

## “NEVER FORGET ESTELLE!” – AMERICAN PATRON SAINT OF SWEDISH OCCUPATIONAL THERAPY

*By Anders Björnsson*

Long before the new Swedish heiress to the throne was born and given her name, I got to know a woman named Estelle. She had married into the Swedish royal family and was known to much of the Swedish public as the Countess Estelle Bernadotte af Wisborg (1904–1984). In an interview a few years before her death, she said that if she had been allowed to have a profession – alongside the many time-consuming honorary posts she held, including chair of the Girl Scouts of Sweden and of the Folke Bernadotte Foundation for Children with Cerebral Palsy – she would have liked to have been an occupational therapist. The profession of occupational therapist was born out of nursing of people who had been injured or disabled in some way or another and who by appropriate means, and as soon as possible, needed help with adapting to a meaningful life. But note that therapy should never be merely a pastime: useful occupation was the path from the sickbed. The occupational therapy movement, in Sweden as elsewhere, can be looked upon as a modern revival movement. It preached a doctrine of social salvation. And its Swedish high priestess was Estelle Bernadotte.

In a classic survey, *Yrken och samhällsgrupper* [Occupations and social groups] (1968), social historian Sten Carlsson dates the birth of occupational therapy in Sweden to 1945. Since that was when a Swedish Association for Occupational Therapy was founded, a forerunner to the present-day FSA, the dating makes sense. But the society was founded before the profession existed and, more importantly, before there was any way to train as an occupational therapist. There were no academic programs whose medical, technical, and educational content provided a route to qualified practice. In this respect, Sweden was backward. In other European countries, the United States, and Canada, which unlike us had been at war, large-scale rehabilitation of soldiers and other casualties of war had begun years before, in the 1910s. The aim was to return injured from World War I to the front or to industrial production, which could also be essential to the war effort. Casualties were not merely a loss, they were a resource as well. This was very much a project in the spirit of F. W. Taylor, with an understanding of the individual as a vital cog in not only the military but also the civilian, economic machinery. The consequences of war and the needs of industry generated an acceptance of medically based occupational therapy, later to be known as functional or function-oriented therapy.

This instrumental perspective on what therapy could achieve – which by no means must be understood as an expression of inhumanity – established itself only gradually. Within psychiatric care, particularly in German spa towns and hospitals for mental and nervous disorders, reform-minded physicians had long been opposed to consigning patients to passive bed rest. This could certainly be justified by the view that many

patients had been made sick by the frenetic pace of industrialism and its hectic, ceaseless activity. The decades surrounding 1900 have been called an age of restlessness, “das Zeitalter der Nervosität” (German historian Joachim Radkau). From a scientific angle, the research-oriented figures of the medical profession were eager to keep the mentally ill under controlled observation so they could write impressive case histories and conclusions about the causes of the illness. The pro-therapy contingent, to which the famous city medical officer of Enköping, Ernst Westerlund (1839–1924), the country’s most sought-after general practitioner, wanted less talk and more workshop – quite literally. The legend goes that he was apt to set a life-weary patient to work building coffins. His colleagues considered him a quack; he published no learned works and called himself a “psychologist.” He was not even given an obituary in *Läkartidningen*, the Swedish Medical Association’s journal, when he died. But he was awarded two honorary doctorates, one in medicine by Lund University and one in theology by Uppsala University, and Nathan Söderblom, Archbishop of Sweden, officiated at his funeral.

The good doctor of Enköping also had experience with war and casualties of war as a volunteer medical intern in the Danish-German war of 1864. Due to his strong focus on ordinary work for patients, however, Westerlund never attracted disciples and never built a school of thought. Nor did the Swedish medical establishment do anything to encourage the growth of occupational therapy. The seeds were sown in adjacent fields – by nursery school teachers, nurses who cared for the disabled, wood and metal shop teachers, and mental health nurses, even prison staff intent on rehabilitating criminals (at Härlanda, in Hudiksvall). The first chair of the Swedish Association for Occupational Therapy was a woman, Astrid Lindkvist. Educated at the school of arts in Vienna, she ended up after the World War II working as an orderly in a refugee hospital in Sigtuna where victims of Auschwitz, mainly Jewish women, many of them severely debilitated and prone to all manner of illness and disease, were placed after transport on the Red Cross “White Buses” organized by Estelle’s husband, Count Folke Bernadotte. Finnish war veterans also came to Sweden for treatment. *Södersjukhuset*, a general hospital in Stockholm where Lindkvist became head occupational therapist, was an institutional pioneer. One of the individual pioneers of occupational therapy in Finland was a woman named Bärbel Luther, who began working in the field in the 1930s and had a widespread Nordic network. Still, she was hardly a prophet in her own country, as more than three decades would pass after she first entered the field before organized training of occupational therapists began in Finland. Something of the kind first happened in Sweden in 1949, much due to the Association of Occupational Therapists and the tireless efforts, lobbying, and unabashed string-pulling in the very highest echelons of society of its royal patroness, Estelle Bernadotte.

Her American family origins were probably an important – actually critical – factor. Alongside the United Kingdom, the United States was from the start the leader in occupational therapy. According to the Swedish doctors and investigators Countess Bernadotte had sent on fact-finding missions, occupational therapy was already an established academic discipline there in the 1940s. Practicing occupational therapists

had either a two-year college education on top of a four-year high school diploma, or a four-year college education preceded by two years in high school. The first resulted in a diploma in occupational therapy, the second in a BSc. There were occupational therapists with a master's degree and examples were found in the records of those who could style themselves doctors, PhDs. During a visit to her native country, Estelle had seen how superb care and training had benefited her own father, paralyzed by a stroke, and she found to her dismay that nothing of the kind existed in Sweden – the model society of modernity! She put together a committee and a first weeklong demonstration course in Stockholm took place in the fall of 1944 under the committee's aegis, the intent of which was to spread the good message of cure and improvement through occupational therapy based on medical knowledge. Thereafter, every possible means of persuasion were brought to bear: face-to-face lobbying, newspaper articles, parliamentary bills, fundraising campaigns. The city of Stockholm organized a one-semester accelerated training course for occupational therapists, and in the spring of 1949 Parliament (the Swedish *Riksdag*) voted in favor of a two-year pilot program that was to begin the same year. Instead of a medical school or hospital, though, it would be run by the Swedish Society of Industrial Design School in Gothenburg! The program would fund places for 20 students, who were to be given practical vocational training. The program would be evaluated after two years before a new funding decision was considered. The whole thing was to be achieved for the princely sum of 60,000 krona per year.

One might think this was small change (Estelle's and Folke's wedding in 1934 had set the bride's father back one and a half million dollars), but there was still heated debate in the Riksdag. The skinflints cautioned against draining resources from an already over-stretched healthcare system – when the purpose of the training was, of course, to give the system resources and skills it lacked. The critics argued there was no evidence of what occupational therapy could provide – beyond common sense, beyond the general skills so many people had with no need for any exclusive state training. But the evidence was there, in the Anglo-Saxon world, and even much closer by in Denmark, where multi-year academic training of occupational therapists had begun back in 1937. Hospital stays had become demonstrably shorter and the public profited. Swedes who wanted to train as occupational therapists were often forced to go abroad, which usually required either some kind of family money in their pockets or a dab hand at winning scholarships of the kind provided by the Sweden-America Foundation, later the Jerring Foundation, and the scholarship fund that the organized occupational therapists began to build up themselves. Their training was, to a large extent, protracted and autodidactic. That element has certainly survived even since occupational therapy became an officially approved university program a quarter century ago. One of the first Swedish occupational therapists, Ingrid Pålsson, who is still going strong, got her professional training in Denmark and the US – only to discover when she graduated in 1950 that there were no jobs for her to apply for in Sweden. She moved back to Denmark instead, and there she stayed.

Estelle Bernadotte is emblematic because she was – a woman. Indeed, most of the early pioneers were dedicated women (although the principal and the course director at the Industrial Design School were men, of course!). They were activists, often single women who chose not to have families; to this day, not even ten percent of practicing occupational therapists in Sweden are men. The underlying gender politics might even be why it took such an unconscionably long time before properly educated occupational therapists could be licensed. The issue had been put on the agenda as early as the 1950s, when the former Swedish Medical Practice Board began registering occupational therapists. But it was not until 1998, after a tenacious struggle of more than fifty years, repeated promptings, and countless disappointments, that occupational therapists were accorded the hallmark of their qualification and recognition on an equal footing to doctors, nurses, physical therapists, speech therapists, psychologists and other professionals.

The Countess Estelle was also, like her husband, an internationalist. At a 1951 world congress in Stockholm on the rehabilitation of the disabled (or “cripples” as they were called), at which Swedish Prime Minister Tage Erlander gave a formal address, she presided at a session on occupational therapy, one of the first international meetings on the theme. Behind the scenes of the Stockholm Congress, delegates finalized the initiative to form what would become the World Federation of Occupational Therapists the following year, with Ingrid Pålsson elected one of two vice-presidents. Estelle Bernadotte opened her palatial home, “Dragongården” on Royal Djurgården, nowadays residence of the Chinese Ambassador to Stockholm, for a reception for delegates to the Congress. Thus, in 2002 when the World Federation celebrated its 50<sup>th</sup> anniversary, Inga-Britt Lindström, long-standing president of the board of the modern Swedish Association of Occupational Therapists (FSA), which had grown from minor interest to become a well-established professional and trade union, could welcome new delegates from all over the world to Sweden once again. Lindström was one of many women – and a few men – who had walked in the inspiring footsteps of Estelle Bernadotte. Symbolically, Lindström stood at the lectern once used by the Countess. As I devoted research to this long overlooked profession’s slow but methodical advance from quasi-profession in 1945 to fully recognized paramedical profession with almost 10,000 active practitioners and a very high level of union organization, I gained growing respect for the accomplishments of our countess and her collaborators and successors, people like Elsa Lundborg, Ingrid Hildebeck, Ingrid Nyström, and Kerstin Degerman. “Never forget Estelle!” Ingrid Pålsson said to me.

Note 1: The leading Swedish daily *Dagens Nyheter* published a slightly abridged version of this article.

Note 2: Anders Björnsson, MA, is the author of *Organisationen som skapade en profession. Nedslag i de svenska arbetsterapeuternas historia* [The organization that created a profession. A look at the history of Swedish occupational therapists]. He holds an honorary doctorate at the Gothenburg University and has twice been a visiting professor at the School of Public Administration there. The book will be published by the Swedish Association of Occupational Therapists later this year.