's welfare where he argues that one treatment does not fit all purposes and consideration of each patient individually must be applied to achieve the primary goal of occupational therapy with the patient towards "*total recovery*" (pg.33) from both mental and physical illness. However, he also acknowledged that sometimes complete recovery of the patient is not possible, particularly the "*psychotic and paralytic cases*" (pg.33) and instead "*secondary purpose of securing amelioration of the condition and thence to partial recovery*" (pg.33).

### **Understanding the power of occupation on the patient:**

The Textbook described the importance of ensuring of that under no circumstance should the therapeutic aspect of occupation be compromised for economic benefit or non-therapeutic purposes for the patient. O'Sullivan described at the beginning of the 19<sup>th</sup> century in the Moral Treatment era how work and occupation "*were mentioned prominently as therapeutic aids*" (pg.6), in the asylums and hospitals. However due to no proper planning "*on a definite therapeutic basis*" (pg.6) the occupations carried out with the patients became "*industrial occupations*" (pg.6), where patients were used as a profitable means of value rather than secure recovery from physical and mental illness in the treatment process.

O'Sullivan Principles of Occupational Therapy postulated that the basic and most important principles of occupational therapy should be "*primarily a form of treatment*" (pg.19). He compared the curative aspect of occupation "*to what the soul is to the body...which gives life*" (pg.20) and without treatment becomes "*no longer a treatment*" (pg.20) but a body that is "*devitalised, inert and useless*" (pg.20). He stressed that unless the therapeutic element of treatment from occupational therapy on the patient is surmounted on a definite basis, the occupation will serve an economic purpose rather than one which is curative and therapeutic. This case of occupations considered more economic than curative was present "*in many mental hospitals, especially prior to the 1914-1918 War [World War 1]*" (pg.1). It was a pattern which O'Sullivan strongly set out not to repeat throughout his Textbook.

O'Sullivan also proposed in his Principles of Occupational Therapy that the occupations prescribed to the patient must be judged on the basis of the effect of them in each case, whether products of treatment show "*inferior workmanship or not*" (pg26), which means the effect of the treatment must take precedence over the quality of the product created, as well



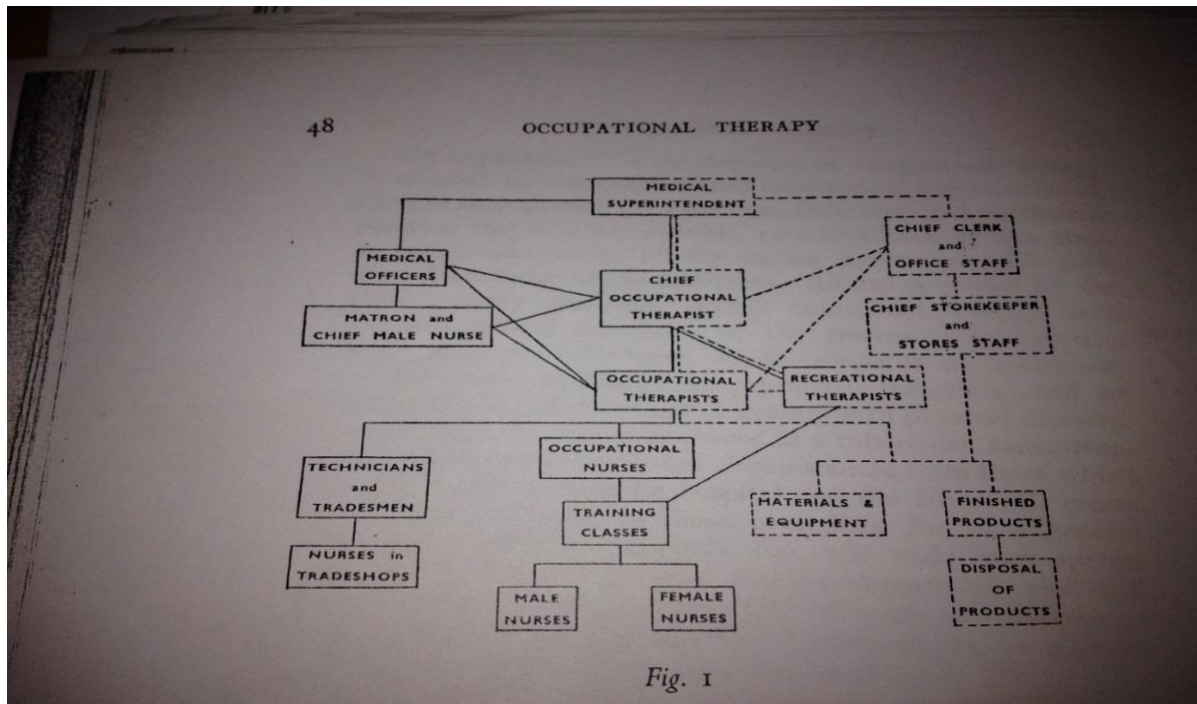
as the “*output and saleability*” (pg.26) value. He encouraged the reader and potential future therapist to look beyond the scope of the physical article of a craft for example and judge the product on the merit of how it stimulates the patient therapeutically and how it dealt with physical and mental ailment. It should be noted that O’Sullivan advised the need not to neglect the economic factor entirely but “*should occupy a prominent, even if secondary position in any treatise in occupational therapy*” (pg.119). In particular, he advised, without losing vision of the therapeutic and curative aspects, the department should, at least be “*self-supporting*” (pg.21).

The Textbook outlines the power of occupational therapy and occupation in the recovery of a patient from a state of physically and mentally ill to the “*stimulation to normal standards*” (pg.34). In particular, when working with the patient, O’Sullivan believed the standard of work carried in treatment should still aim towards producing “*the best finish for each article*” (pg.27) as achieving best finish of product to remind the patient that they can “*accomplish something useful and worthwhile*” (pg.27). However, as stated above, the therapeutic element must prevail at all times.

### **Role and influence of therapist and professionals on patient outcomes:**

Analysis of the Textbook highlighted the importance of the role of the occupational therapist and other key professionals in relation to facilitating the treatment and recovery of the patient. Figure 1 from the Textbook, shows O’Sullivan’s breakdown of the mental hospital staff who may be “*associated directly or indirectly, with the administration of occupational therapy*” (pg.48).

## Figure 1: Members of mental hospital staff



O’Sullivan highlighted the importance of the professional team in successful outcome of occupational therapy his Textbook:

*“There will scarcely be a single member of staff, whose routine duties will not bring him or her in contact, in some way large or small, with the occupational therapy department when he or she will be called upon to make some contribution towards its development. Failure to co-operate will be a weakening of the link in the lengthy therapeutic chain” (O’Sullivan,1955,pg.57).*

This quotation highlighted O’Sullivan’s value of respecting team members and how this is an important component in the development of an occupational therapy service in a mental hospital setting and a contributor to the successful therapeutic process of the patient.

The Textbook identified the core competencies required by the occupational therapist and professionals required to provide the best practice in order to achieve the most effective therapeutic and curative outcomes for the patient. O’Sullivan emphasised the importance that the occupational therapist have the *“necessary technical knowledge and special aptitude for imparting instruction”* (pg.29). Without such competencies, O’Sullivan believed treatment of the patient would *“confuse rather than enthuse”* (pg.28) and result in *“depreciation of interest and lack of confidence”* (pg.28).

In addition, from a 'practice knowledge' perspective, O'Sullivan proposed the need for an understanding and recognition of mental diseases as essential in *"providing the correct therapeutic procedure in any individual case [patient]"* (pg.149). He outlined the medical challenge in practice where the importance of

*"treating the individual patient, rather than the psychosis as diagnosed, creates individual differences in viewpoint, which adds to the difficulties of classification"*. (pg.150).

This means the challenge pioneer occupational therapists faced from a medical model discourse in early occupational therapy practice where the occupational therapist was under the discourse of a Medical Superintendent rather than on an equal level of power.

O'Sullivan also stated that along with theory, therapists also required the correct temperament which was as *"necessary for success as the profundity of knowledge"* (pg.29). This was a vital quality for the therapist to establish a relationship with the patient and facilitate the patient towards recovery from mental or physical illness. The Textbook asserts the need to recognise the roles and influences of the occupational therapist and professionals when engaging with the patient in order to serve a definite approach to treatment to ensure the patient receives the best treatment, and increasing chance of successful recovery from mental or physical illness.

### **Discussion:**

This study explored the key considerations Dr Eamon O'Sullivan articulated in his Textbook in relation to the patient. Analysis of the Textbook found the significant power occupation can have on patient well-being and how appropriate occupation can have an influence on positive health and well-being. Similarly these findings were outlined by Wilcock (1993), Wilcock (1998), Law *et al* (1998) and Yerxa (1998) who reported the effectiveness of occupation on well-being and that human participation in occupations is central to survival, health and the optimisation of potential recovery from illness. O'Sullivan recognised that the patient needs to engage in productive occupation to serve a purpose in decreasing *"useless energy being displayed by restless and destructive acts"* (pg.35). Similarly, Kielhofner (2008) and Hagedorn (2000) highlighted that persons are, by nature, occupational beings and that it is vital to be active, which is important for personal maintenance and self-organization.

Analysis of the Textbook has shown the influence of the core founders of Occupational Therapy had on O'Sullivan's practice as an occupational therapy pioneer in Ireland. Early

founders such as William Rush Dunton highlighted the importance of a balance between creative occupations, leisure activities and vocational practice as central to health and well-being of the person. (Dunton,1919; Kidner,1930; Meyer,1922). This was similarly expressed by O'Sullivan in the Textbook where he articulated the importance of the patient experiencing a wide range of balanced occupation in creative and leisure pursuits as well as productive ones (O'Sullivan,1955). He outlined the patient in the mental hospitals have greater opportunity to experience a wide range of occupation and treatment that incorporates an appropriate balance of "*work, exercise and rest*" (pg.74).

O'Sullivan's Textbook shows his thinking of the patient and practice of treatment aligned with the founders of Occupational Therapy. In Weeshie Fogarty's (2007) biography he described O'Sullivan as a 'Man before his time', not only for his contribution to Gaelic football but for his contribution to the development of occupational therapy in St Finans Killarney. From an international occupational therapy perspective, O'Sullivan's practice aligned with the core founders and followed the core philosophies of occupational therapy. From an Irish perspective, O'Sullivan's contribution to occupational therapy must be noted as an important pioneer to value for future development of the profession.

Analysis of the Textbook confirmed O'Sullivan deriving his considerations of occupation on the patient from the paradigm of occupation, a model abided in occupational therapy between 1900-1950's (Kielhofner,2008; Molineux,2004). The paradigm of occupations formed from the basis of a previous crisis in the Moral Treatment era because of the overcrowding in asylums. As a result, the curative and therapeutic treatment of the patient became lost and a containment model developed in which people became "*warehoused*" (Bockoven,1972;Magaro *et al*,1978). The Textbook showed O'Sullivan's standpoint that no occupation must be influenced primarily by economic interests and therapeutic occupation must be surmounted over economic benefit at all times to achieve recovery of the patient. Engagement in occupation is the way people use their motor and perceptual skills in order to maintain physiological and cognitive function. (Baum & Law,1997).

### **Person in occupational therapy: how they are viewed in practice:**

In order to stay true to the Textbook, the era in which the book was written must be noted and the context of the interpretation of the patient now in occupational therapy must be considered. Gilfoyle (1984) and Yerxa (1992) eluded to in their literature the importance of re-examining the conceptual models that guide the profession in order to cope with future

changes in practice while maintaining the core philosophies to preserve the identity of the profession. Analysis of the Textbook highlights the development of how the person was viewed in occupational therapy in O'Sullivan's era as opposed to how the person is viewed in contemporary practice. In the Textbook, the patient was a recipient, who as a person, was under the medical care and treatment (Sumsion,2006). This emphasised the distortion of power between the therapist and patient which was also eluded to by O'Riordan (2013). In contemporary occupational therapy practice, the client is referred to as the service user (or client) as opposed to 'patient' (Sumsion,2006).

Occupational therapy with the patient in the Textbook shows it was "*prescribed*" (pg.2) practice where the patient was under the discourse of medical officers and nursing professionals in the treatment process. According to Yerxa (1983) and Mayers (1990), occupational therapy must recognize the patient/client as unique individuals, portraying a non-judgemental; holistic client-centred approach. From analysis of the Textbook, O'Sullivan's portrayal of some patient groups articulate the person as "*wet and dirty psychotic*" (O'Sullivan,1955,pg.42) and "*mentally abnormal*" (pg.112) person and in addition classifies the patient as an undesirable person. This shows where in O'Sullivan's era, classification of patient as one who does not aspire to a 'normal' person.

Karen Whalley Hammel (2013) described occupational therapy as pertaining to adopt a client-centred philosophy in practice and is central to the identity of the profession. She characterizes client-centred practice as:

*"being egalitarian and undertaken by therapists who strive to reduce power inequalities, who listen to clients, help clients make choices and decisions about their lives, who are not authoritarian nor judgemental, do not tell their clients what to do, and who work on behalf of, for, and with clients towards those goals that are of importance to clients such that interventions are responsive to individuals rather than their 'conditions'"*. (Whalley-Hammell,2013,pg175).

O'Sullivan's Textbook showed despite being in the era of a medical model discourse, where patients were prescribed treatment, compulsion or pressure from the therapists to the patient must never be applied and the patient must see for themselves through reflection on the importance of occupation, for example crafts, on improving their health and well-being. (O'Sullivan,1955). This is an important point to highlight that patients in O'Sullivan's time and clients for example in contemporary practice need to be active persons in defining and

solving problems. This was highlighted by Carl Rogers, who is credited as the first person to use client-centred practice (Law,1998). Rogers articulated that the therapist would serve a role of facilitating the patient by appropriate assessment of the patient's competence and interests. This was similarly articulated by O'Sullivan in the Textbook in relation to the patient where showed the patient needing to be valued as an equal person in some aspects of treatment while under the direction of medical personnel such as psychiatry and nursing staff who completed occupational therapy tasks (O'Sullivan 1955). This is important to contemporary practice where the therapist and client form a partnership with the aim of achieving successful outcomes of occupational therapy, a necessity to ensure client-centred practice.

A review of the literature in relation to client-centred practice in occupational therapy although occupational therapists apply a client centred approach in practice, no agreed guidelines in contemporary practice or standards in client-centred practice are articulated. (WFOT,2010). Following analysis of the Textbook it shows from a contemporary perspective the level of power the patient had in their treatment in the occupational therapy process. From contemporary practice Law *et al* (2005) articulated the person is the experts about their occupational function, a contrast to O'Sullivan where the therapists and professionals held an expert role in ensuring the patient received appropriate treatment

On reflection of the Textbook, it shows although the medical discourse in O'Sullivan's era viewed the patient as one who required expert medical supervision, the Textbook provides an insight into the core principles required to. The Textbook must be respected in the context and time it was written. The Textbook shows the contemporary reader the founding philosophies of how the patient was considered in O'Sullivan's time and the importance of key consideration of the person in occupational therapy process. Without considering the person at the heart of intervention, the spirit of the profession will remain absent.

### **Implications for Occupational Therapy Clinical Practice:**

Occupational therapists working in current practice may reflect on the importance of the humanistic principles which occupational therapy was established under as highlighted by the Textbook: the value of therapeutic occupation on patient health and well-being and always place the person engaging in occupational therapy at the forefront. It is essential that occupational therapists have a clear understanding of the core philosophical principles of occupational therapy in order to maintain our professional heritage. O'Sullivan's Textbook as

an educative piece highlights the role therapists have as educators in occupational therapy. Finally, this research highlights that it is essential that occupational therapists, particularly for those new to the profession, should strive to reach as O'Sullivan proposed in the Textbook "*the highest standards [of practice], which should characterise the profession*" (pg.29).

### **Limitations and areas for future research:**

The research analysis was confined solely to the 'Textbook of Occupational Therapy with Chief Reference to Psychological Medicine'. Conducting in-depth analysis of interviews with former colleagues with focus on the view of the patient would strengthen the quality of the article. Additionally, interviews from former patients who would have engaged with Dr. Eamon O'Sullivan in St Finans Killarney may add significantly to this study. In addition, potential analysis on the role of occupational nurses in the early development of occupational therapy in Ireland may add further data to the history of occupational therapy in Ireland.

### **Conclusion:**

This study highlights the influence Dr. Eamon O'Sullivan had in the establishment of occupational therapy in Ireland and recognises his Textbook as one of historical merit. Three themes emerged in the analysis: patient's competence and interests must be considered in occupational therapy process, understanding the power of therapeutic occupation on the patient, and the role and influence of therapists and professionals on patient outcomes. O'Sullivan wrote in Latin in the Textbook which translated "*maybe one day in the future this [his Textbook] will be helpful*". (O'Sullivan,1955,pg.x). It is imperative that we treat his Textbook as one of historical merit and a pioneering book for the education of future therapists and professionals on the skills, competencies and structures required to develop occupational therapy. Learning from past practices and mistakes will assist in guiding the future pathway of occupational therapy. Despite the evolution of occupational therapy practice internationally, it is imperative that current occupational therapists and persons interested in history of occupational therapy recognize the core values of occupational therapy where occupation is therapeutic and a catalyst to positive health and well-being.

## Appendix 1: Table of Codes

<b>Occupation importance</b>	<b>Role of Therapist</b>	<b>Patient competencies and interests</b>
1. Suitable occupation	30. "Senior Officer"	81. Individual cases
2. Speciality	31. Teaching	82. "prolonged type"
3. Treatment	32. Speciality	83. "Mentally abnormal"
4. Relieve a patient temporarily	33. "officer in charge of OT"	84. "Wet and dirty"
5. Hasten recovery	34. Expert	85. "Physically disabled"
6. Recreation	35. "confined purely to therapeutic aspect of treatment"	86. Excited type
7. Application	36. Trained	87. Destructive type
8. Promote recovery	37. Motivators of change.	88. Regulation of work prescribed
9. Prescribed "as suitable"	38. Directors of recovery	89. "more than contributors to hospital"
10. Novelty	39. "undergone special training"	90. Contributors to the hospital
11. Glamour	40. "Possess necessary qualifications"	91. Workers
12. Therapeutic	41. Personality qualifications.	92. Active recipient
13. "definite expenditure securing very definite results"	42. Supervisors	93. "Mental cases"
14. Curative property	43. Studied psychology and mental disease	94. "hilarious euphoric type"
15. "splendid tonic effect"	44. Technical craft knowledge	95. Under medical direction
16. Rehabilitative "mental and physical"	45. "Sound and expert knowledge"	96. Partners
17. Necessity	46. "conversant with theory"	97. Volition
18. Hobby	47. Governed and regulated	98. Advanced dement
19. "Promotion of health and well-being"	48. Stimulate patients	99. Interested
20. Work	49. Applying "definite system" of application	100. Worker
21. Humane form of treatment	50. Consideration of individual interests	101. Restless type
22. "recognised as a science"	51. "More than possessing charm"	102. Excited type
23. Vocational	52. "Educational standing"	103. "lay mind"
24. "Definite basic principles"	53. "dignified and important position"	104. Capacity
25. "the soul of the body"	54. "part of humane movement"	105. Requires stimulation
26. Handicraft	55. Professional body	106. Assessing ability and competence
27. Recreational	56. National organisation	107. "Expressed or estimated interests"
28. Re-educational	57. National register	108. Environment
29. Facilitator of "normal life" patterns.	58. Effective "standards of training and efficiency of method"	109. Grouping of patient group
	59. "Training and application"	110. Medical diagnosis
	60. University Standard	111. Motivation
	61. Appliers of treatment on therapeutic lines	112. Emotional content
	62. Technicians	113. "made to feel equal"
	63. Group facilitator	114. Partnership with staff nurses and OT
	64. Advanced handicrafts	115. Intellectual capacity
	65. Scientific method of application	116. Volitional tendencies
	66. University standard qualification	117. Work capacity
	67. Nurses with OT training	118. Range of interests
	68. Prescribers of occupation	119. Balanced programme daily
	69. Effective communicator	120. Diverse programme of work, rest exercise
	70. Hospital administration	121. Recreational and social activity
	71. Manage ledgers management	122. Work "normal standards"
	72. Therapeutic use of self	123. Evaluation of occupation
	73. Using positive regard with patients	124. Striving towards "habits"
	74. "Medical expert"	
	75. Versed in theory and knowledge	
	76. Graders of occupation	
	77. "Members of therapeutic chain"	
	78. Providers of balanced work, exercise, rest	
	79. Instilling confidence	
	80. Socialisation of patients	



## Appendix 2:

	<b>Principles of Occupational Therapy (OSullivan, 1955, pg.19-32)</b>
1.	Occupational Therapy is primarily a form of treatment.
2.	The Treatment must, at all times, be under expert medical supervision.
3.	Occupational Therapy must be evolved on a definite system and applied methodically.
4.	The Patient's Competence and Interests must be considered in relation to the work to be prescribed.
5.	Occupational Therapy should exhibit diversity and novelty in all its forms of activity.
6.	The Treatment is only to be judged by its effect on the patient in each case, whether the products show inferior workmanship or not.
7.	The Occupational Therapist must have the necessary technical knowledge, special aptitude for imparting instruction, and a suitable temperament and manner.

### References:

Baum, C.M. and Law, M., (1997). Occupational therapy practice: Focusing on occupational performance. *American Journal of Occupational Therapy*, 51(4), pp.277-288.

Bockoven, J.S. (1972) 'Moral Treatment in community mental health' In Kielhofner, (2009), *Conceptual Foundations of Occupational Therapy Practice*, FA Davis.

Boland, L., & Boyle, B. (1997). Interview with Anna King on her retirement as Director of the School of Occupational Therapy, T.C.D. *Irish Journal of Occupational Therapy*, 27(2), 29-30.

Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, London, & New Delhi: SAGE Publications.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), 77-101.

Cremin, K (2004) Ann Beckett Memorial Evening. *Irish Journal of Occupational Therapy*, 33(2), pp. 29-30.

Cronin, E. (2015). *An exploration of Dr Eamon O'Sullivan's contribution to occupational therapy from the perspectives of work colleagues*. (Unpublished Masters dissertation). University of Limerick, Limerick.

Dunne, B., Pettigrew, J. and Robinson, K. (2015) 'Using historical documentary methods to explore the history of occupational therapy', *British Journal of Occupational Therapy*, 0(0),1-9

Dunne, B., Pettigrew, J. and Robinson, K. (2014) *The Development of Occupational Therapy in Ireland: A Case Study of the Killarney Mental Hospital (1931-1961)*, International Congress of the World Federation of Occupational Therapists, Yokohama, Japan (accepted).

Dunton, W.R. Jr. (1919). *Reconstruction therapy*. Philadelphia: W.B. Saunders.

Dunton, W. R. Jr. (1955). Today's principles reflected in early literature. *American Journal of Occupational Therapy*, 9, 17-18.

Ellenberger, H,F, (1970) *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry*, Basic Books, New York.

Faughnan, C. (2013). *To construct a timeline of significant events in Dr. Eamon O'Sullivan's life time, particularly relevant to occupational therapy practice*. (Unpublished Masters dissertation). University of Limerick, Limerick.

Finlay, L., (1997). Good patients and bad patients: how occupational therapists view their patients/clients. *The British Journal of Occupational Therapy*, 60(10), pp.440-446.

Fogarty, W. (2007). *Dr. Eamonn O'Sullivan: A Man before his time*, Dublin: Wolfhound Press.

Friedland, J. and Rais, H. (2005) Helen Primrose LeVesconte: occupational therapy clinician, educator, and maker of history, *Canadian Journal of Occupational Therapy*, 72(3), 131-41.

Gilfoyle, E.M., (1984). Transformation of a profession. *American Journal of Occupational Therapy*, 38, pg.575-584.

Hagedorn, R. (2000), *Tools for practice in occupational therapy: a structured approach to core skills and processes*, Churchill Livingstone, Edinburgh

Hall, H.J., & Buck, M.M.C. (1915) 'The work of our hands: a study of occupations for invalids' in Peloquin, S.M., (1991). Occupational therapy Service: Individual and collective understandings of the founders, Part 2, *American Journal of Occupational Therapy* 45(8), pp.733-744

Hall, J., (2013). Histories of work and occupational therapy--and occupational therapists as historians? *British Journal of Occupational Therapy*, 76(9), pp.389-390.

Kidner, T.B. (1930). The progress of occupational therapy. *Occupational Therapy and Rehabilitation*, 9, 221-223.

Kielhofner, G., (2008). *Conceptual foundations of occupational therapy practice*. FA Davis.

Law, M. Baptiste, S. & Mills, J. (2005) 'Client-Centred Practice: What Does It Mean and Does It Make a Difference', in Cottrell, R.P.F. & American Occupational Therapy Association (2005), *Perspectives for occupation-based practice: foundation and future of occupational therapy*, American Occupational Therapy Association, Bethesda, Md

Law, M., Steinwender, S. and Leclair, L., (1998). Occupation, health and well-being. *Canadian Journal of Occupational Therapy*, 65(2), pp.81-91.

Lane, N. (2014), *The development of occupational therapy in St. Finan's Psychiatric Hospital, Killarney, Co. Kerry (1932-1939)*. (Unpublished Masters dissertation). University of Limerick, Limerick.

Licht, S.L (Ed). (1948). *Occupational therapy sourcebook*. Baltimore. Williams & Wilkins.

Lusk, B. (1997) 'Historical methodology for nursing research', *Image: The Journal of Nursing Scholarship*, 29(4), 355-360.

Lynch, S., & Pettigrew, J. (2014). Exploring the Professional Experiences of Occupational Therapists who Started Working in the Republic of Ireland in the 1970s. *Irish Journal of Occupational Therapy*. 42(1), 30-36.

Lyons, M. (2004) 'Powerful practices: The legacy of Margaret Mort', *Australian Occupational Therapy Journal*, 51(1), 43-48.

Magaro, P, Gripp, R, & McDowell, D, (1978). 'The Mental Health Industry: A cultural phenomenon' in In Kielhofner, (2008), *Conceptual Foundations of Occupational Therapy Practice*, FA Davis.

Mayers, C. (1990) 'A philosophy unique to occupational therapy'. In Finlay, L., (1997). Good patients and bad patients: how occupational therapists view their patients/clients. *The British Journal of Occupational Therapy*, 60(10), pp.440-446.

Meyer, A. (1922). The philosophy of occupational therapy. *Archives of Occupational Therapy*, 1, 1-10.

Molineux, M. (2004), *Occupation for occupational therapists*, 1<sup>st</sup> Edition, Blackwell Pub, Malden, Mass;Oxford, UK.

Molke, D.K. (2009), "Outlining a critical ethos for historical work in occupational science and occupational therapy", *Journal of Occupational Science*, 16, (2), 75-84.

O'Riordan, Y. (2013), *Uncovering the foundational heritage of Irish occupational therapy*, (Unpublished Masters dissertation).University of Limerick, Limerick.

- O'Sullivan, E. (1955) *Textbook of Occupational Therapy with Chief Reference to Psychological Medicine*, London: HK Lewis and Co. Ltd.
- Patterson, M. (1992). Ann Beckett Interview. *Irish Journal of Occupational Therapy*, 22(1), 31-33.
- Peloquin, S.M., (1991). Occupational therapy Service: Individual and collective understandings of the founders, Part 1. *American Journal of Occupational Therapy*, 45(4), pp.352-360.
- Peloquin, S.M., (1991). Occupational therapy service: individual and collective understandings of the founders, Part 2. *American Journal of Occupational Therapy*, 45(8), pp.733-744.
- Peloquin, S. (2007), 'History Matters', *Galician Journal of Occupational Therapy*, (5) 1-11.
- Pettigrew, J., Robinson, K., Dunne, B. and O'Mahoney, J. (2016). The history of Occupational Therapy in Ireland: The first 100 years. *Irish Journal of Occupational Therapy* (Pending publishing)
- Prendiville, C., & Pettigrew, J. (2015) Leisure Occupations in the Central Criminal Lunatic Asylum 1890-1920. *Irish Journal of Occupational Therapy*, 43(1), 12-19.
- Reed, K. L. (2005) 'Dr. Hall and the work cure', *Occupational Therapy in Health Care*, 19(3), 33-50.
- Reitz, S.M., (1992). A historical review of occupational therapy's role in preventive health and wellness. *American Journal of Occupational Therapy*, 46(1), pp.50-55.
- Sumsion, T. (2006), *Client-centred practice in occupational therapy: a guide to implementation*, Second edition, Churchill Livingstone/Elsevier, Edinburgh; New York;
- Whalley Hammell, K.R., (2013). Client-centred practice in occupational therapy: Critical reflections. *Scandinavian journal of occupational therapy*, 20(3), pp.174-181.
- Wilcock, A. A., Hume, C. and College of Occupational, T. (2001) *A journey from self-health to prescription*, London: British Association and College of Occupational Therapy.
- Wilcock, A. A. (1999) 'Creating self and shaping the world', *Australian Occupational Therapy Journal*, 46(3), 77-88.
- University of Limerick (2015) *Reprographic copying: making a single copy for yourself*, [online], [http://www2.ul.ie/web/WWW/Services/Library/About the Library/Reprographic copying ht%3A making a single copy for yourself](http://www2.ul.ie/web/WWW/Services/Library/About%20the%20Library/Reprographic%20copying%3A%20making%20a%20single%20copy%20for%20yourself) [accessed 26<sup>th</sup> August 2015].
- Wilcock, A.A., (1998) *An Occupational Perspective of Health*, NJ: Slack.

Wilcock, A.A. (1993). A theory of the human need for occupation. *Journal of Occupational Science*, (1), 17-24

World Federation of Occupational Therapy (2012) *Definitions of occupational therapy* [online]  
<http://www.wfot.org/aboutus/aboutoccupationaltherapy/definitionofoccupationaltherapy.aspx> [Accessed 28th November 2015].

Yerxa, E. (1983) 'Audacious values: the energy source for occupational therapy practice. In Finlay, L., (1997). Good patients and bad patients: how occupational therapists view their patients/clients. *The British Journal of Occupational Therapy*, 60(10), pp.440-446.

Yerxa, E.J., (1992). Some implications of occupational therapy's history for its epistemology, values, and relation to medicine. *American Journal of Occupational Therapy*, 46(1), pp.79-83.

Yerxa, E. J. (1998). Health and the human spirit for occupation, *American Journal of Occupational Therapy*, 52, 412–418.