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Political dimensions of ‘the psychosocial’: The 1948 International Congress on Mental Health and the Mental Hygiene Movement

Jonathan Toms

Abstract

The Foucauldian sociologist Nikolas Rose has influentially argued that psychosocial technologies have offered means through which the ideals of democracy can be made congruent with the management of social life and the government of citizens in modern Western liberal democracies. This interpretation is contested here through an examination of the 1948 International Congress on Mental Health held in London and the mental hygiene movement that organised it. It is argued that, in Britain, this movement’s theory and practice represents an uneasy and ambiguous attempt to reconcile visions of ‘the modern’ with ‘the traditional’. The mental hygienist emphasis on the family is central. Here it appears as a forcing-house of the modern self-sustaining individual. Mental hygienists cast the social organisation of ‘traditional’ communities as static, with rigid authority frustrating both social progress and the full emergence of individual personality. Yet mental hygienists were also concerned about threats to social cohesion and secure personhood under modernity. If the social organisation of ‘traditional’ communities was patterned by the archetype of the family, with its personal relations of authority, mental hygienists compressed these relations into the ‘private’ family. Situated here they became part of a developmental process of mental adjustment through which ‘mature’, responsible citizens emerged. This reformulation of the family’s centrality for the social order informed mental hygienist critiques of the growth of state power under existing forms of democracy, as well as suspicion of popular political participation or protest, and of movements towards greater egalitarianism.

Keywords

Democracy; Michel Foucault; mental health; mental hygiene; psychosocial

The notion of ‘the psychosocial’ is highly influential in current mental health conceptualisation and practice. However, the term remains variously described and interpreted. In its most general sense ‘the psychosocial’ refers to a relationship of mind, body and social environment in terms of mental health and ill-health. This usually translates into assessments and interventions at various levels, such as individual experience and behaviour, the perceived dynamics of an immediate social context, or a wider social environment (Dagnan, 2007: 3). The psychosocial refers neither to a purely reductionist or isolated notion of the individual, nor to a primary focus on large-scale social structures. A

recent editorial in the International Journal of Epidemiology interpreted ‘the psychosocial’ as a concept that operates at a ‘meso-level’; that is, between macro- (social-structural) and micro- (individual) levels. It described the meso-level as encompassing such social formations as, ‘religious institutions, the family, the firm and the club...’ (Martikainen, Bartley and Lahelma, 2002: 1092). The editorial located the roots of ‘psychosocial’ thinking in the influential definition of health originally recorded in the Constitution of the World Health Organisation in 1946. (ibid.: 1091). This defined health as, ‘a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity’.

But the psychosocial is not only a medical theory and practice. It also represents a form of politics. This article addresses some historical elements of the psychosocial as a politics through an examination of the International Congress on Mental Health held in London in 1948. The Congress comprised international conferences on child psychiatry, medical psychology, and mental hygiene. These were brought together under the organising umbrella of the mental hygiene movement with its conference playing the largest and most prominent role. Its theme was ‘Mental Health and World Citizenship’. This emphasised that healthy personality development was related to stages of growth and development which took place primarily within the family, but that this process was mediated by wider cultural patterns and social institutions (Frank and Mead, 1948; International Preparatory Commission Statement, 1948, p. 82-3). In apparent conformity with the International Journal of Epidemiology’s claim regarding the origins of psychosocial thinking, the 1948 Congress used the WHO’s 1946 description of health as a guiding definition. However, as this article shows through its examination of the mental hygiene movement, the roots of ‘the psychosocial’ in fact stem from earlier than this.

If the psychosocial is a form of politics, what form does it take? The sociologist Nikolas Rose has influentially described social psychology and the psychosocial as intimately connected with modern western liberal democracies. He has argued that,

Whereas the ideals of democracy are abstract and general – respect for the individual, personal autonomy, social responsibility, the control by the people over those who govern – the power of social psychology is to enable these to be made congruent with *specific* programs for managing particular problematic areas of social life. (Rose, 1998: 118)

For Rose,

...social and dynamic psychologies were to offer the possibility of making democracy operable through procedures that could govern the citizen in ways consonant with the ideals of liberty, equality, and legitimate power. (ibid.: 118)

It is certainly true that mid-twentieth-century social psychology and representations of ‘the psychosocial’ were replete with the terminology of ‘democracy’. The 1948 Congress was no exception. However, Rose employs Foucauldian conceptualisations of ‘power’ and ‘government’ in which power has no ‘sovereign centre’ in society and indeed power relations appear to take place only between power and knowledge. In Rose’s hands these conceptualisations lead to the rather functionalist depictions of ‘the psychosocial’ and its interaction with liberal democracy, expressed in the above quotes. This article contests such

a rendition. It suggests that pre-Foucauldian understandings of power, government and authority, common in the nineteenth and twentieth centuries (and indeed the twenty-first), need to be attended to in order to help appreciate the relationship of the psychosocial to twentieth-century liberal democracy.

Since this article's analytical stance might seem unfashionable in the face of currently popular 'theory driven' historical work, it is appropriate that the sociologist Robert Nisbet's 1966 book *The Sociological Tradition* provides a schema for its analysis. Nisbet was a noted conservative and, according to one obituarist, 'So resolutely unfashionable that he regularly came back into fashion'.

In *The Sociological Tradition* Nisbet set out a group of paired concepts that he believed epitomised the conflict between 'tradition' and 'modernity'. These were, respectively, community, authority, status, the sacred, and alienation, on the one hand, and, society, power, class, the secular, and progress, on the other. Nisbet emphasised that the archetype of community 'both historically and symbolically' was the family, and that the nomenclature of the family was prominent in every expression of it (Nisbet, 1966: 48). In fact, although he did not draw it out fully, the family clearly played a fundamental role for his thesis in general. 'Traditional' social organisation was structured by authority relations that were deeply embedded in social institutions from the family through neighbourhood, parish and guild, and integrated throughout the social body. The form of this authority was primarily personal whether it be that of the patriarchal head of the family or the sovereign. It was characterised by 'personal intimacy', 'emotional depth', 'moral commitment', 'loyalty' and 'duty'. Nisbet described how on this view the rationalist image of society, along with associated philosophies of contractual relations and utilitarianism in the political and economic spheres, separated the individual from deeper ties of community which had provided social cohesion and secure personhood. Nisbet added that, when people are separated from long established social institutions, 'there arises, along with the spectre of the lost individual, the spectre of lost authority' (ibid.: 108).

These perspectives were informed by four aspects of the sociology of power associated with concerns about the growth of the rational and contractual state (ibid.: 109-111). There were misgivings about the centralisation of power in the state. This was often related to concerns about the political legitimacy of power becoming derived from a mass popular base. A common view saw popular participation in power only leading to increased state centralisation through the dismantling of intermediate institutions of authority. There was an associated fear of the totalism of power; of its extension to the whole of people's life and being. Along with this there were concerns about rationalisation as a facet of power- the processes of measurement, ordering, and systematising, in the name of rationality and efficiency.

Nisbet's rendition of each of his paired concepts as opposites is overdrawn (Lukes, 1979). It might be more accurate to view these pairs as coordinates that some social and political theorists attempted to place in new combinations in order to reconcile 'the traditional' and 'the modern'. In this sense Nisbet's schema offers, perhaps surprisingly, a useful means to unravel some of the complexities of 'the psychosocial' with reference to the mental hygiene

movement and the 1948 Congress. It shows that, through the interwar and postwar years of the twentieth century, the psychosocial can be read as an uneasy and ambiguous attempt to reconcile 'the modern' and 'the traditional'. The International Congress represents one specific aspect of this engagement. It was a means to both further professional aspirations, and address a particular crisis of the relationship of individuals with the social order commonly perceived to have been revealed by the Second World War.

Relevance of Nisbet's thesis to the mental hygiene movement in England

Since the driving force behind the organisation of the International Congress was the movement for mental hygiene this article will first of all look at how Nisbet's five paired concepts might relate to the movement in its pre-war manifestation. This will be discussed by looking at the movement in England.

Four organisations formed the movements' nucleus. These were the Central Association for Mental Welfare, the National Council for Mental Hygiene, the Child Guidance Clinic, and the Tavistock Clinic. Of these, the earliest was the Central Association for Mental Welfare. This had been set up, with official government backing, to assist in the operation of the 1913 Mental Deficiency Act. Under this Act all county and county boroughs in England and Wales were to ascertain the local population of people deemed 'mentally defective', provide institutional provision, and arrange community supervision (Thomson, 1998: 217). So-called 'mental deficiency' was associated with what was termed 'social inefficiency' and, in turn, to a host of social problems. Partly because of these connections, the Central Association for Mental Welfare increasingly widened its scope to include people believed to be on the so-called 'borderline' between apparent 'pathology' and 'mental health' (Jones, 1986: 27-8). Through this it combined with the other three interwar organisations in the formation of a movement for mental hygiene. Although these other organisations included mental deficiency as important, their concern with 'social inefficiency' focused particularly on psychological disorders among individuals in the community. The main aim of the movement therefore became the prevention, detection and treatment of mental disorders in the population as a whole. The main targets were people in society whose behaviour or experience appeared to mental hygienists to represent a failure of mental adjustment. The central institution through which mental adjustment was to be achieved, and maladjustment to be understood, was the family. The National Council for Mental Hygiene and the Child Guidance Council in particular promoted the family as a crucial element in the achievement of mental health.

This is important with regard to the movement for mental hygiene. Any reading of literature by the movement will show that the family was at the heart of its aim of preventing, or detecting and treating, mental maladjustment (for instance Stewart, 2006 and 2007). But it is here, in fact, that the ambiguous position of the movement to the modern/anti-modern polarities set out by Nisbet is thrown into relief. The essential elements of this position can be summarised in the following way. For the mental hygiene movement, unlike the social authority of 'traditional' community characterised by Nisbet, the modern family's personal and hierarchical relations were not recapitulated across the social order from the realm of the family to that of the sovereign and all points in between. Instead, straddling the modern and

the anti-modern, the mental hygiene movement made the personal authority relations of the modern nuclear family the foundation of the rationally marshalled and moralised individual. It is as if, under the mental hygiene movement, the authority relations of community, as described by Nisbet, have been thrown back and compressed into those of the nuclear family and turned into a developmental process to adult 'adjustment'. Authority relations, embedded in personal relationships organised throughout the community, which continually sustain personhood and social cohesion, appear replaced by the nuclear family as forcing house of the rationally organised, self-sustaining and moralised individual. The individual of durable rationality and stability remains, for mental hygienists, the epitome of 'civilization'. But it is formed through the family; it is not straightforwardly preordained as suggested in Enlightenment thought.

How was this expressed by the mental hygiene movement? Its stance was of course structured by the theories that informed it. Two were prominent. One was a theory of instincts drawn from 'the new psychology' of the early twentieth century (Hall, 1885; Dewey, 1884; McDougall, 1908). On this view humans were dynamic. They inherited primitive instincts and these, with their accompanying emotions, constituted the basic impulses of human behaviour (Rees, 1929; Burt, 1952). The other theoretical strand was psychoanalysis and its various popular reformulations. With this the investigation of unconscious motivations became important. These lay in the emotional substrates of the mind. They were recalcitrant emotions but they could not just be suppressed by an act of 'will'. They required an expert knowledge of the development of personality and its emotional components. With this, emotionality could be nurtured and crafted to ensure mental adjustment. The essential claim was that rational thinking had finally grasped the fact that emotional experience underlay all growth and adjustment.

The terminology of adjustment and maladjustment was important in mental hygiene theorising. The nineteenth-century concept of alienation suggested a failure of progress. The mental hygiene use of the term maladjustment echoed this. Its terminology derived from biology. In fact such terms had been applied to human psychology and social evolution since the mid-nineteenth century (Young, 1990; Keir, 1952: 6). Inherent in their use was the notion of progressive human and social history. By using it mental hygienists were able to situate their outline of human development and mental health, on pre-existing depictions of the past as a process of progressive change.

Much nineteenth-century western thought had cast the past as a progression of stages in the development of the rational individual mind in association with an emerging 'civilisation' of society (Bowler, 2003). The mental hygiene movement echoed this view (e.g. Brown, 1935; Gordon, 1933). But mental hygienists described it in terms of emotionality as well as intellect. Emmanuel Miller, the director of the East London Child Guidance Clinic and a leading figure in child guidance, provides an example of how, in doing so, mental hygienists prioritised the family and its personal relationships of authority as crucial to 'progress', 'civilisation' and the emergence of the rational individual (Miller 1938). According to Miller, 'primitive societies' brought emotionality under rigid group control early on in a child's life. Consequently they thwarted individuality and freedom. But Miller described 'civilised' society as having superseded the 'group mind' with the individual mind. Under

so-called civilised society the individual intellect now marshalled instincts and emotions. This was achieved through the temporary and less rigid authority of the modern family.

J C Flugel, the psychoanalyst, and senior lecturer in the Department of Philosophy and Psychology at University College London, expressed the same theme in his 1921 book *The Psycho-Analysis of the Family*. The book was later described by H V Dicks, the prominent post-war mental hygienist at the Tavistock Clinic, as a work that had acted as a veritable 'Bible' (Dicks, 1954: 29). In it Flugel described a correlation between particular historical stages of development of the family and the relation of an individual to forms of social, political and religious authority (Flugel, 1921). Regarding the modern individual and family he wrote:

... it is I think, abundantly clear that normal psychic development involves a gradual emergence from a state of dependence on parental authority and care to one in which the individual is dependent to a greater or less extent upon his own efforts as regards his livelihood, and upon his own judgement as regards his conduct. (Flugel, 1921: 41)

The sense of a transformation of the kind of traditional order described by Nisbet into a developmental order within the modern family is summed up in a passage from a booklet published by the Association of Psychiatric Social Workers in 1932:

The 'father image' in family life, in the community and in religion, seems to be at the present time divesting itself of authority, removing the protective guidance of a decalogue, and asking of individuals - instead of conformity and adjustment to a social norm - the harder but more adult task of adjustment to the self - achievement of inner balance. (Cosens, 1932: 12)

It was the psychic integration of instincts and emotionality that the parent - child relationships of the modern family were understood to provide. This required, not unyielding domination, but shaping based upon expert knowledge of emotional development. The correct type of parental authority was crucial. The child was not a blank space that could be directed and imposed upon without concern. 'If we realize that the child is unique, an individual dynamic organism, then we are going to be a little more careful as to how we introduce authority', wrote E. Graham Howe, one of the founding members of the Tavistock (Howe, 1932: 39). Emmanuel Miller maintained that:

Both mother and father ... become part and parcel of a child's life not merely as persons from the outside world, but as part of one's own sentiments - of love, admiration, authority and self-control. (Miller, 1933: 69)

This was why authority must not be overly dominant, distant or rigid, nor be overly-indulgent or utterly absent (Miller, 1933; Howe 1932; Rees 1929). Its aim must always be to assert authority in the interests of promoting the development of a self-governing mind. Parental authority must be wielded with the intention of making itself unnecessary.

Flugel described a failure to become fully mentally adjusted within the relations of the family, like this:

... one who has never progressed far from the infantile condition of dependence on the commands and opinions of others will be lacking in one of the character qualities which are essential for the attainment of any high degree of individuality or of social and economic responsibility. ... At best his morality will be one of hard and fast rules, the dictates of parental, ecclesiastical, legal or social authority, incapable of enlightened growth or modification to suit the ever changing flow of circumstances and the widening experience of life. (Flugel, 1921: 44)

But if the mental hygiene movement seems thoroughly 'modern' so far, this impression must be tempered by mental hygienists' assertion that primitive emotionality continued to reside in individual minds and mediate their engagement with society (Rees, 1929; Crichton Miller, 1932; Miller, 1938: 179; Burt, 1933: 225-245). Emmanuel Miller put it like this:

... while the looser texture of civilized society has allowed for individuality, it has also submerged those bonds which, at one time visible in group conventions, were strong enough to break the individual. If at one time the individual was moored by a visible rope to the social quayside, he is now anchored to the sea-bed by cables which, though hidden, are no less strong and binding. (Miller, 1938: 36)

Hugh Crichton Miller maintained that, on becoming a hospital patient, the apparently 'civilised' individual, 'very soon reveals the fact that he is little more than a grown-up child, and that his reactions are for the most part, those of primitive man' (Miller, 1932: 430). Once emerged in the circumstance of hospital, this 'primitive man' behaved much like Flugel's description of a person who had failed to become fully mentally adjusted; he was dependent on authority, craved security and relinquished his own initiative and responsibility.

It was here that mental hygienists expressed concerns about the coordinates of modern power described by Nisbet. In 1921 Flugel wrote for example that,

The world war has taught us the necessity of implicit obedience to the State and its representatives – military or civil; the right of independent thought, criticism and action being to a large extent suspended and the minute details of our lives being subject to order and inspection in much the same way as in our childhood they were subject to the supervision of our parents. Again, modern socialistic thought – especially in its cruder aspects – has produced a state of mind, as a result of which the individual becomes to a large extent absolved from the responsibility for his own education, progress and maintenance, and for those of his children. The adult individual is thus led to transfer onto the State that attitude of dependence which he originally adopted in relation to his parents ... If our conclusions are correct, there is a danger in too wide a ramification of State provision and State control, inasmuch as it is liable to prevent that full development of individual power, initiative and self-reliance which can only be obtained by a high degree of emancipation from the primitive attitude of dependence on the parents.

This is a classic example of concerns about forms of modern power. Centralised power has grown in the state and it is totalising and rationalising. It inspects and structures the minute details of people's lives in the name of rationality and efficiency. Fears about the

legitimation of state power through mass mandate are expressed in Flugel's relation of these negative aspects of modern power to the 'cruder' versions of socialistic thought. The mass political participation suggested by state socialism is depicted as in fact promoting more pervasive state control. And this power merely serves to infantilise the masses while eroding the only institution in society that can successfully moralise the individual - the family.

A class bias is clear in much mental hygiene writing. Sir Maurice Craig, for example, claimed in a speech that correct parental authority offered the best hope for combatting mental disorder. But he made the general targets of this comment clear by adding that the 'stability and happiness of the mass' depended on it. He added that current ideas about 'equal shares for all' might sound alright but they ignored differences in mental capacity. The majority of people must therefore be content to remain in the social station to which they were most suited (Craig, 1922). Attempts to justify such a hierarchy were made by other prominent mental hygienists (e.g. Gillespie, 1933; Burt, 1933).

Mental hygienist's prioritization of the modern family as forcing-house of the adjusted individual supported such attitudes to status and authority in the community. Flugel concurred with Cyril Burt that 'strikes and other crude forms of rebellion against authority in industry' were the result of a displaced father-hatred due to the primitive and repressive form of fatherhood common in the working classes (Flugel, 1921: 120). Similarly, J A Hadfield, a leading figure at the Tavistock Clinic, believed political disorders should be understood as 'manifestations of mass neurosis'; a conflict between 'spontaneous impulses' of the masses and an authority that had failed to restrict and direct them adequately (Hadfield, 1935: 14). This led some to question whether the idea of political democracy should not be amended. 'Men have lately begun to wonder whether the principle of "one man one vote" is working quite as well as they hoped', stated Burt in a 1933 radio broadcast. 'Is it fair to count the number of heads without stopping to consider their contents?' Hugh Crichton Miller, the director of the Tavistock Clinic, suggested that university graduates ought to be more independent thinkers and therefore more competent voters. They should therefore have more weight and responsibility in a 'democratic society'. He claimed that 'one man, one vote' was sham democracy, and that a community not educated in self-government was 'much more likely to profit from a dictatorship than from the semblance of democracy which permits the demagogue to achieve autocracy' (Hadfield, 1935: 150-151).

The 1948 International Congress on Mental Health

The ambiguous position held by a pre-war mental hygiene movement straddling the polarities of modernity and anti-modernity set out by Nisbet, is clearly apparent at the International Congress. Each of the conferences that comprised the Congress continued their pre-war mission of developing and publicising what they considered to be their expertise in understanding and preventing mental maladjustments. But now, faced with the catastrophe of the recent world war, this took on a new salience.

With the onset of the Second World War many leading figures of the movement in Britain, the United States and Canada secured influential positions in the armed services. It was from

these Anglo-American developments that ambitious plans for a post-war Congress on mental health were developed. J R Rees, a leading figure of the English mental hygiene movement, was one of the principal instigators. He had secured appointment as head of psychiatry in the British Army during the war. In the early 1940s he made two long study visits to the United States, making close contact with leaders of the mental hygiene movement as well as leading psychiatrists, including George Stevenson, Frank Fremont-Smith, Harry Stack Sullivan and the Canadian Charles Brock Chisolm (Manning, 1976: 268-9; Brock, 1998). After the war Rees collaborated with these people to plan an International Conference on Mental Hygiene. The ambitious aim was to promote the importance of applying knowledge on human personality and group relations for mental health and world citizenship through the coordinated work of the human and social science professions.

The introduction to this article referred to a recent editorial in the *International Journal of Epidemiology* that considered the roots of ‘the psychosocial’ to lie in the WHO definition of health. We have seen that its origins lie much earlier than this. But, nevertheless, the World Health Organisation’s definition of health was certainly used as a guiding definition for the 1948 Congress. The first of the four volumes that recorded the Congress displayed this extract from the WHO’s constitution, on one of its opening pages. In fact, leading figures in psychiatry and the mental hygiene movement were closely involved with the creation of the WHO and the drafting of its Constitution (Brody, 1998). Several, such as George Brock Chisholm, the leading Canadian psychiatrist and mental hygienist, the U.S. psychiatrist Harry Stack Sullivan, and J. R. Rees, were, as I have noted, key instigators of the International Congress on Mental Health.

However, the underlying orientation that had informed the interwar mental hygiene movement remains evident. As we have seen, the movement’s primary attention was on the family and the role of personal authority relations in mental development. This concern with the role of human relationships in the creation of mentally ‘adjusted’ citizens encouraged increasing engagement with the sociological and anthropological disciplines. For example, several of the important contributors to the 1948 Congress, such as the psychoanalyst Franz Alexander, Harry Stack Sullivan and Lawrence K. Frank, the Director of the Caroline Zachry Institute of Human Development, had engaged with the anthropological and sociological professions between the wars. Additionally, the anthropologist Margaret Mead played an important role at the Congress. She had joined the U.S. National Committee for Mental Hygiene in 1945 and became a member of the International Preparatory Commission for the Congress. In one of the prominent papers to the Conference on Mental Hygiene Mead argued that the family was mediator of culture and the individual (Mead, 1948a). Franz Alexander concurred. For him, psychiatry had established the fact that, ‘The factory in which human personality is moulded is the family’ (Alexander, 1948: 149). He added that this knowledge had been extended by anthropologists such as Mead and her one-time tutor Ruth Benedict. They had shown that the personality traits characteristic of a nation were attributable to similarities in family influences prevailing in each culture (ibid.: 149).

Mead’s speech at the Congress on the theme of ‘collective guilt’ is instructive regarding the integration of these views with mental hygienist thinking. She argued that character

structures were associated with different social arrangements, family structures and political forms (Mead, 1948b). Basing her analysis on contrasts in family socialization in various cultures, Mead argued that guilt was only one type of character structure used as a sanction in societies. Thus it was only one culturally specific mediator of the relationship between family training of the young and a nation's government (Mead, 1948b: 65). However, she also described guilt as 'perhaps one of the more special developments', and went on to say that:

... the capacity to experience guilt, as a dominant psychological mechanism, is a human capacity which may be either developed or neglected by any given society, and cannot therefore be regarded as either universal or necessary, however desirable it may be found in terms of contemporary ethics. (Mead 1948b: 64)

Despite her caveats, the idea that such mechanisms are either 'developed or neglected' surely implies that they are morally superior. The leading British mental hygienist, H.V. Dicks, was more forthright. He commented that 'some of the societies which Dr Mead [had] quoted as having little guilt and much shame or pride or just sheer external compulsion for the coercion of their members, seem to stand on a psychologically less mature rung of the ladder' (Dicks, 1948: 84).

Mead also distinguished between 'character structures' formed in relation to guilt. These could be differentiated between, guilt over the content of an act, guilt over the form of an act, and guilt over conflict between formally required acts. She contrasted Britain and the United States with Germany and Japan in this context. The latter developed character formations built around the second two forms of guilt. For instance, she maintained that investigations had shown German character structure to be based around an emphasis on 'the moral necessity to discharge one's duty, in the light of one's formal position in a family, the army, a government organization, or the state...' (Mead, 1948b: 63). This she contrasted with Britain and the United States where, she asserted, an emphasis was placed on the content of an act and whether it was to be judged good or bad, right or wrong. Thus the construction of an internal authority overrode any external human authority. According to Mead, this related to the fact that these countries allowed individuals free choice of those who govern them. Because of this freedom individuals therefore felt responsible for the content of the national behaviour.

In the context of our schema derived from Nisbet, such views suggest an assertion of the 'modern' over the 'traditional'. The interacting hierarchical authorities of 'traditional' community comprised of rigid status are rejected as inimical to mental health and social stability. Ives Hendrick, a Harvard psychiatrist, gave a similar rendition of German character to Mead, describing the culture as 'favouring feudal types of character' (Hendrick, 1948: 27). Dicks related character formation in Germany to the continued influence of Old Testament authority. According to him pre-war Germany had been, 'a kind of paragon of old testament virtues and values'. By which he meant it was more 'rigidly ordered and insistent on the "good behaviour" of its children' than most western countries (Dicks, 1948: 85).

However, these presumptions apparently in favour of democracy, were nevertheless mediated by a fundamental orienting principle of the Congress. This was the established mental hygienist claim that beneath the surface of apparently modern rational individuality lay 'primitive man' under the sway of irrational prejudices and fears (e.g. Crichton Miller, 1932).

At the beginning of the six day mental hygiene conference, David Mitrany, the adviser to Lever Brothers and theoriser of functionalism in international politics, described human history as marked by the fact that humans had massively transformed their social environment and come to do so with increasing rapidity. But, understood biologically, human nature had changed very little. One consequence was that, 'The chains of primitive taboos have gone, but the complexity of modern life, after freeing the individual from formal chains, has wound round him a cocoon of distracting strains and conflicts' (Mitrany, 1948: 72). Others outlined associated features of modern societies. Mead summarised some of the common themes of the seventy-six Preparatory Commissions. She noted great concern about the insecurity, and thus anxiety and hostility, that was believed to be engendered by shifts from rural to city life, firm religious backgrounds to loss of belief, and from strong to loose family ties (Mead, 1948: 122-3).

For Mitrany, this left individuals vulnerable to control and manipulation of their irrational impulses. He maintained that, whether one liked to admit it or not, it was an unquestioned fact that 'most democratic devices, intended as they are to widen participation in politics and government, have added to the possibilities for appealing to mass emotions...'. Likewise, he continued, new methods of communication had vastly increased the opportunities for 'mass suggestion' (Mitrany, 1948: 75).

A prominent theme at the Congress was the extended power of the state and the general view of delegates about its deleterious effects on the formation of rational, moralised individuals (e.g. MacCalman, 1948; Segerstedt, 1948). Mitrany, for instance, described the modern state as an 'artificial organism' that maintained itself through an 'all-demanding' requirement of compulsive loyalty and unquestioning obedience (Mitrany, 1948: 78). It was a planned state, able to use social institutions and 'instruments of material and of cultural life to gain submission and conformity...' (ibid.: 72). He feared that the military style discipline imposed through economic planning for wartime total mobilization was creeping into wider aspects of social life (ibid.: 78-9). At the same time, he asserted that, however worthy the modern attempt to provide 'social security', it had the effect of treating people abstractly and uniformly, removing initiative and promoting passivity and frustration. On Mitrany's view, the state had become too strong to allow liberty but too weak to provide security (ibid.: 81).

A question raised remorselessly in the preparatory commissions' reports on the subject of 'Family Problems and Mental Disturbance', was: 'Is it likely that the family group is going to disappear completely, and that all its functions will be taken over by the state?' (Segerstedt, 1948: 159). The British mental hygienist, D.R. MacCalman (presumably referring to industrialized western nations) appeared to concur with Mitrany in his speech to the Conference on Child Psychiatry. He raised the 'apparent failure in function of the

family'. 'Vast numbers of individuals would appear to be growing up with insufficiently mature independence', he claimed. And he asked, '[is] the family unit surrendering its functions to the wider unit of the state, which has not yet learned to exercise them adequately?' (MacCalman, 1948: 55).

MacCalman's speech in fact provides a useful template to represent the general view. His opening remark rendered the aim of the Congress this way:

... its goal is the more harmonious interpersonal relationships within the family group, which, in turn, will give a greater security to the individual child and allow him to mature with a minimum of uncontrolled aggression. If this takes place successfully he will be a more stable and efficient citizen of his community and the world. (MacCalman, 1948: 50)

Displaying the modernist aspects of the mental hygiene movement, MacCalman maintained that too much aggression had been used against children in most cultures throughout most of history. He maintained that, 'the injunction "spare the rod and spoil the child" has been interpreted as an encouragement to lay the rod on lavishly'. This aggression had been accompanied, he added, by an interpretation of 'Honour thy father and thy mother' designed to 'crush any hint of retaliation'. MacCalman concluded,

Thus protected by Biblical sanction parents and teachers have proceeded joyfully to 'knock hell out of the little blighters'. And what can the little blighters do but wait till they are big and strong enough to do likewise. (MacCalman, 1948: 51)

MacCalman made it clear in his speech that he saw the role of psychiatrists, psychologists and psychotherapists as to 'develop the power to influence mankind' (MacCalman, 1948: 55). But how might they do this? He drew the comparison between the influencing of children's behaviour that took place in the family unit and the influencing of adults in wider society. Social scientists, he argued, emphasised indirect 'rationalistic techniques' of influencing behaviour. MacCalman noted the antipathy of many psychotherapists to such large scale rationalised methods. He pointed out, however, that psychotherapists themselves had played their part in extending such rationalizing power and its penetration of family group relations in terms of calculation, objectivity, rationality and efficiency, in place of arbitrariness, domination and patronage. But MacCalman clearly lamented, along with the majority of Congress delegates, the perceived erosion in the role of the family and, 'the gradual transfer of influence from small primary groups, like the family, to larger and apparently artificial groups' (MacCalman, 1948: 53). MacCalman looked to the 'small group' as the main vehicle of influence.

In the introduction to this article we noted that the 2002 editorial in the *International Journal of Epidemiology* interpreted the psychosocial as a concept that operated at a 'meso-level' between socio-structural and individual levels of human activity. It described this level as encompassing social formations such as, 'religious institutions, the family, the firm and the club...' (Martikainen, Bartley and Lahelma, 2002: 1092).

MacCalman's explanation of 'the small group' relates directly to these social formations. The significance of the small group was that it operated on the basis of personal ties and

relations of authority. Echoing the 'traditional' elements of Nisbet's schema, MacCalman noted that, 'It characterises small social units, such as the family, fraternities, clans, and communities' (MacCalman, 1948: 53). He made plain that the modern family was the archetypal root of these groups. It provided the primary medium through which 'intense inter-personal relationships' could be worked out (ibid.: 53). Other postwar mental hygienists did much the same. For example, the psychiatrist T A Ratcliffe was closely involved with the post war mental hygiene movement. He maintained that:

The concept of mental health in a community would seem to demand two things – that individual members of that community should be themselves stable, secure and settled and that the community pattern itself should be a mentally healthy one. (Ratcliffe, 1951: 11-12)

He argued that a community mental health service should be understood as a form of 'relationship therapy' (ibid.: 14). The model for this kind of therapeutic relationship was the family:

... just as the parent-child relationship should be the epitome of future relationships for the child and the path which leads him to adult maturity and independence of personality, so the client- Psychiatric Social Worker relationship should be an experience which leads the client on until he can form his own mature adult relationships in his environment. (ibid.: 14)

But Ratcliffe also sought to promote small group work both for people considered maladjusted, and also as a means to bring a wide array of professional groups in society together to work for mental health. And his vision of such groups was that they would mirror the important elements of 'relationship therapy':

We should see an example of the importance of working out inter-personal tensions, of understanding and accepting our feelings of aggression, over-dominance or over-dependence towards each other and of the significance of inter-personal relationships in the sense that I have described. (ibid.: 21)

We have here, yet again, an uneasy straddling of the 'modern' and 'traditional'.

If, under the mental hygiene movement the authority relations of the 'traditional' social order have been compressed and turned into a developmental process, then the theme of development from childhood to adulthood lies at its heart. In part, this can be seen to uphold a form of liberal democratic political order. The family creates autonomous, responsible citizens capable of upholding a version of representative democracy. But this developmental family model also informs critiques of the growth of state power under existing forms of democracy, along with suspicion of popular political participation or protest, and of movements towards greater egalitarianism. They are either the causes or effects of dependence and infantilisation. In other words, in failing to echo the internal social order of the family, they become elements in society that impact negatively on it and thus on the creation of citizens. Class bias inhibits democratic values and this bias is readily apparent in frequent mental hygiene pronouncements. In general the vision of the mental hygiene movement was of a hierarchical ordering of society on the basis of measurements of intellectual capacity and the contents of personality. The need for leadership was a common

theme. Thus, in respect of the mental hygiene movement, the politics of the psychosocial might be less about how it acted as a conduit through which particular programmes for managing people could be made congruent with the values of democracy, and more about the ways in which the movement attempted to reconcile its vision with democratic values.

Biographical note

Jonathan Toms has previously been Postdoctoral Fellow at the Centre for the History of Medicine, University of Warwick.

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