

ULRR

A pioneer occupational therapist in 50's and 60's Ireland: an oral history

Item Type	Thesis
Authors	Ring, Fiona
Download date	2026-06-06 17:16:43
Item License	https://creativecommons.org/licenses/by-nc-sa/1.0/
Link to Item	https://hdl.handle.net/10344/3227



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

MSc Occupational Therapy

OT6054: Occupational Therapy 4

Module Leader: Dr. Judi Pettigrew

11005076

2nd Year

22nd April 2013

Word count: 5040

A Pioneer Occupational Therapist in 50's and 60's Ireland: An Oral History

Abstract

Background: The history of Occupational Therapy in Ireland has yet to be documented and the literature suggests there were only a handful of trained occupational therapists working in Ireland in the 1950's. This study is part of a wider project on the History of Occupational Therapy in Ireland, which seeks to address this gap and follow in the steps of other health professions who recognise the importance of documenting their roots.

Purpose: The purpose of this study is to capture the experiences of a pioneer occupational therapist who began working in Ireland in the late 1950's. The aim is to focus on the early years of her training and career to document her contribution to the beginnings of the profession in Ireland.

Methods: A qualitative oral history methodology using a case study research design was adopted. The method of data collection was semi-structured interview. Data analysis was completed using thematic analysis.

Findings: This oral history captures the challenges and rewards of being a pioneer occupational therapist working in Ireland in the 1950's/1960s. Rich descriptions of the use of crafts and the adaptation of machines are presented. The underlying skills, characteristics and attributes of this pioneer were identified through her narrative, as well as key philosophies of the profession that still guide Occupational Therapy today.

Conclusion: By documenting the contribution and experiences of this pioneer, it is hoped that this study will add to knowledge of the History of Occupational Therapy in Ireland and will be a useful resource for future generations.

Introduction

The History of Occupational Therapy has been documented internationally and much is known about the origins of the profession in the early 20th century in the United States. Scholars from other countries have also recorded their own histories and outlined the contributions of their pioneers. Occupational therapy came to Ireland later and the literature suggests that it was not until the 1960's that the profession became established. However, there is some evidence that occupational therapy was being practiced here before the 1960's either by psychiatric nurses or by a handful of therapists trained in England. The issue is that there is no record of the history of the profession in Ireland and this represents a gap in our professional identity (Trentham 2011). Historical research is important to a profession (Trentham 2011) and other health professions in Ireland, such as nursing and speech and language therapy have been successful in documenting their histories. It is important to know how a profession developed in order to place it within a historical context, map its changes and identify where it may be going in the future.

The purpose of this research is to add to the knowledge of the history of the profession in Ireland, by documenting the experiences of one of the first occupational therapists to work here. The aim of this study is to present an oral account of her life, and present her contribution to the beginnings of the profession in Ireland. With this in mind the research question was formulated and asked: *What were the experiences of a pioneer occupational therapist working in Ireland in the 1950's/1960's: A case study approach.*

Review of Literature

Documenting the history of occupational therapy internationally.

According to Hagedorn (2002) occupational therapy began in the US and Canada in the early 20th Century, was introduced to the UK in the 1930's and to the rest of the world after the Second World War. The importance of historical research has been highlighted in papers and conference presentations in the US and Canada (Trentham 2011). For example Sedgwick et al (2007) explored the mental health roots of occupational therapy in Canada by completing a review of primary texts between 1925-1950. In the US much is known on the founding of the National Society for Promotion of Occupational Therapy (NSPOT) in 1917, which was later renamed the American Occupational Therapy Association (AOTA) (Schwartz, 2003). A number of historical books have been published from various countries, for example, America (Friedland 2011b), Canada (Quiroga 1995) and Scotland (Paterson 2010). Other projects have sought to bring together accounts and oral histories to one location. For example, the Atlantic Canada Oral History Project and the American Occupational Therapy Foundation Project to record oral histories of those identified as leaders in the profession (<http://history.occupationaltherapy.dal.ca/>). In the UK although no such archival project exists, much is known about the history of the profession, the early pioneers such as Dr. Elizabeth Casson and the setting up of the first school of occupational therapy, Dorset House in 1930 (Oxford Brookes University 2004) (Friedland 2007) (Hocking 2007) (Tyldesley 1999). International papers on pioneer occupational therapists highlight individual contributions such as Margaret Mort, an Australian pioneer (Lyons 2004), Helen Primrose LeVesconte from Canada (Friedland 2011a) and British papers on Thomas Bessell Kidner and Alice Constance Owen (Friedland 2007) (Friedland & Silva 2008) (Tyldesley 1999).

Documenting the History of occupational therapy in Ireland

In Ireland, there is limited literature on the development of the profession. Two previous M.Sc. students have carried out research in this area - Lenihan (2010, Personal Communication) and Flynn (2011). Evidence suggests that psychiatric nurses were the first occupational therapists to be trained in St. Josephs College, Dublin which opened its doors in 1963 under a British curriculum (Personal Communication). The first graduates emerged

in 1967. A reference to this was made in a DÁIL questions and answers session from 1965 where a Mr. Mullen asked the then Minister for Health:

'if any decision has been made as to the future status of psychiatric nurses who successfully complete the occupational therapy course in St. Joseph's College, Dún Laoghaire; and if he is now in a position to state when the post of occupational therapist will be created and given to each nurse concerned'

In his reply the minister stated they were looking into it.

(<http://historical-debates.oireachtas.ie/D/0219/D.0219.196512150104.html>)

There are references made in the literature to occupational therapists in Ireland before this. An article about Anna King appears in The Irish Journal of Occupational Therapy (IJOT) (Boland & Boyle 1997) discussing her life. Anna was already working in St. John of Gods as an occupational therapist in 1963 when she was asked to lecture in the newly opened St. Josephs College. She trained at Dorset House in England and although it is not clear on the year, she states that on returning to Ireland 'I feel very privileged to have come into a profession when there were only three people working in it in this country' (Boland & Boyle 1997, p.30). Another pioneer referred to in IJOT is Ann Beckett (Butler & Ryan 2004) (Patterson 2004). In an interview with Mary Patterson (2004) she discusses working as an occupational therapist after the war where the focus was either on rehabilitation of ex-service men or psychiatric hospitals. Ann also trained in Dorset College in the UK in the late 1940's, after which she returned to Ireland. In her interview she mentions a meeting with Dr. Noel Browne, the then Minister for Health, in 1948 to discuss posts for occupational therapists to which he said there were none, as nurses were claiming the role. Ann eventually went to work in the CRC during the 1950's with Lady Goulding. Ann Beckett, as well as Anna King, were both founding members of the Association of Occupational Therapy of Ireland (AOTI) in the early 1960's.

These interviews give us some insight into the beginnings of occupational therapy in Ireland in the 1940's & 1950's. We know both Anna King and Ann Beckett were both working as trained Occupational therapists in Ireland in the 1950's. However, the 1960's was the decade when the first training college, St. Josephs and AOTI were founded. This would indicate that the 1960's was the period when the profession was really taking root in Ireland with graduates moving into the workforce from 1967 onwards. The 1950's and 1960's have

been identified more generally in the literature as a period of professionalisation and coming of age of occupational therapy (Schwartz, 2003) (Cockburn, 2001).

Why do historical research?

“It is important to know where we came from, to document the early years, it is only in this context that we can evaluate where we are and where we are (should be) going” (Irish Associations of Speech and Language Therapy, 2006)

Other health professions have long recognised the importance of their history and examining their approaches and justifications can be of use to guide this project. An analysis of some of their literature shows similar reasons given for why documenting a professions history is so important. Firstly, knowing ones history can contribute to the development of a professional identity and helps socialise students into the profession. Secondly, it can create a sense of pride and encourage critical reflection. In addition, by knowing where current practices and policies originated from and by placing them within a historical context, this can show how cultural, economic and political contexts have shaped a discipline. Another reason given is that by identifying past trends and paradigm shifts, you can reflect on where a profession may be going in the future (Canadian Nurses Association 2007) (Trentham 2011) (Irish Associations of Speech and Language Therapy 2006).

Methodology

This research project documents the experiences of a pioneer occupational therapist working in Ireland during the early days of the profession. My initial interest in the history of occupational therapy drew me to this topic. As St. Josephs College and the AOTI both began in the early 1960's, this decade seemed an appropriate time period to focus on. The literature review highlighted an absence of research around this time period. Therefore, occupational therapists themselves have emerged as the primary data source and as there are few other sources it is vital that their stories are recorded before it is too late.

As this research aims to be exploratory and in-depth in nature, and due to the fact that so little is known, overall the research design adopts a qualitative path of inquiry working within an interpretive/constructivist paradigm (Creswell 1994). A qualitative methodological approach was chosen because of its exploratory and descriptive nature, its focus on context and setting, and its search for a deeper understanding of participants lived experiences (Marshall & Rossman, 1995:12). My epistemological concern with understanding the subjective experiences of people's lives (or in this case their work life) assumes ontologically that the actors have attitudes that are 'meaningful components of the social world' (Mason 2002: 17). By examining what practices the occupational therapists employed and by recording their stories, I am also assuming that these actions are meaningful and can contribute to knowledge of the profession.

This project also adopts a case study research strategy, as it fits within a wider qualitative methodological approach and uses its methods such as interviews (Gillham 2000). In addition, initial investigations revealed a limited number of pioneer occupational therapists available and willing to participate in the study due to the age and size of the population. Therefore a case study approach focusing on one individual as the 'case' was deemed the most appropriate strategy in developing the research design. A case study method would allow for the detailed exploration of one pioneer (the case) where her contribution to the beginning of occupational therapy in Ireland could be explored and documented. Yin (2003) argues that a single case study is an appropriate method to use when it represents an extreme or a unique case. In addition, 'Sometimes, in-depth knowledge of an individual

example is more helpful than fleeting knowledge about a larger number of examples' (Gerring 2007, p. 1)

As this research aims to record and document the experiences of a pioneer from a particular era, an oral history method was used as part of the research strategy, using a semi-structured interview guide as outlined by Patton (2002). Oral history is an effective method to facilitate an understanding of past events and is a useful tool for giving insight into collective practices and behaviours. A recent article by Trentham (2011) in *Occupational Therapy Now*, presents a case for the value of oral histories to the profession of occupational therapy, highlighting how it has been used as an effective method of inquiry by the nursing and medical professions. Both of these professions, argues Trentham (2011), recognise the value and importance in preserving and recording individuals' experiences and insights into the development of their discipline and suggests that occupational therapy does the same.

A convenience sampling strategy was adopted based on information gathered from participants who were interviewed in previous years, which gave leads to potential pioneers. One pioneer occupational therapist was interviewed for two hours during 2012 and transcribed verbatim. As the focus of this case study is on the early professional experiences of a pioneer, the boundaries of the case were set to focus predominately on the 1950's and 1960's, which also helped define the data included for analysis. The interview was analysed using the thematic analysis method which can provide rich and complex accounts of the data (Braun & Clarke 2006). This strategy used inductive open coding initially to identify themes but adopted a more holistic approach to retain context and 'wholes' within the data, rather than the traditional cross sectional analysis or slicing up of data (Mason, 2002) .

The researcher played an active role in the data analysis process by emerging herself in the data to ensure creditability. In addition, field notes were used during the data gathering phase, to record salient features, themes and to allow the researcher to take a reflexive approach. By documenting the researchers thought process during the data gathering and analysis phase through field notes, research diaries and peer review, dependability and confirmability were enhanced, thereby contributing to trustworthiness overall. (Creswell 1994)

Ethical issues

Ethical approval was obtained from the University of Limerick Clinical Therapies Research Ethics Committee. It was envisaged that this research would have minimal risk to the participant but in the event that difficult stories or memories were invoked during the interview, it was made clear that the respondent could pause, take a break or pull out at anytime. The design of the topic guide was done in such a way as to not intrude on the interviewee's private life in any way that would distress or upset her (Mason 2002). The participant signed a consent and deed of gift form prior to participation outlining the nature of the storage of the data in a secure electronic archive in the University of Limerick which will be password protected. In addition, the participant gave consent for her name to be used in the study to aid with her professional recognition and contribution to the profession. However, as per ethics guidelines a pseudonym was used in this research article.

Key findings from the oral history

Training

Alice, a native of Dublin entered the Sisters of Charity when she was 23. As a 26 year old novice when she was sent with a fellow student to Hampstead in England in 1956 by her Mother Superior on the direction of the Archbishop of Dublin to train as an occupational therapist.

“The two of us were sent to England she to do speech and I'd do OT, in order to come back and set up a rehabilitation facility in Dublin. For two reasons the Archbishop of Dublin was conscious that a lack of such facilities existed, which had become commonplace elsewhere in Europe”

When she went to England neither herself nor the Mother Superior really knew what occupational therapy was and in fact she thought she was going to do physiotherapy. *‘But the interpretation from the general at the time was that I was going to do physiotherapy because she didn't know the difference and when I got there I discovered it was occupational therapy’*

She describes the course as ‘*a very academic course on the one half and crafts on the other*’. Clinical placements were also required. The crafts she learnt included pottery, weaving, woodwork, home craft and art. She describes home crafts as the beginnings of Activities of Daily Living (ADL's). However, it was the application of crafts to treat conditions that distinguished occupational therapy from other professions.

“There was applied OT which was the application of the crafts to the condition you were going to treat and you had to work out in your mind how you were going to apply those crafts to particular conditions.....for example we did a lot cane work for hands and fingers to make them very nimble”

Setting up services

Alice was instrumental in setting up a number of occupational therapy departments and rehabilitation facilities in Ireland. When Alice returned from her training in England in 1959 she states she was only one of three occupational therapists working in Ireland. She started her career in Cappagh Hospital, which was run by the Sisters of Charity. Here she set up one of the first occupational therapy departments in the country. From there she moved to St. Anthony's in 1961, which was the newly built rehabilitation facility envisaged by the Archbishop of Dublin. In addition Alice was involved with the newly opened St. Josephs College in 1963, as one of its key lecturers and worked there for most of the 1960's. She also was one of the founding members of the AOTI in 1964 with Ann Beckett.

Alice drew on her excellent training in England to inform her early work including her experiences from clinical placements. She describes how she modelled a lot of her early practices and plans for services on this. For example, the day program set up at St. Anthony's was modelled on the Camden Rehabilitation centre in London, which was a famous rehabilitation outpatient hospital in its day.

<http://ezitis.myzen.co.uk/mrccamdenroad.html>

Early challenges

Alice was the first occupational therapist to work in Cappagh hospital and the profession was then virtually unknown. The challenge for her in the early days was to convince other professions of the value and benefit of occupational therapy, which '*was a very difficult thing to get across*'. On first entering Cappagh she comments:

"Now that was no easy dose for two things, it was a very physical hospital, there was a very well-established physiotherapy department and I was seen as encroaching on their space and I was viewed very suspiciously and I was quizzed up and down and in and out, and I have to justify everything I did. "

There was already a craft teacher on staff doing activities with the patients such as knitting and lamp shade making. We get a real sense of how Alice was also using crafts but adapting them in a different way and this was a new approach that others did not understand.

'yeah but that was right across-the-board you really had to in those early days prove your worth - that this wasn't basket making, this was a more process of rehabilitation and getting function back into people's bodies.'

Early techniques and methods in Cappagh.

Alice presents rich descriptions of different techniques she used in treating patients including the use of machines that are now extinct. For example, in the following passage she highlights how different machines were adapted in order to aid with rehabilitation.

"I got the children down into the departments and I adapted weaving machines, and I had a bicycle and a fretsaw and all of those things to get their legs going and I had contact with guys who could make things up for me, the engineering shop and they made up the lathes"

In the following quote we see a rich example of how she used lathes for working on joints and toning up muscles.

'There was a lot of application for example say if there was a fellow who had surgery on his knee and he wasn't exercising, you could slay him up under the Lathe and he would pump with the other leg and the reason he had to balance himself, meant he was tightening his quads and buttocks all the time'

If clients required any equipment the staff had to make it themselves and sometimes the patients would help. Alice viewed this as very valuable - *'It's was very great to get the patient involved in creating the thing they needed'*

Often they adapted equipment, for example stools or chairs for the home. Patients also made items to sell to families and friends. One example of this was making trays using overhead drills.

'There are fantastic things that you have now but we had to make an awful lot of stuffWe had to make our own bath seatsNow all of those you can purchase now in PVC but we had to make all those in timber'

Early methods and techniques in St. Anthony's

When Alice began working in St. Anthony's the team consisted of a doctor, occupational therapist, a speech and language therapist, a nurse and a gymnast. A year later she states a physiotherapist joined the staff. Initially, the team ran a day program for clients and she describes how they worked together as a very close team.

'you see, we had to work with each other in those days, we really had, it was new to the doctors too you see, there was no one coming into this full of knowledge, it was all a learning experience for the whole lot of us'

Clients had individual programs drawn up for them after an initial assessment by the doctor. The type of clients that came to the facility were those who had strokes, neurological conditions or accidents such as amputees. Alice was also involved with work injuries and rehabilitation in the workplace.

Alice describes how she had two rooms in St. Anthony's for treating patients, one was a kitchen and the other an ADL room for bathing and dressing. Clients were able to trial different adaptations for the home and home visits were then completed at the weekend. There is a great sense of enabling clients to be independent here. For example, in one story she describes how a woman with a frail arm, made her own device to help peel potatoes.

'she went home and she could peel the spuds, chip them and put them in the pan and her 3 guys came in for their supper and she was able to give them chips!'

'She had achieved. She was back in charge in her own home and able to cook for the family.'

In addition to the day program, a monthly social club for the clients and their families was set up by the patients themselves. Information clinics were also run for families on particular conditions for example Rheumatoid Arthritis as if *'if they didn't have the understanding more stress was put on the patient'*.

Discussion

Alice began working as an occupational therapist in Ireland in 1959 and according to her reports there were only two other occupational therapists working in Ireland at the time, Anna King and Ann Beckett. The interview with Anna King also supports this (Boland & Boyle 1997). We know from the interviews with these early pioneers that some form of occupational therapy was being practiced in Ireland for a long time before this, but under a variety of names. For example, occupying patient's time with crafts and activities within psychiatric hospitals was a widespread practice that dates back to the 1700's during the moral treatment era (Friedland 2011b). There is some evidence to show that psychiatric nurses in Ireland were performing a version of occupational therapy with their patients. In Ann Beckett's description of her meeting with Dr. Noel Browne in the late 1940's to discuss posts for occupational therapists he stated that nurses were already doing this work. Again in the 1960's this question about creating professional posts was brought to the Minister of Health highlighting how these still had not been established yet. Despite this, the three trained occupational therapists discussed above were working in some of the key hospitals in Ireland. Ann Beckett in the Central Remedial Hospital in the 1950's. Anna King in St. John of Gods and Alice in Cappagh Hospital and then St. Anthony's. There is another pioneer, Norah Ferris, who is well known in Ireland as one of the first occupational therapist working in the National Rehabilitation Hospital, Dublin but little information was found when looking into her life and contribution, highlighting a lack of documentation.

For these early occupational therapists it could not have been an easy road, being the first. All three of the pioneer therapists mentioned above trained in England and came back to Ireland with the challenge of establishing an unknown profession. In some cases it seems like the pioneers themselves didn't really know what they were getting into when they began their training, as with Alice. This must have been a daunting but adventurous challenge for those with a particular sort of disposition and suitability to this type of work. It also highlights how there was a lack of knowledge in general as to what occupational therapy was, and it seems to have been placed somewhere between physiotherapy and nursing in the public discourse. Therefore, we get a sense of how their role was to carve out a niche for themselves as health professionals within established settings, as well having to explain what occupational therapy was both to colleagues and patients.

From Alice's accounts establishing some of the first occupational therapy services seems to have been both a challenging and rewarding task. Where facilities were built from the ground up, with a new team starting together, as with St. Anthony's, there seems less obstacles and more autonomy to implement purposeful programs and techniques. However, for a newly qualified occupational therapist going into an established hospital such as Cappagh, with a well developed physiotherapy department, a different sort of challenge was required to be overcome. It is from these rich descriptions of interactions with doctors and other health professionals that we get a sense of the personal attributes demonstrated by Alice such as assertiveness, creativity, courage and resilience in the face of opposition.

Alice was picked out of many novices to train in England because she was viewed as practical and good with her hands. These were the skills occupational therapists were believed to require at the time. She describes being taught a variety of crafts and how to apply these crafts to aid in the recovery of certain conditions or injuries. While courses today still have the anatomy and physiology component, the learning of crafts is no longer part of the training for an occupational therapist and belongs to its history. A clash of paradigms caused conflict within the profession from the 1960's onwards due to the shift to a more scientific medical paradigm, which moved away from its arts and craft humanistic roots (Schwartz 2003). However, we get no sense of this from Alice, who still was using crafts as a medium for treatment. We get rich descriptions from Alice's narrative of clients engaging in woodwork to make or adapt devices for their homes such as timber bath boards, or making items for their family and friends. In addition, Alice adapted a variety of machines no longer in use today such as lathes and fretsaws as part of the rehabilitation process.

We can see in Alice's account the beginnings of the philosophies that underlie professional practice today. She talks about treating the whole patient and not viewing them as component parts as some other professions did. This included involving family and friends through the social club and family educational sessions. She highlights how important it was to get patients involved in their own recovery, by making their own equipment for the home or work so they are active agents. She took account of this home and work environment highlighting context and the relationship between the person, occupation and environment. The focus was on enabling clients to continue the activities that they wanted to do whether that was being able to continue to cook for their family at home or staying in their job. Crepeau et al (2003) detail three principles that describe contemporary occupational

therapy: Client-centred practice, occupation-centred practice and evidence based practice. In Alice's practices we can see at least two of those principles.

Limitations and future research

This is a small scale study that is part of a wider project to document the History of Occupational Therapy in Ireland. By focusing on one case only, the purpose is to document Alice's oral history and contribution to the profession, rather than capturing the experiences of all early occupational therapists. The limitation of this is that it cannot be generalised to represent other occupational therapists or pioneers. Due to a lack of written documentation around this time period, verification is also impossible. Additional participant interviews would have enabled a more in-depth picture of common experiences. Moving forward it would be useful to gather additional oral histories from the 1960's to do just that. In addition other potential research areas emerged such as the role of St. Josephs college in the 1960's and the training of psychiatric nurses. Alice's account of her involvement with St. Josephs was not included in this article, as the focus was clinical practice, but points to further areas to expand upon. In addition, Britain's role in training and shaping the early pioneers' work, as well as the original curriculum in St. Josephs warrants further investigation.

Conclusion

A review of the literature highlighted a paucity of information on the History of Occupational Therapy in Ireland and revealed how other countries have strived to document their professions origins and the contributions of their early pioneers. With little written documentation available on this time period, oral histories emerged as an important source of information on the early days of the profession in Ireland. Accounts from two key Irish pioneer occupational therapists have been documented briefly in IJOT but oral histories provide one way to preserve and record individual's experiences and insights into the development of the profession as recommended by Trentham (2011)

Alice's contribution to occupational therapy in Ireland is important, as she was one of only three trained occupational therapists that we know of working in Ireland in the late 1950's. She set up one of the first official occupational therapy departments in the country at Cappagh Hospital and was instrumental in establishing an innovative day rehabilitation facility at St. Anthony's. At the time only the National Rehabilitation Hospital (est. 1961) offered similar services. In the 1960's, Alice went on to become a founding member of AOTI and was one of the first lecturers in St. Joseph's college, together with Ann Beckett, Anna King and Norah Ferris. These ladies have emerged as the key pioneers who shaped the profession in the early days and it is important that their contributions are recorded.

From Alice's account we get a rich description of her training in England highlighting the arts and crafts roots of the profession. We see how British practices influenced early occupational therapy in Ireland, as Alice modelled her programs on what she had seen over there. We get a picture of what it was like coming back to Ireland and the challenges of establishing a new health care profession that was virtually unknown. We gain insight into the early methods and techniques used with patients, from basket weaving to the application of machines no longer in use for rehabilitation purposes, such as lathes and fretsaws. Most importantly of all, coming through the stories and accounts of working with patients, we see the underlying philosophies that still guide occupational therapy today. These are client-centred holistic approaches that use occupation-based practice to facilitate recovery and enable clients to continue the occupations that are important and meaningful in their lives. Alice's narrative reveals what has changed but also what has stayed the same.

Bibliography

Boland, L. & Boyle, B. (1997) 'Interview with Anna King on her retirement as Director of the School of Occupational Therapy, T.C.D.' in *Irish Journal of Occupational Therapy*, 27(2), 29-30

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), 77-101.

Butler, E., & Ryan, B. (2004) 'An Appreciation of Ann Beckett' in *Irish Journal of Occupational Therapy*, 33 (2)

Canadian Nurses Association (2007) 'The Value of Nursing History Today', available: www2.cna-aiic.ca/CNA/documents/.../PS93_Nursing_History_e.pdf [accessed 24th March 2012]

Cockburn, L. (2001) 'The Professional Era, CAOT in the 1950's & 1960's' in *Occupational Therapy Now*, May, available: <http://www.caot.ca/otnow/may01-eng/may01-history.cfm>, [accessed 24th March 2012]

Coleman, W. (1990) 'Recruitment standards and practice in Occupational Therapy, 1900-1930 in *American Journal of Occupational Therapy*, 44(8), 742-748.

Crepeau, E.B., Cohn, E.S., Schell, B.A. (2003) 'The History of Occupational Therapy' in (10th edition) *Willard & Spackman's Occupational Therapy*, Philadelphia: Lippincott-Raven Publishers

Creswell, J.W. (1994) *Research design: qualitative and quantitative approaches*, London Sage.

Flynn, M.E. (2009) '*Working in the minority: The lived experiences of male occupational therapists in Ireland*'. Unpublished master's thesis, University of Limerick.

Frank, G. (1992) 'Opening feminist histories of occupational therapy', *American Journal of Occupational Therapy*, 46(11), 989-999.

Friedland, J (2007) 'Thomas Bessell Kidner and the Development of Occupational Therapy in the United Kingdom: Establishing the Links', *British Journal of Occupational Therapy*, 70 (7), 284-291.

Friedland, J. & Silva, J. (2008a) 'Evolving identities: Thomas Bessell Kidner and occupational therapy in the United States', *American Journal of Occupational Therapy*, 62(3), 349-360.

Friedland J. (2011a) 'Helen Primrose LeVesconte: Honouring an occupational therapy pioneer'. *Occupational Therapy Now* Jan-Feb 2011; 13(1):19-21.

available: www.caot.ca/otnow/jan11/helen%20p.pdf [accessed 4th April 2013}

Friedland, J. (2011b) *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada*, McGill Queen University Press:

Gerring, J. (2007) *Case study research: principles and practices*. Cambridge : Cambridge University Press

Gillham, B. (2000) *Case study research methods*. London: Continuum

Gordon, D.M., (2009) 'The History of Occupational Therapy' in Crepeau, E.B., Cohn, E.S., Schell, B.A., (11th edition) *Willard & Spackman's Occupational Therapy*, Philadelphia: Lippincott-Raven Publishers

Gutman, S. A. (1997) 'Looking back. Occupational therapy's link to vocational re-education, 1910-1925', *American Journal of Occupational Therapy*, 51(10), 907-915.

Hagedorn, R. (2002) *Foundations for Practice and Occupational Therapy*, London: Elsevier.

Head, B. and J. Friedland (2011) 'Jessie Luther: A pioneer of social justice', *Occupational Therapy Now* **13**(1): 17-18. [Accessed 25th March 2013]

Hocking, C. (2007) 'Early Perspectives of Patients, Practice and the Profession' in *British Journal of Occupational Therapy*, 70 (7), 284-291.

Honer, A. (2004) Life-World Analysis in Ethnography in Flick, U., Kardoff, E.V., & St.einke, I. (eds) *A Companion to Qualitative Research*, London: SAGE

Irish Associations of Speech and Language Therapy (2006) 'History of speech and language therapy education in the republic of Ireland', available: *Irish www.iaslt.ie/.../IASLT%20History%20of%20SLT%20in%20Ireland....* [accessed 24th March 2012]

Kearney, P. (2004) 'The Influence of Competing Paradigms on Occupational Therapy Education: a brief history', available: <http://www.newfoundations.com/History/OccTher.html> [accessed 12th March 2012]

Larson, M.A. (2006) 'Research Design and Strategies' in Charlton, T.L., Myers, L.E., & Sharpless, R (eds) *Handbook of Oral History*, Lanham, MD: Altamira Press

Lenihan, L. (2010) '*Exploring the professional development experiences of pioneer occupational therapists working in Ireland*'. Unpublished master's thesis, University of Limerick

Lyons M. Powerful practices: the legacy of Margaret Mort. *Australian Occupational Therapy Journal* [serial online]. March 2004; 51(1):43-48. Available from: CINAHL Plus with Full Text, Ipswich, MA. Accessed March 25, 2013.

Marshall, C & Rossman, G.B. (1995) *Designing qualitative research*, Calif.: Sage

Mason, J. (2002) *Qualitative researching*, London: Sage

Maykant, P. & Morehouse, R. (1994) *Beginning qualitative research: a philosophic and practical guide*, London: Farmer Press.

Miller-Rosser, K., Robinson, S., Chapman, Y., & Francis, K. (2009) 'Analysing Oral History: A new approach when linking method to methodology', *International Journal of Nursing Practice*, 15, 475-480.

Molke, D. K. (2009) 'Outlining a critical ethos for historical work in occupational science and occupational therapy', *Journal of Occupational Science*, 16(2), 75-84.

Morse, J.J., & Richards, L. (2002) *Readme first for a user's guide to qualitative methods*, London: Sage.

Oxford Brookes University (2004) '*The Dorset House archive: Dorset House – the early years (1929-1939)*' Available at <http://www.brookes.ac.uk/library/speccoll/dorset/dorsethist1.html> [Accessed 26th April 2012]

Patterson, M. (2004) 'Ann Beckett' in *Irish Journal of Occupational Therapy*, 33 (2)

Paterson C.F (2010) *Opportunities not prescriptions: the development of occupational therapy in Scotland 1900-1960*, Aberdeen: Aberdeen History of medicine.

Patton, M.Q. (2002) *Qualitative Research & Evaluation Methods*, Calif.: Sage.

Quiroga, V.A (1995) *Occupational Therapy: The First 30 Years 1900 to 1930*, Bethesda, Maryland: American Occupational Therapy Association, Inc.

Sedgwick, A., Cockburn, L. and Trentham, B. (2007) 'Exploring the mental health roots of occupational therapy in Canada: a historical review of primary texts from 1925-1950', *Canadian Journal of Occupational Therapy*, 74(5), 407-417.

Schwartz, K.B. (2003) 'The History of Occupational Therapy' in Crepeau, E.B., Cohn, E.S., Schell, B.A., (9th edition) *Willard & Spackman's Occupational Therapy*, Philadelphia: Lippincott-Raven Publishers

Silverman, D. (2010) *Doing qualitative research: a practical handbook*, London: Sage.

Thompson, P. (2000) *The voice of the past: oral testimony*, Oxford: University Press.

Trentham, B. (2011) 'The value of oral histories to the occupational therapy profession', *Occupational Therapy Now*, 13(1), 14-16, Available: www.caot.ca/otnow/jan11/oral.pdf [Accessed 24th February 2012]

Tyldesley, B. (1999b) 'The Casson Memorial Lecture 1999: Alice Constance Owens -- reflections upon a remarkable lady and a pioneer of occupational therapy in England', *British Journal of Occupational Therapy*, 62(8), 359-366.

Yin, R.K. (2003) *Case St.udy Research: Design and Methods*. Thousand Oaks, Calif.: London: Sage

Websites:

<http://historical-debates.oireachtas.ie/D/0219/D.0219.196512150104.html> [Accessed 24th March 2012]

<http://www.irishstatutebook.ie/1967/en/si/0300.html> [Accessed 24th March 2012]

World Federation of Occupational therapists:

<http://www.wfot.org/WFOTArchives.aspx> [Accessed 24th March 2012]

Atlantic Canada Oral History Project

<http://history.occupationaltherapy.dal.ca/> [Accessed 24th March 2012]

Camden Rehabilitation Centre, London.

(<http://ezitis.myzen.co.uk/mrccamdenroad.html>) [Accessed 2nd April 2013]