

# Working in cases: British psychiatric social workers and a history of psychoanalysis from the middle, c.1930–60

History of the Human Sciences

2021, Vol. 34(3-4) 169–194

© The Author(s) 2020



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/0952695120930914

journals.sagepub.com/home/hhs



**Juliana Broad** 

University of Cambridge, UK

## Abstract

Histories of psychoanalysis largely respect the boundaries drawn by the psychoanalytic profession, suggesting that the development of psychoanalytic theories and techniques has been the exclusive remit of professionally trained analysts. In this article, I offer an historical example that poses a challenge to this orthodoxy. Based on extensive archival material, I show how British psychiatric social workers, a little-studied group of specialist mental hygiene workers, advanced key organisational, observational, and theoretical insights that shaped mid-century British psychoanalysis. In their daily work compiling patient histories, conducting home visits, and interviewing the parents of ‘maladjusted’ children, psychiatric social workers were uniquely positioned to expose the importance of family relationships in the development of childhood neuroses. As this article details, their analytic attention to these dynamics not only influenced, but fundamentally constituted the innovative research on maternal-child relationships and family therapy pioneered by eminent psychoanalyst John Bowlby. In addition, psychiatric social workers produced and published independent psychoanalytic research, and fiercely debated the limitations of analytic concepts such as transference. In presenting the relationship between British psychiatric social work and psychoanalysis, this article suggests a new way of telling the history of both.

## Keywords

John Bowlby, child guidance, psychiatric social work, psychoanalysis, transference

## Corresponding author:

Juliana Broad, University of Cambridge, Department of History and Philosophy of Science, Free School Lane, Cambridge CB2 3RH, UK.

Email: jcb216@cantab.ac.uk

## Introduction

The influence of psychiatric social workers on John Bowlby, one of Britain's pre-eminent psychoanalysts and child psychiatrists, is something of an open secret. Given the extraordinary influence of Bowlby's attachment theory, which argued for the developmental importance of stable maternal-child relationships on later mental health, the circumstances of his work have been of interest to many. Historians, psychoanalysts, sociologists, psychologists, feminists – all have come across the enigmatic psychiatric social worker on their way to revealing the genesis, historical conditions, and flaws of Bowlby's theory. Yet this relatively widespread recognition of Bowlby's proximity to psychiatric social workers (PSWs) obscures, rather than illuminates, the full scope of the latter's influence. In addition to reinterpreting some canonical exchanges between Bowlby and PSWs, enriched with details from previously unexamined archival material, this article will consider for the first time the full impact of psychiatric social work on mid-century British psychoanalysis. What made this relatively small group of eclectically trained, almost exclusively female workers so theoretically productive, and yet of such limited historical interest?

In addressing these questions, this article will move away from traditional models in histories of psychoanalysis. John Forrester and Laura Cameron have identified two popular motifs: one that focuses on individual ingenuity and achievement, and another that grants primacy to the administrative bodies that bestow legitimacy on, or withdraw it from, competing psychoanalytic schools (Forrester and Cameron, 2017: 2). Another archetype places historical attention on the personal, especially early childhood, experiences of psychoanalysts to explain whence theoretical insights come – few histories of attachment theory, for example, omit the supposed significance that Bowlby himself was raised primarily by a nanny, who abandoned the family when he was only four years old (see, for example, van Dijken, 1998). Through examining largely unused archival material, this article will explore an alternative account of psychoanalysis, one that approximates a genealogy more than a pedigree: an account in which a seemingly peripheral group of workers, straddling a variety of professional and academic institutions, advanced crucial organisational, observational, and theoretical insights that contributed to key developments in mid-century British psychoanalysis.

The management of childhood deviance – the therapeutic programme from which psychiatric social work sprang – has been of interest to historians of psychoanalysis as well as scholars interested more broadly in the post-war psychologisation of society (Hayward, 2012; Riley, 1983; Rose, 1989; Shapira, 2013). Psychiatric social workers played a crucial role in the child guidance movement – as caseworkers, administrators, colleagues, and chroniclers – yet as a distinct vocation, they have not received an abundance of historical attention, despite receiving consistent if discreet acknowledgement in some histories of distinguished psychoanalysts. Some social workers and psychologists themselves have mined the relationship between child guidance and Bowlby's attachment theory in pursuit of therapeutic insights.<sup>1</sup> Although notable recent works (Bray, 2016; Long, 2004, 2011, 2014) have brought attention to the understudied social worker, the breadth and complexities of the relationship between British psychoanalysis and psychiatric social work have remained unexamined.

This article proceeds chronologically to provide an overview – not an exhaustive account, but, appropriate to the mode of analysis of the subject at hand, a series of cases – which presents the dynamic relationship between mid-century British psychiatric social work and psychoanalysis (Forrester, 1996). The first half of the article demonstrates the roots of the relationship between psychiatric social work and psychoanalysis, following the first batch of young professionals from their initial training programme through their interactions with psychoanalytic giants such as John Bowlby. The second half shows the branches, detailing PSWs' post-war contributions to psychoanalytic research and demonstrating how the debate over the place of psychoanalysis in the profession may have contributed to its ultimate dissolution.<sup>2</sup>

I use 'psychoanalysis' liberally, referring to a body of theoretical knowledge and techniques, derived from the Freudian tradition, that takes the unconscious as its object of study. Although such a generous definition poses inevitable drawbacks, its virtue is that it encourages the exploration of marginal subjects traditionally excised from 'psychoanalysis' by the sectarian knife. Both Bowlby and psychiatric social workers were criticised as superficially analytic and spurned by the prevailing psychoanalytic schools of their time (Fonagy, 2001).<sup>3</sup> Despite this, many of psychiatric social work's most prominent practitioners staunchly defended their practice – on good evidence – as psychoanalytic. As I will demonstrate, psychiatric social workers can offer us a unique perspective on the development of the psychotherapeutic relationship in the 20th century, a perspective thus far overlooked in power-homing histories of medical authority. Roy Porter's call for a 'history of medicine from below' insisted that we listen to the voices of patients (Porter, 1985). In foregrounding the psychiatric social worker – the shadowy middle figure who negotiated the space between the sick and the shrink – this article extends Porter's call by motivating an exploration of psychoanalytic history 'from the middle'.

## **Psychiatric social work and child guidance, 1929–45**

The early 20th century was marked by an increasing reliance on psychological explanations for behavioural problems, generating new therapeutic orientations for managing 'problem children' through the mental hygiene and child guidance movements. If early life experiences were 'organized correctly', it was hoped, they could produce an ideal 'state of adjustment, which was one of psychological normality, personal contentment and social harmony' (Miller and Rose, 1988: 176). The psychological management of family relations, focusing particularly on the maternal-child bond, made child guidance one of the 'new theories and disciplines of social reproduction' in the early 20th century (Zaretsky, 2004: 65). In the British context, psychoanalytic theory and methods played a controversial – though not completely recognised – role.

### ***Psychoanalysis at the London School of Economics***

First developed in the United States in the early 1920s, the child guidance treatment approach was openly psychoanalytic and consisted of three professionals: a psychiatrist, a psychologist, and a psychiatric social worker, the latter a specialised position

developed specifically for work in the child guidance clinic (Jones, 1999; Smuts, 2006). Though child patients were initially referred to a clinic, where they were seen by the psychologist and psychiatrist, it was through follow-up home visits that PSWs studied family dynamics and compiled social histories of the child. They drew up detailed reports shared with the psychologist and psychiatrist in 'case conferences', diagnostic meetings to develop treatment plans. This casework provided by the PSW was considered crucial to the interdisciplinary approach of the child guidance model: It was agreed that only through close observation of the child's home environment – the psychological dynamics and material circumstances of the family unit, to which PSWs had exclusive access – could the causes of mental maladjustment be found and treated.<sup>4</sup> As described in 1931 by William Moodie, medical director of the London Child Guidance Clinic, 'investigation on this side of the child's life is no matter of question and answer, but of scientific observation, with the co-operation of parents and guardians'.<sup>5</sup>

Despite the scepticism of the British medical community towards psychoanalysis prior to World War II (Jones, 2004: 506), the trade in psychological ideas, as Graham Richards has noted, was a sellers' market (Richards, 2000: 201). The British were particularly enthusiastic about the establishment of child guidance clinics and the use of these new, specialised social workers. In 1929, the US philanthropic organisation the Commonwealth Fund sponsored the first British training programme for PSWs, offered through the London School of Economics (LSE). In a departure from the American model, which focused exclusively on work with children (Ashdown and Brown, 1953: 17), the course aimed to prepare PSWs for work in the larger 'field of Mental Health' through practical training in work with both child and adult patients.<sup>6</sup> Psychiatric social workers were exposed to classes in general psychology and psychiatry, mental deficiency, physiology, social welfare administration and legislation, and mental health in childhood and adolescence (Timms, 1964: 30–1). The eclectic curriculum mirrored the mix of therapeutic methods and approaches students would encounter in their fieldwork placements, where 'discourses of psychoanalysis, psychiatry, psychology and criminology' formed a 'complex network of theories and practices which by the end of the inter-war period were just beginning to gel into a unified system' (Thom, 1992: 216).

Although the first course that systematically introduced students to psychoanalysis was not until 1950, students routinely had contact with psychoanalytic ideas both within and without the lecture halls (Timms, 1964: 34). An amalgamated reading list for the course from its first decade is riddled with suggested psychoanalytic texts, and in the early years, students attended lectures with psychoanalytic luminaries such as J. A. Hadfield.<sup>7</sup> The list of suggested texts, however, also betrays the relatively haphazard approach to training, which is reflected in the piecemeal, informal introductions to psychoanalytic theory noted by PSWs themselves. Sibyl Clement Brown, the first full-time tutor for the course, who had received training in and conducted research on childhood delinquency in the US, wrote to one student during Christmas break in 1932 about preparations for the upcoming seminar on children's playgroups: 'I think the psycho-analytic literature on the subject would take you too far afield, though some time you would probably like to look at Melanie Klein's new book, giving the psycho-analytic interpretation of play'.<sup>8</sup>

Brown had developed an interest in psychoanalytic theory prior to her work in the US, having read Freud's *Psychopathology of Everyday Life* and other texts while a student at Bedford College.<sup>9</sup> Of the LSE course, Brown recalled: 'There were differences of view, naturally, about the emphasis that should be placed on the teaching of students, in terms of individual psychology and social history and relationships'.<sup>10</sup> The main issue 'turned a good deal on the extent to which Freudian psychoanalysis should be regarded as one of the most important approaches to the understanding of human behaviour'.<sup>11</sup> Other staff, too, 'felt that there was not in the mental health course sufficient emphasis on this aspect of emotional development'.<sup>12</sup> Thus the psychoanalyst J. A. Hadfield 'introduced his own clinical experience and interpretation, much influenced by psychoanalysis, in lectures on the mental health of childhood'.<sup>13</sup> Susan Isaacs, the psychologist and psychoanalyst, joined the staff later on and lectured 'with her inimitable combination of understanding of child development from the social and intellectual standpoint'.<sup>14</sup> This tension navigated by Brown – balancing one's personal interest in psychoanalysis with one's responsibilities as an administrator whose job was to help students get 'something more coordinated and comprehensive out of the varied courses of lectures' – was no doubt the reality for other early course practitioners.<sup>15</sup>

Five British social workers had been sent to study the US child guidance model in the mid 1920s, slated to return and eventually take up supervisory posts on the LSE course.<sup>16</sup> In New York, these visiting social workers – amongst them Noël Hunnybun and Hilda Horder, who will figure in later sections – were greatly influenced by Marion Kenworthy, an analytically trained psychiatrist and co-director of the New York school's Bureau of Children's Guidance (Smuts, 2006: 196). 'Everyone bowed down to Marion Kenworthy's charm', Hunnybun recalled.<sup>17</sup> Kenworthy introduced the students to her ego-libido chart, a method she had developed to map children's drives, which foregrounded the emotional problems of the parents (Lee and Kenworthy, 1929). Although Hunnybun and Horder later distanced themselves from the ego-libido method, calling it ineffective, Brown recalls that it was fully embraced at the LSE in the early days:

I remember sessions of case discussion carried on between the staff in which we took sample social case histories of children referred to the clinic and analyzed what was lacking in the parent-child relationship in terms of 'ego' and 'libido', deciding on a basis of this in what way the social workers should approach the treatment of the parent.<sup>18</sup>

Brown, who hadn't been trained in this way, remembered being considered a 'philistine in matters of social casework'.<sup>19</sup> Given how rapidly their training programme changed through the first decade of the course, PSWs' patchy memories regarding techniques both adopted and abandoned is perhaps permissible.

Although LSE lecturers and tutors introduced analytic ideas in the classroom, the public was getting a different message about what went on in child guidance. William Moodie, the director of the London Child Guidance Clinic, was adamant about their emphatically *non-analytic* approach: '*the psycho-analytic method*', Moodie maintained in a public-facing pamphlet, '*is never employed in a Child Guidance Clinic*'.<sup>20</sup> This may have been a strategic position taken to protect the clinic from the general suspicion towards anything psychoanalytic – an interpretation proposed by Michael Fordham, a

Jungian analyst and psychiatrist who trained and later worked at the clinic – though other colleagues have suggested that Moodie's public posturing was more a sign of ignorance, as we will see later.<sup>21</sup>

Psychiatric social workers' exposure to psychoanalytic ideas and methods was thus caught between the perceived need for accurate theories of human behaviour and the obstinacy towards the incorporation of what were viewed as imported psychoanalytic orientations. However, of perhaps greater importance than syllabi and administrative posturing were students' de facto encounters with psychoanalytically oriented practitioners in both seminars and individual supervisory sessions during their fieldwork placements (Timms, 1964: 34). Interactions at the London Child Guidance Clinic between PSWs and psychiatrists such as John Bowlby proved to be immensely productive: Not only were PSWs exposed to analytically oriented practitioners, but PSWs themselves brought their own analytic training and parent-centred orientation to bear upon the organisation of psychotherapeutic care.

### *Fieldwork: The London Child Guidance Clinic*

Despite the child guidance team's collaborative set-up, in practice it is understood to have often remained hierarchical, with the medically trained psychiatrist determining the theoretical and practical approaches to treatment (Stewart, 2016: 135). However, accounts by early child guidance practitioners suggest that PSWs had more authority and organisational control than has previously been considered. One significant example is from the London Child Guidance Clinic, one of the first clinics in Britain. John Bowlby, who completed a six-month psychiatric fellowship and later a professional placement there, recalled that, during his training, PSWs essentially had the run of the place. 'When I got to the London Clinic in 1936', Bowlby recalled, 'I learned absolutely nothing from Moodie', the non-analytic medical director.<sup>22</sup> It was instead Hilda Horder and Molly Lowden, two PSWs, who 'ran the place', a sentiment echoed by Michael Fordham.<sup>23</sup> With their organisational and administrative acuity, Horder and Lowden breached the prescribed boundaries of the child guidance hierarchy. Moodie, Bowlby recalled, 'was sort of window dressing'.<sup>24</sup>

Moodie, by some accounts, was a conservative force, a ballast righting the ship amidst feuding analytic schools. Fordham described the dynamics between the clinic's Freudian- and Jungian-trained psychiatrists as one of outright territoriality: 'There was a sort of rivalry' amongst the psychiatrists 'to see who could get the most' PSWs and psychologists analysed according to their own tradition.<sup>25</sup> In such a climate of warring psychoanalytic factionalism, it was no doubt strategic to remain untarred by a particular school's brush. However, an alternative interpretation is provided by Noël Hunnybun – a devoted Freudian – who considered Moodie's distance from any psychoanalytic tradition as a major organisational, as well as therapeutic, misstep. Moodie, she recalled, was a second-rate candidate, hired only after the clinic refused the more talented and analytical – and Jewish – psychiatrist Emanuel Miller.<sup>26</sup> Though we should remain wary of Hunnybun's eleventh-hour judgements on her long-dead former director, an anecdote sheds some light on her lukewarm appraisal. Moodie always kept a model train on the desk in his office. 'That seemed to be his major thing, to get a child to enjoy playing with the train', as Hunnybun

put it. 'I asked him about it once, and he said, "Well, it's a useful thing"'. That was it: a nice distraction for the children, but nothing more. 'You see? Well, that's not getting down to a child's problem, is it?'<sup>27</sup> In Hunnybun's eyes, the failure to make of his office a simple science experiment – how does the child behave, for example, if the train is taken away? – was indicative of the director's larger failure of therapeutic ingenuity and curiosity.

Not only did PSWs displace Moodie as the *de facto* directors, as Bowlby and Fordham recalled, but they were also responsible for introducing psychoanalytic orientations and methods to the treatment programme. In numerous interviews and publications, Bowlby emphasised how the analytic methods used by PSWs were critical to orienting his own analytic framework.<sup>28</sup> Historical accounts have noted how Molly Lowden (a Freudian) and Nancy Fairbairn (a Jungian) were the first to introduce Bowlby to the notion that unresolved conflicts from a parent's own childhood played a large part in the problems of their children (van Dijken *et al.*, 1998: 260). Lowden and Fairbairn undertook weekly interview sessions with mothers at the clinic, 'an approach that was enthusiastically applauded by Bowlby', who recalled their skill and sensitivity (*ibid.*; Bowlby, 1987: 2). It is clear that PSWs, grounded in their empirical training, which centred the close observation and interpretation of family dynamics, were uniquely positioned and equipped to identify the importance of parents', in particular mothers', unconscious conflicts and their place in their children's emotional lives. Lowden and Fairbairn's work, Bowlby recounted, 'seemed to me an admirable use of analytic insights, and thenceforward I became an enthusiastic advocate for that way of working and was correspondingly distressed that for a long time few of my psychoanalytic colleagues shared that view' (Bowlby, 1987: 2).

It is clear, then, that despite director William Moodie's public disavowal of psychoanalysis, he had less say in the conditions and theoretical orientations of the London Clinic than has been supposed. Psychiatric social workers – as recalled by the clinic's practitioners themselves – had a hand in introducing psychoanalytic techniques to individual cases, and no doubt stressed the importance of family dynamics at an institutional level. This troubles any narrative asserting that, try as they might to challenge the growing authority of psychiatrists, PSWs remained subordinates in the medical hierarchy, hamstrung by their own lack of epistemic and professional jurisdiction.<sup>29</sup> In addition to the general analytic orientation encouraged by Lowden, Fairbairn, and Horder, PSWs collected and interpreted vast amounts of information regarding family dynamics, in particular parent–child relationships.<sup>30</sup> This information, and its established value to clinical practice as demonstrated in child guidance, was critical to Bowlby's work on the early environmental effects on childhood neurosis, an idea acknowledged but not fully explored in histories of his work. Given the extent to which analytically oriented PSWs influenced organisational and theoretical priorities within the child guidance clinic, the relationship between psychiatric social work and Bowlby's early published research can be subject to new interpretation.

### *'Reliable evidence': Studying early childhood experiences*

In 1929, at age 22, Bowlby started his formal psychoanalytic training at the orthodox Freudian British Psycho-Analytical Society (BPAS), under the influential analysts Joan

Riviere and, later, Melanie Klein. To qualify as full, voting members, associate members had to submit a paper for the society's consideration. Bowlby presented his paper a decade later, in 1939. The significance of this paper to future developments in British psychoanalysis can hardly be overstated: It was a direct affront to the work of by then eminent psychoanalyst Melanie Klein in positing that, rather than the fantasies with which Kleinians were preoccupied, analysts should concern themselves with 'real' situations in the child's early emotional life (van Dijken *et al.*, 1998: 263).<sup>31</sup> The paper was also significant in that it laid the foundations for Bowlby's later work on attachment theory and maternal deprivation.

At the paper's start, Bowlby attached much more importance to the collaboration, and psychoanalytic know-how, of his social work colleagues than subsequent histories have acknowledged. 'The material upon which this paper is based is the case-material which I have seen during the past three years at the London Child Guidance Clinic', Bowlby began. 'I have seen there about 150 cases and, although none of the cases has been fully analysed, an immense amount of work has been done, much of it by analytically trained workers' – the work of Nancy Fairbairn and Molly Lowden in particular. 'The material therefore, although far less intensive than obtained in analysis, is not altogether superficial and contains reliable evidence on issues which are not easily investigated in analysis' (Bowlby, 1940: 154). The types and qualities of relationships that could be viewed away from the couch, Bowlby was positing, were of analytic import. This would not have been news to PSWs, had any been in attendance; after all, since the mid 1920s, primed by the ego-libido chart of Marion Kenworthy, British PSWs had been developing and implementing methods to map the charged parent–child relationships encountered in the home.

Although Bowlby's emphasis on the child's real circumstances and relative dismissal of fantasy was 'a slap in the face of Melanie Klein and her followers', the paper was provocative for another reason (van Dijken *et al.*, 1998: 263). This had to do with Bowlby's recognition of this analytic material, specifically, where and by whom it was collected. Psychoanalytic knowledge – by most definitions – is highly situated, produced in particular, controlled environments: Psychoanalysis 'has a theory of how a specific place is essential to the production of its knowledge', whereby the 'psychoanalytic setting as a technology combines space, relationship and analyst into an instrument to produce a unique kind of knowledge' (Krause and Guggenheim, 2013: 194). In urging the members of the BPAS to consider the 'vast field of research open to analysts in psychiatric clinics', Bowlby was challenging one of the fundamental precepts of psychoanalytic knowledge production (Bowlby, 1940: 154). Only beyond the analysts' couch, and where 'the services of a trained psychiatric social worker are available', was it 'easy to collect detailed clinical material on, analytically speaking, large numbers of cases' (*ibid.*).

Though Bowlby was part of the trend in British object relations moving away from the 'deductive system' inherited from Freud and towards an empirically based methodology (Jones, 2004: 506), his pursuit of what he thought was a more scientific psychoanalysis was still considered heretical. Bowlby's use of large empirical data sets and statistical comparisons – and, perhaps, his reliance on auxiliary workers to provide preliminary analytic interpretation – was the beginning of his career-long attempt to



render psychoanalysis more scientific, an attempt considered highly suspect by the psychoanalytic community.<sup>32</sup>

‘It is my belief that both good and bad mothers exist in fact as well as in phantasy, and that a child’s emotional development is very dependent upon his mother’s unconscious feelings about him’, Bowlby concluded. ‘It would be sentimental to shut our eyes to their existence or to think that they do not have a damaging effect upon their children’ (Bowlby, 1940: 178). Such was Bowlby’s admonishment of the analytic community’s resistance to looking beyond the couch and into the home, which, Bowlby had demonstrated, PSWs had made a new site of theoretical productivity.

As is clear from the accounts of Fairbairn, Lowden, and Bowlby himself, PSWs’ observational activities, backed by frameworks foregrounding family dynamics and the influence of parents’ emotional problems on a child’s development, were foundational to Bowlby’s later work. When Bowlby took over the children’s department at the Tavistock Clinic in 1946 – about which more later – the model he adopted was the one the London Child Guidance Clinic PSWs had introduced him to, one that prioritised family dynamics and the collection of vast numbers of social histories (Bowlby, 1987: 2). What brought PSWs from the niche child guidance clinic to the prominent Tavistock was, in part, the agency of war.

### *Psychiatric social workers in war*

World War II proved immensely productive for the psychological sciences, ushering in new opportunities for research into trauma, group dynamics, and the effects of early childhood separation from parents (Alexander, 2016; Shapira, 2013). Psychiatric social workers were dispatched across the country to stanch the haemorrhage of wartime psychic trauma: Robina S. Addis, for example, was sent to Northampton to manage the psychic repercussions of evacuated London children and the Dunkirk evacuees, and recalled how the ‘agency of war’ demanded new forms of cooperation and collaboration.<sup>33</sup> Addis’s proficiency for administrative and community organisation made their ‘little mental health office fairly well known in the district’.<sup>34</sup> As a result, in 1942 Addis was appointed the south-east regional representative for the implementation of the After Care of Psychiatric Casualties, a trauma care scheme.<sup>35</sup> In addition to the work of those such as Sibyl Clement Brown and Nancy Fairbairn, who contributed to the Cambridge Evacuation Report – a landmark study of children and trauma spearheaded by Susan Isaacs – PSWs established and maintained the social and therapeutic infrastructure critical to wartime psychiatric care, a veritable ‘administrative achievement’ (Ashdown and Brown, 1953: 27).

Yet the makeshift conditions of wartime psychiatric care did not mean that it could be left to anyone to practice “‘a bit of psycho-analysis’”.<sup>36</sup> Donald Winnicott, the famed paediatrician and child psychoanalyst, worked with evacuated children in Oxfordshire, where he was exposed to the innovations of PSWs (including those of his later wife, Clare Britton [Kanter, 2000]).<sup>37</sup> In early 1943, around the same time as his celebrated BBC broadcasts to mothers, Winnicott urged PSWs to remain vigilant of the stirrings of the patient’s unconscious. ‘If treatment does not involve interpretation of the unconscious then you can do it, according to your capacity; and there is plenty to be done’, he

advised.<sup>38</sup> However, as soon as the patient's unconscious entered into the treatment, then something else had begun, 'and the name of the method for discharging the tremendous obligations incurred is psycho-analysis'.<sup>39</sup> Although 'it is not in the least difficult for anyone to make astute interpretations of the unconscious of another person', Winnicott asked that PSWs 'hold under deep suspicion anyone who does this lightly and without having learned the psycho-analytic technique. Only by means of this technique can one safely meddle with the unconscious, and only after learning it can one make mistakes or fail without earning reproach'.<sup>40</sup> Though his speech was addressed to PSWs, Winnicott maintained that 'what I say is true not only of yourselves but of doctors and even psychiatrists'.<sup>41</sup> It was perhaps PSWs' undisciplined training, and their relative proximity to patients, that made them particularly susceptible to releasing the unconscious.

It appears that in this period, what was most worrying about the PSW's use of psychoanalysis was not necessarily her eclectic training, nor her infringement upon the professional domain of her superiors. Rather, demanding stricter control of the use of psychoanalysis betrayed an anxiety about the unconscious itself – what it was, where it could be revealed, and who could responsibly reveal it. This mood is evoked in titles such as Bowlby and Evan Durbin's 1939 *Personal Aggressiveness and War*, which attributed to the individual mind the proclivity and potential for total social destruction.<sup>42</sup> 'In the present state of knowledge', Winnicott concluded, with an apt wartime metaphor, 'there must be a no-man's-land between the practice of psychiatric social work and the practice of psychoanalysis'.<sup>43</sup> And yet, despite these warnings, psychoanalytic thought accompanied PSWs like a shadow in their post-war exodus into broader society.

## Beyond the child guidance clinic, 1945–60

The war put psychiatric social work on the map. The effectiveness of PSWs' improvised care schemes proved valuable well into the post-war period, when the new insights into trauma and childhood behaviour, coupled with demands for social relief, made psychiatric social work of interest to the post-war welfare state. The Education Act of 1944 established child guidance clinics throughout England and Wales, setting up 'a nationwide service in place of what before the war had been only a handful of experimental centers', and other reforms introduced PSWs beyond the boundaries of the child guidance clinic.<sup>44</sup> A 1946 report from the Ministry of Health encouraged the staffing of mental hospitals and psychiatric clinics with PSWs in order to keep up with the projected demand for civilian mental health services (Blacker, 1946).

Despite the legitimacy and visibility provided by new policies, professional cohesion was strained by increasingly divergent sites of work – child guidance clinics and mental hospitals – which exacerbated long-standing ideological schisms concerning PSWs' therapeutic role. Such was the uncertain climate of the post-war period that two renowned PSWs – Margaret Ashdown and Sibyl Clement Brown – undertook a study of the profession in the hope of identifying the threads of common purpose, which, despite the profession's youth, were appearing to fray.<sup>45</sup> The different types of patients, clinical environments, and therapeutic prerogatives – whether addressing inappropriate childhood behaviour, neurotic parents, or adult psychiatric patients – and the contested

use of psychoanalysis propagated debates about the very function of psychiatric social work.

### *Father figures: Gender at the Tavistock Clinic*

Bowlby cited his work with Nancy Fairbairn and Molly Lowden as influencing his later management of the Tavistock Clinic, where in 1946 he became head of the children's department – which he summarily renamed the Department of Children and Parents – and began his 'foundational research into attachment relationships' (Rustin, 2007: 355).<sup>46</sup> Much of this research was conducted with James Robertson, a PSW who collaborated with both Bowlby and Mary Ainsworth, a prominent developmental psychologist.<sup>47</sup> Unlike the work of many other PSWs, Robertson's occupies a consistent place in histories of attachment theory.<sup>48</sup> To establish the peculiarity of the singular historical attention granted to Robertson, his work will be considered in contrast with that of Noël Hunnybun, another PSW who worked alongside Bowlby at the Tavistock.

Born to a working-class Quaker family outside Glasgow, Robertson left school at 14 to work in the steel mills, and his postponed opportunity to attend school at age 28 was interrupted by the war. Robertson registered as a conscientious objector and, instead of returning to the steel works, which was busy producing ammunition shells, signed up to provide civilian relief for Londoners. Robertson and his wife Joyce happened upon job openings at Anna Freud's wartime nurseries, where he worked maintenance and she cared for the young children. There, Robertson and Joyce were introduced – remarkably, given their qualifications – to Anna Freud's instruction on child psychology. Driven by his experiences at the clinic, at war's end Robertson won a scholarship to attend the mental health course at the LSE and afterwards started formal training in psychoanalysis.<sup>49</sup>

On these credentials, and with a sterling recommendation from Freud herself, Bowlby hired Robertson in 1948 to work in the Tavistock's new Separation Research Unit, which Bowlby had established to study the separation of young children from their mothers. It was the beginning of a fruitful partnership, with Bowlby and Robertson co-authoring numerous studies. Additionally, Robertson (at times with Joyce) published a substantial number of journal articles on his own psychoanalytic findings, establishing himself as an independent researcher and analyst. His 1952 film *A Two-Year-Old Goes to Hospital* – controversial for its revealing and condemning portrait of the emotional damage wrought upon children separated from their mothers during hospitalisation – catalysed hospital visitation reforms, winning broad support for the fundamental idea behind attachment theory: The importance of the maternal-child bond for the child's psychological development.<sup>50</sup>

Robertson's legacy, notable though it is, throws into sharp relief the paucity of historical attention to Noël Hunnybun, one of the US-trained PSWs whom Bowlby recruited to the Tavistock in 1946 (Bowlby, 1987: 2). During Hunnybun and Bowlby's tenure at the Tavistock, patient interviews were conducted on an individual basis, as was typical at other clinics: A psychiatrist would interview the child, and a PSW the mother, but they were not interviewed as a family unit. 'When Noël Hunnybun joined me at the Tavistock in 1946 we began by following the same pattern as before the war', Bowlby

recalled – that is, the separate interviews model.<sup>51</sup> ‘Very soon, however, thanks to a remark by a visiting American PSW, we made a point of including fathers at the initial interviews and working with them’. As it turned out, Bowlby found that ‘some of the PSWs were very skilled at working with parents along analytic lines’.<sup>52</sup> This practice was highly unorthodox: Throughout this period, ‘no one dreamt of seeing more than one member of a family together’.<sup>53</sup>

In February 1948, Hunnybun wrote an article for the *British Journal of Psychiatric Social Work*, the profession’s leading journal, that advanced the notion of the therapeutic importance of the father in treating children. ‘Recently the importance of altering this policy [of separate interviews] has impressed itself upon members of the clinic staff’, Hunnybun began (Hunnybun, 1947–50: 50). Including fathers in the treatment interviews acknowledged the father’s role in the family and his ability to participate in the child’s treatment, ultimately facilitating his sense of ownership over the process. Hunnybun was not shy about claiming the value of such an approach:

The fathers seen are clearly gratified at the recognition accorded to them. They have also shown a high degree of co-operation and a readiness to attend the clinic, even though this may have involved loss of pay or a long journey after work hours. (ibid.: 52)

Despite evidence of its efficacy, Hunnybun found resistance to its implementation at the clinic: ‘Anything that came from psychology was a little bit inclined to be suspect in the early days’.<sup>54</sup>

Later that summer at the International Congress on Mental Health, Bowlby presented the clinic’s findings in what has been credited as the ‘first published paper in family therapy’ (Bretheron, 1992: 760). ‘It is notorious in child guidance work’, Bowlby began, ‘that one of our principal difficulties is that of obtaining parental co-operation in resolving the adverse family relations’ (Bowlby, 1949: 123). Bowlby thus set out to indicate some of the methods currently being tried at the Tavistock: ‘I emphasise *trying*, as we certainly have not arrived at any clear conclusions’ (ibid.: 124). Though hedging his bets amongst his specialist peers, Bowlby still highlighted the immense transformation brought about by habitually making contact with fathers prior to undertaking any individual treatment of children: ‘To those of us who hitherto have not done this as a routine, the experience is a revelation’ (ibid.).

Despite his later recollection that an American PSW prompted the idea of incorporating fathers, in his paper, Bowlby cited as motivations the work of influential British psychoanalyst Wilfred Bion, who conducted experiments in group psychotherapy at the Northfield military hospital during World War II; the Tavistock’s own trials in adult group therapy; and research into industrial relations.<sup>55</sup> Yet, as he then went on to say, ‘There is nothing new in the material discussed – but the atmosphere in which it is discussed is different and, one hopes, better’ (Bowlby, 1949: 127). In fact, ‘By focusing our work on the tension existing between the child patient and the members of his family group, we are adding to the child guidance techniques already in use’ (ibid.).

Given Hunnybun’s role in the Tavistock’s child guidance department and her own emphatic analytic orientation, there can be little doubt that she influenced decisions to develop and implement these changes. It thus appears that Bowlby and Hunnybun

constituted a united front at the Tavistock, where they urged, against the dominant orthodoxy, that the use of family interviews including the father was therapeutically effective. 'For the next ten years', Bowlby recalled of this period, 'I strove to convince my colleagues in the Department of Children and Parents of the value of joint family interviews but met with considerable opposition, especially from members of staff with Kleinian orientation', who prioritised fantasy.<sup>56</sup> Bowlby recalled that one colleague even accused him of inflicting cruelty upon the children subjected to family interviews.<sup>57</sup>

As Bowlby recalled of when he had hired Hunnybun, she had been 'seeking a post where her analytic orientation would be appreciated', and found her home at the Tavistock.<sup>58</sup> The juxtaposition of Hunnybun's published work on the therapeutic role of fathers with Bowlby's on the possibilities of family therapy suggests deep theoretical collaboration. A key therapeutic insight attributed to and advanced by Bowlby – the importance of attending to the role of the father and the development of family therapy – was in part the result of analytic orientations long implemented by PSWs, and which, at the time of their development, were published for other professional audiences. Bowlby's work on family therapy, rather than being a single shot fired across the lines of analytic common sense, was part of a larger (though still small) theoretical battalion. The work of both Hunnybun and Robertson suggests the particular observational and analytic aptitudes of PSWs more broadly. However, given that, early on, virtually all PSWs were women, the singular focus on one of the few male PSWs is curious, and suggests a gendered devaluation of the work more generally. Although this is not suggested here in relation to Hunnybun's work, the contestation over the authorship of analytic concepts that have marked Robertson's career may point to larger issues in the recognition of PSWs' theoretical value.<sup>59</sup>

Writing to Hunnybun from Chicago in 1950, where he was conducting research for his influential World Health Organization report on mental health, Bowlby compared their work at the Tavistock to the child guidance work he had witnessed in Boston.<sup>60</sup> 'In principal their approach was identical to ours', he remarked, with one notable exception being that 'they left the father out of account and had swallowed whole the mother's adverse picture of him'. It is evident, Bowlby assured Hunnybun, that 'in work with fathers and joint interviews we are ahead'.<sup>61</sup>

### *Professional boundaries: Anna Freud's Hampstead clinic*

The post-war career of Molly Mason (née Lowden), whom we encountered at the London Child Guidance Clinic, illuminates the murky boundaries between psychiatric social work and psychoanalysis. Mason worked at the clinic for eight or so years after training as a PSW at the LSE. After the war, Mason took up work as a PSW at Anna Freud's Hampstead Child Therapy Clinic, where she simultaneously started training as a child psychotherapist. The clinic was an outgrowth of the nurseries Freud had administered during the war to care for evacuated, unbilletable children, where James Robertson had cut his analytic teeth.<sup>62</sup>

Mason was the clinic's first PSW, lending what the clinic called her unstinting organisational abilities for over 20 years (Model, 1986: 68).<sup>63</sup> Whereas, as we have seen, child guidance clinics – and PSWs in particular – tended to focus on relationships

with parents, oriented towards uncovering their unconscious motivations, Anna Freud's clinic was established to provide psychoanalysis to children directly. It was the first such institute in the country. At the clinic, Mason recalled, the parents were of secondary importance: Children 'are in analysis and the parents are really only helped to endure treatment for the children', tasked with dealing 'with problems as they came up during treatment'.<sup>64</sup> The emphasis was not the same 'as in the Child Guidance clinic, where in some cases work is done only with the parents'.<sup>65</sup> Mason's paid working hours as a PSW were thus spent attending to the parents, while her student hours were spent learning to analyse children.

Of interest to this article is that Mason wrote up her clinical findings – after all, given the recent establishment of child psychoanalysis, the field was ripe for theorising. Child analysts were particularly concerned with the concept of transference – the psychoanalytic principle proposed by Sigmund Freud that the adult patient's early life relationships were unconsciously projected onto the therapist. With adult patients, this 'transference relationship' was a projection of feelings and drives that occurred well in the past – the early relationships (usually with a caretaking figure) that had spawned them were a relic of the patient's psychic history, albeit one that could be summoned into the present. However, with a child patient, these formative relationships with caregivers were still developing. How should analysts approach this fragile transference relationship with children?

In 1970, after nearly two decades of psychoanalytic and social work experience at the clinic, Mason published an article that examined the operation of transference with child patients. Mason was particularly concerned with how children's transference manifested differently depending on the frequency of psychoanalytic sessions: 'Great caution has to be used in interpreting weekly treatment', Mason warned, as opposed to daily treatment (Mason, 1970: 95). Mason maintained that the analyst needed to make use of information about the child's family dynamics, which could be provided by PSWs. In one illustrative example, Mason noted that while a child analyst assumed that a troubled child's behaviour sprang from his identification with his father, it was 'only through the PSW's work with the mother' that the actual cause of the behaviour was able to be understood: The child's mother felt she needed a competent child to make up for an incompetent husband, the projection of which caused the child to act out (*ibid.*). The unconscious factors of the mother could thus be brought to bear upon the child's analysis.

Working as a PSW exposed Mason to a variety of interpretive faculties for understanding behaviour, and she cautioned her fellow analysts to be weary of the blinders provided by any single analytic orientation. When asked by paediatrician Milton Senn whether any of her work experiences – as a teacher, then a PSW, then a child psychotherapist – satisfied her curiosity about the aetiology of childhood disturbance, Mason responded candidly. 'No theory satisfies one about behaviour really, does it?'<sup>66</sup> A single theory always abstracted away from particulars, and often was not flexible enough to encompass, or interpret, the disparate and complicated life stories one encountered. 'Let me put it this way', Mason volunteered, 'I was always very glad that I had a fairly wide experience before I came into the analytic setting'.<sup>67</sup> Prior to coming to study at Freud's clinic, Mason 'had done so many other things', leading her to 'accept the theories that are put forward, the basic ones', but leaving room for interpretation in their

therapeutic application.<sup>68</sup> At the clinic, ‘the idea of analysis as the right method’ was ‘of course, the leading idea and those of us with another background . . .’, at which point in the interview she trailed off. Rigid orthodoxy – even that of the brilliant Freud – could be stifling.<sup>69</sup>

Although there is little room to discuss whether Mason’s paper was an intervention in the psychoanalytic literature, it is clear that her therapeutic insights were the product of how her knowledge as a PSW was able to augment her work as an analyst. ‘As it happened, because of my past training, I suppose, I always worked with the parents as well as the child’, whereas, in most other cases with child psychoanalysts, ‘you analysed the child and somebody else worked with the parents’.<sup>70</sup> This sensitivity to the dynamic interaction between parents and their children was, in fact, heralded as a critical innovation by Michael Fordham, who worked with Mason at the London Child Guidance Clinic. Fordham recalled that, along with his wife Frieda, Mason was one of the handful of PSWs who went on to receive full analytical training.<sup>71</sup> Child guidance as a whole ‘did a lot of good for the Freudians’, Fordham recalled:

Freudians tended to think that either you analyze a child five times a week or you can’t do anything. Well, I think most of them discovered that this wasn’t true, and that it wasn’t frightfully dangerous to analyze the child’s transference if you saw a child once a week.<sup>72</sup>

Mason was not alone amongst PSWs in her concern with transference. The nature of this fundamental psychoanalytic concept provoked debates over clinical decision-making, therapeutic abilities, and, perhaps most divisively, the PSWs’ professional responsibilities.

### ‘Opening our eyes’: *Transference, countertransference, and self-knowledge*

In 1962, Noël Hunnybun and Margaret Ferard published *The Caseworker’s Use of Relationships*, a practically oriented introduction to the transference relationship. Bowlby provided the foreword. ‘Perhaps no aspect of psycho-analytic thought has given rise to so much misunderstanding and misplaced caution as transference’, Bowlby wrote (Bowlby, 1962: ix). This was despite the fact that transference and countertransference were ‘the stuff of which the case-worker’s daily life is made’ (ibid.: x). In psychoanalytic practice, the transference relationship – examining why and how certain early life experiences of the patient were projected onto the analyst – was a critical means, alongside the interpretations of dreams and slips of the tongue, by which to examine the operation of the unconscious.

The problem, put simply, was articulated to the professional community by Elizabeth Irvine, who worked at the Tavistock alongside Bowlby and Hunnybun. ‘In discussing this self-conscious use of the worker-client relationship’, she explained, questions arose ‘as to whether psychiatric social workers can safely and properly use “the transference”, or in fact whether anybody but an analyst should do so’ (Irvine, 1952: 25). Irvine was careful to distinguish two definitions of transference. The first was the strict definition proposed by Sigmund Freud, connoting ‘the way in which analytic patients react to the analyst with the same intense positive and negative feelings which they originally

entertained for their primary love-objects' (ibid.). This was juxtaposed with a more liberal understanding of transference, referring to the general 'distortion which people tend to impose on inter-personal situations in view of assumptions, expectations and prejudices unconsciously derived from past experience' (ibid.). This latter type of transference, Irvine posited, was inextricable from social workers' relationships with clients. While the more substantial interpretation of transference – what Irvine cast as working through 'deeper levels' – should be left to caseworkers who had received their own analysis, Irvine hoped that in the near future, *all* caseworkers would have the minimum training in psychology 'to be able at least to recognize, accept and explore with the client the uppermost levels of his feelings' (ibid.).

Some judged that acknowledging and working through the transference relationship was a matter of professional responsibility. E. M. Goldberg, a PSW at Central Middlesex Hospital in London, argued that it would be irresponsible *not* to use the transference relationship: 'Whether we like it or not, our patients invest us with roles and attitudes, far beyond the scope of the reality situation' (Goldberg, 1953: 4–5). It was a relationship not just imagined by the analytically inclined worker, but one that was always already present: 'We are not artificially creating this kind of relationship. The ingredients in it – both positive and negative – have always been there; but we are now beginning to open our eyes to the hidden negative aspects' (ibid.: 4). Goldberg cautioned that foregrounding the patient's social conditions – including 'real' relationships – could at times come at the expense of addressing the psychic: 'Behind the pressing reality problem', she proposed, 'there often lurks an equally important internal problem' (ibid.: 8). It went unsaid that it was only the irresponsible, or perhaps timid, PSW who would ignore the mutual constitution of these problems: 'The "demands of the reality situation" often provide a wonderful umbrella under which we can hide' (ibid.: 8).

A countervailing position was advanced by Molly Bree, who expressed worry about the uncritical application of psychological and psychoanalytic ideas on the practical treatment of patients. Bree was a PSW posted at a neurosyphilis ward, and much of her day-to-day work involved breaking the news of syphilis to patients' family members. This was a useful exercise, Bree suggested, in determining just what should count as 'the reality situation'.

'It is difficult to define or to ask you all to accept a rough agreement as to what is meant by "reality" or a "real situation"', Bree began. 'But I think all of us would agree that however valid a private interpretation of an outside event may be in itself, there are some situations that can be called "real" in a general sense, and one is the attitude to V.D.' (Bree, 1952: 27). Bree's illustration of a distraught wife, whose husband had been diagnosed with neurosyphilis, deftly exculpated the PSW one might accuse of ignoring the psychic in favour of the social: 'One has to decide whether this very disturbed person is behaving like this because she did not make satisfactory relationships in childhood and is repeating an unsatisfactory pattern of response, or whether she is reacting to a disturbing situation' (ibid.: 29). How to negotiate shame with family and friends was clearly a huge part of the client's distress: 'Apart from its significance in the relation between her and her husband, she must be strong enough both to refrain from sharing it and to keep it secret without damaging her relations with the people she must not tell' (ibid.). Insofar as transference referred to the quotidian drama of everyday human encounters, it



should not attract nearly so much attention as should the material circumstances of a patient's life: 'I accept relationship[s] as inherent in all our work because our work is with people. In that respect it is so pervasive as to be best taken for granted, the sine qua non of a psychiatric social worker's effectiveness' (ibid.: 31). Bree's approach could be considered more along the lines of traditional social work, whereby the patient's socio-economic conditions – and the family and friend dynamics fortified by them – were addressed as fundamental to the problem at hand.

In later publications and in hindsight, Elizabeth Irvine amended that rather than use psychoanalytic techniques to interrogate transference with all patients, PSWs should determine their use on a case-by-case basis. Sometimes their use was appropriate, but at other times it would be better to just, as it were, play out the role that had been projected upon them. 'I think the contact with psycho-analysis should not induce us to relinquish this tradition of actively playing out the role of a parental figure such as the client needs to relate to', Irvine reasoned (Irvine, 1956: 24). The PSW should be afforded the therapeutic autonomy to presume which angle of treatment was best – and, as this article has demonstrated, the PSW likely *was* granted that therapeutic autonomy. Psychoanalytic techniques could thus 'help us to manage the relationship more securely, more sensitively and skillfully so as to meet the needs of each client more precisely and more differentially'. However, 'this psychotherapeutic casework may be more valuable for some clients, but not, I think, for all' (ibid.).

The question, then, was whether the PSW should use psychoanalytic techniques and, if so, when? The consensus seemed to be that their use should be determined on an individual basis: 'Even among psychiatric social workers, some are much more concerned with developing insight in this sense than others, some work on the basis of a body of formulated principles, and some mainly on the basis of intuitive understanding' (Irvine, 1956: 15). Hunnybun, in a contribution to an anthology on casework, noted vaguely that those PSWs who had 'special experience' tended to engage more vigorously with the unconscious dynamics of their patients (Hunnybun, 1955: 112). These questions bore upon more than just the type of treatment a patient would receive; they spoke to the fragility of the professional cohesion that had plagued psychiatric social work since its inception: 'This latter group', which did not follow psychoanalytic doctrine, 'tend [sic] to be insufficiently represented in professional discussion, and perhaps insufficiently regarded, because they are almost by definition less able to express their methods of helping in words' (Irvine, 1956: 15).

Even critics of psychoanalytic techniques and terminology, such as 'transference', were equally committed to, though perhaps unaware of, the concept of *countertransference*.<sup>73</sup> Countertransference, or the projection of the therapist's feelings upon the patient, resulted in deep, potentially problematic, emotional entanglements, ones that PSWs struggled to identify and manage. Yet, despite pedagogical attempts such as Hunnybun and Ferard's introductory text, PSWs generally lacked the specialised language that could be used to identify and address this commonplace dynamic.

Without invoking countertransference, PSWs tended to speak about the issue through general discussions of self-knowledge, questioning the role of their own personalities and knowledge thereof in the therapeutic relationship. Even Robina S. Addis, who was critical of psychoanalysis and was never analysed herself (to the chagrin of Fordham),

maintained that ‘the only way to make contact’ with patients was ‘through your own personality, and so that personality must be developed and understood by the social worker in order to be able to use it as effectively as possible without becoming involved in the problem and not seeing your way out’.<sup>74</sup> The cultivation of self-knowledge in pursuit of knowledge of the patient was ‘the hardest thing to learn’, Addis recalled.<sup>75</sup> Goldberg, too, spoke of the difficulty of its attainment: ‘How do we gain sufficient self-knowledge (acknowledging the impracticability of full analysis for all of us) to cope with our own biases and blind spots in relationship, so that we can see the needs of our clients, distorted as little as possible by our own needs for love and approval on the one hand, and for power on the other[?]’ (Goldberg, 1953: 13). What happened when there was analytic practice, but limited theory?

These debates amongst PSWs indicate a professional conflict that does not fit into the narrative provided by Peter Miller and Nikolas Rose, who have described the larger post-war changes in the ‘technologies of training’. These involved engaging therapeutic professionals – amongst them social workers, psychiatrists, and psychologists – at the level of their own personalities in a bid to reconfigure and legitimise therapeutic authority in the post-war era (Miller and Rose, 1994: 37). However, this process was far more contested and messy than Miller and Rose’s offered narrative of a slow march towards a hegemonic professionalised and technocratic order would suggest. Psychiatric social workers – in their long-standing, conflicted relationship with psychoanalysis, their alienation from an autonomous professional domain, and their desire to use whatever means necessary to effect therapeutic change – were hardly a unified block of dutifully technologised professionals. It is perhaps a sign of their patchy psychoanalytic training that PSWs did not fully participate in the debates over, and techniques used to address, countertransference, a phenomenon with which they were clearly familiar, but with which they had few formal analytic resources to cope.

At times a virtue, the PSW’s professional discretion in the ad hoc adoption of psychoanalytic concepts could, at others, isolate them from coherent, organised bodies of theoretical knowledge for managing their therapeutic relationships. This, perhaps, contributed to the profession’s mandated disbandment by the 1960s, a period during which the insufficiently articulate justification for this specialised strain of social work came under fierce criticism.<sup>76</sup>

## Conclusion

Disciplinary histories ‘often find themselves at a loss with episodes, ideas, figures who do not immediately conform to the boundaries established later by those disciplines’ (Forrester and Cameron, 2017: 6). This article has offered key examples of the transgressions of psychoanalytic disciplinary boundaries; though these examples are drawn from a small profession – by 1962, only around 1,200 individuals in Britain had received psychiatric social work training (Timms, 1964: 48) – this article has demonstrated their outsized contributions to mid-century British psychoanalysis in three registers.

Firstly, PSWs explicitly interpreted psychoanalytic techniques and terminology in their day-to-day casework, ultimately affecting the ways that patients – whether the children and parents seen at child guidance clinics, or the patients at mental hospitals

– received care. This article has shown, as Mark Lipsky so clearly articulated, the degree to which care provided under the auspices of mental hygiene was highly contingent upon individual differences, proclivities, and theoretical preferences (Lipsky, 1980). By illuminating how variably PSWs incorporated ideological and theoretical approaches, and put those approaches into practice, this article attempts the kind of history of the post-war welfare state called for by historian Mathew Thomson: histories that can illuminate what care actually looked like, what the individual in treatment was likely to experience (Thomson, 2013). *Pace* Nikolas Rose, who claimed that PSWs were components of the larger developments of the ‘new technologies of government’ (Rose, 1989), this article has motivated the idea that these workers’ disparate, contested, and largely unsystematic use of psychoanalytic methods and theory complicates any clear-cut Foucauldian narrative of therapeutic control.

Secondly, this article has argued that the work of pre-eminent British psychoanalysts – in particular, that of John Bowlby – was contingent upon the therapeutic priorities, analytic orientation, and labour of psychiatric social workers. A new genealogy of psychoanalysis would investigate the marginal professionals whose work was nonetheless critical to generating analytic insights. Even scholars such as Ernst Falzeder, who has critically mapped the passage and permutations of psychoanalytic ideas between different analysts, have not taken into account analytic insight existing outside of the pedigree of professional analysts.<sup>77</sup> Thirdly and relatedly, the article has demonstrated how PSWs generated and published reflections on psychoanalytic theory, which at times supplemented, but at others were entirely autonomous of, mainstream psychoanalytic work.

There is a pernicious yet commonplace view that psychoanalytic knowledge can only be produced in the highly controlled environment between the analyst and the analysand: the couch, the notepad, the closed door. The late historian John Forrester calls this the primal fantasy of psychoanalysis itself (Forrester, 2017). In relation to this, Forrester points out that a consequence of the creation of the psychoanalytic profession has been the effective rendering as ‘less visible, sometimes invisible’ any non-institutional psychoanalysis (ibid.: 236). Forrester and Lisa Appignanesi have made critical contributions in recognising these invisible, extra-institutional individuals by unearthing the role of women patients in developing Freud’s ideas (Appignanesi and Forrester, 1992). This article has demonstrated that PSWs played a critical role in imagining the possibilities of psychotherapeutic care, which required sophisticated interpretations and variations of psychoanalytic theory, resulting in breaking the boundaries of where, it has been assumed, psychoanalytic theory is generated and psychoanalysis practiced.

In their work – from conducting home visits and setting up wartime hostels for unbilleteable children, to posting up in hospital wards and psychoanalytic clinics – psychiatric social workers effectively reminded the medical community that the unconscious did not exist solely in the presence of the analyst; it existed everywhere. The possibility of its evocation outside of the consulting room captured the attention and anxieties of such eminent analysts as Donald Winnicott. This possibility should stir anxieties for those keen to write the history of psychoanalysis, too, for only a history that considers the production of psychoanalytic knowledge ‘from the middle’ takes seriously the history of the unconscious.


## Declaration of conflicting interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Gates Cambridge Scholarship.

## ORCID iD

Juliana Broad  <https://orcid.org/0000-0002-2539-7425>

## Notes

1. For Bowlby's intellectual influences, see Bretheron (1992); van Dijken *et al.* (1998); Newcombe and Lerner (1982). For social workers, see, for example, Chinnery (2016) and Sable (2010); for psychologists, see Rustin (2007).
2. For a comprehensive overview of the developments of British social work – including the dissolution of psychiatric social work – see Younghusband (1978).
3. As one eminent British psychoanalyst put it, 'What happens when half-baked social workers half-trained in analytical techniques apply them indiscriminately in the delicate task of social guidance can best be left to the imagination' (Glover, 1960: 67). For further discussion, see Timms (1964: 9).
4. See Child Guidance Council, 'Child Guidance by Teamwork', 1931, Robina S. Addis Papers, Wellcome Collection (hereafter, 'Robina S. Addis Papers'), PP/ADD/C/3/4, Box 4, p. 3.
5. Child Guidance Council, 'Child Guidance by Teamwork', p. 3.
6. See 'Training for Mental Health Work', Robina S. Addis Papers, PP/ADD/C/1/1, Box 3.
7. See 'Early Mental Health Course Reading List', Richard Titmuss Papers, LSE Library and Archives Special Collections, TITMUSS/2/154.
8. Sibyl Clement Brown to Robina S. Addis, 20 December 1932, Robina S. Addis Papers, PP/ADD/C/1/4/13.
9. Sibyl Clement Brown, interviewed by Alan Cohen, 1980–1, in 'Social Workers Speak Out: The Cohen Interviews', University of Warwick, Modern Records Centre, p. 2.
10. Sibyl Clement Brown, interviewed by Alice Boardman Smuts, 1977, transcript held at the London Metropolitan Archives, H57/TV/LIB/03/02/004, p. 13.
11. Brown, interviewed by Cohen, 1980–1, p. 7.
12. Brown, interviewed by Cohen, 1980–1, p. 7.
13. Brown, interviewed by Cohen, 1980–1, p. 7.
14. Brown, interviewed by Cohen, 1980–1, p. 7. For more on Susan Isaacs's role in introducing psychoanalysis to 'progressive education', see Bar-Haim (2017).
15. Brown, interviewed by Cohen, 1980–1, p. 6.
16. Brown, interviewed by Smuts, 1977, p. 12.
17. Noël Hunnybun, interviewed by Alice Boardman Smuts, 1977, transcript held at the London Metropolitan Archives, H57/TV/LIB/03/02/004, p. 12.
18. Brown, interviewed by Smuts, 1977, pp. 12–13.
19. Brown, interviewed by Smuts, 1977, pp. 12–13.
20. Child Guidance Council, 'Child Guidance by Teamwork', p. 4 (emphasis in original).

21. Michael Fordham, interviewed by Alice Boardman Smuts, 1977, transcript held at the London Metropolitan Archives, H57/TV/LIB/03/02/004, p. 20.
22. John Bowlby, interviewed by Alice Boardman Smuts, 6 June 1977, transcript held in John Bowlby Papers, Wellcome Collection (hereafter, 'John Bowlby Papers'), PP/BOW/A.5/2, p. 6.
23. Bowlby, interviewed by Smuts, 1977, p. 6; Fordham, interviewed by Smuts, 1977, pp. 14–15. Molly Mason (née Lowden) will be referred to by her married name in later sections.
24. Bowlby, interviewed by Smuts, 1977, p. 6.
25. Fordham, interviewed by Smuts, 1977, p. 16. Fordham met his second wife, Frieda Hoyle, at the child guidance clinic, where she was working as a psychiatric social worker. She later trained as a Jungian analyst, published the classic 1953 Penguin text *An Introduction to Jung's Psychology*, and contributed papers to the *Journal of Analytical Psychology*.
26. Hunnybun, interviewed by Smuts, 1977, p. 16. It should be noted that Miller – whose child guidance clinic in East London ended up treating childhood trauma caused by anti-Semitic attacks in the area – was distinctively (in the realm of child guidance) sensitive to the socio-economic conditions that precipitated childhood neuroses. For more on this, see Stewart (2016). Thanks to the anonymous reviewer who pointed this out.
27. Hunnybun, interviewed by Smuts, 1977, p. 10.
28. See, for example: Bowlby, interviewed by Smuts, 1977, p. 6; Bowlby (1987: 2); John Bowlby, interviewed by Milton J. E. Senn, 19 October 1977, transcript held by the National Library of Medicine, History of Medicine Division, American Child Guidance Clinic and Child Psychiatry Movement Interview Collection 1975-1978 (hereafter, 'CPM Interview Collection'), OH 76, p. 12.
29. For this interpretation, see Scull (1991).
30. As Noël Hunnybun reported in an unpublished speech, 'Our efforts at history-taking often resulted in thirty to forty pages of typing'. Quoted in Hilda Horder, interviewed by Alice Boardman Smuts, 1977, transcript held at the London Metropolitan Archives, H57/TV/LIB/03/02/004, p. 27.
31. For a detailed analysis of the extent to which Kleinian ideas about child-rearing were popularised by psychologist Susan Isaacs, see Shapira (2017).
32. Bowlby provides an historical and philosophical overview of these attempts in his 'Psychoanalysis as a Natural Science' (1981). The anthropologist Margaret Mead (1954) provided contemporary criticism of these trends towards 'universal theories' of maternal-child relations.
33. Robina S. Addis, interviewed by Alice Boardman Smuts, 1977, transcript held in Robina S. Addis Papers, PP/ADD/A/13, Box 1. 31, p. 19.
34. Addis, interviewed by Smuts, 1977, p. 22.
35. See 'Notes on Career', Robina S. Addis Papers, PP/ADD/A/9, Box 1.
36. See Donald Winnicott, 'A Doctor Looks at the Psychiatric Social Worker', January 1943, Donald Winnicott Papers, Wellcome Collection, PP/DWW/A/A/59, p. 25.
37. Kanter has argued that Clare's later published writings, based on her work with evacuated children, presaged many of Donald's later formulations of psychoanalytic concepts, such as the transitional object and holding environment (Kanter, 2000).
38. Winnicott, 'A Doctor Looks at the Psychiatric Social Worker', p. 25.
39. Winnicott, 'A Doctor Looks at the Psychiatric Social Worker', p. 26.

40. Winnicott, 'A Doctor Looks at the Psychiatric Social Worker', p. 26.
41. Winnicott, 'A Doctor Looks at the Psychiatric Social Worker', p. 25.
42. Despite this drum-beating, the total collapse in civilian mental health predicated by medical professionals did not occur. Thanks to the anonymous reviewer for pointing out that this warrants highlighting.
43. Winnicott, 'A Doctor Looks at the Psychiatric Social Worker', p. 27.
44. Bowlby, interviewed by Smuts, 1977, p. 12. For the rather distinctive development of child guidance in Scotland – which was relatively autonomous from that in England – see, in particular, Stewart (2006).
45. See Ashdown and Brown (1953).
46. For an historical overview of the Tavistock's programmes, see Trist and Murray (1990).
47. See Ainsworth and Marvin (1995) for Ainsworth's comments on Robertson's influence on her work.
48. For more information on Robertson, see van der Horst (2011), in particular Chapter 3.
49. These biographical details were provided by Robertson. See James Robertson, interviewed by Milton J. E. Senn, 1977, transcript held in CPM Interview Collection, OH 76.
50. For a more detailed account of Robertson's years-long campaign for hospital visitation reform, see Hendrick (2003).
51. John Bowlby, interviewed by Alice Boardman Smuts, 1979, transcript held in John Bowlby Papers, PP/BOW/A.5/2, p. 1. These quotes come from supplementary material Bowlby provided to Alice Smuts that was lost in the initial interview due to a malfunctioning tape recorder.
52. Bowlby, interviewed by Smuts, 1979, p. 1.
53. Bowlby, interviewed by Smuts, 1979, p. 2.
54. Noël Hunnybun, interviewed by Alan Cohen, 1980–1, in 'Social Workers Speak Out: The Cohen Interviews', University of Warwick, Modern Records Centre, p. 9.
55. For more on the development of therapeutic communities and group therapy in World War II, see Harrison (2000).
56. Bowlby, interviewed by Smuts, 1979, p. 3.
57. Bowlby, interviewed by Smuts, 1979, p. 3.
58. See John Bowlby, 'Noël Hunnybun Obituary', May 1985, John Bowlby Papers, PP/BOW/A.6/7, p. 2.
59. Robertson himself suggests as much in Robertson, interviewed by Senn, 1977.
60. The report – *Maternal Care and Mental Health* – was wildly popular in Britain and was republished for public audiences numerous times.
61. John Bowlby to Noël Hunnybun, 29 March 1950, John Bowlby Papers, PP/BOW/B.1/12, p. 2.
62. These biographical details come from Molly Mason, interviewed by Milton J. E. Senn, 18 October 1977, transcript held in CPM Interview Collection, OH 76.
63. Mason, interviewed by Senn, 18 October 1977, p. 14.
64. Mason, interviewed by Senn, 18 October 1977, pp. 15–16.
65. Mason, interviewed by Senn, 18 October 1977, p. 16.
66. Mason, interviewed by Senn, 18 October 1977, p. 19.
67. Mason, interviewed by Senn, 18 October 1977, pp. 19–20.
68. Mason, interviewed by Senn, 18 October 1977, p. 20.
69. Mason, interviewed by Senn, 18 October 1977, p. 20.

70. Mason, interviewed by Senn, 18 October 1977, p. 16.
71. Fordham, interviewed by Smuts, 1977, p. 16.
72. Fordham, interviewed by Smuts, 1977, p. 13.
73. For an historical overview of countertransference, see Stefana (2017).
74. Addis, interviewed by Smuts, 1977, p. 8.
75. Addis, interviewed by Smuts, 1977, p. 8.
76. Although there is no space here to discuss why psychiatric social work dissolved as a profession, a rich analysis of one of its most vehement and influential critics, Barbara Wootton, is provided in Ann Oakley's biography: Oakley (2011). Additionally, Oakley (2014) provides an important retelling of the gendered dynamics at play in the institutionalisation (and dissolution) of social work training at the London School of Economics.
77. See Falzeder's book *Psychoanalytic Filiations* (2015) for his famous 'spaghetti junction' image, a conceptual map of eminent analysts and their analysands.

## References

- Ainsworth, M. D. S. and Marvin, R. S. (1995) 'On the Shaping of Attachment Theory and Research: An Interview with Mary D. S. Ainsworth', *Monographs of the Society for Research in Child Development* 60(2/3): 2–21.
- Alexander, S. (2016) 'D.W. Winnicott and the Social Democratic Vision', in M. Ffytche and D. Pick (eds) *Psychoanalysis in the Age of Totalitarianism*. London: Routledge, pp. 114–30.
- Appignanesi, L. and Forrester, J. (1992) *Freud's Women*. London: Weidenfeld and Nicholson.
- Ashdown, M. and Brown, S. C. (1953) *Social Service and Mental Health: An Essay on Psychiatric Social Workers*. London: Routledge & Kegan Paul.
- Bar-Haim, S. (2017) 'The Liberal Playground: Susan Isaacs, Psychoanalysis and Progressive Education in the Interwar Era', *History of the Human Sciences* 30(1): 94–117.
- Blacker, C. P. (1946) *Neurosis and the Mental Health Services*. London: Oxford University Press.
- Bowlby, J. (1940) 'The Influence of Early Environment in the Development of Neurosis and Neurotic Character', *International Journal of Psycho-Analysis* 21: 154–78.
- Bowlby, J. (1949) 'The Study and Reduction of Group Tensions in the Family', *Human Relations* 2(2): 123–8.
- Bowlby, J. (1962) 'Foreword', in M. L. Ferard and N. K. Hunnibun, *The Caseworker's Use of Relationships*. London: Tavistock Publications, pp. vii–x.
- Bowlby, J. (1981) 'Psychoanalysis as a Natural Science', *International Review of Psycho-Analysis* 8: 243–56.
- Bowlby, J. (1987) 'A Historical Perspective on Child Guidance', *Child Guidance Trust Newsletter* 3: 1–2.
- Bray, T. (2016) 'In the Gaps and on the Margins: Social Work in England, 1940–1970', PhD thesis, University of Warwick.
- Bree, M. H. (1952) 'The Function and Use of Relationship Between Client and Psychiatric Social Worker', *British Journal for Psychiatric Social Work* 2(6): 27–32.
- Bretherton, I. (1992) 'The Origins of Attachment Theory: John Bowlby and Mary Ainsworth', *Developmental Psychology* 28(5): 759–75.
- Chinnery, S.-A. (2016) 'Social Work's Fingerprint on the Evolution of Attachment Theory: Some Essential Knowledge for Care Practice', *Aotearoa New Zealand Social Work* 28(3): 79–90.

- Falzeder, E. (2015) *Psychoanalytic Filiations: Mapping the Psychoanalytic Movement*. London: Karnac.
- Fonagy, P. (2001) *Attachment Theory and Psychoanalysis*. London: Karnac.
- Forrester, J. (1996) 'If *p*, Then What? Thinking in Cases', *History of the Human Sciences* 9(3): 1–25.
- Forrester, J. (2017) 'Colleagues, Correspondents, and the Institution, Or: Is Psychoanalysis Without Institutions Possible?', *Psychoanalysis and History* 19(2): 233–7.
- Forrester, J. and Cameron, L. (2017) *Freud in Cambridge*. Cambridge: Cambridge University Press.
- Glover, E. (1960) *The Roots of Crime*. London: Imago.
- Goldberg, E. M. (1953) 'Function and Use of Relationship in Psychiatric Social Work', *British Journal of Psychiatric Social Work* 2(8): 3–13.
- Harrison, T. (2000) *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front*. London: Jessica Kingsley.
- Hayward, R. (2012) 'The Pursuit of Serenity: Psychological Knowledge and the Making of the British Welfare State', in S. Alexander and B. Taylor (eds) *History and Psyche: Culture, Psychoanalysis and the Past*. New York, NY: Palgrave Macmillan, pp. 283–304.
- Hendrick, H. (2003) 'Children's Emotional Well-Being and Mental Health in Early Post-Second World War Britain: The Case of Unrestricted Hospital Visiting', in M. Gijswijt-Hofstra and H. Marland (eds) *Cultures of Child Health in Britain and the Netherlands in the Twentieth Century*. Amsterdam: Rodopi, pp. 213–42.
- Hunnybun, N. (1947–50) 'A Short Communication on the Place of Fathers in Child Guidance', *British Journal of Psychiatric Social Work* 1(2): 50–3.
- Hunnybun, N. (1955) 'Psychiatric Social Work', in C. Morris (ed.) *Social Case-Work in Great Britain*. London: Faber and Faber, pp. 103–30.
- Irvine, E. E. (1952) 'The Function and Use of Relationship Between Client and Psychiatric Social Worker', *British Journal of Psychiatric Social Work* 2(6): 21–6.
- Irvine, E. E. (1956) 'Transference and Reality in the Casework Relationship', *British Journal of Psychiatric Social Work* 3(4): 15–24.
- Jones, E. (2004) 'War and the Practice of Psychotherapy: The UK Experience 1939–1960', *Medical History* 48(4): 493–510.
- Jones, K. W. (1999) *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority*. Cambridge, MA: Harvard University Press.
- Kanter, J. (2000) 'The Untold Story of Clare and Donald Winnicott: How Social Work Influenced Modern Psychoanalysis', *Clinical Social Work Journal* 28(3): 245–61.
- Krause, M. and Guggenheim, M. (2013) 'The Couch as Laboratory? The Spaces of Psychoanalytic Knowledge-Production Between Research, Diagnosis and Treatment', *European Journal of Sociology* 54(2): 187–210.
- Lee, P. R. and Kenworthy, M. E. (1929) *Mental Hygiene and Social Work*. New York, NY: Commonwealth Fund.
- Lipsky, M. (1980) *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services*. New York, NY: Russell Sage Foundation.
- Long, V. (2004) 'Changing Public Representations of Mental Illness in Britain 1870–1970', PhD thesis, University of Warwick.



- Long, V. (2011) "'Often There is a Good Deal to Be Done, But Socially Rather Than Medically': The Psychiatric Social Worker as Social Therapist, 1945–70", *Medical History* 55(2): 223–39.
- Long, V. (2014) *Destigmatizing Mental Illness? Professional Politics and Public Education in Britain, 1870–1970*. Manchester: Manchester University Press.
- Mason, E. M. (1970) 'Transference in Daily and Weekly Treatment', *Journal of Child Psychotherapy* 2(4): 88–96.
- Mead, M. (1954) 'Some Theoretical Considerations on the Problem of Mother-Child Separation', *American Journal of Orthopsychiatry* 24(3): 471–83.
- Miller, P. and Rose, N. (1988) 'The Tavistock Programme: The Government of Subjectivity and Social Life', *Sociology* 22(2): 171–92.
- Miller, P. and Rose, N. (1994) 'On Therapeutic Authority: Psychoanalytical Expertise Under Advanced Liberalism', *History of the Human Sciences* 7(3): 29–64.
- Model, E. (1986) 'Molly Mason 1900–1985', *Bulletin of the Anna Freud Centre* 9(1): 67–8.
- Newcombe, N. and Lerner, J. C. (1982) 'Britain Between the Wars: The Historical Context of Bowlby's Theory of Attachment', *Psychiatry* 45(1): 1–12.
- Oakley, A. (2011) *A Critical Woman: Barbara Wootton, Social Science and Public Policy in the Twentieth Century*. London: Bloomsbury.
- Oakley, A. (2014) *Father and Daughter: Patriarchy, Gender and Social Science*. Bristol: Policy Press.
- Porter, R. (1985) 'The Patient's View: Doing Medical History From Below', *Theory and Society* 14(2): 175–98.
- Riley, D. (1983) *War in the Nursery: Theories of the Child and Mother*. London: Virago.
- Richards, G. (2000) 'Britain on the Couch: The Popularization of Psychoanalysis in Britain 1918–1940', *Science in Context* 13(2): 183–230.
- Rose, N. (1989) *Governing the Soul: The Shaping of the Private Self*. London: Routledge.
- Rustin, M. (2007) 'John Bowlby at the Tavistock', *Attachment & Human Development* 9(4): 355–9.
- Sable, P. (2010) 'The Origins of an Attachment Approach to Social Work Practice With Adults', in S. Bennett and J. K. Nelson (eds) *Adult Attachment in Clinical Social Work: Practice, Research, and Policy*. New York: Springer, pp. 17–29.
- Scull, A. (1991) 'Psychiatry and Social Control in the Nineteenth and Twentieth Centuries', *History of Psychiatry* 2(6): 149–69.
- Shapira, M. (2013) *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain*. Cambridge: Cambridge University Press.
- Shapira, M. (2017) "'Speaking Kleinian": Susan Isaacs as Ursula Wise and the Inter-War Popularisation of Psychoanalysis', *Medical History* 61(4): 525–47.
- Smuts, A. B. (2006) *Science in the Service of Children, 1893–1935*. New Haven, CT: Yale University Press.
- Stefana, A. (2017) *History of Countertransference: From Freud to the British Object Relations School*. London: Routledge.
- Stewart, J. (2006) 'Child Guidance in Interwar Scotland: International Influences and Domestic Concerns', *Bulletin of the History of Medicine* 80(3): 513–39.
- Stewart, J. (2016) 'British Child Guidance Practitioners at the Paris Conference', *Revue d'histoire de l'enfance 'irrégulière'* 18: 134–48.

- Thom, D. (1992) 'Wishes, Anxiety, Play, and Gestures: Child Guidance in Inter-War England', in R. Cooter (ed.) *In the Name of the Child: Health and Welfare, 1880-1940*. London: Routledge, pp. 200–19.
- Thomson, M. (2013) *Lost Freedom: The Landscape of the Child and the British Post-War Settlement*. Oxford: Oxford University Press.
- Timms, N. (1964) *Psychiatric Social Work in Great Britain (1939-1962)*. London: Routledge & Kegan Paul.
- Trist, E. and Murray, H. (1990) 'Historical Overview: The Foundation and Development of the Tavistock Institute', in E. Trist and H. Murray (eds) *The Social Engagement of Social Science: A Tavistock Anthology*: Vol. 1. *The Socio-Psychological Perspective*. Philadelphia, PA: University of Pennsylvania Press, pp. 1–34.
- van der Horst, F. C. P. (2011) *John Bowlby, From Psychoanalysis to Ethology: Unraveling the Roots of Attachment Theory*. Chichester: Wiley-Blackwell.
- van Dijken, S. (1998) *John Bowlby: His Early Life*. London: Free Association Books.
- van Dijken, S., van der Veer, R., van Ijzendoorn, M., and Kuipers, H.-J. (1998) 'Bowlby Before Bowlby: The Sources of an Intellectual Departure in Psychoanalysis and Psychology', *Journal of the History of the Behavioral Sciences* 34(3): 247–69.
- Younghusband, E. (1978) *Social Work in Britain: A Follow-Up Study: Vol. 1*. Hemel Hempstead: Allen & Unwin.
- Zaretsky, E. (2004) *Secrets of the Soul: A Social and Cultural History of Psychoanalysis*. New York, NY: Alfred A. Knopf.

### Author biography

**Juliana Broad** holds a degree in the history and philosophy of science from the University of Cambridge.