Title: An Oral History of Occupational Therapy Education in the Republic of Ireland.

Short title: A History of Occupational Therapy Education in the Republic of Ireland.

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ABSTRACT

Introduction: Historical research contributes to the critical perspectives called for in occupational therapy and occupational science. Despite this, research on the history of occupational therapy education is limited. The only occupational therapy programme in the Republic of Ireland from 1963-1986 was the Diploma at St. Joseph’s College of Occupational Therapy, Dublin, which followed the curriculum first of the Association of Occupational Therapists and from 1974 the British Association of Occupational Therapists (BAOT). This study explores oral histories of pioneering students from that programme.

Method: Oral history interviews were conducted with nineteen former students of the programme who studied 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. They described a need to manage tensions arising from working alongside craft workers designated as occupational therapists. Throughout the interviews, claims for the professional status of occupational therapy were identified.

Conclusion: The oral histories reveal a multitude of professionalisation strategies used to establish the profession in 1960s and 1970s Ireland. These findings have relevance for present day debates about professionalisation, occupation-focused curricula and interprofessional practice and education.

Key Words: History, Ireland, Education.
Historical research can facilitate deeper critical understandings of the profession of occupational therapy and allow reflection on and questioning of contemporary practice and assumptions (Pettigrew et al., 2017). Historical research demonstrates that professional decisions and actions do not occur in a vacuum and supports questioning perspectives, which can stimulate refinement of theory and practice (Molke, 2009). This study uses oral history methods to explore the history of occupational therapy from the perspective of early graduates of St. Joseph’s College of Occupational Therapy, Dublin: the first occupational therapy Diploma programme in the Republic of Ireland.

**Occupational therapy – a chronology:**

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, with the support of 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) she founded a successful occupational therapy department at the Aberdeen Royal Asylum (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 (Wilcock, 2002). 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 of Occupational Therapy 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, and those who had completed short training courses (Pettigrew et al, 2017). Psychiatrists advocated for and supported occupational therapy during this time, including Dr. Eamon O’Sullivan and Dr. Ada English (Pettigrew et al, 2017). 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 subsequently founded occupational therapy departments (most notably at the Central Remedial Clinic) in Dublin in the mid-1950s (Pettigrew et al, 2017).

The first professional occupational therapy programme in the Republic of Ireland was at St. Joseph’s College of Occupational Therapy, Dún Laoghaire, Dublin (Pettigrew et al, 2017). The school was established by the National Organisation for Rehabilitation and the Board of the National Medical Rehabilitation Hospital (now the National Rehabilitation Hospital); the AOT controlled the content of the programme at St. Joseph’s College (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). Rook subsequently became the first director of training at the occupational therapy school in Northern Ireland at the Ulster Polytechnic in Belfast (later named University of Ulster, Jordanstown) (Wilcock, 2002). Graduates of St. Joseph’s College were the only ones outside the UK awarded the Diploma of the AOT (Wilcock, 2002) and the earliest educators had trained as occupational therapists in the UK, including Ann Beckett, Sr. Eugene Butler and Anna King (Pettigrew et al, 2017). 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 (AOTI, 2015). In 1986, the Diploma programme at St. Joseph’s College of Occupational Therapy became a Degree programme at Trinity College, University of Dublin (AOTI, 2015).

Oral history aims to identify the subjective perceptions of those who experienced historical events (Thompson, 2000). Oral history methods have been used in nursing to record the experiences of service users, families, carers, and frontline staff (Dickinson, 2015) and to explore histories of healthcare beyond that recorded in official documents (Thompson, 2000). Occupational therapy oral history research has generated subjective accounts of how the profession established itself (Trentham, 2011). 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 of St. Joseph’s College of Occupational Therapy revealed the subjective experiences of these individuals, who were referred to as pre-professional occupational therapy workers. 

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1 In this paper, these individuals are referred to as pre-professional occupational therapy workers.
Joseph’s College identifies the challenges and opportunities associated with developing a new profession (Lynch & Pettigrew, 2012).

To date, the perceptions and experiences of the earliest occupational therapy graduates in Ireland have not been examined. The subjective perceptions of this group can provide a unique insight into the history of occupational therapy in Ireland. This study explores the experiences and perceptions of occupational therapy students from the first five cohorts (1963-1970) of the programme at St. Joseph’s College of Occupational Therapy.

**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 interviewees are only one of many groups of people involved in occupational therapy in the 1960s. Occupational therapy practitioners who trained elsewhere, occupational therapy educators, service users and other health professionals were all associated with the profession at this time.

**Participants:**

Participants were recruited from the first five cohorts of graduates 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 1). The oral history participants indicated that the secondment of psychiatric nurses was organised by the hospitals that they worked in. In total, approximately 100 students studied occupational therapy at St. Joseph’s during the time in question. Specific age data was not collected, however based on their years of study, participants were in the age range of mid-60s to mid-70s.

**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 allow 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 four broad areas: perceptions of the curriculum (including academic and activity subjects), clinical training experiences, memories of significant individuals and events, and perceptions of the status of occupational therapy at the time. Following an emergent design, early interviews were broad, while later interviews honed in on specific aspects of educational experiences. The interview schedule focused on education and discussed clinical training, however participants also made reference to early practice experiences during interviews and it was sometimes difficult to differentiate between the two. The first author conducted the interviews, following the completion of a Masters level module in historical research methods. The research was conducted as part of the first author’s doctoral research on the history of occupational therapy in Ireland (see also Dunne et al, 2015; Pettigrew et al, 2017; Dunne et al, in press). Most interviews were conducted in participants’ own homes and three interviews with overseas participants were conducted via Skype. Interviews were approximately 75 minutes long (the shortest lasted 45 minutes and the longest four hours). The interviews were recorded digitally and transcribed verbatim. The interview transcripts were member checked for accuracy, and three participants made minor changes from the transcripts. These changes included rewording some statements and removing potentially sensitive or personal material.

**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); coding began towards the end of data collection. Nvivo was used to analyse the data, supported by critical discussions between the authors as the themes emerged. Phase one comprised transcription of and familiarisation 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 as interpreted by the researchers, while providing ample opportunities to reflect on how it represented the content of the

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2 ‘Clinical training’ has been used to refer to practice education experiences in line with the term used by participants.
participant interviews.

**Trustworthiness:**

Criteria for trustworthiness include 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 were used to record the subjective perceptions of the interviewer after each interview and to reflect on analysis; this 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, each of which received approximately equal weighting in the curriculum: scientific academic subjects, and practical activity subjects. Occupational therapy staff bridged the divide between subject groups, via academic subject tutorials, teaching activity subjects, 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 Dublin 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 reported that the academic subjects comprised anatomy and the psychology of personality and human relations. In second year, they described studying medicine and surgery (including
pathology) and psychiatry. In their third and final year, participants discussed three academic subjects – two which focused respectively on occupational therapy applied to physical and psychiatric conditions (which incorporated application of activity subjects), and another that focused on administering an occupational therapy department, principles of assessment and preparation for social and industrial resettlement. In final year, participants described completing both written and viva voce examinations.

The practical activity subjects were taught either by occupational therapy lecturers or by teachers of that particular activity. ‘Mrs. Moore was an art teacher so she taught art. Mrs. Collins was PE [physical education]’ (MM). Activity subjects were varied; participants recall options such as woodwork, art, PE, house-craft, pottery, tying fishing flies, jewellery making, fabric printing, and drama. In first year, students experienced a wide variety of activities and selected five to focus on for the remainder of their studies, using activity analysis to explore them in detail.

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, em, 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,

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3 Pseudonym
specialising in psychiatric conditions, and 480 hours in either (AOT, 1968). There were discrepancies in participant descriptions of the structure of clinical training, however most described training dispersed throughout the three years in shorter and longer blocks. All participants recalled an initial short observational placement, and a long twelve week placement at the end of the programme. Participants described increasing responsibilities on clinical training in each year of the programme.

**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 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 [service users] were doing non-directed craft activity [in a psychiatric hospital setting], 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.

> ‘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. In early practice, 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 [music, baking, and social outings].’ (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. Ryan [pre-professional occupational therapy worker] 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 described how when working after graduation she used different therapeutic activities and acknowledged the pre-professional workers’ knowledge of service users as a practitioner.

‘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)

A further participant described respecting and valuing the contributions of the pre-professional workers by indicating his appreciation of their contributions:

“Now, going back a little bit to some of our older Brothers [the participant’s fellow Monks]… would have said well “why do you need to be qualified to be a therapist, weren’t our brothers doing this from the year dot”? And em, I listened patiently to that. We had in our time or before my time, we had some great men came through the service who did superb work and anything from farming to market gardening.” (TF)

**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 in the process of being established in the Irish healthcare system.

Participants indicated that while occupational therapy was not well known in Ireland in the 1960s, the application process for St. Joseph’s College was highly competitive and only a small percentage of applicants were admitted to the course. Participants described a challenging application process including completing aptitude tests and a panel interview. They emphasised the scientific foundation of their education, the high standard of the curriculum and their educators, and the significance of their professional body membership. Furthermore, participants described how eligibility for their professional body conferred further legitimacy on their status as professionals.

While participants reported that they lacked confidence, their sense of prestige from the programme recruitment (a multistage written application, aptitude test and interview process) and their educational experiences helped to build 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, em, 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

The experiences of the first five cohorts of occupational therapy students in Ireland reported in this study reflects findings from international occupational therapy literature (Quiroga, 1995; Wilcock, 2002; Friedland, 2011).

The participants discussed their perceptions of the occupational therapy curriculum. Academic and activity subjects significantly informed each other and there was an emphasis on application, however, 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 (Wood, 1996). Likewise, Hocking (2004) identifies that a broader sociocultural shift from Romantic to rationalist ideologies impacted on the focus of occupational therapy curricula which prioritised mechanical perspectives on human performance rather than the transformative potential of occupation. 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. Hocking (2004) proposes that educational change is key for occupational therapy to reclaim its Romantic philosophical heritage and recover a balance between rationalism and Romanticism. 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 occupational therapy practitioners who are open to self-exploration) have been proposed and established (Krisnagiri et al, 2017). However, there are still inconsistencies in the extent to which occupation is central to 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 discussed various activities and their use in occupational therapy, they frequently considered 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. The current findings identify that there was a curricular focus on potential uses of various activities (including craft) as treatment. However, participant descriptions focused on how activities could be modified using various techniques and scientific reasoning to address specific functional deficits, rather than on the transformative potential of occupation, although some participants indicated that developing humanistic understandings of occupation was an aspect of their education.

Participants described how they sought to differentiate between themselves and the pre-professional workers by focusing on the purposeful, scientifically directed use of activity 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 respectful and positive, which further reflects Alaszewski and Meltzers’ findings (1979) and literature reviewed in Pettigrew et al (2017).

Further to participant relationships with pre-professional workers, the findings reveal challenging relationships between occupational therapy and other professional groups including nursing and physiotherapy. There is an increasing emphasis on interprofessional education for healthcare students (Reeves & Harris, 2016); however there are enduring challenges in practice (Reeves & Harris, 2016). Tense relationships and competition for
status impede successful collaboration between professions; McMillan and Reeves (2014) suggest a historical basis for these tensions.

Professionalisation is an enduring concern for occupational therapy. 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 the professionalisation of occupational therapy.

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 (MacDonald, 1995). Chief among professionalising strategies identified by participants 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 (MacDonald, 1995). Credentialism is a key aspect of professionalisation enhancing both the status of and public trust in professions (Cusick & Adamson, 2004). 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.

Membership of professional bodies was a further aspect of occupational therapy’s professionalisation project in Ireland. Professional bodies enforce professional standards and confirm professional autonomy (Cooper & Robson, 2006). The oral histories describe how professional body membership and their occupational therapy education conferred legitimacy on the status of early graduates.

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 (subsequent to the Health and Social Care Professionals Act, 2005 and the appointment of the Occupational Therapists Registration Board in 2013) (www.coru.ie). The process of professionalisation in Ireland was comparable to other countries; the USA, Canada, and the UK used similar strategies 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, in the UK (like in the USA and Canada), the occupational therapy profession established and controlled the content of educational programmes including at St. Joseph’s College of Occupational Therapy, rather than an external organisation or profession. In this way, occupational therapy self-regulated its educational programmes.

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 and Bannigan (2015) state that credentialism, support, and professional body membership are essential to the professionalisation of occupational therapy in Poland and Latvia. Our oral history study demonstrates that professionalisation was a key concern for the participants during the early years of the profession. Hammell (2007) cautions that an over-focus on professionalisation can preclude attention to client-centredness due to the profession prioritising promotional activity over the needs of those who use its service. Greater awareness of professionalisation, both of its benefits and pitfalls, such as that prompted here through historical analysis, is critical for occupational therapy.

Limitations:

The study has a number of potential limitations. The authors are all occupational therapists (with additional backgrounds in social anthropology and disability studies); a fieldwork journal and critical discussion monitored and explored potential bias (McConville & Bryson, 2014). 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 (McConville & Bryson, 2014); however, oral historians privilege the person’s subjective recollections.

This research is limited as it explores the perceptions of a single group. We do not examine the perceptions of early educators, service users and other groups who worked alongside St. Joseph’s College of Occupational Therapy graduates, including occupational therapists who trained elsewhere, pre-professional workers, physiotherapists, doctors and nurses.

Implications

Friedland (2011) identifies that finding written records of, and as a result conducting research on, the history of occupational therapy is challenging. She claims that this is due in part to the fact that archival collections that include occupational therapy records are often not labelled as such, and also because occupational therapists appear not to have thought enough of their work or their role in it to preserve any records they may have had (Friedland, 2011, p. xviii). Despite these challenges a number of fruitful lines of further enquiry are indicated from this study. While this paper examines the experiences of a group not previously researched, the account is limited as it does not consider educator, service users and other professional’s perspectives which could be explored in future research. Furthermore, research could explore the extent to which the curriculum was designed to fit the Irish context.

Occupational therapy is a predominantly female profession (WFOT, 2016); however, little historical work informed by feminist theory exists (for an exception see Frank, 1992). Future historical research could explore the exemplarity of occupational therapy as an emergent and female dominated profession.
The findings reveal that, occupational therapy competed for status with other professional and non-professional groups. The historical nature of these tensions would benefit from further research that explores the history of educational institutions, questioning the historical structures, processes and strategies that have led to present day tensions (McMillen & Reeves, 2014).

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 (Friedland, 1988) and had a significant therapeutic role during World War I (Pettigrew et al, 2017). Engagement and participation in meaningful occupation is currently a key concern in occupational science and occupational therapy (Morris & Cox, 2017). Contemporary use of occupation as therapy may be perceived as less threatening to professional identity than the use of craft was in the 1960s due to the renewed commitment to the therapeutic use of occupation in the profession. This renewed commitment is evidenced in recent occupation focused studies (for example Morris & Cox, 2017; Elliot, 2011) and the growth of the discipline of occupational science.

**Conclusion**

This paper aimed to explore participant experiences and perceptions of occupational therapy education from 1963-1970, however, participant perspectives inevitably also represented perceptions of early practice. 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. Throughout the oral histories, participants described professionalisation strategies used to establish occupational therapy in the Irish healthcare system.
Key Findings:

- Oral history accounts of pioneering Irish occupational therapy students reveal a multitude of professionalisation strategies used to establish a nascent profession in the 1960s and 1970s Irish healthcare system.
- These findings have relevance for present day debates about professionalisation, occupation-focused curricula and inter-professional education and practice.

What the study has added:

- The study describes how, despite a curricular focus on craft activities occupational therapists avoided craft activities in practice in order to maintain harmonious relations with pre-professional occupational therapy workers and to be seen as credible scientific professionals.

Acknowledgements

We would like to acknowledge the participants for taking part in this research and providing support with recruitment.

Research ethics

Full ethical approval granted by the EHSREC, UL, May 2013.

- Project Title: Exploring the professional experiences of Occupational Therapists and educators who started working in Ireland between 1946-1986
- Approval number: 2013_05_25_ EHS.
- Principal Investigator: Judith Pettigrew
- Other Investigators: Katie Robinson, Bríd Dunne

- All participants provided written consent to be interviewed for the study. Participants also completed a Deed of Gift form that indicated if they wished their interview transcript to be stored in a history of occupational therapy archive. Also on this form, participants consented to be named or if they wished for a pseudonym to be used.

Declaration of conflicting interests

The authors confirm that there is no conflict of interest.

Funding

Bríd D. Dunne’s PhD research was funded by an Irish Research Council Postgraduate Scholarship and by an Occupational Therapy PhD Stipend from the Department of Clinical Therapies at the University of Limerick. The second and third authors supervise this PhD project.
References:


Table 1: Participants (*pseudonym used by request of the participant)

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<tr>
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