

The greater the barrier, the greater the success

CAOT DURING THE 1940'S

By Lynn Cockburn

When a difficulty appeared insurmountable, then your organization flourished, so that I have formed the conclusion that the greater the barrier, the greater the success.

— Dr. Goldwin Howland, Presidential Address, 1947

It was fortunate that the Canadian Association of Occupational Therapy* had become well established in the 1930s since there were many challenges and opportunities during the period 1940-49, including World War II. As noted by Dr. Howland in his 1947 address to the members, the Association and its members rose to these challenges and flourished (Howland, 1947). Dr. Howland, a prominent neurologist and President of the Association since its beginnings in 1926, continued to be a champion for occupational therapy throughout the war years. He retired as President only well after the war had ended and he felt that the goals of the Association were met (Howland, 1949). Ethel Clarke Smith, the Executive Consultant, and Helen LeVesconte, the Secretary, worked with volunteer committees and a large Honorary Advisory Council to maintain the integrity of occupational therapy as a therapeutic process, to establish occupational therapy in the armed forces and in military and civilian hospitals and clinics across Canada, and to educate student occupational therapists to their high standards.

CAOT was closely associated and involved with the education of occupational therapists. Helen LeVesconte was the head of the program at the University of Toronto on a part-time basis as she was also the chief therapist at the Toronto Psychiatric Hospital. In 1945, she assumed the U of T position on a full-time basis (Friedland, 1996). Ethel Clarke Smith worked in the Association's office – a room in the Toronto Association Occupational Therapy Curative Workshop, tending to day-to-day issues and encouraging therapists (Robinson, 1981). An annual \$5,000 grant from the Ontario Government, intended to support new initiatives in Ontario, allowed the Association to pay Mrs. Smith, who held the full-time position until 1965. Annual membership dues, \$5.00 in 1942-43, were increased in 1947 to \$10.00 and \$3.00 for non-active members (Smith, 1948).

It was not until 1961, that CAOT's name changed from therapy to therapists.



Some of the first occupational therapists to serve through the British War Office, from l-r: Dorothy Grant, Amy de Brisay, Josephine Forbes and Mary Clarke Ray.

The *Canadian Journal of Occupational Therapy (CJOT)* edited by Dr. R. Franks, increased to four issues annually in 1947. In 1948, Elizabeth Pierce (Robinson) became the first occupational therapist to be editor (Robinson, 1949). The cornerstone of occupational therapy continued to be the therapeutic use of occupation, and throughout this decade, *CJOT* articles and the consultant's reports reflect the diversity of occupational therapists' work (Clarke, 1942; Smith, 1949).

When Canada entered the second great war in 1939, CAOT as a strong national association, offered the services >

Mary Wilson (middle photo) began the occupational therapy program in 1939 at the British Red Cross Convalescent Hospital for Brain Injuries, Middleton Park, England, noted as being "the first of its kind" . . .



occupational therapists to the Prime Minister and the Minister of National Defence. The Department of National Defence replied: "It is not considered advisable at the present time to authorize occupational therapy . . . as these are not required yet" (Rogers, 1939). They intended to send injured soldiers quickly back to Canadian hospitals, closer to their homes. CAOT accepted this decision, however correspondence with the Department of National Defence continued to encourage the enlistment of occupational therapists.

CAOT decided to take two principled stands during this time. The first was that only fully trained occupational therapists should be employed in military services. The second was that occupational therapy was therapeutic, not diversional or recreational, and thus, persons trained in short courses would not have the necessary background to work in war situations (Howland, 1944). CAOT informed others about the importance of these principles, and requested support: the Department of Pensions and National Health (asking that occupational therapists be placed in military hospitals), the Department of Defence (requesting enlistment of occupational therapists into the forces), the Red Cross (collaborating to provide services in Red Cross hospitals and to prevent the establishment of short training of Red Cross personnel to do "occupational therapy"), with local branches and individual members (CAOT Archives, World War II Box. File 7).

CAOT and occupational therapists were quite involved in war-related work, both at home and overseas. In Canada, occupational therapists were working in a wide variety of settings, addressing orthopaedic, neurological and psychiatric conditions with returning soldiers. *CJOT* articles such as "Air Raid Strain" (Sweeten, 1941) were reminders of the importance of occupational choice for the prevention of mental health prob-

lems. Therapists provided materials for meaningful occupations for the Canadian and British prisoners of war in German camps by forming local groups to gather materials for shipment overseas by the Red Cross (CAOT Archives, World War II Box. File # 5).

Since the First World War, Canada (and the U.S.) had continued to develop occupational therapy, unlike Great Britain, which by 1939 experienced a shortage of qualified occupational therapists (Robinson, 1981). CAOT received requests for occupational therapists from British authorities who recognized the progress that Canadian therapists had made. Josephine Forbes and Dorothy Grant Simpson were the first Canadian therapists to serve through the British War Office, with another nine therapists following shortly thereafter. Mary Wilson began the occupational therapy program in 1939 at the British Red Cross Convalescent Hospital for Brain Injuries, Middleton Park, England, noted as being "the first of its kind" (Occupational Therapy, English Hospital Appointment, 1941). She joined the Canadian army in 1944, and continued working at Middleton Park until 1945.

The Department of Health of Scotland asked CAOT for occupational therapists to organize departments at three British Emergency Medical Services (BEMS) hospitals in Scotland, serving both military and civilian patients. The famous Astley Ainslie was one of these hospitals, where Canadian therapists had already been instrumental in establishing the occupational therapy department (Smith, 1988). The first to go to the BEMS were Amy de Brisay, who had worked at the Astley Ainslie in 1933, Gertrude Ellis Dray and Mary Clark Ray. Before long, Barbara Hope Montaigne and Margaret (Peg) Langley joined them. Jean Hampson took over from 1941 to 1945 as charge occupational therapist. Requests for assistance also came in from New Zealand, South



To demonstrate the value of occupational therapy in a number of areas, CAOT sponsored occupational therapy departments in "suitable hospitals," then if the hospitals were satisfied, their administrations would take over operations and expenses . . .

Left: Shaughnessy Hospital, Vancouver, BC. Department of Veteran Affairs. Right: Military Hospital, Ste. Anne de Bellevue, P.Q. Improving movements and strengthening muscles; client's wrists/hands were lost in land mine explosion.

Africa, Hawaii and the U.S., but CAOT was unable to send occupational therapists there (Howland, 1943).

A hard-won success was the provision of occupational therapy in the hospitals of the Department of Pensions and National Health (Canada), later the Department of Veterans' Affairs (DVA). Many letters were exchanged and several meetings were held before the Department agreed. In 1943, Olive Whillans was appointed supervising occupational therapist for this initiative. She travelled the country assisting occupational therapists in Toronto, Montreal, Quebec City, Winnipeg, Halifax, Saint John, London, Vancouver and Calgary (e.g. Millar, 1942; Whillans, 1943).

On November 6, 1943, after much work by CAOT and Dr. Howland, the Department of Defence finally announced that occupational therapists could enlist in the Royal Canadian Army Medical Corps (RCAMC), in the division of the Nursing Corps. By the end of the war, of the 82 therapists, (including Thelma Dinsdale Cardwell), who had served in the Army, Navy or BEMS, 47 therapists had served overseas (Robinson, 1981).

Captain Margaret Irvine (1945) described the scope of the Army endeavour in late 1945 when 36 Canadian occupational therapists were working in 12 hospitals. "From January 1 to October 31, 1945 the average number of patients seen per month was 3,856, the central store of basic stocks took approximately 3,000 square feet, and three men were required to receive, store and distribute the expendable supplies."

Sue McLaren was a therapist at one of these Canadian General Hospitals in England and died by accident in August, 1944. The only occupational therapist who died while in service, her loss was deeply felt by the occupational therapy com-

munity, as she was a young, enthusiastic and respected therapist (Tribute to Sue McLaren, 1945).

The Navy had an enthusiastic internal supporter of occupational therapy, Lieutenant A. Beddoe. Based on his experiences in World War I, Lieut. Beddoe actively worked to have occupational therapy provided to his fellow seamen. In early 1943, on behalf of Captain J.P. Connolly, Director of Special Services for the Navy, a request was sent to CAOT for 10 therapists (Connolly, 1943).

Although the war effort was prominent during this time, CAOT members did not neglect their civilian work throughout the decade. Occupational therapy had a presence in Newfoundland (not yet part of the Dominion), and in every province with the exception Prince Edward Island. Work was conducted in community and hospital settings including "mental hospitals, sanatoria, children's and general hospitals and Workmen's Compensation Clinics" (Occupational Therapy plays big war time role, 1943). Occupational therapy in psychiatry and the mental hygiene movement continued as important areas of practice (Friedland, 1996). Tuberculosis and polio were both prevalent across the country and occupational therapy was a significant component of treatment. To demonstrate the value of occupational therapy in a number of areas, CAOT sponsored occupational therapy departments in "suitable hospitals," then if the hospitals were satisfied, their administrations would take over operations and expenses (Robinson, 1981).

As the 1940s drew to a close, and despite the continuing shortage of therapists, the Association could look back with pride on what had been accomplished and anticipate what lay ahead. A small, but committed group of people, had worked >

continued from page 17

hard to ensure that occupational therapy would be available in military hospitals, to returning soldiers, and to civilians with a variety of problems. Dr. Howland completed 22 years of serving with vision and dedication, ensuring that CAOT would become a strong organization in Canada. CAOT had advocated and succeeded in having occupational therapists involved as enlisted officers, and in the newly established DVA. Therapists had established new occupational therapy programs in a wide range of settings, and were continuing to develop programs in new rehabilitation centres and in the physical medicine and psychiatric departments of general hospitals.

The program at the University of Toronto had expanded to meet the need for therapists (with over 130 students in one year!) and plans to start new schools across the country were underway. Opposed to suggestions that short courses focusing on handicrafts could be established to adequately train occupational therapists, the Association advocated to establish programs in universities, recognizing the need for schools in Quebec, and points further west and east.

Canadian occupational therapy was respected internationally, and the inaugural meeting of the World Federation of Occupational Therapy was on the horizon (Mendez, 1986). In late 1949, the 19th Annual Convention was held with great success in Ottawa, and the members were filled with pride, optimism and enthusiasm. It had been a defining decade in which occupational therapy became firmly established in the country, and the future for the profession looked promising.

References

- Campbell, H. (1949). President's address. *Canadian Journal of Occupational Therapy*, 16 (4), 122.
- Clarke, E. (1942). Occupational Therapy Consultant Report. *Canadian Journal of Occupational Therapy*, 9 (1), 24.
- Connolly, J.P., Directory of Special Services (Navy), [signed by A.B. Beddoe], letter to CAOT, May 22, 1943. CAOT Archives. World War II Box. File #4.
- Davis, J. (1948). The integration of occupational therapy into the public health nursing programme. *Canadian Journal of Occupational Therapy*, 15 (3), 71-94.
- Friedland, J. (1996). Occupational therapy. In E. Shorter (Ed.), *TPH: History and memories of the Toronto Psychiatric Hospital, 1925-1966*. (pp. 259-270). Toronto: Wall & Emmerson, Inc.
- Friedland, J., Robinson, I., & Cardwell, T. (Jan/Feb 2001). In the beginning: The CAOT from 1926-1939. *Occupational Therapy Now*, 3, (1), 15-18.
- Howland, G. (1943). President's Address. *Canadian Journal of Occupational Therapy*, 10 (1), 3-5.
- Howland, G. (1944). President's Address. *Canadian Journal of Occupational Therapy*, 11 (1), 3.
- Howland, G. (1947). Annual meeting - President's address. *Canadian Journal of Occupational Therapy*, 14 (3), 71.
- Howland, G. (1949). President's address, Annual convention 1948. *Canadian Journal of Occupational Therapy*, 16 (1), 7.
- Irvine, M. Capt. (1945). Report on occupational therapy in the Royal Canadian Army Medical Corps Hospitals overseas. *Canadian Journal of Occupational Therapy*, 12 (2), 35-40.
- Mendez, M. A. (1986). *A chronicle of the World Federation of Occupational Therapists. The first 30 years, 1952-1982*. Jerusalem.
- Millar, R. Directory of Medical Services, Department of Pensions and National Health, to Dr. G. Howland, CAOT, September 25, 1942. CAOT Archives. WWII Box. File #7
- Occupational Therapy being used by the Navy. *Galt Reporter*, May 17, 1944. CAOT Archives. WWII Box. File #4.
- Occupational Therapy, English Hospital Appointment. *University of Toronto Monthly*, January 1941.
- Occupational Therapy plays big wartime role. *Globe and Mail*, Nov. 11, 1943.
- Robinson, B. (1949). Report of the editorial committee of the Canadian Journal of Occupational Therapy. *Canadian Journal of Occupational Therapy*, 16 (4), 138.
- Robinson, I.M. (1981). Muriel Driver lecture 1981: The mists of time. *Canadian Journal of Occupational Therapy*, 48 (4), 145-152.
- Robinson, I.M. (1983). Dialogue. *Canadian Journal of Occupational Therapy*, 50 (5), 159-161.
- Rogers, N.M., Minister of National Defense to Mr. W.J. Dunlop, Honorary Secretary, CAOT, December 30, 1939. CAOT Archives. WWII Box. File #7.
- Smith, C. (1988). *Between the streamlet and the town: A brief history of the Astley Ainslie Hospital*. Scotland: Polton House Press.
- Smith, E. (1948). Occupational Therapy Consultant Report. *Canadian Journal of Occupational Therapy*, 15 (3), 81.
- Smith, E. (1949). Occupational Therapy Consultant Report. *Canadian Journal of Occupational Therapy*, 16 (4), 136.
- Sweeten, M.B. (1942) Air Raid Strain. *Canadian Journal of Occupational Therapy*, 8 (1), 15-16.
- Tribute to Sue McLaren. (1944). *Canadian Journal of Occupational Therapy*, 11 (2), 30.
- Whillans, O. Supervising Occupational Therapist, Department of Pensions and National Health, letter to Dr. G. Howland, CAOT, August 13, 1943. Archives. WWII Box. File #7.
- Other sources include: CAOT Archives (particularly the World War II Files), *The Canadian Journal of Occupational Therapy* 1939-1950, the University of Toronto Archives, the Canadian Occupational Therapy Foundation's *Canada: 60 Years Occupational Therapy Anniversary Calendar, 1926-1986*, and the personal recollections of Isobel Robinson.

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Note: *The Archives Committee welcomes information regarding the history of the next 60 years. The possibility for omissions increases as we move towards the present. Please help us to make this series as accurate and complete as possible by contacting us with information or offering to participate in the review process.*