



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

**DEPARTMENT OF
CLINICAL THERAPIES**



MSc Occupational Therapy

OT6054 Occupational Therapy Project 4

Module Co-ordinator: Dr. Katie Robinson

Research supervisor: Dr. Judith Pettigrew

14009803

Semester 2 2016

4,500 words

11th April 2016

***'The Great Adventure'* - The experiences of Lena Hitchcock, World War One Occupational Therapy Reconstruction Aide.**

Background: World War One was a pivotal era in the development of occupational therapy (Wilcock 2002). Occupational therapy reconstruction aides worked in hospitals in America and France engaging injured soldiers in occupations to increase motor function, divert their minds from pain and depression and prepare them for future vocations (Bloom Hoover 1996). In 1918, twenty eight year old occupational therapy reconstruction aide, Lena Hitchcock, travelled to France. She recorded her experiences in her unpublished memoir, '*The Great Adventure*'.

Objective: To identify the professional experiences (occupations used, relationships with injured soldiers, relationships with colleagues) of occupational therapy reconstruction aide, Lena Hitchcock, by analysing her unpublished memoir '*The Great Adventure*'.

Methods: Historical documentary research methods were employed. The memoir was analysed thematically (Braun and Clarke 2006). Secondary sources, including the published history of Base Hospital 9 (Brown 1920) where Lena worked, were also analysed.

Findings: Thematic analysis revealed 150 codes which refined to three themes: (i) the therapeutic occupations used by the Aides; (ii) relationships between the occupational therapy reconstruction aides and injured soldiers and (iii) the relationships of the occupational therapy reconstruction aides with other colleagues, including physiotherapy reconstruction aides.

Conclusions: This research chronicled the experience of one occupational therapy reconstruction aide working in France during World War One. The therapeutic use of occupations including arts and crafts emerged. The occupational therapy reconstruction aides' relationships with injured soldiers, nurses, doctors and physiotherapy reconstruction aides evolved over this period of time. It is by understanding its history, current occupational therapy practice and approaches can be contextualised.

Research question: What were the professional experiences (occupations used, relationships with injured soldiers, relationships with colleagues) of Lena Hitchcock, Occupational Therapy Reconstruction Aide, in Base Hospitals 9, 69 and 114 in World War One?

Introduction

‘Reflect on the past to shape the future’, the title of Mayers (2000) Casson Memorial Lecture, highlights the importance of history to occupational therapy. World War One “saw the naming and framing of occupational therapy in America and was a powerful catalyst to its establishment in Britain” (Wilcock 2002, p. 53). Despite commencing in 1914, America entered the conflict in April 1917, following the sinking of American ships by German U-boats and the threat of a German-Mexican alliance (Zieger 2001). Recruitment began in America for women to assist the vast numbers of injured soldiers to return to the front line or resume their working lives (Carden-Coyne 2007; Friedland 2011). To promote the efficient rehabilitation of soldiers, allied base hospitals were established in France (Woodside 1971). It was to France, in 1918, that 29 year old occupational therapy reconstruction aide Lena Hitchcock was sent. Lena recorded her experiences in her unpublished memoir, ‘*The Great Adventure*’, which this research aims to explore.

Research objectives

- To identify the professional experiences of occupational therapy reconstruction aide, Lena Hitchcock, through the analysis of her unpublished memoir.
- To identify the interventions used by the occupational therapy reconstruction aides in base hospitals in France, specifically in Base Hospital 9.
- To explore the relationships between the occupational therapy reconstruction aides and injured soldiers and other professionals.

Literature Review

The Arts and Crafts movement ideologies remained prominent in Britain in 1914, leading to the establishment of curative workshops there (Schemm 1994). The reconstruction model employed in Britain was emulated in America (Gutman 1995). The establishment in 1917 of the National Society for the Promotion of Occupational Therapy saw the formalisation of the profession in America (Quiroga 1995). During the war, the Victorian image of women as homemakers was replaced, with that of a modern, working citizen (Trigg 2014). The

employment of women in the military, and in general, grew (Zeiger 1999). The American government recruited female occupational therapy and physiotherapy reconstruction aides (Gavin 1997).

To become a reconstruction aide applicants had to be over 25 years of age (Fagile Low 1992). Many reconstruction aides were trained occupational therapists, art teachers and craftspeople (Proctor 2010). There was a perception that many were upper class women (Linker 2005a). Lacking uniformity across courses, much formal training in schools including the Boston School of Occupational Therapy consisted of subjects including 'mental states' and 'hospital etiquette' (Quiroga 1995). The occupational therapy reconstruction aides' task was to teach patients with impaired motor function or who were suffering psychologically, crafts including knitting, painting and weaving (Gavin 1997; Fagile Low 1992). "Diversional occupational therapy" emerged to divert patients' attention from pain and negative thoughts (Bloom Hoover 1996, p. 881).

Born in Virginia in 1889, Lena belonged to a prominent wealthy family. Her mother, Virginia Speel was a Republican national committee woman in Washington and a founder of the League of Republican Women (New York Times 1945). Having completed Red Cross courses in First Aid and Home Nursing and Nurses Aid training, Lena took the army oath on March 2nd 1918 (Hitchcock n.d.). She was stationed in Walter Reed Hospital, Washington until June when she travelled to Base Hospital 9 in Chateauroux, France (Hoppin 1933). Lena later worked, for shorter periods, in Base Hospitals 69 and 114.

Researchers including Fagile Low (1992) and Bloom Hoover (1996) have discussed occupational therapy reconstruction aides generally, however, little is known about individual experiences. This research, timely given the present centenary of World War One, aims to address this gap. It is by examining the history of occupational therapy that current perspectives on theory and practice can be examined (Dunne *et al* 2015).

Methodology

A qualitative methodology incorporating a historical documentary research approach was selected. This approach enables greater understanding of individuals' perspectives (Cohen *et al* 2011) and assists the researcher to describe and interpret events rather than verify causes (Whalley Hammell *et al* 2002). The Social Constructivist paradigm emphasises multiple subjective realities, that objectivity is unattainable and that subjective meanings are

constructed historically and socially (Rubin and Babbie 2009; Cresswell 2014). It was therefore chosen to guide this research.

Data collection

Historical research relies on existing sources of data, generally archive material (Lusk 1997). Primary sources include personal, first-hand accounts (Schwartz and Coleman 1988). The primary source for this research is the unpublished memoir of Lena Hitchcock, '*The Great Adventure*'. A digital copy of the memoir was received from the National World War One Museum, Kansas.

Quality

It is important when researching the history of occupational therapy that the authenticity, credibility and representativeness of sources are determined (Dunne *et al* 2015). To ensure authenticity, the origin and authorship of sources were confirmed (Scott 1990). The digital copy of the memoir received from the National Museum of Health and Medicine, Maryland was compared to a second copy obtained from the National World War One Museum, Kansas. The copy from the National World War One Museum was selected as the primary source as all pages were present.

The following questions were asked to establish the credibility of the source: did the author write the document and did external events or individuals influence the information included in the document? (Stein *et al* 2013). Therefore, the life of Lena Hitchcock was researched further. Lena's motive for writing is unclear. However, according to Hallett (2007) in research concerning memoirs of World War One nurses, the objective could be to recall the experiences, for therapeutic purposes, for public dissemination or to be remembered.

As Lena's memoir is undated it is uncertain if the information was recorded during or after the war. However, Lena did date the drawings in the memoir as 1918 and although it is unclear if the words correspond to this date, she was certainly documenting her experience during the war. Hallett (2007) proposes that works written simultaneously with events may be seen as more reliable than works written posthumously, these being influenced by memory and the later modernist 'backlash' to the war (Higonnet 1999; 2001). To further substantiate information, the researcher considered potential biases held by Lena when writing which may have influenced the content. Lena presents a subjective view of events; however, this subjectivity may help to reveal "the frame of mind in which not only the book was written

but the life itself was led” (Tosh 2006, p. 99-100). Memoirs chronicle attitudes, emotions and personality clashes untold by other sources (Diebel 2002).

Representativeness involves assessing similar documents from a variety of sources and considering similarities and differences between them (Dunne *et al* 2015). This was achieved by incorporating secondary sources (Table 1). The researcher cannot claim full impartiality (Carpenter and Hammell 2002); however, research supervision meetings and the use of a reflective diary (Cohen *et al* 2007) enhanced reflection and reflexivity thereby reinforcing the coding process.

Secondary source	Accessed from
Brown, R. (1920) <i>Base Hospital 9 American Expeditionary Force: A history of the work of the new York Hospital unit during two years of active service</i> , New York: New York Hospital.	U.S. National Library of Medicine [online] https://archive.org/details/14230580R.nlm.nih.gov
Crane, A. (1927) <i>The Medical Department of the US Army in the World War, Vol. 13: Physical Reconstruction and Vocational Education</i> , New York: U.S. National Library of Medicine.	U.S. National Library of Medicine [online] http://collections.nlm.nih.gov/bookviewer?PID=nlm:nlmuid-14120390RX14-mvpart
Hoppin, L. B. (1933) <i>History of the World War Reconstruction Aides</i> , New York: William Tyldsley.	National Museum of Health and Medicine (electronic copy)
Upham, E. (1918) <i>Training of teachers of Occupational Therapy for the Rehabilitation of Disabled Soldiers and Sailors</i> , Washington: Government Printing Office.	U.S. National Library of Medicine [online]

Table 1: List of secondary sources incorporated into the research

Thematic Analysis

To analyse the primary source, Lena Hitchcock's memoir, thematic analysis was employed following Braun and Clarke's guidelines (2006). Following manual coding of the memoir, 180 codes emerged which were later refined to 150 codes. Three themes emerged and were reviewed in a progress report document by the research supervisor. Further exploration within the research employed the chosen themes.

Ethical considerations

As sources including Brown (1920), are available publicly online, formal ethical approval was unnecessary. Permission to access *The Great Adventure* (Hitchcock n.d.) and *History of the World War Reconstruction Aides* (Hoppin 1933) was sought by emailing completed research request forms to the archivists of the National Museum of Health and Medicine and the National World War One Museum respectively. Given the timeframe concerned, individuals identified may have living relatives therefore, all information and discussion was treated respectfully and sensitively (Wiener and Gilliland 2011). Information was stored on a password protected laptop for the duration of the research. Upon completion, data will be returned to the University of Limerick Clinical Therapies Department.

Findings

Following thematic analysis of the memoirs, three themes emerged: (i) the therapeutic occupations used by the occupational therapy reconstruction aides, (ii) relationships between the occupational therapy reconstruction aides and the injured soldiers and (iii) the relationships between the occupational therapy reconstruction aides and doctors, nurses and physiotherapy reconstruction aides.

Therapeutic occupations used by the occupational therapy reconstruction aides

Occupational therapy occurred at the bedside, on the ward and in workshops (Figure 1). In Base Hospital 9, Lena worked on physical wards for patients who sustained orthopaedic injuries and psychiatric wards for "dementia patients [referring to patients who had psychotic disorders]", (p. 108). Occupations included painting, woodwork and knitting (p. 64). Occupational therapy reconstruction aides encouraged and facilitated the participation of the rehabilitating injured soldiers. Occupations were allocated to the soldiers with varying intentions including to promote motor function. Lena reports some work was "orthopedically

corrective”, (p. 51). This is evident, for example, in the use of an adapted home-made turning lathe “for certain knee, hip and ankle cases” (p.53).

Art and craft occupations were also employed to relieve depressive symptoms and promote morale. The case of a young Italian patient who was struggling with homesickness (p. 75) exemplifies this. The production of a painting board of an Italian landscape resulted in the boy feeling “pleased and content” (p. 75). This also signifies the use of meaningful activities and grading - the outlines of images of Naples were etched by Lena for the Italian boy to paint (p. 75). Grading is further evident in knitting activities as Lena records how soldiers requested help to “finish off this rake knit” (p. 64).

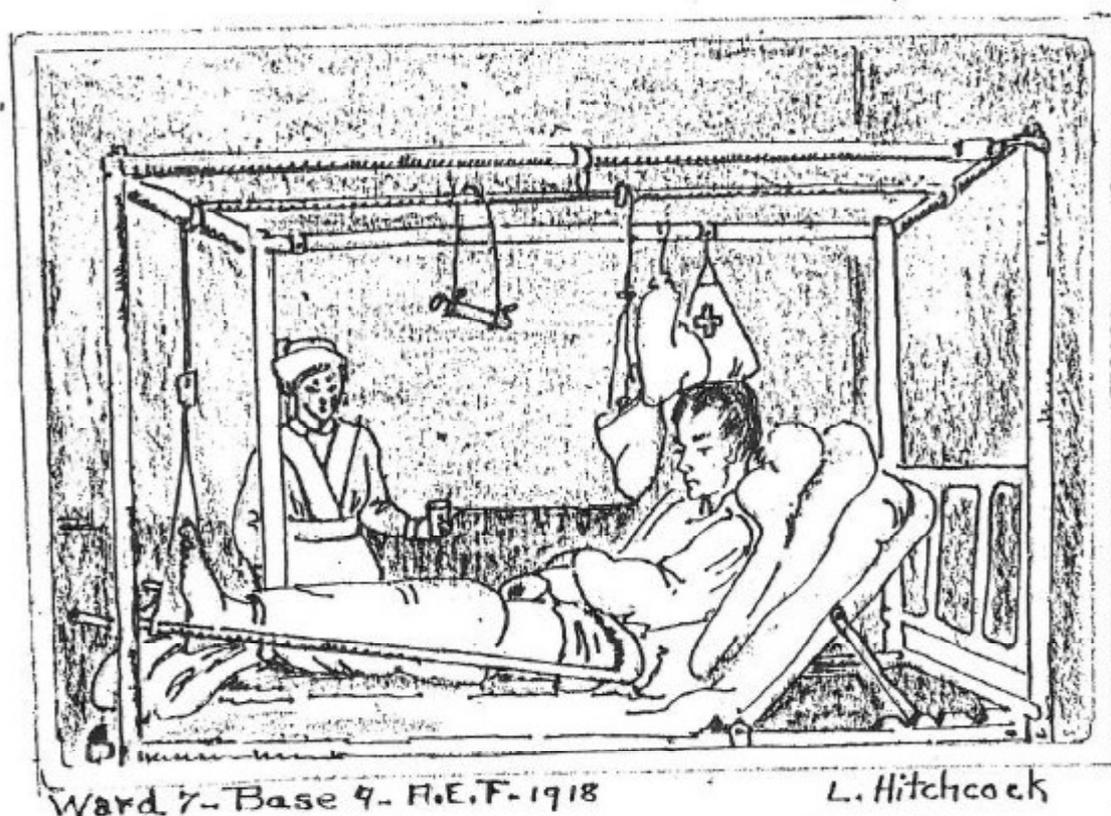


Figure 1: Hitchcock, L. (n.d.) from The Great Adventure, unpublished, p.51, Illus.

During Christmas 1918, Lena details the lengths the aides and soldiers went to, to decorate the wards, spending “two days making ornaments from cardboard” (p.89). The use of arts and crafts was common among the occupational therapy reconstruction aides, many of whom were artists (p. vi). Lena herself took “private lessons in ambidextrous drawing, basketry and several minor crafts” (p. III). Some of the soldiers’ art was sent to an exhibition in Rome of similar work from the Allied Nations (p. 109). Although their ‘community box’ which

contained woodworking, leather and block printing tools, “never did turn up” (p. 51), the reconstruction aides salvaged and purchased materials and the blacksmith and engineers, upon hearing their plight, donated tools (p. 52). The crafts employed were therefore reliant on available items including “tin cans, cigar boxes and ...pieces of gumwood from the boxes in which ... supplies were shipped” (p. 51).

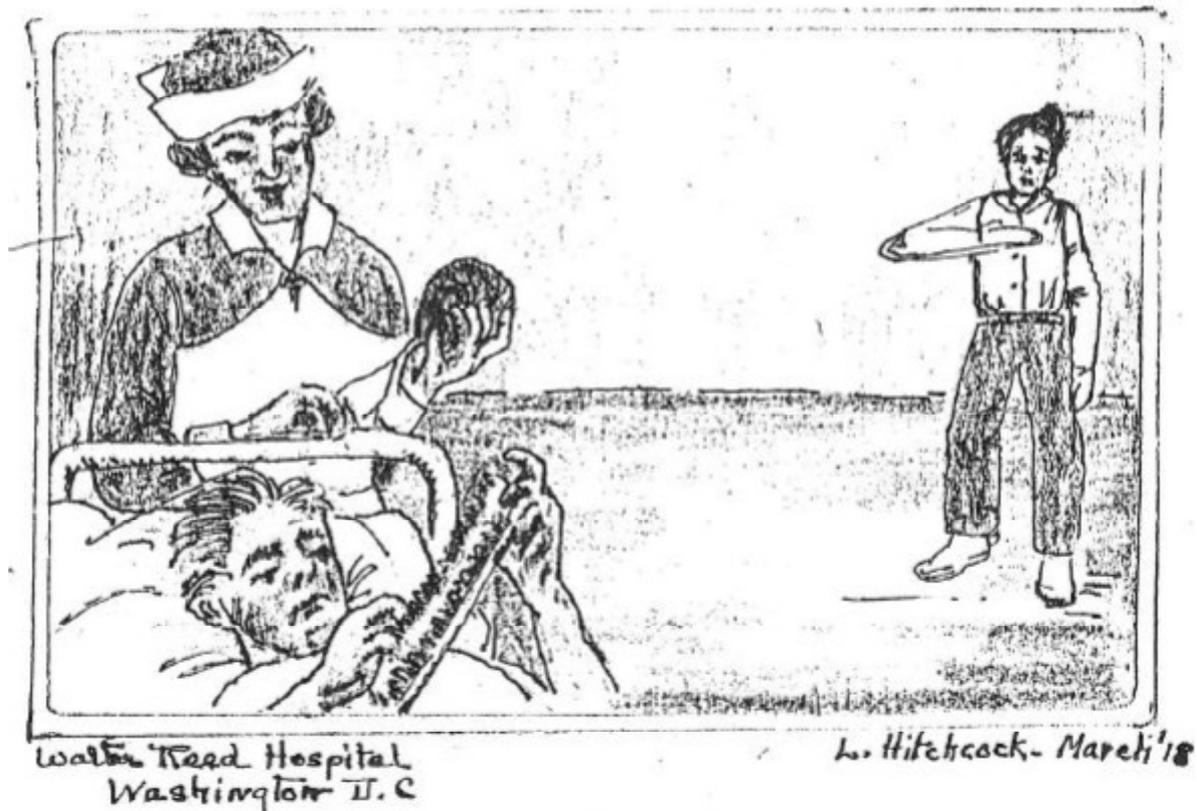


Figure 2: Hitchcock, L. (n.d.) from The Great Adventure, unpublished, p. i, Illus.

Lena described her days as encompassing nurse’s aide duties with “rubber gloves to wash..., beds to be brushed...materials to be given out” (p. 63). The reconstruction aides often temporarily assumed the role of nurse’s aide and Lena remarks how fellow occupational therapy reconstruction aide, Hope Gray, had “been doing eight to nine hours nurse’s aide work in addition to O.T.” (p. 72). Consequently, occupational therapy was incorporated only when time allowed. Evenings were then spent preparing for occupational therapy sessions as Lena recounted how she would “write letters home or make block prints” (p. 65).

Relationship between occupational therapy reconstruction aides and injured soldiers

Initially Lena observed how the men scoffed at the “women’s work” on offer (p. 50). In Walter Reed Hospital, after acquiring the collaboration of commanding officers to engage in

therapy, the soldiers “took to O.T. like ducks to water” (p. v). Similarly, at Base Hospital 9 the soldiers also began to enjoy the work. Lena exemplifies this when she reports how one patient “a ... regular non-com [non-commissioned officer]” (p. 51) crafted a wooden toy. This encouraged him to participate as “...he is thrilled with the success ... many others follow his example” (p. 51). Additionally, by using and grading occupations, the attitudes of the men towards occupational therapy altered. The occupational therapy reconstruction aides created and adapted devices to assist soldiers to regain function and independence. Lena details how Hope constructed, for one soldier, depressed by the loss his upper limbs, “an ingenious leather band with slits to hold paintbrush, knife, fork or spoon” (p. 74). This resulted in a remarkable improvement in his spirits (p. 74).

Instances of the positive regard the aides held for the injured soldiers occur throughout the memoir; one example is when Lena visited a former patient in Base Hospital 69, Savenay. Lena gifted the patient, a boy of sixteen who appeared to be dying, a purse she had crafted from a piece of his weaving as a gift for his mother (p. 100). On seeing him “forlorn and neglected” Lena had to fight back tears (p.100). She recalled how in Chateauroux she devised a hammock to prevent him developing pressure sores however “they came anyway” (p. 100). Similarly, Lena agreed to sit with one soldier during his surgery until she realised “that the person ...is Pete, one of my boys” (p. 85) and she departed before fainting. Christmas 1918 further illustrates the genial relationship between the occupational therapy reconstruction aides and the soldiers as the soldiers gifted them with self-produced items; Lena received a handkerchief (p.91). Lena’s referral to the soldiers as “my boys” (p. 50) may signify further the empathetic relationship between the occupational therapy reconstruction aides and the soldiers. The use of the term ‘boys’ appears common across many wartime sources this may have been because many soldiers were teenagers (Van Emden 2012).

The soldiers reciprocated this convivial language as they afforded them the nickname ‘*Bluebirds*’ in homage to their similarly hued uniforms. One soldier composed a poem ‘*The Bluebirds*’, concerning the aides and their work (Appendix 1). However, challenges were often encountered when working with injured soldiers; Lena recounts one incident on the psychiatric ward in Base Hospital 114, Bordeaux when “a big, powerful Italian...grabs me thinking I am his wife” (p. 109). Lena, struggling to control the situation retorts “let me go now, I must fix your spaghetti” (p. 109). This illustrates how, even in challenging situations, Lena retained respect for her patients.

Relationships between the occupational therapy reconstruction aides and doctors, nurses and physiotherapy reconstruction aides

Initially, occupational therapy was met with hostility from Chateauroux's commanding officer, Colonel Hawley, who exclaimed that "if we were useful, we may stay" (p.46). This reservation was replaced, following the aides' accomplishments, with praise as visiting Colonel Goldthwaite, Senior Orthopaedic Consultant, told them what "great girls we are" (p.58). Eventually, Lena and her colleagues became Colonel Hawley's "little pets", going on outings together (p. 78). The occupational therapy reconstruction aides' success is also mirrored by their acquisition of ward space from commanding officers who reluctantly permitted their expansion from a store cupboard to a workshop (p.52). Class differences were also evident; the occupational therapy reconstruction aides were expected not to fraternise with the canteen staff as according to one of the doctors, "they're just no good" (p. 77). However Lena retaliated replying that they were old friends.

The relationship between occupational therapy and physiotherapy reconstruction aides is depicted by Lena as amicable yet there were some tensions. Both afforded the title of 'reconstruction aide' (p. iv), they shared dormitories while stationed in New York (p. xv) and Chateauroux (p. 48). They wore the same blue uniform (p. ix). Lena reports how when one physiotherapist arrived to their mobilisation centre in New York, without her uniform, she took her shopping, outfitting her "in record time" (p. 6). The reconstruction aides attended dances together for example, at Christmas 1918 with Engineer and Aviation officers (p. 91). The aforementioned concept of class was a point of contention between Miss Hills', Head Aide of the occupational therapy reconstruction aides and former physiotherapist, and Lena (p. 2). Initially, they had a strained relationship with Lena once reduced to tears by Hills' snide comments (p. 2). The animosity between them dissipated in France, with Miss Hills eventually afforded the nickname 'Hillsie' by Lena and Hope (p.75). She often accompanied them for dinner and trips on leave (p. 85).

The occupational therapy reconstruction aides had a convivial relationship with the nurses. In Walter Reed Hospital they gave the nurses craft courses (p. vi). On arrival to Chateauroux, the occupational therapy reconstruction aides allowed the nurses to breakfast first (p. 45). As mentioned previously, they were assigned by senior nurses "to wards as nurses' aides" (p. 46). Following orders, they completed the assigned tasks (p. 46). This contribution was recognised by the nurses; Lena reports how they commended her on one occasion when she

had persuaded an officer into making his bed, unaware he was not required to do so. Ward 9 Head Nurse Miss Knight encouraged Lena to “keep it up” (p.48). Miss Olmstead, head of Ward 7, advised Lena to store her tools “in the linen room to save steps” (p.61) leading Lena to refer to her as “sweet” (p. 61). Socially, the occupational therapy reconstruction aides attended nurse-organised dances and Lena, persuaded into attending a Halloween dance by Miss Olmstead, recounted how she jested with her attesting “I will if she will” (p. 73).

Discussion

It is by examining the history of occupational therapy that current approaches and practices can be understood and contextualised (Dunne *et al* 2015). This research identifies the professional experiences of one occupational therapy reconstruction aide during World War One. Thematic analysis has identified the occupations employed and the relationships experienced by Lena Hitchcock. These themes will be discussed further.

This research correlates with previous studies (Fagile Low 1992; Bloom Hoover 1996) which exemplified that art and crafts were central to occupational therapy during the war. In Base Hospital 9, painting, beadwork, woodwork and knitting were some of the crafts employed (Hitchcock n.d., p. 64). Art and crafts were commonly employed in other Base Hospitals, including in Base Hospital 117 (McDowell Myers 1948). There was some criticism from the Surgeon General of occupational therapy as it was viewed as too childish and that it prolonged “confinement to the ward” (Crane 1927, p. 81). However, soldiers’ involvement in therapy was viewed culturally as “responding appropriately” and as appreciating the government established medical attention systems (Carden-Coyne 2007, p. 546).

Modern research notes that occupations “hold therapeutic power for recovery” (Pierce 2001 p. 139). This is evident in the occupational therapy reconstruction aides work as Lena reported. The purpose of the occupation depended on the patient’s condition. Susan Hills, recounting her experiences in a report on the Reconstruction Services (Hills 1927) described that the purpose of occupational therapy was two-fold- firstly, in collaboration with the physiotherapy reconstruction aides, to increase physical function and also to divert the mind. This psychological benefit is evident in the aforementioned poem - “it brings a bit of change to the dull routine and things look better now” (Hitchcock n.d., p. 57). Brown, chaplain of Base Hospital 9, in a published history of the hospital, documents that the soldier’s physical wellbeing was enhanced by participation in occupation by “using a part of his body which needed to be made strong again” (Brown 1920, p. 78).

The findings demonstrate the influence the arts and crafts movement had on early therapists and the therapeutic use of occupations. Indeed, Levine (1987) notes how the “use of arts and crafts boosted professional visibility during the early years of development” (p. 253). Despite a paradigm shift towards the medical model in the mid twentieth century (Gilfoyle 1984), the therapeutic use of occupations re-emerged with the establishment of occupational science (Clark *et al* 1991; Yerxa 2000).

Analysis of *'The Great Adventure'* explicated the use of grading as a technique employed by the occupational therapy reconstruction aides. Bedside occupations were initiated in the acute rehabilitation phase and progression could be made to the workshop with improved health. Grading was a component of the aides' training as noted by Upham (1918). Founder of the occupational therapy program at Milwaukee-Downer College (Quiroga 1995), Upham (1918) states that chosen activities should be simple initially -“more complicated processes are necessary however, as the patient improves” (p. 35). Further evidence of grading is reported by Hills (1927) who reported that “occupational therapy aides ...always tried at once to get a man to do some higher grade of work” (p. 70).

The aforementioned woodwork lathe was adapted so it could be operated by foot (p.53). Brown (1920) attests that within the workshop, treadles were used for patients with limited ankle flexion and extension (p. 83). There were planes and saws equipped with adapted handles to “meet the needs of the different gripping powers” (Brown 1920, p. 83). Hills (1927) notes that a large adjustable hand drill which was used by soldiers with shoulder and elbow injuries was adapted to enable use and to incorporate rehabilitation as the handles on the drill could be adjusted according to the required degree of motion. This research substantiates Gutman's (1995; 1997) statement that occupational therapy during the First World War was regarded as a means of retraining the physical body and developing work skills.

Another important finding was the use of the patients' individual interests to promote engagement with therapy. Analysis of the memoir revealed that the soldiers decorated the wards for Christmas (p. 89) made gifts for loved ones (p.100) and hats for themselves (p. 61). McDowell Myers (1948) acknowledges that the principle of the occupational therapy workshop in Base 117 was to “attract and interest the men” (p.211). Indeed, Brown (1920) reported that “once a man realized that he was making something useful and that its value depended upon his efforts, his recovery was assured” (p. 80). The occupational therapy

reconstruction aides endeavoured “to find work for each, similar to his own line of work in civil life” (Brown 1920, p. 84). The concept of meaningful occupation is central to the practice of occupational therapy and this meaningfulness supports participation (Ikiugu *et al* 2015; Ikiugu 2005). Additionally, the promotion of participation in occupations indicates the extent to which the intervention fulfils the client-centred rhetoric (Kjellberg *et al* 2012). Yamkovenko (2011) states the importance of employing meaningfulness in securing participation when working with modern-day veterans.

An initial objective of the research was to identify the relationship between the occupational therapy reconstruction aides and colleagues. The occupational therapy reconstruction aides worked and interacted with doctors, nurses and physiotherapy reconstruction aides to treat the injured and attended social events, including dances, together. A hierarchical relationship is portrayed between the doctors and reconstruction aides- the doctors advised them who to talk to, judged their work and what spaces they could use. The relationship with nurses is portrayed as convivial. As previously mentioned, the relationship between the occupational therapy reconstruction aides and the injured soldiers was one of sympathy and friendship- attributes commonly reported by nurses in their accounts of work during World War One (Hallett 2007).

The relationship between occupational therapy and physiotherapy is particularly interesting. It is unclear from the memoir if the occupational and physiotherapy reconstruction aides completed sessions together however, as explained by Hills (1927), the occupational therapy reconstruction aides had much in common with their physiotherapy colleagues. Occupational therapy and physiotherapy reconstruction aides shared a title, uniform and accommodation, indeed according to Linker (2011, p. 71) “an outsider would not have been able to discern easily the difference between an OT and PT aide”. However, Linker (2011) also proposes that despite the similarities, “the women themselves felt a deep divide” (p. 71). Occupational therapy was, to some physiotherapists, a means of simply heightening morale (Linker 2005b) with roots in the Victorian ideals of womanhood (Linker 2005a). Linker (2005a) asserts that this divide between the reconstruction aides was part of a “campaign of exclusion” (p. 116) instigated by the physiotherapists against nursing and occupational therapy aiming to associate with the medical professional and differentiate themselves from other female healthcare professions (Linker 2005a). However, the findings presented here demonstrate that most physiotherapy and occupational therapy reconstruction aides enjoyed a friendly relationship with some tension existing occasionally. This is further illustrated by Lena’s

aforementioned friendship with Miss Hills. Hills appears to initially have taken a particular dislike to the privileged Lena proclaiming “you are spoiled” (Hitchcock n.d., p. 2). It could be argued that Miss Hills’ staunch attitude was a reflection of the class divide between some reconstruction aides. Yet, with time, an earnest friendship developed between them. This tension to which Linker (2005b) refers appears to have emerged more resolutely post-World War One when physiotherapy became further established.

Departing France in May 1919, Lena worked at Walter Reed Hospital until leaving the army in 1920 (Hoppin 1933). Lena was a member of the Women’s Overseas Service League (WOSL) an organisation established to maintain friendships, provide aid and fight for pensions for former service women (Finklestein 2015). Lena was president of WOSL between 1927 and 1929 (Finklestein 2015). She also helped to establish the occupational therapy department at Washington Children’s Hospital and was director of occupational therapy at the Washington D.C. Society of Crippled Children (Hitchcock 1955). Lena died in 1986 aged 97 (The Washington Post 1986).

Implications for occupational therapy

These findings provide a uniquely personal view on a pivotal moment in our profession’s history. Many recognisable modern concepts were developed during the war, including grading, adaptation and the therapeutic use of occupations. Practitioners today can learn from their wartime contemporaries by encouraging the therapeutic use of occupations. Furthermore, occupational therapy reconstruction aides thought creatively; modern practitioners’ adoption of these traits will enable them to confront future professional challenges. This research can promote reflection on occupational therapy’s original principles.

Limitations and implications for future research

A limitation of this research is that the motive and date of writing is unknown however she dated drawings to 1918/1919, therefore it is possible that the memoir was written around this period. Furthermore, we only learn about soldiers and colleagues perspectives through Lena’s lens. Therefore, exploring materials related to their experiences would strengthen this research. As the focus of this research was Lena’s professional experience, future work could concentrate on the social aspects of her memoir. Additionally, audio recordings of Lena Hitchcock contained in the American Occupational Therapy Foundation archives are not

presently digitized; therefore were unobtainable to the researcher. A natural progression of this work is to analyse the audio recordings to explore further Lena's World War One experiences.

Conclusion

Current occupational therapy practice and approaches can be contextualised by researching its history, thereby informing future practice (Dunne *et al* 2015). World War One shaped occupational therapy's development (Wilcock 2002). Occupational therapy reconstruction aides worked in hospitals in America and France engaging injured soldiers in occupations to promote their physical and psychological wellbeing. '*The Great Adventure*', unpublished memoir of occupational therapy reconstruction aide Lena Hitchcock was analysed thematically. Analysis revealed three themes: the occupations used by the occupational therapy reconstruction aides and their relationships with the injured soldiers, doctors, nurses and physiotherapy reconstruction aides. Many modern occupational therapy concepts including the therapeutic use of occupations are apparent in wartime occupational therapy practices. Despite the presence of some tensions, relationships between the occupational therapy reconstruction aides and their colleagues were generally convivial. This research, timely given the present centenary of World War One, illuminates the professional experiences of one occupational therapy reconstruction aide during World War One.



Figure 3: Hitchcock, L. (n.d) 'Goodbye to the A.E.F. Camp Stewart, Va. June 1919' from The Great Adventure, unpublished, p. 125, Illus.

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Appendix 1: ‘The Bluebirds’ poem (‘The Great Adventure’, pp. 56-57).

There’s a wooden shack o’er there
And there’s lots of workers fair
Who are dubbed the bluebirds by the boys they know.
And the work is new and strange
For it brings a bit of change
To the dull routine and things look brighter now.

Oh it’s bang! Bang! Bang!
And it’s zip-zip-zip
And the hammers pound
And the jigsaws rip
And amidst the din
The bluebirds flit
And some wood and time
And a tool outfit.

If you’ve got a banged up hand
Or have simply lost your sand
And are kept in bed with nothing else to do
They are with you then post haste
And your time would go to waste
If you try to skip because they’ve got you, So-
Oh, it’s clang-clang-clang
And it’s zing-zing-zing
And the noise goes on makes you’re hearing ring
And the bluebirds sing
Then from your mind your troubles spring

If you want to make a ring
From a coin or other thin
Then the bluebirds show you how to do it right
If ideas you haven't got
Out their bag of tricks they'll trot
And there's many in the lot to cause delight

Oh, it's cut-cut-cut
And it's flip-flip
As the strips cut on
And the paintings done
And the bluebirds slip
Amongst the boys
As they cut and fit.

It may be a toy to make
That a lot of work will take
Or some other job that pleases you just fine
But just take their warning now
If you like gloom anyhow
That the bluebirds ruined mine for all the time.

Oh, it's bang-bang-bang
And it's zip-zip-zip
And the hammer pound
And the jigsaws rip
It's no time at all
Till you're feeling fit
And the work goes on
And the bluebirds flit".