MSC Occupational Therapy (PQ)

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Abstract

Background:
Dr. Eamon O’Sullivan (1897-1966) was a psychiatrist, the Resident Medical Superintendent in the Killarney Psychiatric Hospital and a pioneer of Occupational Therapy in Ireland (Fogarty 2007; Pettigrew et al 2013). On retirement, he published ‘Textbook of Occupational Therapy with Chief Reference to Psychological Medicine’ in 1955 (O’Sullivan 1955), one of the first psychosocial Occupational Therapy books in Europe (Pettigrew et al 2013). O’Sullivan’s contribution to Irish Occupational Therapy was unrecognized until the discovery of the textbook by the research team in the University of Limerick in 2012 (Dunne et al, 2014). However, his involvement with the Gaelic Athletic Association has been widely acknowledged. He was the trainer of the Kerry Senior Gaelic football team from 1925-1962, winning eight All-Ireland Finals (Fogarty 2007). This paper examines if the concepts of Occupational Therapy influenced O’Sullivan as a football trainer.

Methods:
This study used historical documentary analysis of secondary sources including his textbook on Occupational Therapy. Data was analysed using Braun and Clarke’s (2006) framework for thematic analysis.

Findings:
The influence of Occupational Therapy can be seen through O’Sullivan’s use of concepts such as roles, routines and habits and his endorsement of the idea of balance.

Conclusion:
Through the promotion of Occupational Therapy concepts and his advocacy for balance, the influence of the profession on Dr. O’Sullivan’s work as a football trainer can be clearly seen.

Application to Practice:
This study highlights the importance of taking a historical perspective to explore the influence of Occupational Therapy concepts beyond the discipline.
Introduction

Dr. Eamon O’Sullivan (1897-1966) has been identified as a pioneer of Occupational Therapy in Ireland (Fogarty 2007; Pettigrew et al. 2013). However, his position in Occupational Therapy history on the international stage remained largely unrecognised until the discovery of the textbook by the research team in the University of Limerick in 2012 (Fogarty 2007; O’Sullivan 2007; Dunne et al. 2014). His contribution to the game of Gaelic Football is much more widely acknowledged and he is accredited with bringing the County Kerry Senior Football Team to eight winning All-Ireland Finals.

Literature Review

A profession's identity is attached to the historical roots from which it developed (Newton 1965; Friedland 2003). Understanding the history of Occupational Therapy can offer a critical perspective on contemporary understanding and aid in the future growth of the profession (Statte 1977; Bing 1981; Coleman 1986; Lusk 1997).

The genesis of occupational therapy is associated with the ‘Moral Treatment Movement’ of the late 18th and 19th century which saw a shift in the treatment of people with mental illness away from restraints to a more humane individualised psychosocial form of care (Caplan 1969; Greenblatt 1969; Bing 1981; Marcil 2007; Prendiville and Pettigrew 2015). This movement, along with the Arts and Craft movement (Reed and Sanderson 1999; Friedland 2003), sparked an interest in the use of occupation as a therapeutic tool in people such as Adolf Meyer (1866-1950), Eleanor Clarke Slagle (1871-1942) and William Rush Dunton (1868-1966). They understood how beneficial occupation could be, as it was believed that occupation could not only strengthen the body, but help clarify the mind and offered new opportunities on recovery (Barton 1920; Quiroga 1995; Schwartz 2003; Marcil 2007). Their work in the development and promotion of Occupational Therapy and its concepts, such as roles, routines, habits and balance, went on to inspire future practitioners to appreciate the power of occupation.

Dr. Eamon O’Sullivan was one such future practitioner who was influenced by their work and the concepts they promoted. He was a psychiatrist and the Resident Medical Superintendent in the Killarney Psychiatric Hospital. Recent research which has been undertaken by the University of Limerick has found that Dr. O’Sullivan was a pioneer of Occupational Therapy in Ireland. (Fogarty 2007; O’Riordan 2013; Faughan 2013; Pettigrew et al. 2013; Lane 2014). The discovery of his book, the ‘Textbook of Occupational Therapy with Chief Reference to Psychological Medicine’, which was published on his retirement in 1955 and was one of the
first psychosocial Occupational Therapy books in Europe (Pettigrew et al 2013), has shown that his influence reached a wide audience. On publication, all 1000 copies of the textbook were sold and an additional press was sought (Faughnan 2013).

Despite the success of his textbook, his contribution to the profession went on to be unrecognised both nationally and internationally. In contrast to this, his involvement in the Gaelic Athletic Association has been widely acknowledged and celebrated. In 1958, his book on the game ‘The Art and Science of Gaelic Football’ was published in which he discussed his take of the collective training method which was in vogue at this time; this method consisted of players coming together for intensive training for a few weeks prior to a final (Corry 2009). He also discussed the techniques and strategies that he recommended for success in the game of Gaelic football (O’Sullivan 1958).

Dr. O’Sullivan achieved great success in his work within Occupational Therapy and as a football trainer in the Gaelic Athletic Association; however, there has been no research to date to investigate if there is a link in his work between his two passions, Occupational Therapy and the GAA. This paper will explore how the Occupational Therapy concepts of roles, routine, habits and balance influenced Dr. O’Sullivan in his work as a trainer in the Gaelic Athletic Association.

**Methods**

**Methodology:**
The underlying paradigm plays a dominant role in the construction of the research question and all subsequent interpretation and analysis that ensues (Guba and Lincoln 1994). This research followed a historical document research method which was exploratory in nature (Dunne et al 2015). The overall research design followed a qualitative path of inquiry which worked within an essentialist/realist paradigm (Marshall and Rossman 1995; Butler-Kisber 2010; Creswell 2009). This paradigm compliments the use of deductive thematic analysis and this study's aim due to the unidirectional perspective it assumes between meaning, experience and language (Potter and Wetherall 1987).

**Approach:**

A broad qualitative approach was taken during this research. Qualitative research is described as a form of social inquiry which aids in the interpretation of peoples experiences in their own natural settings and of the world around them in terms of the meanings that they bring to it (Denzin and Lincoln 1994; Holloway 1997). Qualitative methods of inquiry go beyond identifying events, conditions or experiences, it aims to explain, interrupt and
represent (Frank and Polkinghorne 2010). In relation to this study, it aimed to explain the commonalities in the work of Dr. Eamon O’Sullivan, between his work in Occupational Therapy and his work as a football trainer.

Data Analysis:

Following documentary familiarisation of the ‘Textbook of Occupational Therapy with Chief Reference to Psychological Medicine’ and ‘The Art and Science of Gaelic Football’, manual deductive thematic analysis in Microsoft Word was the method used for identifying and analysing the data (Braun and Clarke 2006; Black 2009). Braun and Clarke’s (2006) six phase framework for thematic analysis was used for data analysis in this study. As the research question had already identified the main themes, a predetermined framework was used for analysing the data (Boyatzis 1998; Braun and Clarke 2006).

Historical Documentary Analysis:

Historical research is a method that focuses on reconstructing past events and lived experiences in order to describe and understand them (Franklin et al 2013; Dunne et al 2015). Historical research uses qualitative methods for its ability to analyse information comprehensively and thoroughly (Black 2009). Sweeney (2005) states that the analysis of historical documents is less about finding and summarising relevant information and more about determining the reliability and accuracy of that information (McDowell 2002; Mogalakwe 2009). When performing historical research, it is vital to use recommended methods of inquiry to collect, interpret, organise and analyse data from reliable sources in order to form an accurate picture of the person or event being researched (Schwartz and Coleman 1988). By conforming to this rule, “the true value of documentary evidence can be considered, and the results of historical research can be more accurate and applicable” (Dunne et al 2015, p. 5).

Trustworthiness and Credibility:

The researcher examined each document to determine its authenticity, credibility, representativeness and meaning (Scott 1990; Heneghan and Badenoch 2006; Taylor 2007). Authenticity was ensured due to the data coming from published sources. Credibility was addressed through indepth emergence and long-term engagement with the data. It was identified early in the research process, that it is significant that fact remain separate from idea in order to maintain truth in history and to ensure that the evidence being presented from this study is solid (Schwartz and Colman 1988; Scott 1990). Using a predetermined framework in analysing the data can result in a loss of flexibility of analysis which can bias
and limit the interpretation of the information being gathered (Boyatzis 1998). It was identified that the researchers own bias and perspectives could cloud the interpretations of the uncovered information, therefore, the researcher kept a reflective diary throughout the research process which helped to maintain reflexivity (Finlay and Gough 2003; Litva and Jacoby, 2007). Finally, the meaning of the data was representative of the level of clarity and the scope of the documents to the researcher.

Ethics:

Ethical considerations were not an issue for this study as there were no human subjects included in the study. Formal ethical approval was deemed unnecessary as all information used in the study is accessible to the general public. Historical document research is a non-direct method of exploration into people’s lives causing no disruption to them (Kielhofner 2006). When writing the paper the author ensured that the information was represented in a sensitive, fair and unbiased fashion. This was done through utilising supervision with the research supervisor who helped guide the process (Driscoll 2000; Greenfield 2002).

Findings

Data for this study was gathered through analysis of his textbook on Occupational Therapy called ‘Textbook of Occupational Therapy with Chief Reference to Psychological Medicine’ and his book on the game of Gaelic Football called ‘The Art and Science of Gaelic Football’. As a predetermined framework had already been established i.e. the research question had already identified the main themes, deductive thematic analysis was used in the formation of 82 codes between both texts. These codes were later systematically examined and compared. They were then applied to the four predetermined themes to provide evidence for how the concepts of Occupational Therapy had influenced Dr. O’Sullivan’s work as a football trainer for the Gaelic Athletic Association (GAA). Theme one: Roles. Theme two: Routine. Theme three: Habits. Theme Four: Balance.

Theme one: Roles

In both texts, Dr. O’Sullivan discusses the importance of procedures and practices being organised in a particular manner where each individual takes on specific roles that are tailored to their own respective abilities and by taking personal responsibility for these roles, they work in conjunction towards a common goal (O’ Sullivan 1955; O’ Sullivan 1958). This concept is related to both the hospital setting and to the game of Gaelic Football where the end objective may be the production of an end product in the work associated with
Occupational Therapy treatment or where the combined overall fitness of the football team is improved through the individual fitness of each player in training.

In his Occupational Therapy textbook, Dr. O’Sullivan describes how the patient who is bedridden makes “his own special contribution to the assembly” (O’Sullivan 1955, p. 12). He also explains that the “personnel of the system, from the superintendent right down to the junior nurse associated with the treatment must also be arranged in a definite manner” (O’Sullivan 1955, p. 22) where each member is aware of their own task and each person’s contribution ensures the correct implementation of treatment in the “attainment of the desired end-results” (O’Sullivan 1955, p. 22). This concept is clearly transferred into Dr. O’Sullivan’s work as a football trainer as in the same way as the patient or the staff member in the hospital all have input into the overall result of treatment, “each individual member of a team must undergo a course of training” as “the general fitness of a team is the composite fitness of all its members” (O’Sullivan 1958). He emphasises that “training, therefore, is both a team and individual matter” where “ultimate fitness is definitely based on a team training arrangement” (O’Sullivan 1958).

Theme two: Routine

The Occupational Therapy concept of routine is interwoven in Dr. O’Sullivan’s work with Occupational Therapy and the Gaelic Athletic Association (GAA). Within both texts written by Dr. O’Sullivan, detail is given on the need for structure, for systems to be built on a distinct ordered foundation that supports performance and achievement (O’Sullivan 1955; O’Sullivan 1958).

In the chapter ‘Re-Educational Section’ in his Occupational Therapy textbook, the daily re-educational schedule is depicted in detail on an hourly timetable (O’Sullivan 1955, p. 115-118). It gives considerable information on the daily programme of the patients and explains that “every minute of the daily schedule is arranged methodically” (O’Sullivan 1955, p. 118), in order to aid the patient in focusing their attention away from self to more productive means. This practice is distinctly similar to that used by Dr. O’Sullivan in his collective training sessions conducted by him when training his players (O’Sullivan 1958, p. 26). This Collective Training schedule constitutes “a special training camp, where the entire team and substitutes are subjected to daily 24 hour schedule of alternating exercise, tuition, rest and play” and he stated that this “wholetime collective training is the ideal form to guarantee optimum results” (O’Sullivan 1958, p. 20). This method is mirrored in his work in Occupational Therapy were he advocates for treatments to “be built on a definite system and avail of precise and ordered methods of procedure” as he asserted that without this order and precision, “we cannot hope to secure the results anticipated” (O’Sullivan 1955, p. 22).
Theme three: Habits

Within both texts, Dr. O’Sullivan makes considerable reference to the process of habit formation (O’ Sullivan 1955; O’ Sullivan 1958), the “special habit training programme” which was first devised by Eleanor Clarke Slagle one of the founders of the American Occupational Therapy Association in 1917 (O’ Sullivan 1955, p. 8). He provides detail on the physiology of habit formation and the specific purpose of the practice in relation to the desired recipient in the respective texts. It is with this concept that the clearest association can be made between Dr. O’Sullivan’s work with Occupational Therapy and his work as a football trainer as in his text ‘The Art and Science of Gaelic Football’, he uses extracts from his textbook on Occupational Therapy. He directly quotes passages from his Occupational Therapy textbook in the text on football to explain the physiology of habit formation (O’ Sullivan 1958, p. 29). (See Appendix 1)

In his Occupational Therapy textbook, Dr. O’Sullivan explains that there are five rules of habit formation and he expands on each one in detail in relation to the context of the mental health setting at that time (O’ Sullivan 1955, p. 110-111). Dr. O’Sullivan also makes reference to these five rules in his Gaelic Football text (O’ Sullivan 1958, p. 28-29) where there is clear demonstration of the application of each rule to the training process he recommended.

From the Occupational Therapy perspective, the five rules of habit formation outline the requirements for a process to retrieve and return “normal and better habits” by a programme “specially devised to secure the best results” (O’ Sullivan 1955, p. 34). The rules stipulate that “the occurrence of an interval between specific stimulus... will affect the speed with which a habit may be acquired”, it is “also governed by the frequency and number of the learning periods”, the fewer the number of movements to be taught “and the more gross the movements, the quicker the habit is acquired”, “the idiosyncrasies of the patient” will affect the success of the acquisition of the new skill and that the entire daily “programme must be a balanced regime of work, play and rest covering a 24 hour schedule” (O’ Sullivan 1955, p. 110-111). Exploration of these key points clearly illustrate how they were transitioned into use with the Gaelic Football training sessions as Dr. O’Sullivan recommended “a system of two short training periods daily, separated by rest intervals”, where “the points elaborated in the preceding lecture” are practised as “all habits of performance only acquire full dexterity by a long continuous process of repetition” (O’ Sullivan 1958, p. 28-29).
Theme Four: Balance

Throughout Dr. O’Sullivan’s work with Occupational Therapy and as a trainer in the Gaelic Athletic Association, he advocated the benefits and importance of having a balance to the daily organisation of life. He professed one of the advantages of Occupational Therapy was that it allowed for “a well-balanced” and “properly planned programme of work, rest and exercise” “to be arranged daily” which would “improve the bodily health and create favourable interactions between mental and bodily processes” (O’Sullivan 1955, p. 25 and p.36). He succinctly described this as “a healthy mind in a healthy body” (O’Sullivan 1955, p. 36).

As with his work with Occupational Therapy, as a trainer he promoted a structured and balanced programme for his players in the wholetime collective training he employed where the whole schedule was drawn up in a deliberate way for balance (O’Sullivan 1958, p. 20). A healthy sleep habit of seven to eight hours per night was recommended within both aspects of Dr. O’Sullivan’s working life. The incorporation of recreation time into the schedules of players and patients alike was also encouraged. With his players, he supported “these periods of play” as “a most important part in building up and maintaining morale” and campaigned for it to “be placed on a regular well-planned organisational basis” (O’Sullivan 1955, p. 30). For the patients that were under his care, he supported the inclusion of recreation time in their schedules for “therapeutic balance” (O’Sullivan 1955, p. 39) as “relaxation from the toils of the day are an essential feature of normal, healthy life” (O’Sullivan 1955, p. 74), to “promote resocialisation” (O’Sullivan 1955, p. 77) and for the “harmonious and successful working of treatment” (O’Sullivan 1958, p. 25).

Discussion:

Due to the significant dearth in the knowledge of the development of Occupational Therapy in Ireland, the University of Limerick has been carrying out research in an effort to consolidate the historical foundations of the profession in our national history. One of the major discoveries made in this time was that of Dr. O’Sullivan’s book, ‘Textbook of Occupational Therapy with Chief Reference to Psychological Medicine’ which proved that the doctor was a pioneering advocate of Occupational Therapy in Ireland (Fogarty 2007; Pettigrew et al 2013). Research carried out by previous students have analysed his work and recognised the contribution Dr. O’Sullivan made to the development of Occupational Therapy in Ireland (O’Riordan 2013; Faughan 2013; Lane 2014).
The current study was based on a more conceptual premise than previous research on Dr. O’Sullivan, as it aimed to explore if his work within Occupational Therapy influenced his work as a football trainer of the County Kerry Senior GAA Football Team. It strived to do this by identifying the common themes in his writings on these two subjects. The findings of this study have highlighted that throughout Dr. O’Sullivan’s work as a football trainer, the use of the Occupational Therapy concepts of roles, routine, habits and balance were evident. This is highlighted through his method of delivery of the collective training approach which was more structured than what was norm at this time (Corry, 2009). Having identified the use of Occupational Therapy concepts in Dr. O’Sullivan’s work as a football trainer, it is important to gain a clear understanding on what were the influencing factors that impacted on his practice and on his use of these concepts within Occupational therapy, as this ultimately impacted on his work as a trainer.

Dr. O’Sullivan was attracted to Occupational Therapy early in his career due to the “immense value of occupational projects as a very definite, successful and indeed pleasant form of psychiatric treatment” (O’Sullivan 1965, p. 253). He drew inspiration from the Simon method (O’Sullivan, 1955), a concept developed by a German psychiatrist Hermann Simon in 1923, which advocated for inpatients in asylums working and being responsible for the results of their work. He believed that this type of treatment augmented attention, self-esteem and responsibility (Schmiedebach and Priebe, 2004; Pettigrew et al, 2016). He travelled to many countries visiting psychiatric hospitals while developing his practice of Occupational Therapy and it is clear that he took inspiration from prominent European and international professionals in psychiatric medicine in his endeavours. These people were also keen advocates for the use of occupation in treating persons with mental illness and they played key roles in building the foundations of the profession namely Dr. William Rush Dunton, Eleanor Clarke Slagle and Dr. Adolf Meyer.

Dr. Dunton, the ‘father of the profession’, held a strong belief in the merit of occupation as a treatment method (Peloquin 1991a; Wilcock 2002). His belief that “all patients should have occupations which they enjoy” (Dunton 1919, p. 10) is one that resonates strongly in Dr. O’Sullivan’s own work. It is likely that it is due to his success, that Dr. O’Sullivan looked to him for support when writing his own textbook. Dr. O’Sullivan sent a draft copy of his “Textbook” to him prior to publican (O’Sullivan 1955, p. x) and Dr. Dunton contributed the foreword for the text stating that there was “no other work on the subject, which is so complete and specific” and expressing his admiration for “the diligence of the author in his research and in the use of the material he has gathered” (Dunton 1955, p. vii).
It is apparent from the collective training programme used by Dr. O'Sullivan that the Occupational Therapy concept of habit training impacted on the training techniques he practiced with the players, in particular his use of repetition and the frequency of training periods he recommended in order for the new skills to be acquired. The “special habit training programme” was first devised by Eleanor Clarke Slagle following on from her work with Dr. Adolf Meyer in the Phipps Psychiatric Clinic of the Johns Hopkins Hospital in Baltimore (O’ Sullivan 1955, p. 8; Peloquin, 1991b; Wilcock 2002). Meyer had advocated for “the creation of an orderly rhythm in the atmosphere” of the hospital (Meyer 1922, p.6; Peloquin 1991b) as he believed that patients could be cured through regimens that “would restore them to a balanced, healthy life” (Meyer 1922; Quiroga 1995, p. 75). His influence shaped her perspective on how treatment should be carried out with those with a mental illness and formed the basis of the habit training programme that she developed (Peloquin 1991b; Zemke and Clark 1996). According to Slagle, the philosophy underlying this programme was that “for the most part, our lives are made up of habit reactions. Occupations used remedially serves to overcome some habits, to modify others and construct new ones to the end that habit reaction will be favourable to the restoration and maintenance of health” (Slagle 1922, p. 15).

Dr. Adolf Meyer’s influence on the work of Dr. O’Sullivan is also apparent through his appreciation of the importance of the routine and balance in the lives of the people in his care and equally in the lives of the players he trained. Dr. Meyer, who described himself as a mental hygienist, was one of the first to infer that when planning out courses of Occupational Therapy for use with patients, it would be important to first consider the organisation of daily activities for them (Meyer 1922, Wilcock 2002). Other early pioneers had suggested that there was an optimal range for engagement in activity for each person, however, Dr. Meyer emphasised the belief that human beings derive meaning and maintain well-being through the organisation of time. Through his work, he identified four areas of activity whose interactions, he postulated, affected a person’s overall ability to adapt to the requirements of daily life. These areas were work, play, rest and sleep (Meyer 1922; Zemke and Clark 1996). It is with this concept of balance between these four areas of daily life that the influence of Dr. Meyer is most obviously noted. As documented by Dr. O’Sullivan in his text ‘The Art and Science of Gaelic Football’, when organising his Collective training, ensuring a balance between these four areas for his players was of the utmost importance as “the mental attitude of the athlete in training is of paramount importance if full benefit is to be derived” (O’Sullivan 1958, p. 24).

The Occupational Therapy concepts of roles, routine, habits and balance were identified as part of this study as having an influence on the work of Dr. O’Sullivan within Occupational
Therapy and as a football trainer. These concepts have predominated the work of Occupational Therapy from its foundation and the early proponents of the profession appreciated that by incorporating these concepts into their work with patients that they would be able to meet the physical and psychological needs of the people in their care and promote recovery. These concepts have proven to be just as relevant in today's work in Occupational Therapy and therapists still place emphasis on their importance when working with clients in current mental health settings. Within Occupational Therapy, the emergence of models of practice has been a significant development (Kielhofner 2009), as they help to guide treatment of all people regardless of diagnosis or need. The significance of the concepts identified in this study has been confirmed as they have now been formalised into a practice model by Gary Kielhofner called the Model of Human Occupation (Zemke and Clark 1996; Kielhofner 2002). This model looks at these concepts in detail and divides them into the subdivisions of volition, habituation and performance skills and looks at how these subdivisions interact with a person environment to enable occupational engagement (Kielhofner 2002).

Therefore, the influence of Occupational Therapy can be seen through Dr. O’Sullivan’s use of concepts such as roles, routines and habits and his endorsement of the idea of balance.

Limitations and implications for future research:

As this research project is more conceptual in nature, there is no written documentation available that can unquestionably verify the findings. Therefore, this research project has limited data sources due to a lack of historical documentation as it only had Dr. O’Sullivan’s two texts to analyse. The findings of this research would gain strength by conducting interviews with former colleagues and with former football players and former trainers who worked alongside Dr. O’Sullivan during this period. This project is currently being conducted by a year one MSc student.

Implication for Occupational Therapy practice:

In the current economic climate and with the prevalence of the new role emerging aspects of Occupational Therapy, Dr. O’Sullivan’s work with the Gaelic Athletic Association can be viewed as one of the first non-traditional roles where Occupational Therapy was utilised. In this way, his work as a football trainer can be viewed as inspirational for future Occupational Therapists looking to transfer their skills to work outside of the profession. In short, this study highlights the importance of taking a historical perspective to explore the influence of Occupational Therapy concepts beyond the discipline.
Conclusion

Historical research enables professionals to achieve a greater sense of identity, gain insights into what shapes current practice and gain a deeper understanding of their role (Creek and Lougher 2008; Black 2009; Molke 2009; Baptiste 2011). By reflecting on the challenges faced by the early pioneers, current professionals can be encouraged to be innovative, creative and resourceful in their own practice (Quiroga 1995). This is particularly relevant in the current economic climate as Occupational Therapists are being called to practice more often in non-traditional settings.

Dr. O’Sullivan was a visionary and pioneering force in the development of Occupational Therapy in Ireland. It was his strong belief in the power of occupation which led him to develop an Occupational Therapy department in St. Finan’s Psychiatric Hospital, Killarney (Fogarty 2007). While his contribution to the profession is only recently being recognised, his contributions as a trainer to the Gaelic Athletic Association has been celebrated and documented. This paper identified that the Occupational Therapy concepts of roles, routine, habits and balance influenced his work as a football trainer. It also acknowledges that Dr. O’Sullivan can act as an inspirational figurehead for current therapists looking to apply Occupational Therapy knowledge outside of traditional Occupational Therapy roles.
References


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Appendix 1:

The direct passages quoted by Dr. O'Sullivan from his Occupational Therapy textbook in the text on football:

- “Gruender states that a 'neural organisation' is acquired by the mere repetition of an action. In proportion as this 'neural organisation' reaches perfection, the less voluntary attention to the external actions of the developing habit is exercised, until a stage is reached when the will to perform the details of the movements disappears, as occurs, for instance, when acquiring the skill or habit of cycling. When the latter becomes a purely habitual action, the mind can become engrossed in thoughts of an entirely different character, without having to concentrate on the movements associated with steering and pedalling. This explains the necessity for the sense of sight in the early stages, when acquiring the skill of cycling, as most beginners fail to cycle in the dark in the early developing stage of the habit. Scholastic Psychologists have defined habit ('habitually voluntary' action) as one that is due to a past action of the will (*imperium voluntatis*) to which, however, we no longer pay any attention. They must distinguish it from an 'actually voluntary' act and recognised between the two as end stages many transitional stages which they designated as the 'gradual mechanisation of voluntary actions.' This is a very apt and intelligible description of the method of procedure in habit-formation and offers a very sensible rationale in the development of re-educational treatment” (O'Sullivan 1955, p.108).

- “Secondly, habit-formation is also governed by the frequency and number of the learning periods. Psychological experiments with animals have demonstrated that it requires a certain number of days with one trial each day to train an animal to develop a particular skill, while another animal allowed two trials each day will acquire the same habit in somewhat more than half the time. In the second case, the number of trials are actually increased and the rest intervals are reduced. It is evident, therefore, that short training sessions, with definite free intervals, increase the rapidity of habit acquirement” (O’Sullivan 1955, p. 110).