From the wretched laundry to a lovely solarium: the history of the therapeutic use of occupation in Ireland, 1863-1970

by
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Abstract

Historical research can foster critical understandings of occupational therapy. It can facilitate greater appreciation of the context within which contemporary practice and assumptions developed, and can contribute to present day debates on the role of occupation within occupational therapy.

This thesis aims to construct a chronology of the therapeutic use of occupation from the Moral Treatment era through to the mid-20th century establishment of the profession of occupational therapy in Ireland. It aims to use the emergence of Irish occupational therapy education as a means of understanding the professionalisation of the discipline. Finally, it takes an interpretative analytical perspective to situate the history of the profession in Ireland in broader social, political, and healthcare contexts.

The thesis comprises four papers, each of which contributes to achieving the aforementioned aims. Paper I, a methodology paper, critically reviews literature on the use of historical documentary research methods in occupational therapy. It describes a practical strategy for selecting and appraising documentary evidence, and presents several theoretical and critical paradigms that can be used to interpret the meaning of historical documents. Furthermore, it establishes the value of interpretivism, which is the epistemological perspective taken throughout this thesis. Paper II reviews existing literature on the history of the therapeutic use of occupation in Ireland from 1863-1963 prior to the establishment of the first occupational therapy programme at St. Joseph’s College of Occupational Therapy, Dún Laoghaire, Co. Dublin. It describes three significant transitions: from moral treatment to the medical patronage of occupational therapy, from medical patronage to the era of pre-professional occupational therapy workers, and from pre-professional workers to the era of professionally qualified occupational therapists.

Paper III uses historical documentary research methods, supplemented by oral history methods, to construct an instrumental case study of the development of occupational therapy at St. Patrick’s Hospital, Dublin. It explores the contributions of significant individuals, identifies the links between occupational therapy and psychiatry, and situates the development of occupational therapy at St. Patrick’s Hospital in broader social and cultural contexts. Paper IV is an oral history study that explores the experiences and perceptions of occupational therapy students of St. Joseph’s College of Occupational Therapy from 1963-1970. The oral histories portray multiple professionalisation strategies that were used to establish occupational therapy in Ireland, including educational credentialism and efforts made by the participants to distinguish themselves from pre-professional occupational therapy workers.

The thesis establishes a chronological timeline of the development of occupational therapy in Ireland for the first time. Furthermore, it considers professionalisation and analyses its impact on occupational therapy practice and philosophy. It illustrates the relationship between occupational therapy and psychiatry, the role of occupational therapy in institutions, and the history of the therapeutic use of occupation in an Irish context.
List of Publications


List of Conference Presentations


List of Poster Presentations


Declaration

I declare that this doctoral thesis is entirely my own work and that it has not been submitted at this or any other University or at any other higher education institution for any academic award.

Signature: ______________________

Brid Dunne
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List of Abbreviations

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<tr>
<td>AOT</td>
<td>Association of Occupational Therapists (occupational therapy association for England, Wales, and Northern Ireland from 1936-1974)</td>
</tr>
<tr>
<td>AOTA</td>
<td>Association of Occupational Therapists of America (formed in 1921)</td>
</tr>
<tr>
<td>AOTI</td>
<td>Association of Occupational Therapists of Ireland (formed in 1965)</td>
</tr>
<tr>
<td>BAOT</td>
<td>British Association of Occupational Therapists (formed from the merger of the Association of Occupational Therapists and the Scottish Association of Occupational Therapists in 1974. It is now the registered trade union for occupational therapists in the UK)</td>
</tr>
<tr>
<td>COT</td>
<td>College of Occupational Therapists (occupational therapy association with responsibility for the educational, professional, and research business of occupational therapy in the UK from 1978 to 2017, when it was renamed the Royal College of Occupational Therapists)</td>
</tr>
<tr>
<td>IJOT</td>
<td>Irish Journal of Occupational Therapy</td>
</tr>
<tr>
<td>IOTA</td>
<td>Irish Occupational Therapy Association (association formed by craft teachers and other pre-professional occupational therapy workers in the 1950s – disbanded in 1975)</td>
</tr>
<tr>
<td>NSPOT</td>
<td>National Society for the Promotion of Occupational Therapy (first occupational therapy association. Formed in the USA in 1917. In 1921 the name changed to the American Occupational Therapy Association)</td>
</tr>
<tr>
<td>RCOT</td>
<td>Royal College of Occupational Therapists (the College of Occupational Therapists was given a royal charter in 2017 and the name changed to the Royal College of Occupational Therapists)</td>
</tr>
<tr>
<td>RMS</td>
<td>Resident Medical Superintendent</td>
</tr>
<tr>
<td>SAOT</td>
<td>Scottish Association of Occupational Therapy (occupational therapy association for Scotland from 1932-1974)</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<tr>
<td>WFOT</td>
<td>World Federation of Occupational Therapists</td>
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Definition of Terms

**Interpretivism:** An approach to research that assumes that reality is subjective and constructed by social actors (Denzin & Lincoln, 2008). Interpretivism accepts that there are multiple historical truths; historical events can be interpreted from a variety of viewpoints.

**Mechanistic paradigm:** An approach to occupational therapy that assumed that a specific impairment/symptom caused an inability to engage in occupation and aimed to change/compensate for the impairment to improve occupational performance. The mechanistic paradigm is proposed to have been dominant in occupational therapy in the mid-20th century (Kielhofner, 2009).

**Moral treatment:** Moral treatment (also called moral management) was a model of psychiatric treatment in the late 18th and 19th century that emphasised humanism, consideration for patient welfare, kindness, regulation of diet, regular exercise and gainful occupation (Williamson, 1992).

**Occupation:** Occupation is defined as the everyday activities that groups or individuals participate in that bring meaning and purpose to life (WFOT, 2012a); participation in meaningful occupation is associated with survival and health (Reed & Sanderson, 1999).

**Occupational science:** Occupational science is an academic discipline that concerns the scientific study of human participation and occupation in daily life (Wilcock, 2014).

**Occupational therapy:** Occupational therapy is “…the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings” (AOTA Model Practice Act, 2014b, p.1).

**Resident Medical Superintendent:** A medical professional who was resident in a psychiatric hospital (usually a psychiatrist); from the mid-19th century having a psychiatrist in resident became more common than employing visiting physicians (Kelly, 2016a). The resident medical superintendent acted as both a hospital manager and doctor, and was responsible for patient examination and discharge, and regulated the daily life of the hospital (Kelly, 2016a)

**World Federation of Occupational Therapists:** The official international representative body for occupational therapy and occupational therapists.
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Chapter 1

Introduction
Occupational therapy was formalised in Clifton Springs, United States of America (USA) in 1917, when six individuals with belief in the therapeutic use of occupation gathered to form the National Society for the Promotion of Occupational Therapy (NSPOT). As such, the discipline of occupational therapy commemorates its centennial in 2017, an occasion that represents an opportunity to reflect on the profession’s heritage, to assess the evolution of professional arguments and consider the position of occupational therapy in the 21st century (Pettigrew et al, 2017; Hooper, 2010).

Occupational therapy is “…the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings” (AOTA Model Practice Act, 2014b, p.1). Occupational therapists define occupations as the everyday activities that groups or individuals participate in that bring meaning and purpose to life (WFOT, 2012a); participation in meaningful occupation is associated with survival and health (Reed & Sanderson, 1999). Occupational therapists use occupation as a therapeutic medium to facilitate participation in the things that people need, want or have to do (AOTA, 2014). Philosophically, occupational therapy is based on humanism and holistic understandings of health; it emphasis the personal worth of the individual and seeks to understand and work with the person beyond treating the symptoms of the illness or injury they may present with (Reed & Sanderson, 1999).

For the discipline of occupational therapy, the emphasis on the concept of occupation has changed over time. The founders of occupational therapy placed much importance on occupation itself when determining the scope and practice of the profession (NSPOT, 1917). Over time, the profession placed greater emphasis on biomedical and reductionist
understandings of human performance to conform to increasingly biomedical practice environments (Kielhofner & Burke, 1980). In recent decades, there has been a renewed emphasis on occupation with the foundation of a new scientific discipline: occupational science (Wilcock, 2014), which concerns the scientific study of human participation and occupation in daily life. The discipline of occupational science underpins occupational therapy by providing a rich understanding of occupation as both the therapeutic means and ultimate goal of occupational therapy (WFOT, 2012b). Occupational science has called for an increased focus on issues of justice and human rights for populations, groups and individuals, identifying that participation in economic, social, and cultural occupations is associated with health (Hocking, 2011). Examining changes in the therapeutic use of occupation over time can uncover the historical context within which occupational therapy and occupational science evolved, and can inform future professional directions.

**Value of history in healthcare**

The disciplines of nursing, medicine and social work have significant literature concerning their histories, which inform education, scholarship and clinical reasoning (Duffin, 2010; Egenes, 2017; Danto, 2008). Historical research benefits these disciplines in a number of ways. Taking a historical perspective facilitates ‘distancing’, which is defined as understanding the difference between present and past perceptions. It occurs due to the temporal gap between the present view and one from another time (Louis-Courvoisier & Wenger, 2005). Appreciating the gap between present and past understandings leads to a realisation that all points of view are contextual; this facilitates interpretative understandings of healthcare disciplines and their underlying beliefs. Furthermore, history can provide nuanced understandings of human pain, suffering, triumph and subjective service user experiences (Porter, 1985; Kelly, 2016b) which can encourage healthcare practitioners to
listen to service users and empathise with the work associated with receiving treatment (Spencer-Bonilla et al, 2017).

**Value of history for occupational therapy**

Similar to the aforementioned healthcare disciplines, occupational therapy can significantly benefit from recording and analysing its history. Historical research reveals how and why occupational therapy beliefs and practices emerged (Wilcock, 2002), illustrating the social, political, and economic context of key professional events (Andersen & Reed, 2017). These understandings facilitate deeper critical understandings of the profession and support informed decision-making (Hall, 2013). Historical research reveals how occupational therapy negotiated prestige and consolidated power throughout its history (Pettigrew et al, 2017) and demonstrates that professional decisions and actions do not occur in a vacuum. As such, historical research can unpack how we understand occupation and occupational therapy; this approach does not aim to castigate the profession, but support deeper questioning perspectives that can refine present day theory and practice (Molke, 2009). This thesis draws on interpretivism; this perspective considers that there are multiple competing and complementary truths, rather than a single version of the truth (Denzin & Lincoln, 2008). In the nursing profession, interpretivist perspectives have been used to demonstrate how a complex array of social, political, and cultural factors socially construct nursing (Latimer, 2008). Likewise, this thesis takes an interpretivist perspective to analyse the context within which occupational therapy developed.

**Overview of social movements that contributed to occupational therapy**

Commensurate with an interpretivist perspective this section provides an overview of the social movements and world events that together contributed to the emergence of the occupational therapy profession. This section provides an overview of key literature concerning how moral treatment (also called moral management), mental hygiene, the arts
and crafts movement, the settlement house movement, tuberculosis sanatoria and rehabilitation of injured soldiers during World War I converged to create the conditions for the foundation of occupational therapy.

Moral treatment was central to the rise of the use of occupation as treatment (Peloquin, 1989, 1994; Paterson, 1997; Prendiville & Pettigrew, 2015). Moral treatment was a model of psychiatric treatment in the late 18th and 19th century that emphasised humanism, consideration for patient welfare, kindness, regulation of diet, regular exercise and gainful occupation (Williamson, 1992). Moral treatment was widely used in Irish asylums as a treatment method (Kelly, 2016a). Irish psychiatrist Dr. William Saunders Hallaran (1810) wrote one of the earliest moral treatment texts advocating for the benefits of activities in alleviating the symptoms of mental illness. Over time, the use of moral treatment declined due to overcrowding, under-trained staff, financial pressures and increasing pessimism about the curative potential of moral treatment (Kelly 2016a; Brennan, 2010; Williamson, 1970). Bing (1981) proposed that occupational therapy’s roots lie in moral treatment; however, this is in contrast to Bockoven (1970) who proposed that occupational therapy and moral treatment are synonymous. Regardless of the exact nature of the connection, it is clear that moral treatment was a key influence on the foundational principles and practices of occupational therapy.

The mental hygiene movement was formed in the first decade of the 20th century. Following a period where he was committed to various asylums in the USA for treatment of mental illness, Clifford W. Beers wrote an influential autobiography exposing the horrendous conditions he had experienced in the institutions (Wilcock, 2002; see Beers, 1908). Psychiatrist and early occupational therapy advocate Dr. Adolf Meyer was a strong supporter
of Beers’ work; Meyer edited the book and encouraged Beers to use the opportunity to promote greater understandings of mental illness (Andersen & Reed, 2017). Beers’ book precipitated the foundation of the mental hygiene movement, which argued in favour of social reform and government responsibility for people with mental illness (Andersen & Reed, 2017). Mental hygiene had a significant impact on occupational therapy as it argued for better standards of care in psychiatric hospitals, including the therapeutic use of occupation, one-to-one care and improved environmental standards (Peloquin, 1991).

The arts and crafts movement emerged in the late 19th century as a reaction to industrialisation and encouraged the production of handmade items, using natural materials and processes (see Rodgers, 1974 for an account of the development and decline of the arts and crafts movement in North America). The arts and crafts movement proposed that humans were happier prior to the Industrial Revolution when they were more closely connected to their environments and work (Rodgers, 1974). Proponents posited that engagement in handcrafts (where humans engaged with all aspects of making objects) could improve health, happiness and well-being (Levine, 1987). From an occupational therapy perspective, the arts and crafts movement inspired understandings of the benefits of engaging in occupation; several key American occupational therapy founders and pioneers were also active in the arts and crafts movement (Levine, 1987; Friedland, 2003). For example, psychiatrist and founder of the National Society for the Promotion of Occupational Therapy (NSPOT) (later the American Occupational Therapy Association - AOTA) William Rush Dunton Jr. had a strong interest in quilting which strengthened his belief in occupational therapy (Levine, 1987). Dunton’s fellow NSPOT founder and architect George Edward Barton was president of the Boston Arts and Crafts Society in 1904 and applied the central ideas of the arts and crafts...
movement to himself when he used goal-directed occupation to self-treat paralysis of his left side (Schemm, 1994).

The arts and crafts movement influenced practices within the settlement house movement (Rodgers, 1974); arts and crafts classes were a significant aspect of settlement house training. The settlement house movement emerged in the UK in 1884 with the foundation of Toynbee Hall, London (Wilcock, 2002). Middle and upper class people founded settlement houses in impoverished and deprived areas and aimed to provide skill development and support for people in those areas, to facilitate integration in society (Friedland, 2011). Hull House in Chicago, for example, ran art, history and literature classes and provided social services such as a day care centre, a homeless shelter, kitchen and public baths (Carson, 1992). Many significant early occupational therapists were involved with the settlement house movement (Friedland, 2011). For example, Eleanor Clarke Slage (American occupational therapy founder and pioneer) studied social work at Hull House in 1911. During this time, she partook in a summer training programme called ‘Occupations for Attendants in Institutions for the Insane’ (Friedland, 2011) and became interested in the therapeutic use of occupation. The connection between settlement houses and occupational therapy had a profound impact on the professional priorities of occupational therapy, including creating a focus on habit training (an approach which use purposeful occupation to ‘re-educate’ people, Reed, 2017), community integration and social justice (Friedland, 2011).

Another significant aspect of early occupational therapy development was the use of occupation in tuberculosis sanatoria. Tuberculosis is an ancient disease (Daniel, 2006) but was a significant public health issue in the Western world during the time that occupational therapy developed (Harley & Schwartz, 2013). In the mid-19th century, the use of spas or
sanatoria became popular forms of treatment for tuberculosis; treatment in tuberculosis sanatoria remained common until the mid-20th century when the rate of tuberculosis declined due to vaccination, antibiotics and general population resistance (Daniel, 2006). In the sanatoria, treatment consisted of rest, a rich diet, exercise under supervision, occupation and time spent in the ‘open air’ (Daniel, 2006). Sanatoria aimed to treat tuberculosis, as well as prevent the spread of the disease in the general population (Bryder, 1988). Occupational and work therapy were key aspects of treatment in sanatoria (Pattison, 1922; Bryder, 1988; Creighton, 1993; Harley & Schwartz, 2013). This had dual function – to improve health but also to prepare the person for work when they left the sanatorium (Pattison, 1922; Harley & Schwartz, 2013). Harley & Schwartz (2013) explored the use of occupation in the Arequipa Sanatorium in San Francisco and conclude that ideas of “holism, humanism, and social justice” (p.11) in occupational therapy partially emerged because of the profession’s roots in tuberculosis sanatoria.

World War I and the ensuing requirement for rehabilitation of injured soldiers had a considerable influence on the development of occupational therapy practice, theory and education in the early twentieth century (Wilcock, 2002). A number of occupational therapy authors have examined the impact of World War I on the profession (Pettigrew et al, 2017; Christiansen & Haertl, 2014; Friedland, 1998; Quiroga, 1995; Bloom-Hoover, 1996; Gutman, 1995; Low, 1992; Colman, 1990). Military hospitals employed occupational therapy reconstruction aides “to help each patient find himself and function again as a complete man physically, socially, educationally, and economically” (Baldwin, 1919, p. 447). A need emerged to train individuals for these posts and as a result the earliest occupational therapy training programmes were established in the USA (Colman, 1990). Diversional occupational therapy (which used leisure activities to redirect awareness from pain) and using occupation
to coach soldiers for employment and to prepare for life after discharge were significant aspects of occupational therapy practice at the time (Bloom-Hoover, 1996). Curative workshops were of particular importance during World War I; these workshops were organised in military hospitals and aimed to support physically disabled soldiers to develop independence and skills for employment (Wilcock, 2002). World War II also had a significant influence on the development of occupational therapy internationally (Wilcock, 2002); the renewed need for rehabilitation of injured soldiers precipitated an increased number of educational programmes in the United Kingdom (UK).

The social movements and key events described in this section occurred concurrently and impacted on each other. For example, the arts and crafts movement had a significant effect on the settlement house movement (Rodgers, 1974). While the use of moral treatment had declined by the time of World War I, the war had a significant impact on the use of occupation in psychiatry, particularly in the treatment of shellshock (Kelly, 2014a; Wilcock, 2002). Multiple factors contributed to the foundation of the occupational therapy profession internationally and the emergence of the profession in Ireland was similarly complex.

**Overview of the Irish context within which Occupational Therapy developed**

Any historical event is complex and impacted upon by an intricate network of different factors (McDowell, 2002). The development of occupational therapy in Ireland is inseparable from contemporaneous social, economic and healthcare movements nationally and internationally. The papers in this thesis explore the development of occupational therapy from 1863 (100 years prior to the establishment of St. Joseph’s College of Occupational Therapy) to 1970 (when the Association of Occupational Therapists of Ireland (AOTI) was
admitted as a member of the WFOT for the first time). Considering the broader national context deepens our understanding of how and why the profession developed.

In Ireland, the use of moral treatment in psychiatric institutions was a significant precursor to the occupational therapy profession.

The rise and decline of moral treatment in Irish psychiatric hospitals reflected international contexts to a large degree (see Peloquin, 1989; Peloquin, 1994; Scull 1993). However, in Ireland, specific national issues may have contributed to the decline in standards of mental health care in Irish asylums (Brown, 2015; Walsh et al, 2016). The Act of Union (1800) brought Ireland under direct rule by the colonial government in Westminster, London. Politically, the Irish asylum network was created in response to the Select Committee on Lunatic Poor Report 1817 and the Lunatic Act Ireland in 1821 (Brennan, 2010); while the legal impetus for the asylum network was developed in London, the Office of the Inspector of Lunatics was responsible for policy development and inspection of Irish asylums. The late 19th century in Ireland was characterised by an increasing class divide, political unrest, deprivation and high rates of emigration (Maxwell, 2011). There was little state support from the Westminster government for issues of poverty and ill health; psychiatric care was the exception to this and a large, sophisticated network of asylums was built in Ireland throughout the 19th century (Brennan, 2010). Considering the high rates of Irish psychiatric hospital admissions, there is little evidence that Irish people had a stronger proclivity than others towards mental illness (Prior, 2012; Brennan, 2010; Kelly, 2016a). Malcolm (1999) explains the high rate of institutionalisation as being a method for removing non-conforming family members, supported by the State, law enforcement, health care professionals, and
family members (Kelly, 2016a). Further to this, policies of institutionalisation were supported politically because of strong, local, economic reliance on asylums (Brennan, 2010).

Gaining independence from Great Britain was the key defining feature of Irish history in the early 20th century (Ferriter, 2004). Following Irish independence in 1922, Irish health and social care services developed independently from British services, albeit frequently continuing with the same policies and practices that existed under British rule (Harvey, 2007).

World War II spurred the development of occupational therapy in the UK and internationally; the number of educational programmes in the UK increased following a period of less growth in the inter-war period (Friedland, 2011). Several Irish women trained as occupational therapists in Britain post World War II, including Ann Beckett (Butler & Ryan, 2004), Sr. Eugene Butler and Anna King (Boland & Boyle, 1997), becoming the first professionally qualified occupational therapists to work in Ireland.

The post war years (from 1945-1959) are considered a time of economic decline and social conservatism in Ireland, with society largely controlled by the powerful and influential Catholic Church (Ferriter, 2004). Reflecting international concerns, communism was considered the most significant threat to society and as such, government and church officials (most notably Archbishop of Dublin John Charles McQuaid) resisted attempts to introduce state support for vulnerable people (Ferriter, 2004). However, these years also saw increasing societal dissent and early rebellion against conservatism, establishing the groundwork for more radial social movements in the decades to follow (O’Leary, 2013). Irish people began to associate education with quality of life and to demand improvements and modernisation of
existing systems (Ferriter, 2004). The 1950s also saw the earliest gender equality legislation in Ireland, including the legal right of women to own property and the lifting of the marriage bar for the teaching profession (Connolly, 1998). While the pace of change was slow, the 1950s paved the way for the social changes of the 1960s.

Occupational therapy is a female dominated profession and in the 1940s and 1950s, many occupational therapy programmes in the UK only accepted female students (Wilcock, 2002). Educational opportunities for women in Ireland began to expand from 1946-1960, particularly in terms of increasing demands for educational opportunities beyond domestic science (O’Leary, 2013). The late 1950’s saw a more outward looking economic policy that led to economic growth and an associated increase in social spending (Horgan, 2001). This was correlated with expanding employment and educational opportunities for women (Connolly, 1998).

From a health perspective, there was an increased emphasis on preventative medicine in the 1950s (Ferriter, 2004). While tuberculosis, tuberculosis sanatoria and high mortality from the disease marked previous decades, the late 1950s saw a dramatic decrease in incidences (O’Donnell, 2011).

Whereas the 1950s are characterised as a time of conservatism and deprivation, the 1960s in Ireland are represented as an increasingly optimistic and forward thinking decade of greater economic success (Tobin, 1984; Ferriter, 2004). Despite an increasingly progressive society, health and social care systems were of poor quality (Daly, 2012), there was little societal appetite for public health care (Ferriter, 2004) and there was a continuing reliance on institutionalisation to address issues of illness or deviance (Kelly, 2016a). The 1960s
represented a growing impatience about these social issues and Irish society began to expect better quality social and health services. Furthermore, Irish health practice began to take a more preventative approach in the 1960s, including public health vaccination programmes (Ferriter, 2004) and increasing focus on rehabilitation, including the founding of the National Rehabilitation Hospital (then called the National Medical Rehabilitation Centre) in 1961 (Gregg, 2012). Several healthcare disciplines were formalised in Ireland in the 1950s and 1960s. The first physiotherapy school in Ireland was established in 1905 as the Irish School of Massage. It evolved into the Dublin School of Physiotherapy in 1942 and later the School of Physiotherapy at Trinity College, Dublin, which awarded its first diploma in 1957 (Blake et al, 2007). Reflecting the development of occupational therapy, professionally qualified speech and language therapists began to work in Ireland in the 1950s (Leahy & Supple, 2002). In 1969, the Dublin College of Speech Therapy based in St Vincent’s Hospital enrolled its first student cohort. In 1979, the school moved to Trinity College, Dublin (Leahy & Supple, 2002).

While more women entered the workforce during the 1960s, there were low numbers of married women in work and employment opportunities were heavily gender segregated (Redmond, 1999). There was growing frustration with gender inequality, unequal pay, the marriage bar and the legal status of women (Connolly, 1998). In 1971, the public service marriage bar was lifted (Connolly, 1998) and married women could continue to work in Irish public services for the first time.

The number of institutionalised people remained extremely high (Brennan, 2010) but did decline slowly during the 1960s and 1970s. The 1966 Commission on Mental Illness (1966) report was strongly critical of the conditions in Irish psychiatric institutions and
recommended ‘radical and widespread change’ to services (Commission on Mental Illness, 1966). The report suggested a move to community services, psychiatric units and a national council for mental health.

**Thesis aims**

The thesis comprises four papers (two published, one in press and one under review) addressing the following research aims:

- To construct a chronology of the therapeutic use of occupation from the Moral Treatment era through to the mid-20th century establishment of the profession of occupational therapy in Ireland.
- To analyse the history of Irish occupational therapy education as a conduit to understanding the professionalisation of the discipline in Ireland.
- To explore the development of occupational therapy in Ireland in broad social, cultural and scientific contexts using an interpretative analytical approach.

**Overview of thesis**

**Paper I:**

Documents are a rich source for historical work. This paper comprises a conceptual literature review of historical documentary research methods, outlining how to use these methods to critically analyse the history of occupational therapy. It describes the stages of historical documentary research, including choosing a topic, sourcing and selecting evidence, and managing sources. It considers quality in historical documentary research, exploring the concepts of authenticity, credibility, and representativeness. Finally, it analyses various approaches to determining the meaning of historical evidence, including chronological, thematic, and theoretical approaches. It presents several key theoretical and critical
approaches to historical research, which can facilitate questioning perspectives for the profession of occupational therapy. It establishes the value of interpretivism, which is the epistemological perspective taken throughout this thesis.

**Paper II:**
This paper is a literature review of the history of occupational therapy in Ireland from 1863-1963. Paper II has been published in the Irish Journal of Occupational Therapy. It reviews 100 years of the use of therapeutic occupation in Ireland (1863-1963) and identifies key transitions during those years. In this paper, the inception of the profession of occupational therapy is identified as inseparable from the moral treatment era in psychiatric institutions. It describes advancements in the therapeutic use of occupation supported by medical patronage from the early part of the 20th Century, the development of the professional organisation, and the establishment of an education programme at St. Joseph’s College of Occupational Therapy in 1963. This paper presents a comprehensive review of the available research on the history of occupational therapy in Ireland and identifies significant gaps in the available literature. It argues that great opportunities exist to capture the memories and experiences of the pioneers who laid the foundation of the profession as well as to situate the development of occupational therapy in the broader social, cultural, and scientific contexts within which it developed.

**Paper III:**
This paper comprises a case study of the history of occupational therapy at St. Patrick’s Hospital, Dublin, from 1935-1969. It uses historical documentary research methods and oral history interviews to explore the contributions of key individuals, identify the links between occupational therapy and psychiatry, and explore the history of occupational therapy in
Ireland prior to the founding of the first professional occupational therapy programme in 1963. The paper identifies some commonalities between occupational therapy at St. Patrick’s Hospital and international occupational therapy practice and philosophy at the time. The paper explores cultural and professional factors that may have prevented occupational therapy from challenging the culture of the institution. This paper provides an insight into occupational therapy practice at St. Patrick’s Hospital from 1935-1969 and situates the development there in a broader context.

**Paper IV:**

This paper records oral histories of pioneering Irish occupational therapy students to analyse the history of occupational therapy education in Ireland. Nineteen former students of St. Joseph’s College of Occupational Therapy were interviewed and the interviews were thematically analysed. The oral histories portray the establishment of occupational therapy’s professional status and describe strategies to manage tensions between the participants and the pre-professional occupational therapists whom they worked with. Participants emphasised the quality and status of their educational qualification. They describe two curricular foci – academic subjects and activity-based subjects, and depict ambivalence toward being perceived as craft workers.
Chapter 2

Paper I

Abstract

Introduction – Historical research can benefit health professions by providing a basis for understanding how current beliefs and practices developed over time. From an occupational therapy perspective, a need for deeper critical understandings of the profession has been identified; historical research can facilitate this process. Documentary research is a significant methodology in historical inquiry but there is a dearth of guidance for occupational therapists wishing to employ this method.

Method – A conceptual literature review was conducted to describe how to use documentary sources to understand the development of the profession, drawing on literature from the disciplines of history and occupational therapy.

Findings – The stages of historical documentary research are described: choosing a topic, sourcing and selecting evidence, and managing sources. How to consider the authenticity, credibility and representativeness of historical material is discussed. Various means to determine the meaning of historical evidence are considered, with chronological, thematic, and theoretical approaches proposed.

Conclusion – Methodological transparency is central to the process of historical documentary research. To enhance understanding of the quality of historical source material, adoption of the guidelines outlined is recommended. Adopting a clearly defined questioning perspective promotes more substantial conclusions and professional understandings.
Introduction

Calling on occupational therapists to engage more frequently in historical research Hall (2013) identifies that exploring the history of occupational therapy can “provide insight on how to face new clinical challenges and reshape the profession itself” (p. 389). Taking a broader perspective, Stearns (1998) describes the purpose of studying history as twofold. At its most fundamental, history provides a basis for understanding how people function in society and informs how they live their lives. History also facilitates comprehension of social change and how society develops over time. According to Tosh (2008) “…it enables us to look at our own circumstances with sharper vision, alerts us to the possibility that they might have been different, and that they will probably turn out differently in the future” (p. 28).

History is a valuable resource for considering the human condition, and exploring the factors past and present that contribute to social change. For occupational therapy researchers, history can deepen understandings of how the profession has been shaped over time, and can enable critical perspectives on contemporary theory and practice.

Striking at the core of the profession, critical perspectives on human occupation are increasingly called for in occupational therapy and occupational science (Whiteford & Townsend, 2011). According to Hammell & Iwama (2012), that exploration must encompass the impact of inequitable environments on participation and health (for example, poverty, patriarchy, racism, unemployment, pollution, etc.). Recognising those impacts, Pollard, Sakellariou & Kronenberg (2009) propose that occupational therapists become more active advocates for occupational justice, negotiating the rights of all persons to engage in meaningful occupation. Some of the deficiencies in knowledge, according to Hocking (2011), exist because current understandings of occupation are subject to bias, preventing occupational therapists from more broadly engaging with the entire spectrum of human
occupation. This bias, she argues, is connected to the history of the discipline, which was founded (broadly) by Western, middle class and female practitioners. Research in the history of the profession can untangle professional beliefs and be instrumental in expanding understandings of occupation from different “ontological standpoints, including, for example, as gendered, socio-cultural and socio-economic constructions” (ibid, p. 54). Exploring the historical basis of this perspective does not seek to condemn occupational therapy; rather critiquing historically situated assumptions can broaden understandings of occupation and strengthen theory and practice.

Historical knowledge can be situated across a spectrum of epistemological perspectives including positivist, interpretivist and critical. Researchers in a positivist tradition believe that there exists a single, historical truth that can be described in a precise, value free manner (Eustace, 1993). This type of historical inquiry can be seen in traditional accounts of history, which contain grand historical narratives of powerful and influential people (Thompson, 2000). Positivist accounts of history have been criticised for only focusing on one aspect of historical truth (ibid). Researchers in interpretivist traditions recognise that there is no ‘single history’ and that events can be described from diverse perspectives (Eustace, 1993). Interpretivist researchers attempt to understand and interpret human behaviour in its historical context and use this knowledge to deepen understanding of historical events. In the main, the research methods described in this paper are based on an interpretative epistemology and demonstrate that drawing on perspectives from different sources can capture multiple, complex viewpoints. However, critical theory paradigms (such as feminism and Marxism) can also provide a useful perspective on history; these methods indicate that reality is shaped by factors such as social class and gender and explore the oppression of marginalised groups.
of people. Positivist, interpretivist and critical approaches to understanding history are presented in the table in the Findings section of this paper.

Historical documents were created by people, who were affected by the context within which they wrote. Tosh identifies that historical researchers are not passive observers but actively create historical narratives (2013) which are affected by their social, political and historical perspectives (Hocking, 2004). It is important to consider the historical documents within the context that they were written; Trueman (2010) advises historical researchers to familiarise themselves with the broader culture of the time and place they are interested in. Developing an understanding of the bias and present day understandings which researchers inevitably bring to historical research and analysis, is an essential element of conducting high quality historical research.

**History of occupational therapy**

A number of key books have examined the history of occupational therapy internationally, using documentary research methods to present the story of occupational therapy in its national context. Bell and Anderson’s research on the history of the profession in Australia (1988) is based on historical documents along with personal communications with pioneering occupational therapists. The book does not contain a section on the methodology used and the notes section does not provide a critique of their listed sources. However, they contextualise the historical events presented using social, political and economic information from the time in question, and present a comprehensive history of occupational therapy in Australia from approximately 1940-1960. Quiroga (1995) uses historical documentary methods to describe the history of occupational therapy in the USA, drawing on the contents of many archives and libraries (including the Official Archives of the American Occupational Therapy
Association). The book acknowledges the challenges associated with accessing information about the early years of the profession and critically considers the quality of the available material briefly prior to presenting the material. The notes at the end of each chapter considers the factors (type of source, authorship etc.) which may impact on the quality of the source; however the book does not extensively discuss methods in the main text. Paterson (2010) uses oral history and documentary research methods to develop an account of the history of occupational therapy in Scotland; detailed consideration of the sources chosen for analysis is evident in the books’ footnotes. More recently, Friedland (2012) published a history of occupational therapy in Canada. She identifies that the documentary sources that she draws from in her book are sparse, and suggests that the records of occupational therapy are less complete because it is a predominantly female profession and women did not traditionally write about their work. The endnote sections demonstrate a deep understanding of the source, context and meaning of the documents analysed; however the book does not contain a detailed methods section.

In contrast to publications which primarily draw on primary source material, several significant pieces of historical research in occupational therapy have used methodologies that also draw on secondary source material. A primary example is the history of ideas approach which critically examines the emergence and evolution of phenomena, and traces how they change over time (Wilcock, 2001). Wilcock was commissioned to write a two volume history of occupational therapy, focusing on the United Kingdom (2001; 2002). She uses a history of ideas approach to trace the phenomenon of occupation relating to health and well-being from the earliest time to modern occupational therapy in the United Kingdom. Primary and secondary source material is explored to show how occupation was understood differently over time. Hocking (2004) also uses this method in her PhD research to examine how ideas
of object use changed over time, and how this is reflected in the history of occupational therapy. Central to the history of ideas approach is the use of secondary literature which provides insight into how people understand particular phenomena and how these understandings develop over time. The history of ideas methodology has been critiqued by Betti and van den Berg (2008) who state that it produces biased narratives, suggesting that historians can never fully understand previous contexts. Hocking (2004) outlines another limitation of the method; she queries the understanding of core ideas, and if the selected idea in a piece of research is actually a universal phenomenon. Despite these limitations, the history of ideas methodology is a valuable method for understanding how ideas change and develop over time.

Aim

This paper aims to provide a starting point for occupational therapy researchers who are interested in historical research, with guidance on how to select, appraise and begin to interpret primary and secondary source material concerning the history of the profession. Using these guidelines will increase the trustworthiness of historical research.

Method

A conceptual literature review (Jesson et al, 2011) was conducted to gather and synthesise literature on historical research methods. It drew on literature from occupational therapy and history to develop guidelines for identifying, evaluating, and determining the meaning of historical documentary sources. Occupational therapy journals (the American Journal of Occupational Therapy, the Australian Occupational Therapy Journal, the British Journal of Occupational Therapy, the Canadian Journal of Occupational Therapy, the Scandinavian Journal of Occupational Therapy, the Journal of Occupational Science and the Occupational
Therapy Journal of Research) were searched using the term ‘histor* research method*’ with
the aim of identifying any previous methodological guidance for historical researchers in
occupational therapy. A single paper article was identified which discussed historical
research methods for occupational therapists (Schwartz and Colman, 1988) (a number of
other articles were identified which discuss the history of occupational therapy but did not
specifically address historical research methods in detail). Schwartz and Colman discussed
formulating questions for historical research, types of sources and analysing the meaning of
the material. The authors state that the article is intended to provide a general introduction to
historical research methods; however they did not specifically discuss the process of
historical research using documentary sources. While only one single article specifically
addressing methodology was identified in the occupational therapy journals, Hocking (2004)
and Wilcock (2002) have also explored the history of ideas method in their work. However,
their methodology concerns a particular type of historical research method (as already
discussed) and does not contain guidance for working with primary source documents.

The next stage of the current review identified relevant methodological journal articles and
books from the academic discipline of history. A second literature search was undertaken to
locate books and journal articles on the topic of historical documentary methods. Databases
including Academic Search Complete, AMED, Biomedical Reference Collection, CINAHL,
Historical Abstracts, Humanities Full Text, Medline, PsychARTICLES, PsychINFO and
Social Sciences Full Text were searched. The search terms were ‘histor* research method*
OR history* document* research’. Each search was limited to sources published in English
and to peer reviewed articles. No restriction was placed on the date that the articles were
published. The search produced 1983 results. These were further refined by selecting articles
from the subject areas of methodology, history, history of psychology, history of nursing,
research methodology, historiography, historical research and occupational therapy. This resulted in 131 results. The titles of the search results were initially screened for relevance; following this, the abstracts were reviewed – ten articles were selected and the full text reviewed. Five articles which specifically discussed historical documentary research methods were selected for review (Lusk, 1997; Hewitt, 1997; Fealy, 1999; Sweeney, 2005; Wood, 2011). Two further articles located in grey literature were included (Mogalakwe, 2009; Platt, 1981). A number of key historical research method books were also included to supplement the information found in the articles (McCullogh, 2004; Scott, 1990; Danto, 2008; McDowell, 2002).

The identified occupational therapy and history material were synthesised to develop guidelines for occupational therapists wishing to engage in historical research using documents. The methods identified across the sources were largely aligned; this review draws on the commonalities. In this paper, the stages of historical documentary research are discussed: choosing a topic, identifying sources, ensuring quality and analysis.

**Findings**

The review revealed a number of guidelines for conducting historical documentary research, including choosing a topic, sourcing evidence, assessing quality, and determining the meaning of historical documents.

**Choosing a topic:**

Prior to selecting and approaching source material, it is vital for historical researchers to carefully clarify their research topic (McDowell, 2002; Schwarz & Coleman, 1988). There are a number of aspects to consider in choosing an area of inquiry. Existing research topics
may have drawn conclusions based on misinterpreted evidence or research may not have previously explored a valuable topic. For example, Friedland (2005) used historical documentary research to explore the contributions of Helen Primrose LeVesconte, whose contributions had hitherto not been explored by occupational therapy researchers. A topic may be of particular interest to an occupational therapy researcher, for example, a therapist who has worked in a particular area may become interested in researching the history of the service. It can be useful to study the previous literature in an area in great detail, to develop a comprehensive account of previous conclusions. Practical considerations are also important when selecting a topic, particularly considering access to sources and the knowledge and skill of the researcher. By choosing a topic that is situated within appropriate literature, and by taking into account source material and personal skills, a suitable topic and scope of inquiry can be selected.

Sourcing documentary evidence:

Historical documentary methods are used to identify, investigate, categorise and interpret written sources of information about past events (Mogalakwe, 2009). Documents are broadly considered text based sources (Scott, 1991) and are differentiated from other methods which include oral history interviews, and analyses of visual imagery, objects, artefacts and architecture. Primary source material includes original documents – for occupational therapy researchers this may include letters, reports, books, journals, newspapers, hospital records, diaries and photographs – material that was produced at the time in question (Lusk, 1997). These types of documents provide an important source for researchers; however, few documents are important in their entirety (McDowell, 2002) and researchers must carefully select and interpret a range of best available sources to ensure that information about a historical event is comprehensive. Using primary source material creates original
perspectives on past events (ibid). Secondary sources encompass the work of others writing about historical events (Lusk, 1997). For example, Hocking wrote a series of articles exploring the beliefs that pioneering occupational therapists held about objects. She drew extensively on primary source early occupational therapy literature, and her written analysis of this material is a secondary source (2008a, 2008b, 2008c). Exploring secondary source material can be an important aspect of literature review, prior to consulting primary source material (McDowell, 2002). Other documentary sources include autobiography and memoir (Danto, 2008).

Catalogues of documentary material can be located in many places – library catalogues, online catalogues, reference lists, bibliographies, directories, encyclopaedias, annuals, abstracts/indexes, book reviews, handbooks, computer databases, websites and library shelves (Fealy, 1999). Sources may exist in electronic form, but the process of converting paper documents to electronic files is time consuming, and much material remains only in its original form. When approaching previously un-catalogued source material (for example, archives released from a hospital), the initial task is to carefully organise and record the contents of the archive. It may also be useful to make a copy of archival material, so that the document can be directly consulted during the analytic phase. Two frequent options for copying material are photocopying and photography. A copy of a document can be helpful, because the researcher make notes on important sections of the document, which is not advisable with an original document. However, for fragile and valuable documents the associated handling, light and heat of a photocopier may be damaging; flash free digital photography can be a more appropriate option. Making a decision to copy a document must take ethical and copyright procedures into account; it may be that only a percentage of the material may be copied. For example, in the United Kingdom, it is legally permitted to
photocopy 5% or a single article/chapter of any published material under fair use legislation – however, once out of copyright (after approximately 25-70 years depending on the type of material), it may be copied without limit (The UK Copyright Service, 2009). In the case of material which is in copyright, only the most important aspects of the material should be copied and appropriately detailed notes can be used to record the remaining material. For more detailed guidance on locating sources, cataloguing archives, copying documents and note-taking, see McDowell (2002).

Once a topic has been chosen, and sources have been selected, historical researchers must consider the documentary sources themselves. There are a number of issues of quality to consider when exploring historical documentary material. Prior to analysing the documents, researchers need to undergo a process of critically considering the quality of their source and contents (Wood, 2011; Sweeney, 2005). In qualitative historical research, these constructs are authenticity, credibility and representativeness (Scott, 1990).

Assessment of quality

Stage 1:

Authenticity

When using documents, the origin and authorship of the material needs to be assessed (Scott, 1990). Researchers need to consider if the source is genuine and credible; Mogalakwe (2009) cautions researchers not to take the veracity of a source for granted. A number of factors can indicate that documents are inauthentic (Platt, 1981). A document may not make sense or there may be unexpected errors in it. The content may be inconsistent, with changes in handwriting, typography and style of language indicating that it may have been altered. Different versions of the same document may exist and documents may be provided by an
unreliable secondary source. It is possible that written records may be altered to advocate for a particular position. Finally, the named author may not have written the document. It is essential for the genuineness of documents to be considered prior to analysis (Wood, 2011); if issues with authenticity are identified, this does not mean that the documents cannot be useful in analysis. If material has been changed, and this change can be identified, the implications of this can be very useful for historical researchers. Exploring the authenticity of the documents that are being analysed allows researchers to understand the source of the documents, and to make judgements about their content on this basis.

*Stage 2:*

*Credibility*

Credibility considers if the source is free from error and distortion – if the information provided is reliable. A central aspect of this process explores the standpoint of the author of the document (Scott, 1990). Any written material is to a greater or lesser extent based on the beliefs of the author. The point of view of the author and the reason for the document’s creation needs to be understood. A person may have experienced an event, but lacked the expertise to fully understand it or been ill, frightened or distracted during the event. The document may have been produced as a piece of satire or comedy (McCullogh, 2004). None of these situations render the document unusable; in fact by questioning the author’s perspective and the reason why the document was produced, the credibility of the contents of a document can be explored in a more meaningful way.
Stage 3:

Representativeness

Assessing representativeness explores if the selected source material is typical of similar documents and if the content can be generalised (Scott, 1990). If the material is not representative, the researcher needs to consider the extent of and reasons for the difference (ibid). Surviving documents are frequently written by bureaucrats and access may be restricted (McCullogh, 2004). Also, certain documents may have been destroyed, intentionally or unintentionally. For these reasons, it can be difficult to ascertain the representativeness of the collected documents. One method of addressing this issue is to consult documents from different sources about the same topic, and consider similarities and differences between them. The process of triangulating data sources is considered good practice in qualitative research (Krefting, 1991) and is an extremely useful tool for historical researchers.

Meaning

Understanding the meaning of documents is the most challenging aspect of the process (Scott, 1990). Initially, documentary research can provide evidence of historical fact, and can allow researchers to construct an accurate account of what happened. However, caution must be exercised in establishing the facts and a researcher must recognise that the evidence provided by the documents may challenge and counteract taken-for-granted historical narratives (Schwartz and Coleman, 1988). Presenting the literal and descriptive meaning of documents can provide a close representation of events (Danto, 2008). Constructing a literal account of events is essential before proceeding to a deeper analysis. Two broad methods of describing the material can be chosen – a thematic or a chronological approach (McDowell, 2002). A chronological approach seeks to present the findings in a linear fashion, recording
events according to time. It can be an overly simplistic method of capturing events, and can make dealing with complex or simultaneous events difficult. A thematic approach groups historical evidence into patterns guided by the research question; however, it can lead to repeated discussions of distinct events as they are analysed from different perspectives. McDowell (2002) identifies that thematic events can provide a snapshot of history, but can be perceived as a static account. He recommends combining both methods, with research findings presented chronologically and thematically. An example of occupational therapy historical research which combines chronological and thematic analysis is Peter’s work (2011) on occupational therapy leaders from 1950-1980.

Once the thematic and chronological meaning of the documents has been determined, the researcher can proceed to a more in-depth analysis of the meaning (Hewitt, 1997). There are a wide variety of analytic perspectives that can be chosen to consider the meaning of historical documents. Choosing an appropriate theoretical basis for analysis depends on the fit between the research aim, source material and the researcher’s perspective. The following table provides some examples of theoretical paradigms which can be used to generate deeper understandings of historical material.
<table>
<thead>
<tr>
<th>Philosophical assumptions</th>
<th>Key authors</th>
<th>Approach to historical research</th>
<th>Typical data used</th>
<th>Examples of this approach</th>
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<tbody>
<tr>
<td><strong>Positivism</strong></td>
<td>August Comte; Émile Durkheim</td>
<td>History can be generalised – there are ‘laws’ governing how events happen; there exists an absolute historical truth. Includes the use of statistical and computer tools to quantitatively analyse history (Danto, 2008)</td>
<td>Official documents questionnaires, surveys and biographical information.</td>
<td>Barry et al (ongoing) Early Medical Practitioners - The medical world of early modern England, Wales and Ireland, c.1500–1715. Uses a prosopographical approach to develop accurate biographical accounts of medical practitioners</td>
</tr>
<tr>
<td><strong>Interpretivism</strong></td>
<td>Max Weber; Wilhelm Dilthey</td>
<td>There are multiple historical truths – historical events can be interpreted from a variety of viewpoints (Willis, 2007)</td>
<td>Multiple sources can be used to develop interpretative accounts; official records, case studies, media material, ethnographic material, personal writings such as diaries, letters etc.</td>
<td>Hocking (2004) The Relationship Between Objects and Identity in Occupational Therapy: A Dynamic Balance of Rationalism and Romanticism. PhD Thesis. Takes an interpretative approach to understanding object use in occupational therapy.</td>
</tr>
<tr>
<td><strong>Postmodernism</strong></td>
<td>Michel Foucault; Pierre Bourdieu</td>
<td>No historical truth – inquiry focuses on structures and contexts within which events occur. Seeks to deconstruct accepted historical narratives</td>
<td>Official records, case studies, media material, personal writings etc.</td>
<td>Molke (2011) Authentic Occupational Therapy: A Genealogy of Normative Technology in Occupational Therapy. PhD Thesis.</td>
</tr>
</tbody>
</table>

| Feminism | Assumes that reality is shaped by gender, and that feminine perspectives tend to be silenced or disadvantaged (Olesen, 2008) | Ann Oakley; Claire Wallace | Historical research must aim to capture female voices and experiences, which have been marginalised from mainstream history (Danto, 2008) | Oral history interviews, case studies, personal writings such as diaries, letters, blogs etc | Royeen (2005) Ongoing Wisdom after the Lecture: “Her-story”: A Polemic for Action, or a Pink-collar Call for Feminist Development in Occupational Therapy. Suggests several potential strands for feminist perspectives on the history of occupational therapy.

| Marxism | Assumes that social class, capital markets and the commodification of labour shapes reality (West, 1991) | Karl Marx; Friedrich Engels | Social class and economic factors determine historical outcomes; history is deterministic and directed towards an endpoint (Danto, 2008) | Economic and political data, business records, perspectives of workers (oral history interviews, letters, diaries, newspaper articles etc). | Wenocur and Reisch (2002) From Charity to Enterprise: The Development of American Social Work in a Market Economy. Examines the history of social work contextualised by political and economic factors.

*Table 1: Theoretical perspectives*
**Challenges associated with working with / analysing documents:**

Some researchers propose that documentary sources represent the ‘gold standard’ for historical evidence (Danto, 2008). Historical documents frequently contain primary source accounts of events, and are extremely valuable in constructing historical fact. However, documentary evidence is generally written by those in positions of power to record and advocate for their position. Historians identify that documents frequently do not record the experiences and events as perceived by less powerful people; relying only on documents risks creating a biased account of history (Thompson, 2000). Also, the reasons for document survival need to be considered – why have documents been kept, and was some material altered or destroyed? While documents provide an excellent source of information about the past, they do not tell the whole story. By engaging in the critical processes detailed above, the true value of documentary evidence can be considered, and the results of historical research can be more accurate and applicable.

**Discussion**

Previously published occupational therapy research will now be considered in light of the recommendations for historical research outlined above.

We have recommended that occupational therapists researching the history of the profession choose an appropriate topic. Quiroga (1995), Friedland (2012), Bell and Anderson (1988), Paterson (2010) and Wilcock (2001; 2002) choose to study the history of occupational therapy in a specific country, identifying a gap in the literature. Hocking (2004) had a clear research topic and question, using historical research to examine the relationship between identity and objects. It has also been suggested that researchers need to draw on a variety of
documentary sources. The research on the history of the profession sourced documents from diverse places, including occupational therapy literature published in the early years of the profession, archives of professional organisations, hospital archives, secondary source literature which details the history of the profession, personal communication, and oral history interviews. While the types of sources are varied, there has been an emphasis on secondary source material. Using primary source evidence to trace the history of the profession may provide unique insights into the realities of occupational therapy theory and practice in the past, and future research focusing on this type of material would be beneficial.

Occupational therapists need to address the authenticity, credibility and representativeness of documentary sources when conducting historical research. In all of the literature on the history of the profession, the sources chosen can be considered authentic. As material was chosen from published sources and official archives (such as professional association archives and hospital archives), it can be presumed that the documents are authentic and have not been forged. The authors of the occupational therapy literature demonstrated an awareness of credibility when they identify the gender of the source authors and discuss the impact of gender on the document content. The representativeness of the documentary sources is not considered explicitly by the history of occupational therapy literature. However, all of the literature reviewed draws on a variety of material from different sources and this increases the likelihood that the material is representative across a broad range of documents.

One of the strongest elements of the reviewed literature on the history of occupational therapy is the chronological presentation of how occupational therapy developed. Quiroga (1995), Friedland (2012), Paterson (2010), Wilcock (2001; 2002), and Bell & Anderson
(1988) all present comprehensive and thoughtful accounts of how occupational therapy developed in specific countries. The authors also incorporate a thematic approach in their work, examining the history of the profession in different contexts. The combination of chronological and thematic approaches is in accordance with McDowell’s assertion that this is the most appropriate way to describe history.

Some of the literature has used critical perspectives to conduct a deeper analysis of occupational therapy and its history. Quiroga (1995), and Bell and Anderson (1988) examine occupational therapy as a profession that largely consisted of female practitioners; however, they do not draw on broader feminist literature to contextualise their perspective. In contrast, Wilcock (2001; 2002) and Hocking (2004) use a history of ideas methodology which analyses the aims, beliefs and practice of occupational therapy and provides a critical perspective on current practice. This literature demonstrates the value of historical research when an appropriate critical perspective is employed.

**Implications for future research**

The literature on the history of occupational therapy to date has been conducted using rigorous research methods. However, from the perspective of historical documentary research, some areas for future development have been identified. Primary source material from hospital archives and other institutions where occupational therapists practiced may provide a unique perspective on occupational therapy. As much research on the history of the profession has drawn on secondary sources, using primary sources would complement the existing historical literature. As demonstrated by Wilcock (2001; 2002) and Hocking (2004), using critical research paradigms can provide a deeper understanding of the central ideas and current practices of occupational therapy.
Conclusion

When researching the history of occupational therapy using documentary sources and historical literature, there are a number of important quality measures to bear in mind. Central to this is an approach that interrogates history and does not take it for granted. Like much of history, the history of occupational therapy is a good story (Royeen, 2003). Learning about the pioneers of the profession and the early years of practice is enjoyable and illuminating. However, as already discussed, history can benefit the profession beyond this. Occupational therapy researchers interested in history need to conduct research using relevant historical evidence, even if it threatens the accepted historical narrative – researchers must exercise a sense of scepticism with regard to the taken-for-granted version of events. It is the use of appropriate methodology for data collection and analysis that situates history within the broader political, linguistic and cultural community (Danto, 2008). An essential component of historiographical methods concerns understanding the quality of the chosen sources, and how they relate to each other. Doing so provides more information on how the historical event in question deepens understandings of the broader perspective within which events were situated and facilitates critical analysis of the history of occupational therapy. By incorporating methodological clarity into history of occupational therapy research, the resulting benefits for theory and practice will be more powerful.
Chapter 3

Paper II
Abstract

Purpose – Major gaps exist in the documented history of occupational therapy in Ireland. The purpose of this paper is to contribute to filling these gaps by providing an overview of three major transitions in Irish occupational therapy in the century preceding the opening of St. Joseph’s College of Occupational Therapy in 1963. Research on occupational therapy’s past is valuable not only for recording and commemorating key events and individuals but also for allowing reflection on and questioning of contemporary practice and assumptions.

Design/methodology/approach – This descriptive paper draws on multiple documentary sources to present an overview of the first 100 years of the use of occupation as therapy/occupational therapy in Ireland from 1863 to 1963.

Findings – Three major transitions in occupational therapy in Ireland are presented: from moral treatment and the use of occupation as therapy to medical patronage of occupational therapy, from medical patronage to the early/pre-professional era and finally from the pre-professional era to the era of professionally qualified occupational therapists. To illustrate these transitions, a small number of individuals and their contributions are discussed including Dr Eamon O’Sullivan, Dr Ada English, Donal Kelly, Olga Gale and Ann Beckett.

Originality/value – This paper charts the foundations upon which the currently thriving profession of occupational therapy are built. The Association of Occupational Therapists of Ireland recently celebrated their 50th anniversary (AOTI, 2015a), and in 2017, it is 100 years since occupational therapy was formalised in Clifton Springs, New York, USA. Occupational therapy is a relatively young profession, and great opportunities exist to research its history in Ireland to capture the memories and experiences of the pioneers who laid the foundation of
the profession as well as to situate the development of the profession in the broader social, cultural and scientific contexts within which it developed.

**Keywords:** Ireland, Occupational therapy
Introduction

The value and importance of recording and interrogating the history of healthcare services, professions and institutions is widely accepted. The history of occupational therapy internationally has been recorded and researched to varying degrees. With a few notable exceptions, major gaps exist in the recorded history of Irish occupational therapy. Published research to date includes:

- interviews with two Irish occupational therapy pioneers, Anna King (Boland and Boyle, 1997) and Ann Beckett (Patterson, 1992);
- interviews with professionally qualified occupational therapists who started working in the 1970s in Ireland (Lynch and Pettigrew, 2014);
- a report on a memorial for Ann Beckett (Cremin, 2004); an appreciation of Ann Beckett (Butler & Ryan, 2004);
- and historical documentary research on the use of occupation in an Irish institution from 1890 to 1920 (Prendiville & Pettigrew, 2015).

In this paper, an overview of three major transitions in the history of occupational therapy in Ireland will be presented: from moral treatment to medical patronage of occupational therapy, from medical patronage to the early/pre-professional era and finally from the early/pre-professional era to the era of professionally qualified therapists.

Recorded histories of occupational therapy in other countries (Friedland, 2011; Paterson, 2010; Wilcock, 2002) have identified that occupation was used for therapeutic purposes long before the advent of professionally trained occupational therapists or professional training programmes for occupational therapists.
Moral treatment

Moral treatment was an approach to working with people who had a mental illness and were admitted to institutions that emerged in the late eighteenth century, based on humane psychosocial care, kindness, consideration for patients and the provision of work and other activities (Peloquin, 1989; Peloquin, 1994; Prendiville & Pettigrew, 2015; Schwartz, 2003). Moral treatment often assumed quite different forms in the different jurisdictions where it was practiced and frequently featured as one among several more traditional treatment alternatives (Charland, 2011). The primary features of moral treatment were:

- first, an aim to stabilise physical and mental health and wellbeing by ensuring proper rest, nutrition and activity in a therapeutic environment;
- second, a highly patient-centred approach to treatment; and
- third, in line with its name, moral treatment was supposed to be “moral”, therefore, special attention was paid to manipulating mental and psychological variables when formulating treatment plans (Charland, 2015).

The expression of humanistic values of the moral treatment movement marked the emergence of occupation as a treatment for people who had a mental illness (Wilcock, 2002), and ultimately created the conditions for the development of occupational therapy (Peloquin, 1989; Prendiville & Pettigrew, 2015). Dr William Saunders Hallaran was an early Irish proponent of moral treatment. He authored the first Irish textbook on psychiatry, published in 1810, and was concerned about the detrimental impact on patients who were obliged “to loiter away the day in listless apathy!” (1810, p. 101). He advocated productive activities such as horticulture stating that such activity “seldom fails to confirm and to accelerate the
prospect of recovery” (Hallaran, 1810, p. 101). Paterson (2014) identified that Hallaran’s (1810) textbook not only advocated for the use of occupation for the “convalescent manic” but also presents the first account of the benefits of painting. Hallaran describes a young man who was admitted to the asylum\(^1\) in a state of acute mania and three months later was being treated as a convalescent patient. Attempts to encourage the man to engage in light work had failed; however, he was by chance discovered amusing himself colouring on the walls of his apartment and when promised colours of a “better description” “this evidently gave immediate cheerfulness to his countenance” (Hallaran, 1810, p. 105). Hallaran further describes how after being provided with the “necessary apparatus” and beginning to paint, the patient:

“soon became elated with the approbation he had met with, and continued to employ himself in this manner for nearly two months after, with progressive improvement as to his mental faculties, when he was dismissed cured” (Hallaran, 1810, p. 105).

Freebody (2016) identifies that Hallaran’s book (1810) and a publication by Tuke (1813) were the first publications to specifically advocate patient work; in later years (1820-1840), a significantly greater number of publications discussed the therapeutic benefits of work including Burrows (1828) and Ellis (1838). There were, however, other reasons for using occupation in psychiatric institutions. As Hall (2016), p. 314 notes:

“a pattern of regular daily activity was seen as conducive to less disturbed behaviour (not necessarily as therapeutic); and … the use of patient work in utility departments kept hospital costs down.”

\(^1\) Nineteenth century terminology (such as asylum, lunatic, etc.) has been retained to ensure fidelity to the historical sources
A select committee was appointed in 1817 by the House of Commons to inquire into the conditions of the lunatic poor in Ireland (Williamson, 1970). The decision to establish the committee was based on the need for public provision for accommodation of the Irish lunatic poor and the need to address the frequently appalling conditions of many publicly supported institutions in Ireland at that time (Williamson, 1970). The report of this committee and subsequent legislation led to the establishment of a network of district asylums between 1825 and 1835 in Ireland (Williamson, 1970). This network of asylums applied the enlightened principles of moral treatment (Williamson, 1970). In 1827, Elizabeth Fry (1780-1845), an English prison reformer and her brother, undertook a three-month tour of prisons, lunatic asylums, houses of industry and infirmaries in Ireland (Isba, 2010). Fry’s subsequent report describes appalling conditions in many Irish asylums (Isba, 2010); however, it also reports good practice in asylums at Limerick, Armagh and the Richmond, Dublin, where it was reported that the governors were enlightened and a large number of patients were employed in occupations including knitting, cleaning, spinning or needlework for women and gardening or weaving for men (Williamson, 1970).

By 1880, there were 22 district asylums in Ireland (Armagh, Ballinasloe, Belfast, Carlow, Castlebar, Clonmel, Cork, Down, Ennis, Enniscorthy, Kilkenny, Killarney, Letterkenny, Limerick, Londonderry, Maryborough, Monaghan, Mullingar, Omagh, Richmond, Sligo and Waterford). Inspectors of lunatics annually reported on the district asylums (Prior, 2012). Historical documentary research on the inspectors’ annual reports from 1850 to 1880 describes extensive use of work or occupation for curative purposes in these asylums (Conway, 2014). Examples listed in the reports include basket weaving, carpentry, gardening, farm work, repairing clothes and laundry. The reports reveal a view of work as vital to the
patients’ health and wellbeing:

“They [in reference to the farms] afford outdoor occupation, and if there be one curative or tranquilizing accessory better than another, it will be found in exercise, and the healthful employment of the insane out of doors” (Inspectors of Lunatics, 1865, p. 12).

While work was largely viewed as curative and therapeutic, the working conditions were sometimes criticised. In reference to the Limerick Asylum, the inspectors stated:

“I regret to observe on the wretched condition of the laundry, in which I see no less than twenty-three females actually jammed against each other at the wash tubs” (Inspectors of Lunatics, 1864, p. 30).

Such reports continued and conditions often remained unchanged.

Moral treatment declined during the latter half of the nineteenth century. A number of factors contributed to its demise including dwindling optimism about recovery or cure, increasing patient numbers which defied treatment on moral principles and challenges attracting enough skilled attendants (Paterson, 2014; Scull, 1993). Overcrowding led to the necessity to employ more staff, often untrained, influencing the standard of care (Williamson, 1970). By 1835, most asylums were overcrowded, and financial pressures meant increased reliance on income from patients’ labour. Therefore, remunerative rather than therapeutically valuable work was emphasised and the focus on therapy was lost (Williamson, 1970). From the second half of the nineteenth century onwards, the use of physically fit patients for work as much for economic benefits as therapeutic benefits became widespread (for example, work in hospital
kitchens and laundries) (Paterson, 2014). Despite its eventual decline, however, it is clear that similar to developments in other countries, moral treatment had a significant influence on the care of people with mental illness in Ireland in the mid-late nineteenth century. Occupation was in use for a range of reasons including for curative purposes. However, occupation was also essential to the economic survival of the institution, and people incarcerated in these institutions had little or no choice as to what occupations they could participate in. The use of occupation at this time was often only partly orientated towards therapeutic goals.

It was in the twentieth century that occupational therapy was formalised when the therapeutic use of occupation was combined with humanistic ideals. In March 1917, the founding meeting of the National Society for the Promotion of Occupational Therapy was held at Consolation House in Clifton Springs, New York (Quiroga, 1995); the name was changed to the American Occupational Therapy Association in 1923 (Licht, 1967). In the early years of the twentieth century, significant influences on the development of occupational therapy included the First World War and the resultant need for rehabilitation of soldiers and the international emergence of the idea of rehabilitation (Christiansen & Haertl, 2014; Wilcock, 2002). Rehabilitation of injured World War 1 soldiers in Ireland at British Military hospitals included the use of curative workshops which aimed to help physically disabled soldiers move from dependence to independence and employment. In the curative workshop at the Military Orthopaedic Hospital at Blackrock, Dublin, soldiers engaged in net-making (Manuel, 1918).

The war also had lasting impacts on the development of psychiatry (Kelly, 2014a; Wilcock, 2002) and occupation was used therapeutically in the treatment of shell shocked soldiers including at Dublin’s Richmond War Hospital (Kelly, 2014a; Reynolds, 1992).
**Medical patronage**

The first mention of occupational therapy identified through keyword searches of Irish newspaper archives is an article in the Irish Times in 1930 about services at Peamount Sanatorium near Dublin.

Dr Eamon O’Sullivan (1897-1966) was appointed Resident Medical Superintendent at Killarney Mental Hospital, Co Kerry in 1933. O’Sullivan developed an occupational therapy department at the hospital from the 1930s until his retirement in 1962 and was a proponent of the curative properties of occupation throughout his career. O’Sullivan described being inspired by the Simon method (O’Sullivan, 1955). Hermann Simon, a German psychiatrist, proposed the concept of “active therapy” in 1923 to overcome detrimental consequences of living in an asylum. He advocated occupational therapy where inpatients had to work and be responsible for the results of their work and activities. Simon suggested that occupational therapy enhanced patients’ energy, their capacity of resistance, tenacity, attention, self-esteem and responsibility (Schmiedebach & Priebe, 2004).

O’Sullivan published one of the first psychosocial textbooks of occupational therapy (O’Sullivan, 1955). The foreword to the book was written by Dr William Rush Dunton Junior (O’Sullivan, 1955), an American psychiatrist and a founding member of the American Occupational Therapy Association (Peloquin, 1991). In the foreword, Dunton states, “It is pleasant to be able to say that I know of no other work on the subject, hitherto seen, which is so complete and specific”. He also praises the emphasis on “the importance of consideration of the individual in prescribing occupational therapy for mental patients” (pp. 6-8).
In 1956, O’Sullivan was awarded an MD from University College Cork for his published work on occupational therapy.

Although his contribution to occupational therapy has not been acknowledged fully in contemporary Irish occupational therapy to date, his illustrious career as a County Kerry Gaelic Athletic Association (GAA) football trainer has meant that auto-biographical notes and a biography exist (Fogarty, 2007). His commitment to occupational therapy is supported by oral history interviews that have been conducted with his former colleagues who recall his use of farm work, printing and other activities as therapy and his then national reputation as a leader in occupational therapy (Cronin, 2015).

Dr D. Kelly (inspector of psychiatric hospitals) in his report to Killarney Mental Hospital Committee in 1932 reported in the Irish Press that he was very pleased with the “occupational therapy treatment” organised by O’Sullivan. Kelly described the occupational therapy department as a “hive of industry” and complimented the “magnificently” made carpets and other products such as baskets, toys, leather-work, matting and tweeds.

A major project completed as part of O’Sullivan’s occupational therapy programme was the construction of Fitzgerald GAA Stadium, Killarney, by patients of the Mental Hospital in the 1930s. This involved levelling the pitch and hard physical labour (Fogarty, 2007) and provoked public controversy about the potential exploitation of patients (Moran, 2011); however, interviews with former staff members from the Hospital refuted these claims (Cronin, 2015). No records of patients’ perspectives on this have been located.

Psychiatrist Dr Ada English (1875-1944) also pioneered occupational therapy. English’s
political contributions and career as a psychiatrist have been extensively researched (Davoren et al., 2011; Kelly, 2014b, 2014c). English began working at Connaught District Lunatic Asylum in Ballinasloe, Co. Galway in 1904; however, it was not until 1941 that she was appointed as Resident Medical Superintendent. During the four decades she worked at Ballinasloe, English championed the development of therapeutic innovations including occupational therapy, and her interest in occupational therapy was acknowledged in her obituary (Kelly, 2014b).

Jennifer Creek (2007) described how occupational therapists who worked under the direction of medical staff in the early decades of the twentieth century made a clear distinction between the use of occupation as therapy and other uses such as economic purposes. At this time, the occupational therapist provided practical skills to engage patients, while the doctor provided knowledge of medical theory which enabled occupations to be used therapeutically (Creek, 2007). In discussing medical patronage of occupational therapy, Creek cites Eamon O’Sullivan’s textbook (O’Sullivan, 1955) as an example.

**Pre-professionally qualified/early trained occupational therapists**

From the 1930s to the 1950s nurses, former patients of tuberculosis sanatoria, craft workers and others worked in occupational therapy departments as occupational therapists and used the title occupational therapist frequently without formal qualifications or training (Caden, 2014; Cahill and Pettigrew, 2016). A number of these individuals completed a six-month course in occupational therapy at Cardiff Mental Hospital including those nurses who were employed at Grangegorman Mental Hospital in Dublin (Cahill, 2016; Kelly, 2016a). Evening classes in occupational therapy were commenced in North Strand Technical School Dublin in September 1952 focusing on training by arts and crafts teachers in leather work, toy making,
basket work and similar subjects. The Irish Occupational Therapy Association was established by these nurses and craft teachers in March 1951 (Fanning, 1951). Over a decade later, the Association of Occupational Therapists of Ireland (AOTI) was founded by professionally qualified occupational therapists.

Donal Kelly (born 1928) was appointed as an occupational therapist in Castlerea Sanatorium, Co Roscommon in 1952. Kelly was a former tuberculosis patient who had a lengthy in-patient stay in Castlerea. An oral history interview completed with him by Caden (2014) provided a rich description of his role in the Sanatorium facilitating craft work including marquetry, embroidery and leatherwork. Kelly had experience of occupational therapy as a patient where he had observed the benefit of craft work and was appointed as an occupational therapist based on his experience without any formal qualifications or training. Kelly worked subsequently as an occupational therapist in the regional sanatorium for tuberculosis in the west of Ireland, Merlin Park, Co Galway in 1955. When tuberculosis was brought under control, Merlin Park became an orthopaedic hospital, and Kelly continued to work there as an occupational therapist until his retirement. While working at Merlin Park, Kelly described less use of craft over time and how he used his creativity to devise assistive devices. He trained in splint making with a Merlin Park plaster technician (Caden, 2014).

Kelly retired in 1992 and described his experience of working alongside a professionally qualified occupational therapist in Merlin Park for the first time towards the end of his career. Despite his initial fears, they developed a collegial working relationship (Caden, 2014). This occurrence was repeated in institutions all over the country, as the era of early/pre-professionally qualified occupational therapists overlapped with the first appointments of professionally qualified occupational therapists (Cahill & Pettigrew, 2016); in some cases,
relationships were collegial, as described by Kelly, but, in other cases, there was tension and sometimes competitiveness (Cahill, 2016).

Olga Gale (1926-2014) straddles the early/pre-professional and professional occupational therapy eras in Ireland. Gale enrolled at Dorset House School of Occupational Therapy, Oxford in 1944 (Dorset House archive, 1944). Although the Dorset House records indicate that she completed the course in 1947 (student number 326) (Dorset House archive, 1947), in her oral history interview, Gale stated that she undertook two years of the course but did not complete due to ill health (Gale, 2013). Gale’s account is corroborated by the fact that she did not register as a member of the British Association of Occupational Therapy (Communication with BAOT/COT archives, Wellcome Trust). Therefore, Gale was not a professionally qualified occupational therapist but did complete the majority of an occupational therapy training programme. The curriculum and exam papers from Dorset House at that time indicate that students such as Gale were examined on psychology, psychiatry and how to use activities (including crafts) to treat physical and psychiatric conditions (Dorset House Archive, 1946). Gale was employed as an occupational therapist at St. Patrick’s Hospital Dublin from 1946 to 1948 and from 1950 to 1952 (St. Patrick’s Hospital Board, 1947, 1948, 1950, 1952; Gale, 2013), and in her interview, she recalls using basketry, sewing, drawing, glove making and embroidery as occupational therapy for a variety of therapeutic aims (Gale, 2013). Gale also held dances and invited her friends, where they and the patients danced together. These dances were very popular; she held them with the aim of reducing stigma and to give the patients an “opportunity for liberation”.

The need for occupational therapy services during the Second World War led to an increased number of educational programmes in the United Kingdom (UK) (Wilcock, 2002) and had an
Impact on Irish occupational therapy development, as the first professional occupational therapists began to work in Ireland post war, having trained in the UK.

**Professionally qualified occupational therapists**

Ann Beckett (1927-2002) was the first professionally qualified occupational therapist to practice in Ireland. An interview with Beckett conducted by Patterson (1992) and published in the Irish Journal of Occupational Therapy details her career. Beckett was introduced to occupational therapy through a magazine article with photographs of ex-servicemen being treated by occupational therapists (Patterson, 1992). Like Olga Gale, she studied at Dorset House School of Occupational Therapy. Beckett started her training in Dorset House in Bromsgrove, Worcestershire in 1945. The course was three years long, a third of which was spent acquiring and practicing clinical skills (Wallis, 1987). The first year was spent in intensive craft activities. In 1946, Beckett’s second year of training, Dorset House moved into premises on the grounds of the Churchill Hospital, Oxford – an ex-Emergency Medical Service hospital and later an Italian Prisoners of War Camp (Jones, 2013).

Beckett graduated in 1948, and on return to Ireland, she organised an interview with the then Minister for Health (Nöel Browne) to discuss the opportunities for occupational therapy in the health service. The minister could not see any possibilities for professionally qualified therapists due to the already established personnel who were working in the role (Patterson, 1992). Beckett was subsequently employed by the Irish branch of the British Red Cross, becoming the first professionally qualified occupational therapist to work in Ireland. Beckett worked with ex-servicemen and faced many challenges around clarifying the boundaries and scope of the profession (O’Mahoney, 2015).
In 1954, Beckett established an occupational therapy department at Cherry Orchard Hospital, Dublin, and two years later in the Central Remedial Clinic (CRC), Dublin (O’Mahoney, 2015). She spent 16 years developing the service in CRC and then moved to St. Joseph’s College of Occupational Therapy, Dublin where she taught practical classes – printing, woodwork, gardening and music (O’Mahoney, 2015).

Other professionally qualified early occupational therapists in Ireland include Sr. Eugene Butler, who initially worked at Cappagh Orthopaedic Hospital, Dublin (starting in 1959) and who subsequently pioneered a day service at St. Anthony’s Rehabilitation Centre, Dublin, and Anna King, who was the first professionally qualified occupational therapist at St. John of God’s Psychiatric Hospital, Dublin (Boland and Boyle, 1997; Ring, 2013).

The National Organisation for Rehabilitation and the Board of the National Medical Rehabilitation Centre (now the National Rehabilitation Hospital) established a professional training programme for occupational therapists at St. Joseph’s College of Occupational Therapy in Dún Laoghaire, Dublin in 1963 (AOTI, 2015a). This was a World Federation of Occupational Therapists-approved three-year diploma that was conferred on students by the Association of Occupational Therapists (for England, Wales and Northern Ireland). The AOTI was founded in 1965, and Ann Beckett, Sr. Eugene Butler and Anna King were among its founding members of (AOTI, 2015b). The first Director of Training at St. Joseph’s College of Occupational Therapy was Joy Rook who was previously the Director of Training at the Liverpool School of Occupational Therapy. The first cohort of students at St. Joseph’s included a large number of psychiatric nurses who had been sent by their hospitals to become professionally qualified occupational therapists. St Joseph’s College of Occupational Therapy joined the Faculty of Health Sciences, University of Dublin, Trinity College in 1986.
Conclusion

In this paper, the first 100 years of the use of occupation as therapy in Ireland has been outlined. Similar to other countries, the inception of the profession of occupational therapy has been identified as inseparable from the moral treatment era in psychiatric institutions. From the early part of the twentieth century, the advancements made under medical patronage, which led to the establishment and more formal recognition of occupational therapy within institutions, have been described. The most recent transition involved a move to recruitment of professionally qualified therapists and parallel developments in the professional organisation and the establishment of St. Joseph’s College of Occupational Therapy in 1963.

Historical research is valuable not only for recording and commemorating key events and individuals but also for enhancing our understanding of contemporary practice. The AOTI recently celebrated their 50th anniversary (AOTI, 2015a), and in 2017, it is 100 years since occupational therapy was formalised in Clifton Springs, New York, America. Occupational therapy is a relatively young profession and great opportunities exist to research its history in Ireland to capture the memories and experiences of the pioneers who laid the foundation of the profession as well as to situate the development of occupational therapy in the broader social, cultural and scientific contexts within which this currently thriving profession developed.
Chapter 4

Paper III

Abstract

Purpose – Patronage by psychiatrists was an important factor in the professionalisation of occupational therapy internationally. This paper examines the relationship between psychiatry and occupational therapy in Ireland through a case study of the development of the occupational therapy department in St. Patrick's Hospital, Dublin, from 1935-1969.

Design/methodology/approach – Documentary sources and oral history interviews were analysed to conduct an instrumental case study of occupational therapy at St. Patrick’s Hospital from 1935-1969.

Findings – The research identified key individuals associated with the development of occupational therapy at St. Patrick’s Hospital, including psychiatrist Norman Moore, occupational therapists Olga Gale and Margaret Sinclair, and social therapist Irene Violet Grey. Occupational therapy was considered by the hospital authorities to be ‘an important part in the treatment of all types of psychiatric illness’ (Board Meeting Minutes, 1956). It aimed to develop patient’s self-esteem and facilitate social participation. To achieve these objectives, patients engaged in activities such as dances, arts and crafts, and social activities.

Originality/value – This study has highlighted the contributions of key individuals, identified the links between occupational therapy and psychiatry, and provided insight into the development of the profession in Ireland prior to the establishment of occupational therapy education in 1963. Occupational therapy practice at St. Patrick’s Hospital from 1935-1969 was congruent with the prevailing philosophy of occupational therapy internationally, which involved treatment through activities to enhance participation in society.

Keywords: Ireland, occupational therapy, history, mental health
Introduction

There is an ongoing need for occupational therapy to ‘honour and own its historical professional legacy’ (Mahoney et al, 2017, p. 6). Researching the history of occupational therapy has numerous potential benefits for the profession. Historical research can demonstrate how key ideas have developed over time (Hocking, 2008), augment understandings of contemporary practice (Pettigrew et al, 2017a), celebrate the contributions of key individuals (Mahoney et al, 2017), and inform future professional directions (Wilcock, 2002). While a number of social ideas contributed to the emergence of occupational therapy (as described in the literature review), institutions such as hospitals, sanatoria, and asylums were significant physical environments within which the profession developed (Friedland, 2011). Occupational therapists have worked in psychiatric institutions since the foundation of the profession; however, to date there is limited research considering the historical development of occupational therapy in these institutions. Some exceptions include Hall (2016) (who identified that the use of occupation in institutions frequently served economic and coercive rather than therapeutic goals), Prendiville and Pettigrew (2015) (Central Mental Hospital, Dublin, Ireland) and Levine (1987) (Norristown State Hospital, Philadelphia, USA).

This article considers the history of occupational therapy in St. Patrick’s University Hospital, Dublin\(^2\) (formerly a private psychiatric hospital – currently the largest independent not-for-profit hospital in Ireland), with the intent to document the contributions of key staff members, and analyse the development of occupational therapy at St. Patrick’s Hospital in the context of the broader healthcare system in Ireland at the time.

\(^2\)Since 2009, the hospital is called St. Patrick’s University Hospital. The name ‘St. Patrick’s Hospital’ is used throughout this paper consistent with its name from 1935-1969.
**Literature Review**

The foundation of occupational therapy was informed by several diverse movements, including moral treatment, mental hygiene, the arts and crafts movement, the settlement house movement, and the need to rehabilitate injured World War 1 soldiers (Wilcock, 2002). Occupational therapy was officially named in 1917 in Clifton Springs, USA when the National Society for the Promotion of Occupational Therapy (NSPOT) (which became the American Occupational Therapy Association (AOTA) in 1923) was formed (Quiroga, 1995). Many of the earliest proponents and patrons of occupational therapy were psychiatrists. Psychiatrist and founding member of NSPOT, William Rush Dunton Jr. authored Reconstruction Therapy in 1919 (Dunton, 1919). In this seminal text he described the central ideas of occupational therapy, namely “That occupation is as necessary to life as food and drink…That sick minds, sick bodies, sick souls may be healed through occupation” (p. 10). Adolf Meyer (1866 –1950), another eminent psychiatrist, was an important early advocate for the therapeutic benefits of occupation (Peloquin, 1991). Scottish psychiatrist, Sir David Henderson (1884-1965), who had worked with Meyer in the USA, set up the first occupational therapy department in the United Kingdom (UK) at the Gartnavel Royal Hospital in Glasgow in 1922 (Wilcock, 2002). Psychiatrist Elizabeth Casson (1881-1954), the first female doctor to graduate from the University of Bristol (Wilcock, 2002) founded the first occupational therapy school in the UK, Dorset House in 1929 (located initially in Bristol, later in Bromsgrove, and finally in Oxford at the end of World War 2) following a visit to the USA where she observed occupational therapy (Paterson, 2008; Wilcock, 2002).

The moral treatment movement marked the emergence of occupation as a treatment for people who had a mental illness (Wilcock 2001), and ultimately created the conditions for the development of occupational therapy (Peloquin 1989; Prendiville & Pettigrew, 2015). In
Ireland, as in other countries, occupation was used therapeutically long before there were professionally qualified occupational therapists (Pettigrew et al, 2017b). The first use of the term occupational therapy in Irish media was a newspaper article about Peamount Sanatorium, Dublin in 1930 (Irish Times, 1930, Sept 12). At this time, nurses, craft workers and art teachers were running occupational therapy departments in Irish psychiatric hospitals. Some had completed short training courses in occupational therapy but most did not have a professional qualification in this area (Cahill, 2016). The development of occupational therapy in Ireland was advocated for by psychiatrists. At Grangegorman Hospital, Dublin, occupational therapy was promoted by the Resident Medical Superintendent (RMS), O’Conor Donelan, who attended the London Conference on Occupational Therapy in July 1934. He described an ‘interesting lecture’ by American occupational therapy founder Eleanor Clarke Slage (O’Conor Donelan, 1934; Cahill, 2016). Psychiatrist Eamon O’Sullivan was a significant advocate for the therapeutic use of occupation in Ireland (Pettigrew et al, 2017b). He was RMS in St. Finan’s Mental Hospital, Killarney, Co. Kerry (in south-west Ireland) and promoted the use of occupation at St. Finan’s from 1933 (Fogarty, 2007). In 1955, he published A Textbook of Occupational Therapy with Chief Reference to Psychological Medicine based on his work at St. Finan’s (O’Sullivan, 1955; Pettigrew et al, 2017b), one of the first psychosocial occupational therapy texts in Europe. The foreword for this book was written by the aforementioned psychiatrist and occupational therapy founder William Rush Dunton, Jr.

Professionally qualified occupational therapists (who completed three year accredited diploma courses in the UK) began to work in Ireland after World War 2 (Pettigrew et al, 2017b). The first was Ann Beckett (1927-2002) who trained at Dorset House and returned to work in Ireland in 1948 (O’Mahoney & Pettigrew, 2015). A small number of Irish
occupational therapists who qualified in the UK worked in Ireland in the 1950s (including Anna King, Sr. Eugene Butler, and Rosemary Kerrigan). In 1963, the National Organisation for Rehabilitation and the Board of the National Medical Rehabilitation Centre (now the National Rehabilitation Hospital) founded the first professional occupational therapy course in Ireland at St. Joseph’s College of Occupational Therapy in Dún Laoghaire (Gregg, 2012). Joy Rook (formerly Director of Training at The Liverpool School of Occupational Therapy) was the first Director of the School; she subsequently founded the first occupational therapy school at the Ulster Polytechnic in Belfast (later named University of Ulster, Jordanstown) in 1973 (Wilcock, 2002). From 1963, students of St. Joseph’s College of Occupational Therapy, Dublin were awarded their Diploma from the Association of Occupational Therapists in the UK (Wilcock, 2002). St. Joseph’s College was the only school outside the UK that was granted permission to award the Association’s Diploma (Wilcock, 2002). In 1986, St. Joseph’s College was incorporated into Trinity College, University of Dublin where the first Irish occupational therapy degree programme was offered (Prendergast, 2013). In 2003, new occupational therapy courses opened at University College Cork, National University of Ireland Galway, and the University of Limerick. There are currently over 2000 professionally qualified occupational therapists in Ireland (CORU, 2017).

Examining the history of a health care discipline in an institutional context can provide insight into how routines, governance and systems develop (Scott et al, 2000), and can explore how actors and practices emerge or become delegitimised over time (Scott et al, 2000). The disciplines of psychiatry and psychiatric nursing have previously been explored in the context of institutions. For example, a 2009 review of the history of psychiatry considers the case of several specific institutions (Beer, 2009) and reveals the social beliefs of psychiatry, critiques the profession, reveals the connections between asylums and their
locations, and explores the history of disease. In short, it examines ‘how psychiatrists have both been influenced by, and themselves influenced, the sociocultural context within which they have worked’ (ibid, p. 599). One example of the history of psychiatric nursing in institutions is Dickenson’s (2015) work on psychiatric nursing and the use of aversion therapy to ‘cure’ homosexuality from 1935-1974 in psychiatric institutions in the UK. Understanding the history of psychiatric nursing in this context provides insight into how nursing was positioned in the hierarchy of the institution, illuminates broader societal beliefs, and critiques the history of human rights abuses in psychiatric institutions. In comparison to the disciplines of psychiatry and psychiatric nursing, the history of occupational therapy in institutional contexts has been under-researched. The disciplines of psychiatry and psychiatric nursing have analysed their history in institutional contexts to explore key questions about their development. Examining the development of occupational therapy in a particular institution can provide similar insights into therapeutic goals, professional challenges, and the role of the profession in the institution.

St. Patrick’s Hospital, Dublin, is an example of a significant Irish hospital within which occupational therapy developed at a relatively early stage (Doyle, 2014). Jonathon Swift, Dean of St. Patrick’s Cathedral and author of Gulliver’s Travels died in 1745. In his will, he left the majority of his estate to found a hospital for people with mental illness (Malcolm, 1989). It was the first psychiatric hospital in Ireland and is one of the oldest psychiatric hospitals in the world (Clare, 1998). According to Malcolm’s 1989 history of the hospital, the standard of care deteriorated at the end of the 19th century due to a poor hospital environment and inadequate staffing (Malcolm, 1989). The appointment of Richard Leeper as RMS in 1899 precipitated a period of change and improvement (Kelly, 2016a). This included
providing work and leisure activities for the patients, and improving the hospital environment (Kelly, 2016a; Malcolm, 1989).

By the mid-1950s Ireland had the highest number of psychiatric inpatients in the world per head of the population (Browne, 1963) with approximately 20,000 people incarcerated in psychiatric institutions (Brennan, 2014). Kelly argues that these disproportionately high figures were brought about by a number of social, medical, legal, economic and political factors rather than an Irish propensity to high levels of mental illness (Kelly, 2016a). An enduring Irish tendency to institutionalise has been identified (Brennan, 2014); institutions were widely used to ‘serve various vulnerable, troubled or troubling populations of all ages’ (Gilligan, 2012, p. 129). For example, legislation provided legal mechanisms for asylum admission and asylums were frequently used to manage social deprivation, poverty and ill-health rather than mental illness (Kelly, 2016a; Brennan, 2014). Institutions were an important source of employment in small Irish communities and the economic and social dependency on asylums contributed to a lack of political will to close them (O’Shea & Kennelly, 2008).

People admitted to psychiatric hospitals during this time describe deplorable physical conditions, overcrowding, abuse, inappropriate admission, and long-term incarceration (Kelly, 2016a; Prior, 2012; Rafferty, 2011, Greally, 1971). The policy of institutionalisation had its roots in 19th century moral treatment and was based on the premise that keeping patients in a safe environment was therapeutic (Snell, 2016). Despite the fact that the system of treatment at the time was believed to alleviate suffering (Braslow, 1997), the aforementioned perspectives reveal that abuses consistently occurred in psychiatric settings. Stanghellini and Fuchs (2013) propose that that the disparity between philosophy and practice
potentially occurred because of psychiatry’s “well-intentioned determinism to impose their convictions of ‘the good’ on others, literally at any costs” (p. xxxiii). This disparity can be further explained by examining the tendency of institutions to sustain unequal power relationships between staff and patients (Sheridan, 2006). Institutional culture can be defined as “deeply embedded patterns of organisation behaviour…the shared values, assumptions, beliefs, or ideologies that members have about their organisation or its work” (Peterson & Spencer, 1991, p.42). Inequality between staff and patients is embedded in institutional culture, is perpetuated by actions, leadership, and institutional indoctrination, and is ubiquitous and difficult to change (Simone, 2009). Goffman (1968) describes how constructing a tightly controlled schedule of daily activity is one method that institutional staff use to preserve unequal power relationships – arranging daily activity was a common role for occupational therapy in psychiatric institutions in the early to mid-20th century (Braslow, 1997). Law (1991) identifies that bureaucracy and the power of health disciplines (including occupational therapy) can contribute to disabling environments. As there is a dearth of literature concerning the actions of occupational therapists in institutions, it is difficult to ascertain their role in sustaining or challenging institutional culture.

Exploring the history of occupational therapy in psychiatric institutions deepens understandings of circumstances within which occupational therapy developed, and identifies enduring values (Harley & Schwartz, 2013). This research aims to explore the content, development, and context of occupational therapy at St. Patrick’s Hospital from 1935-1969 through case study analysis.
**Methodology**

Drawing on an interpretivist perspective, historical documentary research methods and oral history were used to conduct an instrumental case study of occupational therapy development at St. Patrick’s Hospital, Dublin from 1935-1969. The chosen period of time (1935-1969) reflects the period from the earliest mention of occupational therapy at St. Patrick’s Hospital in 1935 to the first employment of a St. Joseph’s College of Occupational Therapy graduate (Catherine Buggy) in 1969.

**Analysing the material**

The research aims to construct a chronological timeline of the development of occupational therapy at St. Patrick’s Hospital, Dublin from 1935-1969, situating it within the broader context of institutional psychiatric care in Ireland. Chronological approaches to history describe historical events in sequence (McDowell, 2002); the approach assumes that meaning can be derived from understanding the causes of historical events. In this research, a chronological approach is used to demonstrate the context and events that led to the development of occupational therapy (McDowell, 2002). The research drew on multiple sources of data. Primary sources included material from six archival collections, and oral history interviews. Secondary sources included a published history of the hospital (Malcolm, 1989) and personal communication with family members of key individuals (see Table 2 for details of source material). The documents and oral history interviews represent the perspective of numerous groups of people: the board members, the staff, and the inspector of mental hospitals. Each of these groups had their own biases, agendas, beliefs and meanings concerning occupational therapy (Thompson, 2000). However, the results do not represent the perspectives of all groups of people who were involved with occupational therapy during the time in question – particularly patient experiences. No accounts of patient experiences of
occupational therapy during this time were identified; it was essential to be cognisant of this throughout the analysis of the collected material.

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<td>2015/2016</td>
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<td>2015</td>
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**Table 2: Details of Source Material**

**Ethical considerations**

Ethical approval for the oral history research was granted by the Education and Health Sciences Research Ethics Committee at the University of Limerick. The ethics application included permission to interview occupational therapists, staff who worked with occupational therapists, and family members of occupational therapists or staff. Ethical approval to name staff members of St. Patrick’s Hospital for the purpose of this research was granted by St. Patrick’s Mental Health Services Research Ethics Committee. The historical documentary records accessed in the text are either from publically available archives, or available via the St. Patrick’s Hospital Archive (all records consulted are ordinarily accessible for academic or clinical research under the supervision of the St. Patrick’s Hospital Archive archivist). Due to the period from which the documentary evidence was collected (1935-1969), persons identified in the interviews and documents may have living relatives who may not wish that their family members be included in the analysis. While patient experiences are not the focus
Quality in historical research

In working with historical documents, it is essential to assess their authenticity, credibility and representativeness prior to analysing the meaning (Scott, 1991; Dunne et al, 2015). In the case of this study, the source material has been drawn from official archives, published material or records of a face-to-face interview. As such, the documents can be considered authentic and have not been forged or adapted in any way. From the perspective of credibility, it is important to take into account the standpoint of the author of a document. For example, the board meetings consisted of a group of powerful men, drawn from the clergy, the military and business. The minutes mainly comprise financial details of the hospital, and decisions about money are the main issues discussed. While the board meeting minutes refer to patient welfare, types of treatment (including occupational therapy) and other hospital issues, the focus is in the main financial. Considering the standpoint of the board members who recorded the minutes of meetings allows for a clearer interpretation of the documentary sources, as it may reveal potential biases associated with that standpoint or may suggest that certain valuable information was left out. Representativeness was also taken into account by accessing material from several different sources (see Appendix 1) to verify the content. By comparing these sources, similarities and differences were identified and a clearer sense of historical fact emerged.
Findings

Pre 1945

In 1935, occupational therapy ‘classes’ commenced at St. Patrick’s Hospital; it is reported that by 1938 a quarter of the patients were engaged in these classes (there were approximately 150 patients at St. Patrick’s at that time). These classes were led by Florence Shegog, a masseuse, who had been employed at St. Patrick’s Hospital in 1932 (Malcolm, 1989). The Mental Hospital Inspector Report in 1938 states that occupational and recreational therapy were being carried out with “success” (p. 34); there is no information available about the content of these classes (Mental Hospital Inspector Report, 1938) nor patients’ experiences of them. A report from Leeper to the Board Meetings describes the value of engaging in activity for patients with mental illness. In one case, speaking of funding a cinematograph, he states ‘I consider this expenditure could be amply justified in the provision for the mentally afflicted people of a constant source of amusement or a cause of mental abstraction from those depressing delusions and self mental states which are so common accompaniments of mental disease’ (Leeper, personal papers, n.d).

1945-1949

Norman Moore (1911-1996) was employed as RMS at St. Patrick’s Hospital in 1946 (Board Meeting Minutes, 1946). He worked at the Crichton Royal Hospital, Dumfries, Scotland from 1940-1946 (ibid). Moore was inspired by the system of psychiatric care at the Crichton, particularly by the RMS and director of research, Wilhelm Mayer-Gross (1989-1962). Upon his return to Ireland to work at St. Patrick’s in 1946, Moore sought to emulate the system of

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3 The term ‘occupation’ was widely used in occupational therapy literature in the 1920s – following this, the use of the term declined until the 1980s. The term ‘activity’ was most commonly used from the 1930s-1960s; the use of the term activity has subsequently declined. Occupation is the most widely used term currently: this arguably reflects the professions current focus (Bauerschmidt & Nelson, 2011). Given that activity was the term most widely used from 1935-1969, it is used in this section.
psychiatric care he saw at the Crichton, including the provision of occupational therapy. In the 1940s, occupational therapy was ‘recognised as a profession supplementary to medicine’; physicians had a role in prescribing work or recreational activities to aid recovery from disease or injury (Dorset House prospectus, 1940s (n.d.)). At that time, pioneering Scottish professionally trained occupational therapist Rhonda Begg ran the occupational therapy department at the Crichton Royal (Paterson, 2010). Occupational therapy practice at the hospital aimed to allow patients to acquire useful skills, form stable relationships, and allow self-expression; patients were facilitated to ‘spontaneously’ choose activity (World Federation of Occupational Therapy, 1954). Activities included crafts, farm and garden work, domestic work, and recreation activities (Personal communication with Paterson, 2015).

In 1946, Moore sought to set up an occupational therapy department at St. Patrick’s Hospital and employed Irishwoman Olga Gale (1926-2014) to do so. According to her oral history interview, Gale was privately educated in Ireland and Wales (2013). She described her formative education as academic and vocational, including instruction in crafts, music, and lacrosse. She stated that her experiences “put me into thinking in a wider way” and were very helpful when she set up an occupational therapy department at age 20. After school, she enrolled at Dorset House School of Occupational Therapy, Oxford in 1944. She completed two years of the course but did not finish due to ill health (Gale, 2013). The Dorset House archive records differ from Gale’s recollections; their records indicate that she completed the course (student number 326) in 1947 (Dorset House archive, 1947). However, Gale did not register as a member of the Association of Occupational Therapist in the UK (BAOT/COT archives, Wellcome Trust, n.d.) which affirms her oral history testimony. In the mid-1940s while Norman Moore was working at the Crichton, Gale completed a placement at the
hospital. She was subsequently invited by Moore to set up an occupational therapy department at St. Patrick’s Hospital (Gale, 2013).

Gale recalled that she was ‘horrified’ when she first visited St. Patrick’s Hospital – she described patients sitting in corridors in chains (Gale, 2013). She described feeling ‘petrified’; however, she was given a ‘lovely’ room called the solarium. She organised activities on an individual basis; these included basketry, sewing, drawing, glove making, and embroidery. She arranged for woodwork classes with a male nurse. Gale reported that the patients ‘treasured’ the products that they made (2013). In occupational therapy at the time, craft was a significant aspect of occupational therapy education (Paterson, 2010). Exam papers from the 1940s demonstrate that activities were commonly used as treatment (Dorset House Exam Papers, 1946). Student occupational therapists were examined on psychology, psychiatry, and how to use activities (including crafts) to treat physical and psychiatric conditions. The use of activities was based on a complex understanding of psychiatric illness and its impact on participation. For example, the applied psychology paper exam paper (June 1946) included questions on how patient attitude, interests, capacity, and participation in groups inform and constitute occupational therapy. At St. Patrick’s Hospital, Gale also held dances and invited her friends, where they and the patients danced together. These dances were very popular; she held them with the aim of reducing stigma and increasing self-esteem, and to give the patients an ‘opportunity for liberation’. She met with Norman Moore each month to discuss patient progress.

Gale’s initial salary was £150 per annum – this was increased in 1948 to £175 and later that year to £200 (Board Meeting Minutes, 1948). In the UK at that time, occupational therapists earned a salary of £240-£270. (The Times, 1946, July 13). In 1948 Gale left St. Patrick’s
Hospital to study nursing in London. She did not complete her nursing training and returned to Dublin in 1950, recommencing her employment as an occupational therapist at St. Patrick’s Hospital (Board Meeting Minutes 1950). She was assisted in her work by a nurse (whose name is not recorded) and later by Violet McTear, an occupational therapy assistant (Gale 2013, Board Meeting Minutes, 1948). McTear was married to James McTear, the head male nurse. The Board Meeting minutes and Malcolm’s history of the hospital were searched to find information about Violet McTear; unsuccessful attempts were also made to locate her surviving family. Therefore, little is known about her work at St. Patrick’s or how she began working in the occupational therapy department.

1950-1954

Following Gale’s period of employment at St. Patrick’s Hospital, it appears that for a few months, occupational therapy assistants solely staffed the occupational therapy department. In May 1952, the Board Meeting Minutes state “Owing to the recent additions to the staff of the Occupational Therapy Department, it was decided that no further appointment was required at the moment”. However, a few months later, Margaret Sinclair (1930-1984), a qualified occupational therapist was employed.

Sinclair was employed as an occupational therapist at St. Patrick’s Hospital, Dublin in February 1953 (Board Meeting Minutes, 1953). The Minutes state:

“The Medical Superintendent reported on the interview granted to applicants for the position of Occupational Therapist to the Hospital, and it was agreed that Miss Margaret Sinclair of [address removed], who is at present in a similar position in the City Hospital Belfast, should be appointed at a salary in accordance with the official salary of the Association of Occupational Therapists” (Board Meeting Minutes, 1953)
Sinclair was born in Dublin and was awarded the Diploma of the Association of Occupational Therapists in the UK – her family recollect that she was based in London (likely at the London School of Occupational Therapy which opened in 1935). She graduated in 1951 (Personal communication with son, 2015). She registered as a member of the Association of Occupational Therapists in the UK in 1952 (COT/BAOT archive, 1952) and the St Patrick’s Hospital Board Meeting minutes of her employment stated that she was to be paid the “British Association” salary (Board Meeting Minutes, 1952). At that time, occupational therapists in the UK were paid £412 per annum (The Times, 1951, September 26). Sinclair worked at St. Patrick’s Hospital for six months; her period of employment ceased in October 1953 at the end of her probationary period. The reason for this is unknown.

1955-1960

A social therapist named Irene Gray (1920-1962) began to work at St. Patrick’s Hospital in 1955. The Board Meeting Minutes state that:

“The Medical Superintendent reported that he had been endeavouring for some time to obtain the services of a suitable social therapist for the hospital and he now recommended the appointment of Miss Irene V Gray. Excellent references and report on Miss Gray's experience were noted and her appointment was approved at a salary of £500 per annum, for a probationary period of six months in the first instance.” (Board Meeting Minutes, 1955)

Gray’s work at the hospital was closely related to the occupational therapy department. She organised activities such as debates, lectures, and play readings – a circular prepared with details of social therapy suggests that these activities were ‘designed to instruct the patients and occupy their time in a useful and pleasurable way’ (Board Meeting Minutes 1956). This circular states that ‘suitable occupation and recreation play an important part in the treatment of all forms of psychiatric illness’ (ibid). Occupational therapy ‘classes’ are described; the circular states that ‘various handicrafts including rug making, basketry, leather work,
weaving, and carpentry are taught’. The circular also described recreational activities (such as television and outings) and physical exercise classes at the hospital. Irene Grey had a nursing background – she trained at the Adelaide Hospital in Dublin (Personal communication with family, 2015). A significant aspect of Grey’s contribution to the hospital was the annual Garden Fete which she organised (Board Meeting Minutes, 1958). The money raised from this event was used to contribute to the purchase of a hard tennis court for the use of patients at the hospital. The Board members were very complimentary of her role in organising this event. Gray died from a cerebral aneurysm in 1962 seven years after her appointment as social therapist at St. Patrick’s Hospital (Personal communication with family, 2015).

In 1957 a major building project was approved at St. Patrick’s Hospital (Board Meeting Minutes, 1957). This included the building of an occupational therapy department, recreation hall, and outpatient’s department. The amount approved for the project was £27,391 (Board Meeting Minutes, 1958) and it was identified as a significant undertaking by the board. The fact that an occupational therapy department and a recreation hall were a major aspect of this building work suggests the centrality of therapeutic activity at St. Patrick’s Hospital. Moore invited his mentor from the Crichton Royal, Mayer-Gross, to officially open the new facility in 1960 (Irish Times, 1960).

1960-1969

Despite the Board Meeting Minutes evidence that an occupational therapy department was the central aspect of the building work, a professionally qualified occupational therapist was not employed in the department again until 1969 (Buggy, 2015 & 2016). Catherine Buggy graduated from St. Joseph’s College of Occupational Therapy, Dublin in 1969 and was awarded the Diploma of the Association of Occupational Therapists in the UK. She worked as an occupational therapist at St. Patrick’s Hospital for one year in 1969 before leaving to
work in the UK. While at St. Patrick’s she worked mainly with adolescents. She reported that her interventions served multiple purposes, for example, facilitating social participation, and observing clients during activities to evaluate factors such as social interaction and anxiety. She was unaware if there were any professional occupational therapists at St. Patrick’s prior to her employment. She perceived that medical staff were positive about the role of occupational therapy at that time.

**Discussion**

This case study of the development of occupational therapy at St. Patrick’s Hospital provides an insight into occupational therapy in Ireland from 1935-1969 and draws attention to the close links between the profession and psychiatry. The influence of Moore was integral to the development of occupational therapy at St. Patrick’s Hospital. This is comparable to other Irish psychiatric hospitals at the time, where medical patronage was central to founding and promoting occupational therapy services. Two significant examples include the aforementioned Eamon O’Sullivan at St. Finan’s Hospital in Killarney (Pettigrew et al, 2017b), and Ada English at St. Bridget’s Hospital in Ballinasloe (Kelly, 2014b). Patronage by psychiatrists was an important factor in the professionalisation of occupational therapy internationally (Friedland, 2011) and as noted earlier, some of the key founders of the profession were psychiatrists. Moore’s obituary describes him as a ‘therapeutic enthusiast’ (Clare, 1996), who was keen to explore and promote new types of psychiatric treatment. He was an important early proponent of occupational therapy in Ireland.

This case study of St. Patrick’s Hospital reveals key individuals central to the development of occupational therapy services, including occupational therapists Olga Gale and Margaret Sinclair, social therapist Irene Violet Grey and psychiatrist Norman Moore. While there is no
evidence of formal multidisciplinary team working, the research provides an early example of occupational therapy in Ireland working alongside other professional groups.

The foundational ideas of occupational therapy are based on humanistic and pragmatic principles which propose that the mind, body, and environment are interrelated, and suggest that human beings can control their health through what they do (Creek, 2008). Early occupational therapy developed ‘broad and balanced programmes of activity’ based on these principles (Creek, 2008, p.32). This case study shows that a significant aspect of occupational therapy treatment at St. Patrick’s included needlework, art, woodwork, and basketry. Arts and crafts were employed at that time to provide patients with a sense of agency and control (Hooper & Wood, 2002), to restore dignity (Paterson, 2010), to develop skills and improve function (Horghagen et al, 2007), to facilitate emotional expression and autonomy (Hocking, 2008), and provide a sense of meaning during potentially long hospital stays (Horghagen et al, 2007). Occupational therapy practice at St. Patrick’s reflected the philosophy and practice of the discipline internationally.

Social therapy has been conceptualised in a number of ways over the years. Eagar (a British psychiatrist) described social therapy as a key characteristic of occupational therapy work in 1930 (Wilcock, 2002). In the 1940s and 1950s, it was considered to be a form of therapy that could benefit society as a whole, to promote more harmonious, just communities (Jacques, 1947). Crawford described social therapy as an essential aspect of therapy alongside, yet distinct from, psychiatric social work, occupational therapy, and industrial therapy, consisting of outings, patient journals, social clubs and other entertainments (1962). According to the descriptions of Irene Gray’s work as a social therapist at the hospital (Board Meeting Minutes, 1956), it appears that she aimed to achieve similar goals. The types of activities
employed by Irene Gray are commonly used as interventions by occupational therapists today (Creek & Loughner, 2011).

Occupational therapists have worked in psychiatric institutions since the foundation of the profession. In considering the role of occupational therapy in these institutions, it is important to critically examine how occupational therapy historically has sustained or challenged institutional culture. Occupational therapists can be considered agents of social control and contemporary occupational therapy theory emphasises the requirement to ethically balance the needs of clients with the needs of the service (Kronenberg & Pollard, 2005). Occupational therapists attempting to initiate change in medical bureaucracies have reported issues of power and politics, and the challenge of integrating the differing cultural visions of staff and service user groups (Cook, 1995). This case study provides scant evidence that occupational therapists attempted to address issues such as the inappropriate use of restraint or challenged the institutional culture at St. Patrick’s Hospital. Gale’s interview revealed that the dances she arranged aimed to reduce stigma and increase opportunities for ‘liberation’ (Gale, 2013).

Occupational therapy was a new, emergent health profession in 1950s Ireland dependant on the patronage and advocacy of other professional groups. The prevailing socio-political culture of 1950’s Ireland (Brennan, 2014), combined with the profession’s minority status (Clouston & Whitcombe, 2008) and a focus on professionalisation precluded attention to issues of institutional power and service user rights (Saks, 2009) which have been explored in depth within occupational therapy in recent years (Hammell & Iwama, 2012; Galheigo, 2011; Whiteford & Hocking, 2011). The system of institutional care continues to influence mental health services in Ireland despite a move to community care in recent decades (Barry, 2015). Kelly (2016a) argues that, historically, mental health care reforms in Ireland eventually tend towards increased institutional care; he cautions that history must inform present day decision
making, policy, and practice to avoid repeating this pattern in the future. Occupational therapy needs to advocate for healthcare policy and practice that transfers power from institutions to service users (Barry, 2015; Lloyd & Williams, 2009).

**Conclusion**

The era discussed in this paper, 1935-1969, was a time of significant change in mental health services and in occupational therapy. Rates of psychiatric institutionalisation in Ireland peaked in 1956 and subsequently began to steadily fall (Brennan, 2014). The profession of occupational therapy was in its infancy in Ireland during the time in question prior to the establishment of the first occupational therapy educational programme in 1963. A number of cultural and professional factors have been identified which precluded occupational therapists from challenging institutional culture; the role of occupational therapy in sustaining or challenging institutional culture warrants further research. This paper provides an insight into the therapeutic goals and the role of occupational therapy at St. Patrick’s Hospital from 1935-1969 and situates the development there in a broader international context.
Chapter 5

Paper IV

Abstract

Introduction – Research on the historical development of occupational therapy education is limited yet has relevance for present day practice. The only occupational therapy programme, outside the United Kingdom, accredited by the Association of Occupational Therapists in Britain (now BAOT/RCOT) was the Diploma at St. Joseph’s College of Occupational Therapy, Dublin, Ireland (1963-1986). This study explores oral histories of pioneering Irish occupational therapy students to analyse the history of occupational therapy education in the Republic of Ireland.

Method – Oral history interviews were conducted with nineteen former students who studied occupational therapy at St. Joseph’s College of Occupational Therapy between 1963 and 1970. Interviews were thematically analysed.

Findings – Participants described a curriculum with two subject foci: academic and activity-based subjects. Despite a focus on activity-based subjects in the curriculum, participants were ambivalent about their use in practice. Participants described managing the tensions arising from working alongside craft workers designated as occupational therapists. Throughout the oral histories claims for the professional status of occupational therapy and efforts at ensconcing power were identified.

Conclusion – Oral history accounts of pioneering Irish occupational therapy students reveal a multitude of professionalisation strategies used to establish a nascent profession in 1960s and 1970s Irish healthcare. These findings have relevance for present day debates about occupational therapy education and practice.
Literature review

Moral treatment, mental hygiene, the arts and crafts movement, the settlement house movement, and the rehabilitation of injured soldiers during World War I contributed to the foundation of occupational therapy internationally (Friedland, 2011). The first formal occupational therapy association, the National Society for the Promotion of Occupational Therapy (NSPOT; later the American Occupational Therapy Association - AOTA) was founded in 1917 in Clifton Springs, New York, United States of America (USA) (Quiroga, 1995).

In the United Kingdom (UK), occupational therapy was established by individuals who trained in the USA and Canada, supported by advocates from the medical profession (Wilcock, 2002). Margaret Barr Fulton was the first professionally qualified occupational therapist in the UK; she was employed by the Aberdeen Royal Cornhill Hospital, Scotland in 1925 (Paterson, 2002). She qualified as an occupational therapist in the Philadelphia School of Occupational Therapy, USA and found it difficult to secure work on her return to the UK as occupational therapy was not well known. After some months, she contacted Sir David Henderson (psychiatrist and occupational therapy advocate who founded the first occupational therapy department in the UK, which was initially staffed by pre-professional occupational therapy workers) who in turn contacted a colleague (Dr. Dods Brown) at Aberdeen. Brown employed Fulton and she founded a successful occupational therapy department (Paterson, 2002). Fulton was instrumental in founding the World Federation of Occupational Therapists in 1952 and served as its inaugural president until 1960 (Paterson, 2002).
The first education programme for occupational therapists in the UK was founded by Dr. Elizabeth Casson in 1930 at Dorset House, Clifton Down, Bristol (the school moved to Barnsly Hall, Bromsgrove in 1941 and to Oxford in 1946) (Wilcock, 2002). Casson was the first female graduate of medicine from Bristol University (in 1919) and specialised in psychiatry (Paterson, 2008). She established Dorset House following a trip to the USA in 1925 where she observed occupational therapy education and practice. Occupational therapy education flourished in the United Kingdom in the decades following the establishment of Dorset House, supported by the Association of Occupational Therapists (AOT) and the Scottish Association of Occupational Therapists (SAOT), who established educational standards and promoted the profession (Wilcock, 2002).

History in Ireland:
In the early-mid 20th-century, occupational therapy departments were founded in Irish psychiatric hospitals and tuberculosis sanatoria. These departments were staffed by craft teachers, nurses, attendants, former patients of tuberculosis sanatoria (Pettigrew et al, 2017), and those who had completed short training courses (Cahill, 2016). Psychiatrists advocated for and supported occupational therapy during this time, including Dr. Eamon O’Sullivan (O’Sullivan, 1955; Pettigrew et al, 2017) and Dr. Ada English (Kelly, 2014b). The first professionally qualified occupational therapist in Ireland was Ann Beckett (Pettigrew et al, 2017). Beckett was educated at the abovementioned Dorset House School of Occupational Therapy and graduated in 1948. She returned to Ireland, and similar to Fulton’s previously described experience in Scotland, found it difficult to secure work as a professionally qualified occupational therapist. She initially worked with the Red Cross and founded

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In this paper, these individuals are referred to as pre-professional occupational therapy workers.
occupational therapy departments (most notably at the Central Remedial Clinic) in Dublin in the mid-1950s (O’Mahoney, 2015).

The first professional occupational therapy programme in Ireland was at St. Joseph’s College of Occupational Therapy, Dún Laoghaire, Dublin (Pettigrew et al, 2017). The first intake of students was in 1963 and Joy Rook (former Director of Training at the Liverpool School of Occupational Therapy) was the first Director of Training (Wilcock, 2002). Graduates of St. Joseph’s College were the only ones outside the UK awarded the Diploma of the AOT (Wilcock, 2002). The Association of Occupational Therapists of Ireland (AOTI) was formed in 1965 (Pettigrew et al, 2017) and the World Federation of Occupational Therapists (WFOT) admitted Ireland as a member in 1970 (WFOT, 2017). In 1986, the Diploma programme at St. Joseph’s College of Occupational Therapy was incorporated into a Degree programme at Trinity College, University of Dublin (AOTI, 2015c).

*Oral history and healthcare:*

Oral history aims to analyse the subjective perceptions of those who experienced historical events (Thompson, 2000). In the USA, oral history reveals the role of pre-existing professional networks and powerful female mentors in promoting the occupational therapy profession (Peters, 2011). In Ireland, oral history research with 1970s graduates identifies perceptions of challenges and opportunities associated with expanding a nascent profession (Lynch & Pettigrew, 2012). Oral history methods in nursing have been used to record the experiences of less powerful people (for example, service users, families, carers, and frontline staff) (Dickinson, 2015) and explore histories of healthcare beyond that recorded in official documents (Thompson, 2000). From an occupational therapy perspective, oral history
generates subjective accounts of how occupational therapy established itself a profession (Trentham, 2011; Thompson, 2000).

To date, research has not examined the perceptions and experiences of the earliest occupational therapy graduates; the subjective insights of this group can provide a unique insight into the history of occupational therapy in Ireland. The aim of this paper is to examine the experiences and perceptions of occupational therapists who studied at St. Joseph’s College of Occupational Therapy during the first five years of the programme (1963-1967).

**Methodology**

As oral history is concerned with subjective interpretation of events (McConville & Bryson 2014), this research takes an interpretivist epistemological stance (Rogaly & Qureshi, 2017). This perspective privileges the unique perceptions of the participants, and recognises that there can be multiple understandings of the same event. This stance also emphasises that the occupational therapists interviewed are only one group of people involved in the history of the profession. Service users, client groups, nurses, doctors, physiotherapists, craft workers and many others were all associated with occupational therapy at the time.

**Participants:**

Participants were recruited from the first five cohorts of graduates of occupational therapy from St. Joseph’s College of Occupational Therapy, Dún Laoghaire, Dublin. Snowball recruitment (where participants refer the researchers to further potential participants from their social circle) was used to recruit potential participants. Despite risking bias and recruiting from one 'ingroup', this method of recruitment can generate knowledge which is emergent, political and interactional (Noy 2008). This strategy was an effective method for recruiting from the population of potential participants; 19 participants were recruited over
two years including sixteen female post-secondary school students and three male psychiatric nurses who were seconded from their posts to study occupational therapy (see Table 3).

<table>
<thead>
<tr>
<th>Name</th>
<th>Initials</th>
<th>Year Registered</th>
<th>Course number</th>
<th>Gender</th>
<th>Student background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Casey</td>
<td>JC</td>
<td>1963</td>
<td>1</td>
<td>M</td>
<td>Psychiatric Nurse</td>
</tr>
<tr>
<td>Nora Travis</td>
<td>NT</td>
<td>1963</td>
<td>1</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Bridget Headon</td>
<td>BH</td>
<td>1964</td>
<td>2</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Nuala Tierney</td>
<td>NT</td>
<td>1964</td>
<td>2</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Maeve Maxwell</td>
<td>MM</td>
<td>1964</td>
<td>2</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Therese Savage</td>
<td>TS</td>
<td>1964</td>
<td>2</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Ann Murphy</td>
<td>AM</td>
<td>1964</td>
<td>2</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Maria McGuinn</td>
<td>MMG</td>
<td>1967</td>
<td>2</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Katriona O Keeffe</td>
<td>KOK</td>
<td>1965</td>
<td>3</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Roisin Nolan</td>
<td>RN</td>
<td>1965</td>
<td>3</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Joyce Henderson</td>
<td>JH</td>
<td>1965</td>
<td>3</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Jody Egan</td>
<td>JE</td>
<td>1966</td>
<td>4</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Mary Ryan*</td>
<td>MR</td>
<td>1966</td>
<td>4</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Pat Murray</td>
<td>PM</td>
<td>1967</td>
<td>5</td>
<td>M</td>
<td>Psychiatric Nurse</td>
</tr>
<tr>
<td>Terence Flynn</td>
<td>TF</td>
<td>1967</td>
<td>5</td>
<td>M</td>
<td>Psychiatric Nurse</td>
</tr>
</tbody>
</table>
Table 3: Participants (*pseudonym used by request of the participant)

<table>
<thead>
<tr>
<th>Name</th>
<th>Initials</th>
<th>Year</th>
<th>Gender</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katherine Buggy</td>
<td>KB</td>
<td>1967</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Karen Sedgewick</td>
<td>KS</td>
<td>1967</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Paula Lahiff</td>
<td>PL</td>
<td>1967</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
<tr>
<td>Sandra Brownlee</td>
<td>SB</td>
<td>1967</td>
<td>F</td>
<td>Post-Secondary School</td>
</tr>
</tbody>
</table>

Ethics:

Ethical approval for this study was granted by the Education and Health Sciences Research Ethics Committee, University of Limerick. In addition to a consent form and information sheet, participants completed a Deed of Gift form to indicate if they wished to be named in the research and if they consented to the storage of their transcript in the History of Occupational Therapy archive at the University of Limerick. Participant names have been used in this paper as per their wishes on the Deed of Gift form. Names of individuals mentioned in the oral histories (who were not participants) have been pseudonymised.

Procedure:

Semi-structured interviews were used, as they allows for a flexible approach to interviewing (Doody & Noonan, 2013). The interview schedule was designed based on the literature review and the aims of the research. The schedule concerned participant perceptions of their educational experiences, early practice experiences, and development of the profession – however, the schedule was used flexibly, with further questions asked to explore themes arising during the interview. Most interviews were conducted in participants own homes and three interviews with overseas participants were conducted via Skype. The interviews were recorded digitally and transcribed verbatim. The transcripts were member checked for accuracy, and three participants made minor changes from the transcripts after they
Data Analysis:

When analysing oral history interviews, it is important to develop a balance between in-depth analysis and maintaining the meaning of participants’ contributions (McConville & Bryson, 2014). Thematic analysis was used to analyse the interviews (Braun & Clarke, 2006). Phase one comprised transcription of and familiarisations with the interviews. Nvivo software was then used to develop initial codes (phase two), group codes into initial themes (phase three), and review and refine these themes for consistency (phase four). The themes were then named and defined for clarity (phase five). Finally, the written findings were produced (phase six). Using thematic analysis (Braun & Clarke, 2006) allowed for the production of a clear report of the meaning of the data, while providing ample opportunities to reflect on how it represented the content of the participant interviews.

Trustworthiness:

Criteria for trustworthiness included credibility, transferability, dependability, and confirmability (Curtin & Fossey, 2007). Member checking was used to ensure credibility. Connections between the findings and existing literature were drawn to demonstrate transferability. Fieldwork journals and notes addressed dependability, by recording analytical decisions. Confirmability was ensured in a number of ways, including by recording an audit trail, engaging in reflexivity throughout, and presenting key quotations to illustrate themes.

Findings

Theme 1: A curriculum with two subject foci: academic and activity based

This theme concerns participants’ perceptions of the occupational therapy curriculum. They described a curriculum with two distinct subject groups: scientific academic subjects, and
practical activity subjects. Occupational therapy staff connected both subject groups, via academic subject tutorials, and activity analysis informed by scientific principles. In this way, theoretical and practical knowledge coexisted, yet were divided within the curriculum.

‘Now you must remember the subjects at that stage were very much divided between kind of medical, surgical that sort of stuff, A and P [anatomy and physiology], and then we did all our activities’ (RN).

This divide was emphasised by the fact that different groups of people taught different subjects: academic staff from nearby universities taught the academic subjects, while craft teachers taught craft-based activity subjects. Occupational therapy staff taught elements of both academic and activity subjects (such as drama, music, cooking etc), and applied the academic curriculum to occupational therapy practice.

‘we would have all those consultant kind of people coming to talk about their specialty and then we would have an occupational therapist or a person on the staff talking about OT applied to medicine and OT applied to surgery and OT applied to psychiatry.’ (KOK)

According to participants, they studied both academic and practical activity subjects throughout the three years of the programme. In first year, participants report that the academic subjects comprised anatomy, physiology, and psychology. In second year, they describe studying medicine, surgery, and psychiatry. In their third and final year, participants discuss two academic subjects – one which focused on occupational therapy applied to physical and psychiatric conditions (which incorporated application of activity subjects), and another that focused on management and administration in occupational therapy.

The practical activity subjects were taught either by occupational therapy lecturers or by teachers of that particular activity. ‘We did art and a lot of the teachers who taught us those [subjects], Mrs. Moore was an art teacher so she taught art. Mrs. Collins was PE,’ (MM).
Activity subjects were varied; participants recall options such as woodwork, art, PE, housecraft, pottery, tying fishing flies, jewellery making, fabric printing, and drama. In first year, students tried a wide variety of activities and selected five to focus on for the remainder of their studies.

While the participants reported being encouraged to develop expertise in specific activities, they stated that mastery was not the primary focus. All participants described how activity subjects emphasised an in-depth analysis of the activities and application to particular clinical cases. One example that a small number of participants mentioned was the adaptation of activities for upper limb rehabilitation:

‘there were all adaptations that you could fit to the printing machine to get, to get the particular activity. So, the really famous one everyone would have known about was called FEPS, so, which was, flexion, extension, pronation, supination, so you had different, ehm, pieces, adaptions, for your hand press printing machine.’ (RN)

Participants emphasised that the activity subjects explored the potential therapeutic benefits of the activity, rather than just developing a knowledge of an activity for diversional purposes. Activity analysis was used to demonstrate the application of the activity to address specific service user needs.

‘You had to produce something to show that you got a certain level of skill or whatever and then you also had this folio to present which was a description of what you’d done. The sample of whatever it was and then the analysis from an activity point of view. How it can be used, whether it is a fundamentally group or whether it’s an individual activity … or whether you need, whatever dexterity you need to do the thing. Whether that’s absolutely essential or whether it can be duplicated or changed in some way. So there was all that adaption.’ (JE).

Participants reported that clinical training consolidated the skills they learned in college ‘You really felt this is occupational therapy, this is it … This was the hands on’ (SB). They were required to complete 1400 hours of placement: 480 hours specialising in physical conditions, 480 specialising in psychiatric conditions, and 480 hours in either.
Theme 2: Relationship with craft and its use in practice

The testimonies gave special attention to the use of craft activities as therapy and portrayed an ambiguous relationship with craft.

As discussed in the previous theme, instruction and analysis of craft and other activity subjects constituted a significant element of the occupational therapy curriculum. Reflecting this, participants perceived that craft was one type of treatment commonly used in occupational therapy practice at the time. One participant recalled that the environment of occupational therapy departments reflected this:

‘we were using a lot of craft activity in our practice at that time. OT departments were full of things like weaving looms and cane work and stool seating and all that sort of thing.’ (NT)

Some argued that the use of craft was informed by scientific principles, and goal directed rather than diversional:

‘I think there was a woodwork room and other things there. It was quite advanced for its time, it wouldn’t be now probably but it was then…Yeah, well they were having physiotherapy and there was a multidisciplinary team and you know it was clinical. It wasn’t just a place to come to pass the time.’ (BH)

The use of craft without a specific goal was criticised by some participants. They made a clear distinction between diversional craft activities and therapeutic activities (which were goal directed). One participant reported that without analysis there was little benefit to engaging in activity,

‘They were doing non directed craft activity, you know, and they were doing some baskets but they were being given baskets I felt without fully analysing what benefit it was going to be to them which is the whole purpose of using the craft (JH)

Other participants conceded that diversional therapy was beneficial; however, they distinguished occupational therapy from the use of craft solely as diversion.
‘No, it was the way of the psychiatric hospitals and the way to keep people occupied and diversional therapy was a great word and doing things and occupying people. Very common words. Nothing to do with occupational therapy of course.’ (MMG)

Some participants noted that colleagues such as doctors and nurses perceived that occupational therapy consisted entirely of craftwork. Participants negotiated this expectation by using craft while incorporating other types of treatment.

‘I went in there and it was a bit difficult because they had great expectations of crafts and all that sort of thing so I had to try and steer a mid course between a few crafts and a few other things.’ (JH)

**Theme 3: Working alongside pre-professional occupational therapists**

This theme concerns participant’s experiences of working alongside pre-professional occupational therapy workers. The relationship between participants and pre-professional occupational therapy workers varied. While some described supportive relationships, most portrayed the relationship as discordant. Working alongside pre-professional occupational therapy workers raised issues of professional territory, identity and role boundaries. All participants in this study were aware of pre-professional occupational therapy workers and eight participants worked alongside them.

Challenges arose in determining role boundaries and professional territory. “But to get past Mrs. Moore now was something else too…because she was very territorial” (MMG). One participant challenged the use of the title occupational therapist by a pre-professional worker; “she called herself the occupational therapist but she was an arts and crafts teacher” (MM).

Many participants acknowledged the difficulties experienced by pre professional workers; including the threat to the pre-professional role. The newly qualified occupational therapists in some cases managed the pre-professional workers; one participant recalled the experience as difficult for both groups:
‘who did we think we were coming in with a three year qualification?, you know what I mean, I could see why they would be feeling uncomfortable … yeah I could see that it was a tricky situation and we were just expected to kind of establish ourselves over and above them. We became their boss and they had been there years before us.’ (KOK)

In response to this situation, some participants described efforts to prove they were not encroaching on the role of pre-professional workers:

‘Well yes I think getting back to the PE teacher and probably she felt there was a bit of a threat. Probably did. Yes. So had to work hard in proving it wasn’t a threat of doing something a bit different. But that was quite hard really.’ (KB)

Some participants described how they attempted to distinguish their professional role from that of the pre-professional occupational therapists; various strategies were employed often with the aim of avoiding conflict. In the following quote a participant who worked in a mental health setting described using of different therapeutic activities and acknowledging the pre-professional workers’ knowledge of service users.

‘I decided there was no point in me going down to a ward, if they were doing craftwork and some lovely things, there was no point in me going down and doing craft and making it sound slightly better, more therapeutic so that’s where I decided that I would do the music therapy or the exercise routine, … so that I wasn’t kind of on their coat tails and that I was happy to work with them. I mean I could see the value of getting on with everybody … there was no point in fighting, you know, so I would get them to tell me about the different clients and introduce me to the different people.’ (KOK)

**Theme 4: The status of occupational therapy**

This theme concerns the participants’ perceptions of the status of the occupational therapy profession in Ireland at the time. The oral histories described an era where the professional status of occupational therapy was being established in Irish healthcare services.

Participants indicate that while occupational therapy was not well known in Ireland at the time, the application process for the college was highly competitive and only a small percentage of applicants were admitted to the course. Participants emphasised the scientific
foundation of their education, the high standard of the curriculum and their teachers, and the significance of their professional body membership. Furthermore, participants described how their eligibility for professional body membership (such as the Association of Occupational Therapists in the UK who accredited the programme, the Association of Occupational Therapists of Ireland who were formed in 1965, and the World Federation of Occupational Therapists which admitted Ireland as a member in 1970) conferred further legitimacy on their status as professionals.

While participants reported that they lacked confidence, their social status and sense of prestige (from their recruitment experience) helped to establish their confidence and contributed to their capacity to establish new departments and services.

Some participants indicated that occupational therapy attempted to gain support from the medical profession and the government at the time: ‘We were trying to influence those, you know, within the medical field and also within say the Department of Health to recognise our qualification’ (KS).

Several participants perceived that the low status of the occupational therapy profession at the time led to frustration and tense relationships.

‘I suppose from being a Cinderella kind of profession when I started off and people being quite, quite am frustrated at times and misunderstood and wanting to get on with things and maybe rubbing people up the wrong way, that now there is that acknowledgement you know’ (PM)

This tension was particularly obvious in the participants’ recollections of their relationships with physiotherapy and nursing. One participant recalled feeling like a ‘second class citizen
to the physio’ (KB). Another participant described a challenging relationship with psychiatric nurses:

‘psych nurses looked on OTs cynically enough … they were a bit threatened by it I suppose you know … You know they saw OT as being “common sense” sort of stuff and you know it’s only common sense … I think that was a bit demoralising for OTs.’ (PM)

Discussion

Parallels can be drawn between these findings and international occupational therapy literature (Quiroga, 1995; Wilcock, 2002; Friedland, 2011); however, this is the first study that considers the experiences of the first five cohorts of occupational therapy students in Ireland.

In the findings, the participants discussed their perceptions of the occupational therapy curriculum. Although academic and activity subjects significantly informed each other and there was an emphasis on application, participants described both subject groups separately. From the early 20th century in the USA, there were ongoing debates about whether occupational therapy curricula should focus on academic or technical skills (Colman, 1990; Wood, 1996; Peters et al, 2017). Wood (1996) examines the concept of occupational therapy knowledge itself, identifying that occupational therapists both need to ‘know how’ and ‘know that’. Kearney (2004) posits that from the outset occupational therapy education has been characterised by tensions between two competing paradigms: the moral treatment model (based on humanistic philosophy) and the medical model (scientific and academic knowledge). She argues that the relationship between the moral treatment model and the medical model continues to shape occupational therapy education. In order to address this, occupation-focused curricula (which are supported by occupational science and synthesise practical and theoretical skills with the aim of preparing authentic occupational therapy
practitioners) have been proposed and established (Ashby & Chandler, 2010; Yerxa, 1998). However, there are still inconsistencies in the role of occupation in occupational therapy education, suggesting continuing professional dilemmas with regard to focus of occupational therapy education and practice, and the uptake of occupation-focused curricula (Krisnagiri et al, 2017).

While the participants discuss various activities and their use in occupational therapy, they frequently consider their relationship with craft. The arts and crafts movement informed early occupational therapy philosophy and was a significant aspect of early therapy (Levine, 1987). An oral history of occupational therapists who used craft as therapy in Sweden from 1952-1960 revealed conflicting perspectives in framing treatment as medical or humanistic (Horghagen et al, 2007). The findings of the current study suggest similar tensions in how to frame treatment and indicate that the participants attempted to occupy a position of acceptance in healthcare by incorporating biomedical perspectives and constructed their professional priorities accordingly. However, the current findings also identify that there was a curricular focus on occupation during the so-called mechanistic era (Kielhofner & Burke, 1980); participants report extensive training in craft and other activities. This challenges the perspective that during this era, humanistic understandings of occupation were abandoned in favour of biomedical perspectives (Kielhofner, 2009).

Participants described how they sought to differentiate between themselves and the pre-professional workers by focusing on the purposeful, scientifically directed use of occupation and other treatment techniques. A significant aspect of professionalisation, as described by the participants, was their efforts to establish their status by using scientific reasoning and purposeful therapy, as opposed to undirected diversional activities. Similar claims to
knowledge were expressed by pre-professional and professional occupational therapy workers in England (Alaszewski & Meltzer, 1979). The conflicting perspectives on craft as therapy described in the previous paragraph were partially due to participants’ efforts to distinguish themselves from existing pre-professional workers and elevate occupational therapy’s status. The findings of this study reveal relationships with pre-professional workers that were challenging but sometimes supportive and positive, which further reflects Alaszewski and Meltzers’ findings (1979).

The participants outline a number of strategies used by occupational therapy to promote the status of the profession in Ireland from 1963-1970. These strategies aimed to achieve occupational closure, which is to reserve entry to the profession for those with appropriate qualifications (Parkin, 1979). Chief among professionalising strategies identified included educational credentialism and professional body membership (MacDonald, 1995). Credentialism concerns the restriction of access to rewarding jobs to people who have specific qualifications defined by the profession itself (Brint, 2006). In Ireland, establishing the occupational therapy programme at St. Joseph’s College provided credible evidence that occupational therapy was a profession. Occupational therapy could control access to economic and occupational opportunities by excluding those without the relevant qualification. Credentialism is a key aspect of professionalisation (Clouston & Whitcombe, 2008), enhancing both the status of and public trust in professions (Cusick & Adamson, 2004). Membership of professional bodies was a further aspect of occupational therapy’s professionalisation project in Ireland. Professional bodies enforce professional standards (Morris et al, 2006) and confirm professional autonomy (Cooper & Robson, 2006). The oral histories reveal that occupational therapy in Ireland drew on a network of national and international bodies that reinforced the professional status of occupational therapy.
A common professionalisation strategy is licensure (legally protecting a job title) (Matarazzo, 1977). As described, two groups of occupational therapists were working in Ireland from 1963-1970. There was no legal protection for the title occupational therapist. This did not exist in Ireland until 2017 with the foundation of the Occupational Therapists Registration Board (CORU, 2017) (which was established subsequent to the Health and Social Care Professionals Act, 2005). Despite not achieving licensure until 2017, Irish occupational therapy effectively used strategies such as credentialism, and professional body membership to professionalise. The process of professionalisation in Ireland is similar to other countries; the USA, Canada, and the UK used strategies of credentialism, professional body membership, and later licensure to establish the profession (Quiroga; 1995; Wilcock, 2002; Friedland, 2011). The difference between these countries and Ireland is that Irish occupational therapy graduates received their qualification from a foreign association (the AOT from 1966 and the British Association of Occupational Therapy from 1974) from 1966-1986. However, similar to the USA, Canada, and the UK, the occupational therapy profession established and controlled the content of the programme at St. Joseph’s, rather than an external organisation or profession. In this way, occupational therapy self-regulated its educational programmes, therefore attaining a key aspect of professionalisation.

Professionalisation is a key concern for occupational therapy (Sabari, 1985). For example, professionalisation has been a key theme in Slage lectures in the United States (DeBeer, 1987) and Peters (2011) argues that marketing the profession and gaining “professional and scientific authority” (p. 199) was a priority for occupational therapy from 1950-1980. The oral history testimonies were similarly concerned with discussing the professionalisation of occupational therapy. Professionalising can lead to practices that are at odds with the
espoused client-centred philosophy of occupational therapy. An over focus on professionalisation can have negative impacts for service users; Hammell (2007) calls on occupational therapists to consider if professional activities and decision-making benefit service users or the profession.

There is an increasing emphasis on interprofessional education for healthcare students (Reeves & Harris, 2016), however there are enduring challenges in implementing occupational therapy practice (Rice et al, 2010; Reeves & Harris, 2016). Tense relationships and competition for status impede successful collaboration between professions (Bell et al, 2014); MacMillan and Reeves (2014) suggest a historical basis for these tensions. In accordance with the literature, the findings of this study reveal that in Ireland there was conflict between occupational therapy and other professions.

**Limitations:**

The study had a number of potential limitations. The authors are all occupational therapists; a fieldwork journal and critical discussion monitored and explored potential bias (Finlay, 2002). The participants in the study were very positive about their educational experiences, and it is possible that those with negative experiences declined to participate. Recall bias is a frequent critique of oral history methods (Abrams, 2010) however, oral historians privilege the persons’ subjective recollections.

This research is limited by exploring the perceptions of a single professional group. In particular, it lacks an emphasis on service user voices – much healthcare history research is similarly limited (Kelly, 2016b).
Implications

There are parallels between the emergence of occupational therapy in Ireland from 1963-1970 and the development of occupational therapy in countries where it has more recently emerged. For example, Watson & Bannigan (2015) establish that credentialism, support, and professional body membership are essential to the professionalisation of occupational therapy in Poland and Latvia. This research demonstrates that professionalisation was a key concern for the participants during the early years of the profession, however, Hammell (2015) cautions that an over-focus on professionalisation can preclude attention to client-centredness.

The findings indicate that occupational therapists were reticent to use diversional therapy in practice in order to differentiate themselves from existing pre-professional workers. This is similar to findings from the mid-1980s by Williams et al (1987) who identified that occupational therapists did not use crafts and other diversional treatment in order to maintain their image with other professionals. This is commensurate with occupational therapy’s ambivalent relationship with craft and diversion; however diversional occupations have also been proposed to have significant therapeutic value (Kielhofner, 1982; Friedland, 1988) and had a significant therapeutic role during World War I (Pettigrew et al, 2017). The findings suggest that in Ireland occupational therapy did not use diversion as therapy in order to establish themselves as scientific practitioners. Law et al (1995) argue that occupational therapy interventions should be based on therapeutic value to service users and not on boosting the status of the profession. The findings support this call and endorse further occupational therapy research on the value of diversional intervention.
The findings reveal that, at the outset, occupational therapy competed for status with other professional groups. The findings suggest that competing for resources and roles led to tensions between occupational therapy, physiotherapy, and nursing which may continue to impede interprofessional education and collaboration in the present day. The historical nature of these tensions would benefit from further research.

Friedland (2011) identifies that the history of occupational therapy has been under-researched. She claims that this is because occupational therapy, as a female dominated profession, was less likely to keep written records of its professional activities (Friedland, 2011). While this paper examines the experiences of a group not previously researched, the account is limited as it does not consider service user perspectives. Future research would benefit from analysing service user experiences of occupational therapy in Ireland in the mid-20th century to analyse their perceptions of occupational therapy services at the time. This research supports occupation-focused curricula as a solution to assimilating the different forms of occupational therapy knowledge, which historically have been presented separately in the curriculum, both internationally and in Ireland (Peters et al, 2017; Colman, 1990).

**Conclusion**

This paper aimed to explore the experiences and perceptions of occupational therapy students from 1963-1970 while occupational therapy was being formally established in Ireland. Participants emphasised the high status and quality of their education, and describe a curriculum with two foci. The oral histories identified that participants worked alongside pre-professional occupational therapy workers and discussed some of the tensions associated with this relationship. Participants constructed their practice to disassociate themselves from the existing group of workers. Throughout the oral histories, participants emphasised the professional status of occupational therapy and described attempts to consolidate power.
Overall, the research explores the professionalisation of occupational therapy in Ireland from 1963-1970 and examines its potential impact on present day education and practice.
Thesis aims

This thesis comprises four papers (two published, one in press and one under review) addressing the following research aims:

- To construct a chronology of the therapeutic use of occupation from the Moral Treatment era through to the mid-20th century establishment of the profession of occupational therapy in Ireland.
- To analyse the history of Irish occupational therapy education as a conduit to understanding the professionalisation of the discipline in Ireland.
- To explore the development of occupational therapy in Ireland in broad social, cultural and scientific contexts using an interpretative analytical approach.

Connections between the papers comprising the thesis

This thesis is presented as four separate papers, however papers were written concurrently and cumulatively address the three central thesis aims as illustrated in Figure 1. Papers I and II were written concurrently. The data collection and analysis for papers III and IV occurred simultaneously. Paper III was drafted in advance of writing paper 4.
Aim 1. To construct a chronology of the therapeutic use of occupation from the Moral Treatment era through to the mid-20th century establishment of the profession of occupational therapy in Ireland.

• The findings of papers II, III and IV and the thesis introduction and discussion chapters all contributed to development of the timeline (Figure 2, Table 4).
• Paper II comprised a comprehensive overview of the available published literature on the history of the therapeutic use of occupation in Ireland and paper III consisted of an instrumental case study of the development of occupational therapy in an institutional context. Both papers were influenced by the findings of paper I on historical documentary methods.
• Data was cross referenced across the papers and their sources to develop the timeline.

Aim 2. To analyse the history of Irish occupational therapy education as a conduit to understanding the professionalisation of the discipline in Ireland.

• This thesis aim was achieved in paper IV (oral history study) and the thesis discussion chapter.
• The justification for paper IV (the oral history study) was established in papers I and II where it was identified that little was recorded about the establishment/professionalisation of occupational therapy in Ireland. Paper II also confirmed that a gap existed in recorded oral testimonies of occupational therapy pioneers in Ireland.
• Paper II furthermore provided rationale for paper III by identifying the potential for researching the therapeutic use of occupation beyond the work of professionally qualified occupational therapists and identifying the role of psychiatric institutions, medical patronage in the history of occupational therapy.
• Relevant contextual information about the establishment of OT education in Ireland in paper II was established prior to data collection for the oral history interviews in paper IV.

Aim 3. To explore the development of occupational therapy in Ireland in broad social, cultural and scientific contexts using an interpretative analytical approach.

• This aim was achieved across papers II, III and IV and the thesis introduction and discussion chapters where findings are situated and considered in broader context.
• Paper I establishes interpretivism as the analytical approach to the thesis.
• Contextualising findings across the thesis led to discussion of the broader cultures of healthcare and institutionalisation and the socio-political context within which occupational therapy emerged.

Figure 1: Connections between each phase of the study
Chronology

Taken together the four papers construct a list of significant events and individuals associated with therapeutic use of occupation in Ireland from the Moral Treatment Era through to the formalisation of professional occupational therapy in the mid-20th century (Figure 2, Table 4). Prior to this thesis there were significant gaps in the recorded history of occupational therapy in Ireland with a few exceptions (Boland & Boyle, 1997; Patterson, 1992; Lynch & Pettigrew, 2014; Cremin, 2004; Butler & Ryan, 2004; Prendiville & Pettigrew, 2015). The chronology begins with the nineteenth century origins of the therapeutic use of occupation during the moral treatment era and ends with the graduation of the first Diploma class of occupational therapists in Ireland and acceptance of Ireland as a WFOT member country in 1970 (Figure 2).

The thesis presents an account of key developments in the therapeutic use of occupation in the form of a timeline (Figure 2, Table 4) building on previous publications (Pettigrew & Robinson, 2015). However, as argued in Paper I, presenting an account of significant events and individuals in the form of a chronology risks presenting history as a simple, straightforward sequence of events. Furthermore, Paper I cautions that a chronological format can make it challenging to represent complex and frequently simultaneously occurring events. Despite these risks, a chronological presentation can provide a useful reference point when determining deeper meanings of historical evidence. This discussion section is organised in accordance with McDowell’s guidelines (2002), which propose a combination of chronological and thematic presentation. As such, a chronology is used to outline the progression of key events; the subsequent analysis of major themes aims to provide a stronger sense of the complexity of how the use of therapeutic occupation developed in Ireland from 1863-1970.
Visual timeline
Figure 2. Occupational Therapy in Ireland: a timeline of significant events 1863-1970.

**Moral Treatment**
- Moral Treatment is considered a significant precursor to occupational therapy.
- In the mid to late 19th Century moral treatment was the dominant philosophy in psychiatric services, emphasising humane care, kindness, consideration for patients and the therapeutic use of occupation.

**Pre-professional Occupational Therapy**
- In Ireland from approximately 1930 to 1950 nurses, craft teachers and former tuberculosis patients used activities in psychiatric hospitals, tuberculosis sanatoria, and in services for people with intellectual disabilities.
- Olga Gale studied at Dorset House School of occupational therapy in Bromsgrove, Worcestershire in the early 1940s but did not complete the course. She subsequently established an occupational therapy department at St. Patrick’s Hospital in 1948.
- Donal Kelly is a tuberculosis survivor who worked at Castlerea Sanatorium, Roscommon and at Merlin Park Hospital, Galway.

**Medical Patronage of Occupational Therapy**
- Dr. Eamon O'Sullivan was Resident Medical Superintendent (RMS) at St. Finan’s Psychiatric Hospital Killarney from 1933-1961, he was a strong advocate of occupational therapy.
- In 1955 he authored 'A Textbook of Occupational Therapy with Chief Reference to Psychological Medicine', one of the earliest occupational therapy psychosocial textbooks. The foreword was written by Dr. William Rush Dunton, Jr., an American occupational therapy pioneer.
- Dr. Ada English was one of the first female psychiatrists in Ireland and was employed as Assistant RMS at Ballinasloe District Asylum in 1904, she became RMS in 1941. She was an early proponent of occupational therapy.

**Professional Occupational Therapy**
- Ann Beckett was the first professionally qualified occupational therapist employed in Ireland. She commenced training in Dorset House School of Occupational Therapy in 1945 and graduated in 1948. Her initial post was with the Irish branch of the British Red Cross. She subsequently founded occupational therapy departments at Cherry Orchard and the Central Remedial Clinic and later taught at St. Joseph’s College of Occupational Therapy.
- Sr. Eugene Butler, Anna King and Rosemary Kerrigan were pioneering occupational therapists working in Dublin in Capuchin Hospital, St. John of God’s Hospital, and the National Medical Rehabilitation Centre (now the National Rehabilitation Hospital) respectively in the late 1950’s and early 1960’s.

**St. Joseph’s College of Occupational Therapy**
- In 1963, St. Joseph’s College of Occupational Therapy, Dun Laoghaire, Co. Dublin was founded. Jay Rook was the first Director of Training.
- The first cohort of 24 students included ten male psychiatric nurses who had been seconded to study occupational therapy from psychiatric hospitals.
- The programme was the only programme outside the UK accredited by the Association of Occupational Therapy.

**Professional Associations**
- The Association of Occupational Therapists of Ireland was founded in 1965.
- In 1970, Ireland was admitted as a full member of the World Federation of Occupational Therapists for the first time.
## Detailed Timeline

<table>
<thead>
<tr>
<th>Late 1700s</th>
<th>Emergence of moral treatment in psychiatric treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1798</td>
<td>Irish Rebellion of 1798</td>
</tr>
<tr>
<td>1801</td>
<td>Act of Union</td>
</tr>
<tr>
<td>1810</td>
<td>Dr. William Saunders Hallaran published first Irish psychiatry textbook, advocating for patient work</td>
</tr>
<tr>
<td>1813</td>
<td>William Tuke published a book further advocating the benefits of patient work</td>
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<tr>
<td>1817</td>
<td>Select committee established by Westminster to inquire into situation with Ireland’s lunatic poor. This led to the Asylums for Lunatic Poor (Ireland) Act.</td>
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<tr>
<td>1820</td>
<td>Lunatic Asylums (Ireland) Act</td>
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<tr>
<td>1821</td>
<td>Lunacy (Ireland Act) repealed the previous two acts to allow for more effective service provision.</td>
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<tr>
<td>1825-1835</td>
<td>Network of district asylums is built in Ireland</td>
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<tr>
<td>1827</td>
<td>Elizabeth Fry, an English campaigner, toured Irish institutions and was shocked by the conditions she notes</td>
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<tr>
<td>1829</td>
<td>Catholic Emancipation</td>
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<tr>
<td>1838</td>
<td>Criminal Lunatics (Ireland) Act</td>
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<tr>
<td>1842</td>
<td>Private Lunatic Asylums (Ireland) Act</td>
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<tr>
<td>1845-1852</td>
<td>The Great Irish Famine – An Gorta Mór</td>
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<tr>
<td>1850</td>
<td>Inspectors of Lunatics, Dublin, began annual reporting</td>
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<tr>
<td>1867</td>
<td>Fenian Rising</td>
</tr>
<tr>
<td>1875</td>
<td>Ada English born</td>
</tr>
<tr>
<td>1880</td>
<td>By this time, there were 22 District Asylums in Ireland</td>
</tr>
<tr>
<td>Late 1800s</td>
<td>Decline in moral treatment</td>
</tr>
<tr>
<td>1897</td>
<td>Eamon O’Sullivan born</td>
</tr>
<tr>
<td>1904</td>
<td>Dr. Ada English began working in Connaught District Asylum, Ballinasloe, Co. Galway.</td>
</tr>
<tr>
<td>1914-1918</td>
<td>World War I</td>
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<tr>
<td>1916</td>
<td>Easter Rising, Dublin</td>
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<td>Year</td>
<td>Event</td>
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<tr>
<td>1917</td>
<td>National Society for the Promotion of Occupational Therapy founded in the USA.</td>
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<tr>
<td>1919</td>
<td>Meeting of the First Dáil of the Irish Republic. The Irish War of Independence began</td>
</tr>
<tr>
<td>1921</td>
<td>Northern Ireland was established. Irish War of Independence ended.</td>
</tr>
<tr>
<td>1922</td>
<td>Irish Civil War began</td>
</tr>
<tr>
<td>1923</td>
<td>Irish Civil War ended</td>
</tr>
<tr>
<td>1923</td>
<td>National Society for the Promotion of Occupational Therapy became the American Occupational Therapy Association</td>
</tr>
<tr>
<td>1923</td>
<td>Dr. Hermann Simon proposed “active therapy” as a method for alleviating the negative effects of asylum living</td>
</tr>
<tr>
<td>1925</td>
<td>Dr. Eamon O’Sullivan appointed as Assistant Medical Officer at St. Finan’s Mental Hospital, Killarney, Co. Kerry</td>
</tr>
<tr>
<td>1926</td>
<td>Canadian Association of Occupational Therapy (later Therapists) founded</td>
</tr>
<tr>
<td>1926</td>
<td>Olga Gale born</td>
</tr>
<tr>
<td>1927</td>
<td>Ann Beckett born</td>
</tr>
<tr>
<td>1928</td>
<td>Donal Kelly born</td>
</tr>
<tr>
<td>1930</td>
<td>First mention of occupational therapy in Irish print media (Irish Times discussed the use of occupational therapy in Peamount Sanatorium)</td>
</tr>
<tr>
<td>1930</td>
<td>Scottish Association of Occupational Therapy founded</td>
</tr>
<tr>
<td>1930-1936</td>
<td>Construction of Fitzgerald Stadium, Killarney, using patient labour from St. Finan’s Mental Hospital directed by Dr. Eamon O’Sullivan</td>
</tr>
<tr>
<td>1930-1950s</td>
<td>Occupational therapy departments in Ireland were run by pre-professional occupational therapy workers</td>
</tr>
<tr>
<td>1932</td>
<td>Dr. D. Kelly (inspector of psychiatric hospitals) reported that he was very pleased with the “occupational therapy treatment” organized by O’Sullivan</td>
</tr>
<tr>
<td>1932</td>
<td>The marriage bar was introduced which prevented married women in Ireland from working in the public sector.</td>
</tr>
<tr>
<td>1933</td>
<td>Dr. Eamon O’Sullivan appointed as Resident Medical Superintendent at St. Finan’s Mental Hospital, Killarney</td>
</tr>
<tr>
<td>1936</td>
<td>Association of Occupational Therapy founded in the UK to represent England, Wales, and Northern Ireland</td>
</tr>
<tr>
<td>1937</td>
<td>The Constitution of Ireland was enacted</td>
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<tr>
<td>Year</td>
<td>Event</td>
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<tr>
<td>1938</td>
<td>In the UK, AOT arranged the first diploma exams in occupational therapy. AOT publishes the journal ‘Occupational Therapy’ for the first time.</td>
</tr>
</tbody>
</table>
| 1939-1945 | World War II  
Increased number of occupational therapy educational programmes in the UK |
<p>| 1941 | Dr. Ada English appointed as Resident Medical Superintendent at Connaught District Asylum, Ballinsloe, Co. Galway. |
| 1944 | Death of Dr. Ada English |
| 1944 | Olga Gale enrolled in Dorset House School of Occupational Therapy |
| 1944 | The OT Club founded in Australia (forerunner of the AAOT) |
| 1944 | Dr. Ada English appointed as Resident Medical Superintendent at Connaught District Asylum, Ballinsloe, Co. Galway. |
| 1944 | Dr. Ada English appointed as Resident Medical Superintendent at Connaught District Asylum, Ballinsloe, Co. Galway. |
| 1945 | The OT Club became the Australian Association of Occupational Therapists (AAOT) |
| 1945 | The OT Club became the Australian Association of Occupational Therapists (AAOT) |
| 1946 | Olga Gale ceased studying occupational therapy |
| 1946 | Olga Gale commenced work at St. Patrick’s Hospital, Dublin, setting up an occupational therapy department |
| 1948 | Olga Gale ceased working at St. Patrick’s Hospital, Dublin |
| 1948 | Olga Gale ceased working at St. Patrick’s Hospital, Dublin due to her marriage |
| 1948 | Ann Beckett graduated from Dorset House School of Occupational Therapy, returned to Ireland, and commenced working with the Irish Red Cross |
| 1948 | The National Health Service founded in the UK. Representatives were appointed from AOT and SAOT to negotiate for OT pay and conditions. |
| 1949 | The Republic of Ireland Act was signed, making Ireland a republic. |
| 1950 | Olga Gale recommenced working at St. Patrick’s Hospital, Dublin |
| 1950 | Olga Gale recommenced working at St. Patrick’s Hospital, Dublin |
| 1951 | Irish Association of Occupational Therapy founded by pre-professional occupational therapists |
| 1952 | Donal Kelly appointed as occupational therapist in Castlerea Sanatorium, Co. Mayo |
| 1952 | The Irish Independent reported that night classes in occupational therapy had commenced at the North Strand Technical College, Dublin. |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1953</td>
<td>Chlorpromazine (one the first significant major tranquilizers) was licensed in the USA.</td>
</tr>
<tr>
<td>1954</td>
<td>Ann Beckett founded an occupational therapy department at Cherry Orchard Hospital</td>
</tr>
<tr>
<td>1955</td>
<td>Donal Kelly began working in Merlin Park, Co. Galway</td>
</tr>
<tr>
<td>1955</td>
<td>Dr. Eamon O’Sullivan published A Textbook of Occupational Therapy with Chief Reference to Psychological Medicine</td>
</tr>
<tr>
<td>1956</td>
<td>Dr. Eamon O’Sullivan awarded MD from University College Cork for his published work on occupational therapy</td>
</tr>
<tr>
<td>1956</td>
<td>Ann Beckett founded an occupational therapy department at the Central Remedial Clinic, Dublin</td>
</tr>
<tr>
<td>1958</td>
<td>Married women who were primary teachers were excluded from the marriage bar</td>
</tr>
<tr>
<td>1959</td>
<td>Sr. Eugene Butler started working in Cappagh Hospital</td>
</tr>
<tr>
<td>1962</td>
<td>Dr. Eamon O’Sullivan retired</td>
</tr>
<tr>
<td>1962</td>
<td>Joy Rook was employed as Director of Training, St. Joseph’s College of Occupational Therapy, Dublin</td>
</tr>
<tr>
<td>1963</td>
<td>St. Joseph’s College of Occupational Therapy, Dublin had its first intake of students</td>
</tr>
<tr>
<td>1965</td>
<td>Association of Occupational Therapists of Ireland founded.</td>
</tr>
<tr>
<td>1966</td>
<td>Commission of Inquiry on Mental Illness</td>
</tr>
<tr>
<td>1966</td>
<td>Death of Dr. Eamon O’Sullivan</td>
</tr>
<tr>
<td>1969</td>
<td>The outbreak of violence in Northern Ireland marked the beginning of the Troubles.</td>
</tr>
<tr>
<td>1969</td>
<td>Referendum in the UK found in favour of AOT and SAOT merger</td>
</tr>
<tr>
<td>1971</td>
<td>OT Ireland Magazine, a professional magazine published by the AOTI, launched.</td>
</tr>
<tr>
<td>1972</td>
<td>Ann Beckett started teaching at St. Joseph’s College of Occupational Therapy, Dublin</td>
</tr>
<tr>
<td>1972</td>
<td>Joy Rook left St. Joseph’s College to start an occupational therapy programme in Northern Ireland at the University of Ulster, Jordanstown</td>
</tr>
<tr>
<td>1973</td>
<td>The first occupational therapy programme in Northern Ireland in University of Ulster, Jordanstown had its first intake of students</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
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</tr>
<tr>
<td>1973</td>
<td>Ireland joined the European Community.</td>
</tr>
<tr>
<td>1973</td>
<td>The marriage bar for women working in the public service in Ireland was lifted.</td>
</tr>
</tbody>
</table>
| 1974 | The British Association of Occupational Therapy formed from the merger of AOT and SAOT.  
The British Journal of Occupational Therapy launched. |
<p>| 1975 | The Irish Occupational Therapy Association disbanded. |
| 1977 | Occupational therapists in Ireland granted a graded pay scale, including a Senior grade, following AOTI campaigning. |
| 1977 | OT Ireland Magazine became two publications: the Irish OT (a newsletter) and OT Ireland (a journal focusing on academic articles). |
| 1977 | The Employment Equality Act prohibited discrimination of Irish employees on the grounds of gender or marital status |
| 1978 | The BAOT was registered as a trade union; the College of Occupational Therapy was set up to deal with professional, educational and research business. |
| 1981 | Health (Mental Services) Act |
| 1984 | AOTI held its first conference in the Shamrock Lodge, Athlone |
| 1986 | St. Joseph’s College of Occupational Therapy integrated with the Faculty of Health Sciences, Trinity College, University of Dublin; the course became a BSc degree qualification |
| 1986 | Ann Beckett and Doreen Fleming (former Director of St. Joseph’s College of Occupational Therapy) awarded Honorary Lifetime Memberships of the AOTI |
| 1988 | First All-Ireland Occupational Therapy conference held in Bundoran, Co. Donegal, jointly arranged by the AOTI and the Northern Irish group of the BAOT. |
| 1990 | The BSc Occupational Therapy at Trinity College Dublin was accredited by the AOTI for the first time |
| 1992 | Donal Kelly retired |
| 1997 | Occupational therapists in Ireland went on strike from 21st-30th April 1997 demanding changes to pay scales and career structure |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>The Good Friday agreement marked the beginning of power sharing in Northern Ireland and the end of the Troubles.</td>
</tr>
<tr>
<td>2000</td>
<td>The Report of the Expert Group on Various Health Professions was published. It recommended increasing pay scales, establishing an Allied Health Professional Unit in the Department of Health, and increasing in occupational therapy training places and jobs.</td>
</tr>
<tr>
<td>2001</td>
<td>The Bacon report was published, identifying a shortage of occupational therapists, physiotherapists, and speech and language therapists in Ireland, calling for an increased number of graduates and for a graduate entry option.</td>
</tr>
<tr>
<td>2001</td>
<td>Mental Health Act replaced the Mental Treatment Act 1945</td>
</tr>
<tr>
<td>2003</td>
<td>BSc occupational therapy courses in UCC and NUIG and a MSc occupational therapy course in UL (the first graduate entry programme in Ireland) had their first intakes of students</td>
</tr>
<tr>
<td>2002</td>
<td>Death of Ann Beckett</td>
</tr>
<tr>
<td>2009</td>
<td>In Australia, members vote to wind up the Australian Association of Occupational Therapists and transfer to Occupational Therapy Australia Ltd.</td>
</tr>
<tr>
<td>2014</td>
<td>Death of Olga Gale</td>
</tr>
<tr>
<td>2017</td>
<td>CORU opened the first occupational therapy register in the Republic of Ireland, legally protecting the title ‘occupational therapist’ for the first time.</td>
</tr>
<tr>
<td>2017</td>
<td>In the UK, COT was granted a Royal charter to become the Royal College of Occupational Therapists (RCOT)</td>
</tr>
</tbody>
</table>

*Table 4: Detailed Timeline*
A critical perspective on history

This thesis argues for the value of an approach to historical research that interrogates history and questions taken for granted narratives. Paper I proposes several quality measures required in order to ensure a critical approach to historical documents. These measures include authenticity (considering the veracity of documents), credibility (analysing the stance of the author of the document) and representativeness (investigating if the document content can be generalised). Furthermore, Paper I suggests several theoretical and critical perspectives (positivist, interpretivist, postmodern, feminist and Marxist) that can be used to develop deeper understandings of the meaning of historical evidence. This thesis takes an interpretivist stance as proposed in this paper. Central to this stance is an approach that draws on multiple sources representing diverse voices, which may challenge taken-for-granted narratives.

Paper II illustrates the value of an interpretivist stance by drawing on evidence from a variety of perspectives, including primary and secondary documentary sources such as books, journal articles, Inspectors of Lunatics reports, newspaper articles, oral history testimonies and the archives of the AOTI). Similarly, Paper III analyses material representing diverse perspectives, including Board Meeting minutes, doctor’s papers, newspaper articles, books, archival material from the Dorset House Archive and the BAOT/RCOT Archive, oral history testimonies and Inspector of Mental Hospital reports. In this way, Paper II and Paper III are consistent with an interpretivist perspective as they draw on different perspectives and represent multiple accounts. These different voices sometimes represent competing perspectives on the events described in this thesis, including the perspectives of hitherto under-researched groups (for example, pre-professional occupational therapy workers such as Olga Gale and Donal Kelly in Paper II).
The therapeutic use of occupation

The thesis reveals several key aspects of the therapeutic use of occupation from 1863-1970. Paper II explores major transitions in the use of occupation therapeutically in Ireland from the moral treatment era in the mid-19th century to the establishment of professional occupational therapy in the mid-20th century. It reveals that occupation was used therapeutically in several guises over this time period: as a key aspect of moral treatment, under medical patronage in psychiatric hospitals, by pre-professional occupational therapy workers (including some who had completed short training courses) and by professional occupational therapists post World War II. Walsh (2016) proposed that while work was used as physical and medical therapy in 19th century psychiatric hospitals, it also functioned as a reward system for patients and served economic and political purposes. Paper III identifies that the use of occupation in St. Patrick’s Hospital, Dublin from 1935-1969 was commensurate with the prevailing practice and philosophy of occupational therapy internationally (which was based on the use of activity to positively influence health), however, staffing was inconsistent. Particularly, Olga Gale’s oral history testimony reveals that she used occupation informed by her training at Dorset House, including with the aim of improving patient self-esteem. Furthermore, Olga Gale’s testimony suggests that she attempted to use occupation to address broader issues of injustice; she reported that she arranged dances with the aim of ‘reducing stigma’ and encouraging an opportunity for ‘liberation’ among patients. While it is difficult to ascertain the success of these treatments, her testimony reflects literature calling for attention to occupational justice and service user rights in occupational therapy and occupational science in recent years (Hammell & Iwama, 2012; Galheigo, 2011; Whiteford & Hocking, 2011) and demonstrates that these more recent developments have a historical basis.
In Paper IV, the oral histories describe how participants were reluctant to use diversional occupations in practice in order to be seen as credible, scientific practitioners. Law et al (1995) called on occupational therapists to choose interventions based on service user need rather than to elevate the status of the profession. In keeping with the perspective of Law et al (1995) this thesis cautions occupational therapists to give primacy to service user needs rather than professional agendas.

**Occupational Therapy and psychiatry**

This thesis reveals the historical basis for occupational therapy’s relationship with several healthcare professions, including physiotherapy, nursing and medicine. The latter relationship was particularly important, as the thesis demonstrates that psychiatrists in particular were key advocates for the use of therapeutic occupation and the occupational therapy profession. This is commensurate with medicine and psychiatry’s patronage of occupational therapy internationally (Wilcock, 2002; Quiroga, 1995; Friedland, 2011). Paper II illustrates the role of psychiatry in supporting the use of occupation in psychiatric hospitals in the early to mid-20th century; it particularly focuses on the contributions of Drs Eamon O’Sullivan and Ada English. Likewise, Paper III reveals Dr Norman Moore as a key advocate for occupational therapy at St. Patrick’s Hospital. Internationally, mid-20th century psychiatry was marked by enthusiasm for various therapeutics, including physical treatments and occupational therapy (Andrews et al, 1997). Paper IV suggests that professional occupational therapy sought the support of the medical profession more generally in order to establish a role for the discipline in Irish healthcare. Overall, this thesis argues that medicine’s (and in particular psychiatry’s) patronage of occupational therapy was one key factor in the establishment of the profession in Ireland.
**Occupational Therapy and institutional culture**

A reliance on institutionalisation was a defining feature of Irish health and social care during the period explored in this thesis (1863-1970) (O’Sullivan & O’Donnell, 2012). This thesis considers the development of occupational therapy in the context of institutions, with a particular focus on psychiatric institutions. Paper II discusses the role of occupation in 19th century asylums, demonstrating that it was central to moral treatment during this era. However, it also argues that occupation was used for economic as well as therapeutic purposes and that patient choice was not taken into account in these institutions. Paper III consists of an instrumental case study of the development of occupational therapy within a particular institution: St. Patrick’s Hospital, Dublin. This paper considers the role of occupational therapy within the hospital and questions the role of occupation in maintaining unequal power relationships and social control (Goffman, 1968). It suggests that occupational therapists may have been unable to challenge institutional culture due to the profession’s minority status and the prevailing socio-cultural reliance on institutionalisation. Overall, the thesis argues that while occupation was clearly used for therapeutic purposes within institutions, it also served other functions (such as economic) (Walsh, 2016) and occupational therapists were impacted on by the broader culture of institutionalisation.

**Occupational Therapy education and professionalisation**

A central aim of the thesis was to analyse the professionalisation of occupational therapy. Paper II, Paper III and Paper IV consider aspects of professionalisation, including outlining strategies employed to establish the profession.

Occupational therapy is far from unique in deploying strategies to establish and advance the profession. The use of professionalising strategies is typical of all professional groups and
emergent professions frequently emulate the strategies of ‘traditional’ professions such as medicine and law (MacDonald, 1995). However, a focus on advancing the profession can be problematic when the espoused philosophy of the profession claims to be humanistic and client-centred (Hammell, 2015).

Professionalising is undertaken by occupational groups to consolidate power, monopolize particular forms of knowledge and gain legitimacy in society (Witz, 1990). Occupational closure is a strategy employed by professions to exclude entry to the profession to all but those deemed appropriately qualified (Parkin, 1979).

Three significant strategies characterise occupational closure: credentialism, professional body membership and licensure (MacDonald, 1995).

Credentialism is ‘the monopolization of access to rewarding jobs and economic opportunities to the holders of educational degrees and certificates’ (Brint, 2006, p. 166). Credentialism therefore involves establishing specific educational qualifications to control access to high status jobs and opportunities. Credentialism increases a profession’s sense of autonomy and public trust and was a key aspect of establishing medical dominance in health care (Clouston & Whitecombe, 2008). Internationally, credentialism was an early professionalising strategy used by occupational therapists (Colman, 1990) and is seen to ‘confirm and enhance the professional status of the profession (Cusick & Adamson, 2004, p. 134). Paper II demonstrates that the first professional occupational therapists in Ireland qualified in the UK and identified that the advent of the Diploma in 1963 (first graduates 1966) was key to the establishment of the occupational therapy profession in Ireland. Paper IV further explores credentialism as a professionalising strategy. The founding of the programme established the
award from St. Josephs as the only accepted credential for occupational therapy practitioners trained in the Republic of Ireland (occupational therapists with accredited qualifications from international training programmes were similarly accepted). Paper II and Paper IV demonstrate how the foundation of St. Joseph’s College ensured occupational therapy’s status as a profession, as it allowed the exclusion of those without acceptable qualifications from occupational therapy employment opportunities.

Another strategy that characterises occupational closure is professional body membership. The institutions and locations that regulate professions are key to understanding professionalising projects (Cooper & Robson, 2006). Professional bodies broadly follow similar patterns across multiple professions, emphasising public service, competence, control of knowledge and ensuring their membership meets particular standards (Morris et al, 2006). Most notably, professional bodies facilitate autonomy, allowing a profession to produce its own rules and independently define professional accountability (Cooper & Robson, 2006).

This thesis reveals that occupational therapy in Ireland drew on the support of several professional bodies nationally and internationally in order to establish its professional status. Occupational therapy in Ireland was strongly associated with the AOT. As discussed in Paper II, the earliest professionally qualified occupational therapists in Ireland trained in the UK and were members of the AOT. Paper III demonstrates that Margaret Sinclair was a member of the AOT and the first professionally qualified occupational therapist at St. Patrick’s Hospital, Dublin. Paper II and Paper IV reveal that the Diploma at St. Joseph’s was accredited by the AOT and graduates were awarded the association’s Diploma from 1966 until 1986 when the course relocated to Trinity College Dublin and became a degree programme. Paper IV further argues that association with AOT benefitted the profession in Ireland, providing the newly qualified occupational therapists with evidence of their
professional competence and boosting their confidence as a result. In addition, the first occupational therapy educators trained in the UK (for example Joy Rook, Ann Beckett, Sr. Eugene Butler, Rosemary Kerrigan and Anna King).

In the early 1960s, Irish occupational therapists aimed to establish a regional group of AOT in Ireland (AOTI, 2015b); the AOT declined and encouraged the Irish occupational therapists to set up their own organisation. At that time, pre-professional occupational therapists had set up an occupational therapy organisation, the Irish Occupational Therapy Association (IOTA) (Cahill, 2016), demonstrating that the pre-professional workers were also attempting to professionalise. However, as the AOTI was associated with the already established AOT and further supported by aforementioned credentialism, AOTI flourished while the IAOT disbanded in 1975 (Companies Registration Office, 2017). The World Federation of Occupational Therapists (WFOT) admitted the AOTI as a full member in 1970 (AOTI, 2015d) and the oral history interviews (Paper IV) demonstrate that admittance to WFOT further strengthened the professional status of occupational therapy in Ireland.

The third strategy characterising occupational closure is licensure: the legal protection of a professional title (Matarazzo, 1977). Licensure is a common strategy employed by nascent professional groups (for example, counselling, Tarvydas & Leahy, 1993) to exclude unqualified individuals. The sociological literature on professionalisation suggests that licensure is a key aspect of professionalising; however, occupational therapy utilised credentialism and professional bodies to establish itself as a profession in Ireland in the absence of licensure. In Irish occupational therapy, licensure did not occur during the period that this thesis examines. In contrast, medicine achieved professional registration in Ireland in 1858 (as part of the UK government Medical Act 1858) (Finch, 1958) and nursing achieved
registration in 1950 (Robbins, 2000). Paper II demonstrates that occupation was used therapeutically in Ireland long before the establishment of professional occupational therapy and reveals that the Irish government initially believed there was no need for professional occupational therapists as the role was already occupied by pre-professional workers in the late 1940s and 1950s. Paper III demonstrates that both professionally qualified and pre-professional workers used the title occupational therapist between 1935 and 1969. In Paper IV, participants report working side by side with pre-professional occupational therapists and there was no legal issue with unqualified occupational therapists using the title. The title occupational therapist was not legally protected in Ireland until 2017 with the opening of the Occupational Therapists Registration Board (CORU, 2017) (which was established subsequent to the Health and Social Care Professionals Act, 2005); this is similar to other health and social care professions in Ireland such as social work, physiotherapy speech and language therapy and podiatry.

Modern understandings of professionalisation draw on postmodern theory to understand professions in terms of power structures in society and the role of professional knowledge (Sahin-Dikmen, 2013). Professional groups draw on and take ownership of different bodies of knowledge (regions and singulars) to occupy a particular field of practice (Young and Muller, 2014; see McNamara & Fealy (2014) for an application of this theory to the nursing profession). Paper III describes aspects of the AOT curriculum in the 1940s and Paper IV described the 1960s curriculum. These both represented the confluence of diverse bodies of knowledge, including academic subjects (anatomy, physiology, psychology, medicine, surgery and psychiatry), practical activity subjects and clinical education. It could be argued that occupational therapy drew on existing scientific knowledge (that was already powerful in healthcare) combined with understandings of occupation unique to occupational therapy.
(such as activity analysis) to establish a discrete field of practice for the profession. However, a detailed analysis of professional knowledge is beyond the scope of the current thesis.

In securing the professional status of occupational therapy in Ireland similar strategies to other professions were used including credentialism, professional bodies and controlling knowledge. In nursing the conflict between professionalisation strategies and humanistic perspectives have been identified and explored (Purdy, 1994). Similarly, a focus on the profession rather than on the service user or the needs of the community in occupational therapy represents a clash with the profession’s assumed values of humanism and client centredness (Hammell, 2013). Paper III argues that because of the discipline’s focus on professionalisation (as well as its minority status and the broader socio-political culture), occupational therapy did not attend to issues of institutional power and service user rights at that time in Ireland. Hammell (2013) claims that occupational therapy has used professionalising strategies to bolster its ‘power, dominance and claim to expert status’ (p. 145) and calls on the profession to critically reflect on how client centredness is used to ‘justify and perpetuate inequitable power relationships between therapists and clients’ (Hammell, 2015, p. 240). This thesis supports Hammell’s argument (2007, 2013, 2015) that occupational therapy needs to consider critically the impact of its professionalisation project on the profession’s ability to be truly humanistic and client centred.
Critical evaluation: Thesis strengths and limitations

This thesis has a number of strengths and makes a novel contribution to the body of research on the history of occupational therapy.

A comprehensive guide to historical documentary research methods for occupational therapists is presented in Paper I. Although occupational therapy has a strong tradition of using qualitative research methods there has been little attention to historical research methods in publications within the profession (for an exception see Schwartz and Colman, 1988). This paper makes a contribution to the profession not only in describing historical documentary methods and associated quality indicators but also in arguing for the value of historical research.

In this thesis, for the first time, a coherent timeline of the history of the development of occupational therapy in Ireland is presented (see Table 4 and Figure 2). The timeline begins with the use of occupation for therapeutic purposes in the 19th century moral treatment era and extends to the graduation of the first Diploma class of occupational therapists in Ireland and acceptance of Ireland as a WFOT member country in 1970.

Paper II reviews existing literature on the history of occupational therapy in Ireland and constructs a chronology from the moral treatment era to the establishment of St. Joseph’s College of Occupational Therapy. In paper III in-depth analysis of the development of occupational therapy in St. Patrick’s Hospital, Dublin is presented. This paper exemplifies the value of integrating data from a range of sources; interviews, documentary, newspaper archives. This paper raises challenging questions about occupational therapy practice within institutions.
Paper IV is based on extensive oral history interviews and is unique in capturing the experiences and memories of pioneering occupational therapy students in Ireland. This paper makes a significant contribution to critical scholarship in occupational therapy through analysis of professionalisation of the discipline in Ireland.

A number of limitations must also be considered in evaluating the thesis. Paper II began as a discussion piece. It developed to become a review of relevant literature; however, within the paper the search strategy is not defined. The process of literature searching for Paper II drew on techniques associated with integrative literature reviews. An integrative review provides a method to synthesis findings from a diverse range of literature (Whittemore & Knafl, 2005). The breadth of literature consulted therefore results in a more comprehensive account of a particular phenomenon (Newman et al, 2015). The initial search strategy involved searching keywords such as ‘Ireland, Occupational Therap*, histor*’ and ‘moral treatment, Ireland’ in databases including Academic Search Complete, AMED, Biomedical Reference Collection, CINAHL, Historical Abstracts, Humanities Full Text, Medline, PsychARTICLES, PsychINFO, Social Sciences Full Text, Google Scholar and JSTOR. One issue that emerged with this strategy is the fact that the Irish Journal of Occupational Therapy was not indexed at the time of publication, therefore this publication was hand searched for relevant material. The paper also drew on grey literature that was identified in a number of ways. Reference lists were hand searched, and experts on occupational therapy and history were consulted about relevant literature. Following a widespread search, the material was synthesised and organised as key transitions in the use of occupation for therapeutic purposes. It would benefit this paper to have defined this search strategy in the publication as it demonstrates the in-depth, methodical literature search that contributed to it.
A consistent theme throughout the thesis is the importance of representativeness in historical research, however, a limitation of the thesis is the lack of representation of service user voices. Paper I introduces the idea of representativeness in history and proposes different theoretical and critical perspectives that can be used to derive deeper meaning from historical research. It identifies interpretivism as a method of considering history from multiple viewpoints, postmodernism as a method to examine power structures and contextualise events, feminism as a method to capture marginalised female voices and experiences, and Marxism as a method to examine how social class determines historical outcomes. While paper III focuses on a chronological and thematic approach to describing the history of occupational therapy at St. Patrick’s Hospital, it also introduces a critique of the role of occupational therapy in sustaining institutional culture commensurate with the critical perspectives proposed in Paper I. A limitation of this paper is that accounts of service user voices were not identified and therefore it was not possible to represent the perspectives of this group in the analysis. Likewise, Paper IV analyses the perspectives of occupational therapy students of St. Joseph’s College of Occupational Therapy. However, the account is similarly limited like Paper III and does not represent the perspectives of service users who experienced occupational therapy at the time. As such, there are gaps in representation in this thesis. The lack of focus on service user experiences is an issue with the history of healthcare in general (Kelly, 2016b) and the history of occupational therapy is no different. It is imperative that future research explores service user experiences of occupational therapy, despite methodological challenges. For example, Pettigrew et al (2017) use a poem written by a service user to generate understandings of user experiences of occupational therapy in World War I. Future research on the history of occupational therapy in Ireland needs to seek
out service letters, diaries, newsletters and other documents that tell their stories of treatment (Kelly, 2016b).

**Personal Reflections**

Throughout the thesis I kept a reflective journal to reflect on the research process, professional activities and my personal emotions and responses to the work. Keeping fieldwork notes and recording reflections is considered an important aspect of maintaining quality in qualitative research (Alvesson & Sköldberg, 2009). This section presents my reflections on the sense of loyalty I experienced towards my participants, the potential impact of this on data analysis and my efforts to manage this.

My reflections recorded after conducting oral history interviews demonstrate that I experienced and felt a deep sense of loyalty to the research participants. The women and men I interviewed were very pleasant and extremely kind and generous to me. The interviews were often completed in participants’ homes and I shared many lovely meals and spent time in beautiful gardens, with friendly pets, and enjoyed many entertaining conversations during the interviews. I had a wonderful time travelling around the country and getting to know the research participants. In discussing these reflections with my supervisors, we identified that this sense of loyalty made it difficult for me to develop critical perspectives on the research. In supervision (and in subsequent private reflective writing) I had difficult conversations about this. We identified that my feelings of loyalty to participants and subsequent desire to take a celebratory, rather than critical, approach to their testimonies risked the thesis reproducing positive narratives about the profession rather than questioning taken for granted heritage (Paper I). At all times throughout this thesis (but particularly in Paper IV), I needed to return to these personal reflections and question whether I was being adequately critical and taking an outsider rather than an insider perspective. At times, this was a difficult, but
nonetheless essential process. Keeping a reflective journal facilitated these critical reflections and was an essential aspect of the research process. While all research is necessarily coloured by the researcher’s personal experiences and beliefs (Abrams, 2010), ongoing reflexivity and reflection on beliefs and perceptions can help to mediate these biases (Finlay, 2002). In this thesis, I have tried to be consciously aware that I am an occupational therapist researching the history of occupational therapy and interviewing occupational therapists. This commonality likely influenced our relationship and the content of the oral history interviews. In addition to this, my status as a recent occupational therapy graduate, PhD student and younger woman affected our relationship and therefore the data collected. In my reflective journal, I considered if some of my participants felt protective of me; many gave me supportive career advice and were very helpful to me with research and recruitment. This protectiveness undoubtedly influenced the content of the interviews; this is commensurate with the phenomenon of intersubjectivity and oral history. Abrams (2010) argues that every oral history interaction is subject to the impact of the relationship between the interviewer and interviewee and that rather than being a problem, intersubjectivity benefits oral history. My reflections identify that my relationship with the interviewees affected the type of information produced by the interviews, as well as influencing the analysis of the data. My reflective journal allowed me to be open about these issues and consider them during the research process, rather than pretending that they did not exist. This openness is essential for credibility in qualitative research (Shenton, 2004) and engaging with reflection throughout is a strength of the project.

**Implications for occupational therapy practice and education**

The Occupational Therapy Practice Framework: Domain and Process describes the domain that centres the profession’s focus and describes the process of occupational therapy (AOTA, 2014). Our understanding of many elements of the framework can be enriched by history,
including the role of occupation, client centredness, and context and the environment. The framework establishes environment and context as a central aspect of occupational therapy practice, including how occupational performance and the process of therapy are nested in complex physical, social, cultural, personal, temporal and virtual contexts and environments (AOTA, 2014).

Context and the environment are historically determined. For example, cultural context impacts on health beliefs, client therapist interactions, the choice of occupational therapy intervention, and client engagement in occupation (Beagan, 2015; Padilla, 2015). The impact of culture on health is well illustrated by a 2007 study which identified a belief among Irish travellers that ill-health is to be expected, is inevitable, is a result of adverse social experience and is fatalistically accepted (Cleemput et al, 2007). This belief is historically constituted and has developed over years in the traveling community, understanding and appreciating history is a conduit to understanding different cultural beliefs about health with resultant implications for effective occupational therapy practice.

Historical knowledge can inform aspects of clinical reasoning, the complex thinking process that underlies therapy, for example, pragmatic reasoning (Neistadt, 1998) which considers the practical factors that influence occupational therapy practice, including treatment environment, discharge environment, and social and financial resources. Historical understandings of the organisations within which occupational therapists practice facilitates pragmatic reasoning including awareness of the impact of institutional culture on the development of occupational therapy (as illustrated in Paper III). This historical awareness can facilitate contemporary occupational therapists to consider how the organisation they work in and its past (including social and religious origins and affiliations, policies and ethos) affects their practice and influences their day-to-day decisions.
The thesis explores some of the tensions and opportunities that arose in Ireland as the occupational therapy profession emerged. Paper II demonstrated that occupation was used therapeutically in Ireland long before the formalisation of the profession and identified the role of pre-professional workers in Ireland (a group whose work has been hitherto underexplored). Paper IV explored relationships between pre-professional and professional occupational therapists, identifying tensions in the relationship. Participants in Paper IV perceived that establishing an accredited education programme was key to professionalisation. The events identified at the emergence of the profession in Ireland provide a case study of the issues that can arise as occupational therapy professionalises. Considering the recent professionalisation of occupational therapy in Poland and Latvia, Watson and Bannigan (2015) identify that credentialism, professional bodies, widespread support and practical actions were central to establishing the profession. There are clear similarities between the development of occupational therapy in the 1960s and the recent developments in occupational therapy in these two countries. As such, considering the history of occupational therapy in Ireland can provide a template for professionalisation that can inform the process of occupational therapy development in other contexts. This thesis also cautions occupational therapy not to prioritise professionalising over service user concerns at any stage in the development of the profession. Paper III suggests that occupational therapy’s concerns with professionalisation may have precluded them from addressing issues associated with institutional culture; learning from the Irish experience could ensure that new occupational therapy organisations prioritise client needs rather than professionalisation.

This thesis provides a historical context for some of the tensions surrounding the role of occupation in occupational therapy. Understanding this context can provide clearer insight into why certain tensions exist and can inform future theoretical and practical directions for
the profession. This thesis provides a number of insights into how occupation was understood in Ireland up to Ireland’s admittance to the World Federation of Occupational Therapy as a full member in 1970.

There are enduring issues with the use of occupation in practice; workplace culture has been identified as a key aspect of these tensions (Di Tommaso et al, 2016). Paper IV demonstrates that participants were ambivalent about being considered ‘craft workers’ despite their extensive education in activities. As such, they selected other types of treatment to establish themselves as scientific practitioners. This thesis suggests that the therapists interviewed chose not to use diversional and craft activities for reasons of professionalisation, not because of service user choice and meaning. From a practice perspective, this thesis supports the argument that interventions be selected based on their value to clients and not to elevate the status of the profession (Law et al, 1995).

**Implications for future research**

Throughout the thesis an argument for the value of historical research is developed. Historical research can provide valuable insights into practice and the profession as a whole and inform future pathways. In this way, the thesis supports the claims of Mahoney et al (2017) and Pettigrew et al (2017): that history can challenge taken for granted narratives and inform future decisions. To achieve these aims it is important the future research draws on critical paradigms to provide a deeper understanding of the central ideas and current practices of occupational therapy. History of occupational therapy research is often descriptive (Friedland, 2011) and broadly celebratory and with some exceptions (see Pettigrew et al, 2017; Mahoney et al, 2017; Hocking, 2008; Molke, 2011) often seeks to bolster existing historical narratives rather than challenge them.
Paper I identified that primary source material from hospital archives and other institutions where occupational therapists practiced may provide a unique perspective on the discipline. The case study of St. Patrick’s Hospital in Paper III supports further work on specific institutions where occupational therapy developed. Future research on the role of occupational therapy in sustaining institutional culture is warranted. In Paper III the role of occupational therapy in challenging or sustaining institutional culture at St. Patrick’s Hospital was considered. However, the data sources drawn on were limited in addressing this question. Future research could examine this topic in keeping with increasing calls for critical perspectives in occupational therapy in recent years (see Hammell, 2013; Hammell, 2015; Phelan, 2011; Nelson, 2007; Hammell & Iwama, 2012).

Paper IV examines the development of occupational therapy in the 1960s from the sole perspective of those who studied in St. Joseph’s College. Commensurate with an interpretative perspective that values multiple perspectives on the past, an immediate research priority is to analyse the oral history interviews with occupational therapy educators that were not used in this paper. A further priority is to conduct research on service user accounts of their experiences of occupational therapy practice. In gathering data for this thesis, documentary evidence of such accounts were not identified and as such, the thesis does not explore this perspective. An example of research which looks at service user perspectives of asylum life is McClelland’s analysis of Speedwell, the patient magazine at Holywell Hospital, Antrim from 1959-1973 (2012); the magazine contains evidence of service user experiences of recreational and work activities at the hospital. In accordance with the interpretative perspective taken in this thesis, drawing on similar evidence from an occupational therapy perspective is a priority for future research. The National Archives of Ireland published the Survey of Hospital Archives in late 2016 outlining the location, extent,
content and condition of Irish hospital archives. Some extensive asylum archives have survived and these could be a starting point for this research.

Future research drawing on feminist theory is also merited. Historically, understandings and uses of occupation in institutional contexts was gendered; for example, women had more diverse occupational opportunities than men in the late 19th century and this had a positive impact on their mental state (Walsh, 2016). Furthermore, occupational therapy is a predominantly female profession (WFOT, 2016); however, little historical work informed by feminist theory exists (for an exception see Frank, 1992). Given that feminist perspectives privilege marginalised voices (as proposed in Paper I), future research drawing on this perspective could provide a basis for analysing user experiences as well as the experiences of occupational therapists. In addition to this, research could also focus on a critical analysis of the impact of social class (Hocking, 2011; Chaney, 2016) and religion (Hocking, 2011; Kelly, 2016) on institutional contexts and on the broader disciplines of occupational science and occupational therapy.

Conclusion

This thesis has argued for the value of historical work, identifying that history demonstrates the evolution of theory, philosophy and practice, facilitates understandings of different viewpoints, provides a foundation for empathy and can contribute to the critical perspective increasingly called for in occupational therapy and occupational science. With these potential contributions in mind, this thesis aimed to construct a chronology of the development of occupational therapy in Ireland for the first time. It took an interpretative analytical approach to place these events in broader social, cultural and political contexts. Furthermore, it aimed to examine the history of occupational therapy in Ireland as a means of understanding the
professionalisation of the discipline in Ireland. It achieved these aims via literature review, historical documentary research methods and oral history methods.

The thesis comprises four papers, each of which contributes to addressing the aims. Paper I was a critical review of historical documentary research that identified practical steps to conduct documentary research, considered quality and historical documents and presented several epistemological and critical perspectives that can be used to develop deeper meanings from historical data. Paper II comprised a literature review of existing literature on the history of occupational therapy in Ireland. It demonstrated that occupation was used therapeutically in Ireland prior to the formalisation of the occupational therapy profession in 1963 (with the foundation of St. Joseph’s College) and reveals the role of moral treatment, medical patronage, pre-professional occupational therapy workers and professionally qualified occupational therapists who qualified in the UK. Paper III focused on the development of occupational therapy in an institutional context; it explored key individuals, events and practices associated with occupational therapy at St. Patrick’s Hospital Dublin from 1935-1969. Paper IV analysed oral history interviews with 19 St. Joseph’s College students from 1963-1970. It identified the key role of education as a professionalisation mechanism for occupational therapy and explored perceptions of the tensions arising from working alongside craft workers designated as occupational therapists.

Overall this thesis has established a chronology of occupational therapy history in Ireland for the first time. It has demonstrated how the profession developed in the context of broader healthcare practices, and institutional culture in Ireland. Furthermore, it explored the role of occupational therapy education and professional body membership in occupational therapy’s professionalisation project. It takes an interpretative historical perspective that values
multiple perspectives on events; however, a major limitation is the absence of the service user voice. Future research should focus on the perceptions of the individuals and groups who accessed occupational therapy services in the early years of the profession in Ireland.
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Appendices
### Appendix 1:
#### Table of Contributions:

<table>
<thead>
<tr>
<th>Paper Number</th>
<th>Paper Title</th>
<th>Contribution of B.D. to the paper</th>
</tr>
</thead>
</table>
• Review of literature
• Drafting of manuscript
• Critical revisions of manuscript for important intellectual content (with supervisors J.P. and K.R.)
• Final preparation and editing of manuscript |
• Critical revisions of manuscript for important intellectual content
• Final preparation and editing of manuscript (with supervisors J.P. and K.R.) |
• Review of literature
• Data collection and analysis |
|   | Patrick’s Hospital Dublin, 1935-1969. *Irish Journal of Occupational Therapy.* | • Drafting of manuscript  
• Critical revisions of manuscript for important intellectual content (with supervisors J.P. and K.R.)  
• Final preparation and editing of manuscript |
|---|---|---|
• Review of literature  
• Data collection and analysis  
• Drafting of manuscript  
• Critical revisions of manuscript for important intellectual content (with supervisors J.P. and K.R.)  
• Final preparation and editing of manuscript |
Appendix 2:
Information Sheet/Consent Form/Deed of Gift Form Oral History Study

Participant Information Sheet

‘Exploring the professional experiences of Occupational Therapists and educators who started working in Ireland between 1946-1986’

Dear Participant:

My name is Bríd Dunne and I am an occupational therapist and PhD candidate in the Department of Clinical Therapies at the University of Limerick. The topic of my doctorate is the history of occupational therapy in Ireland. As part of this research, I am documenting the professional experiences of occupational therapists who started working in Ireland between 1946-1986. This research is supervised by Dr. Judi Pettigrew and Dr. Katie Robinson. This information sheet will inform you about the study.

What is the study about?
The study aims to explore and record the professional experiences of occupational therapists who started working in Ireland between 1946-1986. The results will contribute to documenting the history of the profession through the experiences of the occupational therapists who work and have worked in Ireland.

What will I have to do?
Your involvement in the project will be during 2013/2014. You will be invited to provide an oral account of your experiences of working as an occupational therapist in Ireland. I will conduct an interview with you lasting approximately one to two hours. You may be invited to participate in a second interview in order to collect more in-depth data. The interview will be recorded electronically and later transcribed.
What are the benefits?
The study may benefit you in terms of reflecting on and articulating your professional experience. The findings will also help to record the history of our profession and promote its future development.

What are the risks?
There is little or no risk to participating in this research. However, should talking about your experiences become emotional for you, you can take a break from the interview process or discontinue participation at any stage of the interview if you so wish.

What if I do not want to take part?
Participation in this study is voluntary and you can choose not to consent or to withdraw consent and stop participating in this study at any time.

What happens to the information?
The information recorded during the course of the interview will be stored securely in digital form in a password-protected computer and as a paper version in a locked filing cabinet in a locked office in the Department of Clinical Therapies, University of Limerick. In due course and with your explicit consent, a digital audio version and a digital transcript of the interview will be securely deposited at the History of Occupational Therapy in Ireland archive at the University of Limerick. Stored in this way, the interview material may be consulted by researchers in the future, and aspects of your interview may also be used in future academic publications, such as books, journal articles, or conferences. Accordingly, copyright of material provided by you may not be retained by you. The transcript of your interview will be used as part of the source material in writing one or more academic papers.

Some extracts of the transcript from your interview may, with your consent, be included as direct quotes or in paraphrase in written historical narratives. In the event of your consenting to have the transcript of your interview placed in an archive, the researcher will reserve the right to delete any and all references to named individuals in the interview transcript. This action is in the interest of (a) protecting the rights and reputation of individuals so named and (b) protecting your rights as a research interviewee.

Who else is taking part?
Occupational Therapists who began working in Ireland between 1946 and 1986.
What happens at the end of the study?

At the end of the study, the information gathered will be used to develop a comprehensive account of the history of occupational therapy in Ireland – this will be presented as part of a doctoral thesis submitted at the University of Limerick. The results will be disseminated via conference presentation/posters, publication in peer reviewed national or international journals, and in relevant specialist publications. The results may form part of a book chapter in a proposed book on the history of occupational therapy in Ireland.

What if I have more questions or do not understand something?

If you have any questions related to any aspect of the study, you may contact the researcher. It is important that you feel all your questions have been answered.

What happens if I change my mind during the study?

At any stage should you feel you do not want to continue being a participant, you are free to stop and take no further part.

Thank you for taking the time to read this. I would be grateful if you could consider participating in this study.

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Brid Dunne (MSc Occupational Therapy)
Email: brid.dunne@ul.ie

This study has been approved by the ethics committee of the Faculty of Education and Health Sciences. If you have any concerns about this study and wish to contact someone independent, you may contact The EHS Research Ethics Contact Point of the Education and Health Sciences Research Ethics Committee, Room E1003, University of Limerick, Limerick.
Consent Form:

Informed Consent Form:

‘Exploring the professional experiences of Occupational Therapists and educators who started working in Ireland between 1946-1986’

This is to state that I have read the Information Sheet, I understand the purpose of the interview, and I hereby consent to participate in the oral history interview being conducted by Brid Dunne (PhD Candidate) under the supervision of Dr. Judi Pettigrew, Department of Clinical Therapies, University of Limerick. I have been informed that the purpose of the interview is to gather information on the professional experiences of Occupational Therapists who started working in Ireland between 1946-1986. Oral history interviews will be analysed and will produce one or more academic publications.

Conditions of participation:

My participation in the interview is entirely voluntary. I am free to withdraw my consent and discontinue my participation in the study at anytime, either before the agreed time of the interview or during the interview, without prejudice.

The information that I provide during the course of the interview will be used solely for the purpose stated in the accompanying information sheet.

The information gathered during the course of the interview will be stored securely by the researchers in digital form in a password-protected computer and as a paper version in a locked filing cabinet in a locked office in the Department of Clinical Therapies, University of Limerick. An audio and a written transcript of the interview will, with my consent, be securely deposited at the History of Occupational Therapy in Ireland archives. In consenting to be interviewed:

Please tick √
I hereby consent to be quoted directly and/or in paraphrase using my name in the written narrative

or

I hereby consent to be quoted anonymously in the written narrative

And

In consenting to be interviewed:

Please tick \(\square\)

I hereby consent to the donation of a digital audio version and digital transcript of my interview to the History of Occupational Therapy in Ireland archive.

or

I do not wish to donate an aural and written transcript of my interview to the History of Occupational Therapy in Ireland archive.

Name (please print)  ____________________________

Signature  ____________________________ Date:  __/__/____

Researcher signature  ____________________________

I am looking for any documents that exist on the history of occupational therapy in Ireland (aside from material published in IJOT, which I can readily access). Should you be aware of any published or unpublished sources that I might not be able to easily access, I would appreciate if you could please let me know. Many thanks in anticipation.
Deed of Gift Form:

‘Exploring the professional experiences of Occupational Therapists and educators who started working in Ireland between 1946-1986’

Please sign either Part A or Part B

I have read the attached Information Sheet and I understand the purpose of the interview. I have given my written informed consent to participate in the interview.

Part A

I hereby give my consent to permit the deposition of a digital audio file and a digital transcript of my interview at the History of Occupational Therapy in Ireland archive. In giving consent to the storage and use of the interview transcript in the manner indicated, I understand that:

(i) My anonymity cannot be assured and that my confidentiality as an interviewee cannot be guaranteed, since the interview material will be identified as being my oral testimony

(ii) The interview material will be consulted by researchers now and in future for reanalysis and possible inclusion in written manuscripts, duly cited. Access to the archives will normally be granted to academic researchers, who must first establish their credentials with the History of Occupational Therapy in Ireland archive manager, and be granted permission to consult the archives.

NAME (please print) ________________________________

Signature ________________________________ Date: ___/___/____

OR
Part B

I hereby give consent for the transcript of my interview to be used solely for the purpose of this reanalysis of interview material, and that some extracts of my interview may be contained in written manuscripts in the manner indicated in the Consent Form. After seven years, I wish for my data to be securely destroyed/deleted.

NAME (please print) _________________________________

Signature _________________________________ Date: ___/___/____
Appendix 3:

Quotation conventions

The thesis uses American Psychological Association formatting (www.APStyle.org, 2010) throughout. Within block quotations, ellipses are used to denote the removal of text superfluous to the quotation. Within quotations, square brackets are used to add text to clarify meaning.
Appendix 4:

Emails confirming that Paper III is in press.

Mon 31/07/2017 13:47
Niall Turner <Niall.Turner@sjog.ie>
RE: Response
To: Brid.Dinne
Cc: Judi Pettigrew; Katie Robinsom
You forwarded this message on 31/07/2017 13:51.

Hi Brid,
I am happy to formally accept this now. This version should be considered the final WORD version. I'll be in touch about uploading it on the Emerald site in due course. You will need to sign the copyright form once this process has been completed. It will be published online in 2018.
Best wishes
Niall

Mon 31/07/2017 13:58
Niall Turner <Niall.Turner@sjog.ie>
final steps
To: Brid.Dinne
Cc: sbuckley@emeraldgroup.com
You replied to this message on 28/11/2017 08:11.

Dear Brid
Hope you are well. Your article will be published online in the first issue of 2018. In order to proceed you will need to submit it via manuscript central https://mc.manuscriptcentral.com/tjot it will then be processed by the content manager and you will need to submit your copyright form. I will provide evidence of the peer review process to Simon. Please note this must be completed within the next 4 weeks.
Thanks
Niall

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender immediately by e-mail and delete this e-mail from your system. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the company. Finally, the recipient should check this email and any attachments for the presence of viruses. Although we have taken reasonable precautions to ensure no viruses are present, the company cannot accept responsibility for any loss or damage arising from the use of this email or attachments. Saint John of God Hospitaller Services Hospitality Compassion Excellence Justice Respect
Appendix 5:
Prisma Diagram Paper I

PRISMA 2009 Flow Diagram

Records identified through database searching
(n = 131)

Additional records identified through other sources
(n = 2(articles) + 4(books) = 6)

Records after duplicates removed
(n = 137)

Records screened
(n = 137)

Records excluded
(n = 111)

Full-text articles assessed for eligibility
(n = 26)

Full-text articles excluded
(n = 15)

Studies included in qualitative synthesis
(n = 11)

Material included in Findings section as examples (n = 14)

Studies included in quantitative synthesis (meta-analysis)
(n = 25)