Script to accompany recording for blog by Professor Wendy Bryant

These days I don't hesitate to ask for help – it makes life easier and more enjoyable in many ways. So two friends have recorded a fictional interview I've written, to share some of the additional material on Elizabeth Casson that I couldn't fit into my lecture. A fictional interview is a contemporary way of bring history alive, although I would like to imagine this as a documentary rather like the amazing "Letters from Baghdad" about Gertrude Bell, a contemporary of Elizabeth Casson. They would have never met, for Gertrude was always away exploring Iraq. For this fictional interview, it is not long after the Second World War and my grandmother, Elsie Jones, has met Dr Casson, for a long overdue catch up. Dr Casson is also known as Elsie to her family and friends. The two Elsies are delighted to see each other, having met in London when young women at the beginning of the twentieth century. Like a Hollywood film director, I have used creative licence to imagine this meeting as my grandmother was not born until 1912. However, I have drawn Dr Casson's replies from a number of sources I found in the Casson collection at the Royal College of Occupational Therapists library.

Elsie Jones (EJ): Hello Elsie, it is nice to see you. I ought to call you Doctor, didn't I?

**Dr Elizabeth Casson (EC):** Oh Elsie, don't be silly. How are you? Stephen? All the girls?

EJ: We're all fine, thank you for asking. Three grandchildren are on the way!

EC: Congratulations, Elsie dear. Are you pleased?

**EJ:** Of course, I love babies. But you know all about that. How are you? The last time we spoke, you was trying to get some money together to set up a school in Bristol. That was years ago, well before the War. I thought you was a doctor and worked in hospitals, so I must admit I didn't really understand.

**EC:** Is it as long ago as that? Must be at least twenty years ago. So much has happened but don't worry I'm still a doctor, Elsie, a psychiatrist.

**EJ:** Oh I'm so pleased. You must be a good one. I always wanted to be a mental nurse but ... (*trails off*). (*Brightly*) Still I loved being a nanny before the girls were born. That's what I was doing when we met, isn't it? You were such a lovely family.

**EC:** Those were the days, eh? We had so much fun as children: jollifications with singsongs and plays. Have you followed Lewis's career? He's a famous actor now.

**EJ:** He's quite a star, hasn't he? And handsome too (giggles). If you don't mind, there's something else I've always wanted to know.

EC: Oh? What's that?

**EJ:** I know you was all born and grew up in North Wales. Why did you come to London? It's much nicer in Wales: I moved there with three of the girls when the War started, to get away from the bombing.

**EC:** Very sensible. You'd have been far safer there. I had to move too, from Bristol.

EJ: Oh yes, it was bad there too.

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**EC:** Anyway, we moved to London when I was 11. My father lost his job in the bank in Denbigh. He had already set up a partnership with a company in Shepherd's Bush which made church organs. He was much more interested in that than banking.

**EJ:** How awful, losing his job. Lucky he had that company.

EC: Unfortunately that company collapsed almost as soon as we arrived, so we were very hard up.

**EJ:** Oh no, when money's tight it's so hard for parents.

**EC:** Remember my older brother Randall? As soon as he was earning from being a solicitor, he helped father set up a new company, the Positive Organ Company.

EJ: Well, well!

**EC:** We all had to work for father: I did before I got the job on the housing project with Octavia Hill. That's when I first knew you, isn't it?

**EJ:** That's right, Elsie. I'd forgotten your dad made organs for churches. And none of us thought you'd end up a doctor. How on earth did that happen?

**EC:** Those people in the housing project needed so much: it was hard. We helped them with so many things and they loved a good social, but I couldn't do it forever. Being a doctor seemed the best way to help them.

**EJ:** We all need a good doctor. Stephen and I do, for sure. Him with his war injuries and me with the girls. The National Health has been such a blessing to us and the girls. But what about that school? Wasn't doctoring enough to keep you occupied?

**EC:** I did surgery to start with.

EJ (interrupts): You won a prize! You told me about that last time.

**EC:** Yes, but that was for my work as a psychiatrist. Surgery made sense at first with all the injuries in the first War. But so many people had mental problems, especially with the flu epidemic coming straight after the War.

EJ: Oh yes, an awful time.

EC: So I became a psychiatrist and started thinking about occupational therapy. It was just beginning to get going then and I could see it was more help than we doctors were in many cases.

**EJ:** Occupational therapy? Better than doctors? Well I never.

EC: Yes. The more I found out, the more I had to do something. There was Dr Jane Walker...

**EJ:** (interrupts) Please tell me, what did you find out? It's a terrible thing, being mentally ill. So many people still affected by the wars and all that.

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**EC:** Yes, you are right. But let me tell you something else. For one of my psychiatry jobs, Lewis' wife Sybil – you remember? Very stylish. She sorted me out with a good suit!

**EJ:** She is lovely, a beautiful woman.

**EC:** I got that job: at the Royal Holloway Sanatorium in Egham. It wasn't easy for us women doctors to get jobs in those days.

EJ: Egham! That's miles out of West London – nearly back in Wales! Posh, though, so not an asylum?

**EC:** No, not an asylum and very nicely appointed. It had a beautiful ballroom. Some of the mental nurses and attendants knew just how to get the best out of the patients in that ballroom. It was so lovely to see it happening. And at the other socials and in the craft workshops. I had to find out more about occupational therapy.

**EJ:** Those poor people, that must have helped them, to be making things and having a good time together. They must have needed some encouragement.

**EC:** Yes, they did. When the staff knew what they were doing, it worked so well, but the staff needed proper training, so I decided to set up a training school.

EJ: Oh I think I see. I suppose they had to know more than being kind?

**EC:** Yes. I learned more from a doctor in Glasgow, Dr Henderson. There's quite a science behind it, much more than good intentions.

**EJ:** Glasgow? You do get about. But it must have been a big job, to set up a training school. Weren't there any already?

**EC:** No, only in the United States.

EJ: (disappointed) Oh.

**EC:** But I had some fun too, Elsie, don't worry. Lewis very kindly set me up with a loan, so I had enough money to set up the school and go to the USA to see what they were doing there, back in 1925.

EJ: I've always dreamed of going there.

**EC:** Me too. It was a very memorable trip. When I got back to work, I found someone to train in Philadelphia as an occupational therapist. Constance, just the job.

EJ: Lucky Constance!

EC: Then I visited four places in England where they had good occupational therapy, including Jane Walker's TB Sanatorium at Nayland in Essex.

**EJ:** Nayland? USA? So much travel. I'm glad if I get to Southend in August. But this occupational therapy does for TB as well as the mental patients?

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**EC:** Yes, that's why it works so well. It's not about the medical diagnosis at all. You know, dancing all evening helps some, whereas others want to sit quietly and read.

**EJ:** Too right. I loved dancing when I was younger, but I'd rather listen to the music now, and tap my foot.

**EC:** Being ill doesn't change that. In the hospitals, doctors and occupational therapists have to work out what occupation will interest and help each patient most. And it has to be relevant to getting better and living life, not passing time. That's why I don't like knitting: it's bad for ruminating.

**EJ:** Oh I know what you mean about knitting! Especially now my hands are bad with the arthritis. It's interesting hearing about this: I never knew any of it. But I still don't understand – you're not an occupational therapist, but you're training them? Or is Constance doing that?

**EC:** You're right, I'm not an occupational therapist – I'm still working as a psychiatrist. Constance runs the training school, which is now in Oxford. When we started out, it was in Bristol and it was also my clinic for women.

EJ: That's what I like to see. Women need all the help they can get.

**EC:** It worked well. The students learned by working with the women in the clinic as well as in their classes. The staff served the women and the students. The school doesn't need me to fund it anymore, thank goodness. But I want to know more about you, Elsie, how are you?

**EJ:** In a minute, dear, in a minute. I want to know how occupational therapy works. It sounds so interesting, it might help us all.

**EC:** Indeed it might. This is what I tell people. First, you have to stimulate people to do things, by creating an environment that is focused on occupation.

**EJ:** I'm sorry, but what is one of them?

**EC**: You know, like a workshop or a dance hall: everyone is there to make something, or enjoy the music.

EJ: Now I can see it.

**EC:** Then you have to get people more curious about doing something, by working with them to see what they might be able to do. That way, they start doing things and joining in.

**EJ:** Oh! That's the therapy!

**EC:** Yes, part of it. It is most important they are active. They don't have to think about why they're doing it too deeply.

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EJ: Ooh.

EC: The occupational therapists make sure it's a social thing too, so people can appreciate each

other's efforts. They must be separate from nursing, so people go to occupational therapy as they

would to study or go to work.

EJ: It sounds like working in a really good factory or shop, where you don't have to watch the clock.

Must be marvellous.

EC: And it's surprisingly hard to do. The training helps them, but occupational therapists have to

keep on learning, as every person is different. They can't focus on one part of the body or mind like

we doctors do, they have to think about everything all at once. It is quite different to any other job.

I'm glad it has taken off.

**EJ:** So am I, Elsie dear. You must be so proud.

(they carry on chatting and the talk fades away)

Acknowledgements

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**Wendy Bryant** 

**Honorary Professor, University of Essex** 

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