CHAPTER 2

A Contextual History of Occupational Therapy

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OUTLINE

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Examine how historical accounts are retrospective attempts to reconstruct and understand the events of the past with the purpose of gaining improved insight into the present.
2. Identify key personalities and events that influenced the founding and development of occupational therapy.
3. Analyze how wars, social movements, and legislation were associated with significant developments in occupational therapy.
4. Evaluate how mind/body dualism and the competition between social and biomedical approaches to health care have been persistent points of tension since occupational therapy's founding.

Introduction

Occupational therapy (OT) has a rich and complex history. It has been influenced, as all professions have, by world events, personalities, and social movements. In this chapter, we identify some of these factors as a way of understanding how OT came into being and evolved as a profession. Industrialization, the civil rights struggles for women and children, world wars, economic shifts, health care legislation, globalization, and the digital age have been major influences on the evolution of the profession. Occupational therapy's history demonstrates Kuhn's contention that science (and science-based professions) do not always progress in logical, uninterrupted, or predictable ways (Kuhn, 1996). Moreover, although OT began in the United States, it is important to remember that many of the factors influencing its development originated in Europe.

What Is a Contextual History?

Historical events happen in larger contexts. History shows that ideas that take hold often benefit from historical timing, the chance good fortune that we sometimes describe as "being in the right place at the right time." Successful ideas also require effective advocates and other conditions (Gladwell, 2002). The conditions that have influenced OT during its history have not always related to health care, yet they shaped attitudes and beliefs

that made people and societies more or less amenable to ideas, innovations, and actions. By providing a description of the contexts for events, historians offer *possible* explanations for why events occurred when and how they did. These explanations are of value if people are to derive lessons from the past. To present histories without contexts and without critical examination is to potentially oversimplify events and to miss opportunities to learn from them (Molke, 2009).

The Periods Covered by This Chapter

The periods identified for this chapter include 1700 to 1899 (a prehistory), 1900 to 1919, 1920 to 1939, 1940 to 1959, 1960 to 1979, 1980 to 1999, and 2000 to present. No two eras can claim equivalent impact on the profession because the people, ideas, contexts, and events influencing OT during each time period varied significantly in their importance.

To begin, we draw from Bing (1981), who identified the Age of Enlightenment as an especially fruitful time in the generation of ideas that influenced OT, a period that is appropriately called a "prehistory."

Occupational Therapy Prehistory: 1700 to 1899

Historical Context

During the first hundred years of this time frame (roughly 1700 to 1799), significant social movements sprang up in Western civilization that challenged authority and conventional thinking. This "age of enlightenment" marked the beginning of logical thinking as a trustworthy way of knowing (Paine, 1794). Great artists, composers, and thinkers in history flourished. The concepts of egalitarianism and idealism emerged, and the corruption, abuses, and intolerance of the church and state were challenged. Ideas broadened through intellectual discourse, conducted through regular social gatherings called salons and in academic societies (Sawhney, 2013). With the beginning of the Industrial Revolution, methods of mass production led to the printing and wide distribution of books, helping to spread ideas broadly (Hackett, 1992).

Industrialization brought new opportunities, yet there is evidence that the resulting human migration overwhelmed social infrastructures and created conflict as workers rebelled against exploitation and poor working conditions. Such migration, particularly in Great Britain and the United States, brought people from rural areas to the cities looking for work, often resulting in overcrowding and unsanitary work environments (Wilcock & Hocking, 2015). Great social change also challenged the ability of people to adapt; many relocated from rural to urban areas, encountered new cultures, and became factory workers.

In the United States, this period also witnessed a collision of moral values and economic traditions that resulted in a great Civil War. Tensions between moral values and economics have recurred at several points in American history, and these tensions are important to OT because the philosophy of the field has such a strong moral core, anchored in concerns for social justice (Bing, 1981).

Nowhere is this moral influence more apparent than in treatment for persons with mental illness. During the late eighteenth century, dramatic changes in how people with mental illness were viewed resulted in more humane treatment, first in Europe and later in the United States (Whiteley, 2004). An emerging belief influencing this change was that the "insane" were people reacting to difficult life situations and therefore must be treated with compassion (Gordon, 2009).

Although often associated with mental illness, **moral treatment** was also applied to physical illness because health and illness had been viewed as related to patient character and spiritual development (Luchins, 2001). This emergence of humanitarian treatment influenced the development of therapeutic communities and the emphasis on engagement of groups in productive activities (Whiteley, 2004).

The ideas of moral treatment also influenced social services, as exemplified by the settlement house movement. The settlement house movement originated in London at Toynbee Hall in 1884, (Harvard University Library, n.d.) a residence where middle class men and women lived collectively with the goal to share knowledge, skills, and resources with the poor and those less educated living nearby (Wade, 2005). It quickly spread to the United States, first at Coit Hall in New York and later at Hull House established in Chicago by Jane Addams and Ellen Gates Starr in 1889 (Harvard University Library, n.d.). Funded through philanthropy, Hull House aimed to create opportunity, participation, and dignity for those served and also became a center for social activism (Carson, 1990). Volunteer workers often lived in the settlement house communities and taught crafts and other practical skills of living. A related and concurrent development, called the arts and crafts movement, also began in Britain and sought to counter the negative consequences of industrialization by encouraging a return to artistic design and the unique and genuine appeal of handmade articles (Levine, 1987). Both the settlement house and arts and crafts movements, originating in Europe, influenced the use of curative occupations in mental illness, and this ultimately led to the birth of OT.

People and Ideas Influencing Occupational Therapy

In his Eleanor Clarke Slagle Lecture, Bing (1981) recounted many of the historical figures and ideas of the eighteenth and nineteenth centuries that he believed influenced the founding of OT. The figures he identified from the eighteenth century were John Locke, Philippe Pinel, and William Tuke. From the nineteenth century, Bing identified Adolf Meyer as a key figure.

John Locke, a physician and philosopher who lived in the late seventeenth century, is credited with advancing many ideas that later influenced the philosophy and practices of OT, including sensory learning and pragmatism (Faiella, 2006).

Philippe Pinel, superintendent of the Bicetre and Salpetriere asylums in Paris, reportedly ordered the removal of chains from some of the inmates held in these places and is widely regarded as a pioneer for more humanitarian treatment. His work emphasized leisure and occupational activities that later formed the foundation for the moral treatment era (St. Catherine University, 2017).

William Tuke, an English philanthropist who founded the York retreat, is credited with being the father of the moral treatment movement. Tuke was appalled by the inhumane conditions he observed in asylums and sought a more compassionate approach to mental health treatment. He eliminated restraints and physical punishment and encouraged conditions where patients could learn self-control and improve self-esteem through participation in leisure and work activities (Digby, 1985; Stanley, 2010).

Adolf Meyer, a Swiss-educated physician who emigrated to the United States in 1892 and became head of an asylum in Kankakee, Illinois, introduced the concept of individualized treatment and began a long career of innovation and leadership in American psychiatry, emphasizing the importance of understanding the key events in the life history of each patient (Figure 2-1) (Christiansen, 2007). While on a trip to the Chicago World's Fair in 1893, Meyer injured his leg and, during a brief convalescence in the city, visited Hull House, and this experience was thought to influence Meyer's thinking about the connections between daily occupations and mental illness. These concepts appeared in an important paper (the philosophy of occupation therapy) he would deliver three decades later at an early meeting of the newly created American Occupational Therapy Association (AOTA) (Lief, 1948; Meyer, 1922).

Influences on the Evolution of Occupational Therapy

During OT's prehistory, the seeds had clearly been planted for the ideas that would lead to the founding of the profession (Box 2-1). However, by 1899, its time had not yet come. In fact, the rise of large public asylums teeming with inmates, the shortage of well-trained physicians, and cost concerns led to a standard of care that fell far short of the individualized treatment and conditions idealized by the moral treatment movement. The ideas that eventually formed the beginning of the Society for the Promotion

FIGURE 2-1 Dr. Adolf Meyer (seated at far left), a Swiss immigrant known as the father of American Psychiatry, is shown with his staff at the Eastern Illinois Asylum at Kankakee, Illinois, around 1895. Dr. Meyer later became the head of psychiatry at Johns Hopkins University and was a strong advocate for OT after its founding. His philosophy paper on OT, delivered at the Fifth Annual Meeting of the AOTA, continues to be widely cited even today. (Photo credit: Meyer Collection, Allen Chesney Memorial Library, Johns Hopkins University. Used with permission.)

BOX 2-1 KEY POINTS: PREHISTORY (1700–1899)

- The Age of Reason emphasized logical ways of knowing, ultimately leading to scientific health care and today's evidence-based practice.
- Early roots of social justice led to moral treatment and more humane care for persons with mental illness, ultimately leading to curative treatment involving work.
- Industrialization and technological advances led to global migration and the settlement house movement, a birthplace of many ideas influencing OT.
- Key persons during this period included John Locke, Philippe Pinel, William Tuke, and Adolf Meyer.

of Occupational Therapy would have to be nurtured and applied by several different people in different settings before the profession of OT would take root in the United States.

1900 to 1919

Historical Context

The first two decades of the twentieth century was a period of bold optimism in the United States, driven by rapid innovation and growing prosperity. The century began with the assassination of President McKinley by an anarchist protesting corruption and social inequities tied to industrialization. McKinley was succeeded by his vice president, Theodore Roosevelt, an intelligent and audacious reformer. Although he was from a privileged background, Roosevelt was a populist who supported worker rights and consumer protection, fought cartels, started the Panama Canal project, created a powerful navy, and established a national park system to preserve federal lands (Brinkley, 2009).

This **progressive era** was rounded out by Presidents William Taft and Woodrow Wilson, each of whom was a highly educated and task-oriented leader. Overall, significant social progress, including reforms in education and mental health, occurred during this period; thanks to the influence of John Dewey (an educator) and William James (a psychologist), both of whom were supporters of pragmatism (Schutz, 2011).

The 19th Amendment of the U.S. Constitution, ratified in 1920, afforded women the right to vote, providing a springboard for the advancement of women throughout the culture, particularly in the workplace (Greenwald, 2005). This was significant for OT because its workforce was overwhelmingly dominated by women.

Three years earlier, in 1917, after a period of neutrality and unsuccessful efforts to broker peace, the United States was drawn into the "The Great War," a pointless and horrendous world conflict that began in 1914 and ended on November 11, 1918. Overall, the war resulted in more than 15 million deaths, with 7 million soldiers sustaining wounds resulting in permanent disability (Votaw, 2005). As American soldiers prepared for battle, the War Department, at the request of General John J. Pershing, mobilized plans for the care of wounded soldiers whose disabilities would require rehabilitation and vocational reeducation (collectively called *reconstruction* at the time) to return them to civilian employment (Andersen & Reed, 2017; Quiroga, 1995). Given the horrors of the war, the idea of sending untested occupational and physical therapists, called **reconstruction aides**, to Europe was novel but incongruous, reflecting the sense of unrestrained optimism permeating American culture. Yet, because the war ended in November 1918, casualties for the American forces were relatively modest in comparison to other countries. Historians generally agree that the timing and fresh troops provided by America's entry, coupled with the attrition of enemy forces, were the primary reasons for the allied victory, not superior training, tactics or bravery per se (Hallas, 2009). Importantly, the reconstruction aide "experiment" was deemed a success, thus assuring that reconstruction aides (and later a field called *rehabilitation*) would have a permanent place within American health care.

People and Ideas Influencing Occupational Therapy (1900 to 1919)

Recall that the assassination of President William McKinley, who died from infection of his bullet wound, began this era. McKinley's preventable death and controversial medical care illustrated the variable quality of American medicine in 1900 (Fisher, 2001). This tragic event was an unfortunate precursor to reform efforts affecting medicine.

Not long thereafter (in 1910), Abraham Flexner completed a report on medical education for the Carnegie Foundation. His critical finding that most medical schools were substandard led to the closing of many "storefront" schools. His report recommended that only medical schools affiliated with large universities be recognized (Beck, 2004). The Flexner report ultimately led to increased emphasis on research and greater public awareness about the connection between science and its application in health care.

These developments set medicine on a firm course that emphasized science to the exclusion of other important factors in health, such as social, psychological, and spiritual influences (Kielhofner & Burke, 1977). It also increased the public standing and political power of organized medicine to an extent insulating it from legitimate criticism (Starr, 1983). Yet, a public that still believed that illness needed to be understood in spiritual and psychological terms did not universally welcome scientific medicine. These sentiments led to social movements that involved patients in the healing process and viewed spiritual and psychological factors as important aspects of healing.

One such movement was *Emmanuelism*, started by an Episcopal minister named Elwood Worcester in Boston (Andersen & Reed, 2017;Quiroga, 1995). The Emmanuel movement was patient-centered, holistic, community-based, and comprehensive, involving social services and lay practitioners. In 1909, public awareness of the movement increased with a series of articles in the widely popular weekly magazine, *Ladies Home Journal*

(Quiroga, 1995). This increased visibility brought criticism from conservative physicians, who questioned its church-based delivery and its use of lay practitioners (Williams, 1909).

During this period, Massachusetts-based physician **Herbert J. Hall** adopted a work-based approach for treating *neurasthenia*, a functional nervous disorder resulting in fatigue and listlessness thought to be caused by the stress of societal change and the new cultural emphasis on productivity and efficiency (Beard, 1880). Hall agreed that the "rest cure" (popular at the time) was the wrong treatment for neurasthenia (Figure 2-2). Instead, Hall's "work cure" at the Marblehead sanatorium in Massachusetts sought to actively engage patients in activities such as weaving, basketry, and pottery, taught by skilled artisans, such as Jessie Luther, who had worked at Hull House in Chicago (S. H. Anthony, 2005). The new "work cure" approach became a suitable response to calls for improved mental health care. The "work cure" was also adopted at the Adams Nervine Asylum in Jamaica Plain, Massachusetts, where nurse **Susan E. Tracy** was hired to train nurses and to develop an active approach for treating patients (Quiroga, 1995).

In 1910, Tracy wrote the first book on therapeutic use of occupations, sometimes referred to as the "work cure approach", called *Studies in Invalid Occupation* (Tracy, 1910). Although primarily a craft book, Tracy's work applied the ideas of William James's pragmatism and led to her involvement in the first course on occupations for patients in a general hospital setting at the Massachusetts General Hospital (Quiroga, 1995).

FIGURE 2-2 Dr. Herbert J. Hall, Massachusetts psychiatrist and proponent of curative occupations, played a prominent role in the evolution of OT. (Photo credit: Archives of the AOTA, Wilma L. West Library, AOTF, Bethesda, MD. Used with permission.)

Tracy's book influenced **William Rush Dunton**, Jr., a psychiatrist practicing at the Sheppard and Enoch Pratt Asylum in Baltimore, to teach his own course on occupations and recreations for nurses working there. In 1912, Dunton was placed in charge of programs in occupation and later wrote his own book on OT (Andersen & Reed, 2017; Bing, 1961). Dunton's enthusiasm was such that he later became a significant advocate and leader in developing the OT profession.

In 1908, **Clifford Beers**, a Yale-educated businessman, wrote *A Mind That Found Itself*, a critical account of his treatment for mental illness in an asylum and his eventual recovery (Beers, 1908). His book spurred reforms in mental health care that led to the creation of the mental hygiene movement. This movement aimed to improve treatment of mental illness by placing emphasis on prevention efforts and providing care outside asylums (Dain, 1980).

As the first decade of the twentieth century ended, many state mental hospitals were using occupations as a regular part of their treatment. Under the auspices of the Hull House in Chicago and influenced by the mental hygiene movement, coursework in occupations and amusements for attendants at public hospitals and asylums began under the newly formed Chicago School of Civics and Philanthropy (Loomis, 1992; Quiroga, 1995).

One of the social work students at the school in a course called *curative occupations and recreations*, **Eleanor Clarke Slagle**, believed that the principles taught there could be applied usefully to idle patients in the state mental hospital at Kankakee, Illinois (Christiansen, 2007; Quiroga, 1995). Slagle's interest in curative occupations gave her impetus to do more study and later develop the curative occupations therapy program with Adolf Meyer at the prominent Phipps Clinic in Baltimore (associated with Johns Hopkins University), where she collaborated with Dr. William Rush Dunton, Jr., at the nearby Sheppard and Enoch Pratt Asylum (Andersen & Reed, 2017; Bing, 1961).

Meanwhile, in 1912, Elwood Worcester of Boston, one of the founders of the Emmanuelism movement, was invited to the Clifton Springs Sanitarium in upstate New York to teach courses to the patients there. One of the patients was an architect, **George Edward Barton**, who was recovering from tuberculosis and hysterical paralysis resulting from his experiences in the Western United States. Barton was so influenced by his personal benefit from the work cure that he became a zealot for using occupations in the recovery of physical illness. Upon his discharge, from the sanitarium, he studied nursing at the facility's school and opened "Consolation House," a convalescence center through which he hoped to apply the ideas of the emerging curative occupation ("work cure") philosophy (Figure 2-3) (Andersen & Reed, 2017; Quiroga, 1995).

Barton began corresponding with prominent advocates for curative occupations, including Susan Tracy, Susan Cox Johnson, and William Rush Dunton, Jr. From 1914 to 1917, Barton wrote articles and developed plans for establishing a profession of caregivers dedicated to the use of occupations in therapy. Dr. Dunton assisted him, but Barton was initially hesitant to use the physician's help, fearing that his lack of medical credentials might diminish his own role. Finally, in mid-March, 1917, the first organizing meeting of the Society for the Promotion of Occupational Therapy was hosted by George Barton at Consolation House in Clifton Springs, New York (Andersen & Reed, 2017; Bing, 1961).

In attendance at that meeting were Barton, Isabel Newton (his secretary and future wife), William Rush Dunton, Jr., Eleanor Clarke Slagle, Thomas Kidner, and Susan Cox Johnson, who had organized many curative occupation programs in New York City. Susan Tracy of Massachusetts had been invited but was not able to attend (Andersen & Reed, 2017). The meeting at Consolation House drew up a charter of incorporation, drafted a constitution for the new society, named committees, planned for an annual conference, and elected officers, with Barton as the inaugural president and Slagle as the vice-president (Andersen & Reed, 2017; Bing, 1961).

The following month, after the loss of American citizens with the sinking of the ocean liner *Lusitania* by German submarines, the United States entered World War I (WWI). The war had begun in 1914, but public opposition to involvement in the United States had remained strong because the casualties wrought by modern weaponry were enormous and neither the Allies (mainly Russia, France, and Great Britain) nor the Central Powers (Germany, Austria-Hungary, and the Ottoman Empire) were making much progress despite these losses. Once public sentiment changed and war was declared, a massive war mobilization effort was undertaken during the ensuing months. Mindful of the war's huge scale and its immense number of casualties, the War Department undertook careful planning to provide assistance to wounded and disabled soldiers who would return from combat (Andersen & Reed, 2017; Quiroga, 1995).

FIGURE 2-3 Society for the Promotion of Occupational Therapy Founders at Consolation House, Clifton Springs, New York, March 1917. Front row (left to right): Susan Cox Johnson, George Edward Barton, and Eleanor Clarke Slagle. Back row (left to right): William Rush Dunton, Jr., Isabel Newton, and Thomas Bessell Kidner. (Photo credit: Archives of AOTA, Wilma L. West Library, AOTF, Bethesda, MD. Used with permission.)

These planning efforts were given a head start through work by the Canadians, who, as part of the British Commonwealth, had been involved in the war since its inception. The vocational secretary for the Canadian Military Hospitals Commission, **Thomas B. Kidner**, a noted expert in manual training and technical education who had experience with vocational rehabilitation in England, was loaned to the U.S. government to assist with vocational rehabilitation efforts (Friedland & Davids-Brumer, 2007; Friedland & Silva, 2008). Then, emerging medical specialties, such as orthopedics, also sought to improve their standing during the war, which created some resistance to the inclusion of an untested group of occupation workers in this effort (Quiroga, 1995, p. 152).

Developments in Occupational Therapy (1900 to 1919)

In the period before WWI, several activities pursued independently by different individuals in different locations would come together in March 1917 during the meeting organized by Barton in Clifton Springs. The organizational meeting establishing OT included discussion about training programs and the need for standards (Andersen & Reed, 2017).

At that time, several programs for training occupation workers had been established in the United States, some of which were organized for nurses and others that were freestanding or organized under the auspices of settlement houses. The need for occupation workers in asylums had received significant impetus from the mental hygiene movement, reform efforts in mental health, and for patients recovering from physical injuries and chronic illnesses such as tuberculosis.

During its mobilization planning for WWI, the United States anticipated the need for a significant number of facilities and rehabilitation workers. Although there were efforts to recruit men to these roles, the military soon realized that women could be recruited and be trained to support the effort (Crane, 1927, p. 57). Some existing programs for curative occupations added courses to meet the anticipated standards of the surgeon general, whereas others were established in large East Coast cities explicitly for the war effort (Figure 2-4) (Andersen & Reed, 2017; Quiroga, 1995).

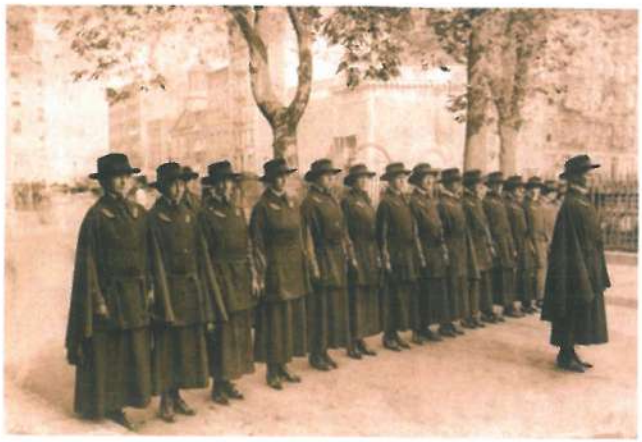


FIGURE 2-4 Reconstruction aides on parade in New York c. 1918. (Photo credit: Image Archive, U.S. Army Medical Department, Office of Medical History.)

Success in quickly establishing these important war training courses for reconstruction aides was made possible through the efforts of committed and prominent individuals who were able to organize the financial and political resources necessary to establish high-quality schools (Andersen & Reed, 2017; Quiroga, 1995). For various reasons, it was decided that a division of roles would be necessary with some reconstruction aides assigned to do orthopedic work, corrective exercise, and massage, whereas others, who became occupational therapists, provided handicrafts and support for "shell shock" which resulted from the stressful conditions of trench warfare, poisonous gas, and constant explosions from artillery (Low, 1992) (Figure 2-5).

FIGURE 2-5 Reconstruction aides in workshop preparing projects at base Hospital No. 9. Chateauroux, France, during World War I. (Photo credit: Image Archive, History of Medicine Collection, National Library of Medicine.)

Despite the success in recruiting and training qualified reconstruction aides for the war effort, the initial placement of these trained aides proved to be difficult because some physicians continued to view OT as a fad, failing to appreciate that it could have a worthwhile role in the treatment of wounded soldiers. However, after OT reconstruction aides achieved success at base hospitals in France, attitudes began to change (Andersen & Reed, 2017; Low, 1992; Quiroga, 1995).

By November 1918, when Germany and its allies surrendered, at least 200 reconstruction aides were serving in 20 base hospitals in France (Quiroga, 1995). The war ended on November 11, 1918. Between 1917 and January 1, 1920, nearly 148,000 sick and wounded men were treated upon their return to the United States at 53 reconstruction hospitals (Office of the Surgeon General, 1918). The military specifications governing OT for returning soldiers declared that it should have a purely medical function and be prescribed for the early stages of convalescence to occupy the soldier's minds. Even at this early date, there was a lack of clarity and considerable ambiguity in the roles and functions of the reconstruction aides providing OT. However, leadership in the newly formed professional association for OT, which was now known as the AOTA, provided wise advocacy for the recruitment of high-quality trainees. Dr. William Rush Dunton, Jr., succeeded George Barton as president of AOTA in 1917, and his friend Eleanor Clarke Slagle later succeeded him in the role. This provided a period of thoughtful and successful leadership that helped the new profession gain momentum and legitimacy after the war (Quiroga, 1995). See Box 2-2 for a summary of important influences and social movements from this period that impacted OT's development.

1920 to 1939

Historical Context

As the Treaty of Versailles following WWI was negotiated by the allies, President Woodrow Wilson proposed a League of Nations to prevent such wars from recurring. Wilson was successful in getting these terms into the treaty, but he suffered a severe stroke and the U.S. Congress never ratified them reportedly because Wilson refused to compromise on minor details of the ratification (Eubank, 2004). Ironically, the harsh conditions and reparations imposed on Germany at Versailles and the absence of U.S. leadership to organize the League of Nations contributed to political instabilities in Europe, economic shifts, and a rise in nationalism, which led to mistrust between various nations. Eventually, the rise of fascist leadership in Germany and Italy and additional

BOX 2-2 KEY POINTS: EARLY YEARS AND WORLD WAR I (1900–1919)

- A period of progressive movements in the United States brought political and social reform to improve working conditions, advance women's rights, and improve medicine and psychiatry.
- The arts and crafts and curative occupation movements, which were reactions to industrialization and modernization, led to the formation of a formal OT professional society in 1917.
- The U.S. entry into World War I created the need for services to reconstruct wounded soldiers, giving OT an early opportunity to advance its cause.
- Key people during the era included Herbert Hall, George Barton, Eleanor Clarke Slagle, William Rush Dunton, Jr., Susan Tracy, Adolf Meyer, and General J. J. Pershing.

tensions foreshadowed Hitler's decision to invade Poland in September 1939 and begin what was to become World War II (WWII) (Zaloga, 2004).

Within the United States, the period from 1920 to 1939 framed the continuation of significant societal transformations as women asserted their right to vote. The first decade of this period is sometimes called the "roaring twenties" because the advancements of the era in manufacturing, transportation, and communication encouraged a sense of optimism and excess (Cooper, 1990). Profits in industry allowed increased earnings for workers, and the introduction of installment buying led to a very high level of consumerism that fueled a robust economy. Yet, new wealth encouraged widespread and irrational speculation in the stock market, which contributed to the stock market crash of 1929 and a long period of hardship that followed, known as the *Great Depression*.

In rural areas, the economic situation was made more difficult by a persistent drought that was worsened in some areas by poor conservation (Egan, 2006). With unemployment at 25% and family incomes sliced in half, many people were desperate (McElvaine, 1993). President Herbert Hoover, an engineer, humanitarian, and respected administrator, was unable to contend with a crisis made worse by a financial disaster in Europe. In 1932, Franklin D. Roosevelt was elected to the first of four terms, and he quickly moved ahead with economic and social reform programs, collectively called the "New Deal." These included Social Security, higher taxes on the wealthy, new controls over banks and public utilities, and enormous work relief programs for the unemployed, including the Civilian Conservation Corps for rural conservation and environment projects and the Works Progress Administration focusing on constructing or repairing bridges, libraries, and public buildings (Kennedy, 1999). There were also efforts to support artists to create public murals, sculptures, and paintings and writers to produce books and plays. These government-sponsored programs contributed to the public's recognition that creative and productive activities were essential for both economic and social and psychological benefit.

People and Ideas Influencing Occupational Therapy (1920 to 1939)

The founders of the National Occupational Therapy Society had set events in motion for the rapid evolution of their new profession. After George Barton's abrupt resignation in 1917, **Dr. William Rush Dunton, Jr.**, (Figure 2-6) helped to advance the new society, which was then focusing

FIGURE 2-6 William Rush Dunton, Jr., MD, a physician at the Shepard and Enoch Pratt Hospital near Baltimore, was a founder of AOTA, an early president of the organization, and a strong proponent of OT. He was a prolific writer of articles and books and served as founding editor of the profession's first journal, *Archives of Occupational Therapy*. (Photo credit: Archives of the AOTA.)

on standardizing educational programs. Dunton embraced Adolf Meyer's theory of psychobiology, which provided a common sense approach to treating mental illness (Christiansen, 2007; Lief, 1948). Psychobiology was holistic and practical, emphasizing that mental disease was reflective of habit disorganization in the lives of those affected. Meyer believed that humans organized time through doing things and that a balance of activities involving work and rest was essential for well-being. More importantly, Meyer and Dunton shared the belief that occupational therapists had an important role in helping patients reorganize their daily habits and regain a sense of optimism. Meyer expressed these ideas in a paper given at the Fifth Annual Meeting of the AOTA held in Baltimore, Maryland, during October 1921 (Meyer, 1922).

Meyer's ideas were consistent with the emerging central beliefs of OT in that it recognized that forced idleness during convalescence was not only morally wrong but also disorienting and physically debilitating. Through engagement in occupations, Meyer asserted that patients could ward off depression and gain a sense of self-confidence that would help motivate them further (Christiansen, 2007). There were also economic motivations to normalize lives by enabling individuals to develop skills that would help them become economically independent of assistance by the state (Figure 2-7).

FIGURE 2-7 Dr. Adolf Meyer, a renowned psychiatrist and advocate for OT, shown at the Henry Phipps Clinic at Johns Hopkins University around 1915. (Photo credit: Meyer Collection, Alan Chesney Memorial Library, Johns Hopkins University.)

Within psychiatry, other theoretical perspectives, including the work of Sigmund Freud, overshadowed Adolf Meyer's theory of psychobiology. Freud's emphasis on unconscious drives captured the interest of many psychiatrists as well as the general public (Burnham, 2006). Freudian psychoanalysis remains a contentious topic (Brunner, 2001), and many historians view the distraction it created as a scientific setback (Eysenck, 1985). Moreover, the progress made in general medicine in treating common diseases during that era encouraged pursuit of biological explanations in the treatment of mental illness. One theory held that mental conditions were caused by focal infections in the body and led to unnecessary and sometimes harmful surgeries to some institutionalized mental patients because patient consent was not yet required for experimental procedures (Scull, 2005). Electroconvulsive treatments and lobotomies began to be used with both positive and negative consequences, and these treatments remain controversial (Fink & Taylor 2007; Pressman, 1998).

The trend toward medicalization in OT that occurred in the 1920s and 1930s was purposely influenced by strategic decisions of the profession's leaders. In their quest for professional legitimacy, OT leaders perceived that there would be benefit in allying more closely with organized medicine (Andersen & Reed, 2017). The rise of physical medicine and rehabilitation as a specialty of medicine and the leadership of **Frank H. Krusen, MD**, had a clear influence on the practice of occupational therapists in rehabilitation. Krusen believed that OT was simply a special application of physical therapy and that the two disciplines should merge (Krusen, 1934). This point of view had adherents in Canada, where training programs combined the theory and practices of both professions and produced graduates who could be dually credentialed (Friedland, 2011).

During the 1920s and 1930s, the principles of OT were also viewed as beneficial in the care of persons with tuberculosis, a disease stigmatized through its association with immigrants and poverty. Thomas B. Kidner, the Canadian vocational education expert who had been a member of the American Occupational Therapy Association founder's group at Clifton Springs, decided to remain in the United States after his temporary assignment to advise the surgeon general had concluded. Kidner, who served two separate terms as president of the AOTA, used his role as a vocational expert to plan facilities that included workspaces for OT and vocational training (Friedland & Silva, 2008). Kidner had a keen interest in the relationship between OT and vocational training, yet the formal relationship between these two important areas of social benefit remained distant well beyond his death in 1932. This unresolved issue would reemerge in an area of applied theoretical emphasis 30 years later known as "occupational behavior" (Kielhofner & Burke, 1977; Reilly, 1962).

Occupational Therapy (1920 to 1939)

In OT, the early part of this era was dominated by the continued "reconstruction" of wounded soldiers from WWI, which occurred at more than 50 hospitals established with reconstruction in mind (Quiroga, 1995). These facilities provided employment for occupational therapists in the early 1920s as did the curative occupation programs in place at mental hospitals (Hall, 1922).

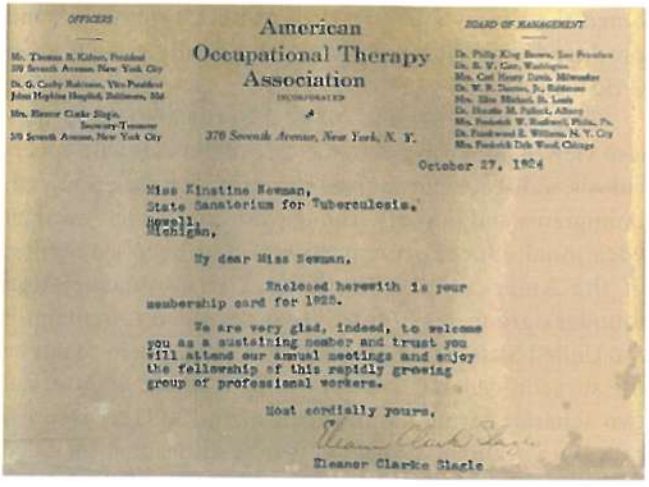
The AOTA became an effective organization for promoting the profession through its network of members, annual meetings, and the publication of a journal under three different names (*Archives of Occupational Therapy*, *Occupational Therapy and Rehabilitation*, and *American Journal of Occupational Therapy* [now *AJOT*]) between 1917 and 1925, at which time the association had nearly 900 members listed in its registry (Dunton, 1925) (Figure 2-8).

In order to continue the development and growth of the new profession during the 1920s, Eleanor Clarke Slagle, who served as president and later secretary-treasurer of the new society for 15 years, found creative ways to continue promoting the field through networking among women's clubs and the establishment of a national office in New York City (Figure 2-9) (Andersen & Reed, 2017; Metaxas, 2000; Quiroga, 1995). Attendance in the association and in the society grew steadily during this time so that by 1929, there were 18 state and local OT associations and approximately 1,000 members of the AOTA (Slagle, 1934). The association leadership continued to foster stability and quality in the profession by emphasizing standards for educational programs and their graduates. The profession worked to gain legitimacy through aligning itself with other professionals, especially physicians (Andersen & Reed, 2017; Quiroga, 1995).

In 1935, after several years of negotiation, the accreditation of OT programs was initiated in concert with the American Medical Association (Quiroga, 1995). During this period, male physicians dominated association leadership in OT; still, many more positions for occupational therapists were being created in specialized facilities for physical rehabilitation, mental health, and tuberculosis.

The emergence of physical medicine and rehabilitation in the mid-1930s, which had been influenced by physicians who used physical agents and practiced physical therapy, was reflected in many of the publications during this era (Slagle, 1934). Because occupational therapists assumed roles in rehabilitation units, they adopted goniometry and began adapting tools and equipment to enable patients to gain strength, endurance, and range of motion while doing crafts (Andersen & Reed, 2017).

During this period, polio epidemics and President Franklin Roosevelt's polio-related paralysis brought



American
Occupational Therapy
Association
INCORPORATED
370 Seventh Avenue, New York, N. Y.

October 27, 1924

Miss Kinstine Newman,
State Sanatorium for Tuberculosis,
Howell,
Michigan.

My dear Miss Newman,

Enclosed herewith is your membership card for 1925.

We are very glad, indeed, to welcome you as a sustaining member and trust you will attend our annual meetings and enjoy the fellowship of this rapidly growing group of professional workers.

Most cordially yours,

Eleanor Clarke Slagle

FIGURE 2-8 Letter from Eleanor Clarke Slagle, secretary-treasurer of AOTA, acknowledging dues receipt to a new sustaining member from Michigan (October 27, 1924). (Photo credit: Archives of the AOTA, Wilma L. West Library, AOTF, Bethesda, MD. Used with permission.)

FIGURE 2-9 Eleanor Clarke Slagle. Her work as founder and tireless leader is recognized through a prestigious lectureship named in her honor. (Photo credit: Archives of the AOTA, Wilma West Library, AOTF, Bethesda, MD. Used with permission.)