

“Restorative in its effect, economic in its result”:

A Re-interpretation of Occupational Therapy in Canada, 1914-1928¹

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¹ Alexander Primrose, “Ontario Society of Occupational Therapy: How a Lesson from the War Is Being Applied in Times of Peace,” *University of Toronto Monthly* 25 (1925): 414.

ABSTRACT

This MA report examines the motivations behind creating the profession of occupational therapy in Canada between 1914 and 1928. It re-interprets the dominant historical view that occupational therapy programs were designed to holistically heal soldiers through rehabilitative work. Instead, it argues that occupational therapy was created with the goal of restoring soldiers as economically viable men. Guided by the ideology of possessive individualism, programs advanced the notion that men needed to be independent breadwinners to uphold Canada's position in the global economy. Three groups of people involved in and associated with the founding of occupational therapy—its bureaucratic leaders, its professional leaders, and its practicing ward aides—believed occupational therapy's main purpose was not to create a fully healthy man, but to ensure that he was able to function well enough to hold a job. The government, concerned with keeping the cost of vocational re-training low and its programs efficient, also viewed occupational therapy as a way to speed up convalescence by ensuring men began to work as soon as they left the battlefield. This trend continued in the post-war period with occupational therapy being used to save money for businesses and insurance companies by restoring workers in a cheap and efficient way. In this way, OT regimes were created as government-run programs of vocational re-training.

DEDICATION

This report is dedicated to my two grandmothers: Annie Mae Ponée, who helped me find a love for life, and Louis Hicks, who helped me find a love for history.

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List of Acronyms

AOTA.....	American Occupational Therapy Association
AJOT.....	American Journal of Occupational Therapy
CAMC.....	Canadian Army Medical Corps
CAOT.....	Canadian Association of Occupational Therapists
CHG.....	Canadian Handicrafts Guild
CJOT.....	Canadian Journal of Occupational Therapy
DSCR.....	Department of Soldiers' Civil Re-Establishment
MHC.....	Military Hospital Commission
OSOT.....	Ontario Society of Occupational Therapists
OT.....	Occupational Therapy
VAD.....	Voluntary Aid Detachment

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Introduction

When H. E. T. Haultain addressed a group of young female occupational therapists assembled to celebrate the 25th Anniversary of the Ontario Society of Occupational Therapists (OSOT) in 1945, his speech focused on the history of occupational therapy (OT) during the First World War. Haultain had served as the Head Vocational Officer for Ontario over the war years, and he began by regaling the women with short stories detailing the wartime bravery of the original occupational therapists (called ward aides at the time). His story swiftly took a turn toward what he thought was a more germane topic considering the gender of his audience: fashion. This tangent focused not on the experiences of ward aides, or their work in rehabilitating soldiers, but instead it fixated on the choice of clothing for the new ward aides as occupational therapists. Haultain called the current uniforms worn by occupational therapists “drab,” unlike the uniforms he had helped design for “his” girls.² Women were the lynchpin of OT’s success because “women could handle that unpleasant animal – the sick men – better than men could.”³ Therefore, what the ward aides wore was of paramount importance. Yet, some members of the Military Hospital Commission (MHC), the body responsible for creating the ward aide program in Canadian military hospitals, did not attach importance to ward aide attire. When presented with brown cotton prototypes, Haultain summoned his MHC comrades—male army bureaucrats and engineers—and convinced them that a prettier uniform was needed. Reaching agreement, the large group of men shopped around for different

² H.E.T. Haultain, “New Notes: Address by H.E.T. Haultain at 25th Anniversary of the Ontario Society of Occupational Therapist,” *Canadian Journal of Occupational Therapy* 11 (1945): 58.

³ Haultain, “New Notes,” 58.

looks. For each option, they “paraded models before returned men to see if they liked them or not.”⁴ Most outfits were met with dissatisfaction, so finally Haultain commissioned his friend and architect, Lieutenant Stanly Freyer, to come up with a design that would satisfy both soldiers and ward aides. This design resulted in the famous Canadian green uniforms, for which the ward aides became well known. Even the Prince of Wales commented on these uniforms during a visit to Canada, stating, “You have the most attractive uniforms that I have seen.”⁵

Why would a professional engineer like Haultain become so obsessed with the ward aides’ uniforms? In the early 20th century, uniforms worn by female health care workers were meant to be conservative to allow women to protect their sexuality during a period when women were expected to be chaste. Since women in the medical field worked with the opposite sex, uniforms were a way to protect their respectability as women; they were only available to patients in a healing capacity.⁶ Surprisingly, the designers of the uniforms in the newly created profession of OT did not want their aides’ beauty and sexuality to be hidden. The leaders of OT – bureaucrats and engineers – wanted ward aides to be attractive and appealing towards their patients.⁷ This begs many questions as to why and for what ultimate purpose?

⁴ Haultain, “New Notes,” 58.

⁵ Judith Friedland, *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890-1930* (Montréal: McGill-Queen's University Press, 2011), 125. The uniforms were so well recognized that ward aides began to be called the ‘Girls in Green.’ G. Pringle, “God Bless the ‘Girls in Green!’: Story of a New Vocation for Women – Occupational Therapy – in Which Dominion of Canada Leads the World,” *MacLean's Magazine*, February, 22 1922, 48.

⁶ Clare Gass, *The War Diary of Clare Gass 1915-1918*, ed. Susan Mann (Montreal: McGill-Queen's University Press, 2000), xxii.

⁷ Note that Thomas Kidner, Vocational Secretary of the MHC was not an engineer. He was the head of vocational education in Nova Scotia, New Brunswick, and Alberta before joining the

The OT profession was formally organized during the First World War as a response to a crisis in soldier rehabilitation. By the end of the First World War, 173,000 men had been injured and the Canadian government was unsure what to do with so many wounded and maimed. In previous wars, the federal government gave modest pensions to injured soldiers who were then left to live out their days. Because of the staggering number of soldiers injured in the First World War, however, providing pensions for all of these men would bankrupt the Canadian government. Furthermore, Canada faced a seriously depleted workforce. The MHC, the association created by the Canadian government to deal with these problems, decided the best plan was to return these men back to the workforce.⁸ Those who were injured and could not return to their former jobs would be required to take vocational re-training offered in a number of workshops across the country. By 1917, the government faced another challenge: many men who first needed hospital care before entering re-training were often sitting idle with little to do during the day. Canadians of this era viewed idleness as a problem, something that might cause men to lose their will to work, abandon their families, potentially turn to a life of crime, and, in their poverty, rely on the state for support. Men who were idle in a hospital for long periods of time could lose the ability to be re-trained. To offset this risk, the MHC added the additional step of

MHC. Judith Friedland and Naomi Davids-Brumer, "From Education to Occupation: The Story of Thomas Bessell Kidner," *The Canadian Journal of Occupational Therapy* 74, no. 1 (2007): 28-29.

⁸ The Military Hospital Commission was a tiered organization. The head of the MHC was Sir James Lougheed. He, alongside his secretary E.H. Scammell oversaw the various departments associated with soldier rehabilitation including pensions, soldier re-settlement, and vocational re-training. The Director of Vocational Re-training was Walter Segsworth. Each province in Canada had a provincial branch of vocational re-training with an officer to oversee the process. In Ontario, this officer was Herbert Haultain. Government of Canada, *Report of the Work of the Invalidated Soldiers' Commission, Canada* (Ottawa: J. de L. Taché, 1918), 1-7.

OT to solidify rehabilitation before vocational re-training. Female ward aides would take a brief six-week ward aide emergency course⁹ before being deployed to military convalescent hospitals across Canada. The course focused mainly on guiding men in craftwork to mediate idleness, thus returning them to work quicker. Craftwork included knitting, weaving, bookbinding, basketry, clay modelling, toy making, and other creative tasks. From its beginnings, OT's main purpose within the MHC was to return men back to work in an efficient manner so they would not need financial support from the state.¹⁰

The study of OT, an under-examined topic in Canadian history, has benefitted from a monograph on the history of OT published by the University of Toronto's former head of OT, Judith Friedland in 2011 entitled, *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890-1930*. Her study fills this gap in health care history.¹¹ Friedland, like other clinician-historians, acknowledged that OT was a profession associated with work and re-training, but *Restoring the Spirit* emphasizes OT's role in healing men through work. Though Friedland believed that OT was multifaceted, she elevated OT's healing purpose and distanced OT from its possible economic, vocational, or industrial purpose. For Friedland, OT's original purpose was to restore a person's physical, mental, and spiritual health, emphasizing that the "major premise" of OT lay in understanding "mental health and the connection between engagement

⁹ Later in 1918 the course became three months long. Friedland claims the course was extended because federal and provincial bureaucrats believed that the ward aides were receiving inadequate training to handle their job. This emergency course lasted from 1918-1919. Friedland, *Restoring the Spirit*, 116, 118-119.

¹⁰ Friedland, *Restoring the Spirit*, 85-97, 126, 134.

¹¹ Friedland, *Restoring the Spirit*, xv.

in occupations and well-being.”¹² The main purpose of OT within the context of the First World War was to support soldiers through their lengthy convalescence so they could return to work, but she takes pains to show how the bedside methods were not focused on economic ends. OT work, she argues, was still more focused on the “psychological, social, artistic, and educational influences”¹³ that ward aides embodied and brought forth in their work.

Certainly these holistic elements came to the fore during the professionalization of OT. In the interwar period, when OT was in peril of disappearing, the field was supported by doctors who saw the medical merit of OT in the expanding hospital systems of the 1920s and 30s. With physicians as allies, OT expanded and thrived in a new era of “curative workshops.” The interwar period saw the creation of the Canadian Association of Occupational Therapy (CAOT) in 1926, a body that founded the *Canadian Journal of Occupational Therapy* (CJOT) in 1933. Although Friedland critiques the biomedical model that eventually took over OT’s practice, she emphasizes OT’s holistic foundation, noting how, right from the outset, the “presence of occupational therapists on health care teams challenged physicians to extend their concerns beyond the medical treatment of the disease to the patient’s psychological and social adjustment.”¹⁴

This holistic healing model, however, cannot account for ward aides’ pretty uniforms. A decade before the CAOT’s founding, ward aides participated in OT programs in uniforms designed to make them attractive, which ran against

¹² Friedland, *Restoring the Spirit*, xix.

¹³ Friedland, *Restoring the Spirit*, xix.

¹⁴ Friedland, *Restoring the Spirit*, 198-203.

the female healthcare uniform culture of functionality and sexual repression. Ward aides' uniforms emphasize the role played by Canadian bureaucrats in creating the first space for OT within a hospital system and their promotion of OT as a step on the road to vocational education. Though OT work was curative in nature, ward aides were not required to bring a soldier back to full mental and physical health. Instead, they were responsible to get a soldier well enough so he could move on to the next step of rehabilitation: vocational re-training. OT's supporters in the federal and provincial bureaucracy focused the field toward renewing a strong industrial male workforce which could be economically independent. In this way, they served what Ian MacKay has called the "liberal order framework."¹⁵

This report will re-interpret what the central aims were in the multifaceted profession of early Canadian OT, arguing that though therapeutic medicine was a part of OT, it was not the entire or main purpose of OT as deployed during the First World War and its immediate aftermath. Instead, OT was crafted to solve the economic situation created by injured soldiers. It would create economically viable workers who would earn a wage large enough to ensure that they and their families would never become dependent on the state. OT's economic and vocational purpose and intensions should be held at least equal to or elevated above its medical intensions during the profession's founding years. This report

¹⁵ Ian McKay, "The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History," *Canadian Historical Review* 81, no. 4 (2000): 616.

plans to re-examine the history of OT within the context of a rising liberal order, and examine its goals as a part of the ideology of possessive individualism.¹⁶

To do so, I will engage in a systematic re-interpretation of the primary documents written by the early purveyors and practitioners of OT.¹⁷ These include journal articles, MHC commission reports, newspaper articles, magazine articles, books, and local hospital reports, mainly from the University of Toronto, a key site of early OT programs. Although therapeutic goals were present in wartime OT, creating economically viable workers was OT's main purpose as a nascent profession. Medicine, therapy, and holistic healing were rarely mentioned in such documents; rather, the focus was on the economic benefits of OT in restoring the soldiers as workers. These findings hold true from the beginning of the First World War in 1914 until 1928, when a new generation of ward aides graduated from the University of Toronto, and OT started to place their work within emergent medical infrastructures.

The first section begins with a discussion of liberalism and possessive individualism, set against the historiography of OT in Canada. The historiographic discussion establishes the differences between clinician-historians and academic historians, two groups who have tackled OT sources from different

¹⁶ Friedland argued that the main goal of her book was to 'recover history' regarding her profession, but studying different perspectives of OT from a gendered or post-modernist view would be left to professional historians. Friedland, *Restoring the Spirit*, xv-xvii.

¹⁷ Some people that I am analyzing could fit into multiple categories. Walter Segsworth and Thomas Kidner would both be considered OT leaders and federal bureaucrats, but their high position within the MHC puts them more in the role of federal bureaucrat. Herbert Haultain and Norman Burnette, though considered provincial bureaucrats within the MHC's infrastructure are placed in the leadership section because they have been portrayed in OT primary documents as the leaders of the profession and are removed from their bureaucratic position in such publications. Helen LeVesconte is both an OT leader and practitioner, but she had yet to reach her leadership position in the time period I am researching. Judith Friedland, "Occupational Therapy and Rehabilitation: An Awkward Alliance," *The American Journal of Occupational Therapy* 52, no. 5 (1998): 376.

perspectives. Clinician-historians tend to focus on people who practice or have practiced OT while writing their profession's history. In particular, clinician-historians from the 1920s and 30s created a narrative that supported OT's primary connection with restoring a man to work for economic and industrial reasons. This persisted until the 1980s, when the narrative of OT's history shifted to reflect the early profession's aspirations to fit into a therapeutic framework, with the economic orientation and job market successes of patients seen as a valuable side effect. I then examine the work of academic historians who emerged in the 1990s and have critiqued this clinician-historian narrative, contributing works with a specific emphasis on the history of OT and its connection to craftwork. I then situate this history within the larger story of First World War soldier rehabilitation. Most academic historians acknowledge OT's role in soldier rehabilitation, but tend to emphasize the federal government's role in creating the new field. In conclusion, while I agree with academic historians who stress the ways in which military rehabilitation and re-training were concerned with restoring men to economic independence, while spending as little as possible to achieve this outcome, I argue that OT should be placed within this interpretive structure.

In the second section, I re-examine reports published by the MHC on the status of soldier rehabilitation ranging from 1914 to 1919, and I consult the Department of Soldiers' Civil Re-Establishment's (DSCR)¹⁸ self-published magazine *Reconstruction*. This allows me to establish the goals of soldier

¹⁸ The MHC's name changed in 1918 to the Department of Soldiers Civil Re-Establishment. "Noblest and Best: Retraining Canada's War Disabled 1915-23," *Journal Of Canadian Studies* 16, no. 3 (1981): 79-83.

rehabilitation before and after the widespread use of OT ward aides. In addition, this study sheds light on why the MHC felt OT was a necessary addition to Canada's rehabilitation and vocational re-training process. I focus particularly on the writings of two MHC federal bureaucrat leaders, Director of Vocational Training Walter E. Segsworth and Vocational Secretary Thomas Bessell Kidner. Segsworth was a mining engineer who was appointed as the Director of Vocational Training in 1917, a position he held until 1919, and Thomas Bessell Kidner was appointed as the Secretary of Vocational Training from 1916 until 1918.¹⁹ Their correspondence and publications underscore the government's use of OT as a temporary program to quicken the rehabilitation process by using pleasant women to introduce light occupations as an introductory step to industrial work.

In the third section, I examine the journal articles published by people considered by current and founding OT clinician-historians to be the founders of OT as a medical field. Some of these founders had bureaucratic connections to the military infrastructure and others worked as educators in universities and hospitals. The analysis begins by examining the man who created the ward aide diploma course at the University of Toronto, Director of the Department of Extension William Dunlop. Dunlop created the first course in 1926 and wrote various articles describing the nature of OT to past and potential therapists. From Dunlop, I turn to the two most celebrated founders outside of the medical community, Ontario's Vocational Officer Hebert Haultain and his colleague,

¹⁹ The Globe and Mail, "Mr. Segsworth Resigns Vocational Training: He Has Been Director Since July, 1917- To Represent Canada at Home," *The Globe and Mail* April 7, 1919, 11.; Morton, "Noblest and Best," 77.; Friedland and Davids-Brumer, "From Education to Occupation," 27-37.

Norman Burnette. Both were the leaders of Ontario's provincial OT program. Burnette, as the teacher of the ward aide course from 1918 to 1919, wrote almost everything about early wartime OT, including all ward aide textbooks. His work was intended to shape what ward aides were practicing in hospital. Finally, I consider three doctors associated with OT, Dr. C.B. Farrar, Dr. Alexander Primrose, and Dr. Goldwin Howland. Farrar as a psychiatrist was an early promoter of OT. Primrose and Howland were men who Friedland described as leaders within the emergent field who pushed the medical agenda. This section concludes, however, with a description and analysis of why such doctors did not promote OT's potential as a health profession. Unlike Friedland, I read these doctors' contributions as evidence that they used OT as a means to further their status as professional leaders engaged with the economic advancement of patients within a liberal Canadian state.

In the fourth section, I conclude by examining the writings of ward aides that mainly came to print in the 1920s. Though Friedland portrays these young women as concerned with restoration and healing, all accounts point towards these aides being true products of their environment, inspired by the vocational ideas of the engineers who advanced the ward aide programs. All aides were acutely aware of and concerned with their profession's ability to restore a man to the workplace and saw the potential value of their occupation in Canadian industry. Since the aides wrote after the war, they were also able to move beyond discussions of soldier rehabilitation and reflect on OT's value in the 1920s assisting in children's industrial education, also keeping with the vocational ethos

of the day. Again, the therapeutic value of OT is sidelined in these accounts, as if the practitioners themselves realized that in order for their profession to survive, the main concern of OT needed to be vocational. Even Helen LeVesconte, who became an OT leader and an early advocate, only adopts a therapeutic orientation in her writing published in the late 1930s and early 1940s. This strongly suggests that OT was not primarily concerned with holistic healing and therapeutic objectives until well after the First World War came to a close.

This report offers new insights into why and how OT was practiced from 1914 to 1928. OT clinician-historians have tended to legitimized OT's existence by emphasizing its connection with medicine. This report reveals OT's multidisciplinary heritage not just as a therapeutic profession assisting in rehabilitation, but as a profession that sought to support Canada's economy by supporting the capabilities of industrial workers. The original actors of OT fully accepted that their profession served economic ends in the early years because it allowed them to assist their country in recovering from a total war experience. This is a revisionist position that expands our understanding of the profession. OT has helped Canadians get a second chance at living comfortable lives, even if their health never fully returned.

The Liberal Order Framework and Possessive Individualism

This paper examines OT work as refracted through the prism of the dominant political ideology of the early 20th century, that of liberalism. There is a longstanding argument by political scientists such as C. B. Macpherson that

Canada, following its mother country Britain, has been a liberal state since the 17th century.²⁰ Liberalism is a political ideology that is centered on the primacy of the individual and their rights; society, communities, and the state are created by individuals and serve their purpose. Historian Ian McKay identified the three core elements of liberalism: an individual's liberty or freedom within the state; one's equality in relation to other individuals; and the most important tenet, private ownership of property.²¹

An ideology that further examines the position of liberal individuals is possessive individualism, put forth by Macpherson.²² This ideology sees the liberal state designed to support and recognize citizens who own, or "possesses" the capabilities with which they were born. These capabilities allow a person to make wealth, own property, and most importantly, be independent. According to Macpherson: "what makes a man human is freedom from dependence on the wills of others."²³ A liberal state was created by individuals for two reasons: one, to help facilitate capitalist market relations between individuals; and two, to help protect an individual's property. Therefore, the state was allowed to intervene

²⁰ C. B. Macpherson, *The Political Theory of Possessive Individualism: Hobbes to Locke* (Oxford: Clarendon Press, 1962), 270.

²¹ McKay, "The Liberal Order Framework," 623-625.

²² The author is aware that the theory of possessive individualism argues that the theory of liberalism has flaws, and that many scholars believe that possessive individualism is a flawed theory itself. However, the theory of possessive individualism is utilized for its discussion on the autonomy of individuals in the early 1900s. The language used by Macpherson when discussing individuals mirrors the language used by OT bureaucrats, ward aides, and professional leaders when discussing injured soldiers or civilians. The focus was on restoration for the sake of male autonomy, and removal of state support. Any larger theoretical flaws on possessive individualism are on material that does not apply to the scope of this paper. In addition, Macpherson's flaw on the theory of liberalism is centered around the loss of equality among individuals due to the state's support of the capitalist market which again, does not apply to this paper's argument. The MHC did not treat individuals differently based on class, all men were forced through the process of rehabilitation. M. Kemal Utku, "The Theory of Possessive Individualism," *Atilim Sosyal Bilimler Dergisi* 2, no. 2 (2012): 91-93.

²³ Macpherson, *The Political Theory of Possessive Individualism*, 2, 263.

within an individual's rights only if the state was upholding capitalist market regulations, or if there was a threat to the individual's possessions. This includes one's capabilities that allowed independence. Otherwise, the state was not to intervene in society and respect the position of the "possessive individual." Yet, it was understood by individuals that in order for the state to succeed, the state needed possessive individuals to produce goods and services based on their capabilities.²⁴ Therefore, Canadian citizens had obligations to the state to work to ensure that everyone had the same opportunities and the country remained economically strong.²⁵

Early 20th-century Canadian society operated under liberalism. Indeed, McKay observes that liberalism had been "internalized and normalized within the dominion's subjects."²⁶ Yet, liberal citizens of Canada were also affected by the new notion of progressivism. A philosophy taking hold in the late 1800s, progressivism boasted that the rise of industrialism had led to poor health, housing, and sanitary conditions for the working class. The middle class took it upon themselves to assist impoverished Canadians in improving their living conditions, and the middle class convinced Canadian bureaucrats that it was the state's job to start providing welfare to help the poor escape their poverty. This

²⁴ Joseph H Carens, "Chapter 1 – Possessive Individualism and Democratic Theory: Macpherson's Legacy," In *Democracy and Possessive Individualism: The Intellectual Legacy of C.B. Macpherson* (New York: State University of New York Press, 1993), 1, 4.; Macpherson, *The Political Theory of Possessive Individualism*, 70-71, 264, 272.

²⁵ McKay, "The Liberal Order Framework," 623.

²⁶ McKay, "The Liberal Order Framework," 623.

movement led to state feeling justified to intervene in the public realm as long as this intervention would improve the lives of Canadian citizens.²⁷

While the Canadian state provided welfare for impoverished women and children, historian Nancy Christie argued that the pre-war Canadian government did not believe it had the right or duty to intervene in the matters of individual men.²⁸ To keep society functioning, however, the government stressed that a working man should be paid a breadwinner wage. Victorian ideology put forth that men should earn a wage that was high enough to ensure that their wives would not have to pursue work outside of the home because, according to the societal standards of the time, a respectable female was not to be seen out in public in the late 19th and early 20th century. Gender historian Joy Parr has shown how this ideology was built into the conception of 20th-century masculinity: being a man was built around manual labour and being able to provide.²⁹ A breadwinner's wage would allow a man to fulfill his role in society by ensuring that his family was independent. Independence would preserve a family's status as part of the respectable middle class; that was important to a man because it demonstrated that he had the country's well-being in his best interest. Yet, independence could be lost if the man stopped working and became dependent on

²⁷ McKay, "The Liberal Order Framework," 641-643.; Jane E. Jenkins, "Baptism of Fire: New Brunswick's Public Health Movement and the 1918 Influenza Epidemic," *Canadian Bulletin of Medical History* 24, no. 2 (2007): 325-327.

²⁸ In fact, for men welfare was not given until the war, but the state felt justified to intervene in the lives of male individuals due to its progressive notions. However, welfare was framed as being a reward for service and not as men failing their duty as breadwinner which was important to middle class men. Nancy Christie, *Engendering the State: Family, Work, and Welfare in Canada* (Toronto: University of Toronto Press, 2000), 4-5, 50, 91.

²⁹ Joy Parr, *The Gender of Breadwinners: Women, Men, and Change in Two Industrial Towns, 1880-1950* (Toronto: University of Toronto Press, 1990), 10, 154-156, 241-242.

charities. State laws embodied these highly gendered ideals of possessive individualism, especially in educational institutions.³⁰

In the early 1900s, the government of Canada began to advance policies that strengthened vocationalism in schools. Vocationalism was the idea “of using schools to train young people for work.”³¹ Vocationalism helped children work on improving their inherent capabilities early in life. Schooling needed to follow the 19th-century industrial model, and therefore subjects were to be centred around manual training. This would help prepare children for their future occupations. Contemporary educational philosophers believed this form of education would solve many of the social and economic problems Canada faced through reducing unemployment and allowing more job opportunities for the working classes’ children.³² Vocational education was one result of the state’s desire to cultivate possessive individuals.

But how much should the state be involved in a male individual’s life? By the beginning of the First World War, the Canadian state was not wholly opposed to giving assistance to men through welfare, but any welfare given was to help the man and his family return to self-sufficiency. As historian Nancy Christie argues, any state intervention in Canada during the early 20th century was based on the male breadwinner ideal and “the liberal notion of the government as both the umpire and night watchman.”³³ Welfare, for instance, was used as a coercive way to induce men to work. This outlook predominated during OT’s early

³⁰ Christie, *Engendering the State*, 20-21, 50.

³¹ H. Kantor and D. B. Tyack, ed., *Work, Youth and Schooling: Historical Perspectives on Vocationalism in American Education* (Stanford: Stanford University Press, 1982), 1.

³² Kantor and Tyack, *Work, Youth and Schooling*, 1-2.

³³ Christie, *Engendering the State*, 4-5, 22-23.

developmental years, from the First World War into the 1930s. During the First World War, the wives of soldiers earned meagre welfare benefits so that when the soldier returned, his family would push him to retake his role as the provider. The state implemented such policies “because of the deeply held cultural convention that family security and self-sufficiency was still first and foremost the responsibility of the male breadwinner. The resurgence of the breadwinner norm...dictated the temporary... nature of government welfare policy.”³⁴ As soldiers came home, the Canadian government worried that due to soldiers’ disabilities and time away from work, they would have trouble finding employment. This would destroy both the individual and the state. Accordingly, state welfare shifted from helping soldier’s families to helping the soldier himself find or train for a job. This assistance was temporary, provided for soldiers only for the duration of the war, and ended as soon as a man could earn a breadwinner’s wage again. A wife still received support as long as her husband was making an effort to get back to work. If he was not, his family did not “deserve” assistance.³⁵ Policymakers believed that a man during hard times of unemployment suffered from mental deterioration because he was failing at his job as a provider. This deterioration threatened the economic status of Canada; unemployment was considered a national emergency, and it was the state’s job to fix it.³⁶ OT was part of the Canadian government’s solution in restoring men as

³⁴ Christie, *Engendering the State*, 46-49.

³⁵ Christie, *Engendering the State*, 62-64 90-91.

³⁶ Christie, *Engendering the State*, 209-213.; Parr, *The Gender of Breadwinners*, 10, 154-156, 241-242.

individuals and in restoring a prosperous economy. However, historians have overlooked this ideology when studying OT.

Historiography of Occupational Therapy in Canada

Canadian historian Veronica Strong-Boag observes that practitioners in a profession tend to be the first to write their own professional history. Such writings can verge on hagiography, inviting revisionism from more scholarly writers.³⁷ The first histories of OT were published in the *Canadian Journal of Occupational Therapy* and the *American Journal of Occupational Therapy* in the mid 20th century by occupational therapists.³⁸ Indeed, in these journals, histories of the profession, its founders, and its practitioners are abundant. On the other hand, academic historians have largely ignored OT. For example, J.G. Greenlee wrote a biography of Sir Robert Falconer, a leader in OT for establishing the first ward aide diploma course in 1926.³⁹ The book also mentions MHC president Sir James Loughheed and ward aide diploma course creator W.J. Dunlop. However, Greenlee does not explore their connection with OT, content to focus on their work teaching healthy soldiers at the University of Toronto.⁴⁰ OT's history is subsumed under institutional histories and glowing biographies of civic leaders.

³⁷ Veronica Strong-Boag, "Making a Difference: The History of Canada's Nurses," *Canadian Bulletin of Medical History* 8, no. 2 (1991): 232.

³⁸ From here on called clinician-historians. The term refers to professionally trained occupational therapists who write their own clinical history. In addition, the term applies to those who preceded professional training in the early 1900s, but their work with OT influenced the profession, and their knowledge allows them to be called a practitioner. Strong-Boag, "Making a Difference," 232.

³⁹ Falconer was the 5th president of the University of Toronto from 1907 till 1932. J.G. Greenlee, *Sir Robert Falconer: A Biography* (Toronto: University of Toronto Press, 1987), 248.

⁴⁰ Greenlee, *Sir Robert Falconer*, 248. A similar treatment of OT is seen in D. Kilgour's book on Hart House. Hart House was the location on Dr. E.A. Bott's course on mechanotherapy, an early course using occupations to heal injured veterans, in 1917. The book's history on Hart House

Clinician-historians have therefore filled the void, creating a large body of articles that lay the groundwork for the capstone publication from this constituency, Judith Friedland's *Restoring the Spirit*. These works reveal how occupational therapists have historically thought about their profession, and they have been guided by aspirations that have shifted over time. Early clinician-historians fully accepted the economic and industrial purposes of OT. Traditional narratives by some of the first OT clinician-historians like William James Dunlop emphasize the importance of the MHC's use of OT to assist men in returning to industrial work. Federal and provincial bureaucrats selected OT's female workforce and promoted ward aides' work as supporting postwar economic viability.⁴¹ Clinician-historians in the 1980s, during a renewed wave of Canadian OT research, by contrast distanced themselves from OT's economic-centered narrative. E. Yerxa, G. Sharrot, Isobel Robinson, and Judith Friedland instead locate OT's origins in its strong connection to medicine and holistic healing.

Clinician-historians in both Canada and the United States emphasize OT's alignment with various medical specialities. Isobel Robinson emphasizes the importance of the ward aide courses taught in 1919 and in 1926 through the University of Toronto's Faculty of Applied Science. Well-known Toronto doctors like Dr. Alexander Primrose and Dr. Goldwin Howland supplied the majority of the lectures that centred around medical subjects such as physiology, anatomy,

ignored the institutions' activities until 1919. The only mention of soldiers is that of the healthy ones who visited the house for recreational activities. D. Kilgour, ed., *A Strange Elation: Hart House, the First Eighty Years* (Toronto: University of Toronto, 1999), 9, 11-13.

⁴¹ William J. Dunlop, "A Brief History of Occupational Therapy," *Canadian Journal of Occupational Therapy*, 1, no. 1 (1933): 6-10.

hygiene, and psychology alongside craftwork.⁴² Likewise, S.A. Gutman emphasizes the importance of OT's development through its medical connection to orthopedics during the First World War. Writing from an American perspective, Gutman argues that the U.S. government tried to force OT to align with vocational training. This was a path that OT practitioners were not interested in because of OT's focus on therapeutics. In the U.S., the medical alignment with orthopedics allowed OT practitioners to fulfill their desires, as OT was practiced in hospitals and sanatoriums after the war.⁴³ Drawing from this, Reed and Sanderson's "Basic Principles of Occupational Therapy" demonstrates how integral medicine was to OT. OT's main principles were to heal the sick and help them return to work with medical precision under the trained authority of doctors. Reed and Sanderson find these principles influence OT practices today because "the social values of a professional group are its basic and fundamental beliefs, the unquestioned premises upon which its very existence rests."⁴⁴ Other clinician-historians find that OT's holistic spiritual focus was undermined by the bio-medical model. Tracing OT's holistic medical origins to the interwar embrace of a bio-medical model prompts clinician-historian M.A. McColl to observe the ways in which OT was made to include more physical healing.⁴⁵ Marian Gibbon argues

⁴² Isobel M. Robinson, "Muriel Driver Memorial Lecture 1981: The Mists of Time," *Canadian Journal of Occupational Therapy* 48, no. 4 (1981): 145-147.

⁴³ S.A. Gutman, "Influence of the U.S. Military and Occupational Therapy Reconstruction Aides in World War 1 on the Development of Occupational Therapy," *American Journal of Occupational Therapy* 49, no. 3 (1995): 256-260.; S.A. Gutman, "Occupational Therapy's Link to Vocational Re-Education, 1910-1925," *American Journal of Occupational Therapy* 51, no. 10 (1997): 909-913.

⁴⁴ K. Reed and S.N. Sanderson, "Occupational Therapy Values and Beliefs: The Formative Years: 1904-1929," *OT Practise* 2, no.7 (2006): 21-22.

⁴⁵ M.A. McColl, "Holistic Occupational Therapy: Historical Meaning and Contemporary Implications," *Canadian Journal of Occupational Therapy* 61, no. 2 (1994): 73-74.

that OT's alignment with medicine undermined OT's many holistic healing programs started up in the Maritime Provinces at the end of the First World War.⁴⁶ Judith Friedland, while lauding the OT connection with scientific medicine, also argues that its shift to the scientific model has caused Canadian OT to lose sight of its original goals of holistic healing. Instead, OT began, by mid-century to focus on "eradicating diseases," an orientation which does not address all health problems a patient could have.⁴⁷ OT clinician-historians have found it important to include their medical origins and alignment as part of their narrative.

Similarly, Virginia Quiroga's American survey, *Occupational Therapy: The First 30 Years 1900 to 1930*,⁴⁸ commissioned by the American Association of Occupational Therapy (AOTA), focuses on the profession's therapeutic origins and persistent historical orientation. Through a series of biographies on the American leaders of OT, Quiroga promotes the clinician-historian narrative that emphasizes OT's holistic and medical values. To back this assertion, Quiroga focuses on American OT's association with Dr. William Ruston Dunton. As a psychiatrist, Dunton was part of a generation of doctors trying to ensure that the humanitarian aims of helping people were still strong while medicine increasingly shifted to a bio-medical model. Quiroga depicted Dunton as a brilliant doctor who was failing in treating mental patients until he discovered the power of occupations and their measurable success in improving patients' spirits. This led

⁴⁶ M. Gibbon, "History of Occupational Therapy in the Maritimes," *Canadian Journal of Occupational Therapy* 7, no 2 (1940): 73-74.

⁴⁷ Friedland, *Restoring the Spirit*, ix-xv, 211-212.

⁴⁸ Virginia Anne Metaxas Quiroga, *Occupational Therapy: The First 30 Years 1900 to 1930* (Bethesda: The American Occupational Therapy Association, 1995), xiii.

to his support of OT, demonstrating OT's ability to fill a therapeutic gap in the health care system.⁴⁹

Quiroga's use of biographies has been a trend in Canadian OT historiography. Canadian clinician-historians have come to rely on biographies of key individuals in OT to emphasize their therapeutic origins and foreground OT's connection to medicine. Helen LeVesconte, a Canadian occupational therapy practitioner and teacher from 1928 onwards, began the trend of OT biographies in Canada. She profiles Dr. Goldwin Howland and emphasizes OT's therapeutic orientation by positioning Howland as a pioneering health care provider. Howland was chief neurologist at the Toronto General Hospital from 1922 to 1945 and the first consulting neurologist. LeVesconte argues he used this prestige to promote OT, arguing for OT to be incorporated into civilian hospitals to help shorten convalescent periods for surgical patients. His work allowed for OT to grow in scope, with more ward aides being trained for new jobs in Toronto.⁵⁰ LeVesconte's biography reflects the common practices of other OT historians who write for the CAOT, and established scholars such as Judith Friedland, who use biographies as a way to celebrate the medical and holistic healing accomplishments of OT.⁵¹

⁴⁹ Quiroga, *Occupational Therapy*, 13-20, 53-60.

⁵⁰ Helen LeVesconte, "Dr. Goldwin W. Howland," *Canadian Journal of Occupational Therapy* 17, no. 3 (1950): 67-69.

⁵¹ Erin McQuay, "Dr. Goldwin Howland (1875-1950)," Canadian Association of Occupational Therapists, <http://www.caot.ca/default.asp?pageid=2096> (accessed March 18, 2016).; Judith Friedland, "Hilda Goodman," Canadian Association of Occupational Therapists, <http://www.caot.ca/default.asp?pageid=2115> (accessed March 18, 2016). Judith Friedland and Hadassah Rais, "Helen Primrose LeVesconte: Occupational Therapy Clinician, Educator, and Maker of History," *The Canadian Journal of Occupational Therapy* 72, no. 3 (2005); Friedland and Davids-Brumer, "From Education to Occupation," 27.

Though biographies have recognized the male leaders of OT, recent OT scholarship has promoted a gendered study of the profession to gain a better understanding of why women were chosen to practice OT. Many clinician-historians focus on how women were considered natural healers who embodied a mothering spirit. Considered morally superior to men, women's ability to uplift men would allow for faster rehabilitation through their kindness, patience, and capability to adapt to the patients' needs. It was these abilities that allowed them to be successful in instructing bedside occupations.⁵² In addition, their gender made them subordinate to doctors, which meant they were not a threat to a physician's professional position. Therefore, women were chosen as ward aides because of their inherent medical abilities as promoted by the progressive-era notions of gender.⁵³

Combining biographical and gendered perspectives, academic historians Erin Morton and Peter Twohig studied the life and work of Canadian occupational therapist Mary Black. Black supported non-medically trained craftswomen to work with the sick and injured, in addition to craftwork's dual nature as a therapeutic tool that allowed for self-sufficiency. Twohig's article demonstrates that Black did not always support medically trained ward aides, stating she preferred "an individual experienced with patients who had some natural ability

⁵² Robinson, "Muriel Driver Memorial Lecture," 145-146.; Dunlop, "A Brief History of Occupational Therapy," 6-10.; ⁵² E. Yerxa and G. Sharrott, "Liberal Arts: The Foundation for Occupational Therapy Education," *American Journal of Occupational Therapy* 40, no. 3 (1986): 153-155.; W. Colman, "Looking Back: Recruitment Standards and Practices in Occupational Therapy, 1900-1930," *American Journal of Occupational Therapy* 44, no.8 (1990): 742-746.; J. Fagile Low, "The Reconstruction Aides," *American Journal of Occupational Therapy* 46, no.1 (1992): 38-43.

⁵³ G. Frank, "Opening Feminist Histories of Occupational Therapy," *American Journal of Occupational Therapy* 46, no. 11 (1992): 989-994.

along craft lines and a desire to learn...[this] makes a much better asst[assistant] than does the school trained aide.”⁵⁴ Black’s opinion stood against the AOTA and the CAOT, who wanted to ensure the profession’s status through officialised medical training. Erin Morton’s research demonstrates that Black viewed craftwork as a means for therapeutic healing and as a tool to make high quality products that allowed for economic independence. Black used craftwork to target the larger societal problems of poverty and crime; crafts provided a way for the poor to better themselves. Therefore, Black stressed that crafts should have a high standard of design to ensure they were purchased.⁵⁵ While some clinician-historians accept and support craftwork as part of OT, they have always viewed crafts from a healing perspective.⁵⁶ In contrast, academic historians have demonstrated that early OT ward aides were not always selected for their medical abilities and that crafts were used for economic purposes just as much as medical purposes.⁵⁷

⁵⁴ Peter Twohig, “Once a Therapist, Always A Therapist: The Early Career of Mary Black, Occupational Therapist,” *Atlantis* 28, no. 1 (2003): 107-112.

⁵⁵ Erin Morton, “The Object of Therapy: Mary E. Black and the Progressive Possibilities of Weaving,” *Utopian Studies* 22, no. 2 (2011): 321-324, 331-332.

⁵⁶ Judith Friedland, “Why Crafts? Influences on the Development of Occupational Therapy in Canada from 1890 to 1930,” *The Canadian Journal of Occupational Therapy* 70, no.4 (2003): 204.

⁵⁷ Sasha Mullally has shown how OT clinician historians have “turned to history to develop a sense of professional identity” due to competition with many other allied health professionals in overlapping areas of practice. Sasha Mullally, “Competing Narratives: Clinician Histories of Occupational Therapy, 1947-1994,” (paper presented at the Social Science History Association Annual Meeting, November 13, 2015), 1. Former University of New Brunswick student Alyssa Gerwing studied the life of Herbert Hall, an American cited as one of the first men to practice OT in his workshops in Marblehead Massachusetts with women suffering from neurasthenia. Gerwing argued because Hall was not a doctor and instead focused on craftwork to heal patients, he has largely been dismissed as a founder of American OT. Alyssa M. Allen Gerwing, “Crafting a Work Cure’: Herbert James Hall and the Origins of Occupational Therapy, 1904-1923” (Master’s Thesis, University of New Brunswick, September 2015), 1-5.

Military historians interested in the treatment of disabled veterans have briefly recognized OT's role in soldier rehabilitation. Historians Desmond Morton and Glenn Wright who published *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life 1915-1930* examine the process of rehabilitation for Canadian veterans upon their arrival home during and post the First World War. Morton and Wright challenge the belief that Canada failed to successfully assist soldiers in rejoining civilian life; instead they argued that "in fact, the truth is more complex, impressive, and encouraging. A small number of imaginative and clear-sighted Canadians, virtually unknown to their contemporaries and wholly unknown to posterity, created effective institutions and policies."⁵⁸ Though Morton and Wright acknowledge ward aides' role in soldier rehabilitation, ward aides duties and experiences are unexplored. Instead, Morton and Wright saw most developments regarding soldier rehabilitation conducted by the MHC's federal bureaucratic vocational leaders: Walter E. Segsworth⁵⁹ and Thomas Bessell Kidner. Both played a major role in creating all aspects of rehabilitation, especially OT, even as government officials who tried to spend as

⁵⁸ Desmond Morton and Glenn Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life 1915-1930* (Toronto: University of Toronto Press, 1987), x-xi. Though Morton and Wright did not explicitly define the term effective within this quote, the term implies that the institutions and policies that assisted in rehabilitation resulted in a speedy recovery for injured men. They would have adequate vocational skills that would allow them to compete in the labour market alongside healthy men. In addition, they would not suffer from a medical relapse. Morton and Wright, *Winning the Second Battle*, 21, 41-42, 92-96, 133-136.

⁵⁹ A similar treatment of Segsworth was given by Serge Marc Durflinger who found that the Canadian government was not willing to train Canada's blind veterans at St. Dunstan's School for the Blind in England, considered the best school for the blind in Europe. In addition, the Canadian government forced blind soldiers to train in a Canadian badly-organized School for the Blind because it was cheaper. It took the arrival of the Director of Vocational Training, Walter E. Segsworth, to get the government to give blind veterans what they wanted. In May 1918, he forced the MHC to have their training conducted overseas at St. Dunstan's. Serge Marc Durflinger, *Veterans with a Vision: Canada's War Blinded in Peace and War* (Vancouver: UBC Press, 2010), 5-6, 34-35, 37-40, 44-54.

little as possible on such rehabilitation.⁶⁰ According to Morton and Wright, the government used OT to push injured soldiers to start the process of returning to work faster. Any medical association with OT was really a front to satisfy the public that soldiers were being fully healed before returning to work. As OT leader Frederick Sexton said to early ward aides in Nova Scotia, “There is no charity about this plan... it is a great economic project.”⁶¹

Beth Linker’s and Jennifer Law’s sociological studies of disability and work have shifted OT’s historiography from focusing on how OT professionalized to OT’s relation with work and society. In her book *War’s Waste: Rehabilitation in World War I America*, Linker demonstrates that the American government did not want injured soldiers to become a “waste”: the American government trained injured veterans because of the belief that these “handicapped” men could be regenerated into “normal” men and useful beings. If “married men embraced their role as breadwinner, they would be busy at work, thereby securing a domestic life for their wives and children at home... rehabilitation was thus a way to restore social order after the chaos of war by remaking men into producers of capital.”⁶² Linker recognizes that the process of rehabilitation led to the “entirely new, female-dominated medical subspecialties, such as occupational and physical therapy.”⁶³ OT was created to make soldiers less dependent on “the state, their communities, and their families” through

⁶⁰ Morton and Wright, *Winning the Second Battle*, 14-18.

⁶¹ Morton and Wright, *Winning the Second Battle*, 31-32, 40-43.

⁶² Beth Linker, *War's Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011), 3-4.

⁶³ Linker, *War's Waste*, 6.

bedside work to begin the process of vocational re-training.⁶⁴ Laws argues in her article “Crackpots and Basket-Cases: A History of Therapeutic Work and Occupation,” that the therapeutic use of craftwork in medical institutions was a façade. Instead, craftwork forced people to continue to work and make profit. Craftwork and occupations as a form of treatment began in the late 19th century in mental asylums. Doctors and bureaucrats believed that using work as a treatment would give patients something to focus on and bring order to a disordered mind, which would allow patients to return to society as functioning individuals. However, Laws demonstrates the work was often an economic tool first, and therapeutic tool second, with Anglo-American state bureaucrats convincing institutions to sell patient’s goods for a profit and using patients’ labour to subsidize the cost of running an asylum.⁶⁵ This work treatment was used on mentally ill soldiers with the claim that the work was therapeutic, however, patients were only allowed to do crafts or learn occupations that were profitable.⁶⁶ During and after the war, the state used therapeutic work to remodel citizens as possessive individuals.

This report will shift the conversation away from OT’s medical identity and therapeutic purpose to systematically examine the goal, advanced by early leaders of OT in Canada, to restore men as economically independent individuals operating effectively within a Canadian liberal order framework. The report will examine the under-appreciated leaders of OT in history—the bureaucrats and

⁶⁴ Linker, *War's Waste*, 5-6.

⁶⁵ Jennifer Laws, “Crackpots and Basket-Cases: A History of Therapeutic Work and Occupation,” *History of the Human Sciences* 24, no. 2 (2011): 65-69.

⁶⁶ Laws, “Crackpots and Basket-Cases,” 69-74.

engineers. Finally, it will demonstrate that the main goal for these wartime programs was economic viability. This section reviewed the dominant narrative about the history of OT in Canada, that even in its earliest days it was one of the “handmaidens of medicine.”⁶⁷ This emerges from a focus on medical professionalization. While this approach has merit, it offers an incomplete social history of what OT was supposed to accomplish in the years of its deployment as a part of First World War rehabilitation medicine. Drawing inspiration from academic historians as scholars who have focused on the therapeutic and social goals of the new field, and as a group who paid attention to the role of governments and allied bureaucracies involved in rehabilitation, this report will argue that OT was created for an economic purpose. Only later in its history did practitioners and professional leaders associate OT with medicine, and then only as a legitimizing strategy. OT intended to save the government money and support a liberal breadwinner ideology within a system that conformed to possessive individualism. The following three sections delve deeply into the stated aspirations and activities of those involved in the founding of OT in Canada. These reveal what they hoped the profession would achieve.

The Military Hospital Commission and Occupational Therapy’s Bureaucratic Leaders

Historian Jane Jenkins found that the Canadian government during the First World War recognized the importance of intervening in matters of public health through preventative and educational programs as part of the progressive

⁶⁷ Friedland, *Restoring the Spirit*, 123.

movement. As a response to the large number of war-wounded and their rehabilitation needs in 1918, the MHC was one attempt to expand the government's role in public health care.⁶⁸ In order to understand why OT was created to assist the MHC in soldier rehabilitation, it is important to examine the goals of the MHC before they embarked on their OT programs. The MHC was created in 1915 by an order in council promoting soldier rehabilitation.⁶⁹ It was run by president James A. Lougheed and his secretary Ernest Scammell.⁷⁰ The MHC published a report in 1915 written by Lougheed and Scammell to discuss the large-scale plan of soldier rehabilitation; the plan was not centered around healing injured soldiers when they returned home, but on how to get injured soldiers to return to civilian life in the easiest manner possible. Soldier rehabilitation was a pre-emptive plan and designed to be in place when soldiers returned home, otherwise idleness would set in which would cause the soldiers to degenerate into unemployable citizens.⁷¹ Canadian bureaucrats stated upfront that they were taking a liberal view regarding their rehabilitation and financial duties to a soldier.⁷² Rehabilitation was a moral and economic problem of the state; although the state had a duty to support injured soldiers, this would not be given

⁶⁸ Jenkins, "Baptism of Fire," 317-318, 321, 325-329.

⁶⁹ Military Hospitals Commission Canada, "Reconstruction: A Bulletin Published by the Military Hospitals Commission for the Information of all Interested in the Welfare of Canada's Returned Soldiers – November 1917," In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, ed. Department of Soldiers' Civil Re-Establishment (Ottawa: J. De Labroquerie Tache, 1919), 1.

⁷⁰ Morton, "Noblest and Best," 76.

⁷¹ Military Hospitals Commission of Canada, James Alexander Lougheed, and E. H. Scammell, *The Provision of Employment for Members of the Canadian Expeditionary Force on Their Return to Canada and the Reduction of Those Who Are Unable to Follow Their Previous Occupations Because of Disability* (Ottawa: J. de L. Tache, 1915), 9.

⁷² Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 24.

through pensions as handouts.⁷³ Soldiers needed to “earn a sufficient keep”: in other words, a new trade.⁷⁴

This pre-emptive plan started while the soldiers were overseas. Because soldiers needed to be kept in good spirits regarding future employment prospects even while away, Lougheed sent pamphlets to Britain informing soldiers that there would be a job waiting for them at home. One pamphlet stated that “injury does not mean pauperism... [but] the man who gives up, who does not try to achieve victory over his wounds, will be shown his ultimate fate – vagrancy.”⁷⁵ When a soldier returned to Canada he was monitored by the MHC on his journey home until he reached his municipality. There the waiting MHC provincial committee would assess his physical and mental state. If he was well enough he would be sent directly to his old occupation. If he needed further training or treatment, he was sent to an MHC hospital. This process ensured that there was little possibility of the soldier straying into idleness or concomitant vices on the way home, and ensured a quick return to work. After spending time in hospital if needed, soldiers were taught productive industrial occupations like shoemaking, printing, bookbinding, carpentry, stenography, among other trades, by provincially hired and volunteer teachers in private workshops outside the hospital.⁷⁶ Men had a responsibility to the state, they could not lose their breadwinning ability, and the MHC used this argument to push for very efficient

⁷³ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 36.

⁷⁴ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 3-7.

⁷⁵ Military Hospitals Commission Canada, “Reconstruction...November 1917,” 13.

⁷⁶ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 6-8, 29.

training for the sake of the soldiers and Canadian citizens.⁷⁷ Canada's federal bureaucracy believed in this program with statistics from other countries showing vocational re-training enjoyed an eighty percent success rate.⁷⁸

While in hospital, soldiers would meet with a vocational adviser to ensure he chose the right job. The MHC did not give soldiers the opportunity to go after their dream job, but to go after a job that had the least amount of training involved to return them to work.⁷⁹ Scammell stated, "There must be a minimum of sentiment and a maximum of sound hard business sense concerning the future of the returned soldier to civil life."⁸⁰ Doctors would weigh in to describe and treat any physical or mental constraints that could stop a patient from succeeding in a particular job field, but this was the extent of medical intervention that the MHC tolerated in its early vocational re-training. A soldier's occupation was picked by both the doctor and vocational adviser based on the man's physical status, intelligence, degree of education, previous vocation, and the availability of the job market.⁸¹ The only role medicine played in early rehabilitation was to ensure soldiers were healthy enough to work and this role did not change as time passed.

⁷⁷ Department of Soldiers' Civil Re-Establishment, "Reconstruction: A Bulletin Published by the Department of Soldiers' Civil Re-Establishment for the Information of all Interested in the Welfare of Canada's Returned Soldiers – May 1918," In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, ed. Department of Soldiers' Civil Re-Establishment (Ottawa: J. De Labroquerie Tache, 1919), 12.

⁷⁸ James A. Lougheed, *Military Hospitals Commission Canada: Special Bulletin April 1916* (Ottawa: Military Hospitals Commission of Canada, 1916), 32.

⁷⁹ Department of Soldiers' Civil Re-Establishment, "Reconstruction...May 1918," 9.

⁸⁰ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 9.

⁸¹ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 9.; Lougheed, *Military Hospitals Commission*, 31.; Department of Soldiers' Civil Re-Establishment, "Reconstruction...May 1918," 6-7.

By 1916, when the MHC was re-examining their training scheme, federal bureaucrats realized that their re-training plan had to be modified because men were spending longer periods in convalescent hospitals than previously thought. Canadian federal bureaucrats looked towards examples set mainly by France in their re-adjustment of vocational re-training.⁸² First, hospitals provided too many comforts which impeded re-training. French vocational expert Dr. Bourillon said that giving soldiers comforts like cards and books backfired and led to gambling and drinking. It was only when soldiers were immediately given work that vocational re-training seemed to work.⁸³ He argued it was beneficial to keep a man in an institution due to lower cost of living per day. He also argued that it was important to continue to supply pensions while soldiers were re-training, otherwise they tended to worry about their families' conditions and would not focus on working. If a soldier was not taking re-training seriously, however, the pension should be removed.⁸⁴ The French government suggested that no soldier should be discharged until he demonstrated that he had obtained satisfactory employment that proved profitable.⁸⁵ Occupations were to be picked based on which would allow a man to produce the maximum amount of goods possible in a given time period.⁸⁶ Canadian federal bureaucrats took these suggestions into consideration and implemented them.

The federal government was very concerned with the cost of rehabilitation even though it was viewed as cheaper than providing large pensions and welfare.

⁸² Lougheed, *Military Hospitals Commission*, 7.

⁸³ Lougheed, *Military Hospitals Commission*, 78-79.

⁸⁴ Lougheed, *Military Hospitals Commission*, 15-18, 28.

⁸⁵ Lougheed, *Military Hospitals Commission*, 19.

⁸⁶ Lougheed, *Military Hospitals Commission*, 35, 41, Morton, "Noblest and Best," 77-78.

The MHC tried to find as many ways as possible to make vocational re-training cheap and efficient to save on government expenditure. Lougheed suggested early on in vocational re-training that provinces would rely heavily on volunteers to help train soldiers “in the shortest time possible to a reasonable standard of productive efficiency.”⁸⁷ However, training had to be sufficient enough so that the soldiers were worth hiring; if not, such negligence would hurt the country’s economy.⁸⁸ Small pensions would be given out to soldiers while they were training. A small pension would encourage the soldier to return back to work as quickly as possible to start earning more money.⁸⁹ Federal bureaucrats believed that the labour market would absorb all the veterans upon their graduation. The federal and provincial governments would hire some, but these bureaucracies were not planning on creating make-work projects to employ them. Since they had given their financial support in the form of re-training, it was up to the soldiers to become independent again.⁹⁰

Frederick H. Sexton, a provincial leader of vocational re-training as the Director of Technical Education for Nova Scotia, argued “It is far better for the nation, province, and community to spend an adequate amount of money to re-direct, if necessary, the productive activity of a wounded soldier toward some trade or vocation in which he can efficiently labour than to grant individual annual sums for maintenance, which sums in the total would aggregate

⁸⁷ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 6-7.; Morton, “Noblest and Best,” 75-76.

⁸⁸ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 47, 49.

⁸⁹ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 8-9.

⁹⁰ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 25.

stupendous appropriations.”⁹¹ He assured provincial, federal, and business leaders that this program was only temporary, with courses lasting six months to a year per person, meaning the costs would not be high. Since vocationalism was practiced in schools, there were no risks in the program failing. Experts believed this was a great time in history to be training handicapped men, as a proliferation of new occupations and increasingly automatized machinery meant less physical labour in a growing variety of fields. Even at the end of the program, the government would only check in with soldiers for up to four months after they had re-established themselves in society, so re-training was not a long term commitment.⁹²

For those who were permanently disabled, it was still believed they should work and contribute to the country’s welfare. These men would do light work at a soldier’s home. The goal was to make these homes self-sufficient with industrial work performed by the soldiers to pay for the institutions. They would also work in the institution’s garden, growing their own food. However, the government would not move a man to a soldier settlement home or lunatic asylum/mental health hospital unless he had spent many months in a convalescent hospital with no signs of improvement. The government hoped to return every possible soldier

⁹¹ Frederick H. Sexton, “Vocational Training for Returned Soldiers,” *Morning Chronicle* (Halifax, Nova Scotia), October 27, 1915, 9.

⁹² Frederick H. Sexton, “Education for Industry in Nova Scotia,” *Dalhousie Review* 1, no. 1 (1921): 72-72.; Sexton, “Vocational Training,” 9.; Department of Soldiers’ Civil Re-Establishment, “Reconstruction: A Bulletin Published by the Department of Soldiers’ Civil Re-Establishment for the Information of all Interested in the Welfare of Canada’s Returned Soldiers – April 1918,” In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers’ Civil Re-Establishment – November 1917 to December 1918*, ed. Department of Soldiers’ Civil Re-Establishment (Ottawa: J. De Labroquerie Tache, 1919), 10.

back to civilian employment because sending soldiers to a workhouse or asylum would greatly decrease their chances of being rehabilitated into society.⁹³

Federal bureaucrats stated that anyone assisting with soldier rehabilitation needed to be enthusiastic and help a soldier progress through his training quickly. It was suggested to Scammell in 1915 by J. Varendonck, a vocational trainer from Belgium, that the gender of the vocational trainers and hospital ward staff, which was all male, could use a female presence. Men had a hard time convincing other men to work, so women could be of great use in this problematic area.⁹⁴ Similarly, Dr. C. K. Clarke, a psychiatrist working with mentally ill soldiers in Toronto, found that nurses and women tended to have greater ability to turn soldiers' minds to work.⁹⁵ Following such advice, the MHC created OT to fill a gap in a program concerned with getting a man to work as quickly and cheaply as possible, regardless of his health.

By February 1918 the MHC had renamed itself the DSCR. This name change signified a change in jurisdictional control: moving forward, rehabilitation went from the control of the federal government to military control.⁹⁶ As with the MHC, the DSCR assisted any soldier who needed medical treatment or training when he returned home from Britain. They were responsible for provisioning hospitals, convalescent homes, and sanatoriums with equipment and staff to train

⁹³ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 24.

⁹⁴ Military Hospitals Commission of Canada, Lougheed, Scammell, *The Provision of Employment*, 45-47, 49.

⁹⁵ Lougheed, *Military Hospitals Commission*, 101-102.

⁹⁶ This change in control was instituted because Canadian civilians believed that the federal government was not doing enough to rehabilitate Canadian soldiers. However, the military still relied on the same federal and provincial bureaucrats to run soldier rehabilitation programs. Morton found this change in jurisdictional control did not affect the trajectory of OT or vocational re-training.; Morton, "Noblest and Best," 81.

invalided soldiers.⁹⁷ By this time, however, OT was fully integrated into the program of soldier rehabilitation. The DSCR described OT as any work carried out in military hospitals by hired women called ward aides; bureaucrats considered this work curative and to be vocational in nature. Thomas Kidner began the process of integrating OT into MHC controlled hospital with untrained craftswomen. By late 1917, the MHC increased the presence of OT under Segsworth. He promoted OT to Quebec and Ontario provincial vocational officers: Major MacKeen and Herbert Haultain.⁹⁸ Kidner, Segsworth, MacKeen, and Haultain designed OT for men who could not leave the wards, programs provided them with light industrial work, mostly craftwork, to do as soon as they entered the hospital. This work was a precursor to the heavy industrial work that would take place in vocational re-training workshops. All soldiers in hospital performed OT work regardless of if they were returning to their old job or learning a new one because it would help them gain “a scientific knowledge of their...occupation which will result in them being a more efficient worker after discharge than they were before enlistment.”⁹⁹ Work was now split into two fields: curative bedside work done in the hospital by ward aides, followed by general vocational re-training in workshops outside the hospitals.¹⁰⁰ The federal government viewed these two departments working in tandem, with OT starting

⁹⁷ Government of Canada, *Report of the Work*, 7.

⁹⁸ Morton and Wright, *Winning the Second Battle*, 40-42. OT was inspired by the actions of Canadian upper class women Ina Matthews and Mary Peck. While volunteering in military convalescent hospitals, these women found that soldiers who were undertaking bedside occupations were fast at leaving the hospital, moving on to vocational re-training. So these women appealed to the MHC to add bedside occupations to the process of soldier rehabilitation. Walter E. Segsworth, *Retraining Canada's Disabled Soldiers* (Ottawa: J. de L. Taché, 1920), 24, 36-37.

⁹⁹ Government of Canada, *Report of the Work*, 18-20.

¹⁰⁰ Government of Canada, *Report of the Work*, 17.

rehabilitation work and re-training finishing the process. Together, these branches would save the state time and money.

OT's main goals were to make sure a soldier could work, rejoin industry, and be independent again as a self-respecting "economic unit."¹⁰¹ Craftwork was never the main goal and the DSCR bureaucratic leaders tried to remove civilians' misconceptions regarding OT, particularly the belief that OT was an emasculating step in rehabilitation that undermines breadwinner ideology because it could result in men becoming craft workers instead of industrial workers. Bureaucrats stressed that OT was not going to teach men crafts to replace Canada's industrial workforce; in fact, "arts and crafts as work is rubbish."¹⁰² Instead, OT exercised muscles, encouraged an improved mind to work, and was "preliminary to and dovetail[ed] with... real vocational education."¹⁰³ OT allowed weeks of convalescence to be used practically as men worked under the guidance of ward aides in work-like conditions before entering the re-training workshop.¹⁰⁴

The DSCR believed its rehabilitation program involving OT and vocational re-training would be "something of an industrial and economic

¹⁰¹ Department of Soldiers' Civil Re-Establishment, "Reconstruction: A Bulletin Published by the Department of Soldiers' Civil Re-Establishment for the Information of all Interested in the Welfare of Canada's Returned Soldiers – July 1918," In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, ed. Department of Soldiers' Civil Re-Establishment (Ottawa: J. De Labroquerie Tache, 1919), 4.; Government of Canada, *Report of the Work*, 22-23.

¹⁰² It is however, worth noting that OT leaders and bureaucrats after the war were fully fine with OT creating a new generation of craft workers because it was realized there was an economic benefit to men working in craft industries. Department of Soldiers' Civil Re-Establishment, "Reconstruction: A Bulletin Published by the Department of Soldiers' Civil Re-Establishment for the Information of all Interested in the Welfare of Canada's Returned Soldiers – September 1918," In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, ed. Department of Soldiers' Civil Re-Establishment (Ottawa: J. De Labroquerie Tache, 1919), 12-13.

¹⁰³ Department of Soldiers' Civil Re-Establishment, "Reconstruction...September 1918," 13.

¹⁰⁴ Department of Soldiers' Civil Re-Establishment, "Reconstruction...September 1918," 13.

revolution”¹⁰⁵ because rather than abandoning injured, but able-bodied men to a pensioned life, re-training was going to give Canadian soldiers a second chance at economic independence. In fact, there was an opportunity in soldier rehabilitation to enhance Canada’s industrial progress. The government appealed to the country, stating “we can’t afford to lose a man’s valuable working services.”¹⁰⁶ Soldiers were investments: “if we invest now they will become citizens who contribute to the country’s national wealth.”¹⁰⁷ Vocational re-training and OT were temporary solutions focused on saving money while ensuring men returned to work and became independent individuals.

The two men at the centre of the MHC’s vocational re-training and OT programs were Walter E. Segsworth and Thomas Bessell Kidner. Kidner was originally chosen by Lougheed to run the MHC vocational training branch. As head of technical education in the school systems of Nova Scotia, New Brunswick, and Alberta, federal bureaucrats believed he would be right for the job. Although Morton and Wright depict Kidner as the pioneering figure for this new program, they critique his re-training efforts. The government did not appreciate Kidner’s 1916 re-training program because, in their view, it tended to be more recreational than vocational. Kidner believed that all soldiers with a disability should be allowed re-training so they could pursue their interests. However, the commission found this to be too expensive. According to his critics,

¹⁰⁵ Invalided Soldiers Commission, “Reconstruction...March 1918,” 3.

¹⁰⁶ Invalided Soldiers Commission, “Reconstruction...March 1918,” 3-5.

¹⁰⁷ Department of Soldiers’ Civil Re-Establishment, “Reconstruction: A Bulletin Published by the Department of Soldiers’ Civil Re-Establishment for the Information of all Interested in the Welfare of Canada’s Returned Soldiers – June 1918,” In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers’ Civil Re-Establishment – November 1917 to December 1918*, ed. Department of Soldiers’ Civil Re-Establishment (Ottawa: J. De Labroquerie Tache, 1919), 1.

Kidner's courses interrupted hospital treatment and did not fall in line with vocational goals because they did not include an apprenticeship system. By 1917 Kidner had only 39 courses offered with more than half of the students taking one of four trades.¹⁰⁸ By March 1917, the MHC viewed re-training as a failure, and they held Kidner responsible.

Kidner, trained in science and vocational education, was not enough of a technocrat. Morton and Wright describe the transition, writing how the "glimmer of a solution appeared in July... Its leading light, a mining engineer named Walter E. Segsworth, had a plain and practical approach to the problem."¹⁰⁹ Segsworth took control of OT and vocational re-training from Kidner in September 1917.¹¹⁰ He moved training to industrial workshops and sped up the re-training process. By 1919, 23,626 men were re-training with 9505 graduates in Segsworth's program compared to Kidner's 648 men in re-training by 1917.¹¹¹ In addition, Segsworth expanded the amount of training courses available for soldiers to learn by over 200 at the end of the war in an effort to stop market saturation.¹¹² In regards to OT, Segsworth instructed ward aides to focus on the early stages of vocational re-training by "strengthening muscles, occupying morale and reviving

¹⁰⁸ Morton, "Noblest and Best," 78.

¹⁰⁹ Morton and Wright, *Winning the Second Battle*, 31-41.

¹¹⁰ In September of 1917, the MHC brought Segsworth in to improve the efficiency of OT and vocational re-training. Kidner continued to work under Segsworth, assisting him in this re-vamp until 1918, when the Canadian government loaned Kidner to the U.S. With Kidner's vocational knowledge, he was given the role of Advisor on Rehabilitation to the Federal Board of Vocational Education, assisting the American bureaucracy in setting up their own soldier rehabilitation program. His work with the American government ended in 1919, but he chose to stay in America, taking a job with the National Tuberculosis Association and becoming a leader within the AOTA. Friedland and Davids-Brumer, "From Education to Occupation," 32-33.

¹¹¹ Of the 23, 626, 12, 342 were attending university for higher education and 11, 284 were training in new industries. Segsworth, *Retraining Canada's Disabled Soldiers*, 3.

¹¹² Morton, "Noblest and Best," 79.

a sense of purpose.”¹¹³ While Morton and Wright describe Segsworth as a nonsense leader whose efficiency allowed the government to save money and suggest Kidner failed to appreciate the importance of a harsh business sense, Judith Friedland interpreted their approach differently.¹¹⁴ Friedland barely mentions Segsworth, except to quote his opinions on early OT practitioners.¹¹⁵ On the other hand, she sees Kidner as central to establishing the field because he understood how OT had therapeutic value since “work was central to a person’s wellbeing.”¹¹⁶ Kidner saw his role as reawakening a soldier’s interests in life. In addition, he made sure that a soldier was fully healed while vocationally re-training. Later in his career, when he worked to advance the field into a profession in the United States, Kidner pushed OT to align itself with medicine.¹¹⁷ Even when naming the profession in 1918, Kidner wanted OT to be called “ward occupations” to demonstrate its curative nature at the bedside.¹¹⁸ Friedland’s admiration for Kidner is well established in her publications.

The fact remains that over the course of the war, Canadian military authorities and the federal bureaucracy did not see Kidner’s re-training course as very successful, given the diverging goals and expectations for the wounded men. Segsworth, largely overlooked in the history of OT by clinician historians and others, had to come in to re-vamp it. Within this narrative, Segsworth represents

¹¹³ Morton, “Noblest and Best,” 79.

¹¹⁴ Morton and Wright, *Winning the Second Battle*, 41-42, 92-96, 133-136.

¹¹⁵ Friedland, *Restoring the Spirit*, 93, 120, 129-130.

¹¹⁶ Friedland credited Kidner with suggesting to ward aides that they should create their own national association in the post-war period. Yet, she did not back her claim regarding Kidner’s creation of the ward aide national association with a source. Friedland, *Restoring the Spirit*, 52, 58-59, 88, 93, 148, 176.; Friedland and Davids-Brumer, “From Education to Occupation,” 32-34.

¹¹⁷ Friedland, *Restoring the Spirit*, 182-183.

¹¹⁸ Herbert Haultain vetoed the name because he felt that OT needed to inspire a closer connection with vocational work. Friedland, *Restoring the Spirit*, 94-96, 125, 148, 176.

the government. As a bureaucrat with an engineering background, he reflects the majority of persons occupied in managing the MHC and DSCR.¹¹⁹ Primary documents demonstrate that Segsworth's views and goals for OT played a large role in what the early profession became.

Segsworth, like many bureaucrats, thought that OT and bedside occupations was curative and medical in nature, but most of his writing discussed OT's economic goals.¹²⁰ Described as the problem-solver of the MHC, Segsworth's goal was to help injured soldiers work efficiently and economically. He used his knowledge and contacts as an engineer to persuade the government, ward aides, and the soldiers themselves to support his plan. He was inspired by his work with large commercial engineering firms, these experiences set the stage for a business-like OT program.¹²¹ In Segsworth's manual, *Retraining Canada's Disabled Soldiers*, he argued that in the past, soldiers had been given small pensions after an injury that had allowed them to survive, but not thrive, as individuals. Re-training was the best way to help these soldiers thrive in society. If a man were left in hospital, idleness would take over where he would "brood on his misfortunes" and would lose his value as a worker.¹²² Segsworth stepped into his role at the MHC at a complicated time. Kidner's training course was apparently not working: men complained about being discharged from their course without receiving enough training to be proficient at their new occupations. In addition, there was no build up to or preparation for vocational re-

¹¹⁹ Kidner, as an educator, was an exception in OT's early years. Friedland, *Restoring the Spirit*, 93.; Morton and Wright, *Winning the Second Battle*, 41-42.

¹²⁰ Segsworth, *Retraining Canada's Disabled Soldiers*, 12, 15.

¹²¹ The Globe and Mail, "Mr. Segsworth Resigns," 11.; Morton, "Noblest and Best," 78.

¹²² Segsworth, *Retraining Canada's Disabled Soldiers*, 3, 5-7.

training; men were thrown into training as soon as they could leave the hospital. Bureaucrats believed it would be best to help prepare a soldier mentally and physically before training. Segsworth recognized these problems and worked to fix them by dividing rehabilitation into two connected parts: the medical branch (OT) and the vocational re-training branch.¹²³

In this way, OT was prescribed by doctors, but OT programs were designed and controlled by the MHC and its successor organization, the DSCR. In fact, the DSCR in 1918 made the case for OT to be fully controlled by their department, to ensure greater government control over rehabilitation.¹²⁴ Segsworth believed the ward aides were like vocational trainers because there was “not a big distinction between those working for the curative side and those...training [men in] new occupations.”¹²⁵ The ward aides would help train a soldier’s mind and hands to become interested in working, normally through craft work.¹²⁶ OT helped prepare muscles for harder work in workshops.¹²⁷ Aides also mentally prepared a soldier for work: they would convince the soldier that he would be useful again, then they would cheer him on as he began doing light work. This would help his mind transition back into a working mindset. All bedside work was to be simple, but have “a commercial side.”¹²⁸ Ward aides introduced profitable work that could sell when the soldier left the hospital. For example, they promoted weaving because it created a saleable item and could be

¹²³ Segsworth, *Retraining Canada’s Disabled Soldiers*, 8-12.

¹²⁴ Segsworth, *Retraining Canada’s Disabled Soldiers*, 17.

¹²⁵ Segsworth, *Retraining Canada’s Disabled Soldiers*, 12.

¹²⁶ Segsworth, *Retraining Canada’s Disabled Soldiers*, 37.

¹²⁷ Segsworth, *Retraining Canada’s Disabled Soldiers*, 24-25.; The Globe and Mail, “To Remedy Conditions of Reservists Here: Their Allowances, On Imperial Basis, Less Than the Canadian,” *The Globe and Mail* May 30, 1919, 4.

¹²⁸ Segsworth, *Retraining Canada’s Disabled Soldiers*, 8-11.

done while lying down in bed.¹²⁹ Any work done in hospital was also sold “on a commercial basis and not on a compassionate one.”¹³⁰ Patients were not allowed to sell their work privately because federal bureaucrats feared they would sell their products at a sentimental price. These actions would ensure that the soldiers would not sell themselves short as handicapped men, since they still had value as workers.¹³¹

Segsworth believed that therapeutics and vocationalism were intertwined. While working with the MHC, doctors became experts in industrial knowledge to ensure a soldier would have the mental and physical strength to handle a job. But, if a type of “curative” work did not result in the soldier producing quality work, he was moved to a new job so the government would not waste more time or money training him on the wrong path. Segsworth saw some soldiers become dependent on medical care. They would try to take leave from their training or job to seek medical treatment that was not needed. In cases like these, soldiers were refused further medical services.¹³² Industrial re-training had a medical goal attached, but doctors were not mandated to fully cure men who came under their care, just assess that they were stable enough to work.

Like doctors, a ward aide’s job included vocationalism. Their lectures were centered around work and its value for a man. And, as we will discuss further in the two sections to come, women were thought to be the best option to work with soldiers as long as they were properly trained in craftwork. Women had

¹²⁹ Segsworth, *Retraining Canada’s Disabled Soldiers*, 40-41.

¹³⁰ Segsworth, *Retraining Canada’s Disabled Soldiers*, 40.

¹³¹ Segsworth, *Retraining Canada’s Disabled Soldiers*, 67, 70-71.

¹³² Segsworth, *Retraining Canada’s Disabled Soldiers*, 32-34, 123-127.

to be young, have unlimited patience, work hard, listen, and not be too sentimental. These traits were used to convince a soldier to want to work and re-join society.¹³³ However, there were vocational limits to ward aides; aides were not allowed to advise soldiers on their potential occupations. This was left to the vocational advisers and doctors who understood Canadian workplace needs.¹³⁴ The MHC could not risk a man taking on a vocation that was not right for him. This could cause more turmoil and financial loss. Although Segsworth argued that the curative nature of OT was more important than training a man, OT was none the less modelled to be the handmaiden of industrial re-training.

Historiographical treatments of Kidner miss several elements of his role and contribution to OT. Later in his career, after he left the MHC and moved to the United States, Kidner's American OT colleagues described his view on OT in an economic and businesslike manner. At Kidner's memorial service held by the AOTA, he was described by his colleague Dr. Bert Caldwell as a man obsessed with returning the injured back to a "normal, social and economic life."¹³⁵ Nevertheless, Kidner did stand for OT as first and foremost a therapeutic and holistic healing profession with some economic benefits. However, this view did not become apparent in Kidner's writing until he moved to the United States. His earlier writings as an educator and as the MHC's Vocational Secretary reflect the precepts of possessive individualism, which resulted in him placing greater emphasis on the economic value of OT than his later works might suggest.

¹³³ Segsworth, *Retraining Canada's Disabled Soldiers*, 35-39, 41.

¹³⁴ Segsworth, *Retraining Canada's Disabled Soldiers*, 42.

¹³⁵ Occupational Therapy and Rehabilitation, "Addresses at the Memorial Meeting for Thomas Bessell Kidner," *Occupational Therapy and Rehabilitation* 6, no. 6 (1932): 435.

In 1918, upon arriving in the United States to assist in setting up the American government's vocational re-training program for soldiers, Kidner wrote a reflection on what he had learned about OT while working in Canada. Kidner argued that OT had major value as part of rehabilitation because it allowed men to earn more than before. OT's only shortcoming was that men could get too caught up in craftwork and take that on as their permanent vocation. This meant fewer men to do industrial work, and reflected a loss for the state. For Kidner, OT had therapeutic value in helping a sick man's mind and body become oriented towards work. It had an educational value because some craftwork could be taught to family members, leading to more income for the family economy. Finally, OT had further economic value because it helped men increase their income upon their return to civilian life.¹³⁶ Even OT's therapeutic and educational values were concerned with economic viability. He suggested to the United States to follow Canada's process of having a variety of occupations available for men to learn in order to keep market saturation down. He also stressed the use of the skills of a vocational adviser to assist a man in picking his re-training course.¹³⁷ Thus, Kidner expressed breadwinner ideology when describing the ideal OT programs to assist in Canadian and American soldiers return to independent lives in the wage economy.

This is a position Kidner took after years of work in vocational education. When Kidner was the head of technical education in Nova Scotia in 1910, he wrote a book on vocationalism in the public school system that reflected the

¹³⁶ Thomas Bessell Kidner, "Vocational Work of the Invalided Soldiers' Commission of Canada," *Annals of the American Academy of Political and Social Science* 80 (1918): 141-144.

¹³⁷ Kidner, "Vocational Work," 146-148.

liberal values seen in his later writings on Canadian OT. He believed that educating children on industrial type work early in life led to a love of manual labour: “Children love to handle, to do and to make things, and a nation’s civilization is directly in proportion to its power to do ...the true aim of education, the acquisition of power.”¹³⁸ Like ward aides, teachers were to make work look attractive and interesting, while simultaneously creating a disciplined and patient atmosphere.¹³⁹ Education needed to teach children useful industrial skills like accuracy and dexterity. Kidner promoted certain crafts in schools based on their profitability; for example, young girls were encouraged to weave in order to make extra money for the family economy. Geometry was stressed for boys because it was a gateway into “engineering, architecture, and their allied sciences.”¹⁴⁰ All work was to lead to vocational opportunities.¹⁴¹

It is only after living in the United States for a few years that Kidner’s writing changed in nature to focus more on the medical aspects of OT. He began to refer to doctors as OT’s leaders, and stressed that the job of OT was to “help the physical and nurse in alleviating the suffering...”¹⁴² He also agreed with American OT leaders that crafts produced by patients did not have to be profitable because therapy was the main purpose of craftwork.¹⁴³ However, Kidner still found that OT did have some pre-vocational value, and that some craftwork

¹³⁸ Thomas Bessell Kidner, *Educational Handwork* (Toronto; Educational Book Co., 1910), III, 10.

¹³⁹ Kidner, *Educational Handwork*, 15-17.

¹⁴⁰ Kidner, *Educational Handwork*, 11, 131, 159.

¹⁴¹ Kidner, *Educational Handwork*, 14.

¹⁴² Thomas Bessell Kidner, “President’s Address,” *Archives of Occupational Therapy* 3 (1923): 424.; Thomas Bessell Kidner, Editorial, *Archives of Occupational Therapy* 1 (1922): 499-500.

¹⁴³ Thomas Bessell Kidner, “Accommodation for Occupational Therapy in Federal Tuberculosis Sanatoriums,” *Modern Hospital* 18 (1922): 294.; Kidner, “President’s Address,” 421-422.

taught by therapists would lead to economic success for a patient once he left the hospital.¹⁴⁴ Friedland portrayed Kidner as an OT leader wholly focussed on therapeutic outcomes. Although this is true for the American chapter in his career, in Canada, Kidner was like other MHC bureaucrats. His focus, shaped by his time in education promoting a liberal agenda, centered on OT's ability to restore men to their economic independence. Although medicine was part of this, it was not its main focus, perhaps because of the overwhelmingly important role played by government authorities who literally were in charge of engineering rehabilitation.

Canadian OT was a field that came into its own during the final years of the First World War by bureaucrats obsessed with making sure they were not going to have to care of thousands of dependent men and their families. Bureaucrats wanted a program that was efficient, quick, and cost effective in returning men back to work and independence. Therefore, re-training was the key with OT as the introductory stage in convalescent hospitals. Doctors and therapeutic goals remained a part of OT programs. Still, doctors were mainly used to assess a soldier's limits in working. Ward aides were not told to heal men. Instead, they were to be strict and direct men to work under any circumstances. Finally, both Segsworth and Kidner saw strong economic values in OT. The professional leaders of OT during the war and in the post-war period shared these same values, possibly even more because they were trying to demonstrate the value of a temporary profession they wanted to become permanent.

¹⁴⁴ Kidner, "Accommodation for Occupational Therapy," 292.

The Professional Leaders of Occupational Therapy

OT professional leaders, the people who ward aides credited with shaping the profession, came from three backgrounds: engineering, education, and medicine. These men believed in OT's economic value and were of paramount importance to the creation of OT. During the war, the new field advanced under the guidance of these leaders, which led to the federal government's adoption and promotion of OT in soldier rehabilitation. In the post-war period, these leaders encouraged the professionalization of OT and continued to mould the profession in the manner they saw fit. William Dunlop, as leader of the 1926 ward aide course, promoted OT's purpose by encouraging ward aides to support crafts that could sell, thereby prompting patients to become financially independent. Ontario's Vocational Officer Herbert Haultain enabled this by picking "charming" ward aides over those with medical skills so that they might better encourage a man to work. Norman Burnette, who wrote the majority of the 1918 ward aide texts, took a similar stance. In his publications, he suggested that ward aides should be strict and firm in steering an injured man towards vocational goals. He also hoped that OT in the post-war period would change the Canadian economy: OT's teaching of craft-based industries, for instance, could generate profits for the rehabilitated. Along with other leaders from within the medical fields, these professional leaders pushed an economic and industrial agenda over a strictly therapeutic one. Men needed to be saved from becoming "industrial

psychopaths” and it would be “the engineers, the professional men of the industries” who would lead society in the right direction.¹⁴⁵

A latecomer to OT, William Dunlop was the Director of the Department of Extension at the University of Toronto, created in 1920 to hold courses for programs that the university was unsure would become permanent. The OSOT appealed to Dunlop and the university in 1924 to create a permanent OT course. In 1926, Dunlop defended the new field by arguing that OT was a “necessity in government institutions, asylums, Homes for Incurables and general hospitals.”¹⁴⁶ His report led to the official course being established in 1926 as a two-year diploma course.¹⁴⁷ Dunlop oversaw the course from 1926 until 1949. Dunlop was also a founding member of the CAOT in 1926 and helped create its founding charter in 1934.¹⁴⁸ Dunlop maintained that OT in association with both the DSCR and the University of Toronto was created and run by a group of engineers including Herbert Haultain, as well as Professor CHC Wright, and Professor GA Guest, all of whom adopted a vocationalist approach. These engineers, with the assistance of doctors and nurses, helped teach this working ideology to ward aides.¹⁴⁹ Thus, doctors and engineers collaboratively led OT’s development during the war and into the 1920s.

In the post-war period, provincial law allowed a man who was injured in a factory accident to draw workers compensation benefits from the government.

¹⁴⁵ H.E.T. Haultain, “Industrial Rehabilitation,” *Canadian Medical Association Journal* 8, no. 8 (1918): 704.

¹⁴⁶ Robinson, “Muriel Driver Memorial Lecture,” 147; Friedland, *Restoring the Spirit*, 165-166.

¹⁴⁷ Friedland, *Restoring the Spirit*, 169-171.

¹⁴⁸ Robinson, “Muriel Driver Memorial Lecture,” 147-148.; Friedland, *Restoring the Spirit*, 159-160.

¹⁴⁹ Dunlop, “A Brief History of Occupational Therapy,” 9.

Dunlop took a dim view of such programs, reminding readers how the state believed such a man was “a liability because he [was] an unproductive citizen.”¹⁵⁰ So it was up to a ward aide to take him to the OT workshop, upon the recommendation of a doctor, and help him make crafts that would sell for a good price. Work had to be “useful, interesting, and whose products were saleable.”¹⁵¹ Dunlop stressed, like many leaders before him, that it was not about the quantity of work, but the quality. A man will want to learn a lot at once, but it is better to teach him one or two crafts at a time. Too much to focus on would result in deteriorating quality of the work. Ward aides would enable a man to return to the “factory, once more a wage-earner, once more a productive citizen, once more an asset to the Province of Ontario.”¹⁵² Therefore, OT created social betterment for the citizens of Canada, but more importantly, it was a business opportunity for the country.

Female ward aides were considered subsidiary workers, their gender dictating that they could not uphold the position of breadwinner within the family complex, so women were utilized by male OT leaders such as Haultain and Burnette for their perceived natural ability to inspire a man to work and retake his role as a breadwinner. Haultain, previously a mining engineer before joining the DSCR as Ontario’s Vocational Officer, controlled the training of the first group of ward aides from 1918-1919.¹⁵³ As above, Haultain argued that ward aides’

¹⁵⁰ William J. Dunlop, “Occupational Therapy—A Career for Young Women,” *Social Welfare* 10, no. 12 (1928): 271.

¹⁵¹ Dunlop, “Occupational Therapy—A Career,” 271.

¹⁵² Dunlop, “Occupational Therapy—A Career,” 271-272.

¹⁵³ Bruce, “An Address,” 8.; Friedland, *Restoring the Spirit*, 176.; In fact, a variety of OT leaders believed that OT was founded in 1918 under Professor HET Haultain and Norman Burnette, not

admission to the course had nothing to do with age or experience, but a woman's charm: "We were sure that, if we liked them, the soldiers would like them."¹⁵⁴ Haultain and a large group of engineers picked out not only the appropriate attire, but also the women they believed were charming, attractive, and able to encourage a man to get better quicker. The women needed to be cheery, encouraging, and unwavering in commitment.¹⁵⁵ Because of these two men, OT was included in the DSCR, but courses were short and a lot of learning was done on the job to save on time and money for the government. Usually most ward aides were only a step or two ahead of the soldier in learning a particular craft; these engineers were not looking for craft experts, just pleasing women.¹⁵⁶ Dunlop discussed the value of women based on his own experiences. Once suffering in hospital from idleness himself, he was served by nurses who taught him occupations. He found that women were perfect for rehabilitating men because they embodied altruism, patience, and kindness. They helped a man overcome any weaknesses he faced while returning to work. After all, he maintained, women had been compelling men to live up to their responsibility to work "since the dawn of time."¹⁵⁷ Working was part of a man's soul; he needed to work. Women could help men find their motivation if they had lost it.¹⁵⁸

Segsworth and Kidner. Dunlop, "A Brief History of Occupational Therapy," 7.; Pringle, "God Bless the 'Girls,'" 48.

¹⁵⁴ Dunlop, "A Brief History of Occupational Therapy," 7-8.

¹⁵⁵ Dunlop, "A Brief History of Occupational Therapy," 7-8.

¹⁵⁶ Haultain, "New Notes," 58-59. These ward aides learned eight handicrafts over the course of their program. Though Haultain and Burnette argued crafts were not the main goal of OT, as time went on he and other leaders accepted handicrafts as another avenue of economic independence. Pringle, "God Bless the 'Girls,'" 48.

¹⁵⁷ Dunlop, "A Brief History of Occupational Therapy," 7-8.

¹⁵⁸ Dunlop, "A Brief History of Occupational Therapy," 8.

Haultain's colleague, Norman Burnette, was instrumental in teaching ward aides about the goals of their new vocation. Previously a survey engineer, Burnette worked in Whitby Military Hospital in 1917 promoting occupations as a form of treatment for invalid soldiers.¹⁵⁹ This work led to him taking over as head teacher of the emergency ward aide training course at the University of Toronto in 1918. He also occasionally filled in for Haultain in his vocational officer duties. Friedland downplays Burnette's economic expectations for early OT programs, and depicts his role as promoting work that bolstered a patient's psychological health. But this downplays Burnette's stated opinion that OT's first role was to support vocational training. Although later in his career he offered more support towards OT's medical goals, at the time of the First World War, Burnette was a professional who, as *MacLean's* magazine put it, taught ward aides to "view work from a commercial standpoint."¹⁶⁰

Ambivalence remained a part of his writing. Burnette wanted to give ward aides "insight into the psychological factors which underlie the ideas of occupational work among invalidated soldiers."¹⁶¹ In the opening pages of his textbook, in the section entitled, "The 10 Principles of OT," he enumerated curative principles that also stressed how the purpose of OT was to restore a man to his possessive individualism through engagement in manly occupations. Group work was allowed, but not promoted as individual attention and effort would foster individual growth. The work was allowed to be diversional, like craftwork,

¹⁵⁹ Norman Burnette, *Invalid Occupations in War Hospitals* (Toronto, 1919), 1.; Friedland, *Restoring the Spirit*, 120-121.

¹⁶⁰ Pringle, "God Bless the 'Girls,'" 48.; Friedland, *Restoring the Spirit*, 121-123

¹⁶¹ Burnette, *Invalid Occupations in War*, 1.

but was immediately changed for industrial-type work once the patient could handle it. Although ward aides hoped patients became interested in their work, work could be boring as long as it produced the outcome desired for the patient. Burnette believed that soldiers often suffered from an abnormal psychological state after the war. Drawing on ethno-centric imperial discourse, he wrote how the majority of Canadian men who enlisted were of Anglo-Saxon origin whose ancestors for over 900 years had been the main providers, but they were, as yeomen, still free. However, being a soldier had taken away their freedom and independence. Returning home to their normal state was difficult as soldiers were stressed from past experiences and feared an uncertain future. This was making soldiers hard to train as they were distracted, and in some cases, mentally ill from a situational perspective. Burnette estimated that only twenty-one percent of men could be discharged as “fit” citizens to return to work, the rest needed assistance.¹⁶² The term “fit” indicated men who could control their emotions and could function in a work place. Therapeutics were not stressed by Burnette, just functionality, and it was up to the professionals to implement this workplace functionality while protecting Canada’s male population from “chronic invalidism.”¹⁶³

So how did ward aides following Haultain and Burnette’s programs actually assist in the process of restoring a man to independence?¹⁶⁴ Ward aides were to appeal to a man’s competitive nature and urge him to try to “compete”

¹⁶² Burnette, *Invalid Occupations in War*, 5-8.

¹⁶³ Burnette, *Invalid Occupations in War*, 5-7.; Norman Burnette, “Invalid Occupation as a Guide to the Vocational Fitness of the Handicapped,” *Canadian Journal of Mental Hygiene* 1 (1919): 227.

¹⁶⁴ Burnette, *Invalid Occupations in War*, 8.

with himself to produce better quality products faster. A ward aide was not allowed to assist her patient with his work because doing it himself was the only way he would improve. Ward aides needed to be strict to ensure their patient stayed on task, use common sense to stop their patient from overworking, and finally, instill in their patient a “desire for monetary gain.”¹⁶⁵ Burnette stressed that a patient was encouraged to sell his craftwork, but was not allowed under any circumstances to sell his work for a sentimental price. According to Burnette, such an action was “almost as bad as allowing him to beg for alms.”¹⁶⁶

Burnette did not view OT as a medical job, although doctors prescribed a soldier’s treatment and sent the soldier to OT and vocational re-training programs. Ward aides in Burnette’s programs, however, did not have enough medical training to take on any real medical authority. In these early stages of OT, curative work was not connected with a soldier’s medical treatment under physician care. Instead, OT was connected with improving a soldier’s health so that he might go back to work.¹⁶⁷ This was why Burnette believed that ward aides should have vocational knowledge because “efficiency does not depend entirely upon the possession of robust health and brute strength, but upon the possession of imagination, judgement, initiative, the powers to observe, to reason, and to apply.”¹⁶⁸ This was especially important in the post-war period when OT shifted from treating soldiers to treating men with an injury received from an industrial

¹⁶⁵ Burnette, *Invalid Occupations in War*, 8-10.

¹⁶⁶ Burnette, *Invalid Occupations in War*, 10-11.

¹⁶⁷ Norman Burnette, “The Status of Occupational Therapy in Canada,” *Canadian Journal of Occupational Therapy* 53 (1986): 6.

¹⁶⁸ Burnette, “Invalid Occupation as a Guide,” 230.; Burnette, *Invalid Occupations in War*, 9-10, 13-14.

accident. With few industrial safety standards in early 20th-century Canada, industrial accidents were common. In addition, there were no Canadian institutions in place to assist in rehabilitating men suffering from an industrial accident. Therefore, in their curative workshops, OT worked to fill this gap and rehabilitated any man injured in the workplace.¹⁶⁹

Craftwork was a gateway to industrial work, and in his later years, Burnette supported the idea of craftwork becoming a fulltime industry because during the war, men had been able to launch independent businesses due to the crafts they had learned from OT. OT curative workshops in 1920s Toronto worked with the elderly, mental patients, and hospital outpatients, helping them learn either new crafts or labour skills. The workshop's occupants "monopolized the market for hand wrought brass and copper work...silverwork, tea, coffee, and coca sets."¹⁷⁰ According to Burnette, during the 1920s, an expenditure of \$33 000 spent on craft materials resulted in a \$44 000 to \$50 000 profit margin. There was money to be made for the patients, the workshop, and the federal government who often employed these patients. OT was the solution to Canada's economic problems and was changing Canadian industry.¹⁷¹ If a man suffered from a mental illness and could not be an independent worker, he still owed his service to the state as a possessive individual. OT promoted co-operative workshops and protected labour in part to help handicapped male citizens, but in larger part to

¹⁶⁹ Friedland, *Restoring the Spirit*, 56, 148.

¹⁷⁰ Burnette, "The Status of Occupational Therapy," 7.; Burnette, "Invalid Occupation as a Guide," 227-230.

¹⁷¹ Norman Burnette, "Occupational Therapy and Mental Hygiene," *Mental Hygiene Bulletin* 1, no. 3 (1921): 29.

ensure they were doing their duty for the state.¹⁷² Mental suffering was not an acceptable reason to remain idle. Eventually, Burnette opined that OT could be employed with all mentally ill patients, whose work would allow them to exercise their minds. Although they would never be mentally healthy again, they would hopefully improve.¹⁷³ Burnette believed OT would heal the mind, body, and spirit like Friedland claimed, but for Burnette this was approached differently for varying client and patient groups.

This is how a close reading of OT leader's early prescriptions and program expectations confounds the notion that OT's early advancement was as a solely therapeutic field. Friedland emphasizes the belief that occupation could be used as a medical treatment to maintain health and alleviate despair. Adopting a profession-centric view, Friedland saw OT "shoehorned into the [scientific] medical model" by doctors who had removed OT's intended medical purpose to "raise morale, build self-esteem... [and] its traditional perspective of viewing the whole patient" to improve their "quality of life."¹⁷⁴ Friedland believed that OT had more therapeutic benefit than scientific medicine, and aligning with doctors had hurt OT's medical mandate after the First World War. While improving mental health was key within OT, it was secondary to bolstering a man's ability to take on heavier industrial work. A very careful read of physician activities in this period illustrates the ways in which doctors themselves seemed far more concerned about the economic benefits of OT over the medical benefits.

¹⁷² Burnette, *Invalid Occupations in War*, 15-18, 23.

¹⁷³ Burnette, "Occupational Therapy and Mental Hygiene," 18-20, 24.

¹⁷⁴ Friedland, *Restoring the Spirit*, 209-211.

Doctors, specifically those with an interest in mental health, championed the cause of OT in the post-war period. Dr. C.B. Farrar, head of the Toronto Psychiatric Hospital, found occupations to be a successful method to help his patients that led to his support of OT.¹⁷⁵ In 1919, he spoke on behalf of the DSCR and their work with Canadian shell-shocked soldiers at an International Red Cross Conference held in New York. Mental illness at this time was connected with failure to be a functional breadwinner within a liberal economic order; Farrar described men suffering from neurosis¹⁷⁶ as unstable individuals who were “prone to develop alcoholic or criminal tendencies and... have unenviable industrial and social histories.”¹⁷⁷ Farrar found OT healed the mental problems of soldiers before they went on to vocational re-training. Occupational therapists helped advise a vocational adviser on what vocation a soldier should take on, so that the government could save money on training.¹⁷⁸ Occupational therapists also encouraged some nervous patients to return to their previous vocation, doctors believed this act would calm a patient’s nerves. Therapists could convince their patient to do this more successfully than a vocational adviser because of the level of trust between the therapist and patient. To Farrar, the goal of treatment was to end economic unproductiveness by enabling men to make money while trying to overcome their mental illnesses, an orientation in line with possessive

¹⁷⁵ Ian Dowbiggin, “Prescription for Survival: Brock Chisolm, Sterilization, and Mental Health in the Cold War Era,” in David Wright and James E. Moran. *Mental Health and Canadian Society Historical Perspectives* (Montreal: McGill-Queen's University Press, 2006), 179-180.

¹⁷⁶ This includes diseases like epilepsy, manic depressive, etc. C.B. Farrar, “Rehabilitation in Nervous and Mental Cases among Ex-Soldiers,” *Canadian Journal of Occupational Therapy* 7, no.1 (1981): 18.

¹⁷⁷ Farrar, “Rehabilitation in Nervous,” 17-18.

¹⁷⁸ By now in soldier rehabilitation, some occupational therapists were giving suggestions on what vocation a soldier should take on, but there was still a preference to allow vocational advisers full control on this decision making process. Farrar, “Rehabilitation in Nervous,” 23-24.

individualism.¹⁷⁹ For him, like other doctors, OT's value came from its mixed ability to rehabilitate health while also making mental institutions money.

Dr. Alexander Primrose is a well-regarded leader of OT by both clinician-historians and the founders of the OSOT, groups with whom he worked with for more than a decade.¹⁸⁰ Primrose worked in the Canadian Army Medical Corps (CAMC) as a consulting surgeon, which allowed him to see the value of occupations in military hospitals throughout Canada. However, Primrose became more heavily involved with OT when he was appointed as the Dean of the Faculty of Medicine at the University of Toronto in 1920, the same year that the OSOT was formed. He became the chairman of the board of management for the OSOT. Primrose was known to be a very active leader: he obtained substantial press attention for the profession, and assisted in the establishment of Toronto's curative workshop for outpatients and sheltered employment.¹⁸¹ According to Primrose, work "[t]ransforms humanity into gold, makes stupid men bright, the bright man brilliant and the brilliant steady, it brings hope to the youth, and middle age confidence."¹⁸² The OSOT was taking on exactly this kind of work that Primrose believed in so strongly. Primrose, adopting the tone of possessive individualism, believed that life was not worth living without the ability to work and earn a living wage. He found that during the war, before the creation of OT, the worst disservice done to convalescing soldiers was discharging them because

¹⁷⁹ Farrar, "Rehabilitation in Nervous," 19-24.

¹⁸⁰ Friedland, *Restoring the Spirit*, 177.; Dunlop, "A Brief History of Occupational Therapy," 9.; Ada Stead, "The Ontario Society of Occupational Therapy," *Wisconsin Journal of Occupational Therapy* 2, no. 2 (1925): 7.

¹⁸¹ Friedland, *Restoring the Spirit*, 177-180.

¹⁸² Primrose, "Ontario Society of Occupational Therapy: How a Lesson," 411.

they would not have the skills to return to work. This would cause them to “eke out a miserable existence in indifference and despair” and was a very common occurrence until the government created OT.¹⁸³ OT fixed this labour problem by getting men back to work earlier and making them more efficient. Not only did hospitals support this idea, but businesses supported OT because their workers returned to the factory with more capabilities in their job field. OT was the future of Canadian industry, as Primrose suggested: “Thus, when you consider the rapidly increasing field of activity which this movement is acquiring in many countries of the world, it becomes an asset of considerable economic value.”¹⁸⁴

Primrose did not have any problems with OT merging into vocational training, even though this could distance OT from its medical roots. Perhaps more than any other of his contemporaries in Canada, he argued that there was a natural connection between the two. The goal of both OT and vocational training was to rehabilitate someone through teaching them an occupation with which they could use to support themselves.¹⁸⁵ In the post-war period, when considering the prospect that men simply did not want to work, his solution was that civilians would be “compelled” like soldiers before them.¹⁸⁶ Primrose’s view of these men and their relation to work mirrors that of a possessive individual ideology. As a doctor, he believed in OT’s medical value, but more importantly, he believed in the ability of OT to create working individuals who contributed to both their

¹⁸³ Primrose, “Ontario Society of Occupational Therapy: How a Lesson,” 413.

¹⁸⁴ Alexander Primrose, “Ontario Society of Occupational Therapy,” *University of Toronto Monthly* 24 (1924): 292.; Primrose, “Ontario Society of Occupational Therapy: How a Lesson,” 413.

¹⁸⁵ Primrose, “Ontario Society of Occupational Therapy,” 292-293.

¹⁸⁶ Primrose, “Ontario Society of Occupational Therapy: How a Lesson,” 411.

personal and the Canadian economy. Primrose did not care about OT's autonomy as a medical profession; he believed it could use vocational work in its practice as long as the work was making products that could be sold for "actual market value."¹⁸⁷ Primrose epitomized the idea of what OT really was as a profession: "restorative in its effect, economic in its result."¹⁸⁸

The most widely-recognized leader of OT is Dr. Goldwin Howland. He is referenced by every historian and OT leader because he became the leader of the ward aides at the end of the First World War when the field was transitioning from being controlled by the DSCR to being an independent medical occupation looking for support to help back its claim for professionalization.¹⁸⁹ Howland was chief neurologist from 1922 until 1945 at the Toronto General Hospital and the first Canadian consulting neurologist, a prestigious position in Ontario and recognized throughout Canada.¹⁹⁰ He first became acquainted with OT when serving in the First World War as a major at the CAMC Base Hospital, Medical District 2 in Toronto. He dealt with many soldiers who benefitted from occupational therapy. Following this exposure, he promoted the creation of a ward aide program starting in 1919 at the Toronto General Hospital. Howland was a member of both the OSOT and the later-formed CAOT of which he was president until 1948.¹⁹¹ When trying to understand Howland's motivations for

¹⁸⁷ Primrose, "Ontario Society of Occupational Therapy," 292.

¹⁸⁸ Primrose, "Ontario Society of Occupational Therapy: How a Lesson," 414.

¹⁸⁹ LeVesconte, "Dr. Goldwin W. Howland," 67-70.; Friedland, *Restoring the Spirit*, 27.; Dunlop, "A Brief History of Occupational Therapy," 9.; Robinson, "Muriel Driver Memorial Lecture," 147.

¹⁹⁰ LeVesconte, "Dr. Goldwin W. Howland," 68.

¹⁹¹ Friedland, *Restoring the Spirit*, 185-188.; Dunlop, "A Brief History of Occupational Therapy," 6-10.; LeVesconte, "Dr. Goldwin W. Howland," 68-69.

supporting OT, the majority of historians, whether from academic or clinical backgrounds, do not seem to question Howland's desire to help people.

Howland believed that OT had medical value in restoring physical and mental health to convalescing patients. He viewed the profession as a therapeutic method to heal, and not just a way to entertain sick people as so many critics of OT believed. In addition to OT's therapeutic abilities, Howland still viewed OT as a means to restore people to economic independence. Howland used medical terms to stress the economic value of OT, pleading to the government that OT was the cure to the disease of unemployment. Unemployment would lead to men feeling dissatisfied with their lives and could potentially cause unrest against the state, so it was in the state's best interest to implement OT which would make men "well trained workers [in]... attractive forms of occupations."¹⁹² OT accomplished this objective of economic independence during the war, and continued to do so in the post-war period. However, Howland acknowledged that some men facing physical or mental illnesses could not return to work. In such cases, sheltered employment allowed men to work for a wage, making them as independent as possible under the circumstances. OT would get every man working in some form, earning enough to provide for their families. This would be done by teaching them complex craftwork that could be "perfect[ed]" in a reasonable period of time, or with a placement doing industrial work in provincial workshops.¹⁹³ Howland's program was supported by Canadian businesses and the

¹⁹² Goldwin Howland, "Editorial," *Canadian Journal of Occupational Therapy* 1, no. 1 (1933): 4-5.

¹⁹³ Goldwin Howland, "Occupational Therapy," *Occupational Therapy and Rehabilitation* 5, no. 6 (1926): 408-411.

federal government because “the workmen’s compensation boards in our country [we]re wedded to the idea.”¹⁹⁴

Although Howland viewed OT as being part of the medical community, he did not view it as a fully-developed medical field during the 1920s. When writing about OT’s value in assisting those suffering from nervous diseases, he argued that OT was on the path to becoming a medical profession, but the field needed to further cement its ties to medicine, especially allied specialties like neurology, psychiatry and orthopaedics. In an effort to medicalize the profession, the new OT diploma course at the University of Toronto required that students take more medical courses like anatomy and physiology to help “raise the standards of...the profession.”¹⁹⁵ When speaking at the CAOT’s presidential address in 1933, Howland argued that if OT was going to become the main method to heal people therapeutically, it needed to “increase...[its] scientific value.”¹⁹⁶ He argued that many doctors did not see any therapeutic value in the profession as designed during and immediately after the war, so it was up to the practitioners to write more medical articles to show doctors that OT was medically useful.¹⁹⁷ Historical claims that OT was established as a therapeutic endeavour during the 1920s may be challenged. Before the 1930s, the perspective of OT’s most important clinician-ally regarded OT as heavily shaped around economics, and was only

¹⁹⁴ Goldwin Howland, “The Value of Occupational Therapy in Nervous Diseases,” *Occupational Therapy and Rehabilitation* 8 (1929): 319.

¹⁹⁵ Howland, “The Value of Occupational Therapy,” 317-319.

¹⁹⁶ Goldwin Howland, “The President’s Address at the Annual Convention Canadian Association of Occupational Therapy, 1933” *Canadian Journal of Occupational Therapy* 1, no. 2 (1933): 4.

¹⁹⁷ Howland, “The President’s Address,” 5.

beginning to shift towards a more therapeutic set of goals, knowledge, and methods.

Like Primrose, Howland did not care about OT's autonomy as a profession. This was demonstrated through his support of nurses becoming practitioners of OT. As a competing female health profession, if nurses could perform OT duties alongside their own, there would be no need for the two professions to exist. Therefore, nurses could eliminate the profession of OT. Yet, in the post-war period, Howland appealed to nurses to perform ward aides' duties in civilian and mental hospitals because many ward aides had left the profession. He argued that nurses "have the ability to re-awaken interests in... [their] patients" and that it was an easy set of skills to learn with many nurses in the US taking on OT as part of their duties in the hospital.¹⁹⁸ In addition, OT would get men back to work faster and there was a large profit to be made.¹⁹⁹

It seems likely that Howland and Primrose, as professional doctors, chose to embrace OT not solely to help a group of woman solidify their profession. Instead, they saw OT as a tool they could use to legitimize their role as leaders in the medical community. Physicians, like members of other professions, engaged in a process of professionalism during the late 19th and early 20th centuries. Doctors, under a unified view within their vocation, argued that their work was unique, and not able to be done without proper education and a specific skillset. Doctors were very protective of their profession, trying to hold a monopoly on any medical duties including administering drugs, writing prescriptions, and

¹⁹⁸ Howland, "Occupational Therapy," 411.

¹⁹⁹ Howland, "Occupational Therapy," 412-413, 417.

giving prognoses on illnesses.²⁰⁰ As doctors professionalized, they were also influenced by the late 19th-century philosophy of progressivism. Various associations and professional groups viewed Canadian industry as dangerous because its working conditions of long days with little pay had led to poor health and housing conditions in Canadian urban areas. Therefore, it was the duty of professionals, due to their leadership position within society, to mediate this harm. While professionals generally enjoyed higher status, doctors held some of the highest prestige as members of one of the oldest professions.²⁰¹

Early 20th-century doctors in Canada claimed authority over, and came to dominate, institutions and bureaucracies within the state.²⁰² Colin Howell has pointed out how “doctors diagnosed a diseased social order that could be nursed back to health with the proper advice and leadership of a scientifically based medical profession.”²⁰³ Doctors feared degeneracy, which undermined the tenets of possessive individualism, and underpinned vocational re-training programs by the MHC. Doctors hoped to eradicate degeneracy and that by doing this they could create a more moral and efficient society.²⁰⁴ Fear regarding the power of degeneracy became particularly prominent during the First World War, when the

²⁰⁰ Burton J Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (New York: Norton, 1976), ix-xi, 1-7, 31-32, 85-136.

²⁰¹ Arthur S. Link and Richard L. McCormick, *Progressivism* (Arlington Heights: Harlan Davidson, Inc., 1983), 1-6, 21-25, 85-95.

²⁰² Colin D. Howell, “Medical Professionalization and the Social Transformation of the Maritimes, 1850-1950,” *Journal of Canadian Studies* 27, no. 1 (1992): 11-12.; Jenkins, “Baptism of Fire,” 324.

²⁰³ Howell, “Medical Professionalization,” 7-11.

²⁰⁴ Howell, “Medical Professionalization,” 11-14.

state further realized the vulnerability of the population, and designed government programs and interventions as safeguards.²⁰⁵

Doctors were a part of designing and instituting these safeguards. Lougheed hired CAMC Dr. J.L. Todd to help establish re-training for convalescing soldiers.²⁰⁶ Todd claimed that in Canada, doctors “have great influence in the formation and control of public opinion.”²⁰⁷ Therefore the government “need[ed] to accept” his advice because it would help the country return to a place where men were self-sufficient.²⁰⁸ Todd advised the MHC to adopt the same measures as France. The MHC would push soldiers to return to employment as soon as they were physically fit to do so. These soldiers would require access to interconnected processes combining medical treatment and vocational re-education such as those provided by OT. Each step would contribute to a man getting re-accustomed to being a self-supporting worker. Todd shared the commonly-accepted notion that a man who was given a pension with no vocational future would become degenerate. No man should be allowed to return home unless he was capable of supporting himself and his dependents.²⁰⁹ Todd argued that all of these processes needed to be controlled by a physician; with doctors consoling patients and guiding their recovery. This position would ensure a doctor’s authority within rehabilitation. Doctors were an important partner in making sure these men had an “equitable return to civilian life.”²¹⁰

²⁰⁵ Jenkins, “Baptism of Fire,” 325.

²⁰⁶ Lougheed, *Military Hospitals Commission*, 105-107.

²⁰⁷ J.L. Todd, “Returned Soldiers and the Medical Profession.” *Canadian Medical Association Journal* 7, no. 4 (1917): 343.

²⁰⁸ Todd, “Returned Soldiers,” 355.

²⁰⁹ Todd, “Returned Soldiers,” 343-348.

²¹⁰ Todd, “Returned Soldiers,” 349-352, 354.

Doctors' involvement in soldier rehabilitation allowed the medical profession to maintain their authority as the progressive social leaders of Canadian society. With the end of the war and OT's future uncertain, doctors saw value in incorporating OT into the medical family. As progressive leaders of the state, OT allowed doctors the power and position to advise civilians on how to live their lives. In addition, OT furthered the state's agenda of restoring men as independent and economically viable, so it was worth controlling. Therefore, doctors used OT as a way to continue to hold their medical authority, while also using the profession to promote their liberal agenda.

Occupational Therapy's Practitioners: The Ward Aides

In order to get a balanced view of early 20th-century OT it is vitally important to consider the writings of the actual practitioners of First World War OT, the ward aides themselves. Their reports on and recollections of their work show how much of their leaders' ideology was practiced at the bedside. Friedland identifies two cohorts of ward aides in Canada, those who practiced OT in military hospitals unofficially as craftswomen, and those who were trained in the ward aide courses in 1918 and 1919 at the University of Toronto and McGill University, respectively. Regardless of their accreditation, both cohorts did their work to heal the "broken spirit of the injured soldier" which in turn would be expected to heal his illness or disability.²¹¹ Although ward aides recognized that their work helped a soldier recover from his injuries, few overtly identified with a healing role. Instead, much of their early writing focused on the economic benefit

²¹¹ Friedland, *Restoring the Spirit*, 205-206.

of their work. A “late” ward aide who graduated in 1928, Helen LeVesconte, believed that OT did not fully align with a medical model until the late 1930s when her newly accredited cohort came to dominate the field.²¹² Un-trained ward aides Hilda Goodman and Mary Peck, though portrayed as craftswomen with a secondary interest in healing, also focused on the economic and vocational re-training benefit of their work. Like LeVesconte, trained ward aides Hazel Parkinson, Beatrice Robb, M.L. Perry, and Edith Griffin, demonstrate that in the inter-war period, OT was concerned with establishing working regimes and facilitating the working capacities of the elderly, youth, and injured working class, all in line with the precepts of the liberal order framework and possessive individualism.

Ward aides were defined by their class and progressive reformism. They were drawn from the ranks of middle and upper class women who followed the gendered expectations of the time by engaging in OT as a form of philanthropic work, thus embodying the progressive ideals of the early 20th century. When the war began and men left to defend their country, women participated in the war in a variety of ways, including joining women’s organizations like the Red Cross to organize comforts for the men overseas. The majority of women, however, wanted to be more directly involved with the war, and at the beginning of the conflict, their only avenue was to become a nurse with the CAMC. This required three years of nursing school, which many did not have or were not able to pursue. Others joined the Voluntary Aid Detachment (VAD) as support staff for Canadian nurses at home and overseas. This job was notoriously unglamorous;

²¹² Friedland, *Restoring the Spirit*, 172.

many VADs served as janitors for the hospitals. When the MHC created the ward aide position in 1918, it was an appealing position for women looking to “do their bit for the country” without having to engage in any menial work.²¹³ From 1918 to 1919, over 350 graduate ward aides worked in military convalescent hospitals across Canada. By 1919, the number of ward aides were much fewer in number due to the successful rehabilitation of many soldiers. Some ward aides left the profession to marry and others immigrated to the United States, but those wanting to continue to practice their profession banded together under the leadership of doctors and professionals. They claimed that their work would be of value in civilian hospitals, community centres, mental institutions, and tuberculosis sanatoriums. OT continued to professionalize over the 1920s with ward aides working in small numbers around the country with the province of Ontario as the largest employer. By 1928, with the first class of ward aide graduating from the University of Toronto, OT began to shift its concern regarding economic viability to scientific medicine.²¹⁴

Helen LeVesconte is regarded by clinician-historians as a pioneer of OT due to her role in teaching and shaping the profession from the 1930s until the 1950s. Unlike many upper-class women serving during the First World War, LeVesconte was not a ward aide, but served initially as a VAD. She worked alongside ward aides at the Spadina Military Hospital and saw the value of craftwork with soldiers. When the University of Toronto started its ward aide diploma course in 1926, LeVesconte was a member of the founding class, when

²¹³ Friedland, *Restoring the Spirit*, 98-101.

²¹⁴ Friedland, *Restoring the Spirit*, 128-131, 147-148, 150-153, 164-166.

the job was said to be a mix of teaching, nursing, and playing the role of a business person. She started practicing OT in Kingston in 1928, but returned to the University of Toronto in 1930 to teach the ward aide course herself. According to Friedland, LeVesconte influenced the trajectory of OT with a far more client-centered approach.²¹⁵ Although this is true, LeVesconte's therapeutic discourses and professional concepts are more present in her later published works. In her early years of practicing OT, she too was concerned with OT's ability to generate financial profit down the road for her patient and client groups. Thus her writing reflects the shift in OT from a focus on the economic value of a patient to the specific therapeutic needs of the client.

Over the early to mid-1930s, LeVesconte commonly reflected on OT's ability to improve a person's economic position. With hospital superintendents, bureaucrats, and insurance companies wondering how much money OT could save medical institutions and the state, LeVesconte found that if OT was properly administered by ward aides, it paid "enormous profits."²¹⁶ For example, when talking about her hospital in 1931, she stated that on average crippled women mended 1786 articles of clothing per month, which worked out to be 5 articles per day, saving the hospital a large amount of money on sewing and mending linens.²¹⁷ It was also important to push industrial work on patients because it gave them more responsibility and regularity in their lives, especially for the disabled,

²¹⁵ Friedland and Rais, "Helen Primrose LeVesconte," 131-135.; Friedland, *Restoring the Spirit*, 171-175.

²¹⁶ Helen LeVesconte, "Expanding Fields of Occupational Therapy," *Canadian Journal of Occupational Therapy* 3, no.1 (1935): 4-5.

²¹⁷ Helen LeVesconte, "An Experiment in Pre-Industrial Work for Chronic Women Patients," *Occupational Therapy and Rehabilitation* 13, no. 5 (1934): 317-318.

which allowed “these citizens to carry on as individuals in industry rather than becoming economic burdens.”²¹⁸ Channelling the core of C.B. Macpherson’s possessive individualism, LeVesconte stressed that aides should not waste their time working with patients who would remain crippled and instead focus on helping those with a more favourable prognosis to return to society as capable individuals. This is shown in her own work with mental patients in Kingston Ontario, where she moved anyone who showed signs of promise to the “pre-industrial” occupational training group.²¹⁹ Although therapeutics were still a concern, LeVesconte’s views of OT aligned with liberal economic goals to support industry and the economy. It was in her later works in the late 1930s, 1940s, and 1950s that talk of OT’s economic value recedes from her writing.²²⁰ Her focus turned to the restoration of a patient to full physical, mental, and social ability. Spiritual and mental health concerns were central with elementals like recreational games and cultural activities as part of treatment. As LeVesconte stated, the goal was no longer just about getting people to work, “but healing the

²¹⁸ LeVesconte, “An Experiment in Pre-Industrial Work,” 8-12.

²¹⁹ LeVesconte, “An Experiment in Pre-Industrial Work,” 317-318.

²²⁰ LeVesconte herself stated that OT in the late 1930s and beyond had changed significantly from the 1920s which was focused mainly on making men work in industry. She stated the shift began in the mid 1930s with the addition of a therapeutic occupations class to OT’s curriculum. In addition, by the mid 1930s The Great Depression had been going on for a few years and showed no signs of stopping, so the government began to give welfare in the form of direct payments to men rather than send them to OT curative workshops. LeVesconte realized that OT needed to shift its mandate to survive and focused on integrating OT further into the Canadian hospital system. By 1934 she was the supervisor of OT at the University of Toronto, getting 85% of patients in Toronto’s Psychiatric hospital to be treated by occupational therapists under a more medical approach. By 1940 in the United States a psychologist named Carl Rogers developed a “client-centred” therapeutic approach that LeVesconte integrated into OT. She stated in 1959 that OT centred around a client’s motivations and desires. Helen LeVesconte, *Guideposts of Occupational Therapy* (Toronto: University of Toronto Press, 1959), 8-9.; Helen LeVesconte, “School Section: University of Toronto,” *American Journal of Occupational Therapy* 1, no. 1 (1947) 49-51.; Friedland and Rais, “Helen Primrose LeVesconte,” 135.; Raymond J. Corsini and Danny Wedding, *Current Psychotherapies* (Belmont: Brooks/Cole, 2011): 95-96. Christie, *Engendering the State*, 209-213.

body, increas[ing] observation, help[ing] get interpersonal relationships, [and] giv[ing] creative drives”²²¹

LeVesconte is one example among many. Hilda Goodman was one of Friedland’s examples of an unofficial ward aide. Originally from London, Goodman moved to Canada in 1912 to take up teaching in Alberta. She had a history of teaching crafts to crippled children in London, which led to Alberta’s district vocational officer hiring her to teach crafts to injured soldiers at Strathcona Military Hospital from 1915 to 1918. After the war, she moved to Milwaukee to become a faculty member of the Milwaukee-Downer College’s OT department. Goodman published a variety of articles on OT in tuberculosis sanatoria and general hospitals. Although Goodman considered OT a branch of medical science, she found that the most important duties that occupational therapists could promote were those involving weaving, hammering, and other technical skills that engaged motor capacities. This was because while the therapeutic element was important, getting a patient to work was far more important. She compared OT to physiotherapy, saying that the two professions were closely aligned, but that OT was far more valuable to a country and the insurance industry because OT focused on improving a person’s ability to work, whereas physiotherapy was only concerned with a person’s movement in their joints and muscles.²²² OT was also more valuable than physiotherapy because OT

²²¹ LeVesconte, *Guideposts of Occupational Therapy*, 4-6.; Helen LeVesconte, “Our Basic Tools of Treatment,” *Canadian Journal of Occupational Therapy* 15 (1948) 52-54.; Helen LeVesconte, “Some Aspects of Rehabilitation in Canada,” *Canadian Journal of Occupational Therapy* 22 (1955): 47-53.

²²² Hilda Goodman, “Corrective Work for Children,” *Occupational Therapy and Rehabilitation* 2, no. 3 (1928):181-182.

required a patient to do their work alone, thus helping him get re-acquainted with his sense of independence. This work had value for patients recovering from industrial accidents. Canadian insurance companies in the business of worker compensation, and the state sponsored workman's compensation programs of the era were willing to pay a patient's hospital, hotel, and travel bills as long as they were guaranteed that the patient was working with occupational therapists and receiving treatment in a workshop-like environment.²²³ Such companies' confidence in OT underscores that OT's primary function was to be economically viable and productive.

Expanding the purview to other potential client groups, Goodman wrote about the goals for children working with occupational therapists. Children were considered important clientele of OT because of the continuing vocational orientation of OT in the 1920s. Some healthy children with a doctor's prescription visited OT workshops occasionally while attending schools with strong vocational programs. These children were slower at picking up vocational education than their peers. Others convalescing in hospitals had more exposure to OT programs. In many ways, children were treated along the same lines as injured soldiers. Children were given a lot of one-on-one time to ensure they would master whatever craft or industrial activity their therapists assigned to them. Goodman believed that it was important for children to learn only one craft so they could master it, rather than learn many crafts and perform all poorly: "we are dealing with boys and girls who must be trained to be ...citizens with the right attitude

²²³ Goodman, "Corrective Work for Children," 183.

toward life and themselves.”²²⁴ Children were not to be babied by their families because they would not receive assistance with their disability later in life. They must be allowed to improve on their own and compete against each other in a way that mirrored the conditions of adult life. Goodman cited the example of a crippled boy whose mother was no longer allowed to assist him in any activity since he had started attending OT-led curative workshops. Finally, Goodman suggested all the parents she worked with would be well advised to buy their children machines that allowed them to work their muscles while creating saleable articles, rather than just completing the physical exercises prescribed by physiotherapy. The machine would allow the child to make something useful, activities that she described as “character building.”²²⁵ Goodman believed that as future citizens, children must be prepared to take on the role of the possessive individual, not rely on anyone but themselves, and focus on becoming economically-viable citizens for their country.

Mary Peck, another untrained wartime ward aide, is described by some clinician and popular historians as a founder of OT.²²⁶ As an upper-class woman from Montreal, Peck pursued philanthropic work founding the Canadian Handicrafts Guild (CHG) along with her friend and colleague May Phillips. Their goal was to stimulate the Canadian handicrafts and home industries. Like Goodman, Peck wrote about working with convalescent soldiers, work she took up in Montreal in 1916. But over a longer period, she worked with Montreal’s poor citizens from around the turn of the century into the 1930s. Her recollections

²²⁴ Goodman, “Corrective Work for Children,” 186.

²²⁵ Goodman, “Corrective Work for Children,” 184-185.

²²⁶ Pringle, “God Bless the ‘Girls,’” 48.

of both periods in her career reflect on the purpose of OT and craftwork, which for her was profitability for any group producing crafts. Like many progressive arts and crafts enthusiasts of her day, Peck observed how craftwork made people happier, wealthier, and uplifted them socially. As a result, the CHG held many craft exhibitions to showcase such products that provided an avenue for the poor to sell their work. The CHG paid for the costs of the exhibitions to allow craftsmen to benefit financially and so that “village industries” might improve. Embracing the ideologies of possessive individualism and progressivism, Peck boasted that this work would benefit the individual worker. Standards of work were kept high to ensure good work was produced, with members of the guild refusing to sell crafts unless they met this standard. She claimed that setting such standards resulted in the generation of over one million dollars, demonstrating the strength of this new industry and its benefit to the dominion of Canada.²²⁷ Peck’s views, though influenced by the arts and crafts movement,²²⁸ reflect in tone and content a liberal and progressive view of workers in Canada. With such influences, it is unsurprising that ward aides such as Peck and Goodman were primed to value economics within the delivery of OT programs.

Since Canadian OT was developed at the same time as American OT, both countries’ ward aides often shared their experiences with one another. Hazel Parkinson, a Canadian ward aide, wrote about her OT experiences for the

²²⁷ Mary A. Peck, “Handicrafts from Coast to Coast,” *Canadian Geographical Journal* 9, no. 4 (1934): 202-204, 208-212.

²²⁸ Canada’s Arts and Crafts movement was a response to the industrial age which had removed the artistic creative side of a human since machines produced the majority of goods. Art was seen to liberate the repressed industrial individual and promote their creativity which in turn promoted better health. It could also provide the poor with a skill to earn a living off of. Judith Friedland, “Why Crafts? Influences on the Development of Occupational Therapy in Canada from 1890 to 1930,” *The Canadian Journal of Occupational Therapy* 70, no.4 (2003): 206.

Wisconsin Journal of Occupational Therapy in 1925. Parkinson reminded Americans that OT in Canada was an outcome of the war. For Parkinson, OT programs had been created to ensure that men were beneficially occupied. Like others before her, Parkinson remarked that the majority of OT craftwork was done to push men into the vocational re-training workshop faster, and she wrote about how her patients loved their work so much that they hated when the workshop was closed for the weekend.²²⁹ Parkinson also wrote about her comrade Beatrice Robb, a ward aide working in Mount Sanatorium in Hamilton Ontario. Robb celebrated her patient's ability to make dolls. Although a questionable occupation for men, this craft was allowed because one patient won first prize at the Canadian National Exhibition.²³⁰ In Canada, most ward aides depicted men as enjoying OT, which taught them to become highly skilled craftsmen.

Another wartime ward aide, M. L. Perry, agreed with these depictions. Perry trained in 1918 in the first emergency training course for ward aides and worked in the Queen Alexandria Sanatorium and the War Memorial Children's Hospital from 1924 onwards. Using the skills she learned during her wartime OT experience, Perry taught both mentally-ill and child patients to produce marketable articles. Perry was also a supervisor for the Westminster Psychopathic Hospital in London, Ontario, which had a variety of industrial pursuits for occupational therapists to teach their patients. Ward aides often gave industrial work to their patients because industrial work would fetch a better price than craftwork. When ward aides like Perry transition into industrial trainers, this

²²⁹ Stead, "The Ontario Society of Occupational Therapy," 2, 6.

²³⁰ Stead, "The Ontario Society of Occupational Therapy," 5.

underscores again the persistent link between OT and vocational re-training, a connection that persisted well into the interwar period. Perry described Westminster's wide variety of classrooms, as well as a machinery room in the basement in which patients young and old could practice using turning lathes and band saws. It was essential that workers gain experience on such tools. As in wartime, patients received a small profit from each article sold as an incentive to work and produce quality products. Perry expressed little concern for OT's therapeutic value, stressing instead the economic success of the various programs she was associated with across Ontario.²³¹

Another ward aide with barely any time for therapeutic discussion was Edith Griffin. Griffin was an early graduate from the emergency ward aide course at the University of Toronto. She had a strong background in craftwork that resulted from her work with American OT leader Dr. Herbert Hall at Devereux Mansion in Marblehead, Massachusetts.²³² Emerging as a strong leader in Manitoba, Griffin worked at the Manitoba Military Convalescent Hospital in Winnipeg, founded the Canadian Society of Occupational Therapists of Manitoba, and taught a ward aide course in Toronto targeted at women going west to perform OT.²³³

Griffin viewed OT as a profession that had gone through a lot of trials, but had succeeded because OT returned a man back to his community as a useful member. Griffin found that the war had undermined Canada's position as a productive nation. All former combatant nations faced this problem and were

²³¹ Stead, "The Ontario Society of Occupational Therapy," 2-3.

²³² Allen Gerwing, "Crafting a Work Cure," 1-5.

²³³ Friedland, *Restoring the Spirit*, 137-139, 149-150.

trying to return to their previous levels of citizen productivity. Smaller jurisdictions were in line, searching for the same solution: if a man was sick and could not work, the community would help him so the community would prosper.²³⁴ Griffin saw handicrafts as a way to restore this state of citizen productivity. Like others before her, Griffin argued that crafts would do more than just strengthen weakened muscles; they could help a man earn a living wage. And the skills learned were transferable; as man could teach his children his newly-learned craft knowledge which would lead to more money for the family economy. Griffin even followed the traditional OT norm of manly crafts, cautioning any man she worked with to proceed with caution if he learned how to bead, sew, or knit, because these crafts were not considered possible male avenues of work. Craftwork was, for Griffin, gendered: in Canadian schools, boys would do wood work, metal working, and anything else considered a pathway to industrial work. By contrast, girls practiced knitting, sewing, weaving, and basket making, among other skills that would be useful in the home. OT continued the practice of gendered craftwork, as did the Canadian craftwork industry in general.²³⁵ Even those stuck in their homes would have home visits by ward aides. This way everyone was “an asset rather than a drain on the country.”²³⁶ For Griffin, OT gave new inroads to commercial success, new avenues of work, and new skills in production. OT had a high standard of craftsmanship, which allowed men to leave the hospital equipped to earn a good living. Provincial governments

²³⁴ Edith Griffin, “Some Results of Occupational Therapy with Regard to Health, Economics and General Welfare of a Community,” *Archives of Occupational Therapy* 1, no.4 (1922): 281-282.

²³⁵ Kidner, *Educational Handwork*, 11.

²³⁶ Griffin, “Some Results of Occupational Therapy,” 283-286.

like Manitoba encouraged OT in hospitals because in Griffin's words, "contentment with hospital life is not altogether desirable, these men must be encouraged to assume responsibilities."²³⁷

Wartime and interwar period ward aides shared similar goals for OT. They believed that their job was to rehabilitate a man and make him a useful Canadian citizen. Medicine was important, and practitioners did try to heal a man as much as they possibly could. However, their principal goal, learned from being part of an emerging Canadian liberal society, and from being taught by professional and bureaucratic OT leaders, was to push men to work and be economically independent. Ward aides realized that the state wanted any venture OT created, whether that be a standard re-training workshop or a sheltered employment workshop, to be economically profitable. Craftwork needed to fall into what was considered manly or industrial type work. Men needed to be efficient when learning a craft, and were only allowed to learn a few crafts so that they could be mastered. The stress put on economics and efficiency over medicine and therapeutics clearly demonstrates ward aides' priorities.

Conclusion

When Herbert Haultain took to the stage at the 25th Anniversary of the OSOT, the role of OT in Canada had undergone significant changes. The vibrant uniforms designed to inspire a man to take up his breadwinner role and seize his masculine independence through work, had been replaced by plain uniforms that were more in line with the outfits of other female health professionals. In 1945,

²³⁷ Griffin, "Some Results of Occupational Therapy," 286-288.

occupational therapists were engaged in therapeutic activities and believed their profession was concerned with “the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life.”²³⁸ To this day, OT promotes holistic healing as a founding principal, along with its new goal of making people’s lives worthwhile.

The goal of this report was to demonstrate through the writings of OT’s bureaucratic leaders, professional leaders, and the ‘Girls in Green’ that early forms of institutionalized OT did not principally serve a therapeutic purpose. Adopted in the military hospital system during the later years of the First World War, OT’s focus was on restoring men to their status as independent breadwinners and manly citizens who would not need state support in the form of pensions or welfare payments. OT was an introductory stage to industrial work, a stage in recovery that instilled a desire to work. The programs were short, and efficiently designed by bureaucrats with engineering backgrounds in consultation with physicians. This would ensure that the overall program of rehabilitation would be inexpensive, and return to the workforce could be achieved in a timely manner. Over the interwar period, and certainly by the time World War II came to a close, OT was brought increasingly under medical leadership. But for the first decade of its professional expansion as a new field of rehabilitation, liberal economics inspired leaders to use the profession to satisfy the needs of industry

²³⁸ Canadian Association of Occupational Therapists, “Definition of OT,” Canadian Association of Occupational Therapists, <http://www.caot.ca/default.asp?pageid=1344> (accessed June 27, 2016).

and insurance companies by teaching craftwork, moving quickly into industrial re-education. This, they believed, would restore a man to his former occupation faster than if he was just left to his own devices in a hospital. As this report has detailed, these activities can be interpreted through the theoretical lens of possessive individualism, a liberal theory present in early 20th-century Canada that was modelled around respecting an individual's independence.

This expands on the work of clinician-historians, especially those writing since the 1980s, who advance a narrative about Canadian OT that situates it within a medical model. Canadian OT programs, like American OT programs, were designed to mentally, physically, and spiritually heal a person through work. In Canada, they argue, federal and provincial governments realized that soldiers required holistic healing of the mind, body and spirit, after which they would take up vocational re-training. OT was a medical occupation and a therapeutic field. While this was in part true, what is under-emphasized is the degree to which OT fit into the process and goals of vocational re-training, which began the process of restoring a man to work. Though OT was partly overseen by doctors, they were not concerned with healing the soldier, but instead were used as judges to see if the soldier could "handle" working. Early aides were barely trained in any sort of medical body of knowledge, instead receiving instruction in craft skills and industrial education. Federal and provincial governments wished to create a rehabilitation program that was cost- and time-efficient, one that would restore a large proportion of Canada's working population to their previous status. Academic historians writing on soldier rehabilitation recognized this element of

OT work, but did not deeply examine OT's connection to an efficient rehabilitation plan. Thus, this report advances our understanding of the history of First World War rehabilitation, by placing OT work within this narrative.

Broken down into three thematic sections, this report re-considered the writings from the health service bureaucrats, the opinions of emerging professional and clinical leadership within nascent OT, as well as the thoughts and retrospectives of several ward aides themselves. This three-part analysis provided a better and more complete understanding of the medical and social goals for OT. Each section demonstrated the ways in which OT was created to introduce light work to injured men before they took on heavier industrial work. Aides were to be encouraging, but strict in their interactions with these men to ensure they returned to their working state in a timely manner. And they more or less adopted these principles, helping soldiers produce articles of the highest quality to ensure a high margin of profitability. In the post-war period, the program's clientele grew with insurance companies, businesses, and even the state seeing merit in using OT to assist in the care of children, the disabled, the mentally ill, those suffering from an industrial accident, and even the elderly. Occupational therapists' work became even more focused on industrial-type crafts in an effort to assist these groups in achieving economic independence. While all early OT participants would agree that OT had therapeutic value by curing men of their idleness, this "curative" approach had less to do with physical healing and more to do with making a man functional on his own in an industrial workspace.

The state, at both federal and provincial levels, played a central role in shaping OT work toward liberal ends. Through examining the writings of federal bureaucratic leaders like Segsworth and Kidner, this report underscored how OT was an economic tool of the state. It highlighted Segsworth's instrumental role in creating OT programs that supported craftwork with some commercial value. Influenced themselves by the liberal order framework, bureaucrats saw OT as a regimen that served industrial goals. Segsworth's obsession with efficiency allowed the program to meet these criteria for success; many soldiers were rehabilitated back to an independent lifestyle in a timely and economical fashion. His colleague Thomas Kidner, though often portrayed as someone who advanced the therapeutic goals of this new field over the economic, can be seen in these years as expressing vocational views similar to Segsworth. Kidner worked hard in Canada to ensure that his OT programs aided convalescent soldiers, while advancing the breadwinner ideology into their minds. Indeed, until the late 1920s, key OT leadership roles were filled by engineers, in association with educators and doctors who followed the precepts of efficiency where profit from working was the most important element of OT.

Although it would seem that doctors would be the most interested in advancing the therapeutic elements of OT, most stressed OT's vocational and industrial values to help further their own position as leaders in Canadian society. Incorporating OT into the medical field allowed doctors to control a profession that helped the state rebuild their breadwinners. As for the women who became ward aides, little value was placed on their medical training and therapeutic

abilities. Instead, they were valued for their ability to inspire men to cast off the “child-like state” of convalescence and return to work. Ward aide courses taught aides that their job was vocational, and the courses continued to push the vocational value of OT in the post-war period to address all types of injuries and mental illnesses. Ward aides themselves did not discuss OT’s medical or healing aspects. Instead, their focus was on restoring their patients to a working standard, or even improving their vocational and industrial skills. Aides stressed efficient and high quality industrial work, resulting in them sometimes crossing professional boundaries to take on the role of a vocational trainer. They took pride rehabilitating Canadian workers.

Future historians may apply the lens of possessive individualism in other jurisdictions to see how the precepts of liberalism influenced and shaped the early therapeutic aims of the new and emerging field of OT. A systematic comparison of Canadian and American wartime OT programs would make for a fascinating study. More work might also be done on the role of engineers in shaping the field, seeing if engineers wanted to control early OT for the same reasons that doctors wanted to in the post-war period - to advance their own professional goals. Finally, a systematic analysis of the connection between OT and insurance programs would make for an important study. A majority of OT post-war sources cite insurance programs as one of their motivating factors for pushing economic considerations in program goals. It would be worth exploring how much insurance programs shaped the formation of OT.

This report's re-interpretation of early Canadian OT goals and programs underscores the ways in which OT does not just have a medical and restorative legacy, but has often found its place and value as a field that can support a workforce. During the First World War, the 'Girls in Green,' even if not fully-fledged medical practitioners, still saw a great value in their work. They were proud to be making a difference in Canadian society by helping the male population have a hopeful, prosperous future in a job field that would allow them to fulfill their role as middle class breadwinners. Thanks to Haultain, they looked great while doing it. Canadian citizens were lucky to have such fashionable women safeguarding Canada's workforce.

Bibliography

- Bledstein, Burton J. *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America*. New York: Norton, 1976.
- Burnette, Norman. "Invalid Occupation as a Guide to the Vocational Fitness of the Handicapped." *Canadian Journal of Mental Hygiene* 1 (1919): 227-31.
- *Invalid Occupations in War Hospitals*. Toronto, 1919.
- "Occupational Therapy and Mental Hygiene." *Mental Hygiene Bulletin* 1, no. 3 (1921): 18-30.
- "The Status of Occupational Therapy in Canada." *Canadian Journal of Occupational Therapy* 53 (1986): 6-8.
- Canadian Association of Occupational Therapists. "Definition of OT." Canadian Association of Occupational Therapists. <http://www.caot.ca/default.asp?pageid=1344> (accessed June 27, 2016).
- Carens, Joseph H. "Chapter 1 – Possessive Individualism and Democratic Theory: Macpherson's Legacy." In *Democracy and Possessive Individualism: The Intellectual Legacy of C.B. Macpherson*, 1-18. New York: State University of New York Press, 1993.
- Christie, Nancy. *Engendering the State: Family, Work, and Welfare in Canada*. Toronto: University of Toronto Press, 2000.
- Colman, W. "Looking Back: Recruitment Standards and Practices in Occupational Therapy, 1900-1930." *American Journal of Occupational Therapy* 44, no.8 (1990): 742-748.
- Corsini, Raymond J., and Danny Wedding. *Current Psychotherapies*. Belmont: Brooks/Cole, 2011.
- Department of Soldiers' Civil Re-Establishment. "Reconstruction: A Bulletin Published by the Department of Soldiers' Civil Re-Establishment for the Information of all Interested in the Welfare of Canada's Returned Soldiers – April 1918." In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, 1-16. Edited by Department of Soldiers' Civil Re-Establishment. Ottawa: J. De Labroquerie Tache, 1919.

Department of Soldiers' Civil Re-Establishment. "Reconstruction: A Bulletin Published by the Department of Soldiers' Civil Re-Establishment for the Information of all Interested in the Welfare of Canada's Returned Soldiers – May 1918." In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, 1-16. Edited by Department of Soldiers' Civil Re-Establishment. Ottawa: J. De Labroquerie Tache, 1919.

Department of Soldiers' Civil Re-Establishment. "Reconstruction: A Bulletin Published by the Department of Soldiers' Civil Re-Establishment for the Information of all Interested in the Welfare of Canada's Returned Soldiers – June 1918." In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, 1-16. Edited by Department of Soldiers' Civil Re-Establishment. Ottawa: J. De Labroquerie Tache, 1919.

Department of Soldiers' Civil Re-Establishment. "Reconstruction: A Bulletin Published by the Department of Soldiers' Civil Re-Establishment for the Information of all Interested in the Welfare of Canada's Returned Soldiers – July 1918." In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, 1-16. Edited by Department of Soldiers' Civil Re-Establishment. Ottawa: J. De Labroquerie Tache, 1919.

Department of Soldiers' Civil Re-Establishment. "Reconstruction: A Bulletin Published by the Department of Soldiers' Civil Re-Establishment for the Information of all Interested in the Welfare of Canada's Returned Soldiers – September 1918." In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, 1-16. Edited by Department of Soldiers' Civil Re-Establishment. Ottawa: J. De Labroquerie Tache, 1919.

Dowbiggin, Ian. "Prescription for Survival: Brock Chisolm, Sterilization, and Mental Health in the Cold War Era." In David Wright and James E. Moran. *Mental Health and Canadian Society Historical Perspectives*. Montreal: McGill-Queen's University Press, 2006.

Dunlop, William J. "A Brief History of Occupational Therapy." *Canadian Journal of Occupational Therapy*, 1, no. 1 (1933): 6-10.

--- "Occupational Therapy – A Career for Young Women." *Social Welfare* 10, no. 12 (1928): 271-272.

- Durflinger, Serge Marc. *Veterans with a Vision: Canada's War Blinded in Peace and War*. Vancouver: UBC Press, 2010.
- Fagile Low, J. "The Reconstruction Aides." *American Journal of Occupational Therapy* 46, no.1 (1992): 38-43.
- Farrar, C.B. "Rehabilitation in Nervous and Mental Cases among Ex-Soldiers." *Canadian Journal of Occupational Therapy* 7, no.1 (1981): 17-25.
- Frank, G. "Opening Feminist Histories of Occupational Therapy." *American Journal of Occupational Therapy* 46, no. 11 (1992): 989-99.
- Friedland, Judith, and Hadassah Rais. "Helen Primrose LeVesconte: Occupational Therapy Clinician, Educator, and Maker of History." *The Canadian Journal of Occupational Therapy* 72, no. 3 (2005): 131-41.
- Friedland, Judith, and Naomi Davids-Brumer. "From Education to Occupation: The Story of Thomas Bessell Kidner." *The Canadian Journal of Occupational Therapy* 74, no. 1 (2007): 27-37.
- Friedland, Judith. "Hilda Goodman." Canadian Association of Occupational Therapists. <http://www.caot.ca/default.asp?pageid=2115> (accessed March 18, 2016).
- "Occupational Therapy and Rehabilitation: An Awkward Alliance." *The American Journal of Occupational Therapy* 52, no. 5 (1998): 373-80.
- *Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890-1930*. Montréal: McGill-Queen's University Press, 2011.
- "Why Crafts? Influences on the Development of Occupational Therapy in Canada from 1890 to 1930." *The Canadian Journal of Occupational Therapy* 70, no.4 (2003): 204-13.
- Gass, Clare. *The War Diary of Clare Gass 1915-1918*. Edited by Susan Mann. Montreal: McGill-Queen's University Press, 2000.
- Gerwing, Alyssa M. Allen. "Crafting a Work Cure?: Herbert James Hall and the Origins of Occupational Therapy, 1904-1923." Master's Thesis, University of New Brunswick, September 2015.
- Gibbon, M. "History of Occupational Therapy in the Maritimes." *Canadian Journal of Occupational Therapy* 7, no 2 (1940): 73-74.

- Goodman, Hilda. "Corrective Work for Children." *Occupational Therapy and Rehabilitation* 2, no. 3 (1928): 181-188.
- Government of Canada. *Report of the Work of the Invalided Soldiers' Commission, Canada*. Ottawa: J. de L. Taché, 1918.
- Greenlee, J.G. *Sir Robert Falconer: A Biography*. Toronto: University of Toronto Press, 1987.
- Griffin, Edith. "Some Results of Occupational Therapy with Regard to Health, Economics and General Welfare of a Community." *Archives of Occupational Therapy* 1, no.4 (1922): 281-289.
- Gutman, S.A. "Influence of the U.S. Military and Occupational Therapy Reconstruction Aides in World War 1 on the Development of Occupational Therapy." *American Journal of Occupational Therapy* 49, no. 3 (1995): 256-62.
- "Occupational Therapy's Link to Vocational Re-Education, 1910-1925." *American Journal of Occupational Therapy* 51, no. 10 (1997): 907-15.
- Haultain, H.E.T. "New Notes: Address by H.E.T. Haultain at 25th Anniversary of the Ontario Society of Occupational Therapist." *Canadian Journal of Occupational Therapy* 11 (1945): 57-59.
- "Industrial Rehabilitation." *Canadian Medical Association Journal* 8, no. 8 (1918): 703-705.
- Howell, Colin D. "Medical Professionalization and the Social Transformation of the Maritimes, 1850-1950." *Journal of Canadian Studies* 27, no. 1 (1992): 5-20.
- Howland, Goldwin. "Editorial." *Canadian Journal of Occupational Therapy* 1, no. 1 (1933): 4-5.
- "Occupational Therapy." *Occupational Therapy and Rehabilitation* 5, no. 6 (1926): 407-17.
- "The President's Address at the Annual Convention Canadian Association of Occupational Therapy, 1933." *Canadian Journal of Occupational Therapy* 1, no. 2 (1933): 4-6.
- "The Value of Occupational Therapy in Nervous Diseases." *Occupational Therapy and Rehabilitation* 8 (1929): 317-320.

- Invalided Soldiers Commission. "Reconstruction: Bulletin Published by the Invalided Soldiers Commission for the Information of all Interested in the Welfare of Canada's Returned Soldiers – March 1918." In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, 1-16. Edited by Department of Soldiers' Civil Re-Establishment. Ottawa: J. De Labroquerie Tache, 1919.
- Jenkins, Jane E. "Baptism of Fire: New Brunswick's Public Health Movement and the 1918 Influenza Epidemic." *Canadian Bulletin of Medical History* 24, no. 2 (2007): 317-342.
- Kantor, H. and D. B. Tyack, ed. *Work, Youth and Schooling: Historical Perspectives on Vocationalism in American Education*. Stanford: Stanford University Press, 1982.
- Kidner, Thomas Bessell. "Accommodation for Occupational Therapy in Federal Tuberculosis Sanatoriums." *Modern Hospital* 18 (1922): 292-4.
- Editorial. *Archives of Occupational Therapy* 1 (1922): 499-502.
- *Educational Handwork*. Toronto; Educational Book Co., 1910.
- "President's Address." *Archives of Occupational Therapy* 3 (1923): 415-424.
- "Vocational Work of the Invalided Soldiers' Commission of Canada." *Annals of the American Academy of Political and Social Science* 80 (1918): 141-149.
- Kilgour, D., ed. *A Strange Elation: Hart House, the First Eighty Years*. Toronto: University of Toronto, 1999.
- Laws, Jennifer. "Crackpots and Basket-Cases: A History of Therapeutic Work and Occupation." *History of the Human Sciences* 24, no. 2 (2011): 65-81.
- LeVesconte, Helen. "Expanding Fields of Occupational Therapy." *Canadian Journal of Occupational Therapy* 3, no.1 (1935): 4-12.
- "An Experiment in Pre-Industrial Work for Chronic Women Patients." *Occupational Therapy and Rehabilitation* 13, no. 5 (1934) 317-323.
- "Dr. Goldwin W. Howland." *Canadian Journal of Occupational Therapy* 17, no. 3 (1950): 67-70.
- *Guideposts of Occupational Therapy*. Toronto: University of Toronto Press, 1959.

- "Our Basic Tools of Treatment." *Canadian Journal of Occupational Therapy* 15 (1948): 52-54.
- "School Section: University of Toronto." *American Journal of Occupational Therapy* 1, no. 1 (1947): 49-51.
- "Some Aspects of Rehabilitation in Canada." *Canadian Journal of Occupational Therapy* 22 (1955): 47-53.
- Link, Arthur S., and Richard L. McCormick. *Progressivism*. Arlington Heights: Harlan Davidson, Inc., 1983.
- Linker, Beth. *War's Waste: Rehabilitation in World War I America*. Chicago: University of Chicago Press, 2011.
- Lougheed, James A. *Military Hospitals Commission Canada: Special Bulletin April 1916*. Ottawa: Military Hospitals Commission of Canada, 1916.
- Macpherson, C. B. *The Political Theory of Possessive Individualism: Hobbes to Locke*. Oxford: Clarendon Press, 1962.
- McColl, M.A. "Holistic Occupational Therapy: Historical Meaning and Contemporary Implications." *Canadian Journal of Occupational Therapy* 61, no. 2 (1994): 72-78.
- McKay, Ian. "The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History." *Canadian Historical Review* 81, no. 4 (2000): 616-645.
- McQuay, Erin. "Dr. Goldwin Howland (1875-1950)." Canadian Association of Occupational Therapists. <http://www.caot.ca/default.asp?pageid=2096> (accessed March 18, 2016).
- Metaxas, Virginia Anne. "Eleanor Clarke Slagle and Susan E. Tracy: Personal and Professional Identity and the Development of Occupational Therapy in Progressive Era America." *Nursing History Review* 8 (2000): 39-70.
- Military Hospitals Commission of Canada, James Alexander Lougheed, and E. H. Scammell. *The Provision of Employment for Members of the Canadian Expeditionary Force on Their Return to Canada and the Reduction of Those Who Are Unable to Follow Their Previous Occupations Because of Disability*. Ottawa: J. de L. Tache, 1915.

- Military Hospitals Commission Canada. "Reconstruction: A Bulletin Published by the Military Hospitals Commission for the Information of all Interested in the Welfare of Canada's Returned Soldiers – November 1917." In *Reconstruction: A Magazine Dealing with the Work of the Military Hospitals Commission and the Department of Soldiers' Civil Re-Establishment – November 1917 to December 1918*, 1-16. Edited by Department of Soldiers' Civil Re-Establishment. Ottawa: J. De Labroquerie Tache, 1919.
- Morton, Desmond, and Glenn Wright. *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life 1915-1930*. Toronto: University of Toronto Press, 1987.
- Morton, Desmond. "'Noblest and Best': Retraining Canada's War Disabled 1915-23." *Journal Of Canadian Studies* 16, no. 3 (1981): 75-85.
- Morton, Erin. "The Object of Therapy: Mary E. Black and the Progressive Possibilities of Weaving." *Utopian Studies* 22, no. 2 (2011): 321-340.
- Mullally, Sasha. "Competing Narratives: Clinician Histories of Occupational Therapy, 1947-1994." Paper Presented at the Social Science History Association Annual Meeting, November 13, 2015.
- Occupational Therapy and Rehabilitation. "Addresses at the Memorial Meeting for Thomas Bessell Kidner." *Occupational Therapy and Rehabilitation* 6, no. 6 (1932): 435-445.
- Parr, Joy. *The Gender of Breadwinners: Women, Men, and Change in Two Industrial Towns, 1880-1950*. Toronto: University of Toronto Press, 1990.
- Peck, Mary A. "Handicrafts from Coast to Coast." *Canadian Geographical Journal* 9, no. 4 (1934): 201-16.
- Primrose, Alexander. "Ontario Society of Occupational Therapy." *University of Toronto Monthly* 24 (1924): 292-293.
- "Ontario Society of Occupational Therapy: How a Lesson from the War Is Being Applied in Times of Peace." *University of Toronto Monthly* 25 (1925): 411-414.
- Pringle, G. "God Bless the 'Girls in Green!': Story of a New Vocation for Women – Occupational Therapy – in Which Dominion of Canada Leads the World." *MacLean's Magazine*, February, 22 1922: 48-52.

- Quiroga, Virginia Anne Metaxas. *Occupational Therapy: The First 30 Years 1900 to 1930*. Bethesda: The American Occupational Therapy Association, 1995.
- Reed, K., and S.N. Sanderson. "Occupational Therapy Values and Beliefs: The Formative Years: 1904-1929." *OT Practise* 2, no.7 (2006): 21-5.
- Robinson, Isobel M. "Muriel Driver Memorial Lecture 1981: The Mists of Time." *Canadian Journal of Occupational Therapy* 48, no. 4 (1981): 145- 152.
- Segsworth, Walter E. *Retraining Canada's Disabled Soldiers*. Ottawa: J. de L. Taché, 1920.
- Sexton, Frederick H. "Vocational Training for Returned Soldiers." *Morning Chronicle* (Halifax, Nova Scotia), October 27, 1915, 9.
- "Education for Industry in Nova Scotia." *Dalhousie Review* 1, no. 1 (1921): 66-74.
- Stead, Ada. "The Ontario Society of Occupational Therapy." *Wisconsin Journal of Occupational Therapy* 2, no. 2 (1925): 2-9.
- Strong-Boag, Veronica. "Making a Difference: The History of Canada's Nurses." *Canadian Bulletin of Medical History* 8, no. 2 (1991): 231-48.
- The Globe and Mail. "Mr. Segsworth Resigns Vocational Training: He Has Been Director Since July, 1917- To Represent Canada at Home." *The Globe and Mail* April 7, 1919, 11.
- The Globe and Mail. "To Remedy Conditions of Reservists Here: Their Allowances, On Imperial Basis, Less Than the Canadian." *The Globe and Mail* May 30, 1919, 4.
- Todd, J.L. "Returned Soldiers and the Medical Profession." *Canadian Medical Association Journal* 7, no. 4 (1917): 343-355.
- Twohig, Peter. "Once a Therapist, Always A Therapist: The Early Career of Mary Black, Occupational Therapist." *Atlantis* 28, no. 1 (2003): 106-17.
- Utku, M. Kemal. "The Theory of Possessive Individualism." *Atilim Sosyal Bilimler Dergisi* 2, no. 2 (2012): 91-93.
- Yerxa E., and G. Sharrott. "Liberal Arts: The Foundation for Occupational Therapy Education." *American Journal of Occupational Therapy* 40, no. 3 (1986): 153-59.

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