This second part of a two-part article examines the representation of occupational therapy during its formative years, 1917–1925. It focuses on the image of the profession as it was described in the early professional journals and compares this image with that projected by the media (as described in Part I [Ambrosi & Schwartz, 1995]). The three themes identified in the media representation of occupational therapy—restoration of persons with disabilities to social and economic usefulness, the many facets of occupational therapy, and achieving recognition of occupational therapy—are discussed and analyzed from the perspective of the profession’s expressed image.

The journals that were used as sources of research to examine the profession’s own description of occupational therapy during the early part of the twentieth century were *The Modern Hospital*, Archives of Occupational Therapy, and Occupational Therapy and Rehabilitation. These journals represent the prominent publications for occupational therapy literature of the period.

**Restoration of Persons With Disabilities to Economic and Social Usefulness**

Writings in the professional literature indicate that occupational therapy was seen as a means of assisting persons with mental and physical disorders to make an economic contribution to society (Hall, 1917). Eleanor Clarke Slagle (1923), Executive Director of the American Occupational Therapy Association, put it even more strongly when she described occupational therapy as an evolutionary process in which patients make “a complete change in their whole relationship to life . . . from the position of a liability to that of an asset” (p. 57).

The position taken by the profession was similar to that of the media: that persons with physical disabilities and mental illness were economic and social liabilities (Adams, 1924; McMurtrie, 1920). The cost of their care was a burden for taxpayers, and their restoration to economic and social usefulness was a vital national concern (Griffin, 1922). It is interesting to note the similarity of metaphors used to describe persons unable to cope with the demands of life in an industrialized society. The media described these persons as being thrown onto a “human scrapheap” (“Injured Workers Saved,” 1923, p. 2); the professional literature described them as being forced onto an “industrial scrapheap” (Chapin, 1917, p. 423). Both sources assumed that the persons wanted to be contributing members of society.

Although the professional literature and the media agreed on the importance of returning persons to full economic and social competence, the topic received substantially bigger play in the newspapers than in the professional journals. Indeed, restoring veterans with disabilities and persons injured in industry to economic usefulness and financial independence appeared to be a major preoccupation of the media. The position taken by...
the press reflected society’s concern for the economic viability of its citizens at a time of industrial change. Although some of the professional literature acknowledges this concern and links it to occupational therapy’s role, the majority of the writings focused on issues related to debates about areas of practice and modalities (discussed in the next two sections). Thus, it appears that internal issues within the profession commandeered most of the attention, whereas societal concerns as expressed in the media played a secondary role as the profession struggled to define itself. In focusing on internal concerns, the profession may have missed an opportunity to promote occupational therapy to the general public by aligning itself with a theme that the media valued.

**Many Facets of Occupational Therapy**

Articles in the professional journals depicted occupational therapists as working in a variety of settings ranging from base hospitals of the American Expeditionary Forces during World War I (Schwab, 1919) to almshouses (Johnson, 1917), patients’ homes (Collins, 1922), children’s hospitals (“Training in Occupational Therapy,” 1920), and private sanatoria (Richardson, 1923). Occupational therapists also worked in state hospitals for persons with mental illness (Dunton, 1922), tuberculosis hospitals (Kidner, 1922b), veterans’ hospitals (Burnette, 1923), general hospitals (Johnson, 1917), and county hospitals (Harter, 1922).

In these settings, occupational therapists worked with adults who had a variety of disabilities, including mental illness (Gustafson, 1925); tuberculosis (Carr, 1922); industrial or war injuries (Kidner, 1922a); coordination problems (Haas, 1923); surgical, orthopedic, and nerve injury (Rouse, 1923); stroke; and muscular dystrophy, as well as children with disabilities (Collins, 1922). Of these disabilities, the area that received the most attention in the journals was treatment of persons who had mental illness, tuberculosis, or industrial accidents.

In the professional writings, the use of occupational therapy in the treatment of persons with mental illness was praised as being “destined to be one of the leading agents in the care of the insane” (Maile, 1917, p. 417). Some medical professionals recognized occupational therapy as “the most powerful single means at our command in curative treatment” (Haviland, 1913, p. 483). The kind of treatment given seemed to be dependent on the condition of the patient. In some institutions, patients participated in craft activities whereas other patients were involved in the daily activities of the institutions (Dunton, 1922; Haas, 1922). The reported effects of occupational therapy on persons with mental illness were impressive: Occupational therapy stopped patients from dwelling on their condition, increased patients’ chances of recovery, and made patients’ lives happier and healthier (Johnson, 1920; “Occupational Therapy Shows,” 1920). Occupational therapy was considered to be so valuable that it was “practically demanded by relatives of patients and solicitous friends” (Chappell, 1924, p. 214).

In fact, therapeutic occupations in the mental hospitals were considered so important that, for one writer (Frost, 1915), providing no useful occupation was tantamount to “condemning” patients to their “demented, untidy, destructive and violent [conditions]” (p. 151). One writer in occupational therapy (Howell, 1924) noted, however, that one of the shortcomings of occupational therapy for this patient population was occupational therapy’s “inability to accurately measure results” (p. 287).

Because treatment for patients with tuberculosis involved lengthy stays in hospitals or sanatoria, providing occupation for these patients was recognized as a vital part of their treatment. The “reconstruction” of patients with tuberculosis involved exposing patients to “informative subjects to occupy the[m] minds,” (Conley, 1919, p. 73), grading handicraft and gardening activities (Tiedebohl, 1920), and providing activities to “harden” patients to take on regular duties without experiencing relapse (Conley, 1919). Hardening patients involved grading of activities to gradually increase strength and endurance to ultimately enable their participation in prevocational and vocational training (Carr, 1922; Kidner, 1922b). Education in the form of “self-improvement classes” was also seen as an important part of occupational therapy for persons with tuberculosis (Kidner, 1922b). Education was seen as particularly important with this patient population because many of them were foreign born and needed to learn the English language.

Elizabeth Upham (1918), an occupational therapist who treated patients with physical disabilities, wrote that a large number of her patients suffered from industrial injuries. Adams (1924) supported this viewpoint in his assertion that work with patients injured in industrial accidents offered a “fertile field for the application of occupational therapy” (p. 4). Upham’s contention that the number of patients with industrial accidents far exceeded the number of war casualties indicates the consequences of the industrial revolution in the United States. Upham offered a perspective different from the media’s perspective, which focused more on occupational therapy’s role with persons with war injuries. Perhaps the media’s focus on war veterans was a result of the war being a much more dramatic event to cover.

As illustrated by these professional writings, occupational therapy is depicted as having many aspects to its work, with treatment occurring in a wide range of settings with persons with a variety of disabilities. The professional journals focused primarily on the treatment of persons with mental illness, tuberculosis, and industrial accidents. The media, in contrast, emphasized occupational therapists’ work with persons with mental illness and war injuries.

On the subject of vocational rehabilitation, the me-
dia and the profession offered different viewpoints. As discussed previously, the media presented occupational therapy as a profession that returns persons to full economic and social usefulness. Given their basic position, it was not a great leap for the media to see occupational therapy as playing a substantial role in vocational rehabilitation and embrace the idea of the profession’s involvement in the vocational aspects of treatment. The profession, however, was ambivalent about its role in vocational rehabilitation.

Several of the leaders of the National Society for the Promotion of Occupational Therapy (NSPOT) held that occupational therapy and vocational training “should be kept separate and distinct” (“First Large Conference,” 1919, p. 345). In contrast, Pattison (1922) suggested that vocational training should be considered part of occupational therapy. Kidner (1922b) also supported occupational therapy’s involvement in “vocational reeducation.” He made the distinction, however, between therapy and education by stating that although occupational therapy had done a great deal of work in prevocational training, “we can not . . . go beyond that and turn our hospital curative workshops into vocational schools” (Kidner, 1923 p. 422). Johnson (1920) also held that although vocational education was not within the purview of occupational therapy, prevocational training did have therapeutic value for some patients.

The media did not make such a distinction, and they supported any therapeutic or educational efforts to rehabilitate patients. If the profession had fully embraced vocational therapy as part of its domain, it is clear that the media would have heartily supported this stance. Indeed, one could argue that by deciding not to take an active role in the vocational aspects of therapy, the profession missed an opportunity to become identified with an area that society would have fully supported and understood.

Achieving Public Recognition of Occupational Therapy

Achieving recognition as a valuable therapeutic treatment was emphasized in the profession’s literature as crucial to the growth of the profession. Coverage in the media indicates that the benefits of occupational therapy were indeed recognized. Occupational therapy was endorsed by the surgeon general of the United States, well-known physicians, prominent society persons, and even the president of the United States. The media described occupational therapy as a great therapeutic agent for persons with mental illness and chronic diseases and illustrated the therapeutic value of occupation as directing patients’ minds from their disabilities, improving morale, shortening convalescence, and promoting good health.

Despite the media’s recognition, there was discontent expressed in the professional literature over occupational therapy not being a well-recognized profession. One area in which the profession particularly wished for more recognition was from the medical community (Pollock, 1923). Adams (1924) warned that the very existence of occupational therapy depended “upon the backing of the medical profession” (p. 2). Demonstrating the efficacy of occupational therapy was considered vital for gaining recognition from the medical profession (Adams, 1924). However, this need put the profession at a disadvantage because statistics that showed the efficacy of occupational therapy were nonexistent at the time. This lack of efficacy measures, both qualitative and quantitative, was recognized as a serious concern for the profession and a source of criticism by the medical profession (Elton, 1924). In an effort to address this concern, the Committee for Occupations was formed to begin the task of trying to demonstrate the effectiveness of occupational therapy in the treatment of patients with medical and physical conditions (Johnson, 1917).

From this viewpoint of wishing to gain respect and alignment with physicians, the profession viewed the prescription for occupational therapy signed by a referring physician as a recognition of the value of occupational therapy by the medical community (Carr, 1922). Early practitioners, however, often found it difficult to obtain a prescription. Adams (1924) suggested that this difficulty was the result of physicians’ lack of interest in or knowledge of occupational therapy. To address this problem, therapists called on the NSPOT to make a concerted effort to inform physicians about prescribing occupational therapy and to instruct them on how to write the prescription (Slagle, 1922a).

Although the professional literature from 1922 onward indicates the beginning of a shift toward a focus on medical outcomes and relationships with physicians, writings earlier in the period focused more on concerns related to achieving humanitarian and social benefits. Johnson (1917) cited occupational therapy as providing an experience that was “morally uplifting” (p. 414) to patients. She described the benefits of occupational therapy as providing the patient with a “healthful tired feeling without overstrain which in turn brings its demand for relaxation, rest and sleep” (Johnson, 1920, p. 70).

Slagle (1922b) also expressed the benefits of occupation in developing healthier habits. The humanitarian and social value of occupation was demonstrated in the restoration of a sense of pride and independence in patients as well as “the feeling of pleasure and self-respect that comes from being useful, and the feeling of power that comes from progressive daily achievement” (Anderson, 1920, p. 326). These writings seem more in line with the media’s focus on occupational therapy as addressing economic and social needs.

Whether the professionals who were writing at the time were concerned with the economic, humanitarian, social, or medical benefits of occupational therapy, all agreed on the importance of gaining recognition for the
profession. To achieve recognition, it was necessary for the profession to agree on a title. By 1920, the name most frequently used in both the media and in the professional literature was occupational therapy. Dunton (1920) expressed his dissatisfaction with this term: "... the term is not entirely satisfactory, but is better than work-cure, diversional occupation, and some others that have been proposed" (p. 322).

To increase public awareness, the profession was promoted by various state occupational therapy societies ("Promotion of Occupation," 1920) and by women's clubs and other social groups through their meetings, fund raisers, and sales of patients' products (Slagle, 1923). Achieving public and professional recognition of occupational therapy became such a time-consuming task that the employment of a full-time executive officer whose "sole duty" would be to further occupational therapy was recommended (Slagle, 1923). In 1923, Eleanor Clarke Slagle became the first executive director of the newly named American Occupational Therapy Association. Efforts by Slagle and association members appear to have been successful in that (as discussed in Part I [Ambrosi & Schwartz, 1995]) the media provided extensive and accurate coverage of occupational therapy in its developing years.

Implications for Occupational Therapy

Overall, the image of occupational therapy expressed by the media was quite similar to that depicted by the profession: that of a small but growing profession with the potential for making a great contribution to the rehabilitation of persons with physical disabilities and mental illness. The media's extensive and accurate coverage of occupational therapy is evidence that the profession recognized the importance of media coverage and focused great effort on getting publicity.

The favorable press, however, had a negative aspect: The promise expressed in the media was not one that any profession—no matter how well intentioned—could fulfill. The promise that occupational therapy would restore all persons with physical and mental disabilities to full economic and social usefulness was too optimistic. This optimism was in part a reflection of the time period, in which there was great fervor for changing the political, economic, and educational systems on a grand scale. The reality that these changes did not come about speaks to the complexity of the issues as well as the unrealistic nature of the optimism.

The failure to meet this promise was also due to changing societal values and decisions made within the profession as it developed. The increase in specialization within health care demanded a narrow focus rather than the broad one initially taken by occupational therapy. The decline in occupational therapy services for persons with mental illness removed an area of practice in which the profession had earned much of its early praise. The lack of consensus regarding whether occupational therapy should focus on vocational aspects of therapy diminished the impact that the profession could have on the restoration of persons to economic and social usefulness.

The goal of restoration of persons to economic and social usefulness is one that remains of great value within our society today. It is recognized by the plethora of health professions who now assert that their primary goal is to restore persons to full functioning within the community. The difference—in 1917—was that occupational therapy was the only profession that aspired to this goal. The portrayal in the media of occupational therapy at that time confirms this image.

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