“What influenced and constituted the professional development of occupational therapy in St. Patrick’s Hospital, Dublin between 1930 and 1960?”

**Authors:** Aisling Doyle and Dr. Judi Pettigrew

**Background:** Examining the roots of a profession can achieve a deeper sense of professional identity, confidence and role for that profession (Peters 2006). Despite this, there is no official record of the history of occupational therapy in Ireland. Documenting this history will offer contemporary occupational therapists a new perception on current questions or debates and thus, contribute to scholarly understandings.

**Objectives:** This study aims to document the development of Occupational Therapy in St. Patrick’s hospital by establishing what constituted occupational therapy at that time and what other contextual factors influenced its development.

**Methods:** Historical documentary methods were used. A qualitative approach was employed and results were subject to thematic analysis. Data was sourced from St. Patrick’s archives. Historical documents included board minute meetings, inspector reports, and a documented interview with a pioneering therapist.

**Results:** Results highlighted the appointment of Olga Gale; the first occupational therapist instructor with professional training in the Hospital. This coincided with the changes made by Dr. Norman Moore in 1946. Themes that emerged from the data include medical patronage, changes in treatment of people with mental illness and the development of patient activities.

**Conclusions:** This study is the first to document the professional contributions of Olga Butler to St. Patrick’s Hospital. It highlights other contextual influences that facilitated its development and in this way it is hoped that this will contribute to the overall history of the profession.

**Keywords:** “History of occupational therapy”, “history of mental health”, “St. Patrick’s Hospital” “Dr. Norman Moore” “professionalization”.
Introduction:

History gives us an opportunity to gain insight into how and when crucial developments were made in the past of a profession. This can help to form new questions for future practice. Examining the roots of a profession can achieve a deeper sense of identity, knowledge, confidence and role for the profession (Molke 2009). (Black 2009) maintains that reflecting on the past can enhance knowledge of where and when current philosophies and thought processes developed. Despite this, there is currently no official record of the history of occupational therapy in Ireland. Researching this history will offer contemporary occupational therapists a new insight into current questions or debates and in this way, this research will contribute to scholarly understandings (Peters 2006; Lusk 2007; Molke 2009).

This research aims to explore the history of the professionalization of occupational therapy in Ireland by focusing on St. Patricks Hospital, Dublin. It will do this by asking the question “what influenced and constituted the professional development of occupational therapy in St. Patricks Hospital, Dublin between 1930 and 1960?” Within this question, the research will look at other developments in mental health that influenced the evolution of an occupational therapy role at that time. It aims to establish what constituted occupational therapy within St. Patricks Hospital at this time in order to contribute to the overall historical analysis of occupational therapy in Ireland.

Literature Review:

History of occupational therapy

The roots of occupational therapy stemmed from moral treatment and gained further importance in the First World War (1914 – 1918) when a need for “reconstruction” workers stemmed from the need to rehabilitate injured soldiers (Wilcock 2002). It is built on the philosophy that what people do directly impacts on their health. Through observations and interactions with patients, pioneering occupational therapists acquired a holistic understanding of the patient along with a unique value of doing. They learned that through occupational therapy, patients restored physical and mental function (Patterson 2002; Quiroga 1995). In the early 1900s William Rush Dunton Jr., an American physician in the Sheppard-Pratt Asylum set up one of the first occupational therapy departments based on this philosophy (Quiroga 1995). By 1915, he had employed two fulltime and nine part time handcraft teachers and between 1911 and 1915, craft work and occupation programs were
integrated into many state hospitals, such as the McLean hospital in Boston (Quiroga 1995; Schwartz 2003).

Subsequently, occupational therapy was formally founded in 1917 with the naissance of the N.S.P.O.T. now known as the A.O.T.A. It consisted of pioneering occupational therapists such as Eleanor Clarke Slagle, Adolph Meyer, and Thomas Kidner (Quiroga 1995; Mayers 2000; Schwarz 2003).

**Role of the medical profession**

A common trend among the literature is the influence and role of medical professionals in the development and expansion of occupational therapy in psychiatric hospitals. An influential psychiatrist, William Rush Dunton (1868 – 1966) advocated at large for the therapeutic value of occupational therapy in his publications “Reconstruction therapy” (1917) and “Prescribing occupational therapy” (1928). Within his asylum, a separate building was created with a focus on activities such as leatherwork, weaving, art, metalwork, book binding, electrical repair work and printing (Schwartz 2003; fields 1911, cited in McKay 2008). Another psychiatrist, Adolf Meyer, played a significant role in the profession's development. Meyer maintained that the therapeutic use of activities and work was more effective than medication or forced rest (Quiroga 1995).

Psychiatrist David Henderson played a significant role in the development of the profession in the United Kingdom. Henderson was influenced by pioneers such as Slagle and Meyer and established the first occupational therapy department in Scotland in 1923 with the appointment of Dorethea Robertson as an occupational therapist prior to professional training (Paterson 2002). In his reports he embraced notions that now resonate in modern occupational therapy such as meaningful occupation, development of potential, holism and health promotion.

It was Henderson who contacted a colleague, Dr. Dodds Brown, another medical superintendent who persuaded the Board of directors to employ the first trained occupational therapist in Britain in 1925 (Paterson 2002). Margaret Barr Fulton took up her post in Aberdeen Royal Cornhill Hospital in 1925 after qualifying from Philadelphia School of occupational therapy in 1919 (Paterson 2002). Margaret subsequently set up the first professionally trained occupational therapy department and was fully supported and mentored by Dr. Brown (Paterson 2002 p111).
Also, in the U.K., Dorset House; the first Occupational Therapy school was founded in 1934 by Dr. Elizabeth Casson and Constance Tebbit (Paterson 1997; Creek 1997). This initiated formal professional training for occupational therapists and thus the evolution of professionally run occupational therapy departments nationwide.

Ireland:

Dr. Eamonn O Sullivan was a psychiatrist in St. Finans in Killarney from 1925 to 1961; he set up an occupational therapy department in 1933 (Fogarty 2007). Although Dr. O Sullivan was not a professionally qualified therapist, he was influenced by pioneering therapists such as Rush Dunton and Dr. Herrman Simon who was pioneering occupational therapy in Europe. A report by Light (1951), documenting physical medicine in Europe, confirms only three professionally qualified occupational therapists in Ireland at that time. The report offers no further detail on these therapists, however, it is likely that they qualified abroad as St. Josephs college of occupational therapy did not admit its first cohort of students until 1963 (Pettigrew 2014). Although this report does not provide specific names we do know that Ann Beckett was the first qualified Occupational Therapist to work in Ireland. She trained in Dorset House and returned to work in Ireland in the early 1950's for the Red Cross where she was involved in the rehabilitation of ex-servicemen in the aftermath of World War II (Pettigrew 2014).

St. Patricks Hospital Dublin:

Swift’s psychiatric institution (now known as St. Patrick’s hospital) employed Florence Shegog in 1932 as a masseuse who then began working as an occupational therapist in 1935 (Malcom 1989). Prior to the establishment of an occupational therapy diploma, it was often nurses, masseuses’ or trained medical staff that engaged in offering occupations as therapy. Therefore, the professional background of Florence Shegog is uncertain. In 1956 the occupational therapy department of St. Patricks Hospital was expanded to include a varied range of handicrafts (Malcolm 1989). However, there is little documented on the evolution and expansion of this department and this research will fill this gap.

Due to the influence of the medical profession in the evolution of occupational therapy, the history of influential doctors and other developments within St. Patricks Hospital will be explored. Dr. Leeper arrived in St. Patrick’s hospital in 1899 and began to modernise the physicality of the hospital; he improved the hospitals physical condition and work ethic and
began to introduce active treatment programs for patients (Fallon 1995). These reforms were continued by the appointment of Dr. Norman Moore in 1946, who placed great value in the combination of therapy, antidepressants and major tranquilisers (Fallon 1995; Clare 1995).

Contextually, psychiatry itself was entering into a modern era at this time, coinciding with the passing of the Mental Health Treatment Act 1948 and improvements in medical science, the 1940s saw many developments in psychiatric care such as the introduction of the voluntary patient and mental health inspectors, preventative and curative treatment, efforts to reduce stigma and active treatment programs for patients (Kelly 2008).

This research paper will present a review of the development of the occupational therapy department in St. Patricks Hospital, Dublin. Key influences and significant individuals will be explored in order to contextualise the expansion of occupational therapy and thus contribute to the historical documentation of the profession.

**Sources:** Documents with any reference to the practice of occupational therapy between 1930 and 1960 were identified in the archival section of St. Patricks Hospitals. Historical documents reviewed were the Board Minute meeting book 1945 - 1953 (B/30), the inspector report 1912 – 1944 (B/29) and the Board minute meeting book 1954 – 1959 (200 – 256). A record of an interview held in 2013 with an occupational therapy instructor that is part of the archive was also coded by the researcher. Assistance in sourcing documents was obtained from the archivist who has an extensive knowledge of the hospitals history and its archive. This archive was selected for its extensive historical material and highly organised categorisation of data.

**Methodology:**

This research used historical documentary research to analyse documents sourced in the archives of St. Patricks Hospital. This involves analysing historical records and documents in order to identify facts within the data (Church 1987). It employed a qualitative approach with thematic analysis. Qualitative research has been used in historical research for its ability to analyse information in a comprehensive and thorough manner (Black 2009). Documents assessed will aim to interpret valuable historical information regarding the emergence of occupational therapy as a profession in St. Patricks Hospital.
Data Analysis:

Braun and Clarke’s (2006) framework for thematic analysis was used to decipher themes present that may have guided or influenced the emergence of an occupational therapy role in St. Patricks Hospital. Thematic analysis was used to establish any reoccurring themes that may be present within the data. This analysis enables a methodical description and categorization of data (Black 2009).

The steps involved in thematic analysis are: familiarisation with the data, coding, searching for themes, reviewing themes, defining and naming themes and finally writing up (Braun and Clarke 2013). Data that met the inclusion criteria was retrieved, organised and analysed. In order to become familiar with the data sources, the archives were visited on two occasions. This enabled the researcher to become immersed in the data, thus, enabling analytical observations. A chart was developed to organise key concepts and developments in conjunction with a timeline that contextualised the developments in St. Patricks Hospital during that period. The data was then manually coded by the researcher and entered into an Excel document.

Key concepts emerged after the analysis of each data source and five preliminary themes emerged. Themes were then reviewed through discussion with the research supervisor and condensed into three primary themes. Possible alternatives of interpretations were considered when deciphering themes and these measures were undertaken as a response to the common critique that qualitative thematic analysis is often too unstructured to provide adequate and rigorous data analysis (Braun and Clarke 2006).

Quality:

According to Scott (1990) the four criteria necessary to determine the quality of documents are authenticity, credibility, representativeness and meaning. Authenticity was ensured by considering the genuineness and integrity by looking at consistencies within the document. For example, it was noted that data from the board minute meeting documents were documented on a monthly basis by the medical director’s secretary; minutes were signed off by the medical director. Hand writing and format were consistent throughout the documents. Documents are secured in the archive and are strictly monitored by the archivist. Credibility was ensured by considering accuracy of the account; all reports were of a factual basis and did not include any subjectivity or opinion on the part of the writer. All sources used were
clear and comprehensive. No assumptions were made in the event of data being illegible. The literal meaning of the data was interpreted based on the historical context of the documents to assess the meaning of the text as a whole. For example, the term “occupational therapist” was mentioned at early stages within the data, however, due to an extensive scope of the literature it was clear that this term was also used for qualified and unqualified occupational therapists at that time. Therefore, further research was done to determine the professional status of any individuals with that label.

**Ethical Considerations:**

The hospital archives in St. Patricks Hospital are open to the public by prior appointment and academic research is encouraged. The interview with Olga Butler was done in 2013 (for the archives) and she placed no restrictions on its use in promoting an understanding of the history of the profession. While the material pertains to the early 20th century, it is unknown if any relatives from this time are still alive or who their living descendants are. In order to protect any people or relatives of people represented in the material, a sensitive approach to confidentiality was employed.

**Findings:**

The main finding from the board minute meetings and interview document was the appointment of Olga Butler as occupational therapy instructor with professional training in 1946. This happened in conjunction with the return of Dr. Norman Moore from Crichton Hospital, Dumfries, Scotland in the same year. Olga Butler was born on the 17th October 1926 and educated at the French School in Bray. She attended a boarding school in Denbeigh in Wales which prepared students both academically and vocationally. She then went to Dorset House School of Occupational Therapy and completed two years training before becoming ill. Olga Butler left St. Patricks Hospital in 1952 when she married and travelled to Cork where there were no occupational therapy jobs for her at that time. She returned to Dublin in 1961 and worked in the library of St. Josephs College sourcing books and publications for the occupational therapy department. She retired in 19791.

1 Gretta Glynn, O.T. Teacher, appointed August 1958, resigned in May 1965 to get married. Oonagh O’Brien was appointed to occupational therapy in March 1965 but there is nothing to suggest that she had the professional qualification.
Themes:

Medical Patronage:

During her training course, Olga Butler spent time on placement in Crichton Hospital, Dumfries, Scotland where she met Dr. Norman Moore. Subsequently, Dr. Moore phoned her upon his return to St. Patricks Hospital and suggested she start up the occupational therapy department for the hospital and then return to finish her training. She had monthly meetings with Norman Moore when she would detail the progress made by each patient. She generally felt that the work was worthwhile. According to Olga Butler, Dr Moore was “very supportive” and continued to be supportive throughout her work, noting her decision to leave the hospital with “Deep Regret” (Board minutes 1945 – 1953). It is also worth noting that her yearly salary in 1948 was £175 in comparison to £55 for basic female nurses. This was increased to £200 in 1948 (Board minutes 1945 – 1953).

Changes in the treatment of people with mental illness:

In 1946, after his first month as resident medical superintendent, Dr. Moore gave a full verbal report on the hospital which was noted with much interest.

“All of Dr. Moore’s suggestions regarding proposed new treatments and other subjects were fully approved “(Board Minutes 1945 – 1953).

Changes in the treatment of people with mental illness in St. Patrick’s hospital were therefore evident with the return of Dr. Norman Moore. Other improvements were made in the living areas for inpatients in the hospital. In 1947, Dr. Moore approved £100 to spend on paintings to decorate the wards. He initiated painting of indoor living areas and the installation of electricity. He began to purchase books for the patient library and pioneered the patient lecture which was initiated to educate the patients about their illness, treatments and ways to stay well. He also improved wages of staff and began to employ more therapists beginning with Olga Butler in 1947. This change was in direct contrast to how Olga Butler found patients upon her arrival where she stated

“I was horrified; patients sitting in the corridors; chained”. (Olga Butler 2013)
Development of patient activities:

Olga Butler was employed as an occupational therapist in 1947 and began to introduce the use of activities for therapeutic purposes. She did basketry, sewing and drawing with patients and woodwork with male patients (with the help of the male nurses). Therapy took the form of individual activity based one to one assessments of patients. She also carried out embroidery classes with the women. According to Olga Butler the patients “Treasured the produce of their hands” (Olga Butler 2013).

There were dances run by Olga Butler once a fortnight, she recalls bringing her own friends in order to “make the patients feel less stigmatised” (Olga Butler 2013). Here, men and women danced together and it provided opportunities for “liberation of patients” (Olga Butler 2013).

Olga Butler was in charge of setting up the occupational therapy department on her arrival and all the strategy and planning was ultimately in her hands. She was given her own room named “the solarium” to conduct therapy in. In 1948, Violet1 McTear was employed as an occupational therapy assistant to work alongside Olga Butler. In 1952, Olga Butler resigned but at this point it was decided that according to the staff in the department a replacement was not necessary. In 1956 there were new tables purchased for the O.T. department and in 1959 a new occupational therapy department was developed (Board minute 1954 – 1949).

In conjunction with this, in 1949, physical training classes commenced and it was agreed in the board meeting that a part time physical instructor would be employed to engage patients in physical activities. In 1955 a psychiatric social worker was appointed and in 1955 a social therapist was appointed (Board minutes 1954 – 1959).

Discussion:

Medical Patronage:

As discussed in the literature review, the evolution of occupational therapy was developed at large under the patronage of a few influential doctors. This theme is reflected throughout the literature and consistently, throughout this research. The direct influence of Dr. Moore is evident within the research findings. Olga Butler spoke of his continued support for her work, despite the opposition of other staff in the hospital. This encapsulates his value and belief in the profession. This story resonates with that of Margaret Fulton who was taken under the
wing of Dr. Dodds Brown. Miss Fulton also recalls the support of her mentor reporting that “no pioneer had ever had more ideal conditions for starting an occupational therapy department than she had” (Paterson 2002 p111). The influential power of the medical profession can also be illustrated by Quiroga (1995), who tells of Dr. Samual Ortan, initially refusing to employ an occupational therapist in his hospital, as he was not convinced that his patients would benefit from this type of therapy.

It can be suggested that the profession may not have evolved had it not been for the interest and involvement of such powerful medical professionals. Their support for a female dominated profession in the male dominated field of medicine was invaluable. However, this medical patronage contributed to the rooting of occupational therapy in the medical model of practice. Indeed, the initial stages of occupational therapy saw its interventions under the strict prescriptions of such doctors, thus inevitably decreasing the autonomy of the profession (Quiroga 1998; Wilcock 2002; Clouston and Whitecombe 2008). It is also argued that the process of professionalization can be based on a set of “power relations with other occupational groups, especially medicine” (Clouston and Whitecombe 2008 p71). This contributes to the concept that the evolution of the profession has contributed to a hegemony that focuses on medical rather that occupational based treatment (Wilding 2011). Thus, resulting in a need for occupational therapists to justify the therapeutic use of the profession outside the medical model.

Changes in the treatment of people with mental illness:

The influences of other developments in mental health also need to be considered. These developments can be assessed both in the context of their facilitation of the professions development and the influence they had on Dr. Moore at that time. The 1940s saw a marked difference in the treatment of people with mental illness with a significant shift from institutional confinement to active treatment, gradually changing the way mental healthcare was delivered (Freeman 1997). The Mental Treatment Act 1930 instigated much of this shift in the U.K. with the introduction of concepts such as early treatment, expansion of facilities, non-residential care, voluntary patients and outpatient work. Along with this, social and political developments such as national insurance, public housing and community social services allowed individuals with mental illness to survive in a society outside of an institution (Berrio and Freeman 1991). The exposure of Dr. Moore to these developments may have contributed to his desire for change in St. Patricks Hospital. He began to introduce
major tranquilisers and antidepressants along with the belief that psychiatric illness was
eminently treatable (Clare 1996). He believed that patients needed appropriate knowledge, a
healing atmosphere, an optimistic therapist and time (Clare 1996; Fallon 1996). Thus,
reflecting the shift in values from confinement to active treatment and engagement in
activities.

In order for these changes to transpire, there also requires a certain level of concurrence
among staff. The introduction of the Mental Health Treatment Act 1945 in Ireland may also
have contributed to the shift in ideology around mental treatment and the facilitation of the
evolution of occupational therapy with its value on the preservation of patient’s individuality
and the promotion of activities that mimicked a working day (Kelly 2008, Mclealland 1995).

Development of patient activities:

Due to the discovery of Olga Butler in the course of the research, it was decided to research
literature on training at that time. To gain a deeper understanding of her work and expose
other elements of her narrative, the researcher will consult a publication *The Theory of
Occupational Therapy (1944)* written Dr N Haworth, a physician at Lady Chichester
Hospital, and Miss E. M. Macdonald, Principal of the Dorset House at the time Olga Butler
attended (Patterson 1998).

Contemporary concepts of occupational therapy are evident within the publication including
therapeutic use of self, activity analysis, the use of occupation in distracting the mind, while
increasing confidence and concentration, the just right challenge, and completion of tasks. It
is explained that there are two types of patients, ones with improvement potential and chronic
patients, named as imbeciles, feeble minded and those with dementia. While students were
not advised to prioritise either group when providing occupational therapy, it was
recommended that those who will improve undergo individual assessment while those with
enduring mental illness receive “general occupational therapy” to keep the mind active and
instil a value of contribution to the hospital community. We know from the interview with
Olga Butler that she in fact provided each patient with occupational therapy based on an
initial assessment and each individual was discussed at monthly meetings with Dr. Moore.

In relation to conditions, students were taught numerous diagnoses such as psychosis,
schizophrenia, confusional or toxic insanity, delusional insanity, epilepsy and psycho
neurosis. Crafts were then taught and broken down to match symptoms of specific diagnosis
in a form of activity analysis. For example, individuals with mania were encouraged to engage in sedative work such as knitting, in order to help recover concentration with a repetitive under stimulating activity. While we do not know the specific crafts Olga Butler assigned to specific diagnosis the crafts she spoke of in her interview were the same as those outlined within the publication. This suggests that even though Ms. Butler completed only two years of the three year course, she gathered the core principals underpinning occupational therapy at that time. In addition, training at this time, varied from 15 months to two and a half years. In response to the great demand for occupational therapists a war emergency diploma was also available, giving students the option of finishing the course at a later date. Therefore, her level of training may have been recognised as sufficient for her to develop an occupational therapy department at that time.

**Implications for practice:**

Identifying core pioneering therapists can influence current practitioners by encouraging them to reflect on the core philosophies underlying the profession. This research has reinforced the value of trained occupational therapists and the therapeutic benefit of meaningful productive and leisure activities by highlighting the role of the profession in the wider historical development of treatments for the mentally ill. It has highlighted the role of medical patronage in current practice; the possibility that the evolution of the profession has contributed to a hegemony that focuses on medical rather that occupational based treatment (Wilding 2011). Indeed a recent paper by Moss and O Neill (2014) highlights the need to eliminate aesthetic deprivation in healthcare settings by incorporating activities such as art and music programmes. He maintains a need to combine science with humanities to achieve more robust interdisciplinary care for patients. While the underlying principles of this paper resonate with those of occupational therapy, the profession is not mentioned within the publication. This illustrates on one side, the benefits of occupational therapy is once again recognised and supported by an influential medical doctor. Conversely, its lack of resonation with the profession highlights the consistent lack of understanding, perhaps due to the association of the profession with the medical model. This highlights the need for occupational therapists to strongly advocate for the therapeutic use of the profession.

Fagerman (1997) argues that a professional’s identity is represented by his/her underlying philosophies. Constructing a historical chronicle of occupational therapy is eminent in strengthening these philosophies, thus strengthening and maintaining professional identity for
current therapists (Molke 2009). This paper has created an account of the development and constitution of occupational therapy in St. Patricks Hospital; a significant treatment centre for those with mental health difficulties in Ireland. By doing this it has significantly contributed to the building of the development of occupational therapy in Ireland as a whole, in an attempt to strengthen the core identity of the profession through history.

Implications for further research:

There is a significant gap in the current literature regarding the historical development of occupational therapy in Ireland. Further research into the development of the profession in other major psychiatric institutions would enhance and contribute to a wider historical project. An archival search of these institutions would facilitate the exposure of other pioneering therapists and thus begin to formulate an accurate history of the profession. Further research of the first fully qualified occupational therapist in St. Patricks Hospital would provide a more in depth knowledge of the hospitals history.

Limitations:

This is a small scale study and while it records the historical development in one major institution in Ireland this is not representative of all institutions and therapists at that time. It also only focuses on the year between 1930 and 1960; a larger study would allow more comprehensive documentation. Due to time restrictions for ethical clearance, the researcher could not access case notes for individuals receiving occupational therapy, this would have allowed for a more accurate account of what constituted occupational therapy at that time, what type of patients were receiving it and how many. This would have provided a more in-depth account of the service being provided. In addition to this, the interview with Olga Butler was carried out by the archivist in St. Patrick’s hospital and is now a part of the archive. While this exposed invaluable material for the research, an interview carried out by the researcher would have provided a more in depth experience of the development of occupational therapy, unfortunately this was not possible due to the death of Olga Gale (R.I.P.).

Conclusion:

This study has looked at the development of occupational therapy as a profession within St. Patrick’s Hospital, Dublin. It has reviewed the current literature on the history of the
professionalization of occupational therapy in Scotland and England to contextualise its development in Ireland.

The development of the profession was heavily influenced by the establishment of professional training courses for therapists. The philosophies and principles underlying the profession at that time resonate strongly with those being taught today. While occupational therapy has developed significantly with regard to evidence based practice, lifestyle redesign, occupational science and primary care, the main philosophies are evident throughout the professions development. The role of occupational therapy in the development of treatment of people with mental illness at that time reinforces its consistent value in the multi disciplinary team in current service provision.

Contextual influences that facilitated the development of occupational therapy in Ireland have been considered by looking at specific developments in mental health at that time. Political developments such as the Mental Health Act 1930 in the U.K. and the Mental Health Treatment Act 1945 in Ireland began to facilitate a change in the delivery of mental health care. Within these acts, there was an emphasis on active treatment and activity engagement, thus paving the way for the evolution of occupational therapy as a significant contributor to treatment. This was also reinforced with advances in medical science, such as ECT, anti depressants and major tranquilisers; this again contributed to the shift in treatment from confinement to curable thinking and facilitated Dr. Moore in making the crucial changes including the development of occupational therapy.

Medical patronage can be seen consistently throughout the development of occupational therapy. It cannot be denied that doctors such as Dunton, Slagle, Henderson and Dodds had a significant impact of the professions development. This pattern is mirrored by the influence of Dr. Moore in the development of occupational therapy in St. Patricks Hospital. Similar to Henderson and Dodds, Moore played a significant role in the development of the occupational therapy department by inviting Olga Butler to set up an occupational therapy department in the hospital and subsequently providing social and financial support for the department.

The impact of the medical profession has been invaluable in the evolution of the profession however it also offers an explanation for the association of occupational therapy with the medical model of practice. The medical model is directed at the reduction of pathology and treatment of acute phases of illness, in comparison to occupational therapy which is
concerned with increasing health and well being through meaningful occupations. Therefore, the evolution of the profession has contributed to a hegemony that focuses on medical rather than occupational based treatment, requiring occupational therapists to constantly justify their role in treating individuals with mental illness.

This is the first research project to look at the development of the profession within St. Patricks Hospital and the first to document the professional contributions of Olga Butler; clearly, an influential character in the development of occupational therapy in St. Patrick Hospital, Dublin. While pioneering occupational therapists in America and England are well known, influential characters such as Olga Butler and the influence of Dr. Norman Moore are currently unrecognised. This analysis provides an in-depth description of the contextual influences that assisted with the development of occupational therapy at that time in St. Patricks Hospital.
References:


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