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A Comparison of media representation of occupational therapy with the profession's expressed image, 1917-1925

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San Jose State University, 1992

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A COMPARISON OF
MEDIA REPRESENTATION OF OCCUPATIONAL THERAPY
WITH THE PROFESSION'S EXPRESSED IMAGE
1917 - 1925

A Thesis
Presented to
The Faculty of the Department of Occupational Therapy
San Jose State University

in Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
Elizabeth Ambrosi, O.P.
December, 1992

APPROVED FOR THE DEPARTMENT OF OCCUPATIONAL THERAPY

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ABSTRACT

A COMPARISON OF
MEDIA REPRESENTATION OF OCCUPATIONAL THERAPY
WITH THE PROFESSION'S EXPRESSED IMAGE
1917-1925

by Elizabeth Ambrosi, O.P.

This thesis addresses newspaper coverage of occupational therapy and compares the information found in the media with that which the profession of occupational therapy presented about itself during the formative years of the profession. It examines themes which were consistently represented in print and compares these findings with similar themes found in professional literature.

This study points out that, although the number of articles on the topic of occupational therapy was limited, those found in the newspaper provided an accurate, though incomplete, representation of occupational therapy during its early years.

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CHAPTER 1

INTRODUCTION

Statement of the Problem

The National Society for the Promotion of Occupational Therapy (NSPOT), later called the American Occupational Therapy Association (AOTA), was formally established and incorporated in 1917 (American Occupational Therapy Association, 1967). In spite of its 75 year history occupational therapy is not a well-known profession (Diasio, 1983/1990; Johnson, J. A., 1973).

Reporting on the first meeting of the Society, Dr. William R. Dunton (1917/1967) acknowledged the broad base of interests the members brought to it, and suggested that "every form of work or occupation which has as its object the physical or mental improvement of an individual" (p. 288) would be included in the interests of the Society. Not only did this broad base of interest provide a wide field in which the profession could develop, but it also led to an ambiguous definition of occupational therapy. This ambiguity is reflected, for example, in the terms used to describe occupational therapy: work cure, work therapy, reconstruction, occupational treatment, and vocational education, to name a few.

As the profession grew and developed it gained recognition and support from the medical profession (Rusk,

1949; Schwab, 1919; Van Riper, 1947; Yoder, 1949). At the same time, however, there continued to be a call from within the profession to define specifically its function (Spackman, 1968), and to interpret clearly occupational therapy to the allied professions ("Allied Professions," 1947) and to the consumer (Johnson, J. A., 1973; "What Charge for O.T.?", 1949). Fifty-five years after the incorporation of the NSPOT, Jerry Johnson (1973), in her 1972 Eleanor Clarke Slagle lecture, said: "our name is not yet associated by the public with the services we provide" (p.5).

How does the public get information about occupational therapy? Hollis (1979) suggested that it is usually through the clinician that the public forms its image of the profession. Cassidy (1988) supported this concept but added that it is essential for the therapist to demonstrate the efficacy of occupational therapy through research. Gilfoyle (1988), discussing the public's lack of understanding of the profession, suggested that this is related to how occupational therapy defines itself to the public.

A number of writers (Fine, 1988; Gilfoyle, 1988; Hightower-Vandamm, 1980; Johnson, J. A., 1973) have suggested that it is important not only for occupational therapists to describe clearly what occupational therapy

is, but also for the profession to have a planned program of public relations to inform the public about the profession.

Peloquin (1989) discussed the portrayal of the occupational therapist in the novel The Cracker Factory, and the images of occupational therapy as found in the books One Flew Over the Cuckoo's Nest, and The House of God. Using such examples, Peloquin (1988) pointed out the value of literature to illustrate a variety of images of practice.

Other health professions have demonstrated the importance of examining their public image. Helfand (1990) examined the portrayal of physicians in political caricature between 1672 and 1900; Domzalski (1990) and Lamontagne (1990) pointed out that physicians recognized the need to promote a positive public image of their profession; and Lacsamana (1989) suggested that much of what is written in the press about medicine and physicians is biased. The nursing profession also expressed concern about its public image (Mallison, 1982). Kalisch and Kalisch (1982a, 1982b, 1982c) examined the image of the nurse in novels, in motion pictures, and on prime-time television. Benson (1990), citing the studies by Kalisch and Kalisch, suggested that "examining how nurses and nursing were treated in popular literature earlier in the

century [is a means] to gain a better perspective of how nurses are viewed today" (p. 275). Such studies demonstrate the value of examining one's image as it is represented in the media.

Although the profession of occupational therapy recognizes the importance of its public image, no study has been conducted to compare the image of occupational therapy represented in the media with the profession's expressed image for any given time period.

Research Question

This research studied the image of occupational therapy represented in the media from 1917 to 1925. It compared the media representation of the profession with the image of occupational therapy as it was expressed by the profession.

This research addressed the following question:
How does the image of occupational therapy represented in the media from 1917 to 1925 compare with the image of occupational therapy expressed by the profession at that time? In order to answer this question it was necessary to examine these additional questions: 1) What is the image of occupational therapy represented in the media from 1917 to 1925? Are there any common themes demonstrated in the media representation? 2) How was the professional

image of occupational therapy represented? 3) What are the similarities and differences between these two representations?

Definitions

In order to eliminate confusion regarding key words used in this paper, the following definitions are provided:

Occupational therapy: "Any activity, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to and hastening recovery from disease or injury" (Pattison, 1922, p. 21).

Professional image: the descriptions of the work of occupational therapy and the occupational therapist found in the professional journals of occupational therapy during the years 1917-1925.

Media: printed articles available to the general public, specifically The New York Times articles published between 1917-1925.

Assumptions

In developing this study, the researcher made the following assumptions:

1. the number of newspaper articles to be found on the topic of occupational therapy is very limited for the time period under study;

2. The New York Times articles are representative of articles found in other newspapers during the time period;

3. the media representation of occupational therapy for the time period is inaccurate and incomplete.

Methodology

Primary Sources

For the time period under study all articles related to occupational therapy found in The New York Times were reviewed. The New York Times was selected as the primary media source for this study for three reasons. First, during the time period under study, New York City was the most highly populated city in the nation (Link, Link, & Catton, 1983). Second, in the early 1920's Dunton (1924b) pointed out that "the center of population of our [AOTA] membership is near New York City" (p. 76). Third, it is this researcher's opinion that The New York Times provided both a regional and national representation of the news of the day.

In addition to The New York Times articles, some articles related to occupational therapy which appeared in nationally available periodicals were also reviewed (Craftsman, The Outlook, Scientific American). Microfilm copies of The New York Times and other periodicals are available at San Jose State University library, San

Francisco State University library, and the San Francisco public library.

Numerous articles related to occupational therapy during the early part of the twentieth century were published in the journal The Modern Hospital. These articles reflected the growing interest of the medical profession in the work of occupational therapy. However, by 1922, the Committee on Publicity and Publications for the NSPOT reported that, because The Modern Hospital was a journal for hospital administrators, occupational therapy was not receiving adequate attention (Dunton, 1922a). Copies of this journal were available to this researcher at the University of California San Francisco library.

Other articles from the early years of the profession were published in the Maryland Psychiatric Quarterly. The Committee on Publicity and Publications for the NSPOT reported that this journal was "too much of an amateur periodical to meet our needs" (Dunton, 1922a, p.65). The journal the Maryland Psychiatric Quarterly was not available to this researcher for review.

Because of the limitations of the journals mentioned above, the journal Archives of Occupational Therapy was begun in 1922. Its purpose, as stated by its first editor, Dr. William R. Dunton, was to provide all those interested in occupational therapy with "a regular dignified means of

exchanging views and information" (Dunton, 1922a, p. 65), and to have a journal which focused on the special interests of occupational therapy. Archives of Occupational Therapy was available to this researcher through the University of California San Francisco library.

In 1925, the publishers of Archives of Occupational Therapy felt it was essential to address a wide variety of issues related to rehabilitation. Additionally, they wished to reach a larger number of persons/professions involved in the field of rehabilitation in order to provide "discussion of more widely circulated facts, and...more unified action" (Dunton, 1925, p. 228) by those involved in the rehabilitation process. In order to achieve this end, the scope of Archives of Occupational Therapy was enlarged, "devoting a section to the discussion of the field of rehabilitation" (Dunton, 1925, p. 228) and the title of the journal changed to Occupational Therapy and Rehabilitation. This journal is available for review at the University of California San Francisco library.

Organization

In order to give order to this study, the following format was used:

Chapter 1: Introduction of the problem and research questions

- Chapter 2: 1917-1925: A period of reform and
conservative backlash
- Chapter 3: Media representation of occupational
therapy
- Chapter 4: The professional image of occupational
therapy
- Chapter 5: Summary and conclusion

Limitations

This study is limited in the following ways:

1. by focusing only on newspaper articles which were available to the general public, this study did not address other forms of mass communication: magazines, radio, news reels, motion pictures, and novels, thus limiting the ability to generalize about the representation of occupational therapy in other forms of mass communication;
2. in selecting The New York Times as the principal source for newspaper articles on the topic of occupational therapy, this study eliminated articles from all other newspapers, thus limiting the ability to generalize about the representation of occupational therapy in newspapers;
3. because the Maryland Psychiatric Quarterly was not available for review, the presentation of the expressed image of occupational therapy from 1917-1925 is incomplete.

Significance of the Study

This study is the first to investigate this topic in the profession. By reviewing how the media represented occupational therapy from 1917 to 1925 and describing how the profession represented itself during these formative years, this study examined the similarities and differences between the profession's expressed images and those presented in the media. As a result, this study will contribute to the development of a body of knowledge about occupational therapy history.

CHAPTER 2

1917-1925: A PERIOD OF REFORM AND CONSERVATIVE BACKLASH

It is the purpose of this chapter to give an overview of the period under study in order to place the development of occupational therapy and the media presentation in the context of the times.

The late nineteenth and early twentieth centuries have been described as the Progressive Era, a time which was characterized by a spirit of optimism and reform. These reforms were centered primarily in urban and industrial centers, and supporters were drawn primarily from the middle class including "generally married and non-working women; small businessmen and bankers; editors, professors and clergymen; 'new' professionals in engineering, the law, and medicine; and, in rural America, farmers tied to modern scientific agriculture" (Link, Link & Catton, 1983, p. 45).

The Progressive era reforms set the stage for the advancement of women in the work force, the physical and mental rehabilitation of World War I veterans and victims of industrial accidents. Diasio Serrett (1985) points out that "occupational therapy was very much an integral expression of that era" (p. 19). In order to understand both the development of occupational therapy during its

formative years and the media representation of occupational therapy, it is important to understand the social and political climate in the United States at the time.

Preceding the progressive era was a period referred to as the Populist era. Hofstadter (1955) points out that the Populist movement looked back, rather than to the future, to a time of "the lost agrarian Eden " (p. 62) and sought to solve all the social evils of the day by crusading "against a single, relatively small but immensely strong interest, the money power" (p. 65). The Populist movement stimulated the reforms of the Progressive era.

The shift from an agrarian society to an urban centered society provided the impetus for seeking nationwide solutions to problems which involved the whole of society. Progressive reformers believed the state and federal governments should protect the disadvantaged. They also sought to "bring back a kind of morality and civic purity" (Hofstadter, 1955, p. 6) they believed was lost. The optimism and hope which characterized the Progressive era lasted until World War I (Hofstadter, 1955).

Need for Social and Health Services

During the first two decades of the twentieth century, cities became the dominant social centers throughout the

United States. New York City became the nation's largest metropolitan area by 1920. Smaller urban centers and towns were linked to the metropolitan areas by improved transit systems and communications networks such as the telephone.

The urban population explosion was the result of both the migration of people from rural America and the immigration of millions of people from Europe and French Canada. These people were drawn to the larger industrial centers because of the promise of economic security, and settled in "ghettos" where large numbers of immigrants of their own nationality settled. Because they were "different" from the immigrants who preceded them, that is, because they did not speak English, settled among people of their own national origin, and maintained their own cultures, a significant distrust of these new Americans developed. The Progressives attempted to "Americanize" them by "teaching them English, educating them about American social and political institutions, and in the process preparing them for full status as citizens" (Link, Link, & Catton, 1983, p. 38).

Backlashes to the immigration boom were manifested in the move to exclude Asian immigration and severely restrict immigration from the southern and eastern European countries. In 1917, a literacy test was imposed on new immigrants, but proved to be only a slight deterrent. By

1921 a bill was passed limiting the number of immigrants to 3% of the foreign born according to the 1910 census. The 1924 National Origins Act was even more discriminatory, favoring northwestern Europeans, and discriminating against Italians, Greeks, and Eastern Europeans while completely prohibiting Asian immigration.

The growth of cities brought changes in the "traditional" family structures. Many people lived alone in the cities, with no one to care for them when they became ill. Moreover, in many households both husband and wife worked. Both concerns pointed to the need for hospitals to care for the sick. Medical care in hospitals provided for those who were alone, and allowed working members of households the opportunity to meet their work obligations uninterrupted (Starr, 1982).

Social Concerns Lead to Progressive Reformers Activities

The concerns of this period which received the attention of the Progressive reformists were many. Reformers were concerned with the prevalence of child labor in mining, agriculture and manufacturing. They saw children as particularly vulnerable and needing government protection. Numerous laws were enacted in this time period to regulate child labor.

Reformers focused on two areas related to women. One

was the lack of equal opportunity for jobs and wages afforded to women in the workforce. The reformers believed that women needed protected status in the workforce and, as a result, numerous states enacted laws limiting the number of hours women were allowed to work. During this period many women's wages were inadequate to maintain a decent standard of living. However, reformers found it much more difficult to enact legislation providing for a minimum wage for women than to regulate working hours.

Change in the types of work women were allowed to do came slowly. The traditional, stereotyped "image of women as tender mothers, angels of mercy, and keepers of morals" (Wiebe, 1967, p. 122), determined to an extent the types of work women would seek and men would allow. Teaching and social work became "increasingly identified with women" (Wiebe, 1967, p. 122).

The second involved the disenfranchisement of women. Woman's suffrage was another significant focus for the reformers during the Progressive era. Reformers pointed out that the increase in the number of women in the workforce required women's votes in order for women to protect their economic interests. The women's suffrage movement led to the ratification of the Nineteenth Amendment to the Constitution in 1920.

Another concern for reformers was the lack of

protection for workers injured on the job. Employment during this period, although relatively steady, was risky. Workers were often exploited, paid less than subsistence wage, and worked in conditions which were extremely hazardous.

Prior to World War I, physical disability was not considered a medical or social problem in the United States (Gritzer & Arluke, 1985). However, the influx of disabled war veterans coupled with the growing number of industrial accident victims brought this problem to public awareness. Although the problem of disabled veterans was a serious concern immediately following the war, it was the problem of industrial injuries which was seen as a long term social concern.

During this time, a worker injured on the job was held responsible for the injury and was expected to pay all expenses incurred as a result of the injury. Reformers pushed for legislation to protect the injured worker. The number of workers injured in industrial accidents was so significant that in 1919, the president of the American Medical Association (AMA) called on the medical community to "salvage" the industrial cripple (Gritzer & Arluke, 1985). Industrial-accident insurance systems were established in twenty states and by the federal government during this time period.

A major area of reform was directed toward the moral decline of urban centers. Prostitution and excessive use of alcohol were regarded as symptomatic of the moral decline of cities. Prohibition of alcohol was seen as a solution to the latter problem, and by 1919 the Eighteenth Amendment to the Constitution was ratified, and beginning in January 1920, the entire nation went "dry." In order to address the problems of prostitution and white slavery, a variety of urban commissions were formed, and numerous local, state and federal laws were enacted.

In addition to addressing the concerns of social reforms about individuals who had no bargaining power (children, women, workers), progressive reformers also addressed institutions which they felt could bring about significant and long lasting changes in the individual and the environment. One of the primary examples of this reform was the public school system. The reformers, led by philosopher John Dewey and others, believed it was important not simply to reform the administrative procedures of schools, but to make significant changes in the content of education also.

Rapid growth of the cities had taken place with little or no regard for the health of the people. In most cases, water, sewer and garbage disposal systems were grossly inadequate and often led to the outbreak of serious

epidemics. Reformers saw the need for changes in the public health system. By 1920, many urban centers had established departments of health to insure the provision of safe water supplies, vaccinations, and health inspections. Medicine's contribution to improved public health through the administration of vaccinations and developing antitoxins to treat disease, helped to significantly increase the life expectancy of the people during this time (Starr, 1982).

Developments in Medical Care

The early part of the twentieth century saw significant advances in science and resultant advances in medical care. The American Medical Association (AMA) increased its authority among physicians, and exerted its power by promoting licensing laws, reforms of medical schools, scientific research and clinical training (Starr, 1982). The advances in science and medical practice, as well as the growth in power of the AMA led to public acceptance of "the legitimate complexity of medicine and the need for institutionalized professional authority" (Starr, 1982, p. 141).

These developments, along with the rapid growth of urban centers led to a growth and transformation of hospitals (Reverby, 1987; Starr, 1982). Starr (1982)

pointed out that hospitals became the "workplace[s] for the production of health" (p. 146). This transformation brought about significant changes in all areas of health care. Among these were the change in function of hospitals "from caretaking to active treatment" (Starr, 1982, p. 148) and a division of labor in providing medical care. Gritzer and Arluke (1985) pointed out that from their inception, physical therapy, occupational therapy, and physiatry organized a "division of labor characterized by subordination of allied health workers to physicians" (p. 12).

Post-War Backlash

The post-war years, particularly those years immediately following the war, were a time of political conservatism and reaction against Progressivism (Hofstadter, 1955). These years were characterized by bigotry and hatred directed toward Catholics and Jews, Blacks, foreigners, and "Reds." Moreover, labor unrest fueled by inflation was significant during these years.

Hatred and bigotry gave rise to the resurgence of the Ku Klux Klan. In the South, the Klan took aim at the Blacks, and "became the chief carrier of white supremacy" (Hofstadter, 1955, p. 293). Outside the South, Jews and Catholics were the objects of their antagonism, with

Catholics being "the primary objects of their resentment" (Hofstadter, 1955, p. 296).

The medical profession was not immune to this conservative backlash. In the mid-1920s women, Jews, and Blacks who wished to become doctors were subjected to active hostility by the white male Protestant members of the profession (Starr, 1982). Racism and bigotry also gave rise to ethnic and denomination hospitals.

Occupational therapy was an integral part of this era. The reforms of the Progressive era and the reactions of the post-war conservative backlash are reflected in the development of the profession of occupational therapy as well as in the media representation of occupational therapy.

CHAPTER 3

MEDIA REPRESENTATION OF OCCUPATIONAL THERAPY

In order to examine the representation of occupational therapy in the media, 44 articles published in The New York Times between 1917 and 1925 were reviewed. Of these articles, 24 specifically mentioned occupational therapy or other terms commonly used during the time period to refer to the work now known as occupational therapy. The remaining 20 articles, although they did not refer directly to occupational therapy, addressed concerns related to the rehabilitation of the disabled. These concerns indirectly addressed concepts and principles of occupational therapy. In addition, a total of seven articles from other publications available to the general public were reviewed.

These articles described the diagnoses treated by occupational therapy during the formative years, as well as the work and the worker. Moreover, four major themes and one minor theme related to occupational therapy emerged from the articles reviewed. It is the purpose of this chapter to present a description of the diagnoses treated in occupational therapy, and to describe the work and the worker. In addition, this chapter will discuss the media representation of occupational therapy as it was presented

through the major themes: restoration of the disabled to social and economic usefulness, therapeutic value of occupation, greatest therapeutic agent, search for a name, and the one minor theme of occupational therapy's link to society.

Diagnoses Treated by Occupational Therapy

According to The New York Times articles, occupational therapists were employed in a variety of settings ranging from the Neuro-psychiatric Base Hospital of the American Expeditionary Forces ("Preparing To Care," 1918) to "New York City hospitals...county tuberculosis hospitals, and the State hospitals for the insane" ("For Mental Ills," 1922). Occupational therapists were reported to work in private hospitals such as the Burke Foundation in White Plains, New York ("Work Aids," 1921), Veterans' Bureau hospitals ("14 Hospitals," 1918) and community based organizations ("Digging Bigger," 1922).

In these settings the therapists treated patients with a variety of disabilities, specifically "mental and nervous diseases...the crippled and the blind" ("New Hospital Aims," 1918), tuberculosis ("Caring for Tuberculosis," 1919; "Army Tuberculosis," 1919), mental illness ("Hand-work," 1921; "Hard Times," 1922; "Outlines Program," 1922), amputations ("Disabled Are Taught," 1921),

industrial injuries ("To Seek," 1922) and orthopedic cases ("For Mental Ills," 1922).

Of all these diagnoses, the most commonly reported ones were those related to physical disabilities acquired in war or industry, tuberculosis, and mental illness.

Physically Disabled

Occupational therapy for the treatment of war disabled was expected to utilize crafts which not only had a therapeutic value (Mansfield, 1918) but also taught the soldiers occupations "to make themselves useful" ("Seek Occupations," 1917). Occupational therapy was expected to hasten the veteran's recovery as well as to help restore the disabled veteran to his maximum level of function ("14 Hospitals," 1918).

As the years after the war lengthened, the restoration of the industrially injured began to take on more importance. One article pointed out that by 1922 industrial injuries made up 75% of the patients seen at the Reconstruction Hospital of New York ("To Seek," 1922). As with the disabled veterans, the emphasis for treatment of the injured worker was restoration to an earning capacity ("\$1,500,000 Wing," 1922).

Restoration to economic life was recognized as part of the work of the Occupational Therapy Society of New York

("Ex-hospital Patients," 1922). The members of the Society were described as teaching their patients skills "to earn a living and...restore their health" ("Ex-Hospital Patients," 1922).

Tuberculosis

Tuberculosis was a common disease during this time period, affecting servicemen and the civil population alike. The Veterans' Bureau hospitals which treated veterans stricken with tuberculosis were reported to provide excellent care "in accordance with an enlightened policy" ("Caring for Tuberculosis," 1919). As part of this enlightened policy, "classes in new occupations" ("Caring for Tuberculosis," 1919) were given for the veterans with the result of not only making the patients' stays more pleasant but also making "it possible for them to take up new trades and vocations" ("Caring for Tuberculosis," 1919). Besides crafts, tubercular patients were given the opportunity to participate in academic classes provided through the hospital's "reconstruction department." Many of the civilian population who suffered from tuberculosis were sent to large city hospitals such as Bellevue. There they received the benefits of occupational therapy. For these, and other patients, occupational therapy was credited with bringing back hope, ambition, and "the

capacity for real, profit-making activity" ("Disabled Are Taught," 1921).

Mental Illness

In the period under study, a number of articles discussed the importance of restoring the mentally ill patient to economic life. As with the tubercular patients at Bellevue, occupational therapy was part of the treatment for the mentally ill, and is credited with the resurgence of hope and ambition among these patients. Providing "suitable employment" to the inmates of the state's asylums was recognized as a means of speeding the patients' recovery and restoring them to lives of usefulness ("Hard Times," 1922).

In 1922, the Chairman of the New York State Hospital Commission, Dr. C. Floyd Haviland, endorsed "occupational therapy, habit training and simple re-education by means of kindergarten methods" ("Outlines Program," 1922) for training the mentally ill patient "to some useful activity and thus be able to fill a niche...in the hospital organizations" ("Outlines Program," 1922). Haviland saw great possibilities for occupational therapy in the field of mental health: "I do not believe anybody has ever reached the limit of possibilities in the use of this particular form of treatment for the insane" ("For Mental

ills," 1922). These sentiments were echoed two years later by Thomas B. Kidner, the President of the AOTA, when he suggested that "occupational therapy has infinite possibilities for the inmates of State hospitals" ("Says Insane Aliens," 1924).

Occupational Therapy: The Work and the Worker

The Work

What was involved in the work of occupational therapy? The report of the first annual meeting of the NSPOT suggested that the work of the "teacher" would be to instruct the disabled soldiers in a craft such as "cabinet making, designing, wicker work" ("Seek Occupations," 1917). The representation of the work of occupational therapy involving crafts was consistent throughout the articles reviewed. Numerous articles specified the types of crafts taught to the disabled, including "weaving, basketry, block printing, wood cutting, knitting," ("New Hospital," 1918) as well as "modeling" (Picture Section, 1918), "bookbinding, woodcarving, artistic sign painting, jewelry design, hand decoration...metal work" ("Digging Bigger," 1922), toy-making, and making "educational play materials" ("Soldier-made," 1921). Besides teaching crafts, the occupational therapist was responsible for "bedside academic instruction" ("Army Tuberculosis," 1919).

From the earliest days of the NSPOT there appeared in the press a lack of clarity about the role of occupational therapy in providing vocational education/rehabilitation. At the first annual meeting of the NSPOT, Dunton ("Seek Occupations," 1917) was reported to suggest that a system of vocational education be planned to meet the needs of disabled veterans. The fact that this topic was reported as the primary topic for discussion by the new organization suggested that the newspaper saw vocational education as part of the work of occupational therapy. Moreover, Dunton was reported to suggest that the focus for the therapists would be to teach the disabled servicemen "crafts that might yield them a livelihood" ("Seek Occupations," 1917). This emphasis is reflected in the various articles which described sales of crafts made by occupational therapy patients ("Coolidge Commends," 1923; "Hospital Patients," 1923; "Soldier-made," 1921).

Therefore, the focus in the articles appeared to be not only the therapeutic value of the activity, but also the economic value of the crafts to the patient ("Hospital Will" 1923; "To Aid Disabled," 1919). The ability of the patient to take up a new trade was reported to be one of the purposes of providing occupation as treatment ("Army Tuberculosis," 1919; "Caring For Tuberculosis," 1919; "Digging Bigger," 1922; "Disabled Are Taught," 1921;

"Hospital Will" 1923).

The Worker

Who were the occupational therapists in the early years of the profession? According to The New York Times, Dunton suggested that the first occupational therapists would be teachers of crafts who would be actively recruited to instruct the disabled soldiers ("Seek Occupations," 1917). The ability to teach crafts was reaffirmed in the efforts to recruit interested women for reconstruction classes. A letter to the editor of The New York Times described the qualifications of women applying for this work as being "of a high order," (Mansfield, 1918). Although women both skilled and unskilled in crafts were encouraged to apply, a knowledge of crafts as an important qualification was implied, because a shorter course of training (eight to ten weeks) was being offered "for those skilled in one or more crafts, and presupposes a knowledge of design and color" (Mansfield, 1918).

The early occupational therapists were women ("College Women's Work," 1918; "14 Hospitals," 1918; Mansfield, 1918; "New Hospital Aims," 1918) who were judged to have the right temperament to work with disabled war veterans ("Tardieu Praises," 1918). These women were expected to be educated. The level of education depended upon the program

to which they applied. One program called for "a general education equivalent to that given in a high school course" ("New Hospital Aims," 1918), another wanted the older college graduates ("Tardieu Praises," 1918).

A number of articles described the occupational therapists as trained ("Ex-hospital," 1922; "14 Hospitals," 1918; "Hard Times," 1922; Mansfield, 1918; "New Hospital Aims," 1918; "Preparing To Care," 1918; "Seek Occupations," 1917). This involved instruction in a variety of crafts, as well as in individual and abnormal psychology, and lectures "on medical problems connected with social work, social pathology and the need of occupational recreation" ("College Women's Work, " 1918). These educated women, trained in crafts and other aspects of the work, were also described as having "great courage and almost unreasonable faith," ("Hand-work," 1921), good teaching skills and "infinite kindness" ("Disabled Are Taught," 1921).

Restoration to Social and Economic Usefulness

The most prominent theme throughout these articles was that of restoring the disabled to economic life, and the social and economic implications related to this concept.

At the first annual meeting of the National Society for the Promotion of Occupational Therapy, W. R. Dunton suggested that the return of disabled war veterans would

have serious social and economic consequences if the men were either not given the opportunity to learn new skills or if there were no employers "willing to employ cripples on some kind of part time basis" ("Seek Occupations," 1917). In order to address the problem, Dunton recommended contacting employers to determine the types of jobs which would be available to the disabled veteran, and recruiting craft teachers to instruct the men in crafts which could help them earn a living.

The restoration of the disabled to economic life was very important because society expected each person to be "a self-supporting unit" ("Training Maimed," 1917). Moreover, it was assumed that "cripples and defectives of all sorts would like to fill a little niche in the economic scheme of life" (DeYoung, 1923).

Occupational therapy was seen as a significant aspect of this restoration process. Surgeon General William C. Gorgas, in planning for the physical reconstruction of disabled servicemen recommended "work, mental and manual... during the convalescent period" ("14 Hospitals," 1918) in order to facilitate the return of these men to productive service or civilian life. Another article cited the responsibility of the "reconstruction department" in teaching useful occupations to disabled veterans ("Army Tuberculosis," 1919).

The social impact of restoring the disabled veterans to an earning capacity was also significant. One editorial in The New York Times suggested that all Americans were willing to insure not only that the sick and wounded be cared for but that they be "restored to usefulness" ("They Should," 1922). The major political parties recognized the obligation of the people to provide for the disabled veterans and their dependents ("Full Text," 1924; "Text of Platform," 1924).

In addition to caring for veterans, the restoration of victims of industrial accidents was acclaimed as "one of the greatest obligations resting on the people of this country" ("Making the Maimed," 1918). So significant was this responsibility that "thirty states have now passed laws requiring that those injured in industry be given the latest and best care in this [rehabilitation] field" (DeYoung, 1923).

The editor of The New York Times addressed the issue of returning victims of industrial injuries to their jobs as quickly as possible, pointing out that in doing so "humanitarian and economic motives work side by side" ("The Reconstruction Hospital," 1922).

One article in 1923 cited statistics for the State of New York suggesting the interconnectedness of the economic and social consequences of rehabilitating injured workers.

This article pointed out that the 612 workers who were rehabilitated "earned \$600,000 for a year instead of having approximately \$200,000 expended for their support....[Thus] a large number of citizens who receive permanent partial disabilities can be restored to economic usefulness and lead independent, self-respecting lives, instead of being cast upon a human scrap heap by the maiming hazards of modern life" ("Injured Workers Saved," 1923).

Besides providing for disabled veterans and those injured in industry, the taxpayers assumed the burden of expense for the care of the disabled and the mentally ill who could not afford care in a private hospital. In one article that discussed this issue, it was suggested that one of the most effective ways "to relieve the taxpayers' burdens for the support of State Hospitals is to institute measures which will speed the recovery of patients" ("Hard Times," 1922). Providing occupation for the patients was seen as a means of addressing this problem. As a result, the State Hospital Commission recommended "an occupational director and trained teachers should be employed in each hospital" ("Hard Times," 1922). Another article also suggested that by training the mentally ill patients for a useful activity they would "become less of a burden" ("Outlines Program," 1922). Occupational therapy was acknowledged to be an important part of the rehabilitation

process ("Ex-hospital," 1922; "For Mental Ills," 1922) because of the therapeutic value of the work ("Disabled Are Taught," 1921) and because the "occupational work" gave the patients an opportunity "to earn something toward the support of their families" ("Hospital Will," 1923).

The social and economic consequences of restoring the disabled to economic life were clear. Restoration to economic life would contribute to self-esteem, self-respect, and a sense of usefulness. It would also relieve society of the economic burden of supporting the disabled person. Occupational therapy was an important means of restoring the patient to usefulness.

Therapeutic Value of Occupation

Work was acknowledged to have therapeutic value in treating a wide variety of illnesses and disabilities. An article in Craftsman ("Craftsmanship For," 1906) acknowledged that crippled children who were absorbed in their handicrafts forgot about their disabilities. This concept was reiterated in an article discussing the treatment of soldiers with tuberculosis. "The reconstruction department's function is to direct the patient's mind from his worries and substitute wholesome and useful occupation" ("Army Tuberculosis," 1919).

The therapeutic value of activity was specifically

identified as being an important aspect of occupational therapy in a number of articles ("Army Tuberculosis," 1919; "Disabled Are Taught," 1921; Mansfield, 1918; "Work Aids Women," 1921). The "work cure" was praised in the treatment of the mentally ill, especially chronic mental illness, as well as in "orthopedic cases" ("For Mental Ills," 1922). Surgeon General William C. Gorgas implied the therapeutic value of work when he visited wounded soldiers at Walter Reed Hospital who were receiving instruction in "carpet weaving and other useful occupations" (Picture Section, 1918).

Because of its therapeutic value, work was prescribed by physicians ("Agricultural Labor," 1919; "Disabled Are Taught," 1921; "Ex-Hospital," 1922; Haas, 1922a), and adapted according to the needs of the individual patient ("Agricultural Labor," 1919; Haas, 1922a; "Hospital Will," 1923). During World War I, therapeutic occupation was seen as a means of shortening the wounded soldiers' convalescence, maintaining his mental abilities and promoting a pleasant atmosphere in the hospital ("14 Hospitals," 1918). Work kept the patient interested and was recognized as a means of improving the patients' morale and health ("Agricultural Labor," 1919; "Disabled Are Taught," 1921; "14 Hospitals," 1918; "Hospitals Observe," 1923).

The Greatest Therapeutic Agent

During this time period, occupational therapy was reported to be accepted by the armed services and medical profession as part of the overall rehabilitation of America's disabled. There were high expectations for the fledgling profession, and the work received numerous endorsements in the press.

Two articles reported on the patients' responses to occupational therapy. It was reported that in one Army hospital, 90% of the patients who were being treated enrolled in at least one of the courses offered through the hospital's "reconstruction department" ("Army Tuberculosis," 1919). The second article referred to a U.S. Public Health Service report which credited occupational therapy with keeping patients in the hospital. This article stated that in one government hospital, of 263 patients who received occupational therapy only two left the hospital against the advice of their physicians, whereas of 129 patients who did not participate in occupational therapy, 83 left against medical advice ("For Mental Ills," 1922). In 1918, Surgeon General William C. Gorgas endorsed the reconstruction of America's war wounded by establishing 14 hospitals to provide for the functional and mental rehabilitation of the soldiers. Gorgas endorsed the use of "therapeutic work" taught by "Reconstruction

Aids" as part of a complete treatment of the war wounded ("14 Hospitals," 1918). Occupational therapy was recognized as part of the enlightened policy of the federal government in treating soldiers with tuberculosis, and classes in occupations were part of the "excellent care" provided to these veterans ("Caring for Tuberculosis," 1919).

In describing the value of occupational therapy at the Burke Foundation, Elizabeth Muir, then supervisor of occupational therapy, suggested that "the occupation department is supported from the general fund, and thus given the status of an essential, like nursing or food" ("Work Aids Women," 1921). At a large city hospital such as Bellevue, however, occupational therapy was not supported from the hospital's general fund, rather the "teachers of the Hospital Occupation Committee" ("Disabled Are Taught," 1921) found it necessary to make a public appeal for funds in order to continue their work. In order to promote the appeal, the committee reported an average of "350 patients a month brought back to usefulness and productive activity" ("Disabled Are Taught," 1921) through occupational therapy. In the same article, the medical superintendent and the attending neurologist provided strong endorsements of the value of occupational therapy for the patients and for the hospital.

In an article in The Literary Digest, the Superintendent of the Chicago State Hospital suggested that of all the treatments and therapeutic agents available to them in their work with the mentally ill, "the greatest of all is occupation" ("Hand-work," 1921). Occupational directors and teachers were also reported to be essential to the functioning of the State Hospitals in order to provide appropriate occupations to the patients ("Hard Times," 1922). As mentioned above, Dr. C. Floyd Haviland was an outspoken proponent of occupational therapy, particularly in treating the mentally ill: "In the future development of hospital work more effort should be made to secure partial rehabilitation of the chronic deteriorated patient. It is in such connection that the extension and further development of occupational therapy will find a great field of usefulness" ("Outlines Program," 1922).

Other physicians spoke highly of the possibilities of occupational therapy in treating the physically disabled. One physician, W. K. Ney, "an expert in curative exercises for surgical cases [suggested] the handicapped condition of many men discharged from hospitals as cured because their fractures alone have healed, could be reduced at least one third by the proper use of occupational therapy" ("For Mental Ills," 1922).

Perhaps the most glowing endorsement of occupational

therapy from a physician came from Dr. Thomas Salmon who said "Occupational therapy will some day rank with anesthetics in taking the suffering out of sickness and with antitoxins in shortening its duration. The greater part of the distress in chronic diseases is mental, and occupational therapy is thus far our only means of dealing with this factor" ("For Mental Ills," 1922).

An implied endorsement of occupational therapy came from the President of the United States, Calvin Coolidge, when he "gave his endorsement to the exhibition and holiday sale...by the occupational therapy wards of thirty-one State, city, and private hospitals" ("Coolidge Commends," 1923).

Evolution of a Name

Over the years occupational therapy has been called by a variety of terms. The title of the organization, National Society for the Promotion of Occupational Therapy, suggested that the founders agreed to call the work occupational therapy; however, in the period under study there was a proliferation of terms to describe this work. Frequently a variety of terms appeared within the same article.

During this period there appears to be a developing crystallization of the terms used by the media to describe

occupational therapy. Immediately prior to and during World War I, the general term "reconstruction" was used to describe both occupational therapy and physical therapy, and in most cases its meaning was clarified only within the context of the articles.

Reconstruction work, curative workshop, physical reconstruction, and therapeutic work were terms used in one article to describe the work of occupational therapy ("14 Hospitals," 1918). A second article referred to "invalid occupations" and occupational therapy synonymously. Work cure was another term used ("Work Aids Women," 1921); occupational work, occupational education and occupational therapy were used synonymously in one article ("Disabled Are Taught," 1921).

By 1922, the description of the work as occupational therapy appears to have become more common. For example, in an article regarding the New York State mental health program, Dr. C. Floyd Haviland, Chairman of the State Hospital Commission at the time, referred specifically to "occupational therapy," and distinguished it from "habit training and reeducation by kindergarten methods" ("Outlines Program," 1922). The progression in terminology from "reconstruction" to "work cure" and "invalid occupations," to "occupational work," "occupational education" and finally "occupational therapy" was not

absolutely consistent. In 1922, an article described the work of the Occupational Therapy Society of New York with the term "curative, convalescent workshop" ("Stages on Wheels," 1922). By 1923, only one other term, "occupational work," ("Hospital Will," 1923) appeared in print to describe occupational therapy, and by 1924 only occupational therapy is used to describe the work ("Says Insane Aliens," 1924).

Just as the titles for the work changed over the years, so too did the titles of the workers. In 1918, the vague term "Reconstruction Aid" (Mansfield, 1918) was used to refer to the workers. By 1921, they were referred to as "therapist" ("Hand-work," 1921), and "teacher" ("Disabled Are Taught," 1921; "Hand-work," 1921). By 1922, titles included "rehabilitation aid," ("Digging Bigger," 1922) and "occupational director" ("Hard Times," 1922), as well as "teacher" ("Ex-Hospital," 1922; "Hard Times," 1922). By 1924, the workers were clearly identified by the title "occupational therapist" ("Says Insane Aliens," 1924).

Occupational Therapy's Link to Society

Litterst (1992) suggested that upper middle class and upper class society played a significant role in the formative years of the profession. This was implied in some New York Times articles as well. For example, in

describing courses to train occupational therapists, there were references to Vassar, Smith, and the Chicago School of Civics and Philanthropy. Generally, only upper class women would have been able to attend these institutions. The fact that the women were to be trained for their work over a number of weeks (8 to 15) implied the financial wherewithal to support themselves for that period of time.

The Occupational Therapy Society of New York involved prominent society people to support their work ("Debutantes Aid," 1925; "Stages on Wheels," 1922). Additionally, society people who supported the work of occupational therapy in numerous other circumstances were listed in a variety of articles ("Digging Bigger," 1922; "Ex-Hospital," 1922).

How did this media coverage relate to what was occurring in the newly formed profession? Were the issues which were covered in the press during these formative years similar to those which were being developed by the profession? Chapter Four will examine how the profession represented itself, and the issues it addressed during this time period.

CHAPTER 4

THE PROFESSIONAL IMAGE OF OCCUPATIONAL THERAPY

It is the purpose of this chapter to present a brief sketch of the growth of the profession of occupational therapy as well as to describe the work settings and the diagnoses treated in the early years of the profession. In addition, this chapter will explore the concerns of the profession as presented in the following themes: restoration to economic and social usefulness, the many facets of occupational therapy, and achieving recognition.

Growth of the Profession

The period from 1917 to 1925 was one of rapid growth for the profession of occupational therapy. The Modern Hospital reported on the formation of the NSPOT at Consolation House in March, 1917 ("Leaders in Work Therapy," 1917). This development was considered to be so significant that the journal devoted an entire issue to occupational therapy ("Work Therapy Number," 1917).

Between 1917 and 1925, the profession experienced a phenomenal expansion of its membership from the founding six members to almost 900 by 1925 (Kidner, 1925). By 1919, the Society began to establish committees to address the

concerns of the members and to develop "guiding principles" for the work ("First Large Conference," 1919). As early as 1922, the profession began to look at definitions of occupational therapy (Atwater, 1922; Pattison, 1922). The name of the Society was changed to the American Occupational Therapy Association (AOTA) in 1923. The issue of minimum standards for the education and qualification of therapists was debated (Kidner, 1922b, 1923; Wigglesworth, 1924), culminating in the adoption of minimum standards for training occupational therapists ("Minimum Standards," 1924). The issue of establishing a national registry of qualified therapists was also discussed (Kidner, 1923; "Minimum Standards," 1924; Robeson, 1923; Russell, 1924), though a resolution was not reached during the time period under study.

Legal issues also became a concern for the young association and prompted the establishment of a "legislative committee" to address them ("Meeting of the Board," 1922). Recognition of the AOTA by the medical profession was another issue which concerned the early leaders. At the meeting of the Board and Members of the House of Delegates of the AOTA in 1922, the members discussed holding the annual AOTA conference in conjunction with the American Hospital Association (AHA) in order to achieve recognition by the larger organization, to interest

physicians in the work of occupational therapy, and to get "a better kind of publicity that we won't get any other way" ("Meeting of the Board," 1922, p. 343). In addition, a committee made up of four physicians, Drs. Adams, Carr, Robinson, and Dunton, recommended an outline of lectures about occupational therapy to be presented to physicians and medical students ("Outline of Lectures," 1925).

Work Settings

During the formative years, therapists worked in a variety of settings ranging from base hospitals of the American Expeditionary Forces during World War I (Schwab, 1919) to almshouses (Johnson, S. C., 1917; Taft, 1921), patients' homes (Collins, 1922; Rupp, 1923; Tucker, 1921), children's hospitals ("Training in Occupational," 1920) and private sanitarium (Richardson, 1923).

Occupational therapists were commonly found working in State hospitals for the mentally ill (Dunton, 1922b; Frost, 1915; Goss, 1913; Haviland, 1913; "Occupational Treatment," 1914; O'Flaherty, 1923; Scott, 1923), tuberculosis hospitals (Carr, 1922; Conley, 1919; Harter, 1923; Kidner, 1922a, 1922b; McMurtrie, 1920; "Need in Tuberculosis," 1914; Tiedebohl, 1920) veterans' hospitals (Burnette, 1923; Carr, 1925; Lindberg, 1923; McMurtrie, 1920, Miller, 1925; Pollock, 1923a); and general hospitals (Bresnahan, 1918;

Johnson, S. C., 1917; Tracy, 1914a). County hospitals (Harter, 1922; Hassenstein, 1923) and "civilian orthopedic hospitals" (Kidner, 1922b, p. 500) also employed occupational therapists.

Diagnoses Treated

Occupational therapists treated patients with a variety of diagnoses: the mentally ill (Gustafson, 1925); tuberculosis patients (Carr, 1922); the disabled, particularly those injured in war or industry (Kidner, 1922b); patients with coordination problems (Haas, 1923); surgical, orthopedic and nerve injury patients (Rouse, 1923); crippled children, victims of strokes, and those afflicted with muscular dystrophy (Collins, 1922); as well as the homebound cases of "infantile paralysis, cardiac, rheumatism" (Rupp, 1923, p. 445). Of all these categories, the treatment of the mentally ill and the tubercular patients received the most attention in the journals in the early years, with some general discussions of the treatment of the physically disabled.

Mentally Ill

"For many years physicians responsible for the care of mental invalids have sought to restore their patients to health by a process of education in which work, or some

form of physical activity, occupied a leading part...such treatment is known as occupational therapy" (Dunton, 1920, p. 322). Mabie (1917) praised occupational therapy as "destined to be one of the leading agents in the care of the insane" (p. 417). Haviland (1913) described occupational therapy as "the most powerful single means at our command in curative treatment" (p. 483) for the mentally ill.

Occupational therapy for the mentally ill depended upon the diagnosis of the patient. In some institutions, patients participated in craft activities while others were involved in the daily activities of the institutions (Dunton, 1922b; Haas, 1922b; "Occupational Treatment," 1914). Habit training and "kindergarten methods" were noted to be successful in the treatment of "dementia praecox" patients (Gustafson, 1925; O'Flaherty, 1923).

Occupation for the treatment of the insane was praised for "its essential normality, by reason of which it constitutes for these unfortunates the natural passageway back to normal life" (Frost, 1915, p. 151). For the mentally ill, occupational therapy was reported to stop the patients from dwelling on their conditions or the environment, to increase the patients' chances of recovery, and to contribute to making the patients' lives happier and healthier (Johnson, S. C., 1920; "Occupational Therapy

Shows," 1920; Scott, 1923). It was also credited with increased industry, cheerfulness and order among the patients, improved health and morale, and a decrease in the severity of symptoms (Brainard, 1918; Chappell, 1924; Luther, 1918). Occupational therapy contributed to a decreased level of violence among the patients as well (Frost, 1915; Upham, 1917a).

So valuable was occupational therapy in the treatment of the mentally ill that it was "practically demanded by relatives of the patients and solicitous friends" (Chappell, 1924, p. 214). In fact, therapeutic occupations in the mental hospitals were considered so important that, for one writer, providing no useful occupation for the inmates was tantamount to "condemning" patients to their "demented, untidy, destructive and violent [conditions]" (Frost, 1915, p. 151). Providing therapeutic occupation also contributed to the patients' sense of self-esteem because, through their work, "they are made to feel that they are welcome in the institution and that their keep is not a tax on the public, but that they earn their way" ("Occupational Treatment," 1914, p. 305). One of the noted shortcomings of occupational therapy for the mentally ill was "the inability to accurately measure results" (Howell, 1924, p. 287).

Tuberculosis

Treatment for tuberculosis often involved lengthy stays in hospitals or sanatoria. However, because they were often lonely, bored and lacked diversions, many patients did not stay in the hospital as long as they should have ("Need in Tuberculosis," 1914). Providing occupation for these patients was recognized as a means of addressing this problem. Pettit (1914) equated providing entertainment, amusement and instruction with the provision of "properly equipped buildings, food, and good nursing" (p. 401).

The "reconstruction" of the tubercular patient involved "informational subjects to occupy the minds of the patients" (Conley, 1919, p. 73), graded handcraft and gardening activities (Tiedebohl, 1920) and activities to "harden" the patients to take on duties in civil life without relapse (Conley, 1919). "Hardening" tubercular patients involved grading activities so that they gradually acquired the strength and skills they would need upon their return to home and work (Carr, 1922; Pattison, 1922; Tiedebohl, 1920). The importance of graded activities was emphasized by Tiedebohl (1920) who pointed out that handcrafts had often been abandoned in the treatment of the tuberculosis patient because of the tendency to overwork the patient, with disastrous results.

Besides handicrafts for the tubercular patient, Kidner (1922a) subscribed to "self-improvement classes" such as teaching English to the foreign born patient as an important part of occupational therapy. In addition, Carr (1922) and Kidner (1922a) suggested that, because of the tubercular patient's lengthy hospitalization, prevocational and vocational training were part of occupational therapy for this patient population. The therapeutic purpose of the work, however, was the primary focus for treatment (Carr, 1922).

Physically Handicapped

The purpose of occupational therapy in the treatment of the disabled was to teach the patients "to make the most of their handicapped possibilities" (Hall, 1913, p. 44) and return them to industry as soon as possible, so they could lead independent and self-sufficient lives (Brown, 1923; Carr, 1925; Collins, 1922; Faulkes, 1924). Although treatment of war casualties was a concern during and immediately following World War I, the number of industrial accident victims far exceeded the number of war casualties (Upham, 1918b). Adams (1924) described work with industrial accident victims as a "fertile field for the application of occupational therapy" (p. 14). For all patients with physical handicaps, occupational therapy was

prescribed and the specific purpose of the work changed according to the type of disability and the particular patient (Johnson, S. C., 1920). Crafts were graded according to the needs of the patients (Collins, 1922; Green, 1922; Johnson, S. C., 1920), and adaptive equipment was utilized to "mechanically lessen [the patient's] disability, and...to correct his deformity" (Green, 1922, p. 270). Crafts were also useful in diverting the patients' attention from their physical limitations (Brown, 1923; Goodman, 1920; Johnson, S. C., 1920).

Occupational therapy was credited with contributing to the cure of some physical disabilities by "creating a favorable mental state" (Johnson, S. C., 1920, p. 69) for a cure, and helping to restore function "to stiffened joints, contracted muscles, and injured nerves" (Johnson, S. C., 1920, p. 69). Moreover, occupational therapy contributed to a quicker recovery time, longer stays in the hospital (Carr, 1925; Goodman, 1920), an increase in muscle tone (Goodman, 1920), and restoration of the patient to economic life (Miller, 1925).

Restoration to Economic and Social Usefulness

During this time period the mentally ill and physically disabled were considered dependent on society for support and were, therefore, regarded as burdens on the

taxpayers (Adams, 1924; Faulkes, 1924; Hall, 1922b; Haviland, 1913; McMurtrie, 1920). Victims of industrial accidents, or anyone who was not able to meet the demands of an industrialized society, were characterized as being forced onto the "industrial scrapheap as total dependents" (Chapin, 1917, p. 423). Failure to restore an individual to economic life led to wasted lives and was a financial drain on taxpayers (Chapin, 1917; Faulkes, 1924; Griffin, 1922).

To restore these individuals to social and economic independence was regarded as a responsibility of society at large (Kidner, 1924/1925). This responsibility was so significant that it was considered a matter of national "self-preservation" (Chapin, 1917, p. 423). One writer suggested that restoration of the disabled would lead to a mutual benefit for society: "society will be rehabilitated socially and economically if we establish a policy of helping the handicapped help themselves" (Faulkes, 1924, 116).

In order to meet its obligation to the patient, society was called upon to fund research, education and public health programs (Pattison, 1922) as well as to provide treatment programs, such as occupational therapy, which would help "the handicapped help themselves" (Faulkes, 1924, p. 116). Academic instruction in reading

and writing which contributed to the "Americanization of foreigners and illiterates" ("Report of Occupational," 1923, p. 155) was also recognized as an important contribution occupational therapy made in restoring the disabled to social usefulness.

Haviland (1913) suggested that patients who were able to fill a niche in the work of the hospital were "to that extent less a burden upon the community" (p. 484). It was expected that the patients wanted to contribute to the economic life of society rather than to be dependent on others, and occupational therapy was seen as a means of assisting the patients in making an economic contribution to society (Hall, 1917; Pattison, 1922) thus improving their "chances for successful living" (Hall, 1922b, p. 163).

Occupational therapy was described as an evolutionary process in which the patients made "a complete change in their whole relationship to life...from the position of a liability to that of an asset" (Slagle, 1923, p. 57) and recognized their worth as contributing members of society.

Many Facets of Occupational Therapy

Occupational therapy was expected to improve patient morale, breed contentment, help in the cure of the patient and provide pre-vocational and vocational training (Miller,

1925). In addition, it was expected to restore the patient to economic and social usefulness, and to draw the physician "back to a closer personal relationship with his patients" (Robinson, 1925, p.3). In order to become all things to all people, the work of occupational therapy took on multi-faceted dimensions ranging from habit training for the chronic mentally ill patients to pre-vocational and vocational training for those who would be sent back into the work force.

Habit Training

Habit training and kindergarten classes were recommended for the treatment of the chronic mentally ill patients, particularly those diagnosed with "dementia praecox." Habit training included instruction in hairdressing, manicuring, and dental hygiene (Gustafson, 1925; O'Flaherty, 1923). Slagle (1922a) suggested a gradation from habit training to classes using kindergarten methods. These "kindergarten" classes included concrete activities related to the seasons, as well as utilizing games, songs, storytelling and bright colors, all of which were intended to spark an interest in the patient and "to overcome some habits, to modify others and construct new ones" (Slagle, 1922a, p. 14).

Crafts

The primary mode of treatment in occupational therapy was crafts. The crafts ranged from "bedside work" which included "basketry, cardboard weaving, beadwork, making stuffed toys, carving, making knotted belts and bags, weaving, etc." (Goodman, 1920, p. 143) to occupations for the more active patient such as pottery, leather tooling, cement work, woodwork, making shoes, doing upholstery, mattress and pillow making, carpet and rugmaking (Brainerd, 1923; Dunton, 1920; Hall, 1913). Moreover, Atwater (1922) recommended categorizing craft activities as "Stimulating" or "Sedative" based on colors, textures, patterns, and the length of time and amount of energy required for an activity. Gardening, farming, and other activities which contributed to the efficient running of the institution were also part of occupational therapy for some patients (Goss, 1913; "Occupational Treatment," 1914; Scott, 1923).

Handcraft articles made by patients in occupational therapy were often sold and the proceeds from the sales funnelled back into the occupational therapy programs to finance the purchase of additional supplies (Hassenstein, 1923; Haviland, 1913; Slagle, 1922b). Slagle (1922b) expressed the opinion that patients should not receive the proceeds from sales because it was important "to work on a definite medical basis" (p. 236) rather than on a

on a remunerative basis.

In other facilities, however, the patients received the proceeds from the sales (Harter, 1923; Hassenstein, 1923; Johnson, S. C., 1920). Both Hassenstein (1923) and Johnson (1920) suggested that selling articles made in occupational therapy provided an incentive to some patients.

Although the sale of patient products became a feature of occupational therapy in some instances (Hassenstein, 1923; Tiedebohl, 1920), no one suggested it was the object of occupational therapy. The legality of returning funds to patients came into question because patients were using materials purchased with county or state funds (Harter, 1922; "Meeting of the Board," 1922). Moreover, there was additional concern raised about the sale of articles made by homebound patients and the relationship of this work to sweat shops ("Meeting of the Board," 1922). Although there were legal issues to be overcome, most therapists responded favorably to the sale of patients' products because of the therapeutic and economic benefits derived from the sale. One writer, however, suggested that if the patient was able to produce saleable quality products "he should have been set at something much more difficult or he is sufficiently recovered for vocational work" (Atwater, 1922, p. 392).

Educational Instruction

During this time period, a hospital was considered "not only a curative but also an educational institution in that it teaches better living, better control of one's environment. The aim of the occupation teacher should be ...to send the patient out of the hospital a better man than when he came in, in better health, with a better education, with a broader outlook, better morally, physically, and spiritually" (Taft, 1921, p. 19). Taft also suggested that it would be a "disgrace to allow a patient to depart who cannot write his own name" (p. 17).

Therefore, occupational therapists became involved in self-improvement classes of an educational nature and considered this instruction to be as important to the patients as instruction in crafts. Kidner (1922a) pointed out that "one of the most valuable subjects of instruction in occupational therapy classes...was that of English for the foreign born" (Kidner, 1922a, p. 373). Moreover, some therapists felt the "Americanization of foreigners and illiterates is more valuable to many patients than work in crafts" ("Report of Occupational Therapy," 1923, p. 155).

Pre-vocational and Vocational Education

During this time there was an ongoing debate among the members of the profession regarding the place of vocational

and pre-vocational training in occupational therapy. Some writers suggested that occupational therapy was not the same as vocational training but led towards it (Schwab, 1919; Upham, 1918a). The NSPOT held that occupational therapy and vocational training "should be kept separate and distinct" ("First Large Conference," 1919, p. 345). This position was also held by a number of other writers (Hall, 1922a; Johnson, S. C., 1920; McMurtrie, 1920).

According to Upham (1918a), occupational therapy "made no pretense to provide vocational training" (p. 210) as part of treatment. However, she did acknowledge that providing useful and practical occupations to the physically disabled patient was an important part of occupational therapy in order to "take cognizance of the industrial world, and prepare the handicapped, so far as possible, to become independent economic units" (Upham, 1918a, p. 212). Likewise, Schwab (1919) acknowledged that, although occupational therapy was not the same as vocational training, there were times when occupational therapy led toward it.

Not everyone agreed with this position, however. Pattison (1922) suggested that because of the flexibility of occupational therapy, vocational training could be considered part of occupational therapy for the tuberculosis patient. Kidner (1922a) also suggested that

occupational therapy involved "vocational reeducation" (p. 371).

By 1923, Kidner (1923) revised his position somewhat, cautioning the membership that although occupational therapy had done a great deal in "pre-industrial and pre-vocational work...we can not...go beyond that and turn our hospital curative workshops into vocational schools" (p. 422). Johnson (1920) also held that while vocational education was not within the purview of occupational therapy, pre-vocational training did have therapeutic value for some patients. This sentiment was affirmed at the fifth annual meeting of the NSPOT ("Report of Committee on Research," 1922).

By 1925, a committee of the AOTA recommended an outline of lectures on occupational therapy for medical students and physicians which included "pre-industrial training" ("Outline of Lectures," 1925, p. 278) as one aspect of occupational therapy.

Whether habit training or kindergarten classes, crafts or educational instruction, pre-vocational or vocational classes, all of the work done in occupational therapy was to be based upon the diagnosis of the patient (Atwater, 1922; Haas, 1922b) and prescribed by a physician (Conley, 1919; Haviland, 1913; Kidner, 1922a; Pattison, 1922; Schwab, 1919; Slagle, 1922b; Taft, 1921). It was to be

purposeful (Evans & Mikels, 1915; Haviland, 1913; Schwab, 1919), graded in terms of difficulty (Brown, 1923; Carr, 1922; Collins, 1922; Green, 1922; Haviland, 1913; Kidner, 1922a; Slagle, 1922a; Tiedebohl, 1920) and adapted to meet the needs of the individual patient (Baldwin, 1920; Green, 1922; Haas, 1923; Robinson, 1925).

The Worker

An examination of the many-faceted dimensions of the occupational therapist demonstrated that there were high expectations held for her as well.

Qualifications

The early occupational therapists were women (Collins, 1922; "First Large Conference," 1919; Hall, 1922a; Read, 1919; "Training in Occupational," 1920; Upham, 1917b) who were either college graduates (Read, 1919; "Training in Occupational," 1920) or who had work experience, particularly as teachers or craft workers (Taft, 1921; "Training in Occupational," 1920).

The list of personal qualities expected of the occupational therapist was extensive. She was expected to be cheerful, hopeful, sympathetic, gentle, understanding, adaptable, tactful, insightful, persuasive and adventuresome (Collins, 1922; Slagle, 1922a; Thompson,

1920; "Training in Occupational," 1920). The therapist was also expected to have "high ideals" (Griffin, 1922, p. 284), to be "honest and firm" (Slagle, 1922a, p. 13), courageous, interested in people, and to have "an unlimited amount of patience and resourcefulness" (Thompson, 1920, p. 311). She should have common sense, "a kindly voice" (Slagle, 1922a, p. 13) and "a refined, well groomed appearance" ("Training in Occupational," 1920, p. 74).

The personality of the occupational therapist and how she treated the patient were considered to be as important as the craft she taught (Hassenstein, 1923). In addition, she was expected to be a specialist in the crafts or subjects she taught (Collins, 1922; Johnson, S. C., 1919).

Training

The expectation of the profession was that the therapist would be trained for the work (Burnett, 1918; Clark, 1917; "First Large Conference," 1919; "Outline of Lectures," 1925; Read, 1919; Thompson, 1920; "Training in Occupational," 1920; Upham, 1917b). Training in the formative years was inconsistent, and ranged from "experience," to training at art schools, to training in schools of occupational therapy (Johnson, S. C., 1923). The Committee on Education (Johnson, S. C., 1923) emphasized that, at the time of its survey, only "a very

small number were graduates of schools of occupational therapy" (p. 70).

Training programs in occupational therapy varied from school to school and usually provided instruction in the theory of occupational therapy as well as instruction in a variety of subjects including abnormal psychology, sociology, economics, and physiology (Read, 1919; "Training in Occupational," 1920; Upham, 1917b). Training in crafts was also included ("Training in Occupational," 1920). In addition, the therapists were trained in "hospital etiquette...the ethics of professional behavior...their relation to other departments...[and] the value of accurate notes" (Slagle, 1922a, pp. 16-17). Special training was recommended for therapists who worked with the tubercular patients (Carr, 1922).

Field work was a part of the training program at some schools (Read, 1919; Tucker, 1921), and varied from school to school. In some instances, it involved "3 months in a general hospital and an institution for the insane" (Read, 1919, p. 129), in others it was centered on working in the patients' homes (Tucker, 1921).

There was some criticism within the profession for the haphazard training therapists received (Anderson, 1920). Some critics suggested that poor results of occupational therapy directly related to the training of the therapist

(Anderson, 1920; Johnson, S. C., 1919).

The criticism of training methods, and the report of the Committee on Education supported the call for the establishment of minimum standards of training and qualifications for occupational therapists (Hall, 1922a; Kidner, 1922b, 1923; Wigglesworth, 1924). At the seventh annual meeting in November 1923, the Board of Managers of the AOTA presented minimum standards for training occupational therapists ("Minimum Standards," 1924).

In order to ensure adequate treatment by occupational therapy, the profession also began to consider the establishment of a national registry for qualified therapists ("Minimum Standards," 1924; Robeson, 1923; Russell, 1924). Both of these measures helped to promote the standing of occupational therapy in the medical community as a reliable therapeutic treatment.

In addition to establishing minimum standards of training, the Association was challenged to enlarge its ranks to include "colored occupational therapist[s]" (Slagle, 1923, p. 58). Kidner (cited in Slagle, 1923) challenged the AOTA to address this issue and recommended "the Tuskegee Veteran's Hospital is a place where in the future the establishment of a training course for colored workers might well receive the attention of our members... We must do something to meet the need" (p. 59).

Although the expectations of the therapist and of occupational therapy were high, Kidner (1923) emphasized that occupational therapy was "not a universal panacea for all the ills that flesh is heir to" (p. 424), but was a valuable contribution which helped to alleviate the suffering of the ill and disabled.

Achieving Recognition

Prior to World War I, occupational therapy was considered by some to be more of a luxury than a necessity (McMurtrie, 1920; Schwab, 1919), and because it was utilized primarily in private sanitariums or in institutions supported by public funds, it was not well known to the general public (Upham, 1918a). Therefore, achieving recognition of occupational therapy as a valuable therapeutic treatment was crucial to the growth of the profession. Adams (1924) suggested the very existence of occupational therapy depended "upon the backing of the medical profession" (p. 2). Pollock (1923b) emphasized not only the importance of achieving recognition from the medical profession, but also of being recognized and valued by the legislature and the general public.

Values of Occupation

In order to achieve recognition, the profession

acknowledged the humanitarian and economic values inherent in occupation, as well as its therapeutic value.

The humanitarian or social value of occupation was demonstrated in the restoration of a sense of pride and independence in elderly patients (Johnson, S. C., 1917; Matthews, 1923) as well as "the feeling of pleasure and self-respect which comes from being useful, and the feeling of power which comes from progressive daily achievement" (Anderson, 1920, p. 326). Johnson (1917) also suggested that, through the use of occupations, the patient would be "morally uplifted" (p. 414).

The economic value of occupation was illustrated in a variety of ways. In some settings, primarily in institutions for the mentally ill, patients were provided with work which allowed them to contribute to their own support ("From Our Field," 1918; Frost, 1915; "Occupational Treatment," 1914). This, in turn, helped the patients feel they were not burdens on the taxpayers. Such work was also an economic boon to the institutions because it helped make the hospitals almost completely self-sufficient ("Occupational Treatment," 1914). Occupational therapy was credited with reducing the cost of supervision and maintenance in some institutions (Frost, 1915; Scott, 1923). All of these factors contributed to a savings for the taxpayers who supported the operation of the state

hospitals with tax dollars, and emphasized the economic value of occupational therapy ("Occupational Treatment," 1914).

The economic value of occupational therapy was also illustrated through the sales of patients' products. In some institutions craft articles were sold and the proceeds given to the patients. "Although the main purpose of the work is curative and therapeutic, rather than economic, the financial consideration, however small, has had a stimulating effect upon the needy patient" ("Occupational Therapy Shows," 1920, p. 219). The sale of patients' products was also utilized as a means of promoting the therapeutic value of occupational therapy to the general public (Robeson, 1923; Root, 1923).

While some occupational therapy departments returned the proceeds of sales to patients, in other instances the profits from craft sales went directly to the occupational therapy departments. Hall (1917) pointed out that "convalescent shops" could be not only an economic asset to the hospital, but could also "become so nearly self-supporting as to add that distinct advantage to their therapeutic functions" (p. 385). However, because the sale of patients' products was financially beneficial to some occupational therapy departments there were instances when occupational therapy was not adequately funded by the

hospitals. Because of this the profession stressed that occupational therapy "should not be commercialized by a lack of appropriations" (Pollock, 1923a, p. 187), but should be supported from the hospital funds.

Although the humanitarian and economic values of occupational therapy were illustrated in numerous ways, the therapeutic value of occupational therapy was acknowledged as the primary focus of treatment (Collins, 1922; Hall, 1917; Haviland, 1913; Johnson, S. C., 1920; Matthews, 1923; Schwab, 1919; Tucker, 1921).

The profession stressed that the therapeutic value of handcrafts included "regaining self-confidence, satisfaction in accomplishment, the direction of thought into wholesome and normal channels, and graded physical exercise producing a healthful tired feeling without overstrain which in turn brings its demand for relaxation, rest, and sleep" (Johnson, S. C., 1920, p. 70). Moreover, in the treatment of the mentally ill patient, the "essential normality" (Frost, 1915, p. 151) of occupation was of significant therapeutic value, and contributed to the development of healthier habits in this patient population (Haviland, 1913; Slagle, 1922a).

Despite the profession's emphasis on the therapeutic value of the work, in some situations the economic factors tended to receive greater attention (Adams, 1924; Frost,

1915; Kidner, 1923; Upham, 1917a). Because of this, the members of the NSPOT were reminded "that the results to be expected from occupational therapy are not necessarily things produced, but the improvement of the producer" ("First Large Conference," 1919, p. 345). Hall (1922b) emphasized that as long as making money did not become the primary object of occupational therapy, the sale of patients' products could still be regarded as having considerable therapeutic value. Kidner (1923) was strong in his emphasis that though the economic aspect was considerable, and proved to be valuable to both the patient and the hospital, the therapeutic value which resulted in the restoration of the patient and a shortened hospitalization was "incalculably greater, even from a purely economic standpoint than when attention is concentrated on the production of saleable articles" (p. 421).

Efficacy and Record Keeping

Demonstrating the efficacy of occupational therapy was considered vital for gaining recognition from the medical profession (Adams, 1924; Elton, 1924), and for securing financial support from the public (Pollock, 1923a). Some writers claimed that the efficacy of occupational therapy had been demonstrated in the treatment

of war neuroses (Schwab, 1919) and in the treatment of dementia praecox (Read, 1919). Goodman (1920) suggested that the decreased length of stay in the hospital demonstrated the effectiveness of occupational therapy. However, statistics which demonstrated the efficacy of occupational therapy were practically nonexistent (Burnette, 1923; "Meeting of the Board," 1922; "Report of the Committee," 1914). Some members of the association challenged the membership to provide the scientific evidence to prove the efficacy of occupational therapy (Burnette, 1923; "Meeting of the Board," 1922).

The lack of a measure, either qualitative or quantitative, was recognized as a serious concern for the young profession and contributed to the lack of support from the medical profession (Elton, 1924). As early as 1917, a Committee for Occupations began the task of demonstrating that the mental and physical conditions of patients were improved when patients were given suitable occupation (Johnson, S. C., 1917). The AOTA recognized the value of gathering data in order to gain recognition from the medical profession "as a scientific factor" (Burnette, 1923, p. 182).

In order to address the question of the efficacy of occupational therapy, the profession began to examine its record keeping. Dunton (1924) stressed the importance of

keeping "proper" records in order to disseminate accurate information about occupational therapy. For orthopedic patients, therapists were reminded to keep careful records of occupational therapy treatment including muscles treated, the exercises used as well as the results of treatment (Green, 1922). However, maintaining accurate, quantitative results of treatment for the mentally ill was acknowledged to be especially difficult (Howell, 1924), and, at times, the lack of such records resulted in a lack of support from physicians ("Report of the Committee," 1914).

In 1924, Adams questioned why occupational therapy treatment was not recorded in the patients' charts: "If occupational therapy is to be of value should it not appear with the rest of the treatment?" (Adams, 1924, p. 3). Adams tied this aspect of record keeping to the recognition of occupational therapy as a valuable therapeutic agent.

In order to maintain accurate, consistent records, Slagle (1924) recommended that the forms and records for occupational therapy be standard. Pollock (1923b, 1924) stressed the value of uniformity of record keeping in the same types of institutions in order to allow comparisons of results from year to year and hospital to hospital, and to advance the science of occupational therapy.

Prescription

A prescription for occupational therapy was acknowledged to be important in the care of the patient (Carr, 1922; Green, 1922; Pattison, 1922; Taft, 1921) and was seen as a means of promoting the therapeutic nature of the "work cure" (Schwab, 1919). Moreover, obtaining a prescription implied the physician's knowledge of and support for occupational therapy. Additionally, Slagle (1922b) saw the prescription as a protection for the therapist.

Prescriptions might include the number of hours of work as well as the type of work required for the patient ("Need in Tuberculosis," 1914). Physicians often prescribed occupational therapy "without knowing just which craft will best suit the individual case" (Taft, 1921, p. 16). It was recommended that the physician review and revise prescriptions for tubercular patients on a weekly basis (Conley, 1919). As early as 1920, it was suggested that physicians would "be called upon to prescribe with increasing accuracy" ("Research in Field," 1920, p. 75).

The early practitioners often found it difficult to obtain a prescription. Adams (1924) suggested this was because physicians either lacked interest in or knowledge of occupational therapy. In order to address this problem, the early therapists called upon the NSPOT to make a

concerted effort to inform physicians about prescribing occupational therapy as well as how to write the prescription (Slagle, 1922b).

Evolution of a Name

In order to achieve recognition from the medical profession, the public, and the legislature, it was necessary for the association to agree on a title for the work and for the worker. During this time period, occupational therapy was referred to by numerous titles. Work therapy (Clark, 1917; Schwab, 1919), diversional occupation (Evans & Mikels, 1915; "Report of the Committee," 1914), curative work (Green, 1922; Kidner, 1923), invalid occupations ("Research in the Field," 1920; Tracy, 1914b), and occupational treatment (Green, 1922; Luther, 1918; Read, 1919) were some commonly used titles.

The title most frequently used to refer to this work was occupational therapy. In spite of its frequent use, however, Dunton (1920) expressed his dissatisfaction with it: "...the term is not entirely satisfactory, but is better than work-cure, diversional occupation, and some others that have been proposed" (p. 322).

Although the term occupational therapy was most frequently used, the lack of consistency in its use was often reflected within an article. For example, Kidner

(1923) referred to "occupational therapy" and "curative work" synonymously, and Brown (1923) called "ergotherapy" a synonym for occupational therapy. Slagle (1922a) in one article made reference to "reclamation," "reeducation," and occupational therapy to describe the same work. Finally, in 1925, a committee of the AOTA proposed the use of "ergotherapy, moral treatment, work cure, employment, diversional therapy" ("Outline of Lectures," 1925, p. 277) as synonyms for occupational therapy.

Just as the name for the work evolved, so did the title for the worker. In 1913, the worker was referred to as "occupational instructor" (Haviland, 1913). Frequently she was referred to as "teacher" (Hall, 1922b, 1922c; Johnson, S. C., 1919; Taft, 1921; Thompson, 1920) and "aide" (Brainard, 1918; Green, 1922; Hall, 1922c; Slagle, 1922a). Beginning in 1922 the references to the worker as "occupational therapist" increased in frequency, although the use of this title was not consistent (Atwater, 1922; Collins, 1922; Hall, 1922c; Harter, 1922).

The 1923 report of the Committee on Education, (Johnson, S. C., 1923) reflected the lack of clarity and consistency regarding the titles of the worker when it listed the following ten titles under which occupational therapists had been employed: "Occupation Aide, Occupation Therapist, Industrial Supervisor, Industrial Aide,

Industrial Teacher, Reconstruction Aide, Attendants, Craft Teachers, Manual Training Teacher, and Teacher" (p. 70). Agreement on a title for the worker was not reached during this time period.

"Most Powerful Means at Our Command"

As the profession grew it came to be better recognized and appreciated by the medical profession (Conley, 1919; Pattison, 1922; Rouse, 1923) and, in some cases, was accepted as an integral part of the hospital program (Goodman, 1920). Conley (1919) described the physicians' whole-hearted support for the "reconstruction" of tuberculosis patients, and Pattison (1922) proposed that occupational therapy was perhaps the tubercular patient's greatest aid to successful treatment. For the treatment of the mentally ill, Haviland (1913) suggested that occupational therapy was "the most powerful single means at our command in curative treatment" (p. 483). In fact, occupational therapy was recognized to be of such value to the mentally ill patient that the friends and relatives of the patients demanded it for their loved ones (Chappell, 1924).

Patients were reportedly eager to participate in treatment (Schwab, 1919), and occupational therapy was credited with the improved health and happiness of the

patients and "in hospital work, the best publicity is a satisfied patient, going home well" (Brainerd, 1923, p. 114). Although the therapeutic value of occupational therapy was well known to some physicians and patients, "it [was] not so clear to the public generally nor to the average legislator" (Pollock, 1923a, p. 187). Although Griffin (1922) described its acceptance by the general public in Canada, Upham (1918a) pointed out that, in the early years of the profession, the middle class patients did not know much about occupational therapy because the institutions which utilized it were "not, as a rule, those to which the workingman goes, unless he be tubercular or a chronic invalid" (p. 211).

In order to increase public awareness of occupational therapy, various state occupational therapy societies focused on actively promoting it to the public ("Promotion of Occupation," 1920; "Report of Occupational," 1923; Robeson, 1923). In addition, women's clubs and other social groups were credited with helping to promote occupational therapy through their meetings, fund raisers, and sales of patients' products (Lindberg, 1923; Robeson, 1923; Root, 1923; Rupp, 1923; Slagle, 1923).

The task of achieving public and professional recognition of occupational therapy became so time consuming that the employment of a full-time executive

officer whose "sole duty" would be to further occupational therapy was recommended to the AOTA (Slagle, 1923).

Despite the lack of public knowledge about their work, the early therapists were very enthusiastic in their support of occupational therapy. In fact, Eleanor Clarke Slagle (1922b) suggested "we are approaching the time very rapidly when perhaps we will invite the President...as our work is important enough for the President of the United States to take interest in it" (p. 221).

CHAPTER 5

SUMMARY AND CONCLUSION

How did the image of occupational therapy presented in the media compare with that found in the profession's literature?

At the beginning of this study it was assumed that the number of articles on occupational therapy in the media would be minimal. This was found to be true. Of 44 New York Times articles reviewed which covered topics related to occupational therapy, 24 specifically mentioned occupational therapy. That represents approximately three articles per year over the nine year period under study. This is a relatively small number of articles to appear in a well-known and well-respected daily newspaper, at a time when the membership of the organization was expanding rapidly, and there were high hopes held for the restoration of the physically and mentally disabled.

It was also assumed that the articles would be inaccurate and incomplete in their representation of occupational therapy. For the most part, the assumption about the accuracy of information contained in the newspaper articles was not supported by this study. Despite the limited number of articles, the representation

of occupational therapy was relatively accurate, with the notable exception of the media's identification of occupational therapy with vocational reeducation. Although what was presented in the media was accurate, the articles did not present a complete picture of occupational therapy at the time. This may be due to the fact that occupational therapy was involved in such a wide variety of treatments it was not possible to encapsulate the information in the limited space provided in a daily newspaper column. Moreover, the lack of a complete picture of occupational therapy may reflect the profession's debate about what constituted the work of occupational therapy.

This chapter discusses the similarities and differences in the representation of occupational therapy found in the themes: restoration to economic and social usefulness; the many facets of occupational therapy; and achieving recognition. This chapter also discusses some possible reasons for the differences in representation in the two sources.

Restoration to Social and Economic Usefulness

It has been established that both the media and the profession of occupational therapy regarded the physically disabled and mentally ill patients as economic and social liabilities. The cost of their care was reported to be a

burden for the taxpayers, and their restoration to economic and social usefulness was considered a vital national concern. It is interesting to note the similarity of metaphors used in both the press and the profession to describe those persons who were unable to cope, physically or mentally, with the demands of life in an industrialized society. They are described in the media as being thrown onto a "human scrapheap" ("Injured Workers Saved," 1923), and in the profession's literature as being forced onto an "industrial scrapheap" (Chapin, 1917, p. 423). Also in both sources it is assumed that the disabled wanted to be contributing members of society.

The media recognized the importance of occupational therapy in restoring these individuals to an earning capacity, thus relieving the burden on the taxpayer. The press reported that teaching useful crafts helped the patients earn a living or contribute to their support, and helped return the disabled worker to the work force as quickly as possible. Occupational therapy was also reported to restore the patients' sense of self-esteem and self-respect, which influenced their ability to contribute to the social and economic scheme of life.

This representation was consistent with that found in the profession's literature. The profession acknowledged that through the provision of useful occupations, as well

as pre-vocational and vocational reeducation, it made a significant contribution in restoring patients to an earning capacity and relieving taxpayers' burdens. In addition, the profession promoted occupational therapy as a means of improving the patients' feelings of self-worth and independence.

A notable distinction between the two sources was occupational therapy's emphasis on "bedside academic instruction" ("Report of Occupational," 1923). Although mentioned in the press ("Army Tuberculosis," 1919), this aspect of occupational therapy did not receive a great deal of attention. The profession, however, emphasized the value of bedside academic instruction in the Americanization of the foreign born (Kidner, 1922a; Taft, 1921), and considered this part of the work as an important factor in restoring these patients to social usefulness (Miller, 1925; "Report of Occupational," 1923).

There are a number of possible reasons for this. One may be because at the time it appeared in the press, the nation was concerned with the physical restoration of World War I veterans, and bedside academic instruction for the restoration of disabled veterans was given secondary emphasis. Its mention in the press was made in reference to the treatment of tuberculosis patients who often were not able to do a great deal of physical labor. This

suggests that academic pursuits as a part of occupational therapy were considered more appropriate for this patient population. Finally, in their zeal to become all things to all people, the early practitioners may have overemphasized the importance of bedside academic instruction in the work of occupational therapy.

Overall, however, the media accurately represented the profession's position regarding the restoration of the disabled to economic and social usefulness.

Many Facets of Occupational Therapy

It has been established that high expectations for occupational therapy were expressed in the media. Besides restoring patients to economic and social usefulness, occupational therapy was expected to restore the physically disabled to maximum function, to make hospital stays pleasant, to speed the patient's recovery, and to restore the patient's sense of hope and ambition. These expectations of occupational therapy which were described in the press were similar to those found in the profession's literature.

The press reported the work of occupational therapy involved instruction in crafts and listed a variety of the crafts taught to patients. Because of the interest in restoring patients to economic usefulness, numerous sales

of patients' handcrafts were reported in the media.

The profession acknowledged that crafts were utilized as the primary mode of treatment. Although the list of crafts found in occupational therapy literature is much more extensive than that which appeared in the press, the lists are consistent with one another. The sales of patients' handcrafts received a good deal of attention from the profession because of the income generated for patients or institutions. However, the profession consistently emphasized the therapeutic value of the work over the economic value of the sales.

Vocational education for the physically disabled was emphasized by the press as an important aspect of the work of occupational therapy. This may be a reflection of society's desire to restore the disabled, especially war veterans, to economic life.

The profession's literature, however, reflected an ongoing debate and an evolution of thought on this topic, with no final agreement reported during this time period. The profession's debates about vocational reeducation reflected the political climate of the time in which medicine and the Federal Board of Vocational Education struggled for control of vocational rehabilitation. Moreover, the profession's evolving emphasis on the role of occupational therapy in pre-vocational work suggested

support of Kidner's belief that occupational therapy had a place in the middle ground "between pure occupational therapy and vocational rehabilitation" (Gritzer & Arluke, 1985, p. 79). These debates were not reported in the press during this time period.

The media clearly expected occupational therapists to be educated women, who possessed a range of personal qualities considered appropriate for women working with the disabled. The expectations of the press reflected those of the profession as well. The list of personal qualities, though much more extensive in the occupational therapy literature, was consistent with that presented in the press.

It was expected that these women would be trained for the work, and the media reported on several training programs which reflected a wide range of requirements and programs for the women.

The diversity and inconsistency in training which were found in the newspaper reports were the topic of much debate and discussion in the profession (Colman, 1992). These debates, as well as the decision to establish minimum standards of training were not reflected in the media.

The profession's criticisms and debates about training for occupational therapists were not reflected in the media. This may be due to the fact that the first articles

on this subject appeared in the press during the war emergency ("College Women's Work," 1918; Mansfield, 1918; "New Hospital Aims," 1918; "Tardieu Praises," 1918), and the articles described programs that would provide "aides" in a short amount of time. The professional debates on the subject probably did not appear in the press because, at the time, they were internal concerns for the young profession, and did not have interest for the general public.

Finally, the profession's recognition of the need to include "colored occupational therapists" (Slagle, 1923) within its ranks was discussed only in the professional literature and does not appear in the press during this time period. The request for trained minority therapists came at a time in which fear and distrust of minorities was prominent in society as well as in the medical profession. The AMA reflected this fear by deliberately discriminating against Blacks, Jews, and women in the training for and practice of medicine (Starr, 1982).

For the profession of occupational therapy to seriously consider this issue went against the political, social, and professional grain. However, since it was only an item of discussion, and no training programs for minority therapists were established at the time, it may not have been considered a newsworthy item.

Achieving Recognition

It has been established that, although occupational therapy was not well-known to the general public, it was appreciated by patients who received it and by physicians who observed the results of treatment. The work of occupational therapy was endorsed in the press by the Surgeon General of the United States, by well-known physicians, by prominent society people, and by the President of the United States.

The media described occupational therapy as part of the excellent care provided to World War I veterans, and reported positive results of treatment. Moreover, the press described occupational therapy as the greatest therapeutic agent in the treatment of mental illness and chronic diseases. The press also pointed out the therapeutic value of occupation in directing patients' minds from their disabilities, improving morale, shortening convalescence, and promoting good health. The fact that occupational therapy was praised in the press and its therapeutic value acknowledged implied some recognition of occupational therapy by the general public.

The profession's literature, however, emphasized that although occupational therapy was known in some segments of the population, such recognition was inadequate because it was an unknown service in many other segments of society.

In the profession's literature it is clear that occupational therapy was held in high regard by patients who received it, by their families and friends, and by physicians who prescribed it and saw the results of treatment. However, the profession's literature differs from the media's representation because it placed significant emphasis on the need to promote occupational therapy particularly among physicians, suggesting such recognition was vital to its existence. From this perspective, the early practitioners discussed the importance of being more scientific in their record keeping in order to establish the efficacy of occupational therapy and, therefore, to promote it to physicians.

The profession clearly acknowledged the therapeutic value of occupation as well as the humanitarian and economic contributions that occupational therapy made to patients and institutions. However, the demonstration of the value of occupational therapy was tied to its recognition by the medical profession. Thus the profession's emphasis on demonstrating the efficacy of occupational therapy acknowledged the power of the medical profession in promoting its use.

These emphases, although they appear in the press in various contexts, were not stressed by the media as a means for occupational therapy to gain recognition.

It has been established that the titles for the work and the worker gradually evolved during the early years of the profession. This evolution is clearly represented in the media. By 1925, the media identified the work as "occupational therapy" and the worker as an "occupational therapist."

The profession realized the clarification of titles for both the work and the worker was a means of achieving recognition, particularly from the medical profession. The evolution of the terms for the work and the worker was reflected in the profession's writings. However, a clear endorsement of the terms by the profession was not reported during this time period. This may be due to the fact that the young profession was still in the process of establishing criteria to identify those who were "properly qualified" (Russell, 1924, p. 42) for the work, as well as establishing standards for the education of the worker. The lack of a consistently accepted title for the work may also reflect a hesitation on the part of some of the early writers to attach the title of therapist to the work if the therapeutic value of the work was not scientifically proven (Adams, 1924).

Conclusion

During the years 1917-1925, society as well as the medical profession held high hopes for the rehabilitation of the mentally ill and disabled. It was during this time period that the profession of occupational therapy began to take shape. The profession experienced a rapid growth in its membership and acknowledged the need to address a wide variety of concerns affecting the profession. The early leaders began to identify the facets that the work of occupational therapy entailed as well as the qualities and qualifications which were expected of its workers. The titles for the work and the worker also evolved during this time period. The profession of occupational therapy also identified its need to achieve recognition from the general public as well as from the medical profession.

A search of The New York Times during this time period found limited representation of occupational therapy in the media; however, the articles which appeared gave an incomplete representation of occupational therapy at the time. Despite these limitations, occupational therapy was accurately represented in the press during the formative years of the profession.

Recommendations for Further Study

The results of this study point out the need for additional research in the area of the media representation of occupational therapy. The following are recommended topics which may provide further information on this subject, and contribute to the development of the body of knowledge of occupational therapy history.

1. Compare the media representation of occupational therapy, 1917-1925, with that of a comparable profession during the same time period.
2. Compare the media representation of occupational therapy, 1917-1925, with the representation of the profession during a different time period.
3. Compare the media representation of occupational therapy in this study with newspaper coverage from other regions of the country during this time period.
4. Compare the representation of occupational therapy in periodicals which were available to the general public during this time period with the findings of this study.
5. Compare occupational therapy's representation in other media, such as radio, news reels, motion pictures, novels, during this time period with the findings of this study.

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