



Pedro Moruno Miralles • Miguel Ángel Talavera Valverde

Compilers

Occupational Therapy

An historical perspectives

90 years after its establishment

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Occupational Therapy: An historical perspective. 90 years after its establishment.

Review_

To Coruña, 15 of March of 2007.

In the occasion of the commemoration of the 90 anniversary of the Occupational Therapy, the Board of directors of the Galician Professional Association de Occupational Therapist we want to thank for the effort and dedication of all those people who have made possible that this Monographic one of History comes to the light.

And very specially to you, Migue, that still memory when in a coffee you told me what then it seemed to me little less than an utopia. Without a doubt, you have obtained it.

TOG is not only the Magazine of the Galician Association de Occupational Therapist but a point of contact and union of professionals of different places and cultures. Hopefully, we continue growing, from the ambition, but with the rigor and the ethics that our precise discipline.

Thus, today, from the APGTO, we want to watch back... Because we know that our reality comprises of the history, and that with her we recovered our essence and we conformed our identity.

Of the memory, a nostalgia bridge is elevated by which we slid until entering to us in its sine, losing to us in the origins of the time, ours to do, our profession, our heroes, the events that have revolutionized and seated our discipline. Yes, we want to return the glance so that the memory does not disappear of which we were, from that in which we believed and reason why we fought.

We want to know yesterday to improve the morning, and that the past and future engage in a dialog, following one another...

... Because history is constructed in the day to day...

... All we are part of this Monographic one! ...

Happy Anniversary.

Dña. Nereida Canosa Domínguez.

President of the APGTO.

Occupational Therapy: An historical perspective. 90 years after its establishment.

Mention this book

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Occupational Therapy: An historical perspective. 90 years after its establishment.

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Occupational Therapy is a changing science. As the new researches and the theoretical and clinical experience progress, our knowledge grows. The compilers of the work and the authors of the chapters have verified all the information with reliable sources in order to make sure that it is complete and appropriated to the accepted standards in the moment of the publication. Still, because of a possible mistake in the transcription or in the data compilation, we recommend the reader to confirm them with other sources.

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We want to show our gratitude to the people that visit www.revistatog.com. This book is the result of an effort of its compilers and authors, as well as of the commitment of the APGTO, TOG Review and the UDC (in the stage of translation). To use the material offered by this monographic confirmation by the TOG Review through the e-mail address miguelrevistatog@yahoo.es is necessary, as well as the required reference of the monographic and the TOG Review.

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TOG Review tries to have a specific structural and methodological body to be able to offer to its readers a scientific rigor, becoming this way in one, amongst others, of the current knowledge sources.

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Mr Pedro Moruno Miralles and Mr Miguel Ángel Talavera Valverde, compilers of this monographic, want to acknowledge the effort carried out by Professional Associations of Occupational Therapy, Professional Occupational Therapists' Associations, entities in charge of the promotion of Occupational Therapy and Universities where the Occupational Therapy studies develop in order to make this possible, as well as their collaboration with the support and spreading of this proposal.

We appreciate its collaboration a:

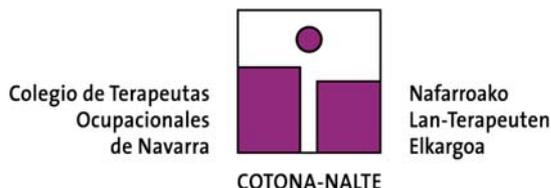
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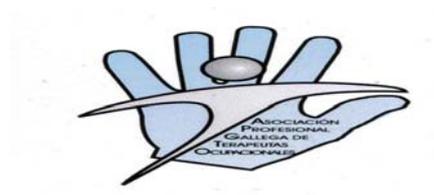


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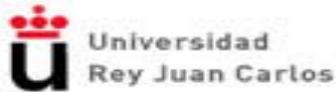


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⁴ CNDEUTO stands for Conferencia Nacional de Directores de Escuelas Universitarias de Terapia Ocupacional, that is, National Conference of Principals of Occupational Therapy University Schools, translator's note.

⁵ APUMEFYR stands for Asociación de Profesores Universitarios de Medicina Física y Rehabilitación, that is, Association of Lecturers in Physical Medicine and Rehabilitation, translator's note.

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Prologue_

MENTIONING THIS CHAPTER

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The study that we present you in these pages is fruit of the wish of keeping on wondering and reflecting on the so-called sciences of health and, particularly, on occupational therapy.

From our point of view, revising once more the events and possibility conditions that forged and supported the beginnings and development of occupational therapy, is still a venture full of sense for occupational therapists nowadays. Studying our history also implies wondering about the meaning of our daily practice, its political, ethical and aesthetic implications, it implies wondering about the individual we address to, about the idea of health to which we aim and about the way in which the occupation can have an influence on it. This is this way as long as we think that a certain clinical practice, in our case, the occupational therapy, is not oblivious to the circumstances in which it takes place and, by no means, neutral regarding the individuals to whom it is addressed. Therefore, making history is to think about ourselves in a time and in a place, in order to acquire enough perspective to be able to identify those

influences that shaped and shape our professional tasks, as well as the consequences of our acts.

When we have had to design the structure and contents of this study, the compilers have deliberately tried to leave the door open to different perspectives and sensitivities –not only from our discipline but also from other related areas of knowledge– about the form and mission of the historiographic task. Therefore, along these pages you would find very different –even conflicting– ideas, interpretations and approaches about the subject that occupies us. We have no intention at all of pontificating in this regard; on the contrary, we would be very satisfied if we would be able to attain that the texts we present to you, its arguments and postulates, will give rise to a debate about the sense of the history, the ideas and the practices of occupational therapy.

With this intention we have tried to count on the collaboration of authors with a consolidated prestige and long experience in the study of the history of occupational therapy. This task has not been an easy one and, unfortunately, as you will have the opportunity to corroborate, it eventually was unsuccessful. We have not been able, due to several reasons, to obtain the participation of indispensable authors to tackle the study the history of occupational therapy. Nevertheless, we have been able to count on the invaluable participation of Gary Kielhofner and Suzzane Peloquin, who are, without any doubt, two essential referents in the study of the history of occupational therapy in the United States. Pioneering authors in the study of the history of occupational therapy in Spain and some teaching professionals, researchers and occupational

therapists, the most intellectually inquiring ones from our country, have also collaborated. I wouldn't like to finish this brief introduction without highlighting the excellent work carried out by Miguel Ángel Talavera in the making of this document, without his spirit and passion it would have been impossible the fact that this project reached a successful conclusion. I would like to show all them my gratitude for their generous contribution.

Mr. Pedro Moruno Miralles.

Preface_

POLITICAL PRESENT TIME IN THE ADMINISTRATION OF THE SPANISH OCCUPATIONAL THERAPY (OT)

Mr. Sergio Santos del Riego

MENTIONING THIS CHAPTER

Santos del Riego, S. Political present time in the administration of the spanish occupational therapy (ot). In: Moruno Miralles P, Talavera Valverde MA, compilers. Occupational therapy: an historical perspective. 90 years after its creation [monograph in Internet]. TOG (To Coruña): APGTO; 2007. p. page 18-36 [date]. Available in: www.revistatog.com

"A preface is a state of mind. Writing a preface is as sharpening the sickle, as tuning the guitar, as speaking to a boy, as spitting out the window. One does not know neither how nor when the desires take possession of one, the desires of writing a foreword, the desires of these slight sub noctem susurri"

Søren Kierkegaard, *Prologues*

The First World War was worse than any other war of the last history. In this international conflict more people died and there was more wounded and mutilated of war than never. The disability and the death arrived with the new warlike technologies in a brutal way. Also, the absence of basic need satisfaction was cause of illness and dependence. Possibly, the frustration and

the powerlessness generated by the handicap gave cause and they enlarged to the Occupational Therapy (OT). Each small achievement, each objective successful, it charged a huge dimension, so much in the field of the biological as in the psico-affective and social. This warlike context was the cultivation in which the previous inheritance and the common interests of women and men, with different personal trajectories, they converged signing the "*National Society of the Promotion of Occupational Therapy*" in the Consolation House in Clifton Springs (New York) in 1917. The place and the date have been considered the fundacional act with future projection that, during the 20th century, translates, turns and modernizes the therapeutic use of the proposition occupational activity.

The day March of 2007, 15 the OT of the World celebrates at the same time the 90 anniversary of the creation of the OT and pays homage in the names of George Edward Barton, William Rush Dunton, Eleanor Clarke Slage, Susan Cox Johnson, Thomas Bissel Kidner, Isabel G. Newton and Herbert J. Hall, to all the women and men involved in this project without borders, historical, sanitary and social. This commemoration acquires special relevance in Spain, because in the course of the year 2007 have been foreseen to carry out a new historical turn that will solidify the great impulse that the spanish OT has had in the last fifteen years. In a marked scenario by the process of university teaching transformation, the OT is living important changes that are allowing to developed as degree and, therefore, as profession. Spain is the european country that more has grown in this matter in two last decades and the future perspectives are unbeatable. This growth is observed gradually in all the fields

where it is carried out the professional activity, although initially in an unbalanced way.

The guarantee to this statement is in the important paper that successively goes assuming the OT in the Spanish sanitary and social attention, and in the influence of the doctrinal body of the profession in the International Classification of the Operation (2001) and in the legal Systems europeans of Promotion of Personal Autonomy and Attention to People in situation of Dependence, system whose virement has been approved recently in Spain and that it will be implemented in the year 2007; and by the progressive commitment and all the professionals' participation and of many professors of OT in the fields of the attendance, teaching, research and administration.

In short, during the 19th century, the establishment of the philosophy of performance of the OT by the employment of the moral treatment in people with psychic disability and in the 20th century, the modern OT, already as such, centred progressive and fundamentally in the attention to people with physical disability. We are privileged observers and active individuals of how the spanish OT goes positioning and consolidating during the present century, placing the bases for its professional development as much in the disability as in the social marginalization. Besides, it has been assumed the challenge of adapting the formation from OT to the principles of the european convergence and the politicians of quality that are modulated from the "*European Association for Quality Assurance in Higher Education*" (ENQA).

According to documentation emitted by the responsible people for the spanish Ministry of Education and Science (MEC), soon it will be reality the Royal Decree

with the guidelines of the new Licentiate of OT (Degree). This way, in the course 2006-2007, it will be promoted the collective reflection and the integration of the professional competitions carried out by the National Conference of Directors of University Schools of OT (CNDEUTO) together with the competitions of the "*European Network Occupational Therapy Higher Education*" (ENOTHE). In 2007-2008, each university centre and the professional context partner of their environment they will be able to implement the new and specific study plan of the OT Degree adapted to the European Space of Higher Education. We will be prepared in 2008-2009 to begin with the new degree and take back –found again to improve - the Spanish OT.

In this effervescent context, a group of Spanish prestigious occupational therapists, many of them with educational and investigating university responsibilities, and other related professionals, they have decided to pay homage without palliatives to that fundacional constitution with the present memory, to favor the consolidation of the Spanish OT faced with the world and in order to promote the intra and interprofessional social conscience.

Among others they are: Dulce Romero Ayuso, Occupational Therapist, expert in Neuropsychology, Doctor in Psychology and teacher to complete time of the Centre of University Studies of Talavera de la Reina; Pablo Cantero Garlito, Occupational Therapist of the Center of Psico-social Rehabilitation of Plasencia and Social Educator; Pedro Moruno Miralles, Occupational Therapist, Doctor in Psychology and Senior Lecturer of the Center of University Studies of Talavera de la Reina; Jorge Castro Tejerino, Doctor in Psychology, associated teacher in

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To this homage prestigious americans occupational therapists, world reference of the OT of all well-known have added, as Suzanne Peloquin of the University of Texas (Galveston) and Gary Kielhofner of the University of Illinois (Chicago). And many therapists and professors of OT that have wanted to be part somehow in the reminder of images for the history.

I estimate that the monograph existence answers to the need and the collective emotional boost that there is in Spain of making an exhausted tribute to the international historical performances in OT and a recognition to people and the main involved countries in the related landmarks. We consider ourselves heirs of many of these changes and it is worthy to know and thank the collective past and remember their merits openly. The history of the North American OT and of some European northwestern countries is the conductive thread with which the Spanish OT is connected.

Knowing the history is to adapt and flow from her. Knowing the history is to avoid past errors. Knowing the history is to assume the past. Knowing the history is to improve and to impel the future. Knowing the history is to settle on solid bases. Knowing the history is to pay tribute to their active agents, ...to the prestigious workers and to the silent ones. Knowing the history is to take part. This monograph that commemorates the 90 anniversary of the creation of the OT wants to answer to this objectives through the development of a programme that covers current aspects of this profession and a commented photo album by way of historical memory. We have served for their making as three concept keys: disability, history and commitment, respecting both the model biopsicosocial of holistic approach to the user/customer and the multi-professional interdisciplinary model.

In short, we are also heirs of the world history of OT. That history that flows from the world and arrives in Spain in 1961, when the Drs. Cecilio González Sánchez, Heliodoro Ruiz García and Manuel Oñorbe Garbayo, pioneers and

advanced of the Physical Medicine & Rehabilitation, they put into operation the National Occupational Therapy School (ENTO) in the National Dispensary of Rehabilitation of Madrid. However, the Cuban and commissioned occupational therapist of the World Organization of the Health (OMS), Mercedes Abella, was who began to impart the specific subjects of OT.

In 1990, it is published the Royal Decree 1420/1990 in which that the official university degree of Graduate in OT and the own general guidelines are established. The conversion of the OT in an university degree has been in Spain of crucial importance for the exponential growth that we are living. It is licit to mention that these changes are fruit of the knowledge and they have their genesis in historical roots.

At the present time, the degree is given in eighteen Spanish universities, in which nine hundred people are formed for course. The university centres that modulate all our effort and fulfil, by creation order: the University School of Sciences of the Health of the University of Zaragoza, the Faculty of Medicine of the Complutense University of Madrid, the Escola Universitària Creu Roja - centre adscrit of the Universitat Autònoma of Barcelona located in Terrassa, the Center of University Studies of the University of Castilla La Mancha in Talavera de la Reina, the Faculty of Sciences of the Health of the University Rey Juan Carlos from Madrid (Alcorcón), the Faculty of Sciences of the Health of the University of Coruña, the University School of Nursing and Occupational Therapy of the University of Extremadura in Cáceres, the Faculty of Sciences of the Health of the University Alfonso X el Sabio in Madrid (Villanueva de la Cañada), the University School of Sciences of the Health of the University of

Vic, the University School of Sciences of the Health of the University of Granada, the Faculty of Psychology of the University of Salamanca, the Superior Centre of University Studies La Salle ascribed to the Autónoma University of Madrid, the Faculty of Medicine of the University Miguel Hernández of Elche (Alicante), the Faculty of Sciences of the Health, the Physical Activity and the Sport of the Catholic University San Antonio of Murcia, the Faculty of Humanities and Education of the University of Burgos, the University School of Education Padre Enrique Ossó of the University of Oviedo, the Faculty of Psychology and Sciences of the Health of the Catholic University of Valencia San Vicente Mártir and the University School of Sciences of the Health of the University of Málaga. The university centres join their wills and efforts in the CNDEUTO, being the combined work, the commitment and the dedication what has favored the advance of the university OT in Spain in the last years. It is evident the fact that the advances are greater from the added efforts than from the isolated and endogamic ones. The CNDEUTO arises as association in the beginnings of the year 1999 under the guidance and good work of the maximum representatives of the Faculty of Medicine of the Complutense University of Madrid, being ratified its conformation by means of the approval of its statutes in meeting that took place in the University School of Sciences of the Health of the University of Zaragoza during that same year. In 2004, the Faculty of Sciences of the Health of the University of Coruña assumes the fourth national presidency of this organization. It is licit that I thank openly to the Dean of the same one, Prof. Dr. Jorge Teijeiro Vidal, that has demonstrated

their trust delegating this important function in my person, allowing me to enjoy directly as a privileged actor of the development of an unique process.

Since then, links have been narrowed with international associations, such as the "*World Federation Occupational Therapy*" (WFOT), the ENOTHE and the Latin American Conference of OT (CLATO); as well as with the national/autonomous spanish associations of professionals and of students of OT. In several occasions, it has been made participates the need of creation of the specific area of Knowledge of OT to the Spanish National Council of University Coordination (CCU), data that can be consulted in the official web page of the CNDEUTO whose URL is www.udc.es/grupos/cndeuto.

We thank from this preamble, on behalf of all the university centres, the unanimous support written to this initiative and the vote of confidence granted by all the organisms and institutions of OT of international and national relevance. From the CNDEUTO we also try to design strategies and maintain guidelines that favor the politicians of quality and excellence. At the present time, the European university is immersed in a transformation and harmonization process of the university systems that they were formally begun in 1998 with the Declaration of the Sorbonne, through a Declaration that the ministers of Education of France, Germany, Italy and United Kingdom signed.

After this first step, the Declaration of Bologna was signed one year later, subscribed by 31 States, main document that expresses the general lines by where the European Space should be developed, and after many meetings, the next conference will take place in London in 2007. It is sought that in 2010 is

installed in Spain a new system of superior education, convergent with 45 European countries (27 of which conform the European Union), competitive and attractiveness for the students, the professionals and the professors. The European universities must help to improve the social well-being in the call *society of the knowledge*.

Also, it will allow a better adaptation with other university systems in the world, like United States and different countries of Latin America and Asia. In this context, we have designed a title of Degree of 240 credits ECTS that has been summed up in the "White Book of OT" of the National Agency of Evaluation of the Quality and Spanish Accreditation (ANECA).

This new title will authorize us, in a short term of time, to carry out the convergence adapting us to the conventional number and quality of practices established by the WFOT, at the same time that the politicians of development of the Postgraduate degree continue being favoured. The spanish occupational therapists will be able to accede to the Master titles and Doctor with the stamp of the european convergence. The occupational therapist will be able to use, legally and without discussion, the research methodology, impelling and enlarging significantly the professional perspectives and the scientific possibilities. The CNDEUTO has confirmed the unanimous desire that the title of Degree of OT is summed up in a 4 year-old structure (240 ECTS), informing in writing to the competent authorities of the MEC, of the CCU and of the Vice-Chancellors of Spanish Universities Conference (CRUE).

A group of European universities in the halfway of the year 2000, assumed the challenge of Bologna and designed a project pilot called "*Tuning of the educational structures in Europe*" that is not framed inside the Sciences of the Health. In Spain, it is experienced and he/she carries out in the University of Deusto (Basque Country). This project looks for the reference lines that they allow to establish the general and specific competitions of the diverse titulaciones and the possible participation environments. The results of the study have been described as competitions: what he/she knows that knows and that it is able to demonstrate when concluding their university studies a student of TO. In Spain, it is experienced and carried out in the University of Deusto (País Vasco). This project looks for the reference lines that they allow to establish the general and specific competitions of the different degrees and the possible participation environments. The results of the study have been described as a competition: what a student of OT knows, what find out and what is able to demonstrate when concluding their university studies. From the knowledge to understanding, to the know how, to can stand and can be. From the knowledge, to the knowledge how, demonstrating how and when it makes. These are the general objectives.

For the achievement of the development of these processes is obliged to consult to all the associations and involved members. The educational and investigator personnel of the universities, the students, the professionals and the enterprisers must pronounce about the ability that they expect from the graduates and to find out which are the generic and/or specific qualities of a particular professional.

The consensus together with the fact of documenting all in writing are the concrete pillars of the politicians of quality. We must consider high-priority this double principle in order to guarantee the future of the standards of quality. After this initial experience, the fact of carrying out this project was valued in the environment of the integrated degrees in the Sciences of the Health. This way, the realization of the "*Tuning*" is impelled in the Degree of OT.

The European Commission invites to the ENOTHE to begin the task in 2003-2004. This association carried out the bulk of the work in 2005-2006, developing the academic and professional profiles, like the competences, adapting them to a program of Degree inside the area of Thematic Network of OT. We must point out that the CNDEUTO had carried out in Spain, and in advance to the ENOTHE, a "*Tuning*" of OT by own initiative and with the intervention of the ANECA, it being summed up in the publication of the White Book of Degree of OT. It established a chronogram by the responsible of the high organisms of Spain whose purpose coincided with the beginning of the project carried out by the ENOTHE.

In the Spanish "*Tuning*" the fourteen existent university centers in those moments, participated organized in four groups, working during the courses 2003/2004 and 2004/2005. As a result of this temporary divergence, the competitions published by the ENOTHE and for the CNDEUTO for OT were not exactly the same ones. Is this divergence enriching?. Must we respect the autonomous idiosyncrasy that has been expressed by differences cultural that

are evidenced in the results? Does the European Convergence include the professional profiles globalization, as well as of its competences?.

The answer, in words of the Prof. Hanneke Van Bruggen, executive director of the ENOTHE, is that: "*The essence in Europe is that the OT can handle diversity*". It is licit to mention that, in a first analysis, the main contrast between both studies revolved around the use of a different terminology; for example, the CNDEUTO doesn't speak of research in its, although the concept is implicit in what the scientific method is and in the clinical reasoning that they are both named. Neither it mentions the environments where they are applied (local, national and international). Although it is true that in the national study the different disciplines were broke down that contribute excellent knowledge for the OT; matter that was not approached in the study carried out by the ENOTHE. The CNDEUTO was not centred in any theoretical model. On the other hand, the ENOTHE doesn't use the adaptation term. Moreover, the used models are different, since the ENOTHE works according to the Canadian model, by what denominates to the user "client". That is to say, general and specific competitions exist, carried out both by the ENOTHE and CNDEUTO.

It should be completely clear that this fact doesn't imply neither a overlapping nor a confrontation between both associations. Ten of the eighteen university centres of the CNDEUTO are members of the ENOTHE. Also, and with the purpose of joining efforts, it has decided to continue promoting the communication bridges with the ENOTHE. The meeting ENOTHE/CNDEUTO that

taken place in the Catholic University of San Antonio in Murcia in March of 2006, has established an inflection point in this sense.

We consider that they are not divergent models but complementary and we think that the essence of the diverse points of view brings an enrichment for the university Degree of OT and, by extension, for the profession. For this reason, during the course 2006-2007, it is foreseen to deepen more in the comparative study of both models by part of the CNDEUTO, in order to which the implementation of the study plans during the academic period 2007-2008 can be carried out with the more sugerente of both perspectives.

The new plans of study of Degree of OT will be based in the guidelines of the future RD of Degree, that the MEC has foreseen to promulgate about the middle of the year 2007, and in the general and specific OT competences. Some professional sectors can brand us as optimists. Without a doubt, the change rate is not always adjusted to our desires, but we must recognize and to make to know our advances, that must have relationship with the national culture, the autonomous idiosyncrasy and to be in consonance with the european environment.

In Spain, four thousand five hundred occupational therapists develop their assistance professional profile in several environments: Sanitary, Educational, Advice, Socio-sanitary and Teaching. Most practise in Gerontology, Mental Health and Physical Rehabilitation, by this order. In the year 1967 the spanish Professional Association of Occupational Therapists was configured (APETO), professional organization of national environment that was integrated as active

member of the WFOT from 1972 and participated as founder member of the "Committee of Occupational Therapists for the European Countries" (COTEC) in 1986. Its main objective is the promotion of the education, the continuous formation, the diffusion and the legal advice provision to its associate occupational therapists. The peak of the Spanish OT in the last fifteen years causes the birth and the development at autonomous level of several professional associations integrated in the Federation of Autonomous Associations of OT, although each one presents and conserves an own and defined character. The oldest autonomous organization is the APGTO (Galicia) that dates of the year 1981. We must also name: APATO (Andalucía), APTOPA (Asturias), APTOCA (Canarias), APTOCYL (Castilla-León), ACAMTO (Castilla La Mancha), APTOC (Cataluña), APTOE (País Vasco), AEXTO (Extremadura), APTOCAM (Madrid), APTONA (Navarra), AVATO (Valencia), occupational therapists Association from Cantabria and occupational therapists Association from La Rioja, among others. These autonomous associations have some common objectives; it is necessary to stand out the association development of the occupational therapists and the self-help, the continuous formation, the legal assistance both national environment both international and the linking with other associations, but the primordial objective could be summed up in the creation of the professional Schools in the different Autonomous Communities whose purpose is the defense of the rights and the duties of the occupational therapists, in order to avoid the professional interference, to organize services of juridical, economic, administrative advice, technical, etc. ; as well as the activities and common services, ordering the professional activity of their

collegiates and establishing the official registration of professionals. At the moment, there are four professional schools of OT in Spain, namely: Aragón, Navarra, Extremadura and Baleares. It is in constitution project, very advanced, the School of OT from Madrid, only at the expense of carrying out the last process phase. And in initial phases in Galicia and other spanish autonomous communities. We consider that the creation of associations and students delegations in each university centre are essential. These associations must constitute without political significance and with a common purpose: the promotion and development of the OT from the beginnings of the formative period of the future graduate occupational therapist. Also, they must defend the rights and duties of the students of OT, in order to favor the organization of the successive and interesting Congresses of Students of OT and the socio-student interrelation, promoting the diffusion and the knowledge of the OT. The Congresses of Students of OT, by and for the same ones, must promote the active participation and the students association fundamentally. It is convenient to insist and take care of this type of initiatives. There are very active associations of students as from the University of Zaragoza, from Granada and from A Coruña, among others. It would be necessary to meditate about the interest of articulating students associations by university centres or by autonomous communities for the purposes of favouring the concentration in a supposed, future and desirable National Association of Students of Occupational Therapy (ANETO), with own objectives and as pioneer and support of the rest of professional associations/organizations and university. The emotional and conceptual impulse of the OT should be carried out from the first contact with

the university degree, even before exercising the profession, so it becomes reality that Spanish popular proverb: "The union makes the force". We must emphasize that the OT is in a process of vertiginous change and that it should adapt to the new situations proposed in the european mark convergent to complete all the requested requirements. If we are able to assimilate and relate the plans and procedures of the european convergence, of the politicians of quality and of the results of the different "Tuning", we will be under conditions of participating in a new modern future and european system of teaching/learning.

However, the way in that Prof. Dr. Elvira Saints and Pérez, teacher of OT of the University of Salamanca, refers *"the fact of promulgating the characteristics and own competitions, and distinctives of the OT, we must not forget that our professional chore overlaps with the work of other fields/professions and that in the European Convergence bosom our final work is fruit of the work of a interdisciplinary team guided to the integral and holistic attention of a person with malfunction occupational"*. With this baggage, we will begin the third historical stage of the young Spanish OT shortly (first stage 1961-1989; second stage 1990-2006; third stage 2007-ss). These changes will enlarge the range of possibilities for the development of a complete and of more quality OT.

The memory is divided in two parts. In the one that we will denominate general, we present several articles carried out by professionals and spanish professors next to very prestigious international guests in the environment of the OT. In the other one, with a marked retrospective and emotional character,

is developed on a sequential and historical photo album of world character argued by noted professionals and spanish professors.

Some of the tackled topics are:

- History, ¿For what?. Reflecs on purpose of the historiographic need in the environment of the OT.
- *Clifton Springs*, the beggining of our professions.
- Academic development of the OT along the history.
- The influence of the book in the historyof the OT.
- Royal Hospital and General de Nuestra Señora de Gracia in Zaragoza: antecedents of the OT in Spain.
- Political today in the management of the spanish OT (preface).

With the purpose of being faithful to the plurality objectives, the authors have followed a homogeneous script and the normative settled down in the Magazine TOG (electronic magazine of the OT from Galicia).

We want to thank, by way of epilogue, to the *Science Faculty of the Health from A Coruña University* and to their management team, the important economic support that has offered to be able to allow that this publication sees the light in the geographical contexts of spanish language and that it opens up to the powerful and historically influential group of english-speaking countries. Also, to personal title I want to express my testimonial gratitude to everybody who, of one or another way, they have allowed that Spain is immersed in this creative "*Totum revolutum*" of which we hope to get a first category OT and at the level of the best. My most sincere recognition to all the authors that have

taked part in this splendid monograph, although the personal and collective satisfaction is bigger by the intense commitment than they have acquired to facilitate the balanced and homogeneous development of the OT in its four pillars: attendance, teaching, research and management.

To conclude, since I began six years ago to manage local and national aspects of the OT regularly, it has been a constant personal purpose to achieve that my participation was at the same time committed and interesting; that contributes to that the students of OT were motivated and the occupational therapists were implied, clearer and deeply, in the aspects of university management of the OT, among others, escaping from vacuous individualities, and that the intellectual contact with that peculiar way of professional performance: the management, that attracts in some measure the curiosity of whom see in this works something else than a overwhelming activity and scarcely gratifying. I would lie for boastfulness or by optimism if I hide that they have not been few the occasions in that I have seen fail my zeal, but it would miss the truth if I silenced that my commitment with the OT has been frankly attractive and encouraging.

I thank the collaboration carried out by the students of OT of the Faculty of Sciences of the Health of the University from A Coruña, for alphabetical order: Betania Groba González, Lidia Rubio Gavo, Lucía Vilanova Trillo, María Castro Teijeiro and Natalia Yanaina Rivas Quarnetti.

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Without a doubt, the elaboration of this document would not have been possible without the effort of all those that have collaborated in it; for that reason, we would like to thank for their generosity to all the collaborators who dedicated their time to think and to write on the history of the Occupational Therapy.

Mr. Pedro Moruno Miralles

Mr. Miguel Ángel Talavera Valverde

Compilers



Occupational Therapy: An historical perspective 90 years after its establishment. ©

Section I_

Occupational Therapy History

Chapter 01

HISTORY, WHAT'S THE REASON?: REFLECTIONS ABOUT THE HISTORIOGRAPHICAL TASK IN THE OCCUPATIONAL THERAPY FIELD.

Mr. Jorge Castro Tejerino.

Chapter 02

A PERSPECTIVE IN THE HISTORY, CURRENT STATUS, AND FUTURE OF THE OCCUPATIONAL THERAPY.

Mr. Gary Kielhofner.

Chapter 03

GUIDING BELIEFS OF THE FOUNDERS OF THE NATIONAL SOCIETY FOR THE PROMOTION OF OCCUPATIONAL THERAPY

Ms. Suzanne Peloquin.

Chapter 04

BARTON'S LEGACY

Mr. Miguel Ángel Talavera Valverde.

Chapter 05

HEALTH, POLITICS OF LIFE AND SUBJECTIVATIONS, SOME PRELIMINARY REFLECTIONS ABOUT THE HISTORIC AND CULTURAL ANALYSIS OF HEALTH.

D. Álvaro Pazos Garcíandía

Chapter 01

HISTORY, FOR WHAT REASON? SOME REFLEXIONS IN RELATION WITH THE HISTORIOGRAPHIC TASK IN THE SCOPE OF OCCUPATIONAL THERAPY

Mr. Jorge Castro Tejerino

MENTIONING THIS CHAPTER

Castro Tejerino J. History, for what reason? Some reflexions in relation with the historiographic task in the scope of Occupational Therapy. In: Moruno Miralles P, Talavera Valverde MA, compilers. Occupational therapy: an historical perspective. 90 years after its creation [monograph in Internet]. TOG (To Coruña): APGTO; 2007. p. 41-101 [data]. Available in: www.revistatog.com

ABSTRACT In this work we defend why the look to the occupational therapy's past is fundamental for the exercise of the profession. In any case, its aims cannot be limited to a reconstructive work that reveals the supposed identity roots of the discipline. It is necessary a wider genealogical analysis oriented to the process of construction of the modern subjectivity that begins in the 19th century. We refer to a subjectivity endowed with a constitutive interiority and, at the time, broken into multiple identities and activities that need management. To upgrade the process of historical alliances around this model is fundamental to understand, here and now, the work that the therapist carries out. Actually, a genealogical attention to the values and operations historically incrustated in the daily practice allows us to decide on the intervention agendas and to change them.

DESC KEYWORDS History; Occupational Therapy; Genealogy and Heraldry; Activities of Daily Living ; Subject Variations

KEYWORDS History of occupational therapy, genealogy, agency, meaningful occupation, modern subjectivit.

RESUMEN En este trabajo nosotros defendemos por qué la mirada al pasado de la terapia ocupacional es fundamental para el ejercicio de la profesión. En cualquier caso, sus objetivos no pueden limitarse a un trabajo de reconstrucción que revela las supuestas raíces de identidad de la disciplina. Es necesario un análisis genealógico más amplio orientado al proceso de construcción de la subjetividad moderna que empieza en el siglo XIX. Nosotros nos referimos a una subjetividad dotada de una interioridad constitutiva y, al mismo tiempo, fragmentado en las múltiples identidades y actividades que necesitan dirección. Actualizar el proceso de alianzas históricas alrededor de este modelo es fundamental para entender, aquí y ahora, el trabajo que el terapeuta lleva a cabo. Realmente, una atención genealógica a los valores y funcionamientos históricamente involucrados en la práctica diaria nos permite decidir en las agendas de la intervención y cambiarlos.

PALABRAS CLAVE DESC Historia; Terapia Ocupacional; Genealogía y heráldica; Actividades cotidianas; Variaciones dependientes del sujeto

PALABRAS CLAVE DEL AUTOR Historia de la terapia ocupacional, genealogía, agencialidad, ocupación significativa, subjetividad moderna

LET'S BEGINNING BY THE END (OF THE HISTORIOGRAPHY)

In 1992 the book titled *The End of the History and the last man* was published, where the liberal political scientist Francis Fukuyama exposed the visionary thesis that the liberal democracy supposed the attainment of the more developed and desirable stadium of human progress. With his title, our author tried to illustrate the idea of the cancellation of the history by itself as great socio-political process. They were not few the post-modern perspectives that, in the same years that Fukuyama summed up its proposal, they extrapolated the image declined to the side of the historiography; this is, of the narrative methods implied in the re-construction of the past (can be saw Palti, 1998). However, in this territory, well-known with the generic denomination of "linguistic turn", the implications were more subtle and also more devastating than those foreseen by Fukuyama: on the end, they implied the triviality and uselessness of any intent of apprehending the past. Even more, all historical reconstruction was subordinated to the interests and prejudices derived from the present and from the group or individual that proposed it. With things as they were, the question was not that the human history had reached an end more or less optimum, but rather the history had never existed as the historians supposed it; this is, as legitimate reading of a past more or less non-specific. It is not of missing that, in some social, political and academic environments, it was extracted a corollary that the own proposal of Fukuyama helped to evidence: having reached their historical upper limit, the natural thing was that human reoriented all epistemological effort to solve present problems; or, what

is the same thing, to finish adjusting the engagements of the democratic and liberal machinery. Then, for what reason the history?

In fact, this is the question that, explicit or implicitly, is detected in all the disciplines that, among half-filled of the 19th century and principles of the 21st, have been adjusted better to the demands of the different liberalisms. It is about disciplines that exhibit an eminently applied commitment, among those that, without a doubt, it is necessary to take into account those that show a therapeutic vocation towards the "health" - physics and mental - of the human "subject." Medicine, pharmacy, physiotherapy, clinical psychology, nursery and, of course, occupational therapy⁶ (OT starting from now) are areas where it seems to arise automatically the perplexed question for the "reason" or the "for what reason" the historical contents in their aptitude curriculum. However, I suspect that the rhetorical density of question is not the same one in all cases. In the nearest areas to the medicine, I dare to guess that the question is neither formulated in an explicit way, surely because the query is irrelevant and, therefore, the answer is evident: "for any applied end" or, what is the same thing, "for anything". Complementarily, any concern for the history is only observed in an honorary and erudite way; that is to say, as a museum rest of the humanist urge that characterized the modernity's enlightened agenda. I believe that only this supports that in the curricula of medical disciplines some historical contents continue existing, very stumped in the introduction to the most theoretical matters or isolated in marginal subjects, this is, disconnected of the integral logic of the curriculum or offered in form of optional subjects.

⁶ The development of this work is framed inside the investigation project SEJ2005-09110-C03-03/PSIC financed by the Ministry of Education and Science

It is significant that something very similar happens in the environment of "hard sciences", as physics. In this sense, it is worth reminding the famous "Sokal case", theoretical physicist who, using the characteristic rhetoric of the "linguistic turn", was able to place a senseless article titled *Toward a transformer hermeneutics of the quantum graveness* in one of the most prestigious magazines in science studies. Sokal publicized their feat later on ridiculing the arbitrariness and rhetoric of hermeneutic approaches, the same ones that base the historiography of the "linguistic turn", in benefit of rigour and precision of "hard sciences" (Sokal, 2002). For extension, it can be deduced the complementary commitment of hard sciences with a realistic or empiric perspective on the history, the same one that foresaw the positivism (see, for example, Hempel, 2005). It is about a perspective that, being rigorous with what happened in the past, makes a dissection and places it in shelves so it can be observed. The look that is incited is that of the estrangement of time and, more than its nostalgic version, which one that allows perceiving the "distance of progress" that characterizes the knowledge of the present regarding the one exercised in the past. Without a doubt, they don't need the hard sciences, neither the medicine, a historiography type different to that practiced to half-filled the 19th century – that's the reason of their merciless critic to the one based in "linguistic turn" -; maybe, because today, they don't need imperatively any history type.

Anamnesis: the official past according to the occupational therapy

I don't doubt that disciplines as clinical psychology, nursery or OT share in good part the vision on historiography work that we have just commented. My suspicion, in spite all, is that, in these cases, the function of the historical argument, its value and weight, even more or less isolated in manuals or introductory subjects, is not limited to a pure ritual rest. I believe that it completes a crucial function in the constitution of those disciplines and the coherence of their assumptions; a paper that is not independent from the fact that, mainly after the Second World War, all they had to appeal to external theoretical frameworks than their own practice to try to base their propositions and performance protocols (for the case of OT, see, for example, Kielhofner, 1992). It seems evident that the supposition that guides these disciplines' alliances is that such frameworks, ideally extracted from psychology, sociology, philosophy and, of course, medicine, they are seemingly more potent or "more legitimate" from the epistemological point of view. In fact in these rhetorical interregnums of epistemological insecurity, search for scientific genuineness and identity and professional statement, the function of the history is revealed; it is where, in fact, contrary to what happens in medicine and physics, their presence is already imperative. The case of OT is paradigmatic relating to this respect, because the historical prospecting is presented explicitly like an identity search; at least in the most critical perspectives or in those that try to go beyond a strictly reconstructive bet (see, for example, Crepeau, Cohn and Schell, 2005; Kielhofner, 1992; Gómez Tolón, 1997; Moruno, 2002).

Summing up: the historical narration works as the identity balsam that assures the progressive purification or discovery of a domain of reality that,

without surprises, coincides with the answers offered by the profession in question. Of course, the argumentation forms, ideological implications and schemes can be very diverse and suppose multiple narrative profiles, this is, several ways to count the history (for these questions can be seen White, 1992⁷; for examples applied to psychology history see Rosa Blanco and Huertas, 1998 and Castro, Jiménez, Morgade and Blanco, 2001). But, like general thematic structure, the habitual thing is that organized episodes appear around a mythical foundational moment and a long and hard way to establishment the discipline. Without a doubt, this also happens in the official histories of medicine and physics (see Mason, 1984-1986 for example; Laín Entralgo, 1994 or López Piñero, 2005); narrations where the origin of discipline is inscribed without reservations on the beginning, for then spreading on the way of continuous and accumulative progress, a practically exponential growth in which is referring to the most recent stages in time. What happens with nursery historiography, clinical psychology and, of course, OT is that, in fact, trying to reply that same structure, they finish offering a narrative and identity hypertrophy. More than imitating, they caricature the journey of the consolidated "sciences."

Certain it is that there are histories of OT - as of nursery or clinical psychology - less ingenuous or more critical when being allowed to take for the echo of a victorious past. But it is difficult to find narrations that overcome the temptation to appeal, as minimum, to the oldness as mark of authenticity and

⁷ Following S. Peper, White tells about four types of "formal argumentation": formalist, organics, mechanic and contextualise. From K. Mannheim takes four classes of "ideological implications": conservatism, liberalism, radicalism and anarchism. The plots, refigured starting from N. Frye's work, are romance, comedy, tragedy and satire. Starting from these three big categories, White is able to identify the structural components of any historical story.

relevance to discipline. Good symptom of it is the recurrent exhibition of an extreme view on the present that can take the conceptual or intervention tradition of the discipline back until unsuspected limits; and we are not already speaking of analyzing "The occupation like a therapeutic mean in the ancient times" (Durante, 1998), but to the fact of considering that the same occupation is an essential *"factor to explain the man's evolution. Even, (...) [as] decisive fact of the hominid process "* (Gómez Tolón, 1997; p. 33). Of course, the own historiography device is in charge of mitigating the professional anxiety that can end up producing such inheritance and historical responsibility, in such way that *"The history suggests us that OT profession emerges, at the end of the XIX century, like part of taking into account on the value of occupations like treatment"* (Durante, 1997; p. 32). It can be supposed, therefore, that the history came plotting to decant, finally, the reality of a discipline that underlay to the own human condition.

By my side, I suspect that the demand of such tradition has something, if not about resolution of complex of inferiority, of symptom or "lapsus". I think that the prospective excess would reveal, the "uneasiness in culture"⁸ of OT - and still of all the health sciences - with its own discipline entity. And, of course, the question is not run out in the "invention" of that mythical past. In fact, the change into history of the foundational moment of professional discipline, happened in the 19th century, as chronicles say, extremes even more the symptoms of the identity annoyance. It is, in fact, in

⁸ The application of the "culture" concept like a subject of human sciences discipline environment and specifically, the psychology, has been broadly explored by Florentino Blanco (2002). On the other hand, the concrete use of the idea of "uneasiness in the culture" in connection with an environment to discipline has already used in previous works. See, for example, Blanco and Castro (1999).

the narrative skill of this crucial stage where some of the most interesting "lapses" are detected, symptoms of the uncomfortable image that the discipline projects at the moment on itself. To try to illustrate the uneasiness that we come pointing we will choose two of the symptoms, if not important, yes more evident: the institutionalism and the separation to discipline.

Institutionalism

Habitually, the historical chronicle of medicine or physics supposes a catalogue of theoretical and technological discoveries that are overcome progressively by themselves. In front of this epistemological scenario, most of the outstanding episodes narrated in connection with nursery past, clinical psychology and OT are related, in an overwhelming way, with institutional events.

In the case of OT, we find to this respect texts like Paterson's one (2002) who builds the main plot of their exhibition through epigraphs, specifically dedicated to the "Institutionalization and deinstitutionalization" or to the "Associations of occupational therapy". The most habitual thing, anyway, is the classic historiography resource to the eminent persons - characters that are endowed with capacities and ideal values to work as authorities and models⁹, case of Philippe Pinel, Thomas Fowler, William Tuke or Adolf Meyer between the precursors of OT and Eleanor Clarke Slagle, Susan E. Tracy, William Rush Dunton Jr., George Edward Barton, Sir Robert Jones or Margot Fulton among

⁹ Let us underline, just in an illustrative way of this extended historiography resource, the comment that Gómez Tolón, with a resolved identity vocation, dedicates to the "founder" Eleonor Clarke Slagle "(...) she represents in the history of the occupational therapy the professional paradigm. She represents the personification of occupational therapy professional and the figure that starts the signs of occupational therapist's identity" (Gómez Tolón, 1997; p. 45).

the founders - and their circumscription to eminently institutional actions (to create and to organize asylums and hospitals, to found societies, to promote and to impart courses, to reach directive positions, to write books, etc.) that are considered crucial. Although it would be desirable a systematic investigation to illustrate that historiography tendency, we can take as example the recently reissued work of Schwartz who opens the epigraph titled "Ideas founders" referring that *"Who met Cliton Springs, New York, the 17th of March of 1917, to found the National Society for the Promotion of Occupational Therapy [...] they were joined by the strong belief in the therapeutic value of occupations. [...] The five founders that attended the meeting were William Rush Dunton, son, Eleanor Clarke Slagle, George Edward Barton, Susan Cox Johson and Thomas Bessell Kidner. Although Susan E. Tracy and Herbert James Hall didn't attend this meeting, they were considered founders for their leadership in the promotion of occupations"* (Schwartz, 2005; p. 5)¹⁰.

The drawing of this type of institutional scenarios is usually carried out in detriment of the epistemic actions (to discover, to speculate, to experience, desvelar, to observe systematically, etc.). In the best in the cases, these actions finish assimilated to very wide conceptual territories, well related with diffuse precursory aspects or with a generic history of the ideas (see, for example, Gómez Tolón, 1997; Reed, 1993; Reed and Sanderson, 1999, Durante, 1998).

In discharge, it can be argued that the eminently applied and professionalize

¹⁰ In fact, the examples focused on concrete historical characters are the common topic to this respect. Let us only point out as example the achievements that Durante enumerates in connection with William Rush Dunton Jr., who, in the author's words, *"is considered as the father of the discipline": "As psychiatrist, already in 1895, he used the OT like the mental patients' treatment. Influenced by Tracy, he led in 1911 a series of classes about the recreation and the occupations for nurses in the Sheppard and Enoch Pratt Asylum of Baltimore. In 1912 he was put in charge of occupations and recreation program of the same institution. In 1915, Dr. Dunton published the first complete text of OT, "Occupational therapy - a manual for nurses"*. (Durante, 1998; p. 34).

logic of OT, its own declared necessity of a theoretical foundation imported from other disciplines, doesn't invite to follow too many epistemological trails that can be defend as genuinely. The nearest thing in the narrations is the historical references to the intervention design and the protocols of professional performance (moral treatment, training in habits, technological advances, etc.; see, for example, Creek, 2002) or to values and implied principles (humanity, humanism, morality, etc.; to see, for example, Reed and Sanderson, 1999). And, even so, instead of being adjusted to the argument of the progress and the accumulation - typical in epistemological journeys of medical or physical sciences -, such questions are geared in a rhetoric of the testimony or the revelation (to observe fortuitously, to believe, to realize, to experience for itself, etc.).¹¹.

Without any doubt, the fact that this kind of rhetoric eclipses that of the progress and the accumulation, is closely related with the fact that the institutional event becomes a nuclear historiography territory: in it they can crystallize valuation or testimonial questions, to subject them to a possible professionalize articulation and, in last term, to a disciplinarian organization which is susceptible of being openly accepted. To this respect, it is very significant the illustrative foundational episode habitually narrated in connection with the figure of George Edward Barton: "*(...) an architect that ended up*

¹¹ In many occasions, such rhetoric ends up evoking clearly the superstitious culture that, in connection with the omnipresent principle of the *made self man*, characterizes the nucleus of the Anglo-Saxon Protestantism. As an example, here we summarize some paragraphs that Paterson (2002) picks up literally of the "founder" work of W. Hallaran: "*A young man (...) was to my care in a state of accused mania and he continued this way along three complete months without improvements. (...) he demonstrated mental imbecility and he skirted the insanity very closely; it was impossible to excite in him the most minimum interest (...) when for accident he was discovered passing the time, with some rudimentary coloured pencils on his apartment's walls (...) he was asked if he knew how to draw and, having shown certain knowledge of this art, they were promised to him other colours immediately to improve what was making, only if he provided commitment to use them. It was evident that this caused an immediate happiness in his semblance.*" (Hallaran, 1918; cit. Paterson, 2002; p. 6).

understanding the value of the occupation through his own efforts to be treated of tuberculosis and paralysis. As incarnation of their conception of a correct atmosphere for the cure, Barton founded the Consolation House - school, workshop and vocational office, etc. - [...] Barton died in 1923, but the Consolation House was his great legacy to occupational therapy" (Schwartz, 2005; p. 6; a very similar comment can be founded in Peloquin, 1991). Even as a result of a sublimation of deep personal convictions, if there is an institution guided to a concrete practice already nobody can doubt that something outstanding will be necessary to try in this respect.

The institutionalism, anyway, is not limited to be part of hidden warming strategies. If, as we have already pointed out, the history is observed like a key tool for the identity construction and the institutional episodes are some of its best arguments, it is logical that such dynamics become presented explicitly as pillars of the discipline foundation of OT. The text of Schwartz that serves us as prototype, also offers a clear comment in this sense: "The specialization was also recommended by those that believed that its level would increase among other health professionals. AOTA looked for narrower links with the American Medical Association, with the hope of increasing the scientific and medical credibility of the profession" (Schwartz 2005; p. 9). Notice you that in the transcript text, what makes the profession wins credibility is to narrow an institutional link related with the political-discipline power, not so much the resolution of their epistemological condition or nature. In fact, the battle field has been moved for imminent historical urgencies; we can tell if in relation with Woodside and his influential article of 1971, because *"The psychiatric*

occupational therapy could stop to exist because other professions are absorbing our knowledge quickly; the public believes that they offer him the same services that we provide and they are selling their programs to other professionals and the public more efficiently than us" (Woodside, 1971; p. 229).

Possibly, the imminence of this dangerous scenario explains calls like the Ottawa Letter¹², towards the use of public diffusion, as newspapers, magazines, electronic forums, pamphlets, etc.; everything guided in order to *"(...) the professionals of occupational therapy are persuasive from the political point of view to achieve fair atmospheres and systems from the occupational point of view, that they look for opportunities to inform all the people about the relationship between occupation and health, and that they develop programs outside of health attendance systems "* (Wilcock. 2005; p. 31).

This way the things, the professional reality and the necessity to win grades of social recognition by the way of the political and informative administration, they finish plotting to drive the historiography work toward a dead end: with a lack of epistemological conclusive arguments, the texts invite the therapist to arm with institutional reasons; reasons that become in practically exclusive to defend the social relevancy of the professional exercise. By this way, the "institutional demand" finishes being, if not an explicit content of the curriculum, a budget unavoidable of education, indoctrination and occupational therapists' socialization. Thus, the historiography goes knitting institutional landmarks that, obviating the epistemological relationships between OT and its work object, they finish decanting the quintessence of discipline

¹² Ottawa Chart intended during the First International Conference on the Promotion of Health that took place in the city of the same name in 1986. It was elaborated to achieve the objective "of health for all" in the year 2000, supposing the commitment of all political-social states and forces.

identity and of those ones initiated in it. However, like we will see in the next epigraph, the theoretical dimension is not totally absent in these juggling.

Dismantling the discipline

The logic of progress that governs the narrative structure of the history of physics or medicine doesn't usually accompany of crisis states or breaking up the discipline too often in the time. Of being formulated a scenario of that type, it is rather to prepare the immediate irruption, even surprising, of a radical change of situation or, what is the same thing, a revolution (to see Kuhn, 1975 and, on the specific case of physics, 1993). On the other hand, and in spite of the ingenious intents of authors like Kielhofner (1992) to reply the revolutionary structure¹³, the sensation that transmits OT histories, as well as those from nursery and psychology, is the constant theoretical-epistemological separation state.

¹³ Kielhofner is an author that tries to trace the history of OT from the *kuhnian* perspective of the scientific revolutions and the paradigm change; all that which takes him to establish a series of successive phases in the development of the discipline (the moral treatment of the 19th century, articulate around the environmental adjustment; the occupation of principles of the 20th century, driven to the management and organization of the time starting from the subject's holistic conception; the medical mechanistic of 40 50, confident to the reductionism and a remediation with physiologic base; and, finally, the current stage, where the meaning of the task and the interdisciplinarity charge value). In fact, that makes Kielhofner is to connect partner-historical scenarios with the emergency of specific "occupational" tendencies. In spite of the importance that Kuhn attributes to the partner-historical conditions, his fundamental thesis supposes that the accumulation of explanatory irregularities is solved finally, in the revolutionary emergency of a new option of more understanding power. Unless we suppose a continuous pre-paradigmatic state, it is conflicting to apply this fundamental feature from the kuhnian thesis to a discipline that, as OT - and to other many social sciences and of the health -, has come cohabiting largely with many ideas and alternative explanations and interventions; openly contradictory some of them. Also, as well they reflect the own examples offered by Kielhofner, the changes in the discipline don't suppose complex separations happened in their breast like a reflection differed from other external conditions. Rather these, same conditions are decisive by themselves to change the direction of the discipline, without necessity of being reflected in internal crisis to the theoretical-practical budgets. More appropriate, in this sense, it seems the opinion of Paterson that "(...) *the therapeutic use of the occupation has fluctuated in connection with social, medical and economic factors*" (Paterson, 2002; p. 4) (English original version). In definitive, we believe that the most appropriate thing to treat the trajectory of OT from a point of view meta-historiographic is not so much the revolutionary changes of paradigm but the successive political-social crises that crossed the western society between the end of the 19th century and the 20th one (an articulation of the development of the therapy through critical political-social scenarios can also be detected in the text of Swartz, 2006 or Reed and Sanderson, 1999; mainly in what plays the change of a humanist and moralist model to another, scientist and medical).

Habitually, at the same time that OT histories go fixing the institutional skeleton, they emanate a persistent sensation of epistemological annoyance to that respect. If we explore the main text that we come using, that of Schwartz, we find so much attributions to moments or punctual historical agents, and also the founders that *"[...] they recognized the importance of being able to establish the effectiveness of the occupational therapy scientifically so that the profession was well recognized"* (Schwartz, 2005; p. 7); like general meta-historiography notes, in the line of affirming that *"Undoubtedly, the profession needed to develop a body of knowledge that fully described the nature of the occupation"* (Schwartz, 2005; p. 10). The examples and exhortations in this direction are repeated in multiple texts (to see, for example, Mosey, 1986; Moruno, 2002; Gómez Tolón, 1997, Kielhofner, 1995) and they are interwoven for, explicit or implicitly, finishing joining the dismantling crisis to the own origin and, with it, to the own nature or identity of the discipline.

Taking as a reference this perpetual dismantling state, the historiographical narrations tend to look for either much reasons of the situation, like possible answers. The first thing gives place, logically, to the verification of the limits imposed by a domain that, from their supposed foundation, has been oriented eminently to the practice and, in consequence, has fragmented in multiple fronts and fundamentals of intervention. This sensibility is detected clearly in Mosey (1986) and, mainly, in Moruno (2003) when he affirms that from the same origin of the profession, different forms of conceiving the therapeutic value of the occupation cohabit and, therefore,

diverse ways to use it; mainly in what has to do with a more global orientation, physical-attitudinal or mental-attitudinal of the intervention proposal.

However, once the authors enter in theoretical discussions, a more general disarticulator underlying reason emerges whose threatening and theoretical consequences are wider than those marked. This is related with the "rhetoric of the complexity" in connection with the approached phenomenon. The examples are multiple¹⁴, but we believe that the attitude is shown, in a paradigmatic way, in the nonnegotiable commitment and historical fidelity from OT to the complex integrity or holism of the human phenomenon. Thus, Reed and Sanderson, when treating the crisis of the moral treatment and their values in benefit of medicals, they denounce that: "As the asylums began to be directed by doctor-administrators that had been formed in new medical theories based on the physiologic causation of the mental illness instead of psychosociological ones, the paper of the laity fell. In spite of the disappearance of the moral advice as approach of intervention, the ideas didn't die. *Many of them resurged again in new disciplines of nursery, social work and occupational therapy. The beliefs and values based in the humanitarianism, humanism, holism, habits and order in the daily life, environmental influences and intrinsic motivation were all reassembled inside these three new professions*" (Reed and Sanderson, 1999; p. 17) (English original version, not this). Still the successful biopsicosocial model, proposed contemporarily by Mosey, addresses the inveterate and unsettled hope of being understanding and acting on the man understood as a whole. In fact, in comment of Gómez Tolón, such model goes

¹⁴ En our guide text it can be read, for example that "The academics have adapted investigation designs of sciences and the social sciences and they used so much qualitative data as quantitative to capture the complexity of the occupation and the occupational therapy's process" (Schwartz, 2005; p. 11).

to be "(...) *the logical conclusion of the previous history, gestated in the Illustration thought, and the starting point of all the intents current that tend to get the man's vision in its integrated dimension in the world through the occupation. The interaction among the three systems: body-mind-society offers a road of proven therapeutic effectiveness through the activity*" (Gómez Tolón, 1997; p. 50)

Of course, neither the supposed survival of the humanism in the breast of the OT, neither the resource to Mosley's model solves the problem of the holism and the human complexity. The texts return every time on the search of answers, driving, in most of cases, to the theoretical help other disciplines can have lent. In this space it is located, at the same time, the search of conceptual foundation and the frustrating suspicion that no discipline can already finish the problem of what the human being is. Surely for this reason, the environments of knowing implied are multiple and diverse, so the authors can affirm that *"The occupational therapy finds its fundamental concepts in multiple sources. Some have had bigger influence than others but all are useful. Among their historical roots, there are the moral treatment, the pragmatism, the movement of the arts and occupations, the influence of the Quakers, the movement of mental hygiene, the movement of the Settlement Houses, the manual training and the rehabilitation teams"*. (Reed and Sanderson, 1999; p. 14; English original version, not this).

Anyway, in spite of these extensive conciliatory payrolls, the eclecticism is not an option. Most of the texts reflect how the disciplines implied in the foundation of OT are divided and included in diverse typologies. Although only

as schematic and simplification resource, we could join them in two: the theoretical contributions that, on the hand of the medicine, would get for the OT the mechanic and determinist demands to any science (it is the case of psychiatry, even of psychoanalysis and the behaviourism; see Mosey, 1986, Paterson, 2002 and Gómez Tolón, 1997); and those that, on the hand of philosophy, would preserve the moral and creative suppositions from the underlying humanism to therapeutic work (it is the case of the idealistic philosophy and, even, in spiritualist derivations related with the aesthetic experience; see, for example, Reed, 1993; Reed and Sanderson, 1999 and Moruno, 2003). We are not going to stop here with these questions because below we will return on them. What now interests us is to notice how the occupational therapist's identity is stigmatized and divided between two commitments conceptually incompatible but programmatically unavoidable.

Located in that crossroad, and as it could not be otherwise, it seems that the therapist can only aspire to find integrative answers in the omnipresent institutional land. Even more, keeping in mind the epistemological root of the problem, it seems that this scope can only be one very concrete, the same one to which should get any environment that looks for, beyond the professionalization, its recognition and nominalization like "discipline": we refer to the academic land. The historiographic tests usually point out the decades of the 70, the 80 and the 90 as the moment in that the academician process begins, and that culminates - with theoretical vocation, first, and investigator and experimental, immediately later - in the Occupational Science (see, for example, Moruno, 2002 or Schwartz, 2005). Ideally, thanks to this process,

guarantees should be obtained about the fact that the rules for an own performance field are being set up, a specialty that manages a concrete region of the reality. However, the certain thing is that the academician process has not avoided the epistemological restlessness. Perhaps it has made more evident the precarious basement of TO, underlining the dependence on other disciplines and multiplying the proposals for models, systems and theoretical levels (for a revision and valuation of the advantages and also the problems caused by the profusion of models, see Moruno, 2002 and 2003); a question that, surely, reflects the own disappointments among the reference disciplines (for example, between medicine and Social Sciences) or, even more, among the diverse theoretical alternative that cohabit together (for example, in psychology, the behaviourism, the psychoanalysis and the constructivism).

So that, the academic institutionalization, more than to banish, has constituted and nominalized the dismantling crisis of the OT. Surely, this explains that the moral conclusions that close many historical narrations delay the optimal resolutions to the medium or long term. In them they are constituted and predicted images of virtual disciplinary ends in that the TO reaches, finally, its absolute maturity. The epic and visionary aspects of that type of messages are evident. For Wilcock: *"The problems of about 30 years ago, remain at the present time as dissuasive, and the reorientation will demand an enormous effort and a different focus on the leadership in terms of definitions of professional exercise, education requirements, leaning investigation and informed and critical comment toward the external world. For the occupational therapists who carry out the transition, it will be necessary the*

commitment and the precursory spirit of the founders". (Wilcock, 2005; p. 36).

On the other hand, Gómez Tolón outlines that *"The history of the occupational therapy begins, at this time, to join to the incipient occupational science. The occupational science has been developed in an implicit way in the last two decades, but it is now when it is presented like an explicit reference and when is associated deliberately to the study of the occupational therapy. (...) We can be in the moment in which the reconsideration of the whole theoretical content of occupational therapy takes place by the light of the new occupational science". (Gómez Tolón, 1997; p. 54-55).* Finally, we can mention the sensation of Schwartz: *"To Be in the beginning of the development of a profession is exciting and frightening. It means to admit that it exists a lot that we cannot know, and to accept that they can be necessary several years of arduous development of the research and the therapist's occupational professional preparation (...) it will take so much time to begin to change until to realize this potential and to generate a base of knowledge like it has taken to medicine and laws [...]. We should still fulfil this challenge and to trust on the future generations to complete the task. In this work we all are united by a common nexus: the belief shared in the value of occupation" (Schwartz, 2005; p.12).*

The hope expressed by Schwartz condenses the rhetorical and advisory strategy of the conclusions; a strategy that maintains the status of the current OT thanks to a good institutional health, in the professional and academic aspect, and to a movement toward the future of theoretical-epistemological conflicts.

In the conclusion, therefore, the two historiography axes have a closed relation - institutionalism salience and separation state - which better reveals the identity function linked to the narration of the past in the case of OT. The creation, by this way, of a collective memory among the occupational therapists implies mainly to reinforce the relevancy of the discipline through the institutional evidence, as much in the professional aspect as in the academic one; all that doesn't avoid that the narrations allow to see a theoretical-epistemological restlessness from the basis that, in the end, can suppose the lost of the relevancy, if not the existence, of the therapist's own work. For that reason they are necessary convinced therapists; professionals that mainly "believe in the value of the occupation."

Of course, the questions carried out in the historiography texts don't finish in both mentioned articulator axes, not even in the comminatory logical that we derived of them. If we continue reading among lines we can detect how the narrations that we have analyzed also transport and manage ideas that, transcending the identity agenda, they reveal us a more complex social-historical framework for understanding the emergency and recognition of the current OT. We will try to offer some notes on such a mark in the next section.

A modern subject (very) busy

The reader has could realized in any moment that has followed the argument until now it whether the look toward the past can already oscillate only between the erudite and taxidermy historiography which has social prestige and of the hypertrophied and protest historiography of disciplines

which show identity and epistemological inferiority complex. In fact, if I have explained clearly, it will be understood that it isn't so important to purify the true history and to elucidate if we are looking to a triumphant or unsuccessful discipline. The interesting thing, rather, is to detect the historiography necessities exhibited in each particular case and to analyze the use of the history, its genuine (question) "for what reason". in fact, this critical sensibility can and should extend to the disciplines that, as medicine or physics, possess a supposed successful history.

Of course, to try to understand the conditions of possibility that offers the present of any discipline, it demands that the typical reconstruction narrations are expropriated and relocated in a more wide, reflexive and problematic dimension of which it can be allowed any identity agenda. And it is fundamental in the concrete case of the medicine to appeal to such an angle is for relocating the analytic focus and to think again the relationship maintained among all the disciplines of the health - including OT - and their supposition study object and intervention; that is, the modern man. Multiple works exist in this last line since Canguilhem (1986 and 2004) or Foucault (1986 and 1967) inaugurated their genealogical and critical programs on medical sciences. Focussing on the privilege place that the medical environment has occupied in the western world, these lines have offered a perspective that goes beyond the message of bound progress to the gradual "discovery" of the human organic functions. For those authors, so much or more important it is the position that the medicine has won among the disciplines able to assess the subject's government and of ordering its normality and abnormality. From this

perspective, the medicine implies an exercise of power guided to maintain an individual and collective *estatu quo* starting from the difference between the unhealth or the sickness and the health. Historically, it takes form in a lack of technologies and institutions that, supported by a supposition of scientific nature- concretely under its apparent predictive and prescriptive power -, become legitimate managers of the health, of which is good for the human being (for a development of these aspects in the case of the OT, Gómez Tolón, 1997 can be consulted; although their perspective is much more warm than Foucault's one, when valuing the duty of the state's social security over the individual's happiness and the social progress). Anyway, the medical question is only a symptom of a much more complex social-historical process.

This last one remits to the widest framework based on the construction and management of the subjectivity characteristic of the modernity. Here we already speak about the transformation process that operates on the human being's conception in the 19th century and that, basically, runs parallel to the processes of partner-historical change that have as a result the basis of the modern state-nation. The political, scientific and social revolutions that begin at the end of the 18th century and that they are projected until the second half of the 20th century, demand a new form from "human being", a new subjectivity that, as wisely Florentino Blanco has pointed out (2002), it is already convict to subsist in a continuous state of crisis. In the case of the OT, the historiography texts document this state of perpetual crisis perfectly when they point out the immigration massive processes - typical in the North American scope -, the popularization of the thesis of the survival of the fittest, the social reformation

movements, the First World War, etc. (for these questions see Kielhofner, 1995; Reed and Sanderson, 1999, Peloquin, 1989, 1991 and Mosey, 1986). In coherence with that scenario, Blanco presents us subjects installed in a world whose stability and rational order, contrary to the medieval times, are not already guaranteed by the divinity. Characteristic of this new subjectivity, therefore, are the multiple division areas or, in Gergen's words (1991), "saturation" of the self and of its own activity. The fracture lines run to the long point of the emergency of a radical individualism - distributed, in turn, among the poles of the public and the private, the cultured reason and the romantic feeling, the leisure and the work, etc. - as of a deep reshaping of the social pact - distributed, on the other hand, in the division of the social work, the barbarism and the civilization, the elites and the town, etc. -.

Authors like Nikolas Rose (1996) or the mentioned Florentino Blanco (2002) have wanted to fix this critical dispersion with the own epistemological uncertainty of the psychology, although the most appropriate thing would be maybe to open the views to the whole "health culture" and their uneasiness; or what is the same thing, to give space to all the disciplines that Foucault includes in the "psi field". Certainly, the social-historical moment that we are treating corresponds with a revolution in the human sciences in which the psychology is erected like bridge discipline. It is able to be placed in a critical position to negotiate the subjectivity or, as minimum, to advise the political and scientific agents who can make decisions in this respect. By this way, the psychology becomes the seemingly resolatory hinge of multiple theoretical conflicts (body and soul, philosophy and science, mechanic and volitional,

individual and mass, etc.) and applied and technological aspirations (work's psychology, education's psychology, clinical psychology, artificial psychology, etc.). In spite of everything, it is evident that modern subjectivity's scenario of the crisis also comes to be colonized, from eminently practical commitments, by disciplines as nursery, social work and, of course, OT. In fact, as the psychology, OT has to deal with fundamental divisions, between the individuality and collectiveness, of the modern subject: the leisure in front of the work, the feeling in front of the reason, the body, in front of the soul, etc. This way the things, it is difficult to discuss that the medicine gets the effective position as institutional power in the administration of the modern Ego and that the psychology occupies a nuclear place in its theoretical justification. But it is also evident that OT possesses its own coordinates, a longitude and latitude, in that critical area in which the contemporary human being is inventing and fractioning. The appearance of the institutional event and the separation to discipline that we analyzed in the previous epigraph, reflects, in fact, the unheard balances carried out for being able to take part in the sharing out of the pieces of that cake.

Arrived to this point, we can redefine the look toward the past of the OT starting from its relationship with the construction of the modern subjectivity. If we maintain this reference in our analytic horizon, we can appeal perfectly to the historiography texts under use, to identify the theoretical features that are claimed as own and characteristic of the discipline and to relocate their sense in the general context of the articulate practices around the health. Concretely, we will stop in the axis around which the OT's bet for intervention, the "significant

occupation", is articulated from the two pillars that sustain its theoretical-methodological nucleus ". Without a doubt, meaningfulness and occupationalism are questions that appear in a constant and recurrent way in the historical narrations.

Meaningfulness

From the point of view of Crepeau, Cohn and Schell, *"In the centre of the occupational therapy it is the commitment of focusing the person as an active who looks for carrying out important daily activities"* (Crepeau, Cohn and Schell, 2005; p. 28). In a very similar line, Wilcock defines the OT as *"the art and the science of helping all the people to participate in the daily activities which are important for them and their health and well-being"* (Wilcock, 2005; p. 34). Of the same text of Wilcock we can summarize a paragraph of the famous Ottawa's Chart where the importance is pointed out of "increasing the available options so that people exercise more control on its own health and their environments, and that they make elections that lead to the health" (OMS, letter of Ottawa, cit. in Wilcock, 2005; p.). In all these cases, we can observe how the OT professionals consider that their fundamental objective is maybe to look after the freedom in the election, decision and action of the individual subject as the correct way for the attainment of health, well-being and happiness. Now then, it is necessary to suppose that this subject's supposed agential quality, the place where it seems to take root their own condition of reflexive individual, is not something as natural as we have ended up thinking.

Nikolas Rose (1996) has pointed out that one of the fundamental points of the modern agenda is the creation of an internal space in the human being; a place able to cover the supposition of individuality, authenticity and volition. Everything would put on it, also, to the service of guiding the subject to the three values more fomented by the western democracies; in fact, happiness, well-being and health. Perhaps, the fundamental task of all the disciplines implied in the "psi field" was, in fact, to guarantee, so much from the theoretical point of view as technological, this space. Indeed, from principles of the 19th century one of the qualities that shares the structure of all the knowledge is at first sight the treatment with the fundamentals, interiors and imperceptible to the eye, of the being and the process of development (see Foucault, 1999). Concepts like *history, evolution, spirit, character*, etc. comes to reflect that radical concern for the being's genealogical and ontological abyss. The theoretical effort supposes to turn into themes the main place of the identity and the human activity; or, what is the same thing, the conditions of authenticity, peculiarity and, mainly, agency demanded to subject's type that is inaugurated in the 19th century.

The medicine, from its panoptical hospital, won't have problem in assimilating that place to the human being's anatomical-physiologic blend. On the other hand, philosophy, still maximum guarantor of the *Weltanschauung* - unifying synthesis of those all sciences - in the academic domain, enrolls the spirit concept like a space for the uncertainty, the brilliant idea, the originality or the free will. While, the characteristic task of the novel and splendid Social Sciences from the 19th will be, in fact, to try to solve the traffic among those

two powerful speeches; something that will condition the theoretical points of view so much - those of the general psychology or the sociology - as the practical and intervention ones - those of the applied psychology, the nursery or the OT -. Possibly, when the historiography of the TO transforms the holism into a unavoidable quality of the discipline, it doesn't make more than to reply the precarious intent to preserve the anthropological union of the two formulated antagonists, respectively, for the medical positivism and the philosophical idealism. What is also necessary to say of this union is that it works, rather, as a meta-historiographer budget. At least, the narrations never document accurately such antagonists' meetings, but just the opposite. What they are usually pointed out is the frictions (as example, the narrations of Caplan, 1969; Moruno, 2003; Gómez Tolón, 1997 and Reed and Sanderson, 1999).

The mix-up among both perspectives usually locates particularly in the land of the emotive nature, in the form of evaluating the human being's supposed affective base. This way, for example, Gómez Tolón points out how the moral treatment devised at the beginning of the 19th century by Philippe Pinel *"seeks the improvement of the emotional factor that accompanies to each illness [in such a way that] Analysis, reasoning and planning are necessary principles for the use of the moral treatment"* (Gómez Tolón, 1997; p. 42). This type of examples show the construction of a slope of the past, linked to the mechanic and projected about the psychiatric sensibility thesis and, as Gómez Tolón shows, of the moral treatment in the OT. It usually overcomes the empirical tradition of Locke, Condillac and Hume to highlight a senses´

fundament and, for extension, physiologic and cerebral of the human activity. From this point of view, the impressions related with the environment determine the ideas, contents and cerebral processes. In fact, the amazing and non-coordinated experiences would produce emotion excesses and interferences, pernicious for an appropriate cognitive process and , consequently, a normal behaviour.

Alternately, comments can be detected which outline that *"The therapists should know the feelings and the human intentions, as well as the deepest meaning in the lives of people (...)"* (Crepeau, Cohn and Schell, 2005; p. 29). This project is the reference of a second historical slope related with the spiritualistic theses and assimilated to the humanist sensibility and, even, religious and, concretely, Quaker of the OT. The basic idea is that, after the illness, it is always found the feeling and the properly human emotion, so the attention to the subject is pertinent although the cure was impossible.

Without a doubt, both lines of historiography rise on the crucial diatribe of the modern subjectivity, mainly since the romanticism at the end of the 18th century and principles of the 20th century transformed the sentimental into the authentic constituent and distinctive base of life and human experience, both in individual sense (the genius or the romantic hero) as collective (the spirit or the soul of the towns). It happens that, walking the century, through evolutionism and psico-physiology, the emotive nature also begins to reveal a dark side of irrationality and pure instinct. The feeling that before brought us near to the divinity - the genius, the creativity - can be also the link with the animal world - the degeneration, the automatism -. Complementarily, the normality will be

defined as a wide and balanced territory among both possibilities. This is perfectly coherent with the modernity agenda, which needs basically moderate subject when not "mediocre", so creative or free to choose in a globalized world as alienated and meek to cohabit in the welfare state. What does it consist the happiness on, like it is understood in today's democracies? From the beginning of the 19th century until today, the rhetoric of the feelings has gone constituting, therefore, the identity, authenticity and agenciality of the human essence, becoming, at the same time, in the diagnostic base from it is necessary to operate - improving, repressing and transforming the affections - to be able to build normal subjectivity or, like would outline Norbert Elias (2000), "civilized."

Now then, how do we operate on a fundament that the modernity has defined, in fact, for its lack of misgiving, for its installation in the most secret place in the life? If the medicine is focused on the body, the psychology in the measures of the mind or the nursery in the structure of the care, the OT is going to solve the problem deriving its therapeutic program toward the activity carried out by the subject and, very particularly, to its "meaning." By this way, until in the most remote past in the profession you could always detect a constant interest because *"The basic concept that the occupation (significant activity and with a purpose) can be a positive force to influence on the subject's health state"* (Durante, 1998; p. 35). Thus, it seems clear that, at the present, it can only be thought that: "In all the cases, the professionals of the occupational therapy are interested in allowing people to participate as fully as it is possible in the society and to carry out their individual goals. The primordial

objective of the occupational therapy is to improve the health and the quality of people's life, through the participation in important and full of meaning occupations" (Crepeau, Cohn and Schell, 2005; p. 28).

It is evident that all the perspectives agree in highlighting the "meaningfulness", although it is also clear that not all understand the same thing for it. In fact, in those positions we find again the tension of the antagonism movement that we come outlining. On one hand, those that seem to locate the subject's decisive capacity, their "agenciality", in anatomical-physiologic questions; all which derives the intervention options toward the deployed observable behaviour. For extension, the meaningfulness is assimilated to the objective - material or therapeutic - of the task or, rather, to what the therapist considers the objective of the task - the "purpose" that manages, mainly, the OT of the Anglo-Saxon environment -.

The examples to this respect multiply in the texts. Historically, Creek finds a direct antecedent in Pinel and HIS idea that *"the firmest and possibly the only guarantee of conservation of the health, the good customs and the order, it is the law of a mechanical work, rigorously executed"* (Creek, 1997; 1p. 17). Also in connection with the " historical roots of our profession", Durante detects numerous definitions of the OT, but asserting that "whatever the period in that anyone of them has been made, there is a common point in all: *"The activity, used as a proposition, can facilitate a positive change in the functional level of a person [in such a way that] The purpose in the significant activity is to produce the patient's calculated answer to the activity that is applied to its treatment"* objectives (Durante, 1998; p. 37). Thus, in the

contemporary scenario: "The activity in the exercise has an aim, it doesn't have a previous meaning to its therapeutic use. The meaning, as a sense, only acquires the exercise when it is designed and used with the purpose of training or therapy" (Gómez Tolón, 1997, p. 43). In fact, the scheme that marks the task affects to so deeply subjectivists fundamentals as the psychoanalytical ones, at least if we consider it as representative Wilma West's position and her idea that "The activity serves as proceed based on the trial and error to develop the dexterities of the ego..." (Mentioned in Gómez Tolón, 1997; p. 49).

From these perspectives, it seems that there are a historical and constant aspiration to be able to manipulate the meaning of the task and, what is more important, to the own subject's margin. In fact, notice you that in most of the offered examples this last one is not contemplated, and when is contemplated - in the case of the psychoanalysis - it is tried to transform into a mere intervention receptacle. In fact, this is the heart of the matter. The subject has not disappeared of the proposals, it has only been elliptic as cognitive and sensitive-motive system, from which must work the own structure of the task and, particularly, its purpose. The subject's constituent emotive nature is subordinated to the environmental adjustment or, in the worst of the cases, combated in its excesses and lack of affective moderation.

Logically, the alternative proposal to the already revised has to fall on the side of the subject, of their values and more authentic emotions. The subject's agential instance is structured in connection with what has importance for him, with internal reasons or with what he decides that it is or it should be its life. We find the "meaning" inside it, which makes us act in a concrete

direction. Certainly, such perspective doesn't necessarily imply contradictions with the positions focused in the task¹⁵. But it is openly distanced from them in what has to do with the measurement, so of the anatomical-physiologic element as of the remediate-palliative logic of the task. On one hand, the anatomical-physiologic aspect works now as pathological antagonistic. It is what hinders the possible development of an integral personality and with capacity to decide freely or, at least, creatively, originally, unforeseen, in definitive, in a non-mechanic way - as it would be necessary to attribute to our organism - (see, for example, Moruno, 2002; Peloquin, 1991). On the other hand, this proposal observes the strictly remediate or palliative orientation as a limitation to the automated, mechanical and repetitive activities. These activities, being focused merely in the rehabilitation of muscles or damaged organs, assimilate the OT to the physiotherapy (to see Kielhofner, 1995; Moruno, 2002).

Maybe for it, some positions focused in the subjective meaningfulness have found in the art and the game ideal interventive activities; question that the historiography texts go back to the influence of the arts and occupations' movement and to the North American "Settlement Movement" (see to this respect, Moruno, 2003; Reed and Sanderson, 1999; Schwartz, 2005; Moix, 1991). This doesn't only respond to that, as a identity stamp, these activities allow to distance OT's characteristic methods to the tutorship of the medical model. What stands out mainly is their supposed easiness to catalyze the subject's expressive powers. Of course, it is also here necessary to establish

¹⁵ In fact, both perspectives are habitual in the same texts. For example Durante, who highlighted the value of the task's significant components, also makes stress in the "use of patients' necessities, values and the interests in the stimulation of the constructive activity" (Durante, 1998; p.38).

shades, since even the tasks which stay near to the aesthetic aspect and the ludic one can fall on the side of a remedy, mechanic and automatized interpretation; everything, out of any creative aspect. In this sense, they are not few the historiography narrations that overcome the remote past claiming for OT's history gymnastic protocols, recreational activities or manual labours or home-made trainings adjusted to that interpretation (see, for example, Durante, 1998; Reed and Sanderson, 1999). However, the habitual thing is that, if an activity is considered eminently artistic, it was defined a clear frontier between the mere physical rehabilitation or muscular automation and the submission from the body to a task able to exhibit or to make crystallize the purest subjectivity.

Again, the question is located in the same historical roots claimed by the OT; and thus, as we can extract from the texts, the "founder" Eleonor Clarke Slagle already pointed out how *"(...) The craft is very used generally, not only because it is very diverse, covering a field that goes from the most elementary thing to the but high ability grade; but also, and fundamentally, because their development is based on primitive impulses"*. (cit. in Gómez Tolón, 1997; p. 45). That same activity artisan and manual is the one that, according to another of the "founders", Hall, transforms the human being into true creator; it is more, it brings near it to the creative force of the world (to see to this respect Kielhofner, 1995). And it is obvious that behind these two expressive alternatives it is that emotive base which is nominalized by the thought of the 19th century; that base that, turning into themes the abyss of the authentic subjectivity, could underlie either to our more primitive nature - in this case in

the good savage's positive version - as to our potential divinity. Of course, the passing time diversifies and offers alternative images for the principle geared in the artistic activities and manuals; among that ones bound to the OT, the originality and individual responsibility, the enjoyment of the task, the preservation of the capacities and the hand-maker's pride or the overcoming of the suffering. As we will explore in the following epigraph, we are speaking about images that are formulated in good measure by opposition to the logical mechanic of the industrial society (see Reed and Sanderson, 1999 or Mosey, 1986). What we care now of it is it that, under this perspective, the art becomes a regal road to overcome any alienation type; or what is the same thing, so that the fellow ends up being freer and happier (on these aspects, see, for example, Moruno, 2002; Gómez Tolón, 1997)

To choose the art, the ludic or the creative manual work as therapeutic alternative doesn't suppose, therefore, and as Moruno notices (2002), an anecdotic, frivolous or eccentric posture in OT¹⁶. As much, it supposes an option out of fashion in what has to do with their theoretical suppositions. Indeed, although the historiographies of the Social Sciences to the use usually forget it, throughout the 19th century the aesthetic domain became a fundamental tests´ field to explore the limits of the modern subjectivity and their functions (relating to this, can be seen Castro, Pizarroso and Morgade, 2005). What happens is that the same contemporary art, vanguards, experimentation and post-modernity, have come to subvert that logic proposing

¹⁶ At the present, the upward and physical doctor inside the own OT, has eclipsed in good measure the use of artistic and creative activities as specific methods of the discipline; in fact, due to a lack of scientific entity. The discredit has caused that, although the art addresses numerous common places in the introductions and theoretical-historiography texts, it was almost non- implemented in intervention tools.

their own subject's models; although it is certain that some disciplines, and not only the OT, have not paid attention to it, well maintaining their theses on the aesthetic expressiveness or, simply, guiding their analytic or technological efforts toward less subversive areas with the "subjectivity" or the "reality."

Thus, if the art is a technological reference for the OT, it is in the measure that serves as vehicle for the principle of meaningful agencialidad; that is to say, in the measure that is committed with the authenticity and originality of the fellow. And this makes possible that, sustaining the human being's holistic conception, the TO has decided, in good measure, to give up many of the "explanatory advantages" of the mechanic agency typical from the medical model. Without a doubt, it is necessary to suppose behind that historical decision the fear to be absorbed institutionally by the medical institution, but also its purely modern commitment with an internal space of creative display. Speculating, maybe this is also the reason that, as it happens with other disciplines of the health, the potent medical institution accepts to cohabit with it, although, of course, only in what is related to its social security's dimensions. Anyway, both the mechanistic empire of the medicine like the creative strategy of the OT, they are only reflecting the two faces of the same modernity's subject. Both are agency images capable of control and ordination. And what is more important, both are necessary to be able to, if not to overcome, to bear the multiple contradictions and tensions taken place by the fragmentary experience demanded. But this takes us to a wider territory that we will explore in the next epigraph.

Occupacionalism

According to the treating as an object of the modern subjectivity, occupational therapists as Crepeau and collaborators can outline that "people are more authentic in their human aspects when they participate in an occupation" (Crepeau, Cohn and Schell, 2005; . p. 30). Like we have pointed out continuing Nikolas Rose (1996), this idea of authenticity, typical of all the disciplines that will articulate around the human phenomenon along the 19th century, it is closely bound to the proposal and construction of a space of interiority and uniqueness in the subject's nucleus. However, the own Rose notices of the unfolding of a correlative and speculate process that acts, to a certain extent, in the contrary direction; this is, that direction of a subjectivity distributed in multiple identities, activities or "occupations." Indeed, reflections of this second process can find in the same text of Crepeau and collaborators when they point out that *"The occupation in occupational therapy comes from the oldest use in the word, and it means of what way people use or they "occupy" its time. As such, the occupational therapy refers to all the activities that occupy the time of people and that they give meaning to its lives"* (p. 28); even more, these authors end up speaking of the "(...) imaginative process through which people believe new occupational identities", in such a way that *"... the occupations of people are fundamental for its identity and (...) they can be reconstructed through their occupations"* (Crepeau, Cohn and Schell, 2005; p. 28-29).

In Rose's meta-historiography thesis, this distributed subjectivity commits closely to the generation of external mechanisms of government that

would guarantee the functional logic of the western modern state and, in the historical limit, of its democratic-liberal version¹⁷. In fact, this perspective includes the own invention from the "individual subject", when involves it in a more complex technological framework; a net in which the own idea of subjectivity becomes the way through which the subject interiorizes or, rather, it becomes a "fold" of the alternatives of the social realization foreseen by the collective order and the state (the idea of "fold" appears originally in Foucault, although it is elaborated and developed by Deleuze, 2003 and the own Rose, 1996).

Without a doubt, it is certain that from the beginnings of the 19th century the liberal state that comes to substitute the old monarchic models has, as fundamental task, to administer the identity and activity of their subjects. In good measure, those programs are, more than any other reason, those that generate the plurality of subjectivities or available identities for a citizen that inhabits a social reality of multiple faces. The subjective instance - anatomical-physiologic or emotive-psychological - that guarded the capacity of the individual's decision is translated, now, to the possibilities of functional dispersion of the subject's activity. The task of the state is, in fact, to negotiate

¹⁷ In some work we have criticized the excessive presence of Rose when relating the drift of the psychology, in wide sense, with the search of subject's type pursued by the modern western democracies (Vine.: Castro and Lafuente, in press). In fact, the psychology of the 19th century, with its polymorphic capacity, was under conditions of responding to multiple demands and socio-political systems, from the fascism until the communism, going by the colonial logic. It is true that the historical-social circumstances privileged, from the decades of the thirties and the forties, a trajectory on discipline sensitive to the Anglo-Saxon subject's model. Reviewing their historical narratives, this would be also valid for the OT; very concretely in what is related to the substitution of the moral treatment - humanist and integrative towards the patient - for the psychiatric admission - focused in the physiologic aetiology in detriment of the psychological and environmental - (for these questions, see Kielhofner, 1995; Reed and Sanderson, 1999; Peloquin, 1989). Among the particular social-historical conditions of such circumstance it is necessary to take into account the own socio-political transformations of the North American society. A good symptom of it was the abandonment of the social pragmatism of authors like Dewey in benefit of the mechanistic perspectives and, at the time, individualists from the neoliberalism.

that activity, to order it inside the social project so that it works in connection with the cohesion and the productivity of the group. In certain sense, the potent sociological theories of the division of the social work or the fight of classes are as much descriptive analysis as prescriptive grammarians of the action for that scenario. Correlatively to them, appear the energy metaphors that try to retranslate, when not to associate, the spiritualistic or physiological theses of the human volition. The energy or the work force can be sold, bought, pawned or wasted; it can be, in definitive, negotiated in multiple fronts¹⁸.

It is not coincidence that, walking the century, the man and the health's modern disciplines begins to show parallel theoretical and applied drifts to each one of the identities or fragmented activities that ideally were necessary to manage. Of course, it is in the applied land where the seams of the subject's activity become more evident and where the OT's enterprise is disseminated following the trail of the multiple professional environments. We are talking, clearly, about key-places to negotiate and to control the modern subjectivity: the work, the education, the jurisdiction and, mainly, the clinic¹⁹ with their

¹⁸ We find very significant to this respect the literal recovery about the "energy" concept, like a way to associate the supposed necessities of the laypersons regarding to OT with the solutions that the professionals can provide at the end. In short, this has been recently a promotional strategy followed by Wilcock (2005). In their study he shows how the subject of the street establishes a narrow relationship between health and energy. Around this last one, questions like physical and psychological vitality are usually articulated, delight for the work, possibility to be able to make what is wanted when someone wants, mental alert, happiness, pleasure or, even, spirituality. Wilcock ends up outlining the identity of the energy with the occupation, until the point that "Although the occupation is considered as part of the ordinary plot of the life, it is so deep in all the aspects of the life that it is easy to ignore its relationship with the health" (Wilcock, 2005; p. 35).

¹⁹ Nobody lets escape the parallelism with the development of the applications of the psychology in the modern scenario. What is more, the likeness doesn't finish in the practical aspects and they also reach the theoretical ones. The historical drift of the OT has been dogged inside the subject's fragmentary conception, which practically replies that of the psychology; and this in what is related to the multiplicity of available explanatory theories – the kuhnian theory that Kielhofner (1992) applies to the historical drift of the OT when it had already been used in psychology by Caparrós (1980) and Leahey (1982) - like the own structure of managed subject's model (the modern proposal of explanatory levels - physical, biological,

capacity to administer the breach between abnormality and normality or, in their medical nomenclature, the health and the illness (the historical weight of the mental health in the OT is more or less explicit in all the texts: for an explicit option in this sense, see, for example, Paterson, 2002). Particularly in the case of the OT, the historiography narrations highlight a distinguishing discipline's feature related with a healthy administration - it is worth to say normalization - of the time and energy implied in the different daily activities. Thus, it is a common point among the OT historians to claim as fundamental antecedent of the discipline to Adolf Meyer and his idea *"that the rhythms of the life (work, game, rest and dream) should maintain a balance and that this balance was possible by making and the habitual practice, with a program of healthy life as base for a healthy feeling or emotion. Due to he felt that the deterioration of the habit was, as a part, a cause of the mental illness or a symptom of this, he believed firmly that the systematic use of interests and of the time was a fundamental part of the therapy"* (Durante, 1998; p. 33; also see Gómez Tolón, 1997). Logically, to achieve certain upward on this question has been crucial when bolstering the identity of the profession in front of other disciplines of the health ²⁰; in such a way that, for example, for Reed and Sanderson: "In particular, the occupational therapy would be focused [contrary to near disciplines as the nursery or the social work] in the habit and order of the occupation of the daily life" (Reed and Sanderson, 1999; p. 17; in English

prosecution of information, socio-cultural, valuation-symbolic, etc. - by authors like Reed and Sanderson, 1999, follows faithfully the same one from any introductory manual to the psychology, see on this point, Castro, Blanco, Jiménez and Morgade, 2001).

²⁰ The "administration of the time" is a feature of identity that, concretely, allows to take distance from the nursery. If in front of the physiotherapy, the subjective meaningfulness of the task is exhibited, against the nursery, where the concern about the administration of the "care" beyond the illness and the convalescence context. is shown.

the original)²¹. But the most interesting thing is that, with their interest for the administration of the time and the energy of the daily life, the OT is relocated again in one of the modern subject's structural points: concretely, in which orders the daily activity around the nuclear distinction among time of work, bound to the effort and the production and supported by the agential budget of the automatism and mechanicism, and time of leisure, bound to the rest and the recreation and supported by the creative and contemplative agential budgets.

It is evident that we are in the face of two facets that, being both necessary for the sustentation of the project about the modernity's subject, they are not always easily reconcilable. Of course, as faithful reflection of the modern paradox, the nonnegotiable holist budget that the TO exercises on the human activity works in the direction of to gather and balancing both. Thus, in

²¹ Wilcock has taken to an extreme based on the present and, even, anachronic, the recovery of that feature when overcoming the relationship between health and administration of the time of activity until, practically, the humanity's origin. We transcribe a wide appointment in the context of the importance that has for Wilcock the idea that the health is created taking care to itself and the other ones and being able to make decisions and having the control about the own vital decisions (Wilcock, 2005). According to the "discoveries" of his own historical investigations: *"when people lived naturally, in a similar way to other species, the nature imposed occupational regimens of self-health. The occupation for the own health in the natural atmosphere is a mechanism of integral survival that we should consider consciously in the artificial atmosphere in which many people live now. This artificial atmosphere no longer offers opportunities of the same type or in the same measure to assist the own health; but during thousands of years, when the life was definitely more unforeseen and it had less limitations, people participated in a continuous occupational series of activity and rest in concordance with the day variation and the stations. To survive, people faced with many and varied difficulties in order to satisfy their daily requirements and they depended on the social commitment of the community in which they lived. The individuals, often in consultation with their families and other members of the community, determined what occupations made them feel better when they were sick, whether their health improves with the rest or the activity. It is probable that they also made use of their apparent inventive capacities to adapt the occupations or the tools with the objective of allowing that they carried out the activities of the daily life in spite of the dysfunction. From the end of the 19th century, the trained medical personnel began to replace these lay focuses about the maintenance of the health"* (Wilcock, 2005; p. 34). The value of Wilcock's argument of is, mainly, the detection of a re-articulation of the activity and, together, of the human being's conception in the modern scenario. Wilcock also notices perfectly the emergency in the 19th century of disciplines specifically guided to the administration and ordination of the time of which the subject has. Anyway, from our point of view, the emergency of professions guided to these questions is more related with the search of an institutional accommodation that takes advantage of the demands and problems of the pattern of coexistence and subjectivity proposed by the outstanding social agents of the modernity. More complex it is to try to defend derived reasons of the abandonment of a "natural" scenario to pass to other "artificial", or of the "scientific" advance in the understanding of the nature and the human being's necessities like such.

the historiography texts we find how already with the foundational contribution of Adolf Meyer "(...) *the treatment became a mixture of pleasure and work which included productive activity and recreation*" (Durante, 1998; p. 33); circumstance that reaches the contemporary writing of the Ottawa's Chart and its protocol statement that "*work and leisure should be a source of health for people*" (cit. in Wilcock, 2005; p. 37). There is, indeed, a symmetrical intention to that respect that covers the programmatic agenda of the OT. But, in not few occasions, it happens that the administration of the activity demands to consider the value - utilitarian, moral, etc. - of each one of the two exposed facets and of their agential budgets. In this cases the imbalances of the scale toward one or another side become apparent and, even, they are reflected in the same historical reconstruction of the discipline; although it can be in a subtle way - as when Durante (1998) recovers the work of Herbert J. Hall and his division of the occupations between those of amusement or entertainment, directed to patient in advanced or incurable stadiums of the illness, and those for remedy, focused on patients that found a therapeutic and economic value in the restorative work (Durante, 1998; p. 33) -, sensitive - as when Paterson (2002), treating the relationship from the 19th century among individualism, work and industrial world, he describes the use of patient physically capable for the work in the kitchens, laundries, farms and gardens of the asylums and their relationship with economic reasons and, at the time, therapeutic - or declared and manifested - as Moruno (2002), when analyzing the function of the work in the breast of the moral treatment of the 19th century, he assimilates it to a

coercive means to order the subject's productive activity; everything very in the line of the interests of stocking-high social class -.

In fact, to this gradation and, even, polarization of attitudes toward the labour or idler fundament of the OT, underlies a more generic confrontation against two world models - and correlative activity tempos - that are also typically modern. Indeed, from half-filled of the 19th century it is already clear the diatribe outlined among a naturalistic option - nostalgic and with certain sympathy for the ultraconservative stability of the old regimen - and another industrialist - which prefigures the capitalism and agrees with the continuous socio-economic mobility -.

The most critical approaches in the OT's historiography have sensed properly the deepness of the second model's interdependence with the Protestant moral. From that point of view, authors like Moruno (2003), Gómez Tolón (1997), Reed (1993) or Paterson (2002) have defended that the first steps of the discipline through Pinel's moral treatment are characterized to observe the organization of the tasks like a way of reaching an ethical rightness, like a way of responding to the order and productivity expectations foreseen in the bourgeois model. The agential meaning and component of the task, we already know it, is not located here on the side of the supposed individual subjectivity, but of an appropriate adjustment of their values and tasks to the social means. Without a doubt, from this perspective underlies the successful sociological thesis outlined almost for one century by Weber (1997), according to which the emergency of the modern socio-economic order takes place starting from the connection among the ideals of the Protestant Calvinism (moral rightness) and those of the capitalism (production and market).

Certainly, many of the historiography narrations that we have consulted consider that it is legitimate to articulate the meaningfulness of the occupational therapy in that environment. However, in most of them a critical line can also be detected which defines a second territory. In him the most important part in the development of the discipline is connected with the progressive attainment of grades of freedom for the subject's agencialidad. Mainly, this puts on in connection with a slower tempo of life and a more simple, rural and handmade activity. Under this perspective, it is certain, the "naturalistic" model of world that we commented above beats. Their historical-cultural roots are varied and they include

the Rousseau's echoes of the good savage, the humanist matrix of the European romanticism, the North American spiritualism from Emerson or Thoreau or even, an alternative slope of the Protestantism that the OT's historiography has hardly limited to notice in the Quaker saga of the Tuke²². Most of these perspectives coincide in praising the virtues of the life on the rural environment - drawn as more open and bucolic than the urban scenario; see, for example, Reed and Sanderson (1999) - and, in concordance with it, the whole of an individual that can understand each other already only in harmony, even coalition, with their immediate group and natural environment²³. Of course, as we have already commented, here it acquires full sense the paper granted to the game, the crafts or the aesthetic occupations; in definitive, the movement of arts and occupations under which you figure as John Ruskin or William Morris "(...) they looked for improving the negative effects from the industrialization when recommending the return to a simpler life in which the body and the mind could participate in occupations which gave as a result fine hand-made objects" (Schwartz, 2005; p. 7).

As the appointment illustrates, it seems logical that this type of commitment opposes to the tempo, activity type and, in definitive, skilful burdens of industrial and urban world; in short, to their social conventions, production in series, utilitarianism and obsessive idea of progress. In fact, these characteristics are located in the line of the crucial breach among the two world ideas that we are commenting and, even, they are projected on the historiography of the OT to decant, in some case, the image of two intervention sensibilities frankly contradictory. Maybe Gómez Tolón has been one of the authors who has insisted more firmly in the diatribe and, possibly, the one that better has glimpsed and overcome historical reasons to base it. From their perspective, *"The punishment condition that covers the*

²² It is worth getting the attention that, in spite of the example offered by Tuke (to see, for example, Reed and Sanderson, 1999), the only influence of the Protestant culture that have pursued most of the historiography texts of the OT, is the one that derives of Weber's theses; that is, of the relationship among Calvinism, work and salvation. The second world model that we explore is also geared in the Protestant morals from the 19th century, although in a different tendency than Weber's popularized one. It would be pertinent a detailed exploration of which we can approach here in connection with these two Protestantism; mainly in what is related with their differential contributions to the construction of the modern subjectivity..

²³ In connection with this sensitivity, the episodes recovered by OT in order to illustrate the weight of the community nexus are recurrent. Speaking of a character like Elizabeth Casson, Paterson (2002) outlines how she made an effort for that in their reception centre, both patients as insole, felt like integral part of a whole and they contributed, in accordance with their capacity, to the well being of the centre. The fundamental idea was that everybody should be essential and, therefore he/she could feel valuable and valued. Reed and Sanderson (1999), raking the historical roots of the OT, highlight the connection of the rural world with the care of the community and the nature. These authors have also noticed the relationship of the Puritanism Quaker with the generation of an equitable, caring community and tied in fraternity; mainly in what has relation with the less fortunate members for reasons of health. In fact, if the Pinel's moral treatment was interested in the adjustment from the individual to the society, in the case of the Quaker Tuke, it seems that it is the group the one that should be adjusted to those of the disadvantaged subject. To all these questions it would be necessary to add the philosophy of the Settlement Movement, where the therapy works like development of the social bonds and nexus of union between the sick person and the cultural references from its community (to see Moruno, 1991; Moruno, 2003).

work, in the Judeo-Christian tradition, comes marked in a clear and firm way [in the Genesis]. The work only appears as an alienation that limits the man's autonomy". Alternately, in the Renaissance it seemed that it "highlights the nobility and superiority of the artistic activities on other occupations. The work of art is the manifestation of the man's creative activity and its use is a method to capture the transcendence's necessity that all person takes inside" (Gómez Tolón, 1997; p. 35). The upgrade that Gómez Tolón carries out of this panorama is lapidary: "In our century, the appearance of the work in chain with the loss of the satisfaction of the finished work and the consequences that this loss has for the person's own identity, it has contributed to the accentuation of the anomia like common denominator to many citizens of the present moment. (...)The occupation, as factor of autonomy and of realization of the personal desires, maintains a constant fight with the work's content of alienation" (Gómez Tolón, 1997; p. 36)

In this end we find a radical opposition between two tempos and types of activity which concern the modern subject. Consequently, some therapeutic options, as the one pointed out by Gómez Tolón or, also, the one of Moruno (2002), they seem to want to invite us to think about the derived benefits of the ludic-handmade or "idler" facet - in the measure that derives from the time that the subject would use in what Foucault denominates the "self care" (Foucault, 1991 and 1995) -. From this point of view, what interests the OT is the search of a kind of activity in tune with the most authentic individual subjectivity and, at last, more human.

However, we cannot forget that the scenario against that, in the end, this alternative is gestated, the urban and industrial, he also made be worth, in some moment, his own theory of the activity and the occupation tempo. And what is more important: with this alternative it is also articulated the negative counter-example of the style of life that underlies to the therapeutic theses, claimed by Gómez Tolón or Moruno. And not in a frank or purely reagent way. In fact, already at the end of the 19th century and principles of the 20th one the own social agents agree with to the industrialism (positivists, liberal, even socialists) they detected the same disagreements denounced by the "naturalistic" and "handmade" sensibility, making special stress in the pernicious effects of the displacement from the field to the cities (uprooting, loss of cultural references, alienation, etc.) and their potential feeble quality (atrophies, aboulia, unproductiveness, etc.) or criminal (state of alienation, bad habit, delinquency, social conflict). It happens that, in spite of it, those in favour of the industrial progress observed the activities and tempos of the classic rural and artisan life as the bigger of two evils. In it they detected the survival of a paralyzed style of life; agree with the socio-political reaction movement as well as supportive of the protective and paternalistic values and, at the time, arbitrary and hierarchical of the old monarchic regimen. In fact, good

part of the social problems commented, concerning the industrial scenario, was connected with the inflexibility of the tempos and typically rural activities. The transfer to cities of a lazy, unworried, submissive, obtusely gregarious and disabled to open up to the change life, it could only throw a dysfunctional result. Without a doubt, this last question has many more ramifications and partner-historical implications than those we can comment here, but what is evident it is that, in some moment, the industrialism was observed as the improvement of a more unfair social model; a model that tortured the individual subject's supposed freedom in the engagements of a hierarchical and resistant to change social structure. The industrial utopia, independently from their capitalist or socialist version, it consisted, in some point, in trying to liberate the potentialities of anybody with initiative and desire for improvement, all of them separately from their birth and social origin. To that respect, the alienation was the price to pay while it was expected that the model reached, via evolution or revolution, its maturity and stability.

Thus, we believe that, again, when treating the management of the energy, the tempos and the human being's activities - the liberation and classification of the subject's hidden forces -, the OT historiography is before the game of critical contradictions that define the construction of the modern subjectivity. As we have tried to reflect, in this case the dispersion commits to the necessity of to qualify and to administer the normal and abnormal activity among the socio-cultural ideal of the syncopated urbanite convention and of the calm naturalistic harmony; all without losing the view on the negative contra-figures that were devoted between these alternatives mutually. The tension between them is the same one that shows the discipline and the one that transmits its historiography reflections when they grant the "significant occupation" condition both to the labour tasks and to the artistic ones. Particularly, if with the aesthetic task they are sought to reach the full realization of the individual subjectivity it is unavoidable, simultaneously, to hypertrophy the great anthropological trick that played the modernity when

preparing, controlling and implementing the multiple occupations that it had foreseen for "its" new subject. Said otherwise, when OT derives its evaluation scales toward subjective or personalized indexes, related with the perceived well-being, the happiness or similar questions, it is not only rejecting courageously the determinism and reductionism of the medical model. It also goes with the type of "governability" wanted by the occidental liberal democracies (Rose, 1996) - the series of options and administration forms already foreseen; everything under the election illusion - and, at last, at the end of the proclaimed history, like we saw at the beginning of this article, by Fukuyama.

The individualism cultivation, the subjective meaningfulness and the freedom, supported by the entertainment thesis, the amusement and the enjoyment of the leisure, are the best alibi to negotiate a world that, overcoming the expectations of a social order foreseen by the political-philosophical thought at the end of the 19th century and principles of the 20th century, it has trusted on the productivity and the consumption in the free market era. Otherwise it cannot be understood that Ottawa's Chart urges the therapists to observe the *creativity* like a value to cultivate in the *work* environment, or that the aesthetic perspectives defend the pride, dignity, moral, meaningfulness and, in definitive, the health of the utilitarian handmade work in front of the one carried out in the factory. Otherwise it cannot be understood, in definitive, that the intervention areas, that the American Association of Occupational Therapy considers legitimate for the discipline, they augment a monstrous list that includes activities of the daily life, work,

education, leisure and game (inside those activities would be included other artistic and expressive) and social participation.

After all that commented, we hope it has been clear that there is something in the past of the OT that, beyond the identity, it is fundamental to understand what we are making here and now with the OT. The history becomes inherent to the discipline. But not to be wasted in the successive institutional episodes that legitimate it as profession or academic domain in the contemporary scenario, but, mainly, because it transports in its practices, in its performance protocols or in the design of its tools the same critical history of the subject-object with which seeks to be treating. This way, when it takes part it doesn't respond exactly to a natural demand (organic or spiritual) of that subject, but, like a practical memory, rather it punishes and implements actively the categories which configures it, which constitute something denominated subjectivity and its shape. And this is an effect that the TO shares with other disciplines, with all those that, as the psychology, the nursery, the sociology or the anthropology, they reveal implicit or explicitly an epistemological correlative uneasiness to the perennial crisis in which the modern subject has been located. Maybe because they constitute their same nucleus, after, like Foucault says (1999), to have invented it.

To solve for what reason it serves the history in OT supposes, therefore, to reject the task strictly reconstructive and based on the present - that of the History with a capital H - and to take into account the conditions of possibility so that the discipline works as it makes today. There are already some

interesting directions in that sense inside the own OT historiography, critical perspectives that are interested to link the emergency of therapeutic ideas to the concrete ideological social conditions (Moruno, 2003), for setting in a context of wider theoretical and philosophical sense (Gómez Tolón, 1997) and to recognize the inheritance of the past in the current forms of investigation, practice and definition of problems (Crepeau, Cohn and Schell, 2005). But, even in those cases, it is necessary to insist in that the look to the past cannot be drained in the interest to know the characteristics and fundamentals that formed it and that continue patent at the present time. The history continues being, in that case, a mere reference that it is not upgraded in the daily practice. It is only in the past framework where to observe and give sense to the OT, the way to continue justifying an identity option²⁴, therapy or, in the best in the cases, to fall in the frank and solipsistic "better self-knowledge" of the most obliging "cultural historiography" (see, for example, Daniel, 2005 and Castro and Lafuente, in press).

From our point of view, the upgrade of the look to the past should overcome the concern to know from where we come and who we are to reach a critical thought about where we are going; mainly after the postmodern convulsion has left few identity alternatives to hold on, as individual subjects and also as professionals. Of course, the look to the past continues being unavoidable, although I believe that it is more necessary to introduce it as genealogical more than historical look. With it we emphasize it the interest to

²⁴ As well the own Gómez Tolón illustrates, the main tendency is to develop "(...) *an intensive thought about the nature and meaning of the occupational therapy. The search of the elements of the profession identity is, at this time, one of the developed study fields. The study of the occupation and the adaptation like fundamental concepts of the occupational therapy's theory polarize great part of the interests on the current investigation*" (Gómez Tolón, 1997; p. 51).

assist to the origins, changes, transformations, forgetfulness and persistence in the discursive and practical environment of the OT that arrives to the present time; keeping in mind, also, a much wider field of functional dispersion of the supposition by the historiography to the use. About these questions we will talk in the final epigraph.

Genealogy ¿for what reason?: deconstruct to rehabilitate

If the structure of the meta-historiography argument, that we have deployed till now, is revised, it can end with the feeling that the look to the defended past supposes two relatively disconnected tasks: one, referred to the form of the historiography narration, would seek to reveal the rhetorical tricks in that the historians go aboard to justify the existence of a discipline identity; the second, relative to the concepts or transported ideas, it would look for relocating them in practical frameworks and with wider sense. In fact, in the genealogical task that we propose it is not possible to separate the form and the content. Both are interdependent. At the same time the identity function and the mechanisms of power implied in the official narratives are deconstructed, it is discovered the unstable, genuinely historical nature, about whatever we understand for OT. The result condemns us -not already as historians, but as grateful health "authorities" - to a radical reflexiveness; this is, to maintain a constant surveillance on the precariousness and constituent uncertainty of our budgets and our daily practices.

So, to restore the look toward the past implies to incorporate it actively in the present. It supposes to consider always the images and technologies of

the subject historically set and over those that, here and now, we are also historically deploying tasks that have been configured, next to those. Evidently, there are crucial and unavoidable disciplinary consequences derived of that reflexive attitude; consequences that, although only by way of theme-maker and summary, we will point in connection with the two sense horizons that it contemplates, although it is only archetypically, any space of modern knowledge: the theoretical-analytic one and the practical-interventive one.

Theoretical-analytic horizon

The first horizon is confronted with the historical supposition that the OT works with the subject's integral or holistic idea and activity. It is a commitment that, paradoxically, the therapists constantly evoke on behalf of the repair of classic breaches of the body and the spirit, the subjectivity and the task, etc. Possibly, for the OT, to preserve those divisions and the consequent unifying promise has been the key when operating in all the fronts of the intervention level (justification, institutionalization, designs, turning into technique, etc.)²⁵. However, it is also necessary to suspect that, beyond the interests bound to the divisions of the modern subjectivity, the holistic assumption reflects that the OT has been aware of the excessive unforeseeable nature and non measurable

²⁵ The historiography of the OT offers recurrent episodes concerning the relationship among the holistic aspect, the subject's fracture and the reunification promise of the OT. Talking about one of the founders, Eleanor Clarke Slagle, Durante underlines how: *"The interdependence of the physical and mental components was an essential ingredient to enhance the therapy (this is: the necessity to graduate the activity from simple to complex; the necessity to establish the habit of the attention and to build over it)"* (Durante, 1998; p. 34). In that same sense it can be cited the credo for therapists published by Dr. William Rush Dunton Jr. in which there were included points like *"That all human being should have physical and mental occupation"* or *"That the minds, the bodies and the sick souls can heal through the occupation"* (cit. in Durante, 1998; p. 34). On the other hand, the own OT is perfectly aware that the holist commitment is not exploited in all its consequences or virtues; although, it is true that, the accusations and critics redound again on the adaptation of the tools and practical protocols. In Wilcock's words: *"(...) in spite of the idealistic commitment of the profession with the holism, it can be argue that many of their members have been limited to the treatment of the symptoms or the adaptation, instead of considering the complete range of occupational singular necessities for the health and the well-being"* (Wilcock, 2005; p. 35).

condition of the human experience. To distinguish, for example, between the structure of the activity and the subject's intentions it has only been a precarious way of coming closer to the problem of how to delimit the experience. I believe that, to this respect, the genealogical sight can offer, if not definitive solutions, yes novel approaches and programmatic contributions. The genealogy gets the attention on the fact that the present moment is configured starting from the fork and crossing point of multiple diachronic and synchronous vectors; vectors constituted by a combined wealth of values, operations, technical, operations, narrations, prejudices, etc. This heap of elements, already transported in the concrete activity that we are carrying out, doesn't stabilize the identity of a phenomenon (a clinical square, an intervention, a concrete protocol of performance, the objective of the OT, the subject's functional limitations) but rather, very on the contrary, it stumps its limits. The phenomenon is recognized properly as complex experience.

All that we have said supposes to reinterpret the old holism beyond the union of dualities and, even, the own idea of the subject or the subjectivity. Now, the focus of attention that the genealogy offers to the OT is placed, genuinely, in the whole activity, in its restrictive elements - those that stabilize an area for its recognition here and now - and in its flight points - those that begin to stump it in the border area shared with other stabilized activities -. Conceptualizations of some and another elements can be in multiple theories of the mediation, so much in the semiotic and artefactual sense of the vygotskian tradition (see Wertsch, 1991, Cole, 1996), like in the institutional and

technological sense of Foucault's tradition (see Foucault, 1991)²⁶. Broadly speaking, the operations implied in the language, the institutionalization and the technical process configure and grammar the possible forms which takes the action and that they make it recognizable in a given socio-cultural scenario. This way, following Foucault closely, now we could think about that the history of human being is the history of his technologies; or, what is the same thing, of the collection of recipes that the culture puts in circulation - through institutions more or less diffuse (see Berger and Lukman, 1966) - to order the activity of the individuals and the communities that integrate it. But, let us remember it once again, the activity is always excessive, it always crosses the partner-institutional limits - and, of course, the singular ones - and it is in those areas of uncertainty or non-control where the anomalies and the novelties emerge. From a perspective that, as ours, it puts in crisis the own idea of subjectivity, those singularities cannot be already observed as resulting expressions of an

²⁶ Certainly, the OT's most sensitive perspectives to the critical historiography and the epistemological reflection have detected well how the fundamental objective of the discipline is in the activity. This way, an author like Durante outlines how: *"The philosophical base of the OT rests on the activity with proposition nature. It is crucial for the occupational therapist to know and to understand from the beginning until the end that activity"* (Durante, 1998; p. 37). In the same line, some authors have raked pertinent theoretical-epistemological fundaments both in James Dewey's North American pragmatism and in the Soviet constructivism of Vigotsky or Leontiev (see Reed and Sanderson, 1999; Moruno, 2003; Gómez Tolón, 1997). To this respect, Gómez Tolón has pointed out how *"(...) at this time there are important theoretical fundaments, as the consideration of the restructuring of the internal mental means through the occupational activity, and practical considerations, as the methodology, of treatment in occupational therapy by means of the study of the area of next development that sink its roots in the theories of Vygotski"* (Gómez Tolón, 1997; p. 38). However, the nominalization of agenciality (intention, purpose, motivation, impulse, etc.) individualist and subjective, as well as the one declared commitment with their "care", this is, with the modern conception of "health", they limit so much the development horizon on the question of the activity. At the end everything decreases to the humanist necessity of *"(...) to think on the activity like a way of helping people to reach, to maintain or to return to the productive life"*. (Durante, 1998; p. 38), what makes that the American Association of Occupational Therapy highlights the therapeutic *"use of the self-care activities, work and game, mainly to increase the functional independence, to increase the development and to prevent the inability. It can include the adaptation to tasks or to the environment, in order to reach the maximum independence and to increase the quality of life"* (cit. in Durante, 1998; p. 31). In this same sense, it is necessary to think about the Gómez Tolón's concern (1997) for the "experience", which finished being channelled to the competencial side and the realization of the subject's desires or interests. From this whole is derived the presentation of Davidson, Burke and Kielhofner's models, broadly committed with the theory of the self, the conscience of affirmation, the particular subject's volition and the intention, as the paradigm to continue.

individual and constrained internal jurisdiction or, what is the same thing, of the subject's intention. Rather they are new action environments which need their own rules and that, in fact, they can give to a redefinition of the whole activity system - and of their corresponding subsystems - in which they have been generated. This way the things, our genealogical proposal doesn't only walk of the hand of the mediation perspectives but rather, in the line of Latour's approaches (see Latour, 1992 and Latour and Woolgar, 1995) it proposes an analytic approach where the agent's limits and the tool, the past and the present, they begin to be stumped. All are part of an operational structure on which we try to deploy our prospecting and analysis - and that, in the limit it should also be integrated in the system that is to analyze - (for a revision of these questions, see Sánchez-Criado and Blanco, 2005).

Practical-interventive horizon

The fact that we can no longer talk about a stable identity, that this is distributed in the diverse activity environments and subjected to a continuous virtual or effective change, has decisive consequences for the second sense horizon that we pointed out. It forces to think clearly that if we suspend our judgment on the social-historical relevancy of the task that we are carrying out, here and now, as health authorities, we make it for immediate pragmatic demands or for pure political strategy. In fact, to manoeuvre in present time with the intervention that we attack would be impossible if, in the process, instead of allowing us to be crossed by the historically established structure of the task, we tried to assist to the multiple possibilities and available roads of

change for the activity. However, the simple fact that, in some moment, we can be aware of this supposes, at least, to realise that there are no longer definitive epistemological guarantees (and of course moral guarantees) on those to base our therapeutic activity. Contemplated "from the outside", the activity only reveals bifurcations, new paving or direction changes in the points of the road where the social reality plotted, on time, in the form of a concrete decision. Thanks to this sight, we detect a non-measurable territory where join the politics, the theory and the practice and where, in last term, it emerges the approach, the decision or the orientation on the task. And it makes it, at this moment, as a commitment with a way of (to understand) the life. This way the things, the approach of the correct thing or the true thing can demand the exercise of the rationality and the objectivity, but without losing the view that the rationality can only be a process - not an ideal place - and the objectivity an arrival point - not a departure supposition -.

If the therapist wants to face minimally with these questions it can be interesting that he/she has especially present two genealogical questions. Both two would work, literally, as "operative memoirs". One is related to the own therapist's biography that would imply their prejudices, their motivations, their experience and derived particular testimony of the daily practice. To analyze these questions, it is necessary to model and put in objective terms the structure of their moral commitment with the intervention; "moral", of course, here understood not in the humanist way but by operational way, like a cultural toolbox which should be under supervision and continuous fine tuning. The second operative memory implies not only to take in consideration the structure

of the material and assessment operations deployed by the therapist, but that of the socio-cultural and institutional agendas that, historically, they have come supporting them.

Surely, rethink about the OT for these ways supposes to openly participate in debates and tasks of wide multidisciplinary scope. In them, the ideas of health, well-being, subject, intention or therapy are suspended and subjected in critical opinion; moreover, they allow establish the problems to the own society idea that we are feeding and maintaining in our professional practice. In that same sense, when I talk about "multidisciplinary tasks", I am not trying to defend that the OT should head to a splendid and enriching eclecticism articulated in its own breast (question that, up to a point, it is seen in the perspective of authors like Kielhofner, 1995). I speak of a debate in that all the "official" disciplines, including the OT, will be willing to risk crucial political aspects; that is, the own professional and institutional identity that sustains it. This way, the fear of many theoretical of the OT based on the idea that the discipline disappears, if it is not able to articulate a body of knowledge, is founded (see Moorish, 2002). But not because the discipline is being delayed when formulating its own body, able to finally solve what distinguishes OT from other treatment methods that can be overlapped in the means or the aims. Very on the contrary, any theoretical or applied contribution developed in the environment of the OT - as well as the psychology, the sociology, the nursery, etc. - it should converge in an interdisciplinary meeting where it was possible to validate and to discard possibilities; to decide, priority, what we all understand for human activity.

Evidently, it exists the alternative of deepening in an own design of discipline, built to the margin of the importance or the logic of the study object or treatment that we face. However, I think that to insist in this other address, to look for the acceptance and the social recognition as autonomous discipline, it supposes to aspire, like top, to a more comfortable inscription of the OT in institutions and societies governed by the medical environment²⁷. In it, the occupational therapists will be able to complete a comfortable attendance paper and to continue participating of the modern man's great design; a man, we shouldn't forget, that no longer needs for anything the history.

I will underline to finish that, very contrary to that supposed by Fukuyama, I consider that the look to the past is fundamental; although, it was possibly needy of a substantial reorientation. From my point of view, the historiography and theoretical objectives cannot be wasted in the interest to deepen in the search of some supposed identity roots. In that case, which interests priority is the development of strategies and theoretical legitimations that put on to the service of the attainment of a political-institutional aim; this is, the construction of a professional cubicle. The look to the past should assist, rather, to the diachronic stratification of operations, values and institutional

²⁷ This objective appears literally in the programmatic calendar of the historiography texts. Durante, talking about the situation of the OT in Spain, outlines how "In the last decades, in the different hospitals of the public net, both general and monographic, the occupational therapist's figure is included in the different psychiatry units" (During, 1998; p. 36). In a more protest, strategic and ambitious line, we can find Wilcock and his idea that: *"the population intervention demands to share the power with other even more important sectors: and these embrace to the communities and the own population. (...) It will be fundamental to develop a relationship with political, social planners, research bodies and the media"* (Wilcock, 2005; p. 36). Alternatingly, there are also more generic and more epic messages. It is the case of Crepeau and collaborators when they propose to the occupational therapist that *"When his/her career begins, the challenge that we outline him it is to fight for achieving the profession's ideals"* (Crepeau, Cohn and Schell, 2005; p. 30). Like we have pointed out, there are more precise and enriching methodological forms of taking into account both the institutional context of the TO and the therapist's personal history when re- think about the discipline's agenda.

articulations that have gone decanting the practice and institutionalization of the OT as we understand it today in day; mainly keeping in mind the subjection from that process to the idea of a fragmented subject and an activity which needs a management. We believe that to analyze these questions is fundamental, when joining the OT professionals in a more wide, ambitious and fundamental company: the study of the human activity through the practical work, the direct observation and the ecological study. In last term, only by observing these tasks through the genealogical lens we can only decide on the relevancy of the consequent intervention agendas; agendas that, like we know thanks to the genealogy, they change decisively and continually what we all understand for human being.

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Chapter 02

Perspective on the History, Current Status, and Future of Occupational Therapy

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MENTIONING THIS CHAPTER

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ABSTRACT This paper argues that occupational therapy's development can be understood as occurring in four epochs. Each of these epochs involves the efforts of leaders in the field to address a particular challenge unique to that epoch. An example of an emerging conceptual practice model is offered to exemplify the kinds of efforts that are needed to respond to the current epoch

DESC KEYWORDS Measurements, Methods and Theories; Models, Theoretical; Institutional Practice; Professional practice; Occupational Therapy

KEYWORDS theory, practice, models

RESUMEN Este escrito sostiene la opinión que el auge de la terapia ocupacional puede entenderse que ocurrió en cuatro épocas. Cada una de estas épocas involucra los esfuerzos de líderes en el campo a ocuparse de un lance de honor particular único para esa época. Un ejemplo de un modelo conceptual emergente de práctica es ofrecido para ilustrar las clases de esfuerzos a las que son necesarios responder la época actual

PALABRAS CLAVE DESC Mediciones, Métodos y Teorías; Modelos Teóricos; Práctica Institucional; Práctica profesional; Terapia Ocupacional

PALABRAS CLAVE DEL AUTOR La teoría, la práctica, modelos

INTRODUCCIÓN

Occupational Therapy is rapidly approaching the distinction of being a century-old profession. The field began to take shape in the early 20th century in North America. Since the time of the founding occupational therapy has become a worldwide profession and has gone through a number of important changes. These changes will be traced in order to draw important lessons about where the field has been and where it needs to go in the future.

Methods

Since the aim of this paper is to draw conclusions about the current and future directions for the field from lessons about the past, I will draw upon the methods of historical analysis and scholarly criticism in order to achieve a broad interpretation of the state of the field. The data for this paper is the literature of the field including both primary and secondary historical sources. Following the historical analysis, I will use a case illustration to demonstrate my key assertion about how the field can address its contemporary challenges.

Results

Occupational therapy can be understood as developing in a series of epochs. During each epoch, occupational therapy leaders have addressed an essential challenge that was faced by the field during that epoch. However, the efforts to address the key challenges have left other things undone or created new challenges that the subsequent epoch needed to address and correct. In what

follows I identify the first three epochs through which the field has passed and the epoch into which the field is about to embark.

The First Epoch: Outlining the Field's Philosophical Foundations

Occupational therapy's first challenge was to outline the fundamental need for, and nature of the field. In response to this challenge, the field's early leaders articulated a new and unique way of viewing and dealing with the problems of persons whose capacities were impaired. They defined a new service based on the recognition that occupation was central to human beings health and that the interruption of occupation that occurred in association with disease and disability could damage persons' minds and bodies (1-3). These early leaders also recognized that occupation was particularly suited as a therapeutic tool for regenerating lost function since required an exercise of function in which mind and body were united yielding both physical and psychological benefits to the patient. In sum, the first epoch articulated a philosophy that identified occupational therapy as a field that appreciated the importance of occupation in human life, addressed problems of occupational disengagement, and used occupation as a therapeutic measure. While the leaders of this epoch laid down an all important philosophical foundation of the field, they left the field open for criticism about its lack of grounding in theory and research.

The Second Epoch: The Integration of a Scientific Perspective

In the late 1940s and the 1950s, occupational therapy came under pressure to establish a scientific rationale and empirical evidence for practice. In particular,

medicine which dominated the health care arena had difficulty appreciating occupational therapy's holistic and philosophically grounded approach. Occupational therapy sought to achieve greater recognition by medicine by incorporating neurological, musculoskeletal, and intrapsychic concepts into the field as a basis for explaining the therapeutic process. (4-10).

Importantly, it was during this period that the field's first articulated models of practice emerged: sensory integration model, the biomechanical model and the various neurodevelopmental approaches that eventually formed a motor control model. These models provided a deeper understanding of how physical and mental structures and processes facilitated or limited performance and clarified occupational therapy's potential to modify motor, sensory and psychological impairments. Also, by organizing the field's knowledge into a model's of practice, leaders in the field were able to create new structures that were helpful in linking theory and practice. Dr A Jean Ayres, who remained a practitioner, while creating theory and conducting research (11-12) exemplifies how models were developed during this era. She first identified a problem that therapists faced in practice for which therapists had inadequate knowledge. Then, she used her background in occupational therapy and psychology to identify concepts which would help illuminate those problems and what to do about them. She tested her ideas about the nature of the problems in research and she tried out her ideas about how to address those problems in her and others everyday clinical work and through research. She was a scholar-

practitioner who sought to improve occupational therapy practice through her theory and research efforts.

The positive benefits of the second epoch also brought with them some new problems. The alliance with medicine diverted the field from its original mission, and eclipsed the field's most seminal idea, the importance of occupation as a health restoring measure (13). It was argued that occupational therapy was jeopardizing its existence by abandoning the insights that engendered the profession (13) and that the field lacked an integrating framework to tie together its various specialties (14). (table 1)

The Third Epoch: A Return to Occupation

In the 1960s and 1970s Reilly and others developed a cluster of concepts aimed at recapturing the field's original concepts of occupation that had been lost during the second epoch (15-18). In time, the theme of resurrecting occupational therapy's original concepts and ideals as a way of integrating the field's specialties began to be echoed by others in the field (19-20).

It was in this context that the Model of Human Occupation was first developed to address the gap in knowledge about how to do occupationally focused practice. MOHO was, thus, the first model to reflect the return to a focus on occupation in practice (21-24). Three practitioners who had studied with Reilly (one of them being this author) began in 1975 to apply occupational concepts in their everyday practice. They met regularly, discuss their approaches to practice and eventually presented and wrote about a model (MOHO) that integrated a number of occupational concepts in a way that worked in practice. Interestingly this model was developed in the practice context, like the previous biomechanical, neurodevelopmental/motor control and sensory integration

models. And it was one of the last models to emerge out of the work of people who were primarily in practitioner roles.

Table 1. Four occupational therapy epochs, their key challenges and the field's responses

Epoch	Key Challenge	Response
One	To outline the fundamental need for, and nature of the field.	Articulated a philosophy that identified occupational therapy as a field that appreciated the importance of occupation in human life, addressed problems of occupational disengagement, and used occupation as a therapeutic measure.
Two	To establish a scientific rationale for practice	incorporating neurological, musculoskeletal, and intrapsychic concepts borrowed from medicine into the field as a basis for explaining the therapeutic process; development of the first models (biomechanical, sensory integration, and neurodevelopmental/motor control)
Three	To address the lost of identity in the field	A return to the focus on occupation as the integrating theme for the field; creation of multiple new occupationally oriented models; proposed development of occupational science
Four	To close the gap between theory and practice	Focusing scholarship on practice and a return to developing practice models out of the practice context

As the theme of occupation gained greater and greater acceptance in the field, it was especially championed in academic circles. Thus, it became popular to develop new occupationally oriented models. Many of these models were developed not to fill gaps in knowledge but to establish unique institutional or national perspectives. Unlike previous models in the field that were developed out of the context of practice, these new models were typically developed out of specific academic departments in universities that sought to articulate their own unique perspective out of groups or committees trying to develop a

national consensus about practice. As a result, the field now has several occupationally oriented models and other new ones that are being proposed. (see, for example, 25-27).

The problem with the development of these models is twofold. First, because these models did not emerge to address clear gaps in knowledge, they have overlapping content. Thus, it is hard to distinguish what is unique about a given model. This can create problems for new therapists who typically have to learn several models and as a result cannot learn any one in depth. Second, because these models did not have their origins in practice and have tenuous connections to practice, this is a growing gap between our theories and our practice. In fact there is evidence that practitioners are more comfortable with and use the older models developed during the second epoch (biomechanical, sensory integration, motor control) along with the model of human occupation (28).

During the third epoch the refocusing of the field on occupation has also led some persons in the field to argue for a basic occupational science. When originally proposed, occupational science was defined as “the scientific discipline that provides explanations of the human as an occupational being” (29, p. 300). The latter is proposed as new discipline, separate from but nevertheless supporting the applied science of occupational therapy (30). Since that time some have argued for including applied work as part of occupation science (25,30) while others continue to describe occupation science as an

effort to generate more basic knowledge about occupation (31). Whatever their stance, proponents of occupational science continue to argue knowledge generated about occupation will positively impact occupational therapy practice (25,31). However, others have questioned the value of occupation science to practice (32-36). Others have pointed out that while the concept of occupation has clearly become the central focus in the field's literature today, it is not universally reflected in practice (37-40).

In summary, while the third epoch has been important in returning the field to its original commitment to occupation, it has resulted in the proliferation of occupational concepts that have very limited ties to practice. Along with this many occupational therapy scholars are isolated from practice and they develop concepts and do research that is not grounded in practice (41). Thus while the third era has returned the field to a focus on occupation, it has also created a growing gap between the field's practice and its theory.

The Fourth Epoch: A Scholarship of Practice

Colleagues and I have begun to grapple with how the field can close its precarious gap between theory and practice (and, in related fashion, between academics and practitioners). We have proposed the concept of a scholarship of practice (42,12). A key element of the scholarship of practice is it aims to improve occupational therapy practice by seeking to better understand the needs of people that occupational therapy serves, and the ways in which we can most effectively address these needs (12). The scholarship of practice also

embraces the idea that those who ultimately will use the knowledge must be partners in its generation. The scholarship of practice, thus, begins with the premise that researchers and theorists (i.e., academics) in the field must work together with practitioners to not only generate the field's theory and research but also to advance practice. Consequently, the scholarship of practice emphasizes that occupational therapy knowledge should grow out of collaboration between those in academic and practice roles. In such a collaborative model scholarship provides tools to enhance understanding of practice problems (e.g., methodological principles and rules that address how knowledge can Practice points to what we should know and, by applying theory to real life, enriches the understanding and development of theory. In such a collaborative model, the theoretical, empirical and practical are interwoven. Knowledge becomes not simply knowledge about something, but knowledge of how to do something. It is a new form of knowledge-in-action. This, in short, is the guiding vision of a scholarship of practice.

As I noted earlier The Model of Human Occupation was developed by practitioners. Thus, along with the models of the second epoch that also emerged from practice, this model has an advantage of being grounded in the realities of everyday occupational therapy. Nonetheless, as the model has developed and many of those working on the model (including myself) are in academic roles, we have had to be careful to keep this model grounded in practice. Working with both academic and practitioner colleagues, I have

emphasized that the Model of Human Occupation must be grounded in the real world situations of everyday practice (43-44).

To be fair, the fourth epoch has only just begun and not all leaders in the field have embraced the idea that our energies must be focused on closing the gap between theory and practice. Therefore, only the passage of time will clarify what happens in this epoch. What I want to illustrate next is where I think we should go to address the challenges of this epoch. I will do so by providing an example of the development of a new occupational therapy practice model that responds to the challenges of the fourth epoch. I will illustrate the emergence and initial development of this model and briefly overview its main features. After having done so, I will return to a consideration of what this new model illustrates about meeting the challenges of the fourth epoch.

The Intentional Relationship: Emergence of a Fourth Epoch Model

The intentional relationship model is a new conceptual practice model detailed in a forthcoming text by Taylor (45). As a practicing psychotherapist who joined the field of occupational therapy, Taylor recognized that while the field talked about the importance of the therapeutic use of self, it had very limited published knowledge on this topic. Thus, she set out to understand the essential nature of the therapeutic relationship in occupational therapy practice and what concepts could illuminate it. She first reviewed the occupational therapy literature in order to get an idea of the historical thinking about therapeutic use of self in the field.

Then, with colleagues she conducted a nationwide survey of practicing occupational therapists in the US (46). She also collaborated with colleagues in the United Kingdom to complete a similar study on a regional basis (47). The objectives of these studies were to determine how occupational therapists viewed the client-therapist relationship, to identify variables that challenge the client-therapist relationship, and to summarize the interpersonal strategies that therapists used to respond to such challenges. Results from the surveys revealed that, across practice settings and client populations, practicing occupational therapists frequently encounter clients who demonstrate a wide range of emotional, behavioral, and interpersonal difficulties. Occupational therapists placed a very high priority on their interactions with clients identifying the therapeutic use of self as the key determinant of therapy outcomes. At the same time, they also felt that their training and the field's knowledge in this area was inadequate. The findings from these studies of practitioners confirmed the need for a model that would more directly address therapeutic use of self.

Working within the scholarship of practice framework, Taylor wanted to reduce the gap she found in the ideals expressed in literature on therapeutic use of self and what actually occurs in everyday therapeutic encounters. Consequently, she began to organize ideas that reflected her research findings about practitioners' expressions of the dilemmas and challenges they faced in

therapeutic use of self as well as their descriptions of the way they attempted to manage these circumstances.

Then, she set about a series of qualitative case studies of occupational therapists who were identified by their peers as achieving excellence in therapeutic use of self. This quest took her to North America, South America, Europe and the Middle East as she extensively interviewed and observed these occupational therapists and their clients. Out of these efforts she began to shape a conceptual practice model. At each stage, she returned to her cohort of expert practitioners to get their input and ideas on the emerging ideas. The model Taylor has created reflects the circumstances of practice and draws upon demonstrated excellence in occupational therapy practice as well as Taylor's own experiences as a practitioner of psychotherapy. It is a model that has emerged out of the very fabric of therapeutic encounters therapeutic use of self as it occurs in occupational therapy practice.

The Intentional Relationship Model

Taylor (45) begins by recognizing the unique nature of the use of self in occupational therapy where the central focus is occupational engagement as shown in Figure 1.

She points out that occupational therapists employ a number of therapeutic strategies, usually rooted in existing models of practice, to facilitate the client's engagement in occupation.

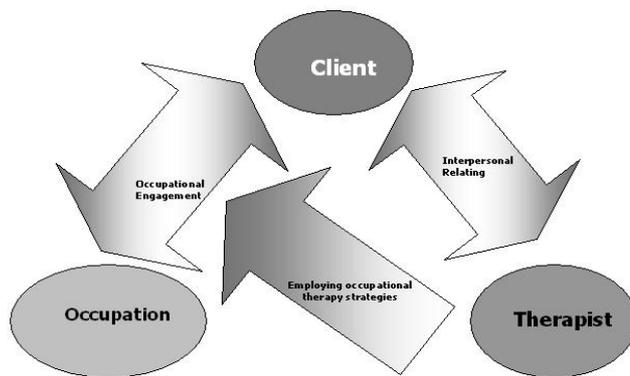


Figura 1. La relación única entre el cliente, el Terapeuta Ocupacional y la ocupación en la terapia ocupacional

However, she notes that promoting occupational engagement does not exist in isolation of a larger process of relating that occurs between client and therapist. Thus, the intentional relationship model explains the relationship between client and therapist

that is part of the overall process of occupational therapy. As such it complements existing occupational therapy conceptual practice models.

Elements of the Intentional Relationship Model

This paper can only provide a sketchy overview of the Intentional Relationship Model. Those who are interested in a more thorough treatment should consult *The Intentional Relationship: Therapeutic Use of Self in Occupational therapy* (45). As shown in Figure 2, the intentional relationship model (IRM) views the therapeutic relationship as being comprised of four central elements:

1. The client,
2. The interpersonal events that occur during therapy,
3. The therapist, and
4. The occupation.

The client

The client is the focal point of this model. It is the therapist's responsibility to work to develop a positive relationship with the client and to respond appropriately when interpersonal events occur.

In order to develop this relationship and respond

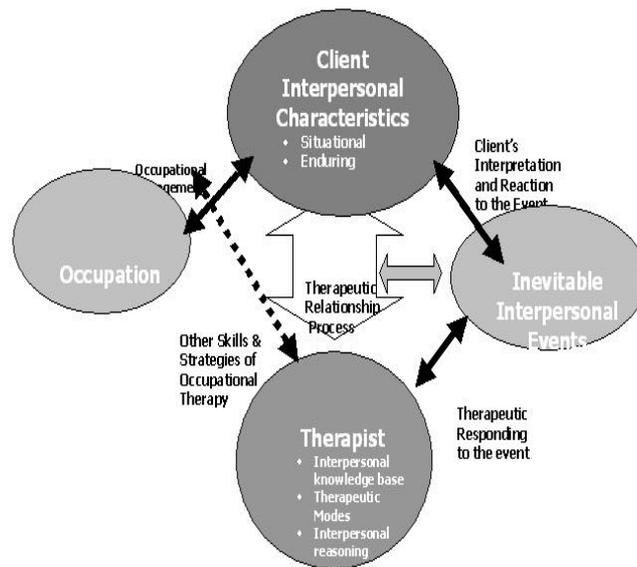


Figura 2. Un modelo de la relación intencional en terapia ocupacional

appropriately to the client, a therapist must work to know the client's interpersonal characteristics. According to IRM, a client's interpersonal characteristics can be understood according to two dimensions:

- a) Situational characteristics that are inconsistent with how a client typically and consistently behaves when interacting with others and that reflect a client's acute emotional reaction to a specific situation (e.g., impairment, pain, external barriers). Situational characteristics are likely to surface when they interfere with the client's ability to engage in the activities of therapy as planned.
- b) Enduring characteristics that are more stable and consistent aspects of the client's interpersonal behavior. Enduring interpersonal characteristics include such things as a client's preferred style of communicating, capacity for trust, need for control, and general

orientation to relating, and usual way of responding to change, challenge, or frustration.

Distinguishing the two categories of interpersonal characteristics informs therapists' understanding of the client so that therapeutic responses can be appropriately tailored and modulated. The way in which a therapist chooses responds to both is vital to the therapeutic relationship.

The interpersonal events of therapy

The interpersonal events of therapy are naturally-occurring communications, reactions, processes, tasks, or general circumstances that occur during therapy and that have the potential to detract from or strengthen the therapeutic relationship. The following are a few examples of interpersonal events:

- The therapist asks a question or makes a comment that the client perceives as intrusive, or emotionally difficult to face),
- A client displays strong emotions in therapy (e.g. an elderly client begins crying during transfer training or a child client runs up to the therapist and hugs her in the midst of a sensory motor activity),
- A difficult circumstance arises in therapy (e.g., a client is embarrassed because of losing bladder control, or becomes frustrated or fearful in the midst of an activity), and
- Therapist and client differ concerning the aim of therapy (e.g., a client insists on a goal that the therapist believes is not attainable, or the therapist recommends a goal that the client rejects).

When these and other interpersonal events of therapy occur, their interpretation by the client is a product of the client's unique set of interpersonal characteristics. Interpersonal events are part of the constant give and take that occurs in a therapy process. They are distinguished from other events or processes in that they are charged with the potential for an emotional response either when they occur or later upon reflection. Because these events are unavoidable in any therapeutic interaction, a therapist practicing according to the intentional relationship model responds to these inevitable events in a way that leads to repair and strengthening of the therapeutic relationship.

The therapist

Taylor (in press) stresses that the therapist is responsible for making every reasonable effort to make the relationship work. Specifically, the therapist is responsible for bringing three main interpersonal capacities into the relationship:

- An interpersonal skill base,
- Therapeutic modes (or interpersonal styles), and
- Capacity for interpersonal reasoning.

The therapist's interpersonal skill base is comprised of a continuum of skills that are judiciously applied by the therapist to build a functional working relationship with the client. These interpersonal skills are:

- Therapeutic communication (i.e., verbal and nonverbal communication skills, therapeutic listening, assertiveness,

providing clients with direction and feedback, and seeking and responding to client feedback),

- Interviewing skills (i.e., being watchful and intentional about the way in which one approaches the process of asking a client questions) and strategic questioning (i.e., asking questions in a way that guides the respondent to think more broadly or differently),
- Establishing relationships with clients (i.e., rapport building, matching one's therapeutic style to the interpersonal demands of the client, managing a client's strong emotion, judicious use of touch, and cultural competence),
- Understanding families, social systems and groups,
- Working effectively with supervisors, employers, and other professionals (knowing how to communicate with other professionals about clients and understanding the power dynamics and value systems),
- Understanding and managing difficult interpersonal behavior (knowing how to respond effectively to behaviors that involve manipulation, excessive dependency, symptom focusing, resistance, emotional disengagement, denial, difficulty with rapport and trust, and hostility),
- Dealing with empathic breaks and conflict or rifts in understanding between client and therapist,
- Professional behavior, values, and ethics, and

- Therapist self-care and professional development (knowing and managing one's own emotional reactions to clients and being accountable to those reactions, a general capacity for self-reflection, an ability to manage one's personal life and seek support when necessary, and the capacity to maintain perspective regarding client outcomes).

The second interpersonal capacity that a therapist brings to the client-therapist relationship is her or his primary therapeutic mode or modes. A therapeutic mode is a specific way of relating to a client. From her research on expert therapists, Taylor (45) identified six therapeutic modes which are shown in Table 2.

Taylor's investigation of expert therapists also identified that therapists naturally use therapeutic modes that are consistent with their fundamental personality and that expert therapists tend to use a wider range of modes. Thus, the intentional relationship model stressed the importance of becoming increasingly comfortable utilizing any of six of the modes flexibly and interchangeably depending upon the client's needs.

Therapists able to utilize all six of the modes flexibly and comfortably and to match those modes to the client and the situation are described as having a multi-modal interpersonal style.

Tabla 2. The Six Therapeutic Modes in Practice based on Taylor

Mode	Definition
Advocating	Ensuring that the client's rights are enforced and resources are secured. May require serving as a mediator, facilitator, negotiator, enforcer, or other type of advocate with external persons and agencies.
Collaborating	Expecting the client to be an active and equal participant in therapy. Ensuring maximal choice, freedom, and autonomy.
Empathizing	Ongoing striving to understand the client's thoughts, feelings, and behaviors while suspending judgment. Ensuring that the client verifies and experiences the therapist's understanding as truthful and validating.
Encouraging	Instilling hope in a client. Celebrating a client's thinking or behavior through positive reinforcement. Conveying an attitude of joyfulness, playfulness, and confidence.
Instructing	Structuring therapy activities and being clear with clients about the plan, sequence, and events of therapy. Providing clear instruction and feedback about performance. Setting limits on a client's requests or behavior.
Problem-solving	Facilitating pragmatic thinking and solving dilemmas by outlining choices, posing strategic questions, and providing opportunities for comparative or analytical thinking.

Taylor (45) argues that a therapist's choice and application of a particular therapeutic mode or set of modes should depend largely on the enduring interpersonal characteristics of the client. In addition, certain events or interpersonal events in therapy may call for a mode shift (i.e., a conscious change in one's way of relating to a client). Mode shifts are frequently required in response to interpersonal events in therapy. For example, if a client perceives a therapist's attempts at problem-solving to be insensitive or off the mark, a therapist would be wise to switch from the problem-solving mode to an empathizing mode so that she can get a better understanding of the client's reaction and the root of the dilemma.

The third therapist interpersonal competency involves the capacity to engage in an interpersonal reasoning process when an interpersonal dilemma presents itself in therapy. Interpersonal reasoning is a step-wise process by which a therapist decides what to say, do, or express in reaction to the occurrence of an interpersonal dilemma in therapy. It includes developing a mental vigilance toward the interpersonal aspects of therapy in anticipation that a dilemma might occur, and a means of reviewing and evaluating options for responding.

The desired occupation

The final component of the intentional relationship model is the desired occupation. The desired occupation is the task or activity that the therapist and the client have selected for therapy. Taylor (45) notes that the selection of the occupation and support for occupational engagement will be primarily informed by other occupational therapy conceptual practice models such as the biomechanical model, the sensory integration model, or the model of human occupation.

The primary function of the intentional relationship model is to enable the therapist to manage the interpersonal dynamic between the client and the therapist that also occurs as part of the therapy process. This interpersonal dynamic influences the occupational engagement and also serves as an arena in which the emotional reactions that stem from or influence occupational engagement can be positively managed.

Summary

Therapeutic use of self is a fundamental aspect of occupational therapy practice that has significant implications for the course and outcomes of therapy. Taylor's (45) new intentional relationship model demonstrates that initiating and maintaining a relationship that supports occupational engagement is a complex and dynamic process that must be intentional in order to be maximally responsive to a client's developing interpersonal needs in therapy. This conceptual practice model uniquely addresses the interpersonal aspects of occupational therapy.

Discussion

In this paper I have argued that occupational therapy's development can be understood as occurring in four epochs. Each of these epochs involved the efforts of leaders in the field to address a particular challenge. As one examines these epochs it is striking that the efforts to address new challenges in each epoch resulted, to an extent, in forgetting some of the important lessons of the previous epoch. For instance, leaders in the second epoch who sought to increase the scientific basis of the field and create conceptual practice models, lost sight of the importance of the founding philosophy that focused on occupation. Leaders in the third epoch seem to have forgotten the importance of grounding theory in practice. The challenge of the fourth epoch will be to remember all our historical lessons. These lessons are, I believe, as follows:

- The field must remain grounded in occupation and not forget that the core of occupational therapy is engagement in occupation,

- The importance of conceptual practice models to guide our practice must always be respected and nurtured,
- The reason for developing a practice model must always emerge out of problems in practice and gaps in knowledge for addressing those problems, and
- The field must never forget that our reason for existence is practice and that the development of knowledge must be grounded in practice.

Taylor's work in developing the intentional relationship model exemplifies these characteristics. She recognizes that the therapeutic relationship in occupational therapy exists in order to support engagement in occupation. She has organized her ideas into a practice model that addresses an identified gap in knowledge. She has designed this model to complement rather than compete with existing occupational therapy models. She has developed this model out of an intense investigation of and collaboration with practitioners. Moreover, she continues to collaborate with practitioners to further refine and develop this model. Each of these features makes this model a nice example of what a fourth epoch model should be.

Conclusion

For occupational therapy to continue to develop as a profession, we must nurture both our knowledge and practice. If history teaches us anything it is that these two enterprises are intertwined. The future of the field will depend on the extent to which the field is able to develop its existing and emerging

models of practice. These models need to address unique gaps in our understanding of how to practice and they must be developed out of a careful consideration of practice and collaboration with practitioners.

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Chapter 03

GUIDING BELIEFS OF THE FOUNDERS OF THE NATIONAL SOCIETY FOR THE PROMOTION OF OCCUPATIONAL THERAPY

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MENTIONING THIS CHAPTER

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ABSTRACT The founders of the National Society for Promotion of Occupational Therapy in the United States held varying beliefs that are interesting to consider. This article explores the diversity of belief and experience held by George Edward Baron, William Rush Dunton, Jr., Eleanor Clarke Slagle, Susan Cox Johnson, and Thomas Besell Kidner. If possessed of different views because of diverse life roles and experiences, these founders shaped guiding beliefs around a central theme—that occupation can help. Those guiding beliefs remain viable into the twenty-first century and beyond.

DESC KEYWORDS History; Health Services ; institucional practice; Professional practice; Occupational Therapy Department Hospital ; Community Health Services ; Occupational Therapy

KEYWORDS history, service, practitioner

RESUMEN Los fundadores de la Sociedad Nacional para la Promoción de Terapia Ocupacional en Estados Unidos mantienen varias opiniones que son interesantes tener en consideración. Este artículo explora la diversidad de las opiniones y experiencias mantenidas por George Edward Baron, William Rush Dunton, Jr., Eleanor Clarke Slagle, Susan Cox Jonson y Thomas Besell Kidner. Aunque poseen diferentes puntos de vista por la razón de la los diversos roles y experiencias en la vida, estos fundadores determinan una guía de opiniones alrededor de un tema central – que la ocupación puede ayudar. Aquellas guías de opiniones permanecen factibles en el siglo veintiuno y posterior.

PALABRAS CLAVE DESC Historia; Servicios de Salud ; Práctica institucional; Práctica profesional; Servicio de Terapia Ocupacional en Hospital ; Servicios de Salud Comunitaria; Terapia Ocupacional

PALABRAS CLAVE DEL AUTOR Historia, servicio, práctica

INTRODUCCIÓN

In 1917, six persons gathered to found the National Society for the Promotion of Occupational Therapy in the United States. Those attending the meeting at the invitation of George Edward Barton and William Rush Dunton, Jr. were Thomas B. Kidner, Isabel G. Newton, Susan C. Johnson, and Eleanor Clarke Slagle. The varying beliefs of the founders about persons, about human occupation, and about service, make interesting history. The common belief that they held—that occupation can help individuals in diverse life situations—is one that guides practitioners to this day.

The founders

Although diverse in their backgrounds and experiences, each founder contributed to the establishment of the ethos, or longstanding character, of occupational therapy. The ethos rests on these beliefs: 1) time, place and circumstance opens path to occupation, 2) occupation fosters dignity, competence, and health, 3) occupational therapy is a personal engagement, 4) caring and helping are vital to the work, and 5) occupational therapy is an art and a science (Peloquin, 2005). Consider now the contributions of each founder to the early development of the ethos of occupational therapy and to the sense of what kinds of individuals occupational therapists should be.

George Edward Barton

George Edward Barton was a successful architect who originated the idea of founding a society to promote occupation as therapy. Because his background included a year's work in nursing and some studies in medicine, he had a working knowledge of medical matters (Staff, 1923). He also understood the patient's point of view. He spent a year in a sanitarium for treatment of tuberculosis and had recurrent attacks of the disease. After a trip during which he was investigating famine among farmers for the governor of Colorado, two of his toes, frozen and gangrenous, were amputated. After surgery he developed a hysterical paralysis on the left side of his body. He was sent to Clifton Springs Sanitarium in New York, where he counseled with the Reverend Dr. Elwood Worcester and developed an interest in occupation as therapy. Knowing that he could not return to architecture, he determined to spend the rest of his life "devoted to the subject of reclamation of the sick and crippled" (Barton, 1914; Licht, 1967).

Barton hired a secretary, Isabel G. Newton, who helped him in his work and whom he later married. She described his early efforts: "Paralyzed in his left side, he could scarcely do more than stand. With no motion possible in his left hand and arm, he used his own body as a clinic to work out the problem of rehabilitation himself" (Barton, 1968, p. 342). She remembered that his medical friends, appreciating his results, sent patients to him for help. These referrals launched his "first experimental practice of occupational therapy" (p. 342). In 1917, Barton invited Newton to become one of the founders of the Society. She agreed and became its first secretary. She worked alongside her husband, teaching occupation to convalescents until his death in 1923.

Barton's early views on the subject of occupational therapy are of considerable interest. In his earliest writings he called the therapy "occupational nursing" (Barton, 1915a, p. 335). He viewed occupational therapy's goal as the making of a person, that is a productive individual. He was critical of the hospital's restricted role in treatment and hoped that "the hospital world expands, as the public is demanding that it shall expand, so that to merely get the patient well is not the whole thing, but to get well for *something*" (Barton, 1920, p. 305).

Barton (1920) argued that a man "is not a normal man just because his temperature is 98.6. A man is not a *normal* man until he is able to provide for himself" (p. 306). He believed that occupying the mind with something worthwhile enabled a patient to sleep and heal at night. Barton thought that worthwhile activity meant activity with earning power. He reminded his audiences that concern over the inability to earn often impelled a man to seize a nurse and say, "In God's Name, tell me what I'm going to do!" (Barton, 1915a, p. 335).

Barton (1920) believed that a "proper occupation" promoted physical improvement" and "clarified and strengthened the mind" (p. 307). He believed that a person's spirit could resurrect in "greater strength and purity" to triumph over disability and despair (Barton, 1920, p. 308). He therefore chose a phoenix rising from the flames as the emblem for Consolation House. In his treatment of patients there, Barton recommended an extensive occupational diagnosis to include the patient's education and inclinations, habits and ambitions, and expectations. The diagnosis would suggest the prescription--the proper

occupation in the proportion necessary to produce the desired physical, mental, and spiritual results.

Barton believed that any drug from the *material medica* text (as cited by Barton, 1915b) could be translated into occupational terms. He explained that if medicine prescribed benzol to a patient as a leukotoxin for leukemia, occupational therapy would put the same patient to work in a canning faculty where the fumes of hot benzene would “keep her in good health” while she supported herself (Barton, 1915b, p. 139). Each human activity could be associated with a physical effect. Barton’s unique belief that every occupation has an effect analogous to that of a drug distanced some physicians and resulted in his being considered an extremist (Licht, 1948).

Barton believed strongly that the teacher of occupation should be a nurse. He saw occupational work as an opportunity for the nursing profession to develop, expand, and become more important and useful (Barton, 1920). He exhorted nurses not to sit idly by while others took up this new line of work, leaving them to handle urine collection with the “crescent basin” (Barton, 1915a, p. 338). Barton’s alliance with medicine is clear from the language and analogies that he used. He suggested that when Adam was cast from the Garden of Eden he was given a divine prescription--to earn his bread by the sweat of his brow (Barton, 1915b).

Barton was particularly fond of our Society’s, if not our therapy’s, name:
I am strongly in favor of the National Society for the Promotion of Occupational Therapy as a title. I know that it is long but it does tell a

story and the S.P.O.T. suggests the ever alert "Johnnie." (as cited by Licht, 1967, p. 272)

Barton's understanding of occupational therapy was that the person providing occupation would be an advanced nurse who would be teaching scientifically from a medical and occupational knowledge base. This nurse-therapist would ensure harmony between occupational and medical treatments and use a frame of reference for treatment broader but parallel to that of medicine. The therapist would regard the patient as a mental, physical, and spiritual being and consider the patient's individual strengths, goals, and ambitions in these three realms when planning treatment. The addition of occupational therapy to hospital treatment would enable staff to remake a whole person who could then lead a useful life.

William Rush Dunton, Jr.

Also concerned with the care of hospitalized patients, particularly those patients with mental illness, was William Rush Dunton, Jr., a psychiatrist. Dunton responded readily to Barton's suggestion that a national society of those interested in occupation as therapy be established. Dunton was an organizer by nature, having himself founded both the Maryland Psychiatric Society and the Baltimore Physicians Orchestra (Licht, 1967). He was convinced of the merit of occupation in the treatment of persons with mental illness. Early in his 30-year career at Sheppard and Enoch Pratt Hospital in Towson, Maryland, he had discussed the value of occupation with its director, Dr. Edward Brush. In 1912,

Brush appointed Dunton in charge of occupation; by 1915 Dunton had published a book on the subject. Dunton (1943) described his activities:

In order to interest patients I sought various craftsmen, such as bookbinders, leather toolers, and others who were kind enough to show me the rudiments of their craft so that I could by a little practice start a patient on a craft which attracted his interest and helped him on the way to recovery. (p. 246).

Dunton's personal experience with occupation deepened his commitment to moral treatment, a treatment approach used by psychiatrists in the nineteenth century. Of all the founders, Dunton articulated more than most of the belief that the use of occupation was really the restoration of moral treatment used in the nineteenth century. Much of Dunton's (1919) writing included references to moral treatment. He regretted the passing of moral treatment that occurred toward the end of the 19th century:

It is a strange thing that they physician is so often willing, even anxious, to discard remedies which have proved efficacious in his practice and in that of others, for something new to him and perhaps hitherto untried, so that we have fashions in therapeutics, some of which seem quite as bizarre to us in after years as do those of costume. (p. 17)

Although Dunton accurately identified one factor that contributed to its discontinuance, there were multiple societal, professional, and institutional circumstances that contributed to the demise of moral treatment (Peloquin, 1989).

Within months of the Society's founding, the United States entered World War I. Dunton became president of the Society for the Promotion of Occupational Therapy at its second annual meeting. There, he outlined the effectiveness of occupational therapy in treating shell shock among soldiers, and he addressed the need for occupational workers in the war effort. He articulated fundamental therapeutic principles for the work, because many persons entering military service erroneously equated skill in handicrafts with occupational therapy (Dunton, 1919). He argued that "the primary purpose of occupational therapy [is] cure" (p. 317). He communicated his belief in the power of occupation with a creed that introduced his book on wartime reconstruction therapy:

That occupation is as necessary to life as food and drink. That every human being should have both physical and mental occupation. That all should have occupations which they enjoy. These are more necessary when the vocation is dull or distasteful. Every individual should have at least two hobbies, one outdoor and one indoor. A greater number will create wider interests, a broader intelligence. That sick minds, sick bodies, sick souls, may be healed through occupation. (Dunton, 1919, p. 17)

The war influenced an early understanding of what type of person was best suited to provide occupation. The first few wartime aides to go overseas were women, and these reconstruction aides had achieved much success. The aides who followed these pioneers were also women. Personal qualifications sought were those held by good teachers: knowledge and skill in the particular

occupation; attractive, forceful personalities; sympathy; tact; judgment; and industry (Spackman, 1968).

Another force that shaped the determination of who should be occupational therapists at the time was the feeling that occupational therapy was women's work. Dunton (1921a) attributed a measure of the success of wartime reconstruction aides to their gender: "It had been found that the presence of energetic women who went through the wards of hospitals stimulating the patients to occupy themselves making things had had a wonderful effect in keeping up the morale of the patients" (p. 17). The wartime shift away from a conviction that nurses made the best occupational workers may well have strengthened Dunton's belief that a physician should prescribe occupation; someone, if not an occupational nurse, had to know medical conditions in depth.

Dunton's (1919) estimation of the personal qualities required of the occupational director included tact, the "precious gift of inspiring others," knowledge of the psychology of everyday life, interest in occupation as therapy, "fertility of intervention," and an artistic sense of form (pp. 43-45). These traits paralleled those thought necessary for occupational nurses as well as craft teachers.

The war also shaped conceptualizations of the meaning of occupation. The founders' idea of prewar services was that occupation could be an effective treatment that would enable occupation after recovery. The wartime experience of occupational work soon emphasized "the physical side of occupational therapy" (Dunton, 1919, p. 56). Often called *curative work*, wartime

occupational therapy was prescribed to “restore usefulness, overcome deformities or teach to the remaining portion of a limb or another member new functions” (Mock, 1919, p. 12). War injuries focused attention on restoring the patient to a functional condition.

During the war years, Dunton’s (1919) book entitled *Reconstruction Therapy* contained several of efficiency engineer Frank Gilbreth’s photographs of men wearing prostheses (e.g., the Amar claw, the Carnes artificial arm, and the Hanger leg). The book also included photographs of men using self-held devices for dressing, doing farm work, and driving cars. One is struck by photographs of men wearing hooks and gadgets that are crude by today’s standards. The devices permitted a restorative role for the machine that otherwise excelled at maiming, wounding, or dehumanizing.

The language of science peppered the occupational therapy literature during the war years. Not surprisingly, much of the early literature about teaching occupations had included discussions of recent developments in education and psychology. The war experience directed the application of occupations in the increasing use of technology designed to enhance individual functioning. Dunton (1919) argued that much remained to be done before occupational therapy could be considered an exact science. He hoped that the task would attract the attention of the research worker.

Eleanor Clarke Slagle

Eleanor Clarke Slagle completed a course given by Julia Lathrop at the Chicago School of Civics and Philanthropy. Lathrop had pursued the cause of Clifford

Beers (1917), himself a former patient, for reform in treating persons with mental illness, by designing a course in curative occupations and recreations for attendants and nurses in institution. She resigned from the State Board of Control in Illinois in 1908 to protest poor conditions in that state. Most patients in Illinois state hospitals at that time sat idly through each day, with an able few engaging in hospital industries that consisted of monotonous work designed to help the hospital (American Occupational Therapy Association, 1940). After completing Lathrop's course in 1911, Slagle taught a similar course in Michigan. She then went to the Phipps Psychiatric Clinic of the John Hopkins Hospital, Baltimore, to direct the occupational therapy department under the supervision of Dr. Adolph Meyer.

Meyer had seen conditions similar to those seen by Slagle and had also supported Beers in his reform efforts. He described "industrial shops and work in the laundry and kitchen and on the wards...very largely planned to relieve the employees" (Meyer, 1922, p. 2). At the Phipps Clinic, he "secured the services of Mrs. Slagle," whose efforts he later acknowledged as having positively contributed to the Phipps Clinic" (Meyer, 1922). While at the Phipps Clinic, Slagle gave 3-week courses on occupation to groups of nurses in training at the Johns Hopkins Hospital. The instructions included both occupations and the principles underlying their use (Dunton, 1921b).

Slagle returned to Chicago in 1915 to establish the Henry B. Favill School of Occupations and directed the school from 1918 to 1922. Remember that she had taken courses in social work and had worked with Meyer, who advocated "the creation of an orderly rhythm in the atmosphere" of the hospital (Meyer,

1922, p. 6). These influences shaped Slagle's perspective: She taught habit training through occupation. She selected severely regressed and chronically ill patients for habit training, because Meyer had characterized such patients as "suffering from disorganized habits" (Wilson, 1929, p. 189). An original principle of occupational therapy permeates the concept of habit training: Occupations can be useful and curative when habitual among patients with mental illness.

In habit training, small groups of patients were given close supervision throughout the day, following a carefully designed schedule that included self-care and personal hygiene, occupational class, walks, meals in small groups, recreational activities, and physical exercise. Each patient was encouraged to get into a routine and then to assume responsibility for its execution. Excerpts from one case report on a patient convey a sense of the service that Slagle initiated:

May 3, 1926—Admitted to habit training. Will not dress or undress self. Clothing untidy and unbuttoned. Mute. Will not wash self. Wets and soils the bed. Eats excessively. Masturbation frequently.

June 1 to June 20, 1926—Washes and dresses self. Wets and soils less frequently. Polished floor when continuously supervised. Does low-grade occupation.

July 10 to September 22, 1926—Speaks occasionally. Told superintendent that he was "slightly improved." Works on braid-weave rug. Helps attendant with cleaning and clears dishes from table at meals. Appetite more normal. (Wilson, 1929, pp. 196-197)

Physicians like Charles Vaux (1929) believed that habit training caused a “turning point that started [patients] on the road to recovery” (p. 329).

Slagle did not believe that the director of occupation had to be a physician, having herself assumed that role. She indicated that the “capability of such a person involved not only arts and crafts training, but, and most chiefly, personality and character” (Slagle, 1927, p. 126). Although she insisted on solid knowledge of materials and processes, she emphasized the personal element:

For, if lacking in this—in understanding, in give and take, in spiritual vision of the “end problem” of all too many of the cases, the craftsman may make some initial showing, but the work will eventually flag and be largely a failure. (Slagle, 1927, p. 126)

Given her early training in social work, Slagle’s belief in the therapist’s personal influence made sense. An early conceptualization in social work held that the social worker’s character and relationship with the patient constituted the agent of change.

Although she did not believe that the director of occupations should be a physician, Slagle believed that the physician should prescribe at least the kind of occupation needed, “such as stimulating, sedative, mechanical, intellectual, academic or varied” (Slagle, 1927, p. 128). Her definition of occupational therapy included a medical metaphor: “It is directed activity and differs from all other forms of treatment in that it is given in increasing doses as the patient’s condition improves” (Slagle as cited by Hull, 1931, p. 219).

Slagle was a leader. Elected vice-president at the first Society meeting, Slagle eventually held every office in the Association and did so for a longer period than anyone else (Licht, 1967). She also agreed to direct occupational therapy for the Illinois Department of Mental Hygiene (Smith, 1929). Slagle's leadership was exceptional. For the most part, men held the highest position of authority in those early years; in promotional and organizational efforts, men were most often elected to the highest position. The view that women were most effective with patients shaped a leadership pattern that placed men in administrative and supervisory roles and made Slagle's leadership exceptional.

Susan Cox Johnson

Susan Cox Johnson studied and taught high school arts and crafts in Berkeley, California. In 1912, she traveled in the Orient, eventually living in the Philippines to teach crafts for 2 years. On her return, she accepted a position in the Hospital of New York City on Blackwell's Island while also agreeing to direct the occupations committee for the Department of Public Charities of New York State. In this capacity, Johnson aimed to prove that occupations could improve the mental and physical condition of patients and inmates in public hospitals and almshouses, that these individuals could contribute to their self-support, and that occupation could be morally uplifting (Licht, 1967, p. 276). Her aim embodied her belief in the curative and restorative potential of occupation, a belief that was invariant among all the founders.

Johnson's work impressed Barton, who believed that she had "by all odds the most important job in the world, together with a very level head, a

keen insight, good experience and a tremendous interest in the therapeutic side" (Reed & Sanderson, 1983, p. 196). Dunton had submitted Johnson's name for inclusion in the Society; Barton had readily agreed to her inclusion (Licht, 1967, p. 271). Shortly after the establishment of the Society and the United State's entrance into war, Columbia University in New York invited Johnson to teach occupational therapy in their nursing department. She accepted the position and soon directed the course (Licht, 1967). She simultaneously organized and directed an occupational therapy department at Montefiore Home and Hospitals, New York.

Five of Johnson's articles in *Modern Hospital* addressed the training of personnel and the function of occupational therapy in the hospital (Reed & Sanderson, 1983). Her continued emphasis on the reeducational aspect of the work and on the educational requirements for practitioners reflected her teaching background. She (1919) believed that teaching occupations to invalids differed from other teaching; there was need to "plan with much greater consideration for the individual that is done in any system of instruction under normal conditions" (p. 221). She outlined various training programs suitable for working with specific populations. She reasoned that persons teaching invalid occupations in a hospital needed more understanding and training in handling sick people, whereas those teaching in curative workshops or outpatient shops needed more educational courses, because their teaching would "fall into more nearly normal lines" (p. 222).

Johnson believed strongly that the "great field of occupation would never bear full fruit until the dignity and importance of the position of the teacher in

this field is recognized" (Johnson, 1919, p. 223). She thought it "dangerous" that the pendulum might swing toward "losing sight of the nursing aspect of the work of the teacher" (Johnson, 1919, p. 223). She predicted that there would "always be a problem keeping a definite middle path between the nursing and teaching aspects of this work" (Johnson, 1919, p. 223).

Johnson (1919) recognized that the debate over suitable therapists' qualifications had escalated during the war:

The idea that it was desirable to have teachers specially trained for this work and that they could well be non-medical people was just coming to be accepted when the avalanche of war necessity descended upon us. The great demand for nurses and the need for numbers of teachers in this field swept occupations out of the hands of the nurse without further discussion and made necessary either the absorption of a foreign group into the hospital regime or the discard of the whole idea of using occupation for a therapeutic purpose (p. 221)

Johnson (1919) urged occupational workers to resolve the conundrum of suitable training, and in doing so to balance the need for specialized skills against the need for skills required across all settings. She believed that all teachers of occupation needed "an understanding of the psychology of both normal and abnormal minds" and a grounding "in the principles and methods of teaching the sick," regardless of their practice settings (p. 222).

Johnson said that the product of the patient's work should be of high quality. Her emphasis on "maintaining high standards in the products of occupation" seems reasonable after so many years of teaching and learning

crafts (Johnson, 1919, p. 223). Recognizing that the field of occupational therapy was in a “formative period,” she encouraged the Society to provide “practical aid to the teacher in maintaining the best standards in products” (Johnson, 1919, p. 223).

Johnson’s background distinguished her from many other founders. Her views and questions, born of her personal competencies, pushed for a balanced view of occupational therapy as a part-medical, part-teaching function.

Thomas Bessell Kidner

Barton invited Thomas Bessell Kidner to the founding meeting because Kidner lived in Canada and would give the Society an international flavor (Reed & Sanderson, 1983). Kidner’s foreign status was not the exclusive criterion for his selection, however. In 1915, Kidner had been appointed Vocational Secretary to the Canadian Military Hospitals to develop a vocational rehabilitation system. Before that, he had established a number of technical educational programs in various Canadian provinces.

Like Barton, Kidner had been trained as an architect. He included several architectural drawings in his journal articles to detail the planning of occupational therapy departments. Kidner served as president of the Society for six terms (Licht, 1967). During Kidner’s presidency in 1923, the American Occupational Therapy Association (formerly known as the Society for the Promotion of Occupational Therapy) adopted an official insignia, which included a caduceus, and made this insignia available for use by Association members

(Kidner, 1923; "Occupational Therapists Meet Again with A.H.A.," 1923). The pin symbolically fixed the affiliation of this new service to that of medicine.

Kidner (1923) spoke often about the progress of occupational therapy and the growing valuation of "curative work in practically every kind of disability" (p. 55). He reminded therapists that the Industrial Rehabilitation Act of 1920 had extended the use of occupation to many hospitals:

Indeed, I think it is fair to say that many hospitals have had their attention drawn to the value of occupational therapy by the federal and state industrial rehabilitation authorities who are doing their best to place persons disabled by accident or disease in industry. (p. 500)

Kidner also credited the Act with introducing curative work into many new non-hospital-based service arenas. One new arena was the world of homebound persons, whom Kidner (1924) described as "the product of industrial accidents" (p. 500). Kidner (1923) estimated that the number of individuals disabled by industrial and other accidents annually equaled the number of those who might be disabled in an army of 1.5 million men active in the field. He believed that the great number of disabled persons and the consequent "growth and development of occupational therapy naturally led to the evolution of standards" (Kidner, 1929b, p. 243).

In 1923, the year in which the educational standards were developed, the officers of the Association were mostly men; one of the three was a physician. Slagle was the only woman, reelected secretary-treasurer. Of the eight persons elected to the Board of Managers of the Association, five were physicians ("Occupational Therapists Meet Again With A.H.A.," 1923). In

response to a growing interest in securing occupational therapists, "several doctors called the attention of the American Occupational Therapy Association" to the hurried wartime educational programs that gave "practically nothing more than instruction in simple manual arts" (Kidner, 1929b, p. 244). A committee that included physicians studied the problem of occupational therapy education; the membership then adopted a statement of minimum standards at their annual meeting (Kidner, 1930). These first educational standards for training in occupational therapy further shaped the characterization of the occupational therapist.

The standards outlined prerequisites for candidates and curriculum content. Admission to a training course required at least a high school education or its equivalent. The training course had to last a minimum of 12 months, with no less than 6 hours of work and lecture daily. The year's course had to include no less than 8 months of theoretical and practical work and no less than 3 months of hospital-practice training and supervision (Kidner, 1923). The official statement required that adequate instruction be given in (a) psychology, normal and abnormal; (b) anatomy, kinesiology, and orthopedics; (c) mental diseases; (d) tuberculosis; and (e) general medical cases, including cardiac diseases. At least 1,080 hours were required in practical handiwork such as "woodworking, weaving, basketry, metal work and jewelry, drawing and applied design" (Kidner, 1924, p. 55).

The standards proposed to train the early therapist as both a medical worker and a crafts instructor, thereby resolving the question of which function, that of nurse or teacher, was more important. The occupational therapist had

to be a bit of both. The therapist would understand the hospital world and the authority that the physician held in that world and serve within that context. The therapist would be an instructor in crafts whose real end product would be a restored person.

Kidner (1924) described the end product of occupational therapy. He reminded the membership that the “real value of curative work lay in the result obtained in the patient” (p. 57). He believed that to construe the “incidental products of occupational therapy to be the end and aim of treatment” was to not appreciate “the real meaning and significance of work” (Kidner, 1929b, p. 243).

Kidner (1929a) spoke often of rehabilitation. When addressing graduating students, he shared his conception of the quality of service that they ought to provide:

In your chosen field, a part of the noblest work of man—the care and relief of weak and suffering humanity—may you realize in increasing measure the value of certain spiritual things which are the real making of life, but which we call by many common names. Kindness, humanity, decency, honor, good faith—to give these up under any circumstances whatever would be a loss greater than any defeat, or even death itself. (p. 385)

Concern for the patient and for the quality of his or her personal relationship with the therapist wove through Kidner’s statement on standards, medical affiliation, and the curative goal of occupation. Kidner contributed much to our legacy.

Conclusion

Each of the founders held distinct views, yet all shared a powerful belief that led to the founding and flourishing of the National Society for the Promotion of Occupational Therapy—no matter the life situation, occupation could help, particularly when facilitated by an individual who cared to help. Each founder helped to articulate foundational beliefs that became the profession's ethos: 1) time, place and circumstance opens path to occupation, 2) occupation fosters dignity, competence, and health, 3) occupational therapy is a personal engagement, 4) caring and helping are vital to the work, and 5) occupational therapy is an art and a science (Peloquin, 2005).

In spite of varying differences that they held about who should teach occupations or how much medical influence should shape the process, we might imagine the founders reminding us today of the guiding power of those beliefs in these words: "We are pathfinders. We enable occupations that heal. We co-create daily lives. We reach for hearts as well as hands. We are artists and scientists at once" (Peloquin, 2005). Times and circumstances may well have changed since 1917, but those guiding beliefs remain strong and viable today.

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Chapter 04

BARTON'S LEGACY

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MENTIONING THIS CHAPTER

Talavera Valverde, MA. Barton´s Legacy. In: Moruno Miralles P, Talavera Valverde MA, compilers. Occupational therapy: an historical perspective. 90 years after its creation [monograph in Internet]. TOG (To Coruña): APGTO; 2007. p. 154-205 [date]. Available in: www.revistatog.com

ABSTRAC With this article the vision of one of our professional symbols attempts offering itself. We want to contribute to historic knowledge of our discipline, starting from two hypotheses:

- (1) The history goes, but makes an impression.
- (2) The reading of the history, keeps us awake where we are and where we go.

Figure of George E. Barton, the legacy that he left at life and that disfigured after his death and Clifton Springs's Consolation House's repercussion in our professional history will be the central contents of this article.

KEY WORDS: Occupational therapy, Barton, Consolation House, Legacy, History, Symbol, Clifton Springs.

RESUMEN Con este artículo se intenta ofrecer la visión de uno de nuestros símbolos profesionales.

Queremos contribuir al conocimiento histórico de nuestra disciplina, partiendo de dos hipótesis:

- (1) La historia pasa, pero deja huella.
- (2) La lectura de la historia, nos desvela donde estamos y hacia donde vamos.

La figura de George E. Barton, el legado que dejó en vida y que se desfiguró tras su muerte y la repercusión de la Consolation House de Clifton Springs en nuestra historia profesional serán los contenidos centrales de este artículo.

PALABRAS CLAVE DESC Terapia Ocupacional; historia; Simbolismo

PALABRAS CLAVE Terapia Ocupacional, Barton, Consolation House, Legado, Historia, Símbolo, Clifton Springs.

INTRODUCTION

With "Barton's Legacy", we want to contribute to maintain a lively symbol, avoiding the passing of time well then erase it or blur it and most of all, arousing the interest to look toward the moment of our professional birth.

The Occupational Therapy has walked narrowly related to a series of symbols that helps us to know our profession's history. George E. Barton and the Consolation House of Clifton Springs are two of our professional symbols. There is part from our history, they are a part of our professional entity, they are a legacy that the time can not erase.

Definitively, understanding our symbols of the past helps us to understanding our present.

The absence of information on a symbol makes easy that we fall in the named "to do align" wedged for E. Fess in 1990. This situation provokes a vacuum of knowledge, a loss of identity and provokes that we sell off stock for repetition, of automatic manner, without understanding the same characteristics of them, reducing the potential of the Occupational Therapist like professional.

Responsibility is ours to transmit these symbols from father to son, to endow them of the value that they merit, offering the more real information of the same and could have kept his significance alive.

This commitment offers the profession a present based in reliable data and a knowledge of the history of Occupational Therapy avoiding thus to place her on the "*trunk of memories*".

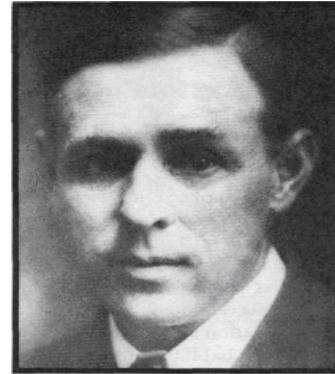
- How can we differentiate our belief on the profession and the historic reality?
- How can we transmit our professional history to the present-day reality?
- How do we sink in years of historic distortion to find data on these symbols?

To offer answers to these hypothesis will be the objective of this chapter that consists of three parts:

1. George E. Barton's life
2. The Consolation Clifton's House Springs
3. The charter the NSOPT

1. LA VIDA DE GEORGE E. BARTON

Talking about George E. Barton, knowing his achievements and checking his life, is to talk about a person that fought for his aims. The fighting²⁸ term is the one that better would be able to define him.



George E Barton

Is admirable of Barton, after suffering to long of his life various diseases, follow taking trust into his possibilities. His recuperation was used as personal example and spur overcoming in front of a public that all of his days saw working at the Consolation House's garden.

Barton was the obvious example of personal re adaptation of his life after the disease. Very few doubted at him when that spirit of overcoming and endurance to get the things, in order to get his own well-being saw. Everything this maintained Barton immensely in an one belonging to its more important works, his own recuperation.

He knows the Occupational Therapy to George E. Barton to be our founding father's one, to be the person that he expedited next to the Dr. William Rush Dunton and Isabel Gadwin Newton the creation of our discipline. He looked interested for architecture, the music, the arts, the literature, he gives her medicine and religion, obtaining successes in his facet of composer, of writer, of family man and of architect (abandoned after the paralysis of the left-handed side that he suffered in the year 1913).

²⁸ The RAE it in his edition of the 2006, define the Fighter term like, Tenacious in the effort to push forward his purpose. Person that fight.



William R. Dunton

Barton's personality in words of Isabel G. Newton, offers features marked of a versatile, talented person, of juvenile air, fascinating, with a lot of sense of humour, of strong character, idealist, engaged, creative, fighting, impassioned great orator, mistress of European culture, once what he was surrounding was given to the good taste in everything²⁹

The Sr. George Allis³⁰, one of his personal friends, he used to say of Barton that addressed as "*a man with an exceptional personality, idealist himself and with a creative limitless capability*". The creativity tells the geniuses apart, Barton was it.

More Barton's personnel, in words of Isabel G. Newton (1968), he would be all a discovery for her. In the year 1917 knew themselves and she got enchanted of his charisma, of his force, of his serenity and of the passion that he was facing his life. Isabel G. Newton that he had arrived to the Consolation House in the year 1917 like personal secretary of Barton, it would run out turning into his wife. In 1918 they married in Clifton Springs and two years later, before Barton's death in 1923, they had a son (George Gadwin Barton)³¹

²⁹ The Consolation House and his contents in the shape of stained-glass windows, close-fitting by hand, the sculptures and paints were the best example. The works that he possessed the Consolation House, they arrived of cities as if made for a Boston, New York, London, Chicago, among others and in them the quality of the totally craft work could be appreciated.

³⁰ George Arliss (George Augustus Andrews), (1868-1946). He was born in London. The first films that interpret is "The devil" (1921). In 1929 he earns the reward of the Academy Award like better actor (Reward of Cinema's Academy). Appear in historic movies such like Alexander Hamilton, Voltaire, and The Cardinal Richelieu. He gets married in 1899 and they have a so-called son Leslie Arliss. Arliss died in London. Arliss published two autobiographies: Up the Years from Bloomsbury (1927) and My Ten Years in the Studios (1940). To his death, Cinema's Academy awards him a prize with a star in the boulevard of fame in Hollywood (Hollywood Walk of Fame at 6648 Hollywood Boulevard).

³¹ To George E. Barton's death, Isabel's G Newton and his son George G. Barton return to this home in Geneva, where they will remain even Isabel's death.

George E. Barton was born in Brookline, Massachusetts in the year 1897. Chester Manley Barton's MD son and of Clara L. Whitman. He had a sister, so-called Clara Mabel Barton been born the April 25, 1874 in Hatfield, Hampshire, Massachusetts. The family Barton moves around to Brookline in 1897³².

From very small he looked influenced for the creation and for the aesthetic (features than in the ending of his life they increased in the Consolation House's reform). He studies architecture at the public schools of Boston. Travel to Europe (London) where he keeps on going into architecture in Morris, Marshall, Faulkner and Co., an architectural company and design industrial that he financed the Sr. William Morris. By means of this company, Morris created a cultural "revival" in the Victorian England. This movement, he was based on arts and the occupations of the medieval epoch like paradigm of the predominance of the human being on the machine. At the same time, he promoted a made job attending to the higher heights of artistic expression. During great part of his life, the Sr. William Morris got worried intensely in preserving the medieval arts and crafts getting away from moderns forms of mass production.

³² Brookline is a city at Norfolk's county, Massachusetts. He limits with Newton (part of the Middlesex county) the southwest (with part of Suffolk's county). In the poll of the year 2000 the population had 58,000 inhabitant's population, in 1920 it belonged to approximately 11,700 inhabitants. Brookline's beginnings were rural, residents in the century XVII were farmers all almost, and many farmlands went inherit of his parent's. Brookline's evolution to a city impeaches he began when the rich the trades people bought big farms and they constructed summer's homes. Between 1806 and 1899 the transportation's routes were developed, making easily accessible to Boston, thanks to this the population grew rapidly. Brookline was big architect's cradle: Mr. H. h. Richardson century XIX, the architect Frederick Law Olmsted once the founder of the architecture of the landscape in America was regarded as elected living in Brookline just like his friend. I recommend visualizing the distances with Google Earth.

When he returned to USA he settled in Boston (Massachusset), found work in the architectural study that was directing the Sr. RichardClipston Sturgis³³, with hospitals; and was who introduced him in [Architect's Society of Boston](#) at the [American Institute Of Architects](#) in 1901 and in the [Society of Arts And Crafts of Boston](#) of whom went besides he was secretary and member of honour in the year 1897 granting it a great social prestige.

This society³⁴ was a similar entity to the company directed by the Sr. Morris in London and will be the responsible to the vision of Art offered by Barton in the NSPOT's creation. This dimension of Art would be able to define under the motto



[Sociedad de Artes y Oficios de Boston](#)

that *"Activities accomplished by people are a therapeutic instrument itself"*. These two movements tried to improve the industrialization's negative effects when recommended the return a more simple life in the one that the body and the mind may to take part in occupations that they take for worked out posh objects of manual craftsmanship (Boris 1986). This conception offered to Barton instruments, tools and techniques that it would utilize in people's recuperation in the Consolation House.

³³ Richard Clipston Sturgis (December 24, 1860 to the January 20, 1951), acquaintance generally like R. Clipston Sturgis, was American architect in Boston, Massachusetts. Sturgis was the architect Juan Hubbard and successor to its practice. He was the president of the Institute of Boston de Arquitectos, of the American Institute of Architects (1913-1915) and of the Society of Arts and Boston Offices in (1917-1920). This man influenced excessively at this time of the life of Barton

³⁴ This society intended to promote the artistic work in all craftsmanship's branches. Besides he intended to encourage the workpeople to that they play his of one's own designs. The Society made an effort to stimulate an appreciation of the dignity of the value of the good design and to his workpeople, fleeing away from haste in manufactures in chain.

In the same moment that the events narrated beforehand developed, Barton that still was working at Boston (1906) writes what will be the first Opera in English in EEUU's history. (To that moment the rest they had like idiom the Italian). In the year 1910 inaugurates "The Pipe Of Desire"³⁵, in the Boston Operates of New York. [The Pipe Of Desire](#) had his premier in the Jordan Hall of Boston in 1906.



U.S. Opera American Composer
www.usopera.com

It is represented in 1910 in the opera Metropolitan of New York, being the first opera represented at this scene only surpassed in time by Pretty Horatio Parker's opera. The Pipe's libretto of Desire, it corresponded to Barton and music to Frederick Shepherd Converse³⁶. The personal triumphs began to come soon to his life. He got at the beginning of his race like architect the Shattuck Prize, one from better architectural prizes in USA.

This reward was gotten after laying plans and restructuring the [Pueblo](#)³⁷ infrastructures (Colored Springs). At this approximately 47,000 inhabitants's locality in 1912 resided Barton from 1911 even the 1913, moment in which Clifton Springs is directed. He is in [Pueblo](#) where Barton has to face other of his grand difficulties: The amputation of two fingers of his left-handed foot, in

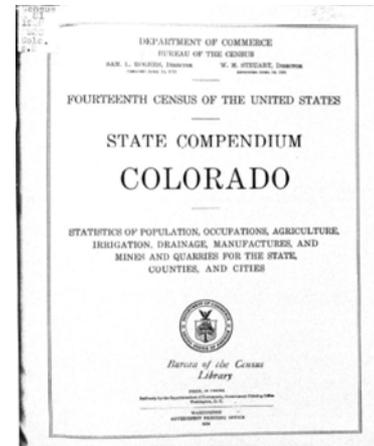
³⁵ [Synopsis of the work The Pipe of Desire](#): The vision of the world of a youth in hands of a bigger person. Is the answer to the step of life from one eyes bigger person. Everything in an oneiric environment and fullness of fantasy. Is recommended reading of synopsis of the work in the USOPERA's page.

³⁶ Frederick Converse was author of Operas like The Sacrifice en 1911; Beauty and the Beast, or, Sinbad the Sailor, His Adventures with Beauty and the Peacock Lady in the Castle of the Forty Thieves en 1919; The Immigrants 1914-1915.

³⁷ The village city is a municipality placed at county of Colorado. The town places itself in the confluence of Arkansas River And Fountain Creek. The place considers itself semiarid with approximately 14 inches of yearly precipitations. According to esteems 2005 of the poll, the city had a population estimated of 103,495. The town is the ninth more populous city of the status of Colorado and the 242 more populous city of United States.

consequence of the cold and climatological extreme conditions of the status of Colorado (once the been was regarded as more cool air and I dry comparing it to USA'S rest).

Barton diagnosed of Tuberculosis and with amputation of two of his fingers, he suffers a paralysis that he leaves him at without mobility the left-handed hemicuerpo. This situation carries to penetrate in the year 1913 in the Clifton Hospital to him and Clinic of Clifton Springs, founded for the [Dr. Henry Foster](#) in 1850. His



Censo Colorado año 1920

sojourn at the hospital was marked for the need to look for his independence, he sensed that the hospital was not a last resort, a jail more than for the man. He could see than after the upswing, the people returned to an empty home and to a society that did not accept them Disabled³⁸ people were a hindrance for a society that was not accustomed to them, era that he considered *some dead persons while one is alive*.

Barton looked for a solution to this situation, thereby his readings focused in the distinct forms of recuperation of autonomy in people with limitations. The Dr. Foster and the Reverend Dr. Elwood Worcester (Rector of Emmanuel's Church, Boston) they supervised Barton's recuperation and they were two of more influential people in this stage. Approximately one year will happen at this sanitarium and it will be where he receive the principal ideological influences on

³⁸ Cripple: Term used at the beginning of 1900 to refer to the people that as of the present moment can suffer disability.

the recuperation of people with problems of health. They can group these influences in two groups:



Dr. Foster
Clifton Springs

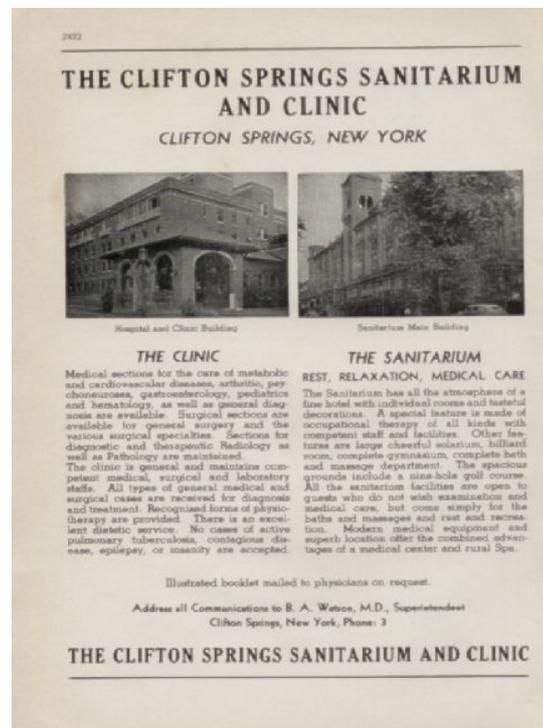
period and was used as personal motivation for his recuperation.

(2) Studies on anatomy, surgery, nervous diseases, matters general practitioners and he assisted to lectures at the nursing School of Clifton Springs's Sanitarium. They were these two springs received, next to the information, obtained by the contact with professionals (Dunton, Meyer Hall and Tracy, among others) that the

(1) The reading of the book *Medicina and Religión*, article for the Reverendo Worcester, of ordinary humanist and with an obvious promotion of the Treatment Moral like therapeutic action in people with problems of health, one went from bigger influences received by Barton during this

occupation, his intervention's axes in the Consolation House were developing his intervening work and they made NSPOT's creation easy.

Isabel G. Newton said that Barton contemplated the occupation like an one belonging to the medicines that they could cure to the man his idleness, of his



[The Clifton Springs Sanitarium and Clinic
www.rootsweb.com](http://www.rootsweb.com)

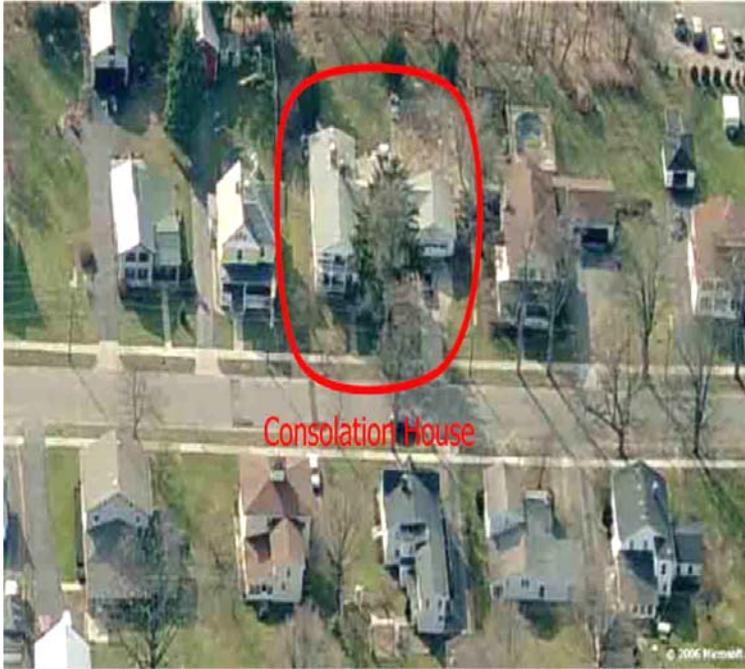
lack of initiative, of his scarce commitment with the society that (1915). Mantener was enjoying occupations in he would shorten the convalescences and he would improve many patients's conditions. It was the moment to see the hospital like a place in transit, betting on quotidian tasks and the occupation like transit in personal recuperation.

It had to assume 1913 I work like architect that until now was realizing it had drawn to an end . This decision's detonators were the corporal left-handed paralysis that he was suffering and his status of health worse and worse. His recuperation at the hospital was marked for strict schedules that he himself imposed himself and structured in the realization of quotidian activities followed of sabbatical periods, in order to return to retake these. This structure of work that he would reproduce more afternoon in the Consolation House, he was enough to Barton to come into question than every time that he finalized those activities he felt more utensil and better, he recovered energy, self-esteem and a sensation of well-being that did him obtained feeling alive.

He is at this moment when Barton decides buying a house to live and to be able to help the treatment at the sanitarium.

At the edge of his problems of health, reasons in order that Barton acquire this property were two :

- the Reverendo Worcester's influences.
- the need to form his home, where he may feel good, where he may realize it quotidian and could have taken over on his life.



Consolation House
Clifton Springs

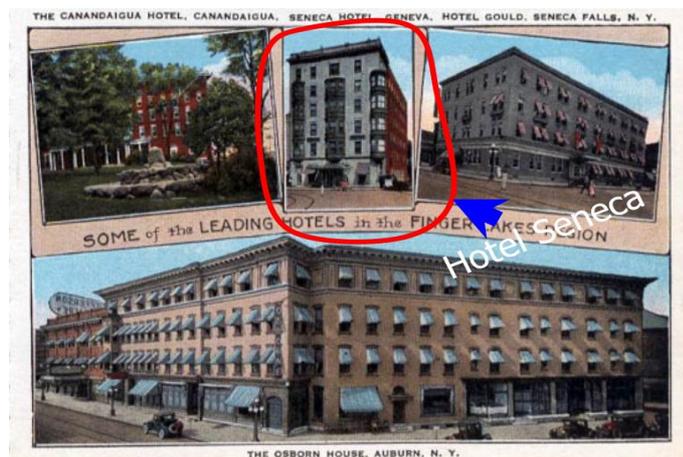
Barton was interested in a close property to the Sanatorio Foster, of Victorian character semi-in ruins that Broad Street bought at the street to the Sra. ReifSteck and that he took care of reconstructing himself.

Barton with this acquisition (that Consolation House called more afternoon) formed his home, looked for his independence, his recuperation operated and got an adequate status of personal well-being enough to live on more autonomous possible the way. Barton got to acknowledge that he was the best that he could make, he began to depart of here a period of grand personal achievements, of grand moments. Among themselves it was To Know Isabel G. Newton.

Isabel got to the Consolation House the day August 1, 1916. His work consisted in being Barton's secretary and although nothing attracted by the idea was not felt in a first moment, the aspect cheap to run was the decisive. (his salary working at another place era of 11 weekly dollars, on the other hand Barton paid 15 his dollars). In the first and only interview that Bartón made him Isabel in the Hotel Séneca of Geneva Ontario County New York, the labor conditions accepted on both sides established themselves (also Isabel's father

attended this meeting). Isabel's first day like secretary's office of Barton in the Consolation House supposed the introduction to him, so that she named a new world. Barton seduced her with his discourse an exciting vision of a theme offered her that she stops until now unknown era: Occupational therapy. The displacement from Geneva (New York's Status) to Clifton Springs he accomplished it by train³⁹.

In Clifton Springs always the same route accomplished suffering through the close postal service to the Sr. Foster's Sanitarium and to pick up all of the arrived letters his postal⁴⁰. When getting to the



Hotel Seneca en Geneva Ontario County New York

house every day he found the Sr. Barton expecting at his living room, the Consolation House's central place, where Barton would pass near Isabel long time.

Barton's scientific production began as soon as Isabel G. Newton initiated its personal secretary's work. Main issues of these works were about the recuperation of people by means of the occupation and the help of occupational therapy⁴¹. The occupation in his texts appears from two springs; Impulsing the physical improvement and clear your mind and in addition he becomes a

³⁹ Approximately 24 Km. ó 15 statute miles, as of the present moment some 25 time minutes by car. I recommend Google Earth's use to see the real distance.

⁴⁰ In 1917 postal service in Clifton Springs did not exist at home

⁴¹ Barton was the heap in utilizing this term, although I eat we will see Dunton later on right now he had elaborated one resemblance.

person's process of productive reincorporation. Barton's work is summarized among others, in:

- A vision of the occupational handicap (1914) Article.
- Occupational therapy (1915) Article.
- Occupational Therapy in Trained Nurse and Hospital Review (August 1916).
- Occupational Therapy (1915-1916), published for the editorial Lakeside Publishing Company.
- Occupational therapy and the war (1916) Article.
- Occupation and auto-inoculation in tuberculosis (1916) Article.
- Re-Education: An Analysis of institutional the System of the United States, published for the editorial Houghton Mifflin Company (year 1917, 118 pages). This was the more significant book that Barton wrote and that a total of 3 years in tiring him out delayed.
- Teaching the Sick (1918) in the editorial Saunders Company, this book was reprinted by New York's Editorial Arno Prees in the year 1980 with the title [Teaching the Sick](#): To manual of Occupational Therapy and Reeducation.
- Clubs convalencia: A rehabilitative plan (1918).
- Pathology. A manual for occupational therapists (1919).

George E. Barton as the writer left also the following titles to us: "*The pipe of desire and the other plays*" next to F. S. Converse in the year 1905, of the Editorial The Old Corner Book Store de Boston.

"An análisis of the conditions influencin the building of the Mirón Stratton Home and recommendations for its foundation and development", next to Myron Stratton Home (Colorado Springs, Colorado) published in 1911.

Theaching The Sick
by George E. Barton
Clifton Springs
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Indice de Teaching the Sick: a manual of Occupational Therapy and reeducation
Reedición 1980

Barton dictated and Isabel wrote it faster that he might, made the strict schedules that Barton was accustomed to that Isabel's workday finalize to them 5 of the afternoon that it was returning in to Geneva, hour. According to they passed the days he went away consolidating a great complicity among themselves, Isabel's arrival

home supposed one reappearing of motivations in Barton. If Dunton with his books was the cause that Barton use a part of his life to Occupational Therapy, Isabel was that idea's motor. Thanks to her Barton had the energy enough stop than in March 1917 found the NSPOT in Clifton Springs. With the step of years, Barton got stronger in the defense of the occupation, than better example than his own life. The quest of his autonomy and well-being he carried his to demonstrate the Persian of his surroundings and likewise it was useful for recovering the Daily Occupation to the people and to give back the sensation of

utility⁴² to them. Barton attempted demonstrating that the convalescent needed to feel useful, that he needed to get connected to a job that he be useful for him to the less to think about something else that they not be his problem. In his own recuperation quotidian works were dialled to realize, maintaining a rhythm and generalizing routines. These periods of work were *his awakening*, exceeding the lethargy of his disease to feeling useful. The final product gotten but on the way over was not so important to get it. This was the posture that it maintained with firmness.

Editorial Supervision: Doris Krone

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[Teaching the Sick](#) 1919
George Barton

For this motive we can say than Barton's more important contribution to It was to encourage the professionals that were working with the Occupation reappearing of the Treatment Moral, the awakening of personal re-educations by means of the Occupation and the development of links with the societies of Arts And Crafts and with the epoch's medicine.

Barton's life was its better learning. He let forever the idea that art is the best of bridges to travel the inside of oneself to us. We can insure, than Barton before his death in 1923, he was doing it. His self-helps were useful for having the best one belonging to his rewards, his life. Thus after this dedication and

⁴² The defence of activity out of hospitals made somebody have him many critics, that they saw in her authentic ideas utopias. Demonstrating that the hospital had continuity out of him with housework, quotidian dangerous personnel, one went from the big you battle that Barton won.

after his valuable effort, rewarded while one is alive and praised after his death, we can say that his legate stays to the less, among people achievements.

One of his bigger achievements, the Consolation House, he will be the fact that he employ us now.

2. LA CONSOLATION HOUSE DE CLIFTON SPRINGS.

Ms Kirsten Shockency⁴³ from 4 years lived in a house that was a part of Clifton Springs Clifton Springs's⁴⁴ history. She and his husband Tom had her they had bought at 2004 to Robert Williams (father of her). In the year 2005



Consolation House
Broad Street 16 Clifton Springs
Por cortesía de Kristin Mahoney

Ms. Kirsten Shockency, he caught

out three people making photos to his business and missed by this situation he came out the time in this same year and month the porch ask the motives of this situation and the reason why of his expectation to them, The Yearly lecture of Occupational Therapy of the New York State Occupational Therapy Association in Rochester⁴⁵ New York. Those people were three Occupational Therapists, than after the meeting celebrated in Rochester two localities decided travelling the 32 miles that separate this and thus could have

⁴³ Proprietor in the year 2005 of the house placed in Broad Street 16 of Clifton Springs, NY, (renowned Consolation House among years 1914 to 1923).

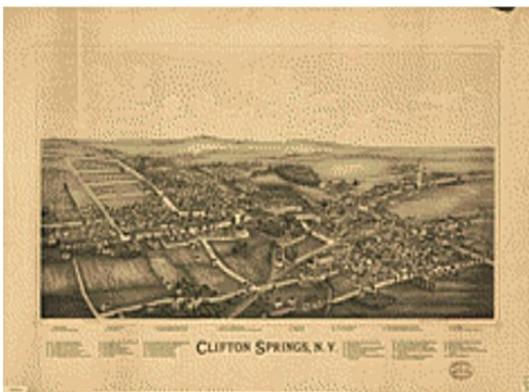
⁴⁴ [Clifton Springs](#) is a locality of Ontario's County in New York, once 90 and the 96 was placed among the interstate Cart; And crossed for the road number 13 of Ontario's county, serving this of principal street. 2223 inhabitants's city in the latter poll of the year has 2000, in the poll accomplished in 1920 era of 1628, epoch in the one that still the Consolation remains open. He takes from this locality his name the mineral extracted at this zone. Mining medicinal characteristics of these sulfureous waters, they consist of this city like one of more important claims in the history in USA'S rest. Already in 1801, saw him you water down this properties, and of there than in 1806 found him the first hotel dispensary (seaside resort) at this locality. Later in the year 1849 the Dr's effort. Foster along with the of someone elses, he was useful for founding a clinic of recuperation. This did that Clifton Springs adopt of some infrastructures, that they did of her people's claim that they were suffering of diseases and they needed a cure. To long of years Clifton Springs, he became thousands of people's referential place than in his waters they found health and I rest . As of the present moment Clifton Springs's hospital, one of his wings dedicates this type of therapies, going on with the tradition of this zone.

⁴⁵ Distance among Rochester and Clifton Springs. Approximately 48 Km., some 40 minutes by car. I recommend Google Earth's use to see the real distance.

photographed the house than in the one that Barton from 1914 resided in even his death shaping his legacy: The Consolation House.

The selected name, drift of consent to people that they suffered problems of health, the work that were offered and the therapeutic sense of the same, *he supposed all of a consolation*. The Consolation was not an institution, he was a movement⁴⁶ represented by a man's efforts. One could consider like the premature prototype of a rehabilitation center, his idea: Getting that people may get back in harness and to his daily occupations.

The March 7, 1914 the same day of his 43 birthday, George E. Barton threw open officially the Consolation House. The house and his granary were bought to the Sra.ReifSteck and a garden acquired to the Sra. Belding added him. This was one of more important places of Barton's recuperation, mistress of the flowers of plants and. He could move a morning entire in him, working and



Clifton Springs 1892

demonstrating that work strengthened its health. The works of reconstruction of this house were sold off by personnel of the zone and supervised right along Barton from his wheelchair. The comfort on luxuries had priority. Barton's idea was

⁴⁶ According to SCRAPE 2006, would be able to define him movement like development and propagation of a religious tendency, policy, social, esthetic, etc., Of innovative character.

not to modernize the house that he had bought, era to make chest of drawers to her and inhabitable. The works came true before Barton let the sanitarium.

The Consolation House found in a place privileged for Barton since permitted it attending every day the sanitary by his own means.

The Consolation House's principal parts are three : The house, the granary and the garden.



The Clinic and Hospital y la Consolation House
Clifton Springs

The house

The house that Barton acquired consisted of 6 living quarters in downside, a porch to the entrance (big and luminous corridor), a great pantry and a kitchen, qualified for Isabel G. Newton like unmarried man's kitchen little in proportion with the rest of the house. In top, there were 4 bedrooms and a restroom. At a later time Barton had authority to construct two chimneys, one their at the room where he dined and the other at living room⁴⁷. He reconstructed the ground of living quarters at ground floor and he adapted the bathing to make his own cleanliness easy. In order to make his mobility easy within doors he asked for that a

⁴⁷ We recommended observing photo of the founding fathers of the NSPOT and the emergent photo appear on page her perceive eat her chimneily preserve his form.

new cleanliness below the stair that was getting on the upstairs and took to his fourth personnel ground floor, close to the room that he was using for to dine and next to the office where he worked be installed. Downside's of the house another room utilized her like living room to be, and era at the point where operated next to Isabel G. Newton.

The office and living room had immersed Barton's personality. The family memory in the shape of desk, that it had belonged to his father in the South Boston Savings Bank, the office took the chair . At living room Barton sent



Sala de estar con chimenea.
Día 19 de Enero 2007
Consolation House. Clifton Springs.
Por cortesía de Kristin Mahoney y propietarios de Broad Street 16

thrashing floor to place shelves on two of his walls there, where he passed long whiles next to Isabel and where his library was (from Nicholas Carter to Plotinus, being taken as a books of religion, give medicine, policy, economy, architecture, right, poetry and without forgetting his collection of books of fiction, to the ones that it was to made fond).

In this sojourn it is where founding fathers made the photo themselves the day that the NSPOT and the sent chimney were founded to build for

oneself for Barton era part of that photo. In this most recent we can see that still he preserves the original structure.

The granary

I annex this house the granary was Barton took care of recovering. Transformation accomplished in this part of the house was such, that the Sra. ReifSteck might not more than to get surprised when seeing the been ending of the same; *"If somebody would have told to himself that this is my abandoned granary, he would not believe in him "*.

The realized work let two big parts, one dedicated to offices and store, and the other a roomy place where they found the workshops in the ones that at a later time he sat up in machinery, tools and material enough in order that the people that were attending the Consolation House may work. The first labour selections focused in culturally important activities of the epoch. Wood and his size, the construction of furniture, toys, and posterior sale in to the tend, the central axes became of work at this workshop. Products obtained in the Consolation House were rapidly commercialized. Barton knew how to be aware of this situation and enlarged the repertory of objects than they were built at the workshop. Earned profits were two : Recuperation by means of work and the incursion in the intervening society the sale of these products. It is the named productive work⁴⁸.

⁴⁸ Productive work's Term was presented in the latter third part of the century XVIII for French economists of the physiocratic school. Adam Smith applied the distinction among the productive and unproductive to work, for Smith the productive work the one that adds value to the object that he sits up to and works out to in a merchandise is, fundamentally tangible and almacenable with some market value.

This granary along with living room was the Consolation House's heart. In these sojourns Barton passed great your time part, and he is in them where all his ideas, thoughts and contributions to our profession were . In spite of it the one that harvested was the garden but successes he appraises doors.

The garden

The plot of land edified of the house and the granary *the grasses* (Barton 1916), with scarce possibilities constituted an extension of plot of land *in a bad way*. Barton made fond to flowers contemplated this plot of land like the best place to place a garden. Barton removed land with the hoe in front of the astonished look from the people that was driving by the house and that was seeing a man as if with the left-handed paralyzed hemibody accomplishing this hard work.

Thanks to this garden Barton, Peter Henderson could obtain a contract with the company New York's Company for the commercialization of dry pumpkin barrels. This contract made the possibility of recuperation of a person

For S. Mill, for his part the industrial like productive work includes the used work in acquiring skill (in virtue, of material products that he produces the aforementioned ability).

For J. B. Say, all capable work to generate any utility should have been considered productive. He supported than " production was not creation of matter but creation of utility (once this was understood) like the faculty that they have the things to be able to satisfy the human beings's different needs. ... When a man bandage to another one a product anyone sells the utility that is in the aforementioned product to him; The buyer does not buy it more than due to his utility "A sector is all the more productive (and he would contribute in principal measured to economic growth) as much as the minor be his capital relation I work.

that was attending the Consolation House and that previously had been to his disease gardener easy.

The rest of the garden split into sections where flowers and trees were the main characters.

2.1. The Consolation House like occupation.

The works followed in each of the parts of the Consolation House, the people that were resorting to the claim of the recuperation of his disease accomplished the tasks dialled by George E. Barton.

The activities followed the following criteria:

- The selection of these activities for complexity: The patients that were progressing in their one classified the activities themselves in three degrees they increased, in the event of no progression to the immediately director he would go down to the low grade (Hall, H. 1919).
- The beginnings of the treatment included: Personal control, re-socialization, harmonious environment, adequate nutrition and a useful Occupation and personnel.
- The schedules prefixed themselves with the people that were attending, separated in little periods of work with sabbatical others. These last they died off in number in terms of tolerance to the effort.
- He utilized the Dr's recommendations. Dunton (1919) to make the clarity in intervention easy and to avoid errors in derivations to the Consolation House:

- a. Any activity that the patient be comfortable with has to aim at the cure.
- b. Any activity must be interesting.
- c. Any activity has a useful purpose although only he be for achieving the attention and the patient's interest.
- d. Any activity must lead to an increase in knowledge and the patient's partition.
- e. The curative activity must go on with others itself, for example in a group.
- f. The Occupational Therapist must do a careful study of the patient to know his needs and to procure to resolve as much as possible SFA the quotidian activity.
- g. The Occupational Therapist must stop to the patient in his work before attaining one point of fatigue.
- h. The stimulus must be given provided that he be indicated.
- i. He will prefer the work on idleness, even though the final product of the work of the patient be of bad quality or useless.

With these measured Barton he was getting that the Consolation House work . Contacts with someone else that also they utilized this method they were more and more frequent and in all of them the common denominator was the Occupation. The realized readings offered him a longitudinal vision of recuperation by means of the occupation that he got inspired on for the Consolación House's development, extracted of texts principally of:

- Philippe Pinel⁴⁹ (Medical boss of the hospital of the Salpetriere⁵⁰, Paris) en "*Nosographie philosophique o Méthode appliquée à la médecine*" .
- Samuel Tuke (fundador del Quakers⁵¹ York Retreat⁵²) de "Description of the Retreat near York" .
- William Charles Ellis⁵³ (Doctor of asylums Quakers de York) de "*Some Mental Health premises*" .
- Herbert J. Hall⁵⁴ (Doctor of the Mansion Devereaux, Massachusetts) de "*The work of our hands: A study of occupation for invalids*"

⁴⁹ He upheld the madmen's moral treatment, turning to with therapeutic intentions the part of the reason that she be disturbed (Pussin was a charitable and benevolent person stop with sick persons, of energetic will and an excellent observer, characteristics everything that were concurring also in Pinel.) Medical boss of the hospital of the Salpetriere to him was named in 1795. Follower of Jean Baptiste Pussi's ideological current.

⁵⁰ Salpetriere hospital tri the re is a hospital in Paris. Originally a powder mill went, but the convert went to hospice for the poor of Paris. He was useful for prostitutes and place of seclusion eventually like a prison for the mental patient, insane, epileptic criminal. He was convert at hospital and predecessor of the Treatment Moral.

⁵¹ This society (acquaintances commonly like Quakers) is a religious Christian community that began in England in the 1700 and he went away expanding principally for USA. He got organized about people that she was displeased with denominations and existent sects of Christianity. Quakers's number is relatively little (approximately 350,000 all over the world), although there are places, such like Pennsylvania, Newberg, Oregon, Greenleaf, Idaho, Richmond, Indiana, Birmingham, North Carolina and he influences Massachusset which the principal concentrates himself in of the Quaker.

⁵² Samuel Tuke (1784-1857), he was born in York, England. He developed his father's inheritance in improving the health of people at the hospital York Retrat. This hospital is an institution in England that it provides the help and the treatment for the individuals that experience mental disease. Open in 1796, he is famous to develop the Treatment Moral. This institution's functioning became a model for many sanitariums. Founded for Guillermo Tuke, he was developed originally for and for Quakers but he got to open up to gradually the society of the epoch. Located in Lamel's hill in York, it works like a charity organization.

⁵³ Sir William Charles Ellis and wife took care of in 1900 the asylums of York's county. They managed to encourage the men and to the women to that they enhance his previous commerces or establish new to back up a useful activity. Also they demonstrated that they were not the mental patient dangerous with tools, and they were less dangerous if were offered an occupation. The responsible to develop the idea of the houses of care went besides, very similar to the therapeutic present-day communities. They developed the Treatment Moral extending his work to USA'S part.

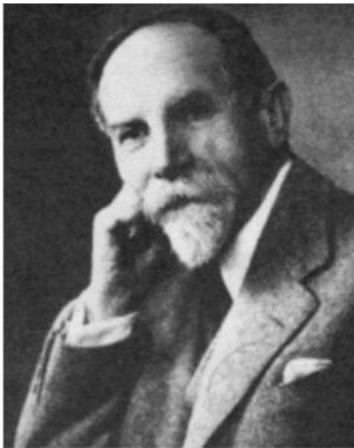
⁵⁴ The Dr. Herbert J. Hall began to develop a training program and treatment for women young people of very small works of a ceramics at his sanitarium of Devereaux's mansion, Massachusetts in 1904. Initially foreseen like physical therapy to recover patients of tuberculosis. The Dr. The hall began to prescribe the occupation for his patients like medicine to regulate life and for to direct interest. He called this the cure for work. The result was the Ceramics of Marblehead that betrayed Sr A. Baggs, with six people's total working in her, factory placed in Marblehead, Massachusetts.

To these authors it is necessary to also add the works of Eleanor Clarke Slage (Social Worker of the Hull House of Chicago) and Adolph Meyer, (doctor of the Henry Phipps Clinic and Johns Hopkins Hospital), co-workers of the Dr. Dunton in the Henry Phipps Clinic and Johns Hopkins Hospital. The biggest professional contact was maintained with the



Eleanor Clarke Slage

Dr. Dunton, beginning in the year 1914 and that it took them to a great intensity of correspondence. The first 10 months of contact Barton and Dunton wrote weekly (the letters written between Dunton and Barton are collected in the Maryland Psychiatric Quarterly Magazine).



Adolph Meyer

The same idea united them: to name the specialization process to which was arriving, to name to the discipline that was arising and to sum up their work and objectives. The scientific production of the Dr. Dunton grew to enlarged steps, his contents offered the recovery experiences of patient in its hospital, thanks to the occupation.

It had ended up demonstrating that a person was able to recover her muscular mass much before by means of activities that he liked, which implied a gratifying physical activity and with sense for him, which with a personal routine and unconscious activity that also sought the same objective.



Adolph Meyer
The Philosophy of Occupational
Therapy.

But also, this pleasant activity for the person also increased the levels of personal satisfaction. Dunton was the first person that names the term: "significant activity"⁵⁵. He is, with more than 120 books and articles about therapy and occupational rehabilitation, the first one who used the expression Therapy of the Occupations used by Dunton to differentiate the amusements without objective, of the occupations prescribed with therapeutic value and to refer to the professional activity that used the occupation like treatment form.

Of this meaning Barton took the term used by Dunton but with a small shade, he only used the adjectival part: occupational therapy.

We can say that Dunton supposed for Barton the perfect link. From him he articulated their idea of Occupational Therapy. Dunton was a source of knowledge, recognized among the personnel that worked with the Occupation and Barton knew how to arrive to him.

Barton's labour extended quickly, the doctors of Clifton Springs, surprised by the improvement of health of Barton and for that of the rest of people that attended the Consolation House, began to send people that could benefit of this work.

⁵⁵ Group of operations or tasks that a person makes. They depend on the process of getting the culture and they set up the way of linking with society and the culture in which lives. He is characterized by being inherently motivated for the person who makes it, depending on the story of learning. They are activities to which the human being links more deeply without wanting or wanting nothing in return. Moruno, P 2003. The first definition that Dunton made of significant activity was based on the following model: " give them activity and they will improve his health, let them make, create, plan, give them opportunities"

The results in the recovery were optimum and soon one could see how the news about this house and their work extended for all the USA, Canada and part of Europe. Even the Baroness Van Schelle, president of the committee of reconstruction of the Belgian government's educational system the



[Philippe Pinel](#)

Professor Jules Amar⁵⁶ made an offer to Barton in the year 1917 to lead the school of Occupational Therapy of Papenvoort in Ambers. Barton showed a great illusion for this offer but he underrated the proposal when thinking that the work begun in the Consolation House had not concluded, moreover his poor state of health also influenced in this decision. But from 1917 to 1919 Barton contributed with the supervision of the teaching programs that were offered in Papenvoort and that they were in two people's hands of his most absolute trust.

Thanks to this expansion and their achievements, we can mention the first medical derivations to a professional of the Occupation (to an Occupational Therapist, like Barton used to name). He didn't incorporate a patient to his recovery program without having a medical petition that included a diagnostic and an orientation in the treatment. They were more and more, people who were interested to attend the Consolation House and, by this way, to be able to

⁵⁶ Jules Amar (1914) at the beginning of this century he establishes the bases of the ergonomics of the physical work studying the different types of dynamics and static muscular contraction. He is interested in the problems of the fatigue, the effects of the environment, temperature, noise and illumination. Jules Amar at the beginning of century in France founds the first investigation laboratory on the professional work "National Conservatory of Arts and Measures". He is one of the founders of the Ergonomics science. And key piece in the introduction of the Occupational Therapy in Belgium, Portugal and Italy. He was named in 1917 War Secretary of the USA, with the mission of preparing people for the re-education of the soldiers coming from the war. Barton and Jules Amar met each other in 1918 in the Consolation House and the collaboration began among them.

be formed in the techniques of the Occupation. Barton offered weekly courses of formation in the Consolation House: *"All his people that arrives from so many geographical and so dispersed points, make us believe that our effort is worthwhile"*, Barton used to say when seeing his house full of people.

The selected occupation should be to regulate, graduate, to be inside the estimated interests and of each patient's capacity.

In definitive, to talk about the Consolation House, is to talk about illusion, of gotten achievements, of suffering, of hopes, of non fulfilled ambitions, but, mainly it is to talk about Barton. The history is written by people and their facts. These remain in the memory and they are, without doubt, the best in the legacies which has never been able to imagine. The memory of their achievements along the time, maintains them alive; preserving them of the forgetfulness.

For Kirstin Shockency to live in this house is to feel as if the past was in its walls, in its stays, in its windows, in those same windows that one day reflected the face of a person that fought to get their goal. The Consolation House wouldn't die, although its work concluded on Friday, the 29th of April of 1923, with the death of Barton (to the 49 year-old age). It was as if the time stopped in this stay. The essence remains intact, nobody modified it and just as he was born he died. The Consolation House will always conserve impregnated the truth on the legacy of Barton. Many people will be able to pass across it, but it keeps zealously the better kept secret, the sense of the Occupation.

Kirstin Shockency doesn't plan to sell this house, *"it will be always my house, my memory, is pleasant for me to know that here they passed many of the more grateful experiences of life of the years from 1914 to 1923 in Clifton Springs."*

At the present time the Consolation House remains almost with the same physics structure with which Barton let it. The memory of his stayed here is in several badges that figure in its exterior. The day 15th of March of 1967, in memory of the 50 anniversary of the founders and in presence of Isabel G. Newton, wife of Barton and of their son George Gadwin Barton, the American Association of Occupational Therapy (AOTA) in an act taken place in Clifton Springs, they inaugurated a badge in honour to the founders. Miss Cromwell president of the AOTA in 1967, highlighted the sense of this badge like: *"a memory to recognize and to honour people who preceded us, to their vision and thought, to their value and hope and mainly to their energy and creativity."* This badge has as purpose that the time doesn't erase the memories of a life full with illusion and hope. It is the best form of appreciating the legacy left by Barton.

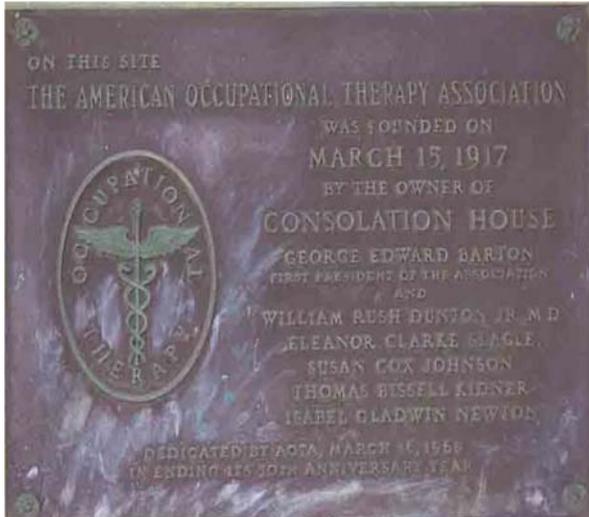


Foto placa homenaje de la AOTA 1967
Por cortesía de Kristin Mahoney

Badge´s Legend:

In this place, the American Association of Occupational Therapy was founded the 15th of March of 1917 by the owner of the Consolation House George E. Barton, first president of the Association and William Rush Dunton JRMD, Eleanor Clarke Slage, Susan Cox Jonson, Thomas Bevel Kidner and Isabel Gladwin Newton.

Dedicated by the AOTA in March of 1968 in the date of the 50 anniversary

Another of the badges that can be located on the Consolation House in Clifton Springs, indicates us the situation of the house in the Broad Street 16. The memory remains alive when locating this historical place. We can say that with these badges they are joined past, present and future, contributing this way to maintain the legacy of Barton. And although the Consolation House suffered some change, included those of property, its firmness and value remain with the step of the time.

It is the fifth house to the right if you advance from North to South for Broad Street, still preserves the Victorian style that impregnated Barton and the old porch where they spent long moments.

To imagine the Consolation House in active is encouraging. Between 1914 and 1918, the informative current on the Occupation and the different state meetings to establish bases on his occupational therapy, they supposed that Dunton incited Barton to promote the foundation of the



Clifton Springs 19 Enero 2007
Por cortesía de Kristin Mahoney

association of promotion of the Occupational Therapy: It is the birth of the NSPOT.

3. THE FOUNDATION OF THE NATIONAL SOCIETY FOR THE PROMOTION OF THE OCCUPATIONAL THERAPY (NSPOT).

Dr. Dunton in the year 1924 in a conference in the Sheppard Hospital and Enoch Pratt Hospital of Townson in Maryland, carried out a journey through the beginnings of the Occupational Therapy:

"In the year 1914 won a friend by writing... during at least 3 years every week we were exchanging information... until that moment he had never heard speaking of George E. Barton, neither of his Consolation House in Clifton Springs... and although we didn't know each other, soon we began to exchange

information about the occupation and their benefits.... about the Occupational Therapy ...about the difficulty of unifying approaches" (Dunton 1924).

Dunton that worked in Baltimore had as partners Dr. Adolph Meyer and Eleanor Clark Slage (later she moved to Chicago to work in the Hull House). The main result of the conversations between Dunton and Barton in the years from 1914 to 1917, was the necessity to promote an association that unites the professionals who worked with the occupation.

This idea almost fails because Dunton proposed to Barton attending the work meetings that were carried out in the Sheppard and Enoch Pratt Hospital of Baltimore. During this time Barton rejected some of these invitations; he felt offended to believe that Dunton was plagiarizing some of his ideas⁵⁷. After this incident they stopped to be written. By the middle of 1916 they wrote again, this time with the objective of recapturing the idea of creating an association that promotes the Occupational Therapy. In December of 1916 Barton proposed to Dunton that the association could take the name of: National Society for the Promotion of the Occupational Therapy (NSPOT) and offered the Consolation House like headquarters to celebrate this first meeting becoming this way the protagonist of the same one. After thinking on several dates, it was between the 15 and March 17 1917 the elected date for the celebration of this event, coinciding with the third anniversary of opening of the Consolation House (open the 7th of March of 1914).

⁵⁷ He made knowing it to him by means of letters that still figure in the files of the AOTA and the AOTF.

The number of people, that they estimated opportune to attend this event, was five and both proposed names of outstanding personalities for this event. Dunton required that were present Susan Tracy (occupational nurse in Massachussets), Eleanor Clark (headmistress of the Hull House of Chicago and its personal friend's wife) and Herbert J. Hall⁵⁸ (doctor of the Mansion Deveraux). While Barton proposed Susan Tracy (headmistress of the Experiment Station and Jaimaca Plain, Massachussets) but she could not attend this meeting for labour problems. This didn't prevent to support the development of the NSPOT (her name figures among the founders considering her one else). In her place, Barton called Tomas Kidner (vocational secretary of the Commission of the military hospitals of Canada) who was in USA designated by its government to supervise how the vocational rehabilitation of the invalids of war settled down. He was, as Barton considered him, *"a good ally, his work in political contexts could open many doors to this society."*

This way they met , in addition to Barton, the following people:

- Dr. William R. Dunton: Medical Psychiatry of the Sheppard and Enoch Pratt Hospital, in Towson, Maryland. Conciliatory and cordial. One of the authors of this meeting and maximum exponent of the work culminated by Barton.

⁵⁸ In Dunton´s words, (collected from the conversations between Dunton and Eleanor Clark in the files of the AOTA) Barton rejected the presence of Hall to believe that he only worked in the recreation of people with neurasthenia, he could offer too little to the Occupational Therapy

- Tomas B. Kidner: Secretary of the Canadian military commission of the hospitals, Ottawa, Canada. Supervisor for the government of the USA in the vocational rehabilitation of soldiers. He was a fascinating man for his personal history. Very delighted for this meeting. It was "the most enthusiastic of all, or at least he demonstrated so" as Isabel G. Newton said.

- Eleanor Clarke Slage: Headmistress in that moment of the Hull House⁵⁹ in Chicago. Residing in the Hotel Alexandria, Chicago, Illinois. He was the most charming in all women who were present. She had a great personality and a lot of style. She was the only woman in dressing on a bouquet of violets given by Barton to be made the picture of the Foundation of the NSPOT and which had been taken by him out of the their garden (see the founders' picture).

- Susan C. Johnson: Headmistress of occupations in Blackwell´s Island, residing in the 350 West 85th Street, New York City. She was the woman with the stronger personality. Very modest in their achievements and with a more sober style comparing it with Eleanor Clarke and Isabel G. Newton´s style.

⁵⁹ Co-founded in Chicago, Illinois, in 1889 for Jane Addams and Ellen Gates Starr. Social, educational and artistic programs were developed. The Hull House had won a reputation as the good known establishment of USA and it was the keeper of a movement that almost included 500 national establishments before 1920. Their objectives were those of providing the social and educational opportunities for people in the neighbourhood, many of immigrant worker class. There were literature classes, history, art, domestic activities such as seam, and many other topics, concerts, conferences, clubs for children and adults. The Hull House was key in the educational reformation, politics and of sanity.

- Isabel G. Newton: Residing in Geneva, New York. Personal secretary of Barton and motor of the first meeting. She was in all moment the shade of Barton picking up what was spoken in that meeting.



15 de Marzo 1917
Consolation House. Clifton Springs.

- 1 Dr. William R. Dunton
- 2 Isabel G. Newton
- 3 Tomas B. Kidner
- 4 Susan C. Johnson
- 5 George E. Barton⁶⁰
- 6 Eleanor Clarke Slage

This act represented the biggest effort in guidelines' unification from the high number of professionals who were devoted to work with the occupation.

This first meeting had like central topic the promotion of the Occupational Therapy and during the same one, the assistants were hardly implied so that the word *promoción*⁶¹ appears in it, as well as the chart that would have to be signed when concluding the same one.

Barton together with Dunton structured these three days of meeting being the colophon of the same one, the foundation act of the society to which so much time they had dedicated. The agenda of the meeting was (to see table n°1) and

⁶⁰ Barton along his life demonstrated to be an agile person in political negotiations, with a seductive power by means of the word. He was a calculating man and he knew perfectly who to be related with and what for. With that capacity he got during his life many of the achievements that he sought.

⁶¹ As RAE (Spanish Royal Academy of Language) 2006, promotion is: action and effect of promoting. The individuals' group that at the same time have obtained a grade or employment, mainly in the bodies of closed scale. Elevation or improvement of the conditions of life, of productivity, intellectuals etc. Group of activities whose objective is to give to know something or to increase its sales

the contents of the chart of foundation of the NSPOT were picked up with the following structure in: A presentation, 12 epigraphs, a final heading and the Notary's signature. Being their description like figures below(to see table nº2)

1.1. Repercussions to the first meeting of the NSPOT:

During the later months to this meeting were many the congratulation samples, of stimulus and of encouragement among the founders, with the objective of printing the charts of the celebrated meeting.

Even when USA declared the war to Germany the 6th of April of 1917, Dunton saw the war like a catalyst as advance of the Occupational Therapy: *"with this war the wounded soldiers will be those that but they could take advantage of our intervention⁶²".* The running of the NSPOT prompt suffered its first disappointment.

⁶² General Pershing of the armies of USA, in a first moment underrated the presence of the assistants of the reconstruction (that was as he named them, instead saying Occupational Therapists). Later, due of the improvement that they had some of their wounded soldiers and assisted by these assistants of the reconstruction, he had to admit the evidence and to accept this professional's arrival. Mr. Pershing requested for immediate incorporation a total of 2000 assistants (he calculated impossible to offer for the early requirement in which was carried out). Dunton made him arrive this news to Barton in one of its letters. Taking off the profession was evident, the War facilitate the intervention of the Occupational Therapists

1st MEETING FOR THE CREATION OF THE NSPOT			
15th of March of 1917			
Morning	<p>Inaugural Conference: <i>"Inoculation of the Bacillus of work". D. George E. Barton</i></p> <p>Conference in which he made constant metaphors with the medical and occupational diagnosis, with the form of looking for interests in people and with the graduation of the activities.</p>	Afternoon	<p>Writing of the chart of creation of the National Society for the Promotion of the Occupational Therapy (NSPOT) signed by the illustrious notary James ARolfe of the State of New York, of the County of Ontario:</p> <ul style="list-style-type: none"> - President: George E. Barton (he had elected himself some weeks before) - Vice-president: Eleanor Clarke Slage. - Secretary: Isabel G. Newton - Treasurer: William R. Dunton
16th of March of 1917			
<p>Morning and afternoon:</p> <p>Discussion on the constitution proposed by Dunton and Barton, previously made by both. The NSPOT is registered, and the initial committees are formed. It was selected the logo of the Society and the colour of the paper to use: green (chosen by the founders to be the symbol of the health).</p>			
17 de Marzo de 1917			
Morning	<p>The different performance plans are elaborated and they are subjected to internal debate. Barton proposes the Consolation House like library of the NSPOT.</p>	Afternoon	<p>Lunch to close the meeting in the Consolation House</p>

Table nº 1

Modified by Miguel A. Talavera (2007), from Isabel G. Newton (1968) and William R. Dunton (1920)

CONTENTS OF THE CHART OF FOUNDATION OF THE NSPOT⁶³

- A. Presentation
- B. Epigraphs:
 - 1. Name of the society.
 - 2. Commitment of perpetuity of this society.
 - 3. Promotion and investigation aims to apply them to the clinic and the teacher.
 - 4. How the members of the society will be named.
 - 5. Type of members that will have this society.
 - 6. General Assembly.
 - 7. Of the location of the society.
 - 8. Of the events and annual meetings.
 - 9. Of the dissolution in case it has to be carried out.
 - 10. Of the address where they register these statutes.
 - 11. Of the names of the founders.
 - 12. Of the address where these rules are registered.
 - 13. Of the founders' names.
- C. Final Heading for the members.
- D. Notary's signature.

Tabla nº 2

[Documentos de la AOTA](#)

[Documents from AOTA](#)

They are several the factors that caused the appearance of the problems inside the NSPOT:

⁶³ To consult the current records of the AOTA in [National Society for the Promotion of the Occupational Therapy \(NSPOT\)](#)

- The vertiginous march that the profession suffered taken place by the high number of professionals that demanded the society.
- The search on the part of the NSPOT of a headquarters to celebrate their second meeting: Barton proposed that takes place again in the Consolation House, but Dunton and E. Clarke Slage opposed, due to they thought that the Consolation House could not host the high number of assistants that they thought that they would attend.
- The crash of ideas among Barton and the binomial conformed by Dunton-Slage: Barton, who had promoted the development of the NSPOT like a reduced forum of people, chased frontally with them who thought that in this society they should be inscribed as members, the biggest number of people who linked to the occupation like therapy.

All this was the explosive so that Barton and Isabel G. Newton resigned from their positions at the board of this society and they didn't present to be re-elected again in the second meeting of the NSPOT. Just as affirmed this sentence "*I feel that I achieved my goal, the NSPOT is founded*"⁶⁴ (Barton 1918). E. Clarke⁶⁵ arose as catalytic in these moments of the situation and with her effort to which the rest of the founders were added, could be celebrated the second meeting of the NSPOT. This took place in New York City, the 3rd of September of the year 1918, (work day in USA), in it, William R. Dunton assumed the presidency, who took their command up to 1920. In that year Eleanor Clarke Slage was elected president until the year 1923, when is

⁶⁴ One of the extracts obtained from the letter that Barton sent to Dunton in December of 1917.

⁶⁵ The relationship between Dunton and E. Clarke was of a lot of trust, both understood each other very well and they had great likeness. Barton crashed strongly with these two people in many of the things that he sought to get with the NSPOT.

followed in her position by Tomas B Kidner, year in which it is decided to change the name of the "National Society for the Promotion of Occupational Therapy" (NSPOT), for the name of The American Occupational Therapy Association" (AOTA).

George E. Barton after the first meeting, didn't attend none of the later meetings again. His contribution was limited to paying his partner quota (10 dollars) and to participate in some committee.

With the death of Barton in 1923, the medical community honoured its legacy recognizing the possibilities that the profession of Occupational Therapy could offer. They were different associations and personalities which promoted the arrival of this discipline endowing it of the recognition that deserved. It was the moment of the development of the committee of promotion of the Occupational Therapy, and with it many achievements gotten in very little time (to see example in table nº3).

The "major 5" legacy, term chosen by Barton to name the founders, was the best in the gifts that they could make us. The promotion of the Occupational Therapy and of their possibilities we had left collection in the first harmonized definition of Occupational Therapy that the NSPOT offers in the year 1919: *"Occupational therapy can be defined as any occupation, mental or physical, prescribed initially by an Occupational Therapist and directed to a concrete purpose of recovery or of acceleration of the process of recovery of the illness or lesion."*

Achievements obtained by NSPOT and AOTA during the first thirty years of history	
1917	Foundation act of the NSPOT
1918	Second Meeting of the NSPOT
1919-1925	Development of the NSPOT´s committees, arising of the profession at a labour level.
1928	A total of 6 OT schools in EEUU with recognized programmes.
1938	The 13% of the hospitals had an Occupational Therapist between his professionals.
1939	It was got an universitary degree.
1939-1945	Second World War a total of 1000 Occupational Therapist worked in military hospitals for the soldiers recovery.
1945	Todas las escuelas tenían los planes de estudio a revisión por un comité de la AOTA, para unificar aspectos de formación y docencia.
1947	University of California set the first master of education in occupational therapy and it was followed by the University of New York.

Table nº 3
Comparative of the first thirty years of the profession 1917-1947

To be able to know the history facilitates us the vision of the Occupational Therapy. They will be able to change the therapeutic occupations, or the activities, or the techniques, but the essence of the Occupational Therapy and their therapeutic value, marked by the founders, it will remain with the pass of the time.

4. CONCLUSIONS

Following this chapter we could say that non only Barton became one of the founders, but we could say that it is the motor of the foundation. Surely moved by the personal interest or for the initiative of the Dr. Dunton, Barton got that the NSPOT settles down in a historical moment, a context where the cultural and social influences took to the founders to give constructo to a profession.

Each one of the founders offers a vision and a work sustained in aspects of the society of the epoch and in this case the main influences that Barton contributes to the foundation of the NSPOT are summarized, among others, as follows:

- The influences of the Art (of Mr. Morris and the European culture and of Mr. Sturgis and the society of Arts and Occupations of Boston), of the Moral Treatment (on the part of the Dr. Worcester, Samuel Tuke, Philippe Pinel, William Ellis), of the medicine (Adolf Meyer, Willian Dunton), the artistic currents of the time (Herbert Hall) and social (Elanor Clark, Susan Tracy).

- The sense of the Therapeutic value of the Occupation that Barton offered had two slopes, on one hand the considering it like one of the medicines that could cure the man of his idleness, of his lack of initiative, of his scarce commitment with the society in which lived. On the other hand he offered the person their recovery by means of the work and the incursion in the society by means of the sale of these products (influenced by the movement of Arts and Occupations of Boston and the philosophy of the Productive Work developed by Dunton and Hall).

The history of the Occupational Therapy is the careless aspect of our professional efforts of investigation and of the educational plans. After the revision elaborated for this chapter, I can say that we should not reject any alternative to the belief that the human being, is an occupational being, that the mind and the connected body facilitate the sensation of well-being and the development of dexterities. The founders of the Occupational Therapy were able to demonstrate us as making it possible; of them we will have to try to know the sense of their first steps in this profession.

The Occupational Therapy is the only sanitary profession that has the axis of its intervention in the belief that the man is focused in the tasks that he carries out daily. In spite of the many influences received in our professional life our roots remain, we just have to be able to see them. The only form of finding them is to look toward our discipline and to oriented all our attention in it. The influences are good for the advance like profession, but avoiding that the

theoretical body of the influences hides our own theoretical constructo. The more lose professionally, more fence is of the extinction.

To look for the sense of our discipline (the paradigm of the profession) and to grow in him, I believe that it will be the biggest achievement never gotten. The experience of other is an impressive inheritance and the more we learn of them, less time loses proving what has already been proven presently. The past cannot be separated from the present. The files, the pictures, the published texts, the books, the memories are the best file in our past. It is the true source of which we have to feed ourselves. It is the most alive reminder of what we were, but also of what we are and surely of what we will be. With the care of looking to the past always not being but with the necessity of knowing it to be able to develop us professionally. In our history, equally than in others histories, the future is already written, it is only necessary to decipher it.

In words of Robert King, *"the image of the Occupational Therapy will be confirmed with the time, which is at least what is expected. The integrity of our profession is in our hands"*. This work is an offer for the reflection.

GRATEFULNESS

It had not felt so interested for a long time to know one of the symbols of our profession. The gathered information is part of our counted history and that the time cannot erase of our memory. The effort has been worthwhile, they have been near six months of work and we hope it was for the reader's pleasure. In this whole time they appeared people that helped me unselfishly to complete this road, to them I owe the possibility to know what one day began and that now I remember.

To Lori Ret and Krinstin Mahoney, residents in Clifton Springs and in Spain to Mariajo for their time; to Juan Ramón Teijeira, to Manolo Castro, to Pedro Moruno and Pablo Cantero, for their collaborations, their unconditional support, for their interest and mainly for their advice that served me in this journey, to them I owe this chapter.

NOTES

Every day we are more conscious than the past, in a way or other, always appears before you. The life, capricious, marks the beginning and final of many of the doubts that arise as professional. In our journey as Occupational Therapists our history always marked our process of development, thus in forgotten occasions, it reproduces professional prints of which want to escape, but of those that hopelessly don't escape. The reductionism in the interventions that marked our professional process during a time, is one of the big consequences of the little knowledge of our history.

That the time doesn't erase what we wanted to be as profession in a moment. So that the ideas, places, people and reasons that took to the creation of this discipline don't vanish.

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Chapter 05

HEALTH, POLITICS OF LIVE AND SUBJECTIVATIONS, SOME PRELIMINARY REFLECTIONS ABOUT THE HISTORIC AND CULTURAL ANALYSIS OF HEALTH.

Mr. Álvaro Pazos Garcíandía

MENTIONING THIS CHAPTER

Pazos Garcíandía, A. Health, Politics of live and subjectivations, some preliminary reflections about the historic and cultural analysis of health. In: Moruno Miralles P, Talavera Valverde MA, compilers. Occupational therapy: an historical perspective. 90 years after its creation [monograph in Internet]. TOG (To Coruña): APGTO; 2007. p. 205-234 [date]. Available in: www.revistatog.com

ABSTRACT This article shows some provisional thoughts about the difficulties for a History and Anthropology of Health. It is defended the idea that health is a conceptual and institutional reality typical from modern society and, in this sense, it is difficult to transfer it to another historical or cultural contexts. A sociological approach to the health concept is proposed and it is made a review of the dimensions of the concept of health needed by this approach, as well as of some key lines in the history of health.

DESC KEYWORDS Health; History; Anthropology; Subject variations politics; Occupational therapy.

KEYWORDS

Health, history of health, anthropology of health, politics, individual.

RESUMEN Este artículo presenta algunas reflexiones provisionales sobre las dificultades para una historia y una antropología de la salud. Se defiende la idea de que la salud es una realidad conceptual e institucional propia de la sociedad moderna y, en este sentido, de difícil traslación a otros contextos históricos o culturales. Se propone una aproximación sociológica al concepto de salud, y se hace una revisión de las dimensiones del concepto de salud que esta aproximación necesita, así como de algunas de las líneas clave en la historia de la salud.

PALABRAS CLAVE DESC Salud; Historia; Antropología; Variaciones dependientes del sujeto; Política, Terapia Ocupacional.

PALABRAS CLAVE DEL AUTOR Salud, historia de la salud, antropología de la salud, política, sujeto

Health: concept and meaning

Every historical or comparative approach to the concept of health should bring up beforehand, in order to redefine its subject, the conditions of possibility of a history or anthropology of health. This means suggesting its existence and taking care of a field located beyond, not beyond our concept of health, but beyond any concept of health (health as a concept). In short, beyond health itself. Because this is only a way to talk about something that should rather be referred to like the relationship of the human being with life, in the sense that Canguilhem (1) gave to these terms.

The difficulties to draw a history of health and to introduce a comparative approach of the concept, result in the temptation of taking for granted the substantive existence of that object, with a history and with different cultural expressions, without facing its purely accidental and established nature in a critic way. In this sense, it would be interesting to begin contrasting, emulating Canguilhem himself (2), on the one hand, "health" as a subjective perception of a non thought-out state, and even less questioned, that it is not even aware of itself (as a standing out state) while it doesn't allow reflection, with, on the other hand, the reflective notion par excellence, the scientific concept of health. It was this author, certainly, who stressed the value of the "ordinary notion of health". There is no a science about this "health" (a notion within everybody's reach). But we could say that, in a symmetrical way, as a concept, health doesn't appear in another place but the one of health sciences. The history of health would be, then, the history of the conditions of possibility of these areas of knowledge (speeches and techniques) that consider

health as its object, conferring it its existence. The aporismes about the historical and anthropological search of other concepts of health derive from here: one, in appearance, tolerant venture that admits the diversity in the same transaction with which it universalizes the specific relationship with the (production and reproduction of) expressed by the concept of health.

When we talk about the concept of health we make reference to what it could be a positive notion of health. Health as absence of illness is not the expression of a different concept; it belongs, indeed, to the level of some experiences that no concept could re-establish with accuracy. Canguilhem's directions about this subject should serve the social scientist to notice that it is not so strange to find, in societies different from ours or in other historical ages, no concept of health at all; in that way, on the contrary, the surprising thing could be finding that health –as a concept or as a problem– exists in social formations. In fact, it is something as unusual as to wonder whether it is or not a fundamental concept and a concept that articulates one period in occident or, at least, its self-consciousness as a period: modernity.

Precisely, the author of **Lo normal y lo patológico** dignifies in some way the reality situated beyond the concept of health. Leriche's notion of health as "silence of organs", to whom Canguilhem pay special attention, refers to a frequent topic during the Classic Age and the Age of Enlightenment. For a long time health has been considered in reference to illness, as absence of illness. One of the most important formulations of this point of view appears in Kant's **Conflicto de las Facultades**: "One can **feel** well, that is, judge from one's own feeling of vital welfare, but can never **know** himself in a good state" (3).

In this sense, health is an object “within the reach of knowledge”, an object for which there is no science.

One science or knowledge about health will always be established, then, in opposition to an existential sense, to a previous notion of health as truth, not reality, of the body; a notion that makes reference to the position of the body as a vital unity, and that refers to the silence of vital activity. It is, in fact, a non-sanitary notion of health, with what Canguilhem makes reference, with Nietzschean reminiscences, to live. This truth of the body is, moreover, a singular one, in opposition to the idea of the body in general, exposed by sciences such as biology and medicine. In this existential way the body can't be put on an equal with an effect of mechanical relationships, because the living being is not a machine, as well as health or death can't be preached about it.

As far as an individual's health is enunciated as taking part in society, its existential sense disappears beyond the reckoning of the factual and the general; it becomes a calculus object, referred to the given body and not to the sense. During the 18th century we assist in Europe to the genesis of this positive concept of health that, in spite of its ups and downs, has not stopped to shape us in an *ageal* sense and as individuals; a concept that, imposing itself in a progressive way on political administration as its subject and expanding its reference field, has achieved its maximum spreading and dominion in the celebrated integral definition of the WHO (4).

Towards a construction of health as a socio-historical object

Only when health, instead of illness, has become the object of sanitary knowledge and techniques, we can talk about a concept of health. From a sociological angle, we should sharpen a little bit more this assertion and add that by “concept” we won’t understand an unitary and homogeneous entity from a science, a knowledge, a professional or institutional corps also unitary and homogeneous, but we will refer to a group of different positions. The concept of health is, according to this, the result of the agreements and disagreements, more or less conflictive, between the different definitions of health, convergent or differing in a space of points of view. Like every scientific concept, the one of health is a product, firstly, of the structures of scientific and technical institutions and, above all, of the social dynamics that sustain them.

What we could call “sanitary space (of points of view)” should be understood in the way Bourdieu employs the “spatial” notions (making reference to science, literature, philosophy or the academic field (5)): like a space that consist of the points of view or perspectives about communal problems. We should highlight, also, that the points of view have a positional reality, that is, they are distinguished as such points of view by their relationships with other positions in the same space. This is crucial from the methodological point of view: there is not an individual point of view (in opposition to social), and it would be possible a sociological approach to a single point of view, because talking about the singular requires the re-establishment of every space –of repetitions and differences– in which the individual is singularized as position. Finally, is convenient to indicate that the

main problem that, in one way or another, the space is dealing with in all its dynamics is the definition of health itself, the adjectival use as “sanitary” of certain phenomena. The sanitary space is characterized as such relatively autonomous space from other social spaces because in it health becomes a matter with plays a role of tensions and polemics.

The sanitary space of points of view is the expression, but not a mechanical one, of social fields and, first of all, of the sanitary field in which the different social agents, individual agents (nurses, doctors, folk healers, occupational therapists, teachers, educators, etc.) or collective agents (professional associations, hospitals, schools, universities, groups of ill people, etc.) are placed; implied, defined by its positions and social careers, by their resources (economical, social, cultural, educational, etc.) which hold, as well as by the interests that mobilize them; social agents that support (that enunciate), with different aims and in different contexts, one and/or another points of view (it will be applied, in this sense, to the “sanitary field” the features from Bourdieu’s theorization “fields” (6)). Finally, is in this social field where the concept of health is resolved; because conflicts between the perspectives that constitute the space of points of view, are the expression of the specific problems of this field, and of the conflicts between its agents (such as, for example, the professionalization of medicine, its legitimization regarding other specialities; the setting-up of the professional reality and identity of nursing; the definition and the position –social, academic, etc.- of therapeutic knowledge and techniques; the membership or not to the sanitary field of psychology and other disciplines, etc.)

To understand the genesis and development of the concept of health, it would be necessary, otherwise, going beyond the internal logics of the sanitary field, relatively autonomous, and think about, once again in a more complex way and not a mechanical one, the relationships of these internal dynamics with the different orders of the social. That is, to assume that health has been and it is a political concept. Firstly, and as was said before, by the polemic nature of its formation and concept, that turns it into a product of tensions and negotiations. But health is also a political concept in the most radical and substantive sense.

Following my line of exposition, Didier Fassin (7) has proposed a transformation of the "anthropology of health" (dependent on the sanitary definition of "health") into a "political anthropology of health" (for which health appears as a political concept). For Fassin, preventive attention, the behaviour of illness, politics of health and care system, are variable realities in the course of time, which represent the translation of the relationship between the physical and the psychic being and the social and political one. By presenting the question in these terms, the author does not only point to a questioning of the autonomy of an object of the sciences of health, but it also reveals the intrinsically sociological character of the concept. In other words, well-being and discomfort are subjects and problems immediately social, not the objects of an applied science. What the social science and the history try to grasp in a genealogy of health, is not so much the operations of definition and construction themselves, but the social, economical and political objects in game that underlie both of them: what's in game is the in the controversies and

disputes about the recognition of an illness as an occupational disease, or in the construction of child mistreatment as a public health problem, or in the construction of intravenous drugs users as a “risk group”, etc. That is: what is in game in the relationships of knowledge and power that mobilize those processes of definition? And this approach brings to light, then, matters that are eminently political, because they have to do with the very foundations of politics: the power, the fractures between the public and the private and the problem of coexistence. “Health –as Fassin says– refers these three dimensions of politics to the singular test of body, that is, to the questions of the alive being and the death, the health, the suffering” (8).

Fassin’s perspective is framed in an awareness of health as one of the defining concepts, not belonging to the healing and care sciences, but to the political administration science (because, as a concept, science is always public). Something that acquires a very special sense when politics stops defining itself in the classical and traditional way and changes into biopolitics, politics of life.

Radical denunciations of Illich’s or Zola’s “medicalization of life” (9), refer to the conversion of more and more aspects of human-beings’ life in medical subjects. This process is part of what some authors call “biopower” or “biopolitics”. In **La voluntad de saber**, Michel Foucault distinguishes between the traditional forms of power, settled in the right of life and death (the privilege of “making to die or leaving to live”), and the modern forms of power, characterized by the “administration of life”. This power over life is developed according to two mechanisms: an “anatopolitics” of the human body, consisting

of disciplinary techniques of subjection, surveillance and reformation of the individual bodies; and a “biopolitics of populations”, consisting of the deployment of some knowledge and a control of populations (10).

Life to whose administration contributes the development of biomedicine is the one that the philosopher Giorgio Agamben calls “nuda vida”, the mere fact of the non-specific living (not characteristic of a particular species), that undertakes the Greek term *zoe* (against *bios*): “The entry of the *zoe* in the sphere of the *polis*, the politicization of the nuda vida, constitutes the decisive event of modernity, which marks a radical transformation of the political-philosophical categories of classical thinking” (11). The “nuda vida” (that is what underlies, according to its radical critics, to the concept of health) opposes to the life that characterizes the political community. The treatment of any political problem in terms of administration of the life implies a denial of good life, understood as the specific life of the political being that is the human one. “During millennia man continued being what he was for Aristotle: a living being and also capable of a political existence; modern man is an animal in whose politics is questioned his living being’s life” (12).

Biopolitics, as understood by Foucault, will make reference to the way in which modern social formations have been shaped and have tried to give a politic answer concerning social reproduction. This connection lets place health as a concept that refers to the problem of the preservation of societies. By “social reproduction” we understand the means used by a society to answer the necessity of contingents. This must be understood in a wide way, without limiting it, of course, to a mere biological procreation. In fact, the reproduction

of a society requires not only organisms, but individuals. From this point of view, social reproduction refers to processes, of different kinds (sexual regulations, kinship regulations, educational regulations, health regulations, care regulation, consumption regulations, etc.), whose generic function is the preservation of individuals.

It is possible, then, an approach to the history of health that takes into account the ways of subjectivation that had contributed to establish and sustain the sanitary knowledge and techniques, in the interests of the maintenance of social orders. Get to grips with this will allow us to revise some aspects, problematic in some way, of humanist criticisms and hegemonic medicine criticisms. Denouncing the dehumanizing and objectivist aspect of knowledge and biomedicine practices would make us to forget about their relevant dimensions. In the same way that, according to Foucaultian theory, the repressive hypothesis of power is focused only in its negative, coercive exercise, without paying attention to the really important positive functions, that produce, modern power (this power is not characterized by repressing individuals but by constituting them according to different disciplinary techniques), likewise, criticism at individuals' alienation that hegemonic medicine carried out can hide the human dimension of this knowledge. Talking about medicine as a "human science" is pointing out its reproductive function.

In his sociology of medicine, Talcott Parsons (13) showed interest in social dimensions of illness, health and sanitary relationship. He defines the relationship doctor-patient from its social functions; for his part, the illness situation is defined as the performance of a social role. According to Parsons's

functionalist point of view, the medical institution is not a group of technical implements to give an answer to a biologically or physiologically predefined aim, but a kind of relationship that works in the social to play social functions. This model, that highlights the social aspect facing the bio-technical one, has inspired (but equally lets us understand) the moralizing and social discipline function to which it has answered in certain moments of its history of medicine.

In Parsons's model illness is a deviation, a way to go out or being excluded from the social system (the productive order and social configurations). Hence the social function of the doctor, but also and above all of the health sciences in general –and the more comprehensive the concept of health is, the more sanitary specialist will emerge: specialists in cares, nursing, occupational therapists, social educators, psychologists, social workers, psychoanalysts, sociologists, social anthropologists, etc.–, is to reinstate as soon as possible the deviant to their normal functionality in the social system. From the point of view of Parsons's sociology, the function of the medical system is neither mainly the healing nor the prevention, but, as a last resort, the reconstitution and maintenance of an active, productive and normal individual. Said from the Foucaultian perspective (an evil functionalism) of modern techniques of power, amongst them we can find this normative medicine about which Parsons talks: a docile individual.

Some lines of history of health

Health, in the sense we have started to build it here as a sociological object, that is, as object (into play) of definitions in a space and in the frame,

finally, of economical politics, is shaped in Europe during the 18th century. It is in this period when it is started and reinforced a biopolitics, within whose projects sciences and health play an eminent role; a biopolitics that during the 19th century and particularly with the hygienism, will establish the positive concept of health.

In different places (14), Michel Foucault has reminded us the importance of 18th century in order to understand the articulation of the concept of health. The evolutions during this period of time reveal a history that it isn't simple, lineal, that can't be understood neither like individualization of a sanitary practice that was collective in origin, nor like socialization of a relationship that was initially private, individual and clinical. As we have pointed out above, the setting-up of the concept of health is the result of tensions and conflicts in a changing social space. Apart from that, we should understand that, as Foucault reiterates, health politics is not a central and centralized politics; it is not the product of a vertical initiative –from the State–, but the result of strengths with different origins and ways and that evolve in different places and far from the social corps (15). One of the main features of this heteroclitic view of proposals, programmes, tendencies, discussions and initiatives, implies a change in what was, until the 17th century, the developed assistance, with several justifications, in lay and religious institutions. This mixed and polyvalent organization of actions, focused on a figure regarded as sacred until this time and called into question in this moment, the one of the "poor", is dismantled; and strongly imposes itself, but also in a disseminated and horizontal way, through the new century, an utilitarian treatment of poverty and, therefore, of assistance. In this

context, the specific problem of poor people diseases is considered as an economic politics problem (calculations linked to the organization of production).

Besides, another process characterizes, in the subject we are dealing with, to the 18th century: the emergence of what was later called "biopolitics" by Foucault himself. That is, the appearance of population's health and physical well-being as an aim of the political power. From the 17th onward "policy" forms (of regulation and rationalization of the public matters) were being spread, so that health, even more than as an aim, is shaped as an imperative and an individual duty.

The importance achieved by medicine during the 18th century has its origin in the cross between two realities: a new economy of assistance, and the emergence of the general "police". Political economy of poverty and assistance, as well as the generalization of the "police", show the new object of political administration arisen in that time: the health of populations. The way it is brought up, the one of health is a problem about reproduction of the workforce, in a time when population is appearing to be for Government not a mere technical problem, but an object susceptible of a specific technology (of surveillance, analysis, modifications, etc.), with a view to its coordination, integration and control. In other words, population is not only a matter of organization of the contingents of a territory; it is indicating, rather, the existence or the necessity of a "body" to constitute, to integrate and to reform as such: the productive body of the nation. In this situation, the biological features of the population become date of economic management, because

according to the probabilities (of death, illness, survival...) populations are more or less susceptible of economically and politically profitable investment.

Foucault invites to understand in connection with the emergence of the health of populations, the other basic features of the "nosopolitics" of the 18th century. Concretely, the importance acquired by childhood and, related to that, the transformation of the family in a medicalization agent. Objective of a real medical acculturation and of a moralization, particularly focused in children's health, family, and especially the families from popular backgrounds, are subjected during the second half of the 18th century to a medicalization that transforms them into medical mechanisms (16). Besides, the growing influence of Hygiene, which is going to involve medicine in political administration in a direct way, politicizes it turning it into a political agent.

The relevance of population as a sanitary problem, the medicalization of families and the conversion of medicine in a knowledge-power for the administration, explain the fact that Foucault considers as a main element of health and the treatment of health from the 18th century onwards: the relocation of the hospital, the function now subordinated that it is going to carry out, as a structure of support for what is going to be a growing "unhospitalized" (and deinstitutionalized in general) framing, widespread, diffuse and permanent of population by the sanitary system (17).

In the step from the 18th century to the 19th century health is constituted as object of a specific look, giving up evil metaphysics to which it has been linked before. The change means, concretely, an objectivation of the bodies as

log as spaces where we can find the object of interest and attention, that is not the subject, but the illness. This objectivation of ill bodies doesn't prevent us, however, from developing in a similar way the subjectivation processes. In fact, the turn-of-the-century objectivated illness appears at the same time than the emergence of the ill person as a social character, figure and identity. The plurality of illnesses refers to an. The plurality of illnesses refers to an only socio-subjective place and identity that are basically common. This is the period when the social role of the ill person as a deviant is outlined (with a positive or negative assessment).

According to Herzlich y Pierret this position and figure owe a great debt to the ambivalent imaginaire developed around tuberculosis (18). The relevance of time, and particularly of the management of the times, in what works out to be a way of slow death, gives rise to the consideration, even, of illness as a way of life. Now illness places the individual out of the social order, in a place that is difficult to manage in a social way, an individual that is, in itself, out of the order. But, besides, a place in which, especially if time is long and the absence prolonged, can arise and evolve an experience of reflection that subverts the society and the social ties, the place that the healthy individual previously occupied in society. The best and most celebrated example of this is, without any doubt, Mann's **Magic Mountain**.

The two prevailing images of tuberculosis, contrasted and referred to opposed positions of the social structure, offer, in different ways, this problem of the deviation: on the one hand, tuberculosis is a romanticized disease and a romantic one, linked to passion, genius and spirituality; on the other hand, is a

social plague linked to the popular classes and, especially, to the living conditions of the impoverished exclusion.

For Herzlich and Pierret, the model of tuberculosis, is distinguished from the model, then the prevailing one, of ancient epidemics, in which the ill person (the ill person's role, identity, status and experience) doesn't exist, and neither health appears as a concept. Together with the later model to the one of the tuberculosis, the model imposed by chronic diseases until the development of AIDS and the transformations (some of them not completely novel) to which it gave rise to, complete the big paradigms with which illness and health would have been thought in the West.

The step to the model of epidemics to the one the tuberculosis implies a subjectivation process characterized by two tendencies that only apparently contradict each other: firstly, the individualization that the role implies, the identity and the ill person's experience; besides, the socialization that these things involve, since this individualization only makes sense because it remits to the individual's active relationship (to the work) in the social frame that would characterize to the normal state (health). Indeed, the new model of illness assimilates health to work capacity; from where derives the notion, widespread and permanent in the West, especially amongst workers, of health as capital (19).

The reinforcement during this period of health as a positive concept is carried out in several areas, although giving an answer to interwoven problems and deploying convergent strategies. In the field of economic politics, in which an answer to social reproduction problems is looked for wherever the capitalist

system is unable to turn to other economic ways to ensure reproduction, the systems of social security arise. "Capitalism (...) reveals itself, not as an economic system but as an ***exploitation system***: the logic of its running excludes the taking care of the reproduction of the workforce, of life therefore. In a capitalist society, human reproduction can only be ensured by means of the medical institutions of social security that work according to principles, not only strange but also contrary to the regulations of a economy of the benefit" (20).

On the other hand, in the disciplinary and theoretical field, and connected with the development of public policies, a more and more complete medicalization of life is carried out, which responds to the replacement of illness by health, new objective of medical science. Since health is the positive object of medicine and, according to the social definition of health as deviation, the concept of health is tending from its origin, according to its logic, to identify itself with the social normality and, therefore, with all the aspects that constitute this later, the jurisdiction of the sciences that are not going to stop commending themselves to this object, and medicine in first place, is going to be more and more extensive.

Here, consequently, health is going to appear as a duty, and the care and self-care as a moral duty. Being illness a deviation and the aim of care and reintegration, being the health and not the illness the object of knowledge and techniques, the sciences of health deploy a moral order where, in one way or another and although it admits the external causes of illnesses, the individual is to blame, it appeals to the will and to a moral work on oneself, to the

strengthening or reform of the features and ways of life. It is a proposal of constant work against the temptation of deviation that illness represents, and the secondary benefits that are associated with it (21).

The emergence, since II World War, of the central joining notion of "risk", and the establishment, even, of a "society of the risk" (22), implies a notable change in the living human beings' relationships with life and, therefore, the emergence, together with the notions of health as capital and as moral expression (hegemonic in the previous period), of elements for another composition of the concept of health. The generalization of the problems about risk is linked to several different factors. Above all, to the disappearance of the big infectious diseases and the predominance of the chronic diseases. Chronic diseases are going to boost new subjectivations in what is, firstly, a new model of ill person but, later, it is generalized as concept of health and even as way of society. Against chronicity, the functionalist model of the "ill person's role" and the concomitant notion of the health-capital turn out to be inappropriate. In view of the fact that the specific temporality of the process, the cure, as operation between illness and health, and, consequently, as reintegration into society, losses its sense; it can't structure in a teleological way the ill person's role, and it is gradually replaced by the management of illness. The relationship that a "chronic" individual has with the professionals, the sanitary knowledge and techniques, and with himself and the environment, is very different from the Parsonian figure. The patient's autonomous activity that in a disciplinary model only supposes marginalization or subversion (the bad patient), here is

not only a necessity but a value. But the really significant phenomenon is the transmission of these features to the notion of health. With the generalization of the later, the acceptance and management of risks gradually turns into the characteristic point of life as a whole. To what we are assisting to for approximately seventy years in the Western world is a “chronification” (and, consequently, a sanitization) of the existence.

Secondly, in this period, there have been important changes in the ways of governmentality. They are not completely perceived changes in the reflections about health policies and public health. It was pointed out before the importance that Foucault gives to the relocation of the hospital during the 18th century. This displacement of a disciplinary mechanism doesn't mean, at all, that it disappears or tends to disappear, but it continues working although subordinate to different logics. Of the permanence of the disciplinary mechanism –to which the modern hospital responds, as a cure institution– is a sufficiently significant sign the importance, along the 19th century and until the mid-20th century, of the hygienist proceeding patterns; the criticisms of the 60's, in public health, to the hygienist educational model and to the hospital institution, are also an evidence of this permanence. But these criticisms, in whose parameters health keeps being thought about, and especially the public health, don't pay attention to what seems to be imposing in a gradual way as prevailing device in the sanitary field (like in other areas of power), what Foucault, in one of his courses in the Collège de France, calls the “security device”.

In his course **Sécurité, territoire, population**, in 1977-78 (23), Foucault talks about three mechanisms of power: punishment, surveillance and security. The first one refers to the punishment that derives from the nonfulfillment of a law, whereas the second one make reference to the set of surveillances, controls, etc., that try to prevent the transgression or its repetition. This celebrated duality is developed in one of the most well-known books by Foucault, his study on the birth of the prison. Leaving the influence of the archaeological approach of **Nacimiento de la clínica** aside, is according to the scheme and concepts proposed in **Vigilar y castigar** that Foucault's approach to the medical knowledge as a power device (analysis of the hygienist prescriptions and the hospital regulations) has usually been applied. The security device refers to a different problem. Here we try neither to watch nor to punish, but to know the way to keep delinquency, criminality, illness, problematical practised, etc. inside some social and economically acceptable limits, around an optimal mean for a certain social running. The logic is a logic of risk probabilities. It is also a liberal logic, characterized less by prohibition, correctness, straightening and docility, and more by the control of what is allowed; by the establishment of margins, quotas or thresholds.

Foucault himself notices that the mechanisms couldn't characterize periods or societies, so we couldn't think that some of them have been substituted by others, as if with the emergence of the surveillance the punishment no longer existed, or the security would cancel the resorting to disciplinary surveillance. Rather, what we always fins are specific articulations of one or the other techniques (of punishment, surveillance, security), but with

a dominant one (to which Foucault calls "technology", distinguishing it from the specific techniques) that establishes the internal functional order of a composition or power device.

Apart from this, these transformations of the knowledge and power devices are associated with the crisis of the Social State, and the imposition of liberal ways of control in a context, apart from this, of changes of the organizations and of the working conditions and of the production, that redounds into the articulation of the social reproduction.

Luc Berlivet has applied this view to the study of a priority area in our States: the education for health. He reveals in his research not only the last vicissitudes of the concept of health, but, also, the kind of individuals that are forming around the problems of security and risk. From a historical revision of the French Committee of Education for Health (24), Berlivet highlights the cardinal importance that has had, in several European countries, the reorganization during the 60's of the public action in health (in the sense of a radical reconceptualization of the prevention, and of a change in the ways of intervention). This new organization is marked by the rupture with the paternalist and moralizing schemes of the ancient "sanitary education". The sanitary education introduced in some European countries from the end of II World War, had a continuity with the class acculturation actions typical from the hygienism of the century change. "The educational mission of the medicine was habitually presented as inculcation, particularly amongst the popular classes, of the precepts that ruled a biosocial order to which the human being was supposed to be entirely subjected to" (25). The rupture with this model

supposes the replacement of the “sanitary education” by the so-called “education for health”. It is determining to understand this change, and the reorganization of the concept and actions of health, to remember the radical criticism of the disciplinary devices and of the biomedical model in general, along the 60’s. In this sense, for Berlivet the transformation of the moralizing model of the “sanitary health” into the new model of the “education for health” is the sign of a generation relay.

In a parallel way to the growing influence of the approach of “community health”, begins to open up in the heart of the sanitary an important field, not theoretically but professionally: the one of the treatment and management of the social. The “education for health” depends not only of a statistical knowledge but also qualitative, a knowledge about the behaviours of health and about the motivations that regulates the prevention messages. Is this one, to a large extent, a knowledge about the symbolic; sociologists, anthropologists and social psychologists, communication theoreticians, etc., contribute in a knowledge and transformations work of social representations.

There is a series of chained basic suppositions about the action, the beliefs and the knowledge, the relationships with the others and with the world, that ideologically support the “education for health” (not only in the prevention and intervention programmes in Europe and North America but also in the development programmes in the countries of the Third World (26)). The “risk” practices (as well as practices in general) are supposed to be causally related to representations or mental images, fed, for its part, by certain forms of sociability. These forms are global and specific articulations called “cultures”

(culture of the cigarette, culture of the bottle, etc.). According to this ideology, the detailed knowledge of the sociability forms and of the representations that they feed, will allow the production and spreading of alternative social representations.

The “education for health”, according to Berlivet, works with a security device more than with a disciplinary one. First of all, the criterion of normality that is used is statistical rather than normative. On the other hand, it doesn't work imposing a regulation from the outside, but negotiating from the inside of the phenomena in order to neutralize some of its expressions. The “education for health” is not moralizing: it doesn't try to mend or reform a way of life or the individuals' character, but it tries to change only “risk” specific behaviours, grabbing the ideas, values and behaviours that are considered characteristic from the ways of sociability, from the “cultures” in which the individuals and populations move.

The absence of moral intention doesn't mean that the permissive “education for health” (the concept of health that it implies) does no longer consist of subjectivation forms, and does no longer produce and legitimize certain kind of individuals. Grabbing the mean that Foucault confers to the term (27), we understand the “subjectivation forms” as forming themselves around problems. We could add that more than an image, a subjectivation form is developed as tension or, even, as aporime. From this point of view, an individual is not the figure of, for example, a free man, a European or an African woman. The individual is, rather, a junction of questions about freedom (am I free or not?, do I want to be free?, ? why should I be free?, what does be

free mean?, etc.) or about any of the other mentioned components (man, woman, Europe, Africa...). Hence we can say that the individual is a problem, and that we talk about the subjectivation ways and processes and not only about individuals (already constituted).

Beyond its defining objective, the target populations, the "education for health" appeals to individuals, and to subjective problems. Until the extent that we could consider it as crossed (as it happens with other educational and political devices characteristic of our time) by a major tension between the individualizing discipline and the liberal control of the populations. We can discern this tension is we lean out of the contradictory profiles and of some of the ups and downs of the history of the device.

In this way, the displacement of the interest focus, from the behaviour – smoking or drinking, for example– morally characterized as substantial and not accidental expression of a character or a way of life (in the way of the antialcoholic campaigns of the hygienism), towards the behaviour seen as risk behaviour, that is, by its statistical probability relationships with some effects and with some causes, make us not to blame individuals morally, in order to focus on the social conditions to which these respond. The work on the individuals considers them now as "vulnerable" individuals, with regard to the ones that agreed on "empowering" dynamics. The sanitary system doesn't call the "vulnerable" individuals to order, but by means of a "reinforcement" of their "autonomy". What, to a large extent, comes into play in the risk practices is not the moral entity or the character, but freedom.

That freedom is one of the basic problems around which the “education for health” is subjectivized, indicates that here are involved, in a way more or less confused, several points of view or notions about freedom. Indeed, we find, on the one hand, a freedom asserted in the call the social tie into question. The analysis of the audiovisual devices of the campaigns carried out by Berlivet –aimed to youngsters and teenagers, and around the consumption of alcohol and tobacco, and the use of condoms (it is convenient to remind it, in order not to generalize)– shows that the point is, first of all, to reinforce the individual against what is presented as a pressure of the social environment. Here the vulnerable individual is such a thing, above all, because of his/her parents’ pressure; and the message appeals to the individual’s “will”, that withstands that social power and the abandonment of the self (the mimetic “to let yourself being carried”) keeping his/her singularity. This way of subjectivation, of relationship from the self to the self, as well as the notion of freedom linked to the “will”, answer to the disciplinary figures of control of the urge by the reason. Apart from that, it should be noticed that this kind of education and prevention campaigns, the problem of the tie or of the social membership of the individual is not tackled structurally, but it tends to be considered as adjustment problems between the individual and peers; the free individual, autonomous, responsible of his/her own life, non dependent on the others, comes closer to the one that we find in the “self-help” techniques than to the one of the liberating political reflection.

At the same time, in these educational campaigns, audiovisual devices that transmit positive identities are activated by means of images, appealing to

values and linguistic forms characteristic of the social element to which the individual belongs, and that contribute to maintain and reinforce this element. The problematic behaviour (smoking, drinking, not to use a condom...) is considered from the utilitarian point of view of the management of populations (statistical relationship between the behaviour and the morbidity, mortality, sanitary expenses, etc. rates). This permissive message fits in with a notion of freedom very different from the one that maintains the disciplinary project of the self control.

Randal Collins states in one of his works (28) that there are three secular modern versions of the free will, that are alternated and eventually come into conflict with our daily experiences: the notion of public responsibility and private self-discipline, the notion of spontaneity or creativity, and the notion of reflexivity. The moral compromise, the feeling of energy of spontaneous urge, and the reflexive thought are three notions that can be behind an appeal to freedom; but they are contradictory. The problems that Berlivet notices in the "education for health" commit, at least, the first two notions that Collins studies.

The interest that Collins's work can have for us goes beyond the previous quotation. This sociologist has proposed that philosophical reflection about notions such as conscience, will, the self, etc., should be made not about the psychology but about microsociology. The sociological analysis of the everyday situations and interactions lets us, in an unusual way, gain access to the phenomenology to which those concepts refer to, and would allow a very

suggestive approach to subjects such as the origin and development of the modern individual.

The sanitary field is a problematic one (relating to freedom, responsibility, dependence, autonomy, will, wish, rationality, fear, hope, suffering, etc.), in which have been developed and in which can appropriately be analyzed some of the prevailing ways of subjectivation of our time; a field that should take into account as matter of interest every modernity's theory, without limiting its object to the ethical reflection. The "Education for health" studied by Berlivet, tells us many things about the way we think of freedom nowadays and about the way individuals are constituted around this problem. But other works like this one, and ethnographic and microsociological research, are showing similar dimensions and revealing, finally, in a sort of recovery of one of the aspirations of the works of Foucault, the value that the social study of medicine and health has for a theorization of the modern individual and society. Here will reside the interest in sociologizing health, in showing its intrinsically social character. This way of dealing with the problem will allow us to reveal the idiosyncrasy of a concept that, in spite of appearances and although it can be followed historically, turns out to be much more difficult to deal with in a comparative way.

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Section 2_

Occupational Therapy History on Spain

Chapter 06

HISTORY OF OCCUPATIONAL THERAPY IN SPAIN

Ms. Dulce Maria Romero Ayuso

Chapter 07

PAST, PRESENT AND FUTURE OF THE ASSOCIATIVE MOVEMENTS IN OCCUPATIONAL THERAPY IN SPAIN

Mr. Pablo A. Cantero Garlito.

Chapter 06

HISTORY OF OCCUPATIONAL THERAPY IN SPAIN

Ms. Dulce Maria Romero Ayuso

MENTIONING THIS CHAPTER

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ABSTRACT

This article review the previous and precursor of the establishment of Occupational Therapy in Spain with the creation the First National School of Occupational Therapy, and ending with the exposition of the present situation. The methodology used to elaborate this paper has been based on historiography.

DESC KEYWORDS History, Occupational Therapy

KEYWORDS History, Occupational Therapy, Spain

RESUMEN

El presente artículo revisa los antecedentes y precursores de la instauración de la Terapia Ocupacional en España con la creación de la Primera Escuela Nacional de Terapia Ocupacional, finalizando con la exposición de la situación presente. La metodología utilizada para la realización de este trabajo corresponde al análisis histórico o historiografía.

PALABRAS CLAVE DESC Historia, Terapia Ocupacional, España

PALABRAS CLAVE DEL AUTOR Historia, Terapia Ocupacional, España

“In the construction of my life I have found myself returning from a previous ourselves, from the yourself. That’s why man, who makes himself while living, makes himself precisely by interpreting himself according to the models or guidelines received from the others, particularly the society in which he has been developing. In this way, the reality of each one’s self is essentially historic” [1].

Spain has been one of the pioneering countries in the humanitarian treatment of the mentally ill. Therefore, the History of Occupational Therapy in Spain (OT from this moment onwards) is directly related to the background of the practice of psychiatry and psychosocial rehabilitation. However, we have to admit that certain previous events will serve later to the rise of this sensitivity to mentally ill people and beggars.

One of the first events that could be seen like a precursor of the subject in our country is the opening, in 1409, of the first European psychiatric hospital in Valencia, the *Santa María de los Santos Mártires Inocentes Hospital*⁶⁶, founded by Brother Juan Giliberto Jofré, from the *La Merced Order*⁶⁷ [2]. Father Jofré, prominent because of his dedication to poor and defenceless people, also founded an orphanage for abandoned children in 1410 in the same city and subsequently, in 1416, a hospice for poor pilgrims in *El Puig*⁶⁸ [3].

The concern about the mentally ill in Spain in such an early way, differing from what was happening in the rest of Europe, has been linked, on the one hand, to the influence of Arabian culture, from which insanity was seen like a divine event and on the other hand, it has been related to Christian

⁶⁶ *The St. Mary of the Innocent Martyr Saints Hospital*, translator’s note.

⁶⁷ *The Mercy Order*, translator’s note.

⁶⁸ Spanish municipality located in the province of Valencia.

charity. However, as happened in previous centuries, the huge number of passers-by and poor people caused a social problem to the State [4].

Father Jofré's initiative spread to other psychiatric centres in different cities, representing a singular importance the one created in 1425 in Zaragoza, we are referring to the *Real y General de Nuestra Señora de Gracia Hospital*⁶⁹, where, for the first time, treatments are described through occupational or work therapy works. What is more, work therapy was one of the most noteworthy aspects of this hospital. In this way, King Philip V and the Bishop of Lérida, D. Miguel Escartín, stated in 1723:

“Inside the House, they'd make insane men work in every ministry and service that they were able to do according to their aptitudes; and insane women in spinning, sewing, making doughnuts and other exercises, and the governors will be careful (...). Because we understand that there is a great need of taking special care of the cure of the insane and, being ill people like the others, the fair thing is that they receive the necessary remedies” [5].

With the outbreak of the Spanish Independence War in 1808 the hospital was destroyed. Fortunately, this institution deserved the attention of a French doctor, José Iberti, who in 1791, in charge of the *Mendicancy Committee* of Paris, studied the treatment methods in order to perform a reformation in France. In his report *“Details about the Hospital of Zaragoza”* he points out:

⁶⁹ *The Our Lady of Grace Royal and General Hospital*, translator's note.

“Concerning the treatment, freshwater baths are employed, the refreshing ones; but these are generally fruitless. It’s also difficult to administer them remedies during their attacks, above all the bleedings, since they can undo the dressing; but constant experience has proved that in this Hospital the most effective remedy is occupation, or a work that exercises their limbs. In general, the majority of the mentally ill employed in workshops or trades of the house cure. Experience has proved that distinguished mental patients that are never employed, like the other ones, in menial occupations or in handicrafts, rarely recover” [6]⁷⁰.

In this sense, Aguado [7] sustains that Pinel draws inspiration from the ideas of the psychiatric hospitals of Valencia and Zaragoza, transferring their pattern of activities to *Bicêtre* and *Salpêtrière* hospitals. In the same sense, Alonso-Fernández [8] also defends this thesis, considering that Pinel reproduces in France the pattern of the Spanish psychiatric hospital:

“It’s difficult to sustain that the first psychiatric revolution took place in France at the end of the 18th century when Pinel unchains the mentally ill (...). Several centuries before, in the Spain of the 14th, 15th and 16th centuries, psychiatric patients had been untied and treated with dignity, admitted in hospitals and, consequently, they received medical attention. Sadly, the systematic oblivion these facts fell into in the majority of

⁷⁰ This report is reproduced in Espinosa Iborra, J. Un testimonio de la influencia de la psiquiatría española de la ilustración en la obra de Pinel: el informe de José Iberti acerca de la asistencia en el Manicomio de Zaragoza (1791), *Asclepio* 1964; XVI:179-182.

Treatises on Psychiatry proves that History depends on who writes it”
(Alonso Fernández, 1993. p. 56 [8]).

To Father Jofré’s work joins the one of Juan Ciudad y Duarte (San Juan de Dios⁷¹) who founded a series of hospitals, the first one in 1537 in Granada, in which attention was based on the humanitarian treatment given to patients.

Even since the time of the Catholic Monarchs, there was a determination to separate poor people, able-bodied and lazy, who were punished with different kinds of work, from the disabled or people not to blame on, whose work was reduced. This view of work as a punishment will change during the Enlightenment, where it was used as a means to “moralize”.

[Ya desde la época de los Reyes Católicos, existía un empeño por separar a los pobres, válidos y holgazanes, a quienes castigaban con trabajos, de los inutilizados o sin culpa a quienes se les reducía el trabajo. Esta visión del trabajo como castigo cambiará con la Ilustración, en la que se utilizaba como un modo de “moralizar”.]

Later, in 1553, Doctor Cristóbal Menéndez published “*El Libro del Ejercicio Corporal*”⁷², where he refers to the practice of any occupation as an exercise; recommending, in order to keep our health, activities such as dancing, chess, cards, etc. [9].

It’s significant to remark that during the reign of King Felipe II, in 1555, the Parliament of Valladolid asked the King for the establishment of the

⁷¹ St. John of God, translator’s note.

⁷² *The Book about Corporal Exercise*, translator’s note.

institutional figure of the *"Padre de los Pobres"*⁷³, whose role involved searching an appropriate job and treating the ill and disabled people, a practice close to the philosophy of OT. In fact, these practices did not only obey to a Christian and charitable moral, but also gave an answer to the huge number of beggars, a fact that will remain the same during 16th and 17th centuries. The chamber doctor of King Felipe II, Cristóbal Pérez de Herrera, in a work entitled *"Del amparo de los legítimos pobres y reducción de los Mendigos"*⁷⁴ (1565) [10] suggests the construction of shelters only for poor and disabled people, which was eventually done in the Parish of San Martín. In this sense, the greatest exponent of humanism in Spain: Luis Vives, in his work *"De subventionem pauperum"* (1626)⁷⁵ also recommended the creation of shelters and schools in charge of the Boards of Charity [11].

With Carlos III starts a public beneficence plan and the Orphanage of Madrid, located in Fuencarral Street, is built. This work was continued during the reign of Felipe IV. Another measure worked out in this period is the drawing-up, on 7th May 1775, of a Bylaw in which it was signalled the need of setting up annual levies of lazy and idle people, assigning "to the bachelors and of the convenient age to the service of arms and other useful trades." With a different aim *"it was organized the Casa Galera"*⁷⁶ in order to take in fallen women and retrain them through work" (p.618).

⁷³ "Father of the poor", translator's note.

⁷⁴ *About the Protection of the Legitimate Poor and the Reduction (in the number) of Beggars*, translator's note.

⁷⁵ Juan Luis Vives, *Del socorro de los pobres. Complete Works*, volume I, pp. 1395 and 1397

⁷⁶ *The Galley House*, translator's note.

The *San Bernardino*, *San Juan* and *Santa María* Asylums were created during the reign of King Fernando VII, in 1834 and 1869 respectively. From this moment onwards, specialization in hospitals is increased, being created monographic hospitals depending on complaints. Good examples of that are the *Ntra. Sra. Del Buen Suceso*, the *Hospital del Rey* and the *Fundación Basílica* of Atocha or the *Instituto Oftalmológico*⁷⁷. Other samples of the welfare spirit is the establishment in 1820 of a centre for blind people in the *Santa Catalina de los Donados* Asylum in Barcelona, due to José Ricart; and the *Colegio de Sordomudos* of Madrid, thanks to the initiative of the *Sociedad Económica Matritense*⁷⁸. The Royal Decree of 11th January 1887 deserves especial consideration, as it creates the first Asylum for the Work Disabled.

Few years later, in 1900, the first Law about Industrial Accidents was passed. Important events followed this law in the field of social policies such as the establishment in 1903 of the *Instituto de Reformas Sociales*⁷⁹ by Francisco Silvela, followed by the *Instituto Nacional de Previsión*, in 1908, whose purpose was to spread and establish insurances for workers and pensions for the old age, pensions of survival, disability insurances, accident insurances, etc. Going ahead in the time line, in 1922 the *Instituto de Reeducación Profesional de Inválidos del Trabajo* (IRPIT)⁸⁰ is opened, being placed in the same building

⁷⁷ Our Lady of the Good Event, the Hospital of the King, the Basílica Foundation of Atocha or the Ophthalmologic Institute, translator's note.

⁷⁸ The Saint Catherine of the Donated Asylum in Barcelona, the Deaf-Mute School of Madrid, the Economic Society of Madrid, translator's note.

⁷⁹ The Social Reforms Institute, translator's note.

⁸⁰ Professional Re-education Institute for Work Disabled.

that was used before as an Asylum for Work Disabled people, located in a palace property of the Marquis of Salamanca, in Vista Alegre (Madrid).

In 1926 and 1927 different Decrees aimed to education and re-education of the disabled are published: Schools and Professional Training and Re-educational Centres for the Disabled. In 1933 appears the *Caja Nacional de Accidentes del Trabajo*, where rehabilitation is carried out. The damage caused during the Civil War (1936-1939) put the break on the development of Spanish society at every level, where staple needs were given an important dimension causing a backward in social and health policies, being established in 1940 the "*Auxilio Social para Ayudas Sociales*"⁸¹.

In the 50s a welfare movement is deployed, covering two fronts: on the one hand, in the psychiatric field and on the other hand is physical rehabilitation. Coinciding with the decrease in the cases of tuberculosis and poliomyelitis, there is an increase in interest about physical and functional rehabilitation. Governmental estates were aware of this issue and they had the infrastructure of the "*Red de Dispensarios*"⁸² besides, created for the care of tuberculosis patients and people affected by polio. In the dispensary of Maudes Street, in Madrid, Dr. D. Cecilio González Sánchez, under the control of the *Cátedra de Patología Quirúrgica* of the Complutense University of Madrid⁸³, takes charge of the training of the first specialists qualified in rehabilitation. Dr. D. Manuel Oñorbe Garbayo from the *Instituto Nacional de Previsión* (I.N.P.),

⁸¹ Social Aid for Social Aids, translator's note.

⁸² The Net of Dispensaries, translator's note.

⁸³ Surgical Pathology Chair. Complutense means from Alcalá de Henares, a city located in the province of Madrid, translator's note.

organization that later turned into the Social Security, was in charge of the administrative protection.

Furthermore, in 1954 two boards were created: the one about Mental Hygiene and the *Patronato de Asistencia Psiquiátrica*⁸⁴ (Official Bulletin of the State, 15th February and 15th April, respectively). Later on, in 1957, the *Patronato de Lucha contra la Invalidez*⁸⁵ emerged, which was later known as the *Patronato de Rehabilitación*⁸⁶. A year later, in 1958, it was created the *Asociación de Inválidos Civiles*⁸⁷ which placed particular emphasis on telling the difference or showing that there were disabled people not only due to industrial accidents or war injuries, but also for other different reasons.

All this helped the appearance of the *Sociedad Española de Rehabilitación* (SER)⁸⁸ in the late 50s, whose means to express itself was, initially, the "*Acta Ibérica Fisioterápica*" review. Later on, a supplement called "*Revista Española de Rehabilitación del Aparato Locomotor*"⁸⁹ was created. In 1967 the "*Rehabilitación*"⁹⁰ review was founded and finally, in 1969, Rehabilitation is recognized as a medical speciality.

In 1964 a net of hospitals of the INSALUD⁹¹ is created. Until this moment, there were two parallel administrations in charge of the care of health, the *Instituto Nacional de Previsión* (INP) and the *Administración Institucional de la Sanidad Nacional* (AISNA). The first one was the institution to

⁸⁴ Psychiatric Assistance Board, translator's note.

⁸⁵ Board of Fight Against Disability, translator's note.

⁸⁶ Board of Rehabilitation, translator's note.

⁸⁷ Association of Civil Disabled, translator's note.

⁸⁸ Spanish Society of Rehabilitation, translator's note.

⁸⁹ Spanish Review of Rehabilitation of the Locomotive System, translator's note.

⁹⁰ Rehabilitation, translator's note.

⁹¹ INSALUD stands for Instituto Nacional de la Salud, that is, the Spanish National Health Service, translator's note.

which workers belonged and, within the years, it became the Social Security, whose executive institution would be the INSALUD. The AISNA reported to the Department of the Interior, which later become the Health Department, dissolved when health was transferred to self-governing regions. In Madrid, the only AISNA's Hospital was the *Hospital de Beneficencia*⁹² or the *Hospital of Atocha*, located in the building that now houses the *Centro de Arte Reina Sofía*⁹³, being moved the aforementioned hospital to the present *Hospital General Universitario Gregorio Marañón*⁹⁴ [12].

We should wait until 1982 for the drawing up of the "*Plan Nacional de Rehabilitación*"⁹⁵, which according to Molina Ariño is based on the following points [13]:

- Ameliorating the quality of rehabilitators' treatments.
- Avoiding long trips for patients.
- Reducing the employment of non-collective means of transport.
- Reducing the number of temporary disabilities.
- Avoiding invalidity by making early treatments.

According to the research carried out by the SER, the first institution where rehabilitation treatments were held was the *Instituto Nacional de Previsión*, in 1965. Later on different units were opened in general hospitals. In this report it is also pointed out that in 1970 rehabilitation studies were introduced for the first time at the Faculty of Medicine of Valencia, inside the

⁹² Hospital of Charity, translator's note.

⁹³ Queen Sofía's Art Centre, translator's note.

⁹⁴ General University Hospital Gregorio Marañón, translator's note.

⁹⁵ National Rehabilitation Plan, translator's note.

Radiology Department, which was followed by the one of Madrid in 1974 with Luis Pablo Rodríguez Rodríguez and later, by the one of Zaragoza.

<p>DECREE 3097/1964 [23]</p>	<p>OBJECT: Creation of the School of Occupational Therapy CONTENT: It defines the OT like a rehabilitative procedure, by means of which is to obtain the physical recovery and the wanted mental reaction of the patients throughout an useful activity. It is wanted to differ from the beginning of the physiotherapy: "Inside the techniques directed to the invalids' rehabilitation and recovery, next to the physiotherapy, but with some methods and different specific purposes, it is the Occupational Therapy".</p>
<p>ORDER OF 3rd of 28th january[24]</p>	<p>OBJECT: Regulation of the School of Occupational Therapy CONTENT: . Collaboration with the Medicine Faculty . Aims of the School: integration in the WFOT, to promote other schools . School Organization: governing body, executive delegate commission, secretary</p>
<p>ORDER OF 13th, JUNE, 1967 [25]</p>	<p>OBJECT: Reforming of the school's regulations</p>
<p>ORDER of 26th, APRIL, 1973 [26]</p>	<p>OBJECT: Occupational therapists' functions. CONTENT: . Activities of the daily life . Psychomotor restoration . Prosthesis Training . Ortopraxia . Prevocational exploration/searching . Training for the effort to the work . To assess in recreational activities It can use the following types of activities: manuals, creative, recreational and social, educational, prevocational and industrial. The occupational therapists work under medical prescription.</p>

Table 1. School of Occupational Therapy's  Legislation [23]

Functional therapy; focused in the recovery of the functionality for the individual's independence affected by somatic dysfunctions. In it, the training in the prosthesis use and of the superior member's functional recovery acquired great importance.

- Therapy of the daily life activities; focused on the training of the activities like to get dressed, to eat, to write, personal hygiene, etc., as well as the use of adapted equipment.

Without a doubt a special mention deserves Dña. María José Román, who, after the Dr. Ruiz's jubilation, would pass to occupy the headmistress charge in the old school of OT. Nevertheless, from very early she has dedicated great part of her professional work to coordinate the School of Occupational Therapy [27].

The 13th of August, 1970, the School of Occupational Therapy was recognized by the Occupational World Federation of Therapist (WFOT), organism attributed to the World Organization of the Health (O.M.S).

The program of the School of Occupational Therapy, as Ruiz picks up [28], dependent on the Ministry of Sanity, consisted of the matters that are shown in table 2.

In a first modification of the program, it is introduced in the first course technician-therapeutic activities in painting, tin, pyroengraving and macramé, activities of the daily life and ludic therapy. In the second course of occupational therapy in psychiatry (adults) it is suppressed looms in the second year and they pass to the following course. In the third year it is included group

dynamics and geriatrics. The clinical practices were distributed in nine months, being carried out in total a thousand three hundred hours.

When concluding the third course, all the students should overcome a grade exam, consistent in a written test and another theoretical-practical. To access to the exam it was specify to carry out a minor thesis in form of monographic work, chosen by the student. Each student carried out his work under the professor's tutorial specialized in the elected matter [28].

<i>CURSE</i>	<i>SUBJECTS</i>
First	Anatomy Physiology Psychology Orientation to Occupational Therapy Basketwork Wood and Drawing Manual arts.
Second	Cinesiología Psychiatry Neurology Medical pathology and Surgical Pathology Occupational therapy in Pediatrics Occupational therapy in Physical Inabilities Metal Looms Ceramic.
Third	Ortopraxis Sociology Hygiene and epidemiology Occupational therapy in cardiopulmonary affections Occupational therapy in psychiatry Organization of departments of Occupational Therapy Bookbinding

Table 2. Plan of Studies of Occupational Therapy (1971)[28]

In the year 1968, with the Patronage of Psychiatric Attendance, it begins to be developed a specialization course in psychiatry for occupational therapists. This course consisted on a theoretical part and another practice. The total duration of the course was three months, of which a month and a half was carried out in boarding school regimen in a Psychiatric Hospital, among those they were the *Hospital Provincial of Oviedo and Bermeo*, the *Hospital "Conde de Romanones" of Alcohete*, the *Instituto Pedro Mata de Reus* and the Provincial Psychiatric Sanatorium "*Los Prados*" of Jaén. In 1972 it was carried out the last graduate degree course in psychiatry. After that, they have gone arising and disappearing different courses of graduate degrees.

The approval of the career of Occupational Therapy takes place in the year 1990, with the publication in the BOE number 278 of the Real Decreto 1420/1990.

This takes place after long conversations and negotiations specially carried out by the Spanish Association of Occupational Therapy (*Asociación Española de Terapia Ocupacional, AETO*, in spanish) that later on in 1984 it will become the Professional Association of Occupational Therapy and the School of Occupational Therapy.

Amparo Tessio de Costamagna, in this period president of the AETO, was one of people that took charge of interviewing with the professor of Rehabilitation of the UCM in 1983, with Heliodoro Ruiz García and the doctor Ruiz Falcó who was the headmaster of the School of Sanity (*Escuela de Sanidad*, in spanish).

In April of 1983 it took place an interview among Amparo Tessio and the Secretary of State of the Universities, requesting the university formation of the OT. The answer given from the ministry didn't satisfy the expectations of the AETO, at the same time that they were not adapted to the formation in other countries. The options given by the ministry were: to) to include the OT in the physiotherapy studies, b) to include the OT in Sanitary Technical Assistant's studies, c) to include it in professional formation

By the AETO, they were requested the studies plans of the different countries where OT existed, in order to adapt the studies plans, to get the University School of OT in Spain and the help was also requested to the Spanish Society of Rehabilitation (Sociedad Española de Rehabilitación, SER, in Spanish); moreover different letters were sent directed to the parliamentary group of the Spanish Socialist Worker Party (Partido Socialista Obrero Español, en sus siglas en inglés) and the People Defender.

Finally, the general guidelines for obtaining the Graduate's title in Occupational Therapy were published in the Official Bulletin of the State number 278 of November, the 20th of 1990. In the table 3 the obligatory main subjects and the areas of knowledge linked to them are presented.

In the mentioned bulletin the OT is defined like the performance which tends to potency starting from an occupational activity and to replace physical or psychic diminished or lost functions, and to guide and to stimulate physical or psychic activities. This definition will be adopted by the University Of Alcalá de Henares, in 1992 that also adds the possible areas of the occupational therapist's performance: Geriatrics, Psychiatry, Rehabilitation, Drug addiction,

Haemodialysis, Oncology, so much in the clinical field as educational and others related.

In December of 1995 (Order 26309) they are finally published the requirements to homologate the title of Occupational Therapist of the National School of Sanity, with Graduate's title in Occupational Therapy, negotiate processed by the Professional Association of Occupational Therapists. The requirements are the following ones: the occupational therapists have to credit to have overcome the Course of University Orientation or equivalent studies to academic effects or to have overcome the access tests to the University for people up to twenty-five years old. When these requirements weren't completed, a Commission of the *Distance Education National University* (*Universidad Nacional de Educación a Distancia, UNED*, in Spanish) would value the academic and professional curriculum. If the valuation was negative, the interested subject could present an original work on some of the areas of Graduate's title in Occupational Therapy.

Current situation of the occupational therapy in Spain

In the last years in the environment of the occupational therapy is experiencing an algid growth, so much in the professional exercise, like in the academic. In fifteen years the fact that being able to study occupational therapy in an only school in Madrid has being overcome, with 18 different centres along the whole national territory. Fruit of this enormous and quick expansion has arisen new organizations and institutions that promote the

occupational therapy, an example of them it is the work carried out by the National Conference of Directors of Occupational Therapy (*Conferencia Nacional de Directores de Terapia Ocupacional*, in Spanish), the attainment of new Professional Associations of Occupational Therapy, the discovery of new employment locations, like into the environment of the Primary Attention, the appearance of own investigation lines, led by occupational therapists and the creation of new means of scientific diffusion and professional as web sites and electronic magazines. It is of waiting that the new Law of Promotion of the Personal Autonomy and Attention to People in Situation of Dependence (*Ley de Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia*, in Spanish) also suppose a social and institutional recognition of the occupational therapist's professional figure [29].

Also, as we have already exposed in point [14], the study object has been clearly defined and bounded to the Human Occupation, event that supposes an advance with the situation that Gómez pointed out [30], in relation to the occupational therapist's identity. Aspect that shows a great advance in the occupational therapist's professional development, along the present 21st Century.

Gratefulness

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Chapter 07

PAST, PRESENT AND FUTURE OF THE ASSOCIATIVE MOVEMENTS IN OCCUPATIONAL THERAPY IN SPAIN

Mr. Pablo A. Cantero Garlito

MENTIONING THIS CHAPTER

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ABSTRACT The present article revises the antecedents, the current situation and proposes certain elements key for the future of the associative movement of Occupational Therapy in Spain. Two stages are pointed out in the historical journey of the organizations. A first one from the establishment of the degree to the approval of the university degree and a second stage, characterized by the expansion of the Occupational Therapy from the universities and the appearance of the autonomous organizations. The methodology used for the this work achievement corresponds to the historical analysis or historiography. The used methodology to the work achievement realization tallies to the historical analysis or historiography.

DESC KEYWORDS History, Occupational Therapy, Spain, Association, School.

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RESUMEN El presente artículo revisa los antecedentes, la situación actual y propone ciertos elementos clave para el futuro del movimiento asociativo de Terapia Ocupacional en España. Se señalan dos etapas en el recorrido histórico de las organizaciones. Una primera desde la implantación de la titulación a la aprobación del título universitario y una segunda etapa, caracterizada por la expansión de la Terapia Ocupacional desde las universidades y la aparición de las organizaciones autonómicas. La metodología utilizada para la realización de este trabajo corresponde al análisis histórico o historiografía.

PALABRAS CLAVE DESC Historia, Terapia Ocupacional, Asociación, Colegio

PALABRAS CLAVE Historia, Terapia Ocupacional, España, Asociación, Colegio.

Uncertain is, really, the future. Who knows what it is going to happen?

But uncertain is also the past, Who knows what it has happened?

A. Machado: *Juan de Mairena*

There is people who imagine the forgetfulness

as a desert deposit / a

harvest of the nothing and however

The forgetfulness is full of memory

M. Benedetti

Introducción

At the present time the organizations of Occupational Therapy in Spain are going through a marked and deep transformation process whose main aim is the creation of Professional Schools in all the Autonomous Communities at the present time. This process has been (it follows being it) the achievement, the result of the efforts of many people. Some of those names, only some few ones, will appear in the following pages. Others not. It can be of our carelessness consequence (something that would be unforgivable), of the narrowness of the available space (something that would encourage us to enlarge it), or what we find even worse, of the fact of having formed part of moments and events that have produced the forgetfulness⁹⁶. In not few occasions we are deprived of knowing who the authors have been, the creators of certain changes and achievements. We, being conscious of all these aspects, have tried to carry out a clarification effort without arriving in any moment to an indiscriminate storing of names, dates and places.

⁹⁶ Although as Mario Benedetti points out: "the forgetfulness is full of memory"

We would also like that this article was only the principle. That it was, like it happens with the charts of a first territory map. A sketch. We summon the profession partners to look for, to complete, to rectify, with the objective of continuing looking for to continue building, for not losing the memory of what is our, and it belongs us. The history doesn't remain immobile, frozen in the time. The way Cercas points out (2006) it is a round process, the same that what was written in the past influences in what is written presently, because we feed of it, what is written presently influences in what was written in the past because we are forced to read it again with today's eyes. In this sense, it is had a certain sensation of anxiety when certain biting, cruel, even radicalized critics are listened toward those people that were placing the small tiles where we support who we have gone arriving much later today. We believe that it is something that is absolutely unjust and disproportionate. The traveled way is a path formed by an indispensable alliance of time (of many of those people), of efforts (of some of those people) and of a certain dose of chance.

When we were carrying out the search of information we have found a considerable shortage of documental sources that it can offer a serious, rigorous and objective analysis that is centred in an exclusive way in the associations and/or associative movements in Occupational Therapy. It is necessary to remarke, value and thank the work carried out by Romero (1999) to make visible the steps that the profession has gone giving from the moment of its installation in the Spain of beginings of the 60's.

This lack in the literature result a not very surprising phenomenon because the shortage of general investigation about the profession and

specially of historical aspects. Even so one of the advantages (someone would have to have) of being part of a “new profession” is to be able to accede directly to the actors of that construction process, of having next to those who were able to build a very significant part of what today we enjoy who we work in the Occupational Therapy.

We don't want to finish this introduction without apologizing in advance to whom can feel relegated, forgotten, undervalued or, even, offended. It was not the intention not at all. This way the discrepancies should not be understood like personal attacks. Our objective is to carry out a reading that can revert to new readings and so to continue with the process of construction of our history. Telling histories is always a subjective task that demands simplifications and reductions to give a certain coherence to that what is narrating.

The first years: from the installation of the degree to the approval of the university degree

The history of the Occupational Therapy in Spain begins, as it has already been showed in the article of Romero in this same monograph, with the arrival of Mercedes Abella in 1961 sent by the World Organization of the Health in view of the Government Minister's application, Camilo Alonso Vega. In those years Spain was beginning one period marked by economic and social important changes after the approval by the Franco Dictatorship's in 1959 of the Stabilization and Liberalization Plan, that represents a normative mark that integrates a series of measures and dispositions whose purpose is to normalize and to stabilize the Spanish econom, whose main characteristics will be the bet

by the market, the progressive liberalization of the inside trade and the search of the expansion of the international commercial exchanges. The first 60's also suppose the entrance of the calls "technocrats of the Opus Dei" with López Rodó to the head. Likewise is the moment in which the Law of Bases of the Social Security is approved and big hospitals are built in the most important cities starting a (chaotic) net of national health clinics. From 1963 the sanitary benefits and the systems of pensions increase. The Social Security extends to all the citizens for the first time. The housing deficit is solved with massive construction campaigns that responds to the population's multiplication in the industrial areas.

In that context it will be specially significant the fact that the studies of Occupational Therapy were created in political protectionist's moment, under the protection of the structures of sanitary rehabilitation and without a clear need, so the formation is implanted outside of the educational system when the National School of Occupational Therapy is adscrites to the National School of Health in 1964 , fact that will condition the evolution of the profession in a relentless way. Moreover, during years it would be the only entity to form the occupational therapists, being miscarried the installation of other spaces and proposals like what the University of Seville exercised in the 80's.

18 april 1967 a group of professionals carries out the Constituent Assembly of the Spanish Association of Occupational Therapists (AETO) whose presidency would be occupied by Fernando J. López Abad, the rest of that first Directive Meeting was composed by Nuria de la Hoz (vice-president), Arturo de Giles (Secretary) and Águeda Rodríguez (Treasurer).

Ana Fons joins to it with posteriority, who would hold a fundamental part in the evolution of the profession; her importance was enormous, its knowledge of English, her know-how make, her vocation and her availability become her in the best contact with the outside and in the person that is able to achieve an important impulse on the part of the World Federation of Occupational Therapists (WFOT) for the challenges and challenges of AETO. The presence of the international delegates⁹⁷ has been one of the best influences that has been able to have the Occupational Therapy in this country. During a lot of time it supposed a personal bet of certain professionals. This implied, apart of English's handling, the possibility to travel and to approach the works that corresponded to occupy this position.

From these first years the main objective that agglutinated and that served as motor it was the recognition of the degree; in this sense one of the first actions in favor of this recognition dates of 1972 when Ana Fons, that already occupied the vice-presidency, makes a request of acceptance of the degree inside the National Plan of Education and the concession of the appropriate degree. Application that was refused.

In the same way, from this starting point we can affirm several elements that have stayed constant along this first stage⁹⁸: On one hand the searching of an expression and communication element, a bulletin or a magazine in where had space as much articles as news. The first publication projects arise this way at the beginning of the 70's but the contributions of the therapists were scare and until 1976 with the appearance of "Occupational Therapy. Informative

⁹⁷ Miguel Brea has been the only man in carrying out this position.

⁹⁸ And perhaps along the Spanish history of the profession.

bulletin of the Spanish Association of Occupational Therapists" it wasn't possible to manage a work with the quality that had been pursuing.

Also in those first years activities with a marked formative character as round tables or conferences begin to be put into action.

And if there is something that have not changed it has been the defense of the profession face with the intrusions exercised by other disciplines, for example in 1972 it is written to the School of Practitioners and Registered Nurses showing the unconformity with a course of basic formation to graduate in Ergoteraphy that was offering. At the following year the confrontation is with the Psychiatric Hospital of Leganés that tries to put into action the figure of the Assistants of Occupational Therapy.

The year 1972 is specially intense for AETO because it enters to form part as member of the WFOT full right, it is specially significant and paradoxical moment because it is acquired the recognition and the validity of the degree to international level but not in our country. Other new projects are put into action and the Ethical Code for the Occupational Therapists begins to be discussed

Alicia Chapinal Jiménez arrives to the presidency of AETO 24 June 1973. Spain lives the last shakes of the Franco's Dictatorship. In that same year Franco gives the Government's Presidency to the Admiral Carrero Blanco that he would die few months later in an attack of ETA. Arias Navarro substitutes him (previous Minister of Government and old Director of the National Security). In spite of the economic changes a brutal phenomenon of rural emigration to the cities and the Western Europe takes place that it brought

important positive consequences but also the human rootlessness and the increase of the difference of richness among regions of the country.

Chapinal was formed together with Carmen Lacasa in the University of Nancy (France); it has been along their extensive professional trajectory a reference for the Occupational Therapy: presides the AETO from 1973 to 1977, she is teacher during more than twenty years of the School (from 1974 until the closing in 1997), she develops her work in the Foundation Jiménez Díaz where she specializes in the environment of the neurology, after her jubilation in July of 2000, she has published several books about physical rehabilitation⁹⁹ in what she overturns her deep knowledge of the different techniques of the profession.

With the arrival to the presidency, Alicia Chapinal continuous with the objective of achieving the official regulation of the degree of Occupational Therapy, for that it is elaborated a dossier that would be given to the Ministry of Education and Science and direct administrations with the Service of Recovery and Rehabilitation of Handicapped (SEREM) of the Social Security are carried out. The expectations of enlargement of the centers in what the discipline would be imparted were such that in the modification of statutes, carried out at the end of 1975 it is pointed to the possibility that can associate occupational therapists with degrees obtained in the schools where that degree were recognized. They didn't know that they would have to wait more than 15 years to see that desire made reality.

⁹⁹ *Involutions in the old man and other malfuntions of neurological origin: practical guide for the training of the personal independence in occupational therapy (2000), Rehabilitation of the hands with arthritis and arthrosis in occupational therapy (2003) and Rehabilitation in the hemiplegia, ataxia, craneoencephalic traumatism and in the old man involutions: training of the independence in occupational therapy (2005)* all them published by Masson.

AETO considers to carry out the assemblies in different cities. It was proposed that the following one was carried out in Oviedo, that had an important and active group of occupational therapists in those moments. It was never realized.

The small headquarters of the Esparteros 11 street, had such reduced and not very welcoming space that the meetings was carried out in different locations: personal homes, the School of Occupational Therapy, the Clinic of the Concepcion and even in a Parish.

In those moments marked by the end of the dictatorship, Ana Fons travels to the Congress of Vancouver; her participation in the different international events (in not few occasions financed by herself) were translated later on in the transmission of her own lived and learned experiences to the rest of the association. Oddly after the Congress of Paris in 1976 it is proposed the possibility to form professionals dedicated to the Community Occupational Therapy.

In 1977 Carmen Lacasa is chosen third president of AETO. Spain is immersed in the denominated "Transition". Adolfo Suárez, President of the Government legalizes the Communist Party and promotes the amnesty of the political prisoners, that took to the celebration of the first democratic elections from the Second Republic in June of 1977. The winner party was the Union of the Democratic Center (UCD) with the 34.5% of the votes, continued by the PSOE of Felipe González with almost 30%. The elaboration of a Constitution that articulated the new democratic system politically begins. While it happens attacks of ETA. This whole delicate political process is carried out in a context of

deep economic crisis with an alarming growth of the inflation and the unemployment.

Carmen Lacasa was trained together with Alicia Chapinal¹⁰⁰ in the University of Nancy in France and to her return she is part of the educational second promotion staff meeting of the occupational therapists. In their first years at the head of the organization she tries to give a new thrust to the project of the magazine, she supports the achievement of one of the first courses of Sensorial Integration that were carried out in the Spanish State, and she thinks about the possibility to make a change in the statutes to become a Professional Association, with that objective these are sent to each province to be revised and to propose the modifications that was appropriate, so it begins the way that almost ten years later it would be APETO.

The publication in the BOE of 3 May 1980 of a resolution of the Secretary of State for the Health of the Ministry of Health and Social Security by which the sanitary attendance is regulated by unconnected means to the Social Security favoured, and it included a new classification of the therapists as clinic specialized auxiliary, next to pharmacy and laboratory auxiliar, it provides an important thrust to undertake a series of contacts to give to know the Occupational Therapy in front of the Ministry of Health and of Universities; moreover an enormous labour of profession diffusion in the media begins. Laura Caballero, international vocal member in that moment, requests help to the WFOT in order to support to the creation of Occupational Therapy schools

¹⁰⁰ The professional and personal contribution of Alicia Chapinal, Ana Fons and Carmen Lacasa is unquestionable for the Occupational Therapy in Spain.

and establishes contacts with the neighbouring countries associations: Italy, Belgium, France or Portugal.

3 October 1980 the Royal Decree 2001/1980 that leads to extinction to the Occupational Therapy School is published, both its functions both its budget will be transfer to the National Health School. In this occasion the professionals and students movement went in unison. The first concentration in the General Direction of Health is carried out. The School will continue with the educational activity dependent on National Health School (During, 2001).

The way Romero points out (1999) "the Occupational Therapy School only provided a receipt, without no supporting value, therefore the expedition of the title is claimed from the National Health School". This leads to have an interview from AETO with the School Director, the Dr. Heliodoro Ruiz García, in which is analyzed the situation and the future of the same one, the expedition of the official Occupational Therapy degrees, information about levels and health planning for the creation of the University Occupational Therapy School.

Carmen Lacasa got ready to keep numerous interviews in the searching of institutional and politicians supports to achieve that the Occupational Therapy studies were an university degree of middle grade. One of the fundamental supports would be the Rehabilitation Spanish Association that shows its strong support for the formation of a Rehabilitation University School, where the Occupational Therapy was included together with Physiotherapy, Speech Therapy and Orthopaedic Technicians (it would belong to Complutense University of Madrid).

In spite of the intense work that is developing the Association in the first 80's, it crosses one of the worst moments in its history. It is no possible to make the foreseen renovation of the Directive Meeting positions because of quorum lack in the assembly in which would be carried out the election, and all the partners are summoned to an extraordinary and urgent assembly in what the dissolution of the Association is proposed due to interest and collaboration lack of the members. If in previous paragraphs we commented the constants in the work of AETO (and for extension in most of the Occupational Therapy organizations), unfortunately one of them was the widespread lack of participation and commitment of the professionals by the associations. The reading of the AETO records transmits this discouragement in not few occasions.

Amparo Tessio de Costamagna Perales reaches the AETO presidency in 1982. The Spanish State observes with marked uncertainty the generated crisis in the UDC that caused Adolfo Suárez resignation, being substituted by Calvo Sotelo. The 23F military coup sizes the legislative and executive powers but it is miscarried by the labour of some the military members and the King's participation. Spain enters in the NATO in spite of the opposition of the left-wing parties. In the elections of 1982 the PSOE achieves absolute majority. And in those years the Statutes of the different Autonomous Communities are signed.

The new president's decisions were, in not few occasions, marked by the polemic. In her first assembly she expels from the meeting to those that were not associate or doesn't have the quotas a day.

In the challenge of continuing with the support searching, it is possible to contact with the Deputy Carmela García Moreno¹⁰¹ that presided then the Commission of Universities and Investigation whom is given a dossier that picked up the following aspects:

- Basic concepts about Occupational Therapy.
- Condition for the entry of the School and study program.
- Points in which the application of the recognition of the title of Occupational Therapy is based.
- Relation of key dates in the history of the Spanish Occupational Therapy.

In the meeting that is had with her, it is agreed to carry out an interpellation in the Congress of the Deputies. The question outlined by García - Moreno as spokeswoman of the mixed group was "When is the government going to satisfy favorably the recognition of the Occupational Therapists degree, in equality with similar professionals? " Several reasons generated that the subject was kept in suspended in view of the next dissolution of the Congress.

It is received negative answer to the writing sent to the Ministry of Universities and Investigation in relation to the expedition of the degree, because they allege that it should be ratified by the National Patronage of Psychiatric Attendance (PANAP), after that a new letter was remitted documenting again that this step was just necessary for the specialty of Occupational Therapy in Psychiatry.

¹⁰¹ Deputy by the Union of Democratic Center (UCD), in the moments in which they get in touch with her, she had passed to the mixed group.

It is proposed the creation of regional delegation, for what two are established: Aragon and Asturias. The program for the III Conference Spanish Luso of March of 1983 is presented.

Until that moment and being president Amparo Tessio numerous contacts with parliamentary groups, professors, administrations, agents of the university have been carried out to get the degree. It is gone so far as to write to the Defender of the Town¹⁰², Joaquín Ruiz-Giménez Cortés that answers by the middle of the month of August of 1983 saying that the School of Health has the obligation of giving the degree to the occupational therapists, documents that would be signed by the Undersecretary of Health and the Head of Studies of the School.

1983 is, also, the year in which the modification of the statutes is recaptured either to become professional association or in School. The records point out that therapists from Zaragoza have studied the school possibility, but due to the scarce number of therapists it is more feasible the constitution of a professional association. The representative from Galicia outlines that based on the law of 1977 problems won't exist for it.

The disagreements with the Meeting of AETO, the abandonment sensation and the lack of implication in the problems that happened in other autonomous communities induces to a group of galician therapists to constitute in 1983 the Galician Professional Association of Occupational Therapy (APGTO), that will be, the first organization of autonomous and professional character for all effects.

¹⁰² Institution recently used by the first time in Spain, since 30 December 1982 when it is published the appointment of Joaquín Ruiz-Giménez Cortés as first Defender of the Town.

18 of April of 1986 it is carried out the election that were probably the most complicated one in the trajectory of AETO, since two candidatures were presented, one with a clear shade of continuity led by Amaparo Tessio and the other one of renovation headed by Alberto Ubago, being chosen the last one¹⁰³.

Spain finally achieves to accede to the European Economic Community 1 January 1986 transforming the old integration yearning in fact into Europe. The entrance in the NATO is ratified. The PSOE wins again the elections by absolute majority favouring the crisis among its competitors. The second socialist legislature (1986-1989) was marked by a strong economic development that would last up to 1992. However, these years suppose a gradual state of disenchantment that was settling in the spanish society, as the socialist wing left moved away from the big expectations of change created. One of the most fateful consequences was, without a doubt, the demobilization of the society, the descent of the participation in social organizations and the progressive distrust toward the political class.

Ubago has to make in front of a precarious economic situation, it is necessary to stand out the unpaid from the quotas to the WFOT during the triennium 1985 - 1987 it having been threatened with the expulsion of the Federation. With this president the bulletin is recaptured, the congress Spanish Portuguese is postponed until October of 1987 and the I National Congress of

¹⁰³ There are 125 votes of 256 associates. Alberto Ubago candidature receives 79 votes and Amparo Tessio 44.

Occupational Therapy takes place during the days 5, 6 and 7 of November of 1987; AETO offers new services, as the legal consultancy.

In the following assemblies the participation is high, the restlessness for the situation of the degree is growing, the debate about the installation of the Occupational Therapy Degree inside the mark of the University generates concerns and uncertainties. In 1983 the Law of Reformation University¹⁰⁴, that would cause a significant transformation in the structuring of the different degrees, see the light, even so the different work groups would not be settled down for the study and debate of the same ones to 1986. The 9 Group "Sciences of the Health" took charge of the Occupational Therapy in which the occupational therapists could not participate of full right for not being university. Due to this limitation they establish contacts with similar professions, emphasizing the collaboration that it is settled down with the Association of Physiotherapists, with which a proposal of Plan of Studies based on the guidelines of the WFOT is elaborated. The report would be presented one year later. After the public debate the Green Book of the Occupational Therapy¹⁰⁵ appears. Finally in 1990 it is published in the BOE the "Real Decree 1490/1990 26 of October by which the official university degree of Occupational Therapy Graduate and the general guidelines characteristic of the plans of studies that allowe the obtaining of that, are established". It was closed on this way a long stage that had been centered in an unavoidable way in the conquest of the university degree.

¹⁰⁴ Organic Law 11/1983

¹⁰⁵ One of the last more important pitfalls arose in this work group when the degree called "Technician in Psychological and Occupational Rehabilitation" is proposed to substitute of Occupational Therapy one, proposal that fortunately didn't prosper.

Parallely, the Association participates in the table of negotiations about the statute mark of the Social Security and an entire campaign media again start to demand an entire series of reclamations: the approval of the occupational therapists inside the group B in the statute mark of the INSALUD, retributions as of middle grade graduate, the creation of therapists' head figures, or the inclusion in the centers of health¹⁰⁶.

Finally, 7 November 1987 it is approved the Creation of the Professional Association of Occupational Therapists (APETO). In that same year the Vasca Association of Occupational Therapists is created (APTOE). Before this new context it is considered about the suitability of a Federation but Ubago suggests that is preferable to create delegations, since with the federal model it can stretch toward the disintegration of the Occupational Therapists.

7 December 1987 the official document of constitution of the spanish Professional Association of Occupational Therapists (APETO) is signed, being chosen one year later Ana Vicente Cintero president of the same one. It is impossible to summarize in few lines the main historical events that have happened in Spain in the last two decades. In 1989, PSOE of Felipe González wins the general elections again. In 1992, the world looks at Spain thanks to the celebration of the Olympic Games of Barcelona and the Universal Expo of Seville. In 1996, the PP of Aznar arrives to the government after winning with relative majority the elections.

Ana Vicente begins to study Occupational Therapy, by a chance in 1976. She has worked in different devices and places of the spanish geography:

¹⁰⁶ Some of the proposals were included. Others continue being basic recoveries of the profession.

Cáceres, Canarias, Galicia and finally in Madrid where she takes directing the Centre of Old People of Tres Cantos since more than one decade. In the same way, in the last years she has given teaching in the University of La Salle (Madrid).

Vicente has commanded with a peculiar style the last two decades of the most important state organization in the spanish therapists occupational. As President she inherits the trajectory of the carried out work and attends in herself to the events and the most significant changes that it has experienced the discipline: the recognition of the profession as university degree (1990), the standardization of the graduates by the National School of Health (1995), the celebration of the European Congress in Madrid (1996), the approval of the Law of Ordination of the Healthy Professions (2000), the European convergence process. Eighteen years at the head of an organization give for a lot, their linkings, political contacts and professionals have favored the attainment of not few achievements in numerous sectors and professional environments.

Her work has also been source of numerous critics that have been directed especially in an excessively centralist and "paternalistic" administration, something that she inherited of previous presidencies and that has propitiated (among other reasons) the appearance of autonomous organizations not linked with APETO; in that sense, she has tried to maintain the control and establish certain channels of information in the Autonomous Communities, whose structures have never worked, neither the attempt to introduce the figure of the regional delegates nor the last invention, the Regional Council, generated

as answer - reaction to the transforming proposals of the association of Autonomous Organizations (later Forum).

In front of whom have pointed to their marked tendency to the personalism and a certain attachment to the power that provides occupying the presidency of this organization during more than 18 years, we find necessary to point out that along this time a solid alternative candidacy has never been presented, that together to the indifference and the detachment of the therapist for the participation in the organizations has allowed the continuity of Ana Vicente.

Presidencies in AETO/APETO per years	
Fernando J. López Abad	1967 - 1973
Alicia Chapinal Jiménez	1973 - 1977
Carmen Lacasa	1977 - 1982
Amparo Tessio de Costamagna	1982 - 1986
Alberto Ubago González de Echevarri	1986 - 1989
Ana Vicente Cintero	1989 - ...

Second stage: The expansion from the universities and the appearance of the autonomous organizations.

The main objective of AETO/APETO during its first 20 years of trajectory was fulfilled with the approval of the Royal Decree that facilitated that the Occupational Therapy enters entirely in the Spanish University. It was closed a long period and a new stage was opened that is going to be led by Ana Vicente, whose first efforts were guided mainly in achieving the standarzitation of the

graduated in Occupational Therapy by the National School of Health that would be feasible from 1995¹⁰⁷.

As it was foregone in the assemblies of these moments (that were the more multitudinous of all those carried out in these forty years) it was habitual to be in charge of aspects that were linked with the university learning, the professor that could or not to give class, the validations, the practices, the universities where was imparted (or it is going to impart) the Graduate, etc.

It continues also opened the debate around the creation of the Autonomous Associations. In 1993 the lawyers of APETO recommend not to create them since if it exists an autonomous one and a national one, the therapists associated to the first one and the national one must continue existing; even so it proposed about (again) the possibility and suitability of creating a federation, proposal leaded in those moments by the representative from the Pais Vasco (where they already had autonomous organization). Other proposals rotate around that the therapists associate at two associations and both received contribution economically.

In those moments the change of the headquarters is brought into agreement to a better conditions localization that the previous in the Esparteros street.

In 1994, thanks to Carmen Alcaide's work who replaced Isabel Fernandez in charge of the *Vocalía de Internacional*¹⁰⁸, holding the European Congress of

¹⁰⁷ Order 1995/26309 29 November 1995 of standarzitation of the Occupational Therapist degree of the National School of Health.

¹⁰⁸ Committee of International, translator's note.

Occupational Therapy in Madrid in 1996 is achieved, to do that APETO¹⁰⁹ had to pass two exams, on the one hand, the presentation of a project and on the other hand, the assessment of the *III Jornadas Nacionales*¹¹⁰ carried out by the President of the Council of Occupational Therapists of the European Countries (COTEC).

The consolidation in Spain of the self-governing regions with the subsequent transfer plans in several subjects previously controlled by the central government (especially of those areas more closely linked to Occupational Therapy such as Health, Social Services and Education), the increase in the number of professionals from different regions, the proximity to the decision-making organizations, together with the sense of disregarding from APETO generated the emergence of Organizations of Occupational Therapists in most of the Self-governing Regions, as shown in this chart.

Setting-up date of Occupational Therapy Organizations from Self-governing Regions		
Self-governing Region	Association	Professional Association¹¹¹
ANDALUCÍA	1991	
ARAGÓN	1996	2001
ASTURIAS	1995	
BALEARES	-	2006
CANARIAS	2003	
CANTABRIA	2004	
COMUNIDAD DE MADRÍD	2000	Preliminary project
COMUNIDAD VALENCIANA	2004	

¹⁰⁹ APETO stands for *Asociación Profesional Española de Terapeutas Ocupacionales*, that is, Spanish Professional Association of Occupational Therapists. Translator's note.

¹¹⁰ Third National Symposium, translator's note.

¹¹¹ We include the setting-up dates of the different Professional Associations of Occupational Therapists, as well as those regions that had carried out its request and those that are already in the stage of Preliminary project.

CASTILLA – LA MANCHA	2002	Requested
EXTREMADURA	1997	2006
CASTILLA – LEON	1998	
CATALUÑA	1995	Requested
GALICIA	1983	
MURCIA	2003	Preliminary project
NAVARRA	1999	2005
RIOJA	2004	
PAIS VASCO	1987	
CEUTA	-	
MELILLA	-	

The late 90's were marked by a strong confrontation between the Associations from the Self-governing regions, regional representative and APETO who had begun to meet in 1997. The main crisis that made the meetings to be aborted was caused by the confrontation due to the economic sharing and the power quota. The control and centralization proposal made by the national organization was never accepted by the different organizations from the self-governing regions and generated the rupture of the relationship between both of them. This situation takes place in 1998, at the heart of a meeting in which the establishment of a federation is formally set out and to do so APETO would have to make a statutory change, however, as we have pointed out, the disagreements break with the meetings held so far; the proposal from APETO was that the already established and working associations should contribute to the national organization with 50% of their associates' fees. The majority of the representatives didn't agree with this proposal, being considered that an appropriate amount for the APETO would be 25%.

After the breakdown of the relationships occurred in 1998, representatives from several organizations from the self-governing regions hold an informal meeting in the Jornadas Nacionales de APETO that took place in Madrid in 1999 and they decided to meet to establish common working goals, tackle the setting up of an appropriate frame for common projects and start studying the setting up of a possible Federación Española de Asociaciones de Terapia Ocupacional¹¹². Taking into account the experienced precedents, it becomes evident the need to reach a consensus on the power quotas and the economic regime that should govern the running of this new organizational structure. The presence of María José García López in these meeting points should be highlighted, who, in the first meetings, came as member of the Governing Board of the Professional Association of Madrid, while since June 2000 she came as Chairwoman of the Professional Association of Occupational Therapists of the Community of Madrid. Her perseverance and determination have made possible the continuity of this meeting point and have served, in several occasions, as link between the different organizations. Luis María Berrueta (2005) summarizes quite appropriately the axes of the meetings:

- Coordination and collaboration amongst the different organizations, exchange of experiences and documentation.
- Promotion and support to the setting up of new associations in those regions where they weren't established.
- Support in the process of request and setting up of the professional associations.

¹¹² Spanish Federation of Associations of Occupational Therapy, translator's note.

- Dialogue, debate, search of common points in order to move forward and build together.

In 2000 several important events take place, on the one hand, Cristina Labrador, international representative of APETO, is appointed Secretary of the COTEC¹¹³, being the first and only Spanish person in occupying a position of this magnitude in an international entity. www.terapia-ocupacional.com is born, "the Spanish site of Occupational Therapy" whose objective, in words of its creator, Rosa Matilla (2004), is "to create a space offering in every moment a service that facilitates the transmission of knowledge, events and concerns from our discipline with the only aim of reaching the union amongst us in order to promote the professional growth". This Web, together with the increasing access of citizenship to the information and communication technologies, has made possible a significant approach amongst occupational therapists, facilitating the exchange of information and knowledge.

That same year, the *I Congreso Nacional de Estudiantes de Terapia Ocupacional*¹¹⁴ is held in Jaca, an initiative led by students associations from different universities and that has had continuity along these years, being these events its biggest achievement. These organizations have found difficulties to work such as the quick rotation of positions that prevents the necessary continuity of projects and action lines, the slow university bureaucracy or interassociative communication problems (Emerich, 2006). Even so, they

¹¹³ COTEC stands for Council for Occupational Therapists in the European Countries, translator's note.

¹¹⁴ First National Congress of Students of Occupational Therapy, translator's note.

constitute an important platform to some students that join the professional associations after finishing their studies contributing their experience from the university associative spaces.

The passing in 2001 of the Professional Association of Occupational Therapists of Aragón¹¹⁵ open new possibilities and hopes and substantially modifies the goals of the future *Foro de Organizaciones*¹¹⁶ since the best structure to coordinate the common efforts seems to be, in the near future, the *Consejo de Colegio*¹¹⁷, and that is why from this moment onwards the different actions have been channelled into facilitating that transition and implementing firm bases for that future entity. We must add to the latter the passing in 2003 of the Regulation of the Sanitary Professions Law¹¹⁸ (LOPS) where occupational therapists are recognised as sanitary professionals and links the professional exercise with the possession of a university degree. This law would allow, in theory, to overcome the obstacles that some organizations have found, like the one of Madrid¹¹⁹, in order to process the request of the Professional Association.

After numerous meetings, and once consolidated and established the bases of the relationship amongst the different organizations, they decide to contact with APETO, given its level of representation and relevance, to set it out a common future in which its statutes could be transformed in order to get adapted to the new transition times towards a future *Consejo de Colegios*.

¹¹⁵ Law 11/2001, 18th June, about the setting up of the Professional Association of Occupational Therapists from Aragón.

¹¹⁶ Forum of Organizations, translator's note.

¹¹⁷ Association Council, translator's note.

¹¹⁸ Law 14/2003 of 21st November about the Regulation of the Sanitary Professions.

¹¹⁹ The request of the Association of Madrid was stuck since year 2000 because it didn't carry out one of the requirements imposed by the Law 17/1997, of 11th July, about Professional Associations of the Community of Madrid.

As Berrueta (2006) depicts, three meetings are held in the first months of 2005 between APETO and representatives from the associations of Occupational Therapy of the self-governing regions, it was clear, in spite of what was insinuated by APETO, that it neither could (nor should) disappear since it occupied international representation, had close relationships with the central administration and has important documental funds that would go to the Red Cross in case of dissolution. However, no agreements were reached between both parts.

The 25th June 2001, in the *II Jornadas Universitarias Castellano Manchegas de Terapia Ocupacional*¹²⁰ held in Talavera de la Reina under the auspices of the Castilla-La Mancha University, a round table about the associative movement of the profession is carried out, in this table there were Ana Vicente, chairwoman of APETO and Luis María Berrueta as representative of the Organizations from the Self-governing Regions, being this one the first time that this forum was presented in public, as well as its approaches and objectives. Later on, APETO decides to invite the organizations to be part of a *Consejo Autonómico*¹²¹, new advisory organ inside the National Association, that was passed in General Assembly but as it didn't count on the necessary consensus from the organizations of the self-governing regions it never held a meeting.

The passing of the Professional Association of Occupational Therapists of Navarre in February ¹²² 2005 generates a change of setting and, therefore, of

¹²⁰ 2nd University Castilian-Manchego Symposium of Occupational Therapy. Translator's note.

¹²¹ Self-governing Regions' Council. Translator's note.

¹²² Autonomous Law 1/2005, of 22nd February, about the setting up of the Professional Association of Occupational Therapists from Navarra.

cast. This way, in November of this same year several organizations from the self-governing regions (APETO amongst them) sign the General Agreement of the State Forum of Organizations of Occupational Therapy. It is necessary to highlight the role played by Berrueta in the process of establishment of this meeting point. His bet on the construction of a common frame with joint projects among the different organizations in contrast with the particular, his conciliatory character and his incessant work have made possible not few achievements not only in Navarre but also in the rest of Communities.

The following year the Professional Associations of the Balearic Islands¹²³ and of Extremadura¹²⁴ are passed and the request for the constitution of the *Consejo de Colegios* is carried out.

The work carried out by the organizations has revolved around the spreading of the profession in the decision-making spheres inside the self-governing communities themselves (with more or less skill and achievements), together with the management of information about work posts, the defence of the interests of the group and of the professionals.

One of the objectives in which associations have put a bigger determination has been the training of the members. In this way, different symposiums, congresses and courses had been organized. Some examples of this are the actions carried out by the Andalusian Professional Association of Occupational Therapy, which, in 1993, organized the *I Jornadas Andaluzas de*

¹²³Self-governing Region of the Balearic Islands' Law 5/2006, of 30th Mars, about the establishment of the Professional Association of Occupational Therapists of the Balearic Islands.

¹²⁴ Law 4/2006, of 10th October, that establishes the Professional Association of Occupational Therapists of Extremadura.

*Terapia Ocupacional*¹²⁵, and in following years they bet on training based on the Model of Human Occupation having, in several occasions, the presence of Carmen Gloria de las Heras; the *Asociación Extremeña de Terapeutas Ocupacionales*¹²⁶ (AEXTO) took back again in 2004 the *Jornadas Hispanolusas*¹²⁷; the *Asociación Madrileña*¹²⁸ (APTOCAM) has already organized the fifth edition of the course about Acquired Brain Damage and Occupational Therapy.

Some organizations like the one from Asturias (APTOPA), had been able to establish research scholarships, nevertheless, their amount has been scarce.

Closely linked to the previous aspect are the management and the spreading of the knowledge of the profession. Nowadays the outlook of Spanish reviews¹²⁹ is going through a process of change that will have to be elucidated in the short and medium term. The News Bulletin of the APETO has found difficulties to get adapted to the quality demands and the fulfilment of the scientific criteria. In December 2004, the *Asociación Gallega*¹³⁰ (APGTO) sets up *the Revista TOG (Terapia Ocupacional Galicia)*¹³¹ published only in a digital format with elaborated issues, with certain spreading in Latin America and a marked scientific character. APTOPA launched in May 2005 the *Revista*

¹²⁵ 1st Andalusian Symposium of Occupational Therapy, translator's note.

¹²⁶ Extremaduran Association of Occupational Therapists, translator's note.

¹²⁷ Hispano-Portuguese Symposium, translator's note.

¹²⁸ Association from Madrid, translator's note.

¹²⁹ In 2006 the "Spanish Journal of Occupational Therapy", a review with a scientific character and annual periodicity is presented in the university field, arisen under the shelter of King Juan Carlos University in which its main precursors work as professors. REITO *Revista Electrónica de Terapia Ocupacional* (Electronic Review of Occupational Therapy) can be found on the Internet, although it hasn't been updated for years.

¹³⁰ The Galician Association, translator's note.

¹³¹ TOG Review (Occupational Therapy Galicia), translator's note.

*Asturiana de Terapia Ocupacional*¹³² with an elaborated edition but with scarce spreading out from its regional area.

The Internet and the boost that the Information and Communication Technologies had undergone in the last ten years have generated a significant number of benefits to Occupational Therapists. In this process, as we have pointed out before, the site www.terapia-ocupacional.com has had a seminal importance, led by Rosa Matilla and that has become the reference Website in the Net for the Spanish-speaking professionals. To this we should add the publications that have emerged with better or worse luck under the shelter of some organizations. Nevertheless, the presence of the organizations on the Net is discouraging. Only APETO and APATO keep their Web working, AEXTO keeps a blog "*El diario de AEXTO*"¹³³, and the Catalanian association (APTOC) uses a group of MSN. Along the last years we have assisted to the appearance and disappearance of WebPages or spaces with information or exchange. Numerous attempts to create a common Web space for the organizations that eventually failed have existed.

Challenges for a not very distant future

In an article recently published by the Chairman of the *Conferencia Nacional de Decanos y Directores de Facultades y Escuelas Universitarias de*

¹³² Occupational Therapy Review from Asturias, translator's note.

¹³³ The diary of AEXTO, translator's note.

Terapia Ocupacional (CNDEUTO)¹³⁴, Sergio Santos del Riego (2007), ask whether year 2007 will be a year that will go down in Occupational Therapy history. Maybe it has already gone down, since the appropriate circumstances are present and this year will probably mean an important inflection point in occupational therapists' educational and professional field.

Educational convergence plans with Europe after the Bologna Declaration will result in the execution of new Syllabus for the Occupational Therapy Studies during the 2007 – 2008 academic year that will mean an important change in the improvement of the initial training of the future occupational therapists.

Equally, the recent passing of the Law of Promotion of the Personal Autonomy¹³⁵ envisages the setting up of a series of services and benefits that should have a significant impact in the establishment of new positions for the professionals of the Occupational Therapy, as it has happened in the last months in the Communities of Extremadura, Galicia or Navarra. That will join the gradual consolidation of positions in classical fields but also in new and innovative intervention areas.

The foreseeable passing of more Professional Associations will also originate and increase of structures with a bigger legislative power that will provide a solid backing and protection to the professional practice.

In spite of this new and flattering outlook we should be able to overcome the burdens that we have been dragging along decades of career. The

¹³⁴ CNDEUTO stands for *Conferencia Nacional de Directores de Escuelas Universitarias de Terapia Ocupacional*, that is, National Conference of Principals of Occupational Therapy University Schools, translator's note.

¹³⁵ Law 39/2006 of Promotion of the Personal Autonomy and Care of people in a situation of dependence.

summary revision that we have been carrying out to the past and present associative movement returns us the lights and the shadows of this journey. The achievements are important and many of them have not probably been possible without the work executed and the perseverance of some (not too many) people. But this look to the past also returns us some constants that we should be able to overcome in order to build and consolidate a much stronger profession.

The biggest challenge is to achieve a bigger responsibility and collaboration from the professionals in the organizations; an accurate diagnosis of this situation was elaborated by Maria José García (2003) when she admitted the "lack of a same corporate philosophy inside the group, the excessive personalities and a strange lack of commitment with the professional organizations". But this venture is like swimming against the tide since as it is pointed out by Bauman (2005) we are passing from a solid modernity to a liquid one in which the idea of stability and solidity is replaced by the precariousness, the instability, the passing and the ephemeral that affects in the same way to the bonds, the ties, the groups and the nets. How can the commitment and participation of the professionals be reached in this context, how can we defeat the gradual demobilization?

What seems clear is that in this challenge all the agents that take part in the building process of a discipline must be implied. The foundations of the professional identity are forged during the university training that should provide the students with the theoretical skills and practices to face an unstable, precarious, changing and dynamic labour market. However, Spanish

University is too theoretical, it is away from the practice and is very little multidisciplinary, aspects all them that should be added, in the case of the training of occupational therapists, to the lack of professionals of this discipline in the teaching of the specific subjects. We believe that there is a close relationship between our training and the passing on of the knowledge and our work. University should provide its students with critical tools to observe the reality and commit with it, the student should open to the outside and link him/herself to the professional organizations.

With a doubtful professional identity is difficult to build a corporate philosophy, even more if we take into account the unpleasant disputes, clashes and personalities inherited by those who have been joining this discipline. That is why the organizations should make an exercise of openness, horizontality and transparency that gave us a greater proximity both with students and professionals. The organizations should bet on favouring the periodic and real renewal of the people placed in the decision-making organs, bringing in new faces that make possible new processes of transformation. Betting on ways of combining continuity with renewal. It is not legitimate to perpetuate oneself for years in a position.

Information and communication Technologies have proved more and more the importance of the nets as strategy and goal for the attainment of objectives of the organizations. Even so, the associative movement of occupational therapists in Spain already has difficulties in establishing stable ties amongst them and, above all, in building common projects. For instance, it looks as if every organization wanted to have "its" review instead of

agglutinating personal, temporal and economic efforts in order to create a combined review¹³⁶.

The Internet and the digital innovations offer the professionals cheap, fast and easy-to-use technologies that enable the setting up and distribution of information and knowledge. The blogs or wikis as support of new literatures, the P2P nets for distribution and the open licences are only some examples. Barriers disappear this way and opportunities are created. We can bet for horizontality, participation and openness this way.

Acknowledgments

To each and every one of the (female) Occupational Therapists that have been placing the tiles that let us be who we are today, especially to that that have lend us their memory to be able to build these pages.

To Ana Vicente for her availability and generosity.

To LuisMari and Mariajo for the checking of the original text, but above all because without them, without their work and their dedication the *Foro de Organizaciones* would hardly be a reality today.

To Miguel Ángel Talavera for setting up so many initiatives and for becoming a “blasé” travelling companion.

To Pedro Moruno for the request and above all for being able of exercising as a “master”.

¹³⁶ Many of us think that TOG review – Occupational Therapy from Galicia – should overcome its “bizarre” attachment to become the official publication of the organizations.

ANTECEDENTS, PRESENT AND FUTURE OF THE ASSOCIATIVE MOVEMENTS IN OCCUPATIONAL THERAPY IN SPAIN



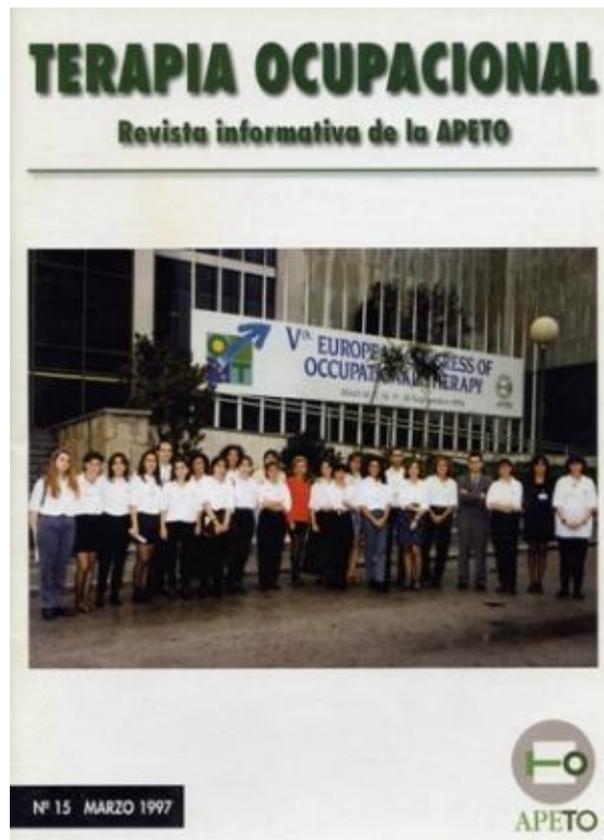
I National Congress of Occupational Therapy Madrid, 5 - 7 of
November of 1987



Autorización del Consejo de Ministros para que AETO pueda formar parte de la WFOT



Constitución de APETO



Cover of the Bulletin of APETO Nº 15 with the Organizing Committee of the V European Congress of Occupational Therapy 1996



First Numbers of the News bulletin of AETO



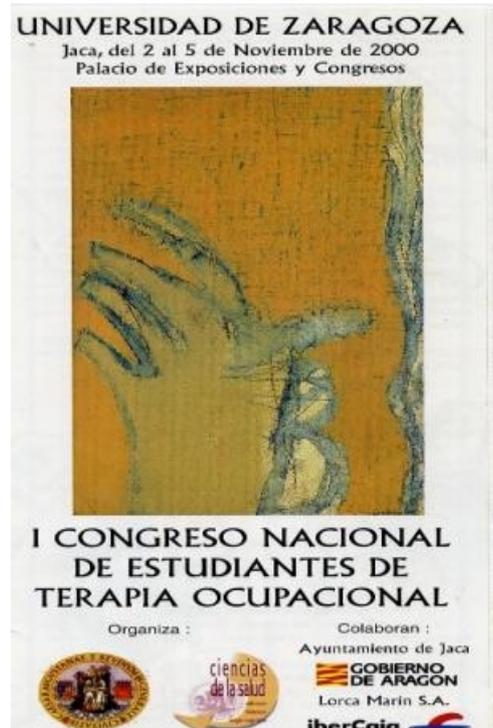
Present Seat of APETO in the Street Modesto Lafuente



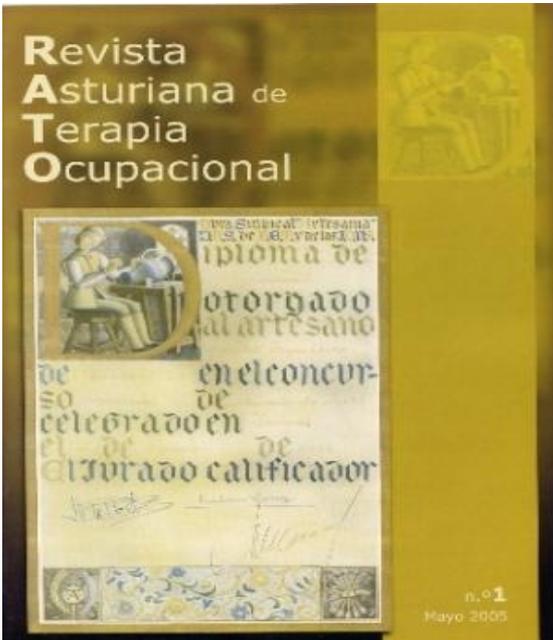
Meeting of the Forum of Organizations of Occupational Therapy in February of 2007



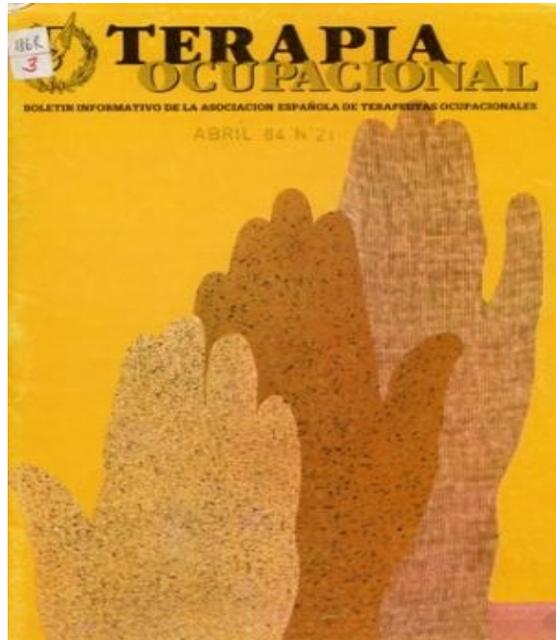
Cover Pamphlet 1 Days Andalusian of Occupational Therapy



Cover Pamphlet 1 National Congress of Students of Occupational Therapy



Portada Nº 1 Revista Asturiana de Terapia Ocupacional



Portada Boletín Informativo de APETO (Primera Etapa)

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Section 3_

history pictures

Chapter 08

THE INFLUENCE OF THE BOOK IN THE HISTORY OF THE OCCUPATIONAL THERAPY

Mr. José Ramón Bellido Mainar.

Mr. Luis Maria Berrueta Maeztu.

Chapter 09

TWENTY CENTURY, WORLD WARS AND OCCUPATIONAL THERAPY

Mr. Sergio Santos del Riego.

Chapter 10

“REAL AND GENERAL HOSPITAL OUR GRACE’S LADY”. ZARAGOZA.

Ms. Marta Pérez de Heredia.

Chapter 11

THE ACADEMIC EVOLUTION OF THE OCCUPATIONAL THERAPY ALONG THE HISTORY

Ms. Azucena Ortega Valdivieso.

Chapter 08

THE INFLUENCE OF THE BOOK IN THE HISTORY OF THE OCCUPATIONAL THERAPY

Mr. José Ramón Bellido Mainar.

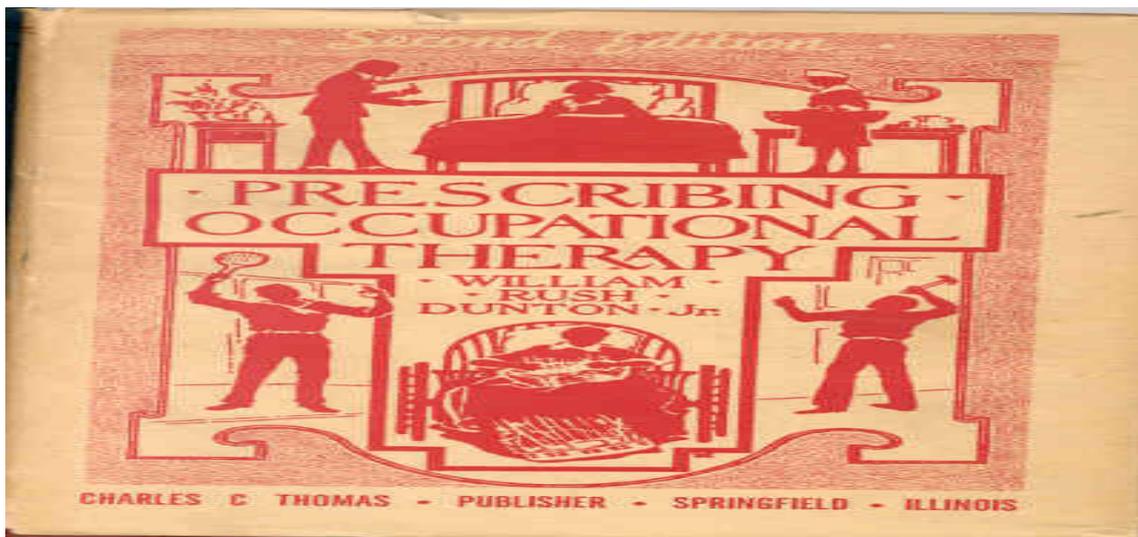
Mr. Luis Maria Berrueta Maeztu.

MENTIONING THIS CHAPTER

Bellido Mainar, Jose R. and Berrueta Maeztu, Luis M. The influence of the book in the history of the Occupational Therapy. In: Moruno Miralles P, Talavera Valverde MA, compilers. Occupational therapy: an historical perspective. 90 years after its creation [monograph in Internet]. TOG (To Coruña): APGTO; 2007. p. 294-300 [date]. Available in: www.revistatog.com

DESC KEYWORDS Occupational Therapy, Studies in Invalid Occupations, Mental Health.

PALABRAS CLAVE DESC Terapia Ocupacional, Studies in Invalid Occupations, Herman Simon, Laborterapia, Enfermedades Mentales



courtesy of Mr. Pedro Moruno

The book is as old as the own human civilization. We find their precedents in the Sumerian clay charts, going by the papyrus and Egyptian parchments. Universal supports in which were captured the evolution of the human thought. The germ of the book just as we know it it was forged in China, in the 105 d. c. with the paper invention.

The Arabians learned of east the paper manufacturing secrets and through the Andalus Al they extended it for all Europe.

Their installation was slow and progressive until it crystallized in 1456 in the splendid "Latin Bible" published thanks to one of the technologies with more transcendancy in the humanity's history: the printing of Gutemberg.

The book during centuries has occupied the primacy of the tools for the diffusion of the culture and the knowledge transmission. Owning a library has been sign of cultural wealth and intellectual. The different sciences and among them the Occupational Therapy has needed of the book to capture, to share and to extend our professional experience. The book has provided us an accessible and universal support to "overturn" the knowledge that we have "produced" in our long years of history.

The number of publications and the quality of the same ones are and have been a key prompt of the health of a science and/or profession and the Occupational Therapy is not any exception. book Occupational Therapy of Willard & Spackman 10^a Edition in Castilian for the Pan-American editorial.

By way of example we recommend you approach to the section of Gratefulness in the page XVII of the book "Occupational Therapy" of "Willard & Spackman" 10^a Edition in Castilian by the Pan-American editorial.

Here we find an eloquent image of the Occupational Therapy evolution. A volume of each one of the editions appear aligned and it can be observed as the last volume triples in size to the first published book.

This photography represents how in the book it has been captured the evolution, the vitality and the growth of the Occupational Therapy.

Competitors in the named Information Technologies and Communication (TIC) have gone out to the book. But we should not forget that the book transcends the pure transmission of information and knowledge. It unifies us, orders us, in definitive, it give expression and reminds us our oneness like profession. It becomes an indispensable tool to create and reflect the identity of the Occupational Therapy.

We owe the first Occupational Therapy book to Susan E. Tracy in 1910. The title was "*Studies in Invalid Occupations*". In it are described the artistic and manual activities that the author selects according to the characteristics of the patients. We can state that from this publication, the own knowledge of the Occupational Therapy crystallizes in a reference book or manual for the whole profession.

We should not forget that this first book characteristic of the Occupational Therapy was the result of previous publications that anticipated the central principles of our profession.

We have to go back at the 323 to. c. and to go to the center of the philosophical knowledge of our western culture, Athens. The thinker par excellence of that historical moment, Aristotle, wrote a book titled "*Politics*",

where he exposes ideas that later on have passed to be part of the Occupational Therapy paradigm.

Statements like: "the own nature search not only working correctly, but also the capacity to enjoy the leisure well", or "for that reason it is necessary to introduce games looking after their opportune application, contributing them by way of medicinal remedy" or "the enjoyment of the leisure seems to be the same base of the pleasure, of the happiness and the joyful life" they reveal us the first "stones" of the future occupational therapy.

We jump until the 12th century and the Mediterranean culture continues contributing knowledges keys to the therapeutic occupancy concept construction. In 1135 he was born in Córdoba, capital of the Al-Andalus, Maimónides of Jewish family, doctor by need and philosopher by devotion, he publishes in 1190 his more known book, "Guides of the Perplexed ones".

It is a treaty of Jewish philosophy in which we find two "jewels" for the medicine world. The first one, the justification of the "treatment of the soul" by a doctor and not by the priests and the second the therapeutic potential of the occupation for the treatment of the melancholy.

Statements like the following ones: " ... it is advisable to a person that is sunk in the melancholy to listen musical pieces of alive and happies melodies or to go for a walk for the gardens, to contemplate works of art and marvels that wake up the admiration" or "...a lot of illnesses has disappeared by the only effect of the happiness that is obtained in the aesthetic pleasure, the games and the amusements" or "...who remains peaceful and does not make

gymnastics, it will feel depressed and tired during all its life", they reveal us the firm belief on the healing potential of the occupation

We continue with the Spanish and European tradition, moving to the 16th century, Juan Huarte of San Juan, Alcala de Henares's University professor published in 1559 his main book, «*Examination of the Ingeniities for the Sciences*»." For the first time it is carried out a methodical study of how each one of the different temperaments or "ingeniities" predispose to hold professions or concrete "sciences" efficiently. In the book preface Juan of Huarte of San Juan exposes us the book reason: "It is a work where who read with attention will find the way of its talent and will know how to choose the science **for our most advantage**".

We return at the beginning of the 20th century. Specifically to the United States, country where the creation of the "knowledge" was carried out with more dynamism and innovation. The Occupational Therapy, dragged by this current of scientific production, elaborated its first "manuals" and Occupational Therapy books.

Susan Tracy was continued by William Rush Dunton j. r. , who in 1915 published «*Occupational Therapy a Manual for Nurses*», that is considered the first complete text of Occupational Therapy. Dr. Dunton one of the "big ones" in our profession published in 1945 their second book, whose cover heads the present article, «*Prescribing Occupational Therapy*». This publication is central in our profession because it provided us the opportunity to have a "manual"

where they are organized the concepts and key principles that configure the identity of the Occupational Therapy.

We would like to finish this article looking at the tradition publisher again about the Occupational Therapy in Spain. In 1937, Salvat Editors, published in our country the first book linked directly with the Occupational Therapy.

Its title was: «*Occupational Treatment of the Mental Patients*» and the author Herman Simón, german psychiatrist whose german edition of the book was published in 1930. Dr. Ramón Sarró, psychiatrist from Barcelona carried out the translation to the Castilian. We have to conclude this journey by the first book written by Spanish professionals: «The Occupational Therapy and the Labortherapy in the mental illnesses», published in 1972 by the National Patronage of Psychiatric Attendance and coordinated by Dr. José Rodríguez Reyes, from the Psychiatric Hospital of Oviedo.

In definitive the TIC are offering us the opportunity to disclose and create science to a vertiginous rate. But in front of the risk of disintegration of the information that supposes the intensive use of the new technologies, it will always be necessary a good book, a good "manual" that organizes our knowledge and provide coherence and identity to the "wisdom" that defines and characterizes the Occupational Therapy.

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Chapter 09

TWENTY CENTURY, WORLD WARS AND OCCUPATIONAL THERAPY

Mr. Sergio Santos del Riego

MENTIONING THIS CHAPTER

Santos del Riego, S. Twenty Century, World wars and Occupational Therapy. In: Moruno Miralles P, Talavera Valverde MA, compilers. Occupational therapy: an historical perspective. 90 years after its creation [monograph in Internet]. TOG (To Coruña): APGTO; 2007. p. 301-312 [date]. Available in: www.revistatog.com

DESC KEYWORDS Rehabilitation; History; War; Medicina; Occupational Therapy

PALABRAS CLAVE DESC Rehabilitación, Historia, Guerra, Medicina, Terapia Ocupacional
PALABRAS CLAVE DEL AUTOR Historia de la Rehabilitación. Medicina y Guerra. Rehabilitación y Guerra. Terapia Ocupacional y Guerra. Primera Guerra Mundial. Segunda Guerra Mundial. Terapia Ocupacional.



Figure 3. Reconstruction aides and patients in temporary clinic, World War I. Reprinted courtesy of the Archives of the American Occupational Therapy Association, Bethesda, MD, USA.

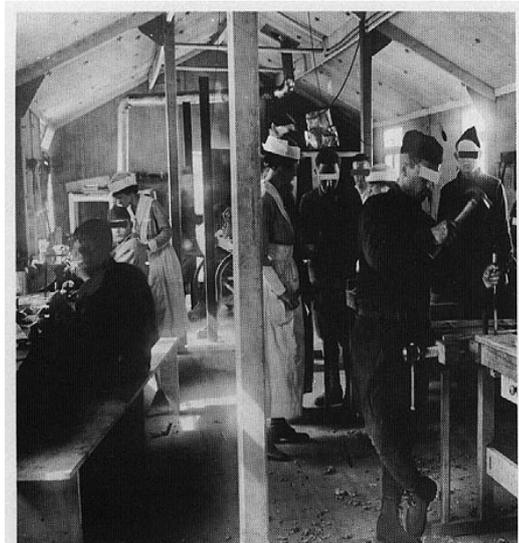


FIGURE 22—Occupational therapy aides, Evacuation Hospital No. 27, army of occupation, Coblenz, Germany. (Courtesy of National Library of Medicine.)

courtesy of Military Government of the U.S.A.

Rehabilitation like an innovative therapeutic approximation to the disability¹.²

Climent Barberá, medical re-qualifier, establishes various stages in historic dynamics of the term Rehabilitation: Like physical therapy applied to people with neurological disease (*Salpêtrière's* French School), like attention to the disability and the labor blue-collar re-insertion (creation of Social Security in the chancellor's Germany *Bismarck*) and, finally, like treatment of the wounded persons of war of warlike disputes of the XX century and of the population civil¹

². The worldwide wars favored the creation of concepts like "the third phase of the Medicine" and the consolidation of some professions in attention to people with physical disability, such like Occupational Therapy (TO) (1917) and The Physical medicine & Rehabilitation (1947), enter others, two abreast that they went away laying down progressively the underlying principles that permitted the progressive development of Health's Paradigm Social, concretized at a later time in the classifications of Deficit Disability (1980) and Internacional's classifications of the Functioning 2001)³.

At United Kingdom of Great Britain, since United States did not take part in the First World War to 1917, was created for themselves the first rehabilitative Services at military hospitals, being pioneer the Service of *Roehampton* that went destined fundamentally to people with amputations⁴. In this context, various authors refers that occupational therapists assumed the orthopaedic treatment of disabled of war, that make easier the creation of workshops and units of Orthoprosthesis guided to vocational rehabilitation, functional and labor⁴⁻⁹. The enclosure, some authors considered that functional intervening

by means of a rehabilitation therapeutic use of pro-positive activity, designee in consonance with physical appearances, vocational, social and emotional, was superior to the cinesiterapia⁵. However, *Reed* (1984) mentions that did not exist difference among vocational rehabilitation and TO⁵. *Sir Robert Jones*, inspector of military orthopedics, placed them "*Curative Workshop*" at military hospitals⁸. These workshops, integrated for therapists's teams vocational trainers, were the origin and model for the creation of the first hospitable apartment TO's in Edinburgh (1916) and of the subsequent adoption of the medical prescription of the ocupación^{6, 7, 9}. Meanwhile, in United States and Canada, the TO structured itself about the basics of Arts and Jobs Movement¹⁰⁻¹². *Joel Goldhwait*, American orthopedic surgeon, began analyzing the therapeutics of the european wounded persons of war and backing up the deal, in medical spaces, orthopaedic professionals and of people that they performed on the use of the human occupation like helpers of intervening recuperation, fundamentally civil women^{8, 13, 14}. At United States, the promulgation of the "*Vocational Education Act*" (1917) for wounded persons of war and of the "*Industrial Rehabilitation Act*" (1920) for workpeople favoured the settlement of the TO¹³. At this country, *Bird T. Baldwin* organized the first TO Departments in the ones was development a therapeutic individualized activity, registering the evolution of every patient⁸. "*The Circular of Information Concerning the Employment of Reconstruction Aides*" and "*The Law of Vocational Rehabilitation*", laws of 1918, regulated the participation of these women in a model of medical attention and in a military no recognized role. Some of their were occupational therapists, although the most woman were teachers, artists and another occupations,

situation that possibly had been one of responsible factors of the lack of delimitation in use among some professions of health^{6, 8, 15}. This mass incorporation justifies the participation in TO of the woman, condition than still last^{6-8, 15}. When finalizing the dispute there were 53 military hospitals in United States, a lot of them with units for amputees⁴. It was not chance than the March 15, 1917 *George Edward Barton, William Rush Dunton, Eleanor Clarke Slage, Susan Cox Johnson, Thomas Bissel Kidner, Isabel G. Newton and Herbert J. Hall*, create the *Nacional Society of the Promotion of Occupational Therapy*”, considerate like a constituent act as modern TO^{6, 7}. This discipline has his origin in the therapeutic interrelation of the patient with physical disability, the professional and the significant occupational activity¹⁵. Enter positive aspects gotten by the TO in the course of this dispute, it is pertinent to mention the development of numerous centres of education, the achievement of public recognition for the profession, the implementation of policies and procedures and the progress in the doctrinal body^{6, 7}. Besides, when finalizing the First World War he did a sudden effort to implement vocational activities guided to the re-insertion socio-labour of people with physical disability, instead of acting exclusively from the beginnings of the Movement of Arts And Crafts, it is this, from the utilization of occupational activity like *divertissement* and like general maintenance of the health^{7, 8}. However, this new model of actuación⁷ did not manage to extend itself in the time⁸.

The interest for rehabilitation diminished among two worldwide wars, except in a brief period about 1930, year of start of the epidemic of poliomyelitis¹⁶. In

1937, according to the " *American Medical Association* " (AMA), the occupational therapists worked fundamentally at hospitals of Mental Health and at ant-tubercular sanatoriums, becoming his participation in the space of physical disability reduced to a testimonial presence at some veteran's of war hospitals^{11, 12}. The majority of TO's helpers returned to his ancient jobs¹⁴. At the beginning of forties, TO's profession took a predominantly biomedical orientation that has remained even the eighty^{11, 12}. Besides, join all kinds of related professionals implicated themselves in the formation in TO, that went deriving and explain the actual heterogeneity teaching^{9, 17}. This educational context fomented the debate on the various models of TO^{9, 17}.

In second World War, thus like successive wars (Hurrah, Vietnam, Balkans, Golfo, Jew Palestinian) with a progressive technological development, wounded people's number of war increased. At the same time got grand advances themselves, fundamentally, in people's integral attention with traumatism cranium encephalic, medullar lesion or amputations⁴. To the start, occupational therapist's presence at military hospitals was lowest (8 people), motivated for the fact to not to have gotten the military status in the first great war⁸. The creation of Physic Medicine & Rehabilitation Department at multiple hospitals of United States and United Kingdom, were converted in the adequate context to incorporate occupational therapist's lofty need in the space of the physic disability^{8, 9, 13, 17-19}. You sue in order to satisfy the rises in waters, the " *Dorset House School* " ocupacionales²⁰ gave courses in the role of urgency to form bigger number of occupational therapists²⁰. In 1944, like part of the

preparations of the invasion alloyed of the busy Germany he built for himself the first centre of integral attention to people with medullar lesion in *Stoke Mandeville* (England) and they created for themselves units of cerebral damage in United Kingdom (Oxford and Edinburgh), in United States (St. Antonio, Texas) and in ancient Soviet Union⁸. However, in France and Spain did not begin to concretize this assistance to the decade of the fifty. During second World War, TO's profession had a foundation in one holistic bio psychosocial model and teaching began to come true in the universidades¹⁸. This university character would not get to the point in Spain to the year 1990 with the creation of the Occupational Therapy Degree (RD 1420/1990). Between 1936 and 1954, was relevant a look-alike influence in TO's formation. In the first place, the relation of TO's Association Americana (AOTA) "*American Occupational Therapy Association*" with the Board Of Education Medical and Hospitable of the American Medical Association (AMA-CMEH) "*American Medical Association 's Council Medical on Education and Hospitals*"; the second was the relation among the AOTA and the Army of the United States of América^{9, 17}. AOTA and MASTER CMEH, along with the American's Army, established the new educational standards for TO through the publication of "*Essentials's of Acceptable a School of Occupational Therapy*" and the "*War Emergency Courses for OT*" and the national registration of TO professionals (1931)^{9, 17}. Besides, the Academy Of Sciences of United States organized programs of research and development at 16 universities, with management of veterans of war. In 1947, the therapists achieved the military status and subsequent financial support⁸. The magazine got into print" *Occupation*

Therapy and Rehabilitation” and were concretized *the first book of Principles of Occupational Therapy (Principles of Occupational Therapy) Willard and Spackman*⁸. These actions, favoured the recognition of the programs of how-to occupational and the TO's professional, the financing of the not our own profession to the army and the decision of some responsible of the AOTA to take one's own way of another professions of the multi-professional team of the disabled^{9, 17, 19}. Occupational therapist's number had increased notably, overcoat in Mental Health and Psychiatry, for that, curiously, the influence of this war in the space of physical disability did not begin to concretize even the decade of years fiftie⁸. In 1956, are recognized to the assistants of TO certified (*Certified OT Asistant – COA -*) in front of registered occupational therapists (*Occupational Therapy Registred – OTR -*). According to *Howard Rusk* (1958), father of The Physical medicine & Rehabilitation, the rehabilitation the one that participants were coming from occupational therapists he acted in three areas: support, vocational and labor re-insertion and funcional^{13, 20, 21}. The success of the TO in this dispute was for the recognition of the principles and fundamentals of the TO for the Health Science professional's and the failure for incapacity to integrate and to prepare a number enough of occupational therapists to satisfy requests existing⁸.

Have been the worldwide wars of the XX Century and the experience to rehabilitate wounded persons of war the one that it has permitted consolidating so much the rehabilitative Services like TO's Departments, so related in people's attention with physic disability⁸. However, the basics of The Physical medicine &

Rehabilitation and of the TO they are pre-war worldwide, in short, his various origins have predominantly in the century XIX. This warlike situation supplied valuable principles and practical to both professions that specified in the improvement of the Public and Private Systems in Sanitarian Assistance's of countries at war, systems that today are engaged with attention to the victims of the road or of stress's society. Be this historic prompting a little homage to all those pioneer people, occupational therapists or no, that they helped somebody lay down the basics of the modern TO in adverse conditions.

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Chapter 10

“REAL AND GENERAL HOSPITAL OUR GRACE’S LADY”. ZARAGOZA.

Ms. Marta Pérez de Heredia Torres

MENTIONING THIS CHAPTER

Pérez de Heredia, Marta. Real and General Hospital our Grace´s Lady. Zaragoza. In: Moruno Miralles P, Talavera Valverde MA, compilers. Occupational therapy: an historical perspective. 90 years after its creation [monograph in Internet]. TOG (To Coruña): APGTO; 2007. p. 311-314 [date]. Available in: www.revistatog.com

DESC KEYWORDS Moral Treatments, History, Occupational Therapy

PALABRAS CLAVE DESC Tratamiento Moral, Historia, Terapia ocupacional

PALABRAS CLAVE DEL AUTOR Tratamiento Moral, Historia, Terapia ocupacional, Hospital Real y General de Nuestra Señora de Gracia.



courtesy of Dña. Marta Pérez de Heredia

In the history of Occupational Therapy if we accepted that the moral Treatment is our principal predecessor, we must consider that at Spanish hospitable psychiatric institutions they find the Occupational Therapy's true foundations.

The "Real and General Hospital Our Grace's Lady" of Zaragoza, founded in 1425 for Alfonso V of Aragon, the Magnanimous, where a regimen turned on for patients is established, appears for first time described the treatment for means of occupations or works, developed for the father Murillo, according to appointment Orozco Acuaviva. The lunatics worked at the production of thread, in the kitchen, at the oven, helping to the mason, in the cultivation of silkworms and in the wine harvest and cultivation of fields. In the year 1766 right now had a doctor dedicated to lunatics's departments.

Some data of the volume of lunatic's patient attended at this institution, went tucks for J. J. López González in the daily newspaper of Casamayor: "Year 1783: Lunatics attended 379, deceased Lunatics- 36 and Lunatics that were cured- 69". They show something important to stand out, because in those beginnings of the psychiatry no pharmacologic treatment was not prescribed and cured patients healed only for attention in free regimen and the treatment of Occupational Therapy "

Philip Pinel (1745-1826) knew the dispensed assistance at the hospital of Zaragoza and the copy taking her to practice in France, freeing from the "madmen" his chains in 1793, like right now become almost four centuries before in Spain, and establishes then in France, and just after in the rest of the

Europe, the "Moral Treatment", based in the model of assistance and treatment of the "Real and General Hospital Our Grace's Lady" of Zaragoza .

In fact, in 1801, in his *Traité mèdico-philosophique sur l'aliénation mentale*, gather his observations on the Psychiatric of Zaragoza: "We have to envy to certain nearby nation an example that never will be plenty of acquaintance. Does not present it England neither Germany but Spain, in an one belonging to whose cities Zaragoza, exist an asylum for sick persons and principally for madmen that carries the motto "Urbis et orbis". His founding fathers and directors used the mechanical work to do it to serve counterweight to the misplacements of the understanding for the fondness that he inspires and the delight provides the cultivation of fields, and for the natural instinct that leads to the man to satisfy his needs with his industry's fruit. The man is consoled in this way in the principal and more horrible of his misfortunes. His dignity has slipped out victorious, victory that it corresponds to the madhouse of Zaragoza". Pinel.

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Chapter 11

THE ACADEMIC EVOLUTION OF THE OCCUPATIONAL THERAPY ALONG THE HISTORY

Ms. Azucena Ortega Valdivieso

MENTIONING THIS CHAPTER

Ortega Valdivieso, A. The academic evolution of the Occupational Therapy along the History. In: Moruno Miralles P, Talavera Valverde MA, compilers. Occupational therapy: an historical perspective. 90 years after its creation [monograph in Internet]. TOG (To Coruña): APGTO; 2007. p. 315-320 [date]. Available in: www.revistatog.com

DESC KEYWORDS Occupational Therapy, Occupational Therapy Studies.

PALABRAS CLAVE DESC Terapia Ocupacional; Estudios de Terapia Ocupacional.

PALABRAS CLAVE DEL AUTOR Formación en terapia ocupacional, Invalid Occupations, Minimun Standard for training, Terapia Ocupacional

TABLE 22—Curriculum, Army Occupational Therapy Course, Medical Field Service School, Fort Sam Houston, Tex., 1932-34
[Didactic phase: 34 weeks]

Subject	Hours		
	Projected Mar 1932	Class 1: 1933 (44.5-week)	Class 2: 1934 (40.5-week)
Medical:			
Anatomy*	78	93	150
Functional anatomy	0	0	75
Kinesiology	30	30	0
Medical lectures*	72	72	0
Medical terminology	40	20	0
Neuroanatomy*	0	18	0
Neurology*	18	0	0
Orientation to:			
Medical conditions	0	0	19
Neurological conditions	0	0	30
Orthopedic conditions*	0	0	30
Pediatric conditions	0	0	15
Surgical conditions*	0	0	15
Orthopedics	30	30	0
Pathology*	18	18	30
Physical medicine and rehabilitation*	0	0	38
Physiology*	54	54	54
Psychiatry	36	36	34
Psychology of ill and handicapped	54	54	5
Psychology of ill	0	0	10
Rehabilitation in occupational therapy	54	54	31
Theory of occupational therapy:			
General medicine and surgery	36	36	36
Neuropsychiatry	36	36	36
Physical disabilities	36	36	36
Other:			
Administration of occupational therapy	4	4	4
Clinical observation and demonstration	0	0	24
Ethics	2	2	0
History of occupational therapy	2	2	0
Introduction to occupational therapy	0	0	7
Journal club	20	20	20
Nursing service in the hospital*	30	31	0
Remedial reading	30	31	0
Scheduled nursing techniques*	6	8	6
Workshop activities:			
Ceramics	72	72	60
Design	0	0	20
General crafts	180	131	53
Leatherwork	0	0	38
Metalwork and jewelry	72	72	75
Weaving	72	72	80
Woodwork and plastics	144	120	110
Military subjects	30	30	184
Nonacademic subjects	30	30	0
Total	1,496	1,496	1,550

* Subject taken with physical therapy credits.
* Included in lecture (in 1932) and 1934.
* Included in the hours of instruction in military subjects were added to the curriculum in fiscal year 1934.

courtesy of Mr. Pedro Moruno Miralles

The creation of the Occupational Therapy by a group of people coming from different professions (medicine, nursing, social work, educational of arts and occupations, architecture, etc) and with personal trajectories in different fields of the knowledge and of the life, conferred that plural and multidisciplinary character to the profession that has marked the way to the discipline until our days. From a principle the medical postulates, the different forms of understanding the occupation, the social focus and the perspective of affected people made converge their experiences and proposals in the first conceptions. The first actions related with the formation of professionals go back, according to Dutton at 1906. In that year Susan Tracy offered the first course and it was only imparted for nursing students in Chicago. That first course consisted on 10 lessons each an including a study of different case so that the student thought about an appropriate activity. This first methodology can be well assimilated to the laboratory credits or workshops that at the moment exist in students' formation.

Two years later, in 1908, Julia Lathrop and Rabbi Hirsch offers a course for social workers of a month of duration in summer in the Chicago School of Civics and Philanthropy also in Chicago. In this case the students had to learn how to stimulate again mental sick persons through the occupational instruction and the amusement.

1911 supposed the first important change in the formation of professionals. On one hand the number of courses that were imparted was increased - a total of 3 - and more important still, one of them was carried out for the first time in a university. William Dunton's course in the *Sheppard and Enoch Pratt Hospital* in

Maryland also consisted on 10 lessons. The contents were related with the means and it included games, rope works, origami and paper cutting, bookbinding, etc. In relation with the course of Reba G. Cameron, we only know that it was imparted in the *Taunton State Hospital*.

The first course imparted in a university corresponds to Evelyn Collins. It was carried out in the *Teacher´s College* of the University of Columbia. 5 years later, in 1916, Susan C. Johnson - one of the founders - assumes the responsibilities of the teaching. This denominated course *Invalid Occupations* contained conferences, practical work and demonstrations. It was offered like an election for nurses that occupied them 3 weekly hours.

Although there are not data, the first real course of Occupational Therapy was probably imparted in the *Henry B. Favill School of Occupations* of the Mental Hygiene Society of Illinois in 1914.

1918 are another inflection moment for the formation of occupational therapists again. In total 5 new experiences are known in the formation of professionals. An experience corresponds to the first collaboration among the *Henry B. Favill School of Occupations* and the *Chicago School of Civics and Philanthropy*. That course, denominated *Special Courses in Curative Occupations and Recreation*, spent 6 months divided in two trimesters. The structure that today remains was appointed then: pluridisciplinary theoretical basic formation, specific contents of the discipline and clinical formation. The course implied:

- technician work in the mornings at a clinic

- confer relative to the administration of a department, psychology, principles of case-working, psychology of game and other contents in the afternoons and
- Technical courses including kinesiology, departmental organization, folk dance, games and manual works.

Another experience was that of the *Milwaukee Downer College* that developed a model program of OT. And later on, in 1931, the first Diploma Course developed in OT. The experience of the *Philadelphia School of Occupational Therapy* and of the *St. Louis School of Occupational and Recreational Therapy* (that began under the direction of the Association of Occupational Therapy of Missouri) were two of the first schools in being credited by the AOTA and the American Medical Association in 1938.

Lastly, the fifth experience of 1918 corresponds to the *Boston School of Occupational Therapy*. This school was the first one in imparting classes of 12 weeks like part of the emergencies program of the I World War to form occupational therapists that could work in the fire lines.

The image that motivates this contribution corresponds to the educational program of a military school, the *Medical Field Service School* that included the course *Army Occupational Therapy Course*. The course was developed in two years, from 1952 till 1954, with a didactic phase of 34 weeks of duration. The theoretical contents included medicine knowledge that today still continues being considered essentials in the formation of occupational therapists: anatomy, physiology, kinesiology, neurology, orthopedics, pediatrics, orthopedics, psychiatry, surgery, pathology, psychology, etc. Also included

specific knowledge of Occupational Therapy, i.e. general theories of Occupational Therapy applied to surgery, general medicine, neuropsychiatrist and physical "disabled". Other contents were referred to workshop activities: ceramic, handiworks in general, leather work, elaboration of jewels, wood, etc. Lastly, the curriculum was completed with military contents for those that lacked basic knowledge about this formation. Except this last type of knowledge, almost all the other contents have stayed until our days as recommended formation in the different evolutions of the documents of minimum norms for occupational therapists formation.

The first norms for the formation were enunciated by the American Association of Occupational Therapy in a meeting taken place in Milwaukee in 1923, *Minimum Standards for training*. These first norms included courses of 12 months and it was obligatory that 3 were trainings in practical hospital. The WFOT today establishes some minimum norms of formation to recognize the studies of a certain formative centre internationally.

References

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Mention this book

Moruno Miralles P, Talavera Valverde MA, compiladores. Occupational Therapy: An historical perspective.90 years after its establishment. [Internet monograph]. Ferrol (A Coruña): APGTO, Journal TOG; 2007 [data]. Available in: www.revistatog.com

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