

Historical Paper

Dr Eamon O’Sullivan: psychiatrist and forgotten pioneer of occupational therapy

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Abstract

Objectives: This paper provides a brief overview of the history of occupational therapy in psychiatry in Ireland and explores why the contribution of an early Irish psychiatrist and proponent of occupational therapy, Dr Eamon O’Sullivan (1897–1966), was not fully recognised in the decades after his retirement in 1962.

Methods: A review of selected key reports, papers and publications related to the history of occupational therapy was undertaken.

Results: Eamon O’Sullivan was appointed Resident Medical Superintendent at Killarney Mental Hospital Co. Kerry in 1933 and developed an occupational therapy department at the hospital from the 1930s until his retirement in 1962. He wrote one of the first textbooks of occupational therapy published in 1955. His occupational therapy philosophy reflects the early decades after the formalisation of the profession in 1917 when beliefs about the curative properties of occupation flourished and professional education programmes were scarce. By the time O’Sullivan’s textbook was published it received a lukewarm reception within occupational therapy as it did not reflect 1950s practice and professional philosophy. The professionalisation of occupational therapy in Ireland in the 1960s was also a factor in the lack of acknowledgement of O’Sullivan’s contribution to the profession.

Conclusion: Practice and professional philosophy change and the paper concludes by considering O’Sullivan’s work in light of contemporary occupational therapy which once again places occupation at its centre and emphasises the importance of balance, health and wellbeing.

Keywords: Ireland; occupational therapy; psychiatry; 20th century

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Introduction

From the early 19th Century onwards psychiatric hospital patients participated in occupation for at least three different reasons. Firstly, as part of the ongoing legacy of the humanitarian ethos of moral treatment. Secondly, as regular daily activity was believed to lead to lower levels of disturbed behaviour (not necessarily as therapeutic). Thirdly, as patient work in utility departments lowered hospital costs (Hall, 2016).

The widespread interest in the therapeutic use of occupation in the early decades of the 20th century led to the founding of a new profession – occupational therapy. Occupational therapy was formally established by the founding of the National Society for the Promotion of Occupational Therapy (NSPOT) in Clifton Springs, New York, in 1917 (Peloquin, 1989). The discipline was influenced by the backgrounds of its founders in psychiatry, arts and crafts, nursing and architecture (Peloquin, 1991a, 1991b), and by movements such as mental hygiene, arts and crafts,

settlement house and the need to rehabilitate injured World War I soldiers (Wilcock, 2002). The moral treatment movement of the 19th century and its premise that participation in a diverse range of occupations could help restore a person to a healthier mind, was particularly influential in occupational therapy’s development in mental health (Kielhofner, 2009; Peloquin, 1989).

Many of the earliest proponents and patrons of occupational therapy were psychiatrists including Dr William Rush Dunton Jr., who authored the key text *Reconstruction Therapy* in 1919, and was a founding member of NSPOT (Dunton, 1919). Deeply influenced by moral treatment and an expert quilter he believed that occupation was ‘as necessary to life as food and drink . . . that sick minds, sick bodies, sick souls may be healed thru occupation’ (p. 10)

Eminent psychiatrist Dr Adolf Meyer (1866–1950) was another important early advocate who believed that people shaped their minds and bodies through the things they did (Kielhofner, 2009). Along with other leaders, he considered that maintaining health involved a balance between creativity, leisure, aesthetic interests, celebration and work (Dunton, 1919; Meyer, 1922, 1977). The ideas of Meyer, Dunton and others encapsulate what occupational therapy theorist Gary Kielhofner (2009) refers to as the ‘occupational paradigm’ In this paradigm occupation is seen as essential to life; it influences people’s health and can be used to

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regain function. Mind and body are intrinsically linked and in everyday life the elements of thinking, acting and existing need balancing.

Occupational therapists who had trained in the USA and Canada, were supported by advocates from the medical profession to establish occupational therapy in the UK (Wilcock, 2002) including the Scottish psychiatrist Dr David Henderson who had worked in the USA with Meyer. In 1930 psychiatrist Dr Elizabeth Casson founded the first diploma course for occupational therapists at Dorset House in Bristol following a trip to the USA in 1925 where she observed occupational therapy (Wilcock, 2002).

Occupational Therapy in psychiatric hospitals became more widespread in the UK following study tours organised by the Royal Medico Psychological Association (RMPA) to German and Dutch psychiatric hospitals between 1929 and 1934 (Hall, 2016). Irish members participated in these tours and attended conferences which included sessions on occupational therapy (Cahill & Pettigrew, 2020). Subsequently these psychiatrists opened occupational therapy departments in Irish hospitals in the 1930s (Pettigrew *et al.* 2020). Based on broad therapeutic goals their programmes aimed to engage a wide number of patients including those who had not previously participated in occupation (for example, those on 'back wards'). Nurses staffed these early departments, or attendants and/or craft teachers who often formally carried the title of occupational therapist (Pettigrew *et al.* 2017). Professionally qualified occupational therapists did not practice in Ireland until the late 1940s and most were Dublin-based.

Despite the role that Irish psychiatrists played in developing occupational therapy little has been written about their involvement (for an exception see Pettigrew *et al.* 2020). This paper contributes to filling this gap by presenting the case of Dr Eamon O'Sullivan (1897–1966) who was appointed Resident Medical Superintendent (RMS) at Killarney Mental Hospital (KMH) (subsequently St Finan's Hospital) in Co. Kerry in 1933 and who developed an occupational therapy department at the hospital from the 1930s until his retirement in 1962. He spent almost 20 years preparing a 319-page textbook of occupational therapy (O'Sullivan, 1955), one of the first textbooks on mental health occupational therapy in Europe (Pettigrew *et al.* 2017). William Rush Dunton, Jr. wrote the book's foreword. O'Sullivan was awarded an MD from University College Cork in 1956 for this publication and his contribution to occupational therapy (Kerryman, 1956). When *Textbook* was published in 1955 a small number of professionally qualified occupational therapists, who had trained in the UK, were working in the Republic of Ireland and the first occupational therapy training programme in Ireland, St. Joseph's College of Occupational Therapy was established in 1963 (Pettigrew *et al.* 2017).

While other psychiatrist patrons such as Dunton and Casson are revered as occupational therapy pioneers O'Sullivan is almost completely unknown in contemporary Irish occupational therapy. This paper seeks to explore why O'Sullivan's contribution to occupational therapy was not recognised in the decades after his retirement in 1962.

Methodology

Historical documentary research methods and an interpretative approach were used to address the research question. Multiple

sources of data were used including: *Textbook of Occupational Therapy* authored by O'Sullivan, a biography of O'Sullivan written by a former colleague who worked as a psychiatric nurse in Killarney (Fogarty, 2007), this biography also included interviews with others who knew O'Sullivan through his role as RMS or as a GAA trainer, newspaper articles identified through keyword searches of electronic newspaper databases, publications related to O'Sullivan, un-published theses on O'Sullivan supervised by the authors, un-published theses identified through keyword searches of electronic databases, key contextual publications describing the use of occupation as therapy in institutions during the early decades of the Twentieth century (Kelly, 2016; Hall, 2016), occupational therapy publications including textbooks, journal articles and book reviews. Sources were appraised in terms of their authenticity, credibility and representativeness prior to analysing the meaning (Dunne *et al.* 2016). No accounts of patient experiences of occupational therapy during the time O'Sullivan was RMS in Killarney have been identified nor were any references to O'Sullivan by qualified occupational therapists in Ireland identified in any 20th century publication.

Findings are presented under the following thematic headings: O'Sullivan's use of occupation as therapy in KMH, O'Sullivan's textbook of occupational therapy, reviews of O'Sullivan's textbook, and alignment of the textbook with occupational therapy theory and professionalisation in the 1950s and 1960s.

Findings

O'Sullivan's use of occupation as therapy in KMH

Eamon O'Sullivan graduated from University College Dublin School of Medicine in 1925 and was appointed Assistant Medical Officer at KMH the same year. A year after his appointment as RMS he developed an occupational therapy department (O'Sullivan, 1955). Occupational therapy occurred on the wards and in special occupational centres, one of which was constructed from the unused infectious diseases unit in 1938 (Fogarty, 2007). Eighty-five to 90% of all KMH patients participated in occupations including those acutely ill (O'Sullivan, 1955).

Participation was based on a gendered division of labour: women painted, wove Celtic carpets, made baskets, toys and leather and other goods (Kerryman, 1936); men were employed predominantly on the hospital farm and sold their produce locally (J. O'Sullivan, 2007). Patient socialisation activities included outdoor activities, dances, board games, table tennis and film showings, all organised under O'Sullivan's guidance (Fogarty, 2007). To develop social skills and team building O'Sullivan established a patients' Gaelic football team which played against other hospitals. Former nurse James O'Donoghue stated that patients looked forward to these outings and he believes that some were later discharged due to these trips which 'got them out of those long-stay wards and helped them mix with the outside world' (O'Donoghue, 2007, p. 145).

A major project completed as part of O'Sullivan's occupational therapy programme was the construction of Fitzgerald Stadium, Killarney by patients in the 1930s (O'Sullivan was a renowned trainer of the Kerry Gaelic football team). This involved hard physical labour (Fogarty, 2007) and provoked public controversy about potential exploitation (Cronin, 2015, Pettigrew *et al.* 2020). Interviews with former hospital staff members contest these claims (Fogarty, 2007; Cronin, 2015). Records of patients' perspectives have not been found. O'Sullivan's use of patient labour for this

project as well as allowing patients to work in nurses' homes can be viewed as contradictory to his emphases on keeping the therapeutic aspect of occupation to the fore (Pettigrew *et al.* 2020) and requires further exploration. Kelly (2016) highlights the difficulty in ensuring 'patient work was genuinely therapeutic' and not just necessary labour required for the hospital to function (p. 181). Hall (2016) points out that it was often both.

While O'Sullivan did not employ professionally qualified therapists at KMH he did value formal educational qualification for occupational therapists (O'Sullivan, 1955). Shortly before he retired in 1962 he organised for three nurses from St Finan's to join the first student cohort at St Joseph's College of Occupational Therapy.

O'Sullivan's textbook of occupational therapy

O'Sullivan started writing *Textbook of Occupational Therapy: with chief reference to psychological medicine* in 1935; when medical publisher H.K. Lewis brought it out in 1955, it was one of the first European occupational therapy mental health textbooks (Pettigrew *et al.* 2017). According to O'Sullivan it was written to help meet the teaching needs in occupational therapy and 'following almost a life study of the subject' (1955, p. ix/x). *Textbook* sold at least 1000 copies (E. O'Sullivan, 1965/2007) including internationally.

Covering 18 chapters, *Textbook* starts with a history of occupational therapy and then moves on to its principles and rules. O'Sullivan enumerated seven principles which incorporated most of the principles and guidance rules of the American National Society for the Promotion of Occupational Therapy (Dunton, 1919; Andersen & Reed, 2017; O'Sullivan, 1955). O'Sullivan's principles were:

1. Occupational therapy is primarily a form of treatment.
2. The treatment must, at all times, be under expert medical direction.
3. Occupational therapy must be evolved on a definite system and applied methodically.
4. The patient's competence and interests must be considered in relation to the work to be prescribed.
5. Occupational therapy should exhibit diversity and novelty in all its forms of activity.
6. The treatment is only to be judged by its effect on the patient in each case, whether the products show inferior workmanship or not.
7. The occupational therapist must have the necessary technical knowledge, special aptitude for imparting instruction, and a suitable temperament and manner (pp. 19–28).

O'Sullivan's book details three broad aspects of occupational treatment: re-educational or habit-training, handicraft, and recreational, 'all of which, combined with properly timed sleep and rest, make for the therapeutic balance so essential for treatment' (p. 39). Habit-training was most important in training with 'aments' (people with intellectual disabilities) but the re-educational aspect was integral for those suffering from psychosis, leading to an arrest of further regression. The educational programme consisted of a '24-hour balanced schedule of work, rest and play' (p. 42).

O'Sullivan included chapters on the development and organisation of an occupational therapy department within a mental

hospital. Although he did not attempt to employ occupational therapists (p. 17) in the section on personnel (chapter 5) he suggested employment of a chief occupational therapist and two occupational therapists for a large mental hospital (containing 1000 beds) as well as occupational nurses and technicians. These therapists were to be 'officers trained and qualified in accordance with specially accepted standards' (p. 53). These standards were, however, unspecified. The RMS was to be 'in supreme control of the occupational therapy department' and 'must allocate and supervise the duties of each member of the staff'. The RMS was to 'assume the role of captain, directing, advising and controlling the activities of each member of his occupational therapy team' and in this was 'supported by his medical officers, acting as vice-captains' (p. 49).

The book also provided sections on psychological analysis of mental diseases and mental states. A substantial proportion, six chapters, was allocated to craft analysis with examples of how craft could be therapeutically applied including willowcraft, woodcraft and weaving. Despite his many years of running an occupational therapy programme the book did not include any case studies of occupational therapy treatment in KMH.

Reviews of O'Sullivan's Textbook

Contemporary reception of O'Sullivan's book was mixed, those outside the profession were mainly positive but those within (and others) were less so. A review in the *British Journal of Industrial Medicine* thought it would be very useful for those training in occupational therapy. However, one criticism was that the book was more about 'how to develop a unit in a large mental hospital', which is indicative of a rather utopian vision of facilities required for the practice of occupational therapy, such as an isolated, purpose-built unit to house workshops and crafts (Backett, 1956). Dunton in his foreword made a similar observation (1955). A review in the *Journal of Counseling Psychology* noted that the book was 'prepared with a practical, how-to-do-it approach for the occupational therapist engaged in the setting of mental hospital'. But it might be more reflective of Irish rather than American institutions (DiMichael, 1956). Erikson (1956) in the American Psychological Association Review of Books stated that the title of the book suggested a comprehensive text, however, it lacked the psychological application of occupational therapy as it assumed psychiatrists know what to prescribe, and that every patient would participate. She concluded that while hospital superintendents and many psychiatrists would endorse it psychologists would look 'in vain for any discussion of the pertinent questions raised by modern psychiatry and psychology'.

Reviewers within the profession were critical of O'Sullivan's decision not to seek qualified occupational therapists at KMH, his stance on the very close supervision of occupational therapists by doctors, the depth of his analysis of various therapeutic activities and his focus on organisational issues and not on patients. Occupational therapist Chloe Gardner (1956) in *Mental Health* described the book as a 'comprehensive introduction', being well laid out and a concise overview which might be useful for the first-year student but 'the experienced occupational therapist will find in it nothing new'. The section on craft analysis was 'disappointing' and she suggested that had O'Sullivan co-operated with a qualified and experienced occupational therapist his observations might have been 'more accurate and more complete'. Gardner considered that the major omission of the creative value of arts

could have been overcome had a qualified occupational therapist been involved in the book's production.

S. Mallet in *Occupational Therapy* (1956), welcomed the publication as there were so few textbooks but was surprised that someone who was aware of the educational syllabus and understood the need for such training to make occupational therapy an effective therapy did not seek to employ occupational therapists at his hospital. She was equally critical of O'Sullivan's suggestion to assign doctors to assume charge of an occupational therapy department. Mallet pointed out that what an occupational therapist needed was to receive a physical prescription following which she would treat the patient along the lines suggested by the medical officer with 'his close cooperation and, we hope his interest in her reports on the patient's progress'. She complimented the section on habit-training but like Gardner critiqued those on analysis of activity as they did not comprehensively address all psychological needs.

A highly critical review was written by American professor of psychology Arthur Bachrach (1956) in *American Scientist* who acknowledged that O'Sullivan addressed the essential therapeutic aspect of a programme in occupational therapy and concluded that the most valuable sections were those on crafts but they were 'never effectively linked with principles of therapy'.

Alignment of the textbook with occupational therapy theory and professionalisation of occupational therapy in the 1950s and 1960s

Despite the lack of textbooks in the 1950s, a substantial body of occupational therapy literature was being published in the profession's journals including *Occupational Therapy* (journal of the Association of Occupational Therapists of England, Wales and Northern Ireland), the *American Journal of Occupational Therapy* and the *Canadian Journal of Occupational Therapy* among others. Articles published in *Occupational Therapy* between 1950 and 1954 include those written by doctors on various medical conditions and the corresponding occupational therapy treatment (for example, Munro, 1951); articles written by occupational therapists and doctors (for example, Howells & Townsend, 1954) and articles written by occupational therapists. The latter included those on treatment (for example, Scott-Orr, 1951) reviews (for example, Macdonald, 1951); international development of the profession (for example, Levy, 1951); reports on conferences; refresher courses; educational standards, state registration and the need for research (for example, Foulds, 1953). O'Sullivan did not reference any of this material relying instead on occupational therapy books authored almost exclusively by doctors and published in the 1920s, 1930s and 1940s (with one exception from the 1950s) (O'Sullivan, 1955).

An example of mid-1950s journal publication is a 1955 article in *Occupational Therapy* by Constance Henson head occupational therapist at Shenley Hospital. She stated that 'What is aimed at in treatment is to help patients gradually to readjust themselves to reality, to be able to meet life and to accept the rough with the smooth' (p. 43). Henson explained that resocialisation was at the core of the approach. Creative arts were a means of giving expression to and gaining acceptance for deep conflicts. Crafts could be used to make initial contact with the patient but later the person's attention could be diverted into more practical channels as 'the chances are limited whereby patients can earn a living by carrying on a craft learned in hospital' (p. 44).

In 1954, a year before the publication of O'Sullivan's book, leading American occupational therapist Gail Fidler and psychiatrist Jay Fidler published *Introduction to psychiatric occupational therapy*. Using a common approach in 1950s mental health occupational therapy they applied psychoanalytical theory to treatment. They emphasised the importance of the therapeutic relationship (Haertl & Christiansen, 2014) and crafts and other activities were used therapeutically to facilitate patients to communicate feelings and thoughts non-verbally (Andersen & Reed, 2017).

Although many occupational therapists continued to use crafts, in the 1940s and 1950s occupational therapy was 'under increasing pressure from the medical profession to become objective and to develop an empirical base for its intervention' (Duncan, 2021, p. 18). The prevalent paradigm in occupational therapy had shifted from the time that O'Sullivan started writing *Textbook* to the time of publication. The 'occupational paradigm' (Kielhofner, 2009) as typified by the founders and early pioneers and evident in O'Sullivan's book (in the emphasis on occupation especially craft-work and the regular rhythms of work, rest, recreation and sleep) had given way in the 1950s to an increasing focus on classification and categorisation. Labelled the 'mechanistic paradigm', 'performance was seen as dependent on the functioning of inner systems: intrapsychic, nervous, musculoskeletal' (Duncan, 2021, p. 19). Dysfunction resulted from damage to these systems and functional performance was regained through addressing or compensating for deficits. 'During this period occupational therapists became increasingly competent at measuring and attempting to objectify their practice' (*ibid* p. 18). Occupation was used precisely to address and measure disordered inner systems. Crafts 'were categorised according to their suitability for working in bed, solitary or cooperative work' (Hocking, 2008, p. 187).

Discussion

This paper has interpreted data from multiple sources to explore why O'Sullivan's contribution to occupational therapy was overlooked in the decades after his retirement.

Professionalisation is an enduring concern for occupational therapy. Marketing the profession and gaining 'professional and scientific authority' (Peters, 2011, p. 199) was a priority for occupational therapy from 1950–1980. While the development of occupational therapy in Ireland was shaped by specific political, institutional and social contexts the process of professionalisation was comparable to other countries. Irish occupational therapists used similar strategies to those used in the USA, Canada, and the UK (Quiroga, 1995; Wilcock, 2002; Friedland, 2011). This included approaches aimed at achieving occupational closure: reserving entry to the profession for those who held what were deemed to be approved qualifications (MacDonald, 1985). The main professionalising strategies identified by Dunne *et al.*'s (2018a) oral history participants included educational credentialism and professional body membership. Credentialism involves restricting access to rewarding jobs to people who have specific qualifications defined by the profession itself (MacDonald, 1985). A key aspect of professionalisation it enhances both the status of and public trust in a profession (Cusick & Adamson, 2004). In Ireland, establishing the first occupational therapy training programme at St. Joseph's College of Occupational Therapy in 1963 provided credible evidence that occupational therapy was a profession. Professional bodies enforce professional standards and confirm professional autonomy (Cooper & Robson, 2006) and membership of the Association of Occupational

Therapists of Ireland was a further component of occupational therapy's professionalisation in Ireland.

The events celebrated in Irish occupational therapy are those that reinforce the narrative that occupational therapy started when the first qualified occupational therapists began to practice. The annual Ann Beckett Award commemorates the first qualified occupational therapist. In 2013 Trinity College Dublin (TCD) celebrated 50 years of St Joseph's College of Occupational Therapy/TCD and in 2015 the Association of Occupational Therapists of Ireland celebrated 50 years. These commemorations reinforce the narrative that occupational therapy before the arrival of qualified occupational therapists was not occupational therapy as illustrated by Dunne *et al.*'s (2018b) research. Pre-1950s occupational therapy contributions are discounted and talked about in terms of 'keep[ing] people occupied', 'non-directed craft activity' and 'doing things and occupying people' (Dunne *et al.* 2018b, p. 5–6) The encounters between occupational therapy practitioners who were professionally qualified and those who were not are described as 'tricky situations', and 'a bit difficult' (Beckett paraphrased in Patterson, 1992, p. 5).

Eamon O'Sullivan was a casualty of this 'sweeping away' of an earlier occupational therapy. Additionally, his stance on the psychiatrist-occupational therapist relationship was challenged by reviewers of *Textbook*. Colman (1992) points out that 'occupational therapy has always sought to maintain a balance of autonomy and cooperation in its relationship to medicine' (p. 63). This relationship was gendered and in the late 1940s and early 1950s the predominately female profession of occupational therapy was taking formal leadership of the profession from the predominantly male doctors who had played key roles in the early years (Quiroga, 1995). *Textbook* also came out shortly after a particularly challenging period in American occupational therapy when physical medicine doctors – attempting to further establish their speciality – tried unsuccessfully to wrest control of occupational therapy educational programmes and the national registry from the American Occupational Therapy Association (Colman, 1992). Unsurprisingly, O'Sullivan's vision of 'supreme control' and his lack of collaboration with occupational therapists did not sit well.

Given O'Sullivan's knowledge of occupational therapy and his international connections he could have played a key role in the development of the profession like Casson, Dunton, or Henderson but he did not. Some Irish psychiatrists, however, did employ qualified occupational therapists in the late 1940s/early 1950s. For example, Dr Norman Moore from St Patrick's Hospital, Dublin who had worked at the Crichton Royal in Scotland actively sought and employed occupational therapists (Dunne *et al.* 2018b). O'Sullivan's vision of the doctor-therapist relationship, and the changing nature of that relationship may have been factors in his decision not to seek qualified occupational therapists. His location in the south-west of Ireland – when most occupational therapists were Dublin-based – may also have played a role. O'Sullivan offers no explanation for his decision and consideration of his motives requires additional attention. Despite his lack of patronage of professional occupational therapy qualified occupational therapists were widely employed in the mental health service hospitals from the 1960s onwards.

The forerunners of the development of occupational therapy were not the psychiatric hospitals but Dublin-based rehabilitation centres/hospitals where occupational therapy departments were founded by qualified occupational therapists in late 1940s/early 1950s. Of the psychiatric hospitals St Patrick's Hospital and St John of God's Hospital (both Dublin-based) employed

qualified occupational therapists from the late 1940s/early-mid-1950s onwards.

O'Sullivan, however, remains an important figure in Kerry mental health circles and in Gaelic football but despite his 'almost a life[']s study of the subject' he is almost completely unknown in contemporary Irish occupational therapy. Although his book received considerable international attention at the time of publication, it has also not stood the test of time and is not in the pantheon of early occupational therapy textbooks that continue to be cited or regularly updated.

O'Sullivan enthusiastically adopted occupational therapy and implemented a wide range of activities in KMH from 1933 until his retirement and he did organise for three KMH nurses to join the first student cohort at St Joseph's College of Occupational Therapy. He can justifiably be credited as a pioneer of occupational therapy in Ireland but not of the profession of occupational therapy. His *Textbook* (1955) was written over more than two decades and shows that he widely read early occupational therapy publications up to the 1940s. The profession was founded on clearly articulated beliefs about the benefits of engagement in occupation and O'Sullivan's writing reflects these beliefs. However, by the time *Textbook* was published O'Sullivan's view of occupational therapy was out of step with contemporary concepts informing occupational therapy such as psychodynamic theory. His vision of occupational therapists working, not as autonomous professionals, but under the direction and control of a psychiatrist was problematic in the mid-1950s as occupational therapy strove to professionalise and shake off the vestiges of patronage by medical professionals.

However, just as the era of the 'occupational paradigm' passed so too did the era of the 'mechanistic paradigm'. In the 1970s and 80s reassessment of the original philosophy of occupational therapy in the context of the gains made during the 'mechanistic era' led to refocusing on the therapeutic benefits of occupation as the central organising concept of the profession and in the use of activity as the main treatment medium (Creek, 2008). This shift back to occupation created the foundation of a new interdisciplinary field of study: occupational science (Yerxa, 1990; Hocking & Wright St. Clair, 2011). Thus, many of the beliefs articulated by O'Sullivan in *Textbook* regarding therapeutic occupation have again come centre-stage in occupational therapy.

Conclusion

Psychiatrist patrons of occupational therapy including William Rush Dunton, Adolf Meyer, Elizabeth Casson and David Henderson and are revered as occupational therapy pioneers. In this paper we have explored why Irish psychiatrist Eamon O'Sullivan's contribution to occupational therapy was unrecognised in the decades after his retirement. While O'Sullivan began his occupational therapy work during the founding 'occupational paradigm' of the discipline he published his textbook during the 1950s when the focus, values and core concepts of occupational therapy had shifted and his work and vision were considered dated. Additionally, the 1950s (and early-mid 1960s) marked the beginning of professional occupational therapy in Ireland. In the struggle for professional recognition in the health service professionally qualified occupational therapists distanced themselves from the work of non-professionally qualified occupational therapists such as O'Sullivan (Dunne *et al.* 2018, p. 5). And O'Sullivan himself – unlike the psychiatrists listed above – did not play a direct role in the development of the profession.

Paradigms shift, however, and the paper concludes by considering O'Sullivan's work in light of the 'contemporary paradigm' of occupational therapy which once again places occupation at its centre.

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