Occupational Therapy: The Role of Ideology in the Development of a Profession for Women

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This paper uses contemporary accounts, newspaper articles, and professional literature to describe the origin and development of the profession of occupational therapy. Ideas about the organization of work, women's characteristics, and the historical context of World War I are included. Occupational therapy is discussed from the perspective of values that contributed to the successful establishment and maintenance of a recognized structure in the work force for women performing occupational therapy services.

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The emergence of the profession of occupational therapy offers an opportunity to investigate the influence of ideas, beliefs, and values on the shaping of a specific field of work in a specific set of historical circumstances. Several ideological forces converged to identify occupational therapy as a profession and as fit and proper work for women. On the basis of evidence found in War Department documents, professional literature, and newspaper accounts of the time, I claim in this paper that the early pioneers and founders were influenced by values associated with an upper-middle-class and upper-class American cultural tradition that emphasized a sense of responsibility, entitled trust, and respect for order. Both the antimodernist movement and the industrial ideology of scientific management contributed to the shaping of the nature and organization of the profession of occupational therapy. The status of profession was the logical occupational identity to claim, given the prior values of the practitioners and the structural realities of work relations in the period between the turn of the century and the end of the World War I. Upper-class women who finally entered the work force in substantial numbers could have done so under no other less prestigious conditions (Smuts, 1971).

I also claim in this paper that the original image of occupational therapy as fit and proper work for women was a strategy to extend prevalent ideas about women's capacities and responsibilities in order to justify their performance in a new kind of task. Thus, the use of women as reconstruction aides (an early occupational title for occupational therapists) could potentially minimize organizational and disciplinary problems for the War Department (War Department, 1918a), expand the labor force at a time of labor shortage (Smuts, 1971), and simultaneously placate women's increasing pressure to be included in the war effort (Steinson, 1980). Although patriotic sentiment may have initially attracted women and provided justification for their active participation in the war effort, after the war additional ideological support for the continuation of the work as a woman's profession was offered in the form of stereotyped matches between the characteristics of women and the natural characteristics of the work. Justification came from traditional sources of authority in medicine and industry as well as from women practitioners and educators themselves.

Pioneers and Founders as Upper Middle Class and Upper Class

In the early years, influential men and women promoting occupational therapy came from prominent families with established social connections and substantial educational and financial resources. For example, Sarah Lake, the original dean of the Boston School of Occupational Therapy, had attended Mt. Holyoke College, Massachusetts, and physicians such as Herbert Hall and Adolph Meyer...
practiced medicine through some of the most prestigious institutions of the time—Harvard University and Children’s Hospital in Boston, and Johns Hopkins, Pipps Clinic, Baltimore, respectively. Joel Goldthwait was on the surgeon general’s staff during World War I and was responsible for writing the guidelines for the formation of both physical therapy aides and reconstruction aides. Herbert Hall’s wife was a Goldthwait, and Joel Goldthwait’s wife was a member of the original founding committee of the Boston School of Occupational Therapy.

Headlines in the Boston papers described the early students of the Boston School of Occupational Therapy, an institution intended to train selected women to work with wounded soldiers, as society girls (“Teach Wounded Men,” 1918; “Thirty-four Society Girls,” 1918). Advertisements for students and announcements of the opening of the Boston School of Occupational Therapy appeared on the society pages of the Boston and Los Angeles papers (“Reconstruction School in Boston,” 1918). Some later announcements located on the society pages required interested persons to apply to Marjorie B. Greene’s summer house on Lake George in New York State (“Massachusetts School,” 1919). Greene was a member of the first class of the Boston School of Occupational Therapy, was instrumental in reopening the school after the war, and was director of the school until 1960.

Of the three women who formed the personnel committee of the Boston School of Occupational Therapy in May 1918, two were related to men on the surgeon general’s staff, and one had had previous experience in studying reconstruction work in Europe prior to the entry of the United States into the war. It was reported that this woman had “devoted years to the revival of arts and crafts in New England” (“Interests of Women,” 1918, page number not known). One might assume that she was financially independent, which would have enabled her to pursue those interests. The all-male medical advisory board of the Boston School of Occupational Therapy was composed of prominent Boston physicians: Walter E. Fernald, Herbert Hall, William H. Smith, John D. Adams, and Elmer E. Southard. The executive committee was also all male, with its members well placed in Boston educational and theological institutions. Although the Boston School of Occupational Therapy was particularly closely tied to society circles, other schools in New York and Philadelphia were influenced by similar social groups.

The Antimodernist Movement

Antimodernism as described by Lears (1981) was an ideology that permeated the middle and upper classes of the United States in the late 1800s and early 1900s. As a response to some of the perceived negative consequences of industrialization on the family and meaningful life, proponents of the antimodernist view sought to find renewed meaning in life through nonindustrial means. Rooted in a reaction against the secular tendencies of industrial organization, the antimodernist view offered the alternative of authentic experience as an end in itself. Rather than salvation, exuberant health and intense experience were substituted as ideals. With the shift in ideals came a shift from a Protestant to a therapeutic world view. Under antimodernist tenets, “craftsmanship became less a path to satisfying communal work than a therapy for tired businessmen” (Lears, 1981, p. xiii). A return to an agrarian life or at least the revitalization of arts and crafts constituted one part of the thrust of the antimodernist movement.

The antimodernist movement provided motivation for social reform. It did not, however, provide a viable economic alternative to industrialization. According to Lears (1981), dominant groups maintain power not just through force, but through winning spontaneous loyalty of subordinate groups to common sets of values and attitudes. Thus, an unintended social consequence of the adoption of an antimodernist view by certain influential Americans was the transformation of values in a broader arena. Not only the specific members of the direct personal circle of those influential persons but also others connected to them or emulating them adopted the antimodernist view and applied the principles in many areas of social action.

The medical care available to soldiers returning from World War I was designed to include the use of arts and crafts. The introduction of arts and crafts as meaningful tasks in themselves most likely came from the values structure of the care providers and planners. It is unlikely that a meaningful experience with arts and crafts arose from the soldiers’ prior preferences or work activities. Many middle-class professionals in a position to organize and administer health care would also have been in a position to be influenced by or adopt antimodernist values. For example, Mrs. Horace Morison had been involved both in the revival of arts and crafts generally in New England and in the reconstruction of wounded soldiers. She was also instrumental in founding the Boston School of Occupational Therapy (“Interests of Women,” 1918). The antimodernist values were enacted not only in service and planning but also in the education of women workers.

Adolf Meyer (1922) outlined principles that have remained fundamental to occupational therapy practice. Themes addressing the importance of meaningful work and the natural basis of activities reflect an antimodernist analysis:

The man of today has lost the capacity and pride of workmanship and has substituted for it a measure in terms of money; and how his money proves to be of uncertain value. A great deal of activity, to be individually and socially acceptable and exciting enough and mentionable for social exhibition of one’s worth has to be of the nature of conspicuous waste, a class performance like athletics and golf and racing about the country, and a display of rapidly changing fashions. Work, play, ambition and satisfaction, are apt to lose their natural context with the natural rhythms of appetite.
Scientific Management

The antimodernist movement was in part a reaction to the dehumanization and degradation of work inherent in scientific management (Braverman, 1974). Frederick Taylor’s (1919) theory of scientific management provided a rationale for giving management total sway over the production process. Craftsmen who had sustained some measure of autonomy and work satisfaction saw management assume responsibility for all aspects of production. As technology provided machines that increasingly took over the labor previously done by craftsmen, remaining human tasks became more and more segmented and repetitive. The experience for the workman became one of de-skilling, that is, most jobs required less knowledge or skill from the worker himself. Decisions about production were delegated to a separate sphere outside the workroom; managers and owners planned production without the need for collaborative relations with craftsmen. The antimodernists described by Lears (1981) included individuals in the managerial and professional category.

Workers going to war were likely to have had work experience in limited, unskilled jobs. Some may have come from rural settings, but many would have come from urban industrial centers. They were not as likely to have adopted an antimodernist view as they were to be recipients of services planned by others who promoted antimodernist values. Thus, those soldiers returning from World War I who had been laborers in industry would not necessarily have had prior experience with arts or crafts within the context of the work setting. At the same time that principles of scientific management depleted meaning and complexity of experience in everyday industrial work by replacing complex tasks with a series of unskilled repetitive smaller task units, the antimodernist movement adherents struggled to find purpose and salvage meaning within the experience of work. The antimodernists believed in and were enthusiastic about material progress and a technological potential in production that preserved human interaction.

Lears (1981) claimed that the antimodernist quest for intense real-life help eased the transition from entrepreneurial to corporate capitalism by eventually legitimizing the value of consumerism or the search for authenticity. One can see a tension in Meyer’s work between the need for balance and harmony with nature and the pursuit of happiness or authenticity through activities. Some activities could be purchased, for example, sports equipment or leisure supplies and instruction, and used as a version of a lifestyle promoting consumption and competition rather than solely seeking satisfaction in the performance of an individual activity itself. That is, the associations for the activity express a transient presentation rather than an inherent connection with the performance of the activity.

Scientific management was reinforced not only by the direct management of labor, but also by the indirect influence of the values of those in culturally powerful positions. Eventually, the application of the principles of scientific management could and would be expanded out of manufacturing into the social organization of the work of service professions, thus governing the work of persons who would have adhered to the antimodernist movement.

Implications for Occupational Therapy

The antimodernist movement and the scientific management approach to the organization of work influenced the formation of the profession of occupational therapy in several ways. The implementation of arts-and-crafts training as bedside occupation was thought to lead to the reestablishment of meaning in life. Use of those activities probably developed more from the values and beliefs held by the people administering treatment than from the desires or expressed interests of the recuperating soldiers themselves. Shared values and similar economic class membership among the influential founding members of the profession contributed to a primarily homogeneous approach to the development of the modalities of the field. Given the occupational structure extant at the time, professional status gave scientific as well as moral legitimacy to practitioners.

Physicians and the clergy could and did serve as professional examples whose practitioners exemplified an ideal type or category of service and work. For the upper-middle-class and upper-class women entering the work force, the professional status of their male counterparts offered the obvious and probably only viable occupational rank. The transmission of values held by the pioneers was virtually assured through the educational and screening criteria established and enforced by them through an increasingly elaborate (i.e., professional) organizational structure.

With the rise of the hospital and insurance industries, however, the inevitable rationalization of the work of occupational therapists emerged as a critical influence on the social organization of occupational therapists as workers. Access to tools, patients, knowledge of practice, and positions of service were shaped to reflect the hierarchy of scientific management. For example, in spite of the
A number of competing views of women were held during the 1920s, autonomous curative workshops gave way to practice organized through hospitals and under medical supervision. Simultaneously, schools of occupational therapy denied any association or identification with commerce (Greene, 1929). Professionalism was an inevitable and logical outcome given the cultural context in which the founders were socialized and in which they established work relationships. Current professional concerns, including treatment techniques, specialization, entry-level criteria, and career mobility, continue as part of our cultural inheritance, reflecting aspects of the ideological influences on our origins. A particularly significant influence relates to the participation of women as the primary work force in occupational therapy.

Ideas About Women

A number of competing views of women were held during the late 19th and early 20th centuries. One contrasting set of views cast women either as man’s salvation or as his ultimate downfall. Steinson (1980) suggested that the most pervasive ideology about women in early 20th-century America was the idea that women were not only sexually distinct from men but also temperamentally, psychologically, and intellectually distinct as well. A more extreme version of that ideology held that women not only differed from men, but that women were by nature better than men, being more refined, caring, and self-sacrificing.

The use of the moderate form of ideology about women, Steinson (1980) claimed, rationalized women’s participation in the peace and pacifist resistance and in the prodefense activities of World War I. The traditional role of women in the home as responsible nurturant mothers raising children to be good citizens and good members of society was used by women to extend their activity outside the home and to support their efforts at public activism. The upgrading of their private role in the family to that of a civic duty in wartime could easily be the support of new and wider choices of activity. Considered by nature to be supportive and nurturing, women could exercise the right to speak up publicly and to act on matters that affected the lives of those they loved. The war emergency allowed women access to many activities that they might otherwise have been denied. The participation of upper-class women in social clubs and volunteer efforts helped them accumulate the organizational experience necessary to take advantage of the new opportunities that the war offered.

Women in the War Reconstruction Efforts

Experiences in Canada in particular were used as a model for the planning of reconstruction efforts in the United States. T. B. Kidner came to the United States from Canada specifically to organize efforts. The United States did not absolutely mimic Canadian models, though. The Canadian experience did not include the specific recruitment of women for reconstruction work; rather, vocational training instructors in specific industrial and agrarian skills were used along with engineers. Bulletins from the surgeon general’s office in the War Department (War Department, 1918a) described a number of possible alternative systems of manpower organization and selection for reconstruction work. The documents note tensions inherent in the Canadian approach and recommend that women act as the primary instructors of bedside occupation. It was thought that women would be able to motivate the returning soldiers with minimal disruption in discipline.

In the United States, recruitment for reconstruction workers aimed exclusively at women began. A telegram sent from France requested that several hundred young women be “sent to counteract idleness and build morale by giving instruction in crafts to wounded and otherwise incapacitated men” (“Reconstruction School in Boston,” 1918, page number not known). That telegram has been variously attributed to General Pershing, Surgeon General Gorgas and his staff, and their female relatives. Training was initiated quickly. Schools were established to meet the emergency war effort, with the Boston School of Occupational Therapy being the first to open its doors to students.

Advertisements for the Boston School of Occupational Therapy were placed in the society sections of Boston and Los Angeles newspapers, requesting that women apply to the school if they met certain specified and rather stringent criteria, such as:

- Minimum age 25. Any woman of American citizenship or belonging to an Allied Nation is eligible provided she meets up to the standard mentally and physically. (“Reconstruction School in Boston,” 1918)
- Emphasis is placed on the personality of those who desire entrance into the school. Nearly all who have applied are college graduates, whereas this is by no means an essential, it is of course a valuable asset, as is previous training in handiwork. (“Interests of Women,” 1918)
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Obviously, only certain well-placed women would have had access to the skills that would have qualified them for entry into the Boston School of Occupational Therapy. Other schools that opened in Philadelphia and New York had similar and equally exclusive entry criteria. Only women of prominent families would be likely to have known about the existence of the schools, let alone possess the qualifying attributes necessary for acceptance. The quality and distinction of character of the women going abroad for service could be assured through the process of limited access to the necessary credentialing.
Although not an adequate family wage, the salary of $50 per month in the United States and $60 per month abroad (War Department, 1918b) was fairly reasonable for the time. Proper single women who were financially independent made a good and cooperative fit for reconstruction work positions.

Newspaper accounts from traditional and innovative perspectives provide rationales that support a match between work opportunities and available women workers. Women's qualities as women had to be preserved in the face of work conditions that might have the capacity to degrade or besmirch them. Although the influence of women's qualities could not be regarded as so expansive as to do away with all previous constraints on work placement, their qualities would have to be more influential than the setting or the nature of the work. Thus, "the whole atmosphere of hospitals comes to be changed, improved in every way and the discipline made better, by this sort of work for patients" (Armes, 1918, page number not known). Women's traditional qualities could uplift. They could also be identified with work characteristics. The identification of female qualities with certain work characteristics suggested a natural order that could substantiate the acceptability of the work. "Training in this field is peculiarly suited to women, for in no way can woman's traditional dexterity be of greater service to humanity" ("Helps Minds of the Sick," 1923, page number not known). The emphasis on the natural and beneficial effects of women's qualities allowed reconstruction work to be identified with traditional values even though it was new in and of itself.

Other reports focus on the newness of opportunities for women, suggesting that women themselves need not have been entirely content with traditional circumstances. "The proposed plan of this school offers to women a field of usefulness which many will doubtless welcome, since there is no age limit. It is such distinctly patriotic service that it will appeal to many who have felt that their influence and help counted for little" ("Gorgas Chooses Boston," 1918, page number not known). The mention of age criteria suggests that subgroups of women may have had different potential prospects for participation in public matters. Thus, an innovative approach may have attracted some groups of women more than a traditional approach would have. Further, "to the thousands of American women who for pleasure, pastime or profit entered long ago into these handicraft arts, it is very plain indeed, and many have found in it during the war an avenue to success and an opportunity for practical service never dreamed of" (Armes, 1918, page number not known). Although new opportunity was recognized, it was also circumscribed. By associating new change with the war, a sense of immediacy and impermanence attached to the new opportunities. The war effort only legitimized a temporary category of new work for women.

A great deal of attention was paid to the return of men to the front or to war-related industry; very little, if any, attention, however, was given to the emergence of this new mode of work for women as a permanent occupational category. Reconstruction aide work was sometimes referred to as a "fad" in newspaper articles, but only after the war, not at the time of active recruitment efforts.

Bulletins from the U.S. Surgeon General's Office and from the Canadian Military Hospitals Commission (Loughed, 1917; Military Hospital Commission, 1917) refer to women occupying positions in industry that men had held prior to the war. Jobs that had been available would perhaps no longer be free or available to returning men. Further, the rate of unemployment given industrial slowdown expected after the end of the war was a source of potential social unrest. There is an absence of documentation about the eventual fate of the women engaged in reconstruction work in any of the official documents discussing postwar planning. The lack of concern on the part of public officials, however, was not shared by the women who themselves had been involved in the reconstruction efforts.

Once the war was over, support rallied to prolong the training of women in the work of occupational therapy ("Idleness Helps," 1919. "Work as a Curative Agent," 1920). An emphasis on the worth of the work during the war and the clear indication in the face of similar needs generated by industry and trauma that continued civilian reconstruction efforts were necessary resulted in the continuance of educational programs for a short period of time after the armistice.

A Woman's Profession After the War

The continuation of occupational therapy education programs after the war was in part supported by a rationale that emphasized the particular success of women within this type of work. Graduation ceremonies supported and endorsed the idea, and certain aspects of the burgeoning hospital and health care industry endorsed the idea, but, most important, women themselves supported the particular suitability of women for this work. As much as the support of established physicians has been reported, the actual promotion of many occupational therapy services, at least in the Boston area, was done not by medical personnel but by the women's committees of hospitals. In a sense, in the very early postwar phase, women, not
practitioners of science or medicine, spread the word and the jobs. Akin to the upper-class volunteer effort before the war, the postwar professional phase had many clearly beneficient aspects. In contrast to the volunteer work of an earlier generation, female occupational therapists had participated in a work force, which was a substantially different experience. Upper-middle-class and upper-class women had had an opportunity to view themselves as workers in necessary and valued positions.

The early practitioners and educators recognized the advantages of their active participation in the paid economy. By aligning themselves with both the American Hospital Association and the American Medical Association, they increased their credibility and promoted their employability. Although not all of the associations may have been the result of explicit planning, one should not underestimate the profound ability of the female leaders of the profession to sustain that which they found to be of value. Radio broadcasts, lectures, and graduation programs reported in the newspapers continued to support the rationale of the value of the work and its unique suitability for women (Greene, 1929; “New Reconstruction Aides,” 1919).

Summary
Ideas influence behavior. In fact, people go to war and die for ideas. An understanding of the strength of ideas used in shaping institutions can contribute to a clearer understanding of the profession of occupational therapy, its history, and its current and future possibilities. Although occupational therapy came out of a rather homogeneous, although not conflict-free, values structure and tradition, the profession has emerged into a remarkably complex and substantive, if still not conflict-free, professional group, no longer completely female, no longer exclusively upper middle class or upper class, and no longer solely related to the reconstruction of war-related injuries. An examination of how ideas about women, industrial organization, and family values combined as influences on the initial form of the work of occupational therapy in the context of war leads to questions about the influence of ideas on changes in the profession and the consequent form of education, recruitment, and practice.

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