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Work as a cure for mental illnesses? Opportunism and seeking ways in psychology and psychiatry in the first decades of state socialism in Hungary

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ABSTRACT

In Hungary, until the end of the 1940s, there were two main established methods of occupying the mentally ill who were fit for work. From the end of the nineteenth century, a lesser number of patients underwent work therapy in mental asylums, whereas the others were treated with so-called family therapy (otherwise known as the hetero-familial system), exploiting the capacities of families in the countryside. As an important part of this, the mentally ill helped in housekeeping and agricultural work. However, following the political and ideological turn of 1948, the latter form of treatment became debated, and then it was gradually superseded. Parallel to this process, work therapy came to be the most popular type of treatment for mental illnesses, as work formed the basis of the ideology of the communist state, and thus, healing through work harmonized with the general tendencies of the era. This article examines texts related to work therapy published in neurological–psychiatric and psychological journals and monographs between 1954 and 1964. However, although work therapy appeared to be the “handmaiden of ideology,” and even though it was supposed to fulfil a particular role, in reality, the role and perception of work therapy were a lot more complicated.

RÉSUMÉ

En Hongrie, jusqu'à la fin des années 40, il existait deux méthodes principales pour occuper les malades mentaux qui étaient aptes au travail. Dès la fin du dix-neuvième siècle, un plus petit nombre de malades suivaient la thérapie par le travail dans les asiles, tandis que les autres étaient traités par la soi-disant thérapie familiale (connue sous le nom du système hétéro-familial), ce qui exploitait les capacités des familles rurales. Une partie importante de cette thérapie était la participation des malades mentaux au ménage et au travail agricole. Pourtant, suivant la tournure politique et idéologique de 1948, cette thérapie est devenue très discutée et elle a été progressivement remplacée. Parallèlement à ce processus, la thérapie par le travail est devenue le type de traitement le plus courant pour les maladies mentales, puisque le travail constituait la base idéologique de l'État communiste, et par conséquent la guérison par le travail s'accordait avec les tendances de l'époque. L'article examine les textes ayant rapport à la thérapie par le travail publiés entre 1954 et 1964 dans les revues et les monographies neurologiques-psychiatriques et psychologiques. Bien que la thérapie par le travail parût être la servante de l'idéologie, et doive jouer un rôle spécifique, en réalité le rôle et la perception de cette thérapie étaient bien plus compliqués.

KEYWORDS

Work therapy; state socialism; history of psychiatry; Hungary

The topic of therapeutic activities in asylums in the second half of the twentieth century might spark interest among historians of psychiatry for two reasons. On the one hand, it enables us to examine knowledge transfer in the period. Following World War II, the socialist and capitalist countries generally found different solutions for their social and economic problems. However, the case of the mentally ill seems to be an exception, as on both sides of the Iron Curtain rehabilitation through the performance of activities emerged as a viable therapeutic option. The different forms of psychotherapy focusing on activities for the mentally ill (occupational therapy and industrial therapy)¹ developed in the post-war period both in Western Europe and in the United States, whereas work therapy, a commonly used method even before the war, became one of the most preferred forms of treatment in the Soviet Union. Parallel to the ideological liquidation of previously popular therapeutic methods, work therapy came to the fore in the other countries of the Soviet sphere of interest as well.² Consequently, after 1948 work therapy became gradually widespread and was transformed into a well-researched and developed field of practice in Hungary.

The other reason which makes work therapy worthy of historical attention is the social-historical problem, which complements the theories of Michel Foucault analyzing the general position of the mad within society.³ Foucault aimed to describe this position by outlining a system of criteria for exclusion. According to his approach, one of the most basic means of casting someone out of society is exclusion from labour: "as far as labour is concerned, even in our day the first criterion for determining madness in an individual consists in showing that he is unfit for work."⁴ Foucault's argument goes on to explain that from the Middle Ages on those who were excluded from labour, had no possessions, or occupied no fixed place within society were considered mad. Nevertheless, it was the sixteenth century and the formation of a capitalist society that determined their real status: idleness became a common distinguishing feature, and it has remained so up to today. However, Foucault's analysis ignores the widely acknowledged initiatives aiming at the healing and reintegration of the mentally ill into society by leading them back into the world of labour.

This article explores academic texts published in neurological–psychiatric and psychological periodicals⁵ and monographs in the 1950s and 1960s in Hungary. As no literature (except 1–2 short articles) in Hungary existed on work therapy prior to the state socialist period, the psychiatrists of the new era had to create a theoretical background for it. Based on the articles and books analyzed in this study, it is possible to examine how psychiatrists tried to conform to the new political system and its ideology. Furthermore, this study shows how they attempted to create a new form of therapy that was not only accepted but supported by the state. Although it was a form of therapy which was fundamentally based on the ideology of the communist state, I would argue that this did not mean that work therapy was merely the "handmaiden of ideology."⁶ Indeed, work therapy was closely linked to the official ideology and social structure of the new state, but those experts who created this new approach did not seek only to embed it in the context of state socialism but acquainted themselves with the therapeutic methods from both the Western and the Eastern blocs.⁷

The temporal focus of the article (1954–64) is not in accord with the traditional "milestones" in political history. However, from my point of view, the main turning point between the two distinct periods of state socialism was not the events of 1956 (the Rákosi [1948–56]⁸ and the Kádár eras [1956–88]),⁹ as they did not bring a radical change in psychiatric thought.

It was only the middle of the 1960s that saw a transformation.¹⁰ Thus, in this article, the works published between 1954 and 1964 are treated as a unified corpus. My primary focus is on the theoretical background of work therapy, while the practices have yet to be examined.

Why work therapy?

A brief overview of the psy-disciplines (especially the situation of psychiatry and the psychotherapies) before 1948 and of the most important socio-political changes occurring after 1948 is needed to understand why and how work therapy became a standard method of treating mental illnesses in Hungary during the years of state socialism. First, the discourse on psychopathologies and the offered cures within and outside of the asylums in the pre-socialist period in Hungary differed greatly. Psychiatric institutions (asylums, hospital wards) – in line with therapeutic nihilism – treated patients with sedatives (such as bromide or valerian) and hydrotherapy. Besides these treatments, they also applied malaria treatment and insulin shock therapy.¹¹ Labour was also used in some form in the cases of those who were eligible for it.

In the first years after World War II (1945–48) changes were visible both in themes and approach: similarly to the Western model, the mental hygiene movement and individual psychology gained significance, and child psychology was developing. Moreover, psychoanalysis, a relatively well-researched approach due to the world-renowned Budapest School and considered “ideologically suspicious” before and during World War II,¹² was thriving in the years of post-war transition.¹³ All of these subdisciplines created their own organizations and helped to shape the academic discourse on the psy-disciplines. They also had social significance before 1948¹⁴ as they became gradually available to wider circles: academic workshops were organized, and the private practice of psychoanalysis was complemented with educational and career counselling. Furthermore, these associations organized informative lectures for the public.¹⁵

The ideology of the new state after 1948 did not leave the psy-disciplines untouched either: these fields also underwent Sovietization.¹⁶ The central idea of Marxism–Leninism was that the givens of social existence determine people’s consciousness.¹⁷ Therefore, mental illnesses are derived from the abuses of capitalism. Consequently, the problem of the mentally ill was viewed as socially determined, merely as a symptom of a faulty social system.¹⁸ However, the most common non-biomedical approaches,¹⁹ such as psychoanalysis,²⁰ fate analysis, or individual psychology, focused on the individual and not the main reason for the problem, society itself.²¹ Thus, parallel to the consolidation of the new political system, mental illnesses – similarly to social classes – were supposed to disappear and most therapies were to be silenced as pseudo-scientific²² methods.²³ The process of their liquidation went relatively fast and was finished by the end of 1948,²⁴ and the re-institutionalization of psychology was possible only 10 years later.²⁵

Among the psy-disciplines, psychiatry was in a somewhat better position. After World War II, the prefects of the Soviet Union wished to provide a unified, ideological, and scientific basis for the disciplines of biology, psychology, and psychiatry in their sphere of interest.²⁶ This basis was found in the theories of Ivan Pavlov, whose work had had a particular significance from the second half of the 1930s, and following the Pavlovian turn of the 1950s, the adaptation of his methods was further encouraged. This process is often referred to as “Pavlovization,”²⁷ with significant impacts in the Soviet Union and abroad.

On the one hand, Hungarian psychiatrists expressed their commitment to Pavlovization with translations and by organizing events using Pavlov's name. For example, in 1951 the Psychiatric–Neurological Department of the Trade Union of Physicians acknowledged that Pavlov's theories constitute the progressive approach in psychiatry and declared methods based on it useful, such as the Novocaine blockade.²⁸ At the same time, there was still enough space for negotiation, for if psychiatrists were not openly against the Pavlovian theories, they could publish their findings and follow their own methods in medical practice.²⁹

Still, psychiatry was in a less than ideal position. Even though the liquidation of ideologically problematic therapies did not pose a real threat to hospitals and asylums that were available only to a narrow layer of society, the social reforms of the paternalist state caused a real predicament. The de-privatized, now widely accessible health insurance system meant that the already overburdened asylums and hospital wards were to receive even more patients.³⁰ It became essential to discharge those who were deemed untreatable in closed psychiatric wards. However, this did not mean that the patients in need of constant care and surveillance were to be set completely free; a form of organized care was to be provided for them. This new treatment had to resonate with the ideology of Stalinism – or at least not be openly against it. The solution was found in the form of therapy built on one of the quintessential theoretical and normative bases of Marxism–Leninism: labour.³¹ By 1951 it became a recommended form of treatment along with electroconvulsive therapy and insulin shock therapy. The latter two methods, even though the state supported them, were known before the communist takeover: their widespread use was reflected on in the academic discourse in the period of transition between 1945 and 1948.³²

The decree which pronounced work therapy to be one of the three most important treatments was declared at the annual conference of the “Pavlov” Psychiatric–Neurological Department of the Trade Union of Physicians.³³ The importance of this lies in the fact that the decision of the trade union mirrors both political and professional expectations: the organization was made up of physicians who were prominent in their respective fields and at the same time were ideologically engaged. It was a declaration impossible to be ignored by the politically less committed psychiatrists as well.

Constructing communist work therapy

At this time, however, work therapy as the new, more conformist method lacked the necessary professional backing, such as the relevant academic literature or the necessary institutional framework.³⁴ As early as 1952, an experimental institution was opened for work therapy next to the western border of Hungary in the isolated village of Intapuszta. In the same year, “mad colonies”³⁵ were established at state farms, and by the end of the decade new, purpose-built psychiatric institutions opened their doors.³⁶ The psychiatrists working in these institutions were put in a uniquely ambiguous position as they were supposed to harmonize their therapeutic methods with communist ideology, which meant that their job was not simply professional, but could also be interpreted as a “political mission.” However, as in Hungary there were no previous examples of a successful work-based therapy, psychiatrists gained more freedom in their professional choices.³⁷

In this 10-year period, most academic texts were written either by István Benedek or Béla Gálfi. Benedek was the director of the Experimental Institute of Work Therapy

at Intapuszta and Simaság (1952–56), and the author of the world-renowned book *The Gilded Cage*,³⁸ which presents the everyday lives of the institutions led by him in a fictional form. Benedek earned his degree before World War II and learned the basics of psychology, especially that of fate analysis,³⁹ from Lipót Szondi.⁴⁰ Following the communist takeover, he was removed from his position at the Lipótmező State Mental Hospital in 1951 due to political reasons. However, in 1953, he was allowed to continue his practice as a psychiatrist at Intapuszta. Much less is known about Béla Gálfi. We have no information whatsoever on his career before the communist takeover: he did not publish any scientific works before the end of the 1950s, and his political views are also unknown. Gálfi was the leader of the therapeutic colonies set up at state farms (1953–56) and was later appointed the director of the Pomáz Institute of Worktherapy.

From the early 1960s, five other psychiatrists (Gyula Lesch, Dénes Goldschmidt, Ferenc Regius, Gyula Várhelyi, István Török, and László Schenker) and a psychologist (Csaba Adorjáni)⁴¹ contributed to the writings on work therapy. Much less is known about their biographies, and, in most cases, we cannot even be sure when they encountered work therapy or when they started to work in such institutions. Some of them, for example, Gyula Lesch and István Benedek, practised their profession before World War II, while others, such as Csaba Adorjáni or László Schenker, began their studies in the new system at the different universities of the country.⁴² However, there is a similarity more striking than these differences in their respective careers: except for Benedek, none of them engaged in professional discourse on any other therapeutic methods or approaches prior to their publications on work therapy. None of these articles and books shows extreme differences in their approach to work therapy, content, or use of terminology.

The history of communist work therapy as psychiatric salvation history

The socialist healthcare system did not invent using labour as a therapeutic method. This practice went back to the so-called moral therapy,⁴³ which originated in late eighteenth-century Western Europe.⁴⁴ Even though the attempts to apply moral therapy from the second half of the nineteenth century were rather scattered, the occupation of the mentally ill within the healthcare system did not cease completely. Until the 1940s in Hungary, some psychiatric patients who were eligible for work were treated with this method. It was not a systematic form of care, as the patients were only expected to do cleaning and gardening, or were occupied with embroidery. Their occupations were – even according to some contemporaries – economic in nature, as they were mainly responsible for maintaining the hospital/asylum building.⁴⁵

As opposed to this rather rudimentary form of work “therapy,” most psychiatric patients were treated in another work-oriented system: a well-organized and popular heterofamilial system.⁴⁶ The patients were placed with families who made their living by agriculture in the countryside. In these villages, colonies were organized to suit the needs of the heterofamilial system before the arrival of the patients. Most psychiatrists agreed that, besides the financial gains (this way there was no need to establish new hospitals and asylums), the system had other benefits as well. The main objective was to reintegrate into society those psychiatric patients who were previously treated in closed

wards.⁴⁷ To make the venture of reintegration successful, they placed the family, the small unit considered as the basis of society, into the focus of healing. Since the family was – as put by the psychiatrist Jenő Konrád – “the natural habitat of man,”⁴⁸ this form of therapy was built on a determinate sentiment, namely on “relations similar to those in a proto-community between parent and child.”⁴⁹ Work came to the fore in the life and socialization of the mentally ill. Traditionally, this meant that women raised the children, ran the household, and occasionally helped with agricultural labour, while men were responsible for making a living.⁵⁰

It seems however that none of these approaches met the main therapeutic or scientific objectives of the socialist period. István Benedek, Béla Gálfi, and László Schenker participated actively in the “liquidation” of these therapies. In their writings, both the heterofamilial system and the institutional treatment appeared as the harmful and ineffective practices of the capitalist system.⁵¹ These psychiatrists found the heterofamilial system unacceptable both ideologically (in Marxist ideology, the traditional family model was considered to be a sphere of exploitation), and economically (due to its connections to traditional rural values, it was incompatible with the socialist order of production).⁵² As Gálfi and Schenker put it:

The socialist system of agriculture is not in favour of the heterofamilial system. [...] We must also add, that occupation within the framework of the heterofamilial system, even in the most optimal case, cannot be considered an organized, methodologically well-grounded work therapy built on the right ideological background.⁵³

A year later Gálfi also claimed that the patients who had the wrong “master” “were exploited economically in most cases.”⁵⁴

The institutional form of work was disapproved of, as it only aimed to eliminate idleness, but had no real healing or productive potential. As István Benedek put it:

Each institution has “working patients,” who do the cleaning, take out the trash, do the shopping, sweep the yard or cultivate the garden under the name of work therapy; however, experts know very well that it is not work therapy, but “the use of workforce,” thus not an organized therapeutic approach.⁵⁵

In another article, he claims that such activity is “called work therapy out of courtesy” and that these attempts do not differ from the labour that feudal lords could request from their peasants – which is the manifestation of economic exploitation.⁵⁶

Benedek and Gálfi intended to present the history of work therapy as a process of development which peaked with the “communist work therapy,” similarly to the socialist development of society, which, ideally, would result in classlessness. The mentally ill are presented as the repressed underclass of society, whereas the great pioneers of therapy fighting for their rights are embodied by Philippe Pinel, Pietro Pisani, or Hermann Simon. To put it simply, the Hungarian psychiatrists of the 1950s and 1960s considered previous approaches to work therapy as a preceding step in the process of their own development.

The handmaiden of the party system

Some of the features of “communist work therapy” distinguished it from other approaches. In the context of Marxism, labour appeared as a fundamental human

need and social practice.⁵⁷ Psychiatrists, therefore, viewed labour as a “therapeutic tool.” The fundamental idea was formulated by István Benedek in 1953, in a speech on “Illness and Work Ability” at the annual conference of the “Pavlov” Psychiatric–Neurological Department of the Trade Union of Physicians. The speech was published a year later. Benedek highlighted his discovery regarding the beneficial nature of “meaningful productive labour,” as in most cases, the skills and abilities of the patients enable them to work.⁵⁸ Moreover, even if the results of their labour might not always be impeccable, he argued that the patients definitely can work.⁵⁹ These axiomatic statements regarding work within psychiatric hospitals were shared by Gálfi, Adorjáni, Regius, and Schenker. However, they went further than Benedek in asserting that “only labour can be accepted as a normalizing factor.”⁶⁰ This also meant that they considered productive labour to be the condition, tool, and measure of normality, which could be the key to the normalization of each form of deviant behaviour. Furthermore, they considered productive labour to be a key to transforming the mentally ill into useful members of society, which was not so much an obligation for society, as a possibility.⁶¹

Besides the political significance of labour, the psychiatric discourse also mirrored the social prestige of workers engaging in productive labour: the expression *worker* carried positive connotations, and the class of labourers was often set as an example to others in society. In Benedek’s approach, an exceptional group made up of mentally ill patients, the so-called “ill workers,” could function similarly. In Gálfi’s interpretation, such “workers’ existence,” formed during therapy, could mean a rise in the social status of the mentally ill.⁶² They even implied the significance of the highly prestigious social practice of Stakhanovism:

Many are going back to the fields or to the workshops after the working hours. They do it completely spontaneously, no one tells them to do so, there are no nurses around to monitor or control them. [...] They are cultivating the garden after official hours, as the garden is ours, we cultivate it for ourselves!⁶³

In this passage, István Benedek rephrased the popular communist phrase, “the country is ours, we build it for ourselves.”

The texts reflecting on the organization of work therapy groups also evoke the images of a world outside of the psychiatric institutions. The psychiatrists described the methods of production within the institutions with reference to the concepts commonly used to describe the organization of labour within the economy of state socialism. Both Benedek and Gálfi highlight that the mentally ill were working in *brigades*,⁶⁴ under the supervision of *brigade leaders*, just as in any socialist factory.⁶⁵ The authors were also eager to explain that – similarly to the broader framework of state socialism – the mentally ill work for themselves and the community.⁶⁶ Contrary to the heterofamilial system where they worked to fulfil private interests, communist work therapy ceases the system of exploitation and gives way to the joy of labour.

The re-creation of the peculiar institutions of socialist society within the walls of these institutions manifested in further practice. Those who did not obey their brigade leader or behaved in a disorderly manner during their work hours could find themselves before the *social court* of a given institution. Social courts had to conduct their proceedings against those who violated the rules of work discipline or socialist cohabitation. Social courts made up of and operated by the mentally ill strengthened the ties to the socialist

state in two ways. On the one hand, these courts were usually created in socialist factories; therefore the similarities between a socialist factory and a psychiatric institution were further emphasized. On the other, they wanted to demonstrate that the state party's objectives were the objectives of the community, and by violating them, offenders violated a certain group's objectives (in this case the designated group of "ill workers"). Consequently, the power of punishing such misdemeanours was placed in their hands. Of course, psychiatrists also referred to the Soviet Union to prove their point. Gálfi, following an argumentation on the professional advantages of work therapy, came to the following conclusion: "The importance and efficiency of work therapy is marked by the fact that in the Soviet Union its intensive use was made obligatory for asylums and psychiatric clinics by a decree."⁶⁷

Pavlov's name was another unavoidable point of reference. In several works, mentioning the renowned Soviet physiologist was merely procedural, as it was not used for further argumentation.⁶⁸ In other cases, "Soviet psychology" was embodied by him. When fashionable psychological questions (potentially related to work therapy) were discussed, his name was mentioned as the Soviet pioneer in the field.⁶⁹ A third group was made up of those terminological references that were linked to his name, such as *higher nervous activity*,⁷⁰ *dynamic stereotypes*,⁷¹ and the *theory of conditioned reflexes*.⁷²

In Benedek's work, another Soviet scientist, Anton Makarenko, featured as a significant point of reference, and his name, especially in the 1950s, was no less prestigious than Pavlov's.⁷³ Makarenko, in his three-volume novel, *The Road to Life*, explained how motherless and fatherless children were organized into a tenacious community following the instructions of a strong educator, and how communal existence transformed them into respectable Soviet citizens.⁷⁴ In Makarenko's system, educational work gained a significant position, the orderly fulfilment of which might require well-considered bodily discipline. Parallel to the process of liquidating other disciplines devoted to the study of children (child psychoanalysis, pedology), "pedagogical realism" gained more significance, and regarding the questions of education, Makarenko's book became the ultimate point of reference. *The Road to Life* conveyed the message – in line with the visions of Stalinism and its views on human nature⁷⁵ – that the differences in skills between children should not be considered, as education can transform even the most problematic children into honourable citizens and builders of socialism.⁷⁶

Even though Benedek kept himself aloof from the use of educational tools such as the "Makarenko slap,"⁷⁷ he considered the "collective spirit" to be a crucial factor in instigating people to work.⁷⁸ In his works the most commonly referenced concepts are that of the "collective" and "collective spirit," considered as fundamental to therapeutic success, similarly to discipline, which Benedek held in great esteem (as did the Soviet *pedagogue*). Whenever these concepts were mentioned, Benedek highlighted that he had based his argumentation on Makarenko's ideas, considering him to be the greatest pioneer of communist work therapy. Benedek even expressed his appreciation of the Soviet pedagogue and his works in a long passage of *The Gilded Cage*.⁷⁹

Thus the scientific discourse conformed to the ideological expectations of the era, and the psychiatrists managed to work out a new therapy in accord with the communist system of values. The academic articles often bear similarities to well-composed propaganda speeches: the world of work therapy was often described with the popular concepts of socialist society, and, in many respects, the world they have outlined did

not differ from the world outside of the asylums. They presented life within these institutions in an idealistic manner: there, people's lives revolved around *production*, the deviants were prosecuted at *social courts*, and one's value within the community was ascertained by *work* performance. Furthermore, similarly to the social and economic discourses in which the Soviet Union was set as the example to be followed, these scientific articles relied on Soviet authors.

Work therapy and modern science

The work therapy of Hungarian psychiatrists, however, was not merely the “handmaiden of the party system.” This becomes visible once we look at the broader scientific context of their texts and their references to Western literature. Furthermore, it seems that many authors valued the professional credibility of their work, although they were not always consistent in their references to other authors. For example, references were included in the works of Adorjáni, Gálfi, Lesch, Regius, Schenker, and Török. Benedek never indicated his sources. It seems that all the authors knew and cited the most current academic works (published within the previous 10 years), from both Western and Eastern European authors. In Table A1 all the cited texts published outside of Hungary are summarized.

A good example that shows that Hungarian authors were in touch with their Western colleagues is an article by Adorjáni and Gálfi published in 1959 in *Ideggyógyászati Szemle* (Papers on neurology). The article focused on the remuneration of work therapy and one-quarter of the cited articles were written in English, all published after 1951. In Gálfi's case, more than one-third of the references are made to “Western” (English and French) authors. This proportion does not change when we consider all the works published with a bibliography and their foreign-language citations. Approximately half of the articles summarized in Table A1 were written in German – for instance, Lesch and Török cited only German texts.⁸⁰ As compared to this, the proportion of Soviet articles is rather low, even if we consider that all the examined texts were written after 1956: from among the 120 bibliographic records, only five were written by Soviet authors, which is lower than 5%. (See Table A1).

This practice was not uncommon in the field of Marxist–Leninist psychology of the late 1950s. In the 1970s, Csaba Pléh, the renowned Hungarian psychologist, explored the Hungarian “history of psychological ideas” for the period between 1958 and 1965.⁸¹ Pléh showed that among the top 10 authors, there were five Russian and five from the West.⁸² However, Pléh was not satisfied with this representative list;⁸³ he also examined the linguistic distribution of the cited works in a seven-year period. He focused on the English, French, German, and Russian texts. His results show that the English and French records added up to one-third of all the cited works; this is similar to the proportion in the articles on work therapy. As for Russian texts, the proportion was higher in Pléh's investigation as it amounted to 33%.⁸⁴

Regarding work therapy, despite its unvarnished connections to the reigning ideology and popularity in the countries of the Eastern bloc where many institutions were established and a vast number of articles devoted to it, the proportion was similar.⁸⁵ Furthermore, instead of focusing on fellow Hungarians' articles, Gálfi and other authors were more eager to use occupational therapy, one of the “ideological allies” of work therapy commonly used in the Western world. The method originated in the US, and its

professional use was developed during World War I. Its objective was to cure injured and disabled soldiers, and it was used both as a form of psychotherapy and as a cure for somatic problems.⁸⁶ The objectives of the therapy were similar to the aims of work therapy: to make the patients able to manage their everyday tasks needed for normal civilian life, and to manage their partial or complete reintegration into society, as well as their successful co-operation with their environment. Although the authors working on occupational therapy did not insist on productive labour, the way they viewed the patients was quite similar, allowing Hungarian authors to make use of such articles by keeping the necessary ideological modifications in mind.⁸⁷

The most remarkable similarity between the two methods is the holistic approach to patients.⁸⁸ They did not only aim to heal an exact problem which could eventually lead to de-institutionalization, but rather, they viewed each person as an integral whole, who can and must only be understood and healed within the context of their physical and mental abilities, as well as their socio-cultural environment, therefore no dysfunctional element can be taken apart from them to be healed separately. For instance, insisting on the importance of the aesthetic experience – like the view of a well-tended garden – was borrowed from the Western works on occupational therapy. Therefore, the physical benefits of a given activity and the joy of work are completed with an aesthetic vision, advantageous to the mental well-being of the patient, which can also make his or her immediate surroundings livelier.⁸⁹ Finally, integral to the holistic view, the authors prompt therapists to rely on both biological and sociological approaches.⁹⁰

Other issues such as monetary incentives for patients were also considered, and Benedek, Gálfi, Adorjáni, Török, Lesch, Goldschmidt, and Várhelyi all agreed on their significance.⁹¹ The question of rewarding was one of the main tendencies in the psychological inquiries in the United States in the twentieth century, and the results of the most significant authors are reflected on in Hungarian texts as well.⁹² Hungarian psychiatrists tended to use the theories of Robert S. Woodworth, Clark L. Hull, and Kurt Lewin.⁹³ Hull was particularly used regarding the issue of motivation and his popular drive-reduction theory. The significance of Hull's theory lies in its explanation of the role of rewarding in learning, easily explicable with Pavlov's concept of conditioning as well. The extensive knowledge of Western academic literature is also demonstrated by incorporating the rather different approaches of the three most important psychological schools: functional psychology, behaviourism, and Gestalt psychology.⁹⁴

A further look at Gálfi's usage of the Western literature is telling on how such literature was incorporated into his texts. Gálfi was the only psychiatrist who discussed the physiological aspects of work therapy in more detail, particularly regarding the neurological changes triggered by work. At first, it might seem that he was the only one who read Pavlov's works and aimed to incorporate the theory of higher nervous activity into his own work.⁹⁵ However, a closer look shows that Pavlov's theories were derived from the interpretations of Stanley Smith Stevens and a Czech psychiatrist, Hárdik.⁹⁶ This shows to what extent the psychiatrists tried to use their professional liberty and managed to incorporate the Western results into their own therapeutic pursuits, even if it meant only a partial implementation of the theories from the other side of the Iron Curtain.

Therapy translated?

At first glance, it may seem that there are competing tendencies in the publications of Hungarian psychiatrists: the authors presented both the achievements of state socialism, by mentioning its social practices and values, as well as the developments of Western psychology, by citing the most current academic works and theories in the field. This practice can also be understood with Stephen Kotkin's concept of "speaking Bolshevik." Kotkin examined Magnitogorsk, the city located on the southern side of the Ural Mountains, developed to be a centre of heavy industry by the early 1930s. He focused on everyday life and the social practices of the city, in order to analyze the relations between the subjects and the Soviet authorities during the years of Stalinism.⁹⁷ He claims that:

Bolshevism itself, including its evolution, must be seen not merely as a set of institutions, a group of personalities, or an ideology but as a cluster of powerful symbols and attitudes, a language and new forms of speech, new ways of behaving in public and private, even new styles of dress – in short, as an ongoing experience through which it was possible to imagine and strive to bring about a new civilization called socialism.⁹⁸

An individual, to be able to function in society, had to acquire these new cultural customs.

Kotkin's concept could also work in the Hungarian case, concerning the necessity of accepting the so-called fixed ideas, and the acquisition of the ability of "speaking Bolshevik."⁹⁹ Fixed ideas denote those indisputable elements of the ideological system, which were present both in state policies and their interpretations,¹⁰⁰ whereby the Soviet ideas were expected to be glorified. These ideas meant a great deal culturally because ideology created a connection between the members of society from top to bottom. They provided the framework for thinking about society; therefore, the acquisition of such ideas was considered fundamental to keeping society together.¹⁰¹ Hungarian authors also reflected on the opposition between capitalism and communism even when they discussed the history of work therapy, trying to disown and oppose capitalist methods. Similarly, the logic of fixed ideas lies behind the full and unquestioning approval of the Soviet Union and Soviet psychiatry.¹⁰²

However, the technique of "speaking Bolshevik" denotes a more complex practice than the frequent and systematic representation of simple ideas and conceptual opposites. The use of the Bolshevik discourse meant that the individual recognized how a faithful – Bolshevik – subject was supposed to speak and could modify his or her speech or text accordingly.¹⁰³ In our case, this means the application of the socialist relations of production in a therapeutic context or mentioning labour and the related social practices (for instance, Stakhanovism). Additionally – although this means the extension of Kotkin's interpretation – "speaking Bolshevik" was fit for concealing the ideologically less supported content of writings and converting it into a politically acceptable form of discourse.

In the writings of Hungarian psychiatrists examined here, this practice of "speaking Bolshevik" was widespread, particularly considering the application of ideas of "productive labour" or regarding the classification of work therapy. Work therapy originally belonged to the psychotherapies; however, in the most repressive period between 1948 and 1958, the use of this term was frowned upon. To avoid this terminological problem hindering the success of therapy, Benedek referred to it first as "rehabilitation," or as "milieu therapy." It is worth noticing that milieu therapy also belonged to

psychotherapies, similarly to work therapy, yet it evoked no negative cultural connotations, as it was also associated with the left-wing political trends in Western academic literature. Consequently, work therapy could only be called “psychotherapy” around the end of the 1950s and the early 1960s, when fewer objections were raised against it, and the group therapies gradually gained more popularity and success. This demonstrates that psychiatrists considered both political and professional arguments between 1954 and 1964. In the ideologically determined field of mental normalization, they managed to find a balance between the acceptable and less supported concepts, which were eventually combined into their texts. Although on the surface, they kept to the concept of communist work therapy, they often made use of the Western results in psychiatry, which they found applicable to Hungarian conditions. To do so, they employed certain frequently used elements of the dominant ideological discourse, so they could make the politically less supported concepts acceptable, or even advocated for.

Conclusion

This article aimed to examine how Hungarian psychiatrists, entrusted with the task of working out the theory and practice of communist work therapy, tried to adapt to the ideological expectations of state socialism, and how they aimed to create state-supported psychotherapy through work therapy. The texts of the psychiatrists and psychologists under examination show conscious attempts to use a system of concepts prevalent in the current political discourse, and at the same time, to incorporate the most recent academic literature. Hungarian psychiatrists acknowledged the Soviet Union and the Soviet scientists (first and foremost, Pavlov and Makarenko) as absolute authorities not only in ideological but in scientific questions as well. However, the spectacular political wording in these texts concealed a form of therapy which integrated the Western approaches to *mental normalization* as well.

On the one hand, this phenomenon proves that even though work therapy within the state socialist framework was created to be a method of mental normalization which matched ideological expectations, this was not fulfilled completely. The analyzed texts seemingly conform to the expectations, however: the psychiatrists utilized their professional knowledge while writing their articles to try and subdue the ideological impact. On the other hand, by observing these attempts in the texts, we can shed light on the methods by which the scientist tried to conform to the ideology of the new system. I argue that the examined authors realized how a faithful communist subject should think – irrespective of their true beliefs – and they could modify their texts accordingly. In this way, the scientific ideas and methods these articles presented could be perceived as legitimate in the eyes of the representatives of communist power.

Notes

1. The concept of labour and its changes in meaning, as well as the therapies based on work, have come to the fore in recent works on the history of psychiatry. See for example: Waltraud, *Work, Psychiatry and Society*; Sirotkina and Kokorina, “Dialectics of Labour.”
2. The particular popularity of work therapy and the successes in treatment in the other countries of the Eastern bloc are reflected in some of the articles examined below; see for

example: Gálfi, "Csehszlovákiai tanulmányutam"; Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 18–19. The newest studies also mention it among the specifically socialist therapies. See for example: Marks, "Suggestion, Persuasion and Work."

3. Foucault, "La folie et la société," 477–90.
4. *Ibid.*, 483–486.
5. The texts explored in the article were published in *Ideggyógyászati Szemle* (Papers on neurology) established in 1955, in *Pszichológiai Tanulmányok* (Papers on psychology) established in 1958, and the re-launched *Magyar Pszichológiai Szemle* (Hungarian papers on psychology).
6. Several articles have been written on the links between the emergent socialist systems and those aspects of psychiatry which – similarly to work therapy – were in a way connected to the new ideology of the state. As for their thematic focus, most of these articles engage in the exploration of those therapeutic approaches which – in the respective socialist systems – were taken positively, or in the diagnoses which had a particular political significance. See for example: Antić, "Heroes and Hysterics"; Doboş, "Psychiatry and Ideology."
7. This approach suits the emerging current in the historiography of psychiatry which emphasizes the significance of knowledge transfer between the Western and Eastern blocs. See for example: Marks and Savelli, "Communist Europe," 11–21.
8. In the narrower sense, we can date the Rákosi era – named after the political leader Mátyás Rákosi – to the years 1948 to 1953, and in a wider sense, from 1948 to 1956. Since only 1956 brought a radical change in the political climate by the revolution and the beginning of János Kádár's leadership, for the sake of simplicity, I refer to the period between 1948 and 1956 as the "Rákosi era" throughout the article.
9. On the political and social history of Hungary in the period, see: Borhi, *Hungary in the Cold War*; Gyarmati and Valuch, *Hungary under Soviet Domination*.
10. Melinda Kovai discusses the state of psychology and its re-institutionalization after 1956 in detail. She points out that the reconsideration of the state of psychology had already begun before the Revolution of 1956 (for example, it was often brought up at the discussions of the Petőfi Circle), and even the repression of the revolution could not put an end to this process. In 1958, the first psychological periodical was published since 1948; in 1962, the Hungarian Psychological Association was re-established, and the teaching of psychology was also re-launched at universities. Kovai, *Lélektan és politika*, 315–37; and Kovai, "History of the Hungarian Institute."
11. Angyal, "A mai gyógyító eljárások," 82; Kovai, *Lélektan és politika*, 30.
12. The reason for this suspicion was that the extreme right-leaning political system, the so-called Horthy system, frowned upon the practitioners of psychoanalysis, as some of them were left-wing or had played a role in the Hungarian Soviet Republic in 1919.
13. On the Budapest School of psychoanalysis see: Szekacs-Weisz and Keve, *Ferenczi and His World*.
14. Though the psy-disciplines were becoming more significant and members of society could encounter them in various ways, no research has been done on their social impact and role.
15. Kovai, *Lélektan és politika*, 72–96, 135–65.
16. On the process of Stalinization and its broader social context, see: Gyarmati and Valuch, *Hungary under Soviet Domination*, 72–240.
17. Marx, *Contribution to the Critique*, 11–12.
18. Such social reasons were for example the disproportionate distribution of private property, the bad social conditions affecting many, or the process of pauperization. Tariska, "Kórházi elmebetegügyünk," 17.
19. Though the psychotherapeutic, analytic methods did not belong to the psychiatric treatments in a narrower sense, their practitioners were in most cases psychiatrists.
20. The Hungarian Soviet Republic, which was the first political regime in Hungary based on Marxist ideology in 1919, had a completely different relationship with psychoanalysis. In this period, the psychoanalysts were socially and politically respected, and their ideas were

introduced in the new juridical practice. Lászlófi, Nagy, and Trádler, "Fajtalanság', pszichoanalízis és kriminológia," 45–60.

21. István Tariska and György Pálóczi Horváth discussed this in the periodical *Fórum*.
22. Pseudo-science was a term of condemnation in the Soviet bloc, used to describe those scientific disciplines that were deemed unacceptable from an ideological perspective.
23. Besides the already mentioned (child and adult) psychoanalysis and individual psychology, Lipót Szondi's fate analysis, testing methods, developmental psychology, and experimental social psychology were all frowned upon by the communist authorities. The liquidation of these was seemingly based on "scientific" reasoning, even though their objections were formed based on the Marxist–Leninist–Stalinist logic. When the "theoretical" liquidation was done, they also abolished the organizations and the institutions.
24. It is important to highlight that the current disciplinary boundaries between psychology and psychiatry were not as self-explanatory in the middle of the twentieth century as they are today. It was all the more true for the field of psychotherapies and psychoanalysis, the practitioners of which were often psychiatrists.
25. This period could bring various changes in the lives of those who were involved in the process of the liquidation of the so-called "pseudo-sciences." There were some who could continue their practice after the liquidation of their respective therapeutic approaches; for example, Lilly Hajdú, who originally worked as a psychoanalyst and later was able to practise as a psychiatrist. She served as the director of the Lipótmező State Mental Hospital between 1954 and 1957. However, others lost their jobs after 1948, and for a long while they were banned from working even in their broader fields. For example, Ferenc Mérei, after his workplace was abolished in 1950, earned his living as a translator for several years.
26. Two theories have been formulated on "Pavlovian psychiatry," and how Pavlovian theories became dominant. Benjamin Zajicek in his PhD dissertation (defended in 2009) tried to prove, through the personal conflicts of psychiatrists and their professional opinions, that one of the most characteristic traits of Pavlovianism was the constant re-formulation of the Pavlovian theories, and the approach named after the Russian physiologist cannot be perceived as a unified concept, but rather as the catalyst of institutional and professional debates. Zajicek, "Scientific Psychiatry." Grégory Dufaud approached the problem from the point of view of psychiatric knowledge. He considered the embracement of Pavlovian ideas as the key to Soviet psychiatry becoming a modern science. Dufaud, "Quel usage."
27. The symbolic opening of this process was the Pavlovian session in 1950, which was then repeated year after year.
28. SZKL. 42.f. 651. 12. The decision of the "Pavlov" Psychiatric–Neurological Department of the Trade Union of Physicians at the annual conference in Pécs (5–7 October 1951).
29. As for the process of Pavlovization in Romania, Corina Dobos reflects on partially contradictory tendencies. According to her interpretation, Romanian medicine was receptive of Soviet scientific results. Dobos, "Psychiatry and Ideology," 95–8.
30. Bartos, Gál, and Gunyhó, *A magyar társadalombiztosítás*, 16–17. On the number of hospital beds before and after World War II, see: Füredi and Béla, "A pszichiátria önállósodásának problémája." Benedek also reflects on the problem of overburdened psychiatric wards in 1955. Benedek, "Elmebetegek foglalkoztatása Intapuzstán," 55.
31. On the anthropological importance of work in Marxist ideology, see Márkus, *Marxizmus és "antropológia,"* 12–31.
32. Angyal, "A mai gyógyító eljárások."
33. SZKL. 42.f. 651. 12. The decision of the "Pavlov" Psychiatric–Neurological Department of the Trade Union of Physicians at the annual conference in Pécs (5–7 October 1951).
34. A few articles were written in the interwar period on the methods of work therapy by Gyula Nyíró and Rudolf Fabiny. Nyíró, "Az elmebetegek munkatherápiájáról"; Fabinyi, "Az elmebetegek activ munkatherápiája I," 941–56; Fabinyi, "Az elmebetegek activ munkatherápiája II," 1010–21.

35. This was probably a common name for such colonies, as both Béla Gálfi and István Benedek used this specific term. See for example: Benedek, *Gilded Cage*, 51–4; Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 121.
36. In 1964, there were four such institutions in Hungary at Intapuszta, Dénesfa, Simaság, and Pomáz.
37. This seemingly too lenient attitude was not uncommon in the Rákosi era, as it was believed that scientific research had to serve a practical purpose, and thus enable the development of science. Kónya, *A magyar tudományos tanács*, 13–18.
38. In the first part of his book, he reflects on this relative liberty. Benedek, *Gilded Cage*, 17–167. At the beginning of the second volume, he admits that he had no previous knowledge of work therapy. Benedek, *Gilded Cage*, 167–86. In this sense, the institution was experimental, and it allows us to presume that the aim was to create a form of work therapy applicable to Hungarian conditions, and not simply the implementation of Soviet methods. This presumption might also be supported by the fact that Soviet work therapy – like work/production outside of the world of psychiatry – was based on plans; however, in Hungary, there is no mention of this tendency. See: Sirotkina and Kokorina, “Dialectics of Labour,” 39.
39. Benedek published two works based on fate analysis: *Ösztön és bűnözés* (1943) and *Ösztönök világa* (1948); he reflects on the questions of juvenile delinquency in both. Benedek, *Ösztön és bűnözés*; Benedek, *Ösztönök világa*.
40. Lipót Szondi (1893–1986) was a Hungarian psychoanalyst, and the creator of fate analysis and the Szondi test. Many of his students became leading members of the psy-disciplines in the following decades alongside István Benedek. These included, for example, Ferenc Mérei, Ágnes Binét, Flóra Kozmutza, and Imre Hermann.
41. A couple of years later, Adorjáni obtained a medical degree as well in Switzerland during his emigration; however, in the examined period, he worked as clinical psychologist and therapeutic advisor at Pomáz.
42. Molnár, *A Pázmány Péter Tudományegyetem*; Molnár, *A Budapesti Orvostudományi Egyetemen*.
43. Foucault, *Histoire de la folie*, 1961.
44. On its early theories in the Habsburg Monarchy and Hungary see: Kovács, “Elmebetegügy a 18–19. század fordulóján.”
45. Fabinyi, “Az elmebetegek activ munkatherápiája III,” 1046–9; Nyíró, “Az elmebetegek munkatherápiájáról,” 86–7.
46. The best known of these colonies were in Dicsőszentmárton and in the close vicinity of Balassagyarmat. Fabinyi, *Jelentés*, 100–9; ifj. Csekey, “A családi ápolás.”
47. ifj. Csekey, “A családi ápolás,” 186.
48. Konrád, “Az elmebetegek,” 4.
49. ifj. Csekey, “A családi ápolás,” 186.
50. Most colonies were emptied during the devastation of World War II.
51. Benedek, “Elmebetegek foglalkoztatása Intapusztán,” 55.
52. See for example: Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 21. Even though the heterofamilial system was never officially liquidated, the regulation of finances by the state and low nursing fees led to the disappearance of the system.
53. Gálfi and Schenker, “A pszichiátriai munkaterápia története,” 108.
54. Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 20–1.
55. Benedek, “Elmebetegek foglalkoztatása Intapusztán,” 55.
56. Benedek, *Gilded Cage*, 182.
57. Sayers, “Why Work?” 610–11; Marx, “Economic and Philosophical Manuscripts”; Engels, “Part Played by Labour.”
58. Benedek, “Defekt elmebetegek munkábaállítása,” 149; Benedek, “Elmebetegek foglalkoztatása Intapusztán,” 61.
59. Benedek, “Elmebetegek foglalkoztatása Intapusztán,” 55. Benedek’s characteristic statements should not take us by surprise, if we consider that at the plenary lecture of the

- annual conference, Tibor Lehoczky, the leader of the "Pavlov" Psychiatric–Neurological Department of the Trade Union of Physicians, claimed that the "objective of the physician's work" was not healing, but making the mentally ill able to work again. According to him: "The ability to work was not addressed properly in our pursuits! They lacked orderliness, a unified angle and an extensive overview. It is rather different, if we consider our patients from the viewpoint of [...] giving them back to their most important activity, work." Lehoczky, "Elnöki megnyitó," 1.
60. Adorjáni et al., "A munka és jutalmazás szerepe," 559.
 61. Benedek puts it the following way: "They are allowed to work." Benedek, "Elmebetegek foglalkoztatása Intapuzstán," 60.
 62. Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 35.
 63. Benedek, "Elmebetegek foglalkoztatása Intapuzstán," 60–1.
 64. In socialist production the brigade was the basis of the organization of workers. They functioned as a group of individuals responsible for a given activity, and because of this, they were considered to play a key role in raising social individuals.
 65. Benedek, "Elmebetegek foglalkoztatása Intapuzstán," 61; Benedek, "Munka- és környezet-terápia"; Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 57; Gálfi, "Az elmebetegek rehabilitálásának," 556–7.
 66. Benedek, "Elmebetegek foglalkoztatása Intapuzstán," 61; Benedek, "Munka- és környezet-terápia"; Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 38, 53.
 67. Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 29.
 68. See for example: Adorjáni et al., "A munka és jutalmazás szerepe," 540.
 69. Adorjáni and Gálfi, "Foglalkoztatott elmebetegek," 214; Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 53.
 70. Adorjáni and Gálfi, "Foglalkoztatott elmebetegek," 214.
 71. See for example: Gálfi, "Munkaterápia a pomázi munkaterápiás," 177.
 72. See for example: *Ibid.*, 176.
 73. The importance of Makarenko in Hungarian pedagogy in this era is shown by the number of articles written about his works, and the fact that his books were re-published from time to time. Besides his significance in scientific life, it is also telling that an award was established bearing his name (the Makarenko Medallion), and in 1964, to mark the 100th anniversary of his birth, a grand conference was organized in his honour. On Makarenko's impact in Hungary, see a brief overview by Petrikás, "Makarenko."
 74. Makarenko, *Road to Life*, Vols I–II.
 75. This view of human nature culminated in the concept of the "New Soviet Person." As David L. Hoffmann put it briefly: "The New Soviet Person, an entirely new kind of human being whose mentality and personal qualities were fundamentally different from those who lived under capitalism." Hoffmann, *Cultivating the Masses*, 212. Although this thinking was mostly characteristic of the 1930s in the Soviet Union, some elements of it can also be detected in the discourse on work therapy in Hungary as well.
 76. About Makarenko and his works in more detail, see: Harlovsen, "Key Pedagogic Thinkers."
 77. In *Pedagogical Poem*, Anton Makarenko's well-known book, there is a story about how he slapped a boy for violent behaviour. Hence the so-called "Makarenko slap" occurs when a teacher hits a student for pedagogical purposes.
 78. Benedek, "Elmebetegek foglalkoztatása Intapuzstán," 60.
 79. "In the Soviet Union, Makarenko introduced real work therapy in the education of toughs. We certainly learned more from him than from anybody else." Benedek, *Gilded Cage*, 180.
 80. Further research is needed to decide which of these were published on the Western side of the Iron Curtain.
 81. Csaba Pléh was not the only one who examined the reception of Western theories in Hungarian psychology. An interesting, and convincing, argument is presented by Melinda Kovai on how Western psychiatric texts were "filtered in" during the Rákosi era. She claims that after 1952, a critical volume was planned on Western papers and books as a supplement to *Ideggyógyászati Szemle* (Papers on neurology). And even though the plan was to

- publish “crushing” reviews of the Western publications, it nevertheless created a weak connection between Hungarian and Western psychiatry, which operated during even the most difficult years of the Rákosi era. Kovai, *Lélektan és politika*, 269.
82. These authors were: S. L. Rubinstein, H. Wallon, I. P. Pavlov, J. Piaget, E. N. Sokolov, R. S. Woodworth, G. Claus, N. A. Mechinskaya, and E. Bohm. Pléh, “A magyar pszichológia fejlődésének,” 221.
 83. Referential statistics in Pléh’s article, used as a method to describe a given discipline, were popular until the 1970s both in Hungarian psychology and in the social sciences. See: Berend, Berend, and Sárosi, “Jegyzetek a lábjegyzetről,” 42–52.
 84. Pléh, “A magyar pszichológia fejlődésének,” 227.
 85. Gálfi, “Munkaterápia a pomázi munkaterápiás.” Irina Sirotkina and Marina Kokorina claim that – up until the popularization of psychopharmacology – work therapy was one of the most widespread methods of psychiatric treatment. Sirotkina and Kokorina, “Dialectics of Labour.”
 86. On the history of occupational therapy in more detail, see: Meyer, “Philosophy of Occupational Therapy”; Dunlop, “Brief History”; Punwar and Peloquin, *Occupational Therapy*, 21–39.
 87. Perhaps it was the belief in economic development following World War II that called industrial therapy into being. It was another method for keeping the mentally ill occupied. As part of this treatment, the mentally ill worked in factories outside of the world of psychiatry. Even though the therapeutic application of large-scale production is reminiscent of Hungarian work therapy in many respects, the impact of this approach is not detectable in the Hungarian articles. This is probably due to ideological reasons: while work therapy in the Hungarian texts is linked to communist values and the peculiarities of the economy of state socialism, industrial therapy is understood in the context of the capitalist economy.
 88. On the holistic approach to occupational therapy see: McColl, “Holistic Occupational Therapy.”
 89. Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 43.
 90. *Ibid.*, 22–42. Especially 33–4.
 91. This was probably due to the constant underfunding and the resulting financial problems of the institutions. See the papers on rewarding by Adorjáni and Gálfi, “Foglalkoztatott elmebetegek”; Lesch and Török, “A pénzügyi dotáció”; Goldschmidt and Várhelyi, “Hozzászólás,” 93–96.
 92. The problem of motivation has been an important field of psychological research from the turn of the twentieth century. See in more detail: Pléh, *A lélektan története*, 439–50.
 93. This is mentioned in Gálfi’s 1964 monograph and in a further article published with Adorjáni. Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*; Adorjáni and Gálfi, “Foglalkoztatott elmebetegek.”
 94. Several other psychiatrists are referenced as well, including Miller, Freeman, Lawshe, and Jasper.
 95. Adorjáni and Gálfi, “Foglalkoztatott elmebetegek,” 214–15; Gálfi, “Munkaterápia a pomázi munkaterápiás,” 177; Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 53–4.
 96. Gálfi, *Munkaterápia a pszichiátriai gyakorlatban*, 53.
 97. For examining the practices of subordination to power, which is relevant in our case as well, it seems fitting to use Michel Foucault’s works. However, as Kotkin relied heavily on Foucault while formulating his own theory, but not without critical overtones, and applied his theories to the special Eastern European context, I chose not to focus on Foucault’s theories in more detail. Bartha, “A sztálinizmus”; Kotkin, *Magnetic Mountain*, 22–3, and his further remarks on Foucault’s works throughout the book.
 98. Kotkin, *Magnetic Mountain*, 14.
 99. *Ibid.*, 151–8, 198–225.
 100. See Koselleck, “La sémantique historico-politique.”
 101. Kotkin, *Magnetic Mountain*, 151–2.

102. Alexei Kojevnikov, though within a different theoretical framework, focuses on the common linguistic practices of science in the late years of Stalinism. Kojevnikov, by relying on Wittgenstein's language game theory, comes to the conclusion that the processes behind philosophy, biology, and linguistics were also there in psychiatry and physiology under the name of "Pavlovization," and they did not exactly aim to repress science, but to plead them to work according to the political-ideological discourse – for example, to practise criticism and self-reflection. Kojevnikov, "Games of Stalinist Democracy."
103. Kotkin, *Magnetic Mountain*, 225.

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Appendix

Table A1. The bibliographical references to Western authors.

Authors	The number of English books and articles	The number of German books and articles (it is not yet known from which side of the Iron Curtain)	The number of French books and articles	The number of Soviet/Russian books and articles	The number of Czech books and articles	Total
Adorjáni and Gálfi, 1959.	3	3	-	1	3	10
Adorjáni, Gálfi, Regius, and Schenker, 1959.	17	7	-	-	1	25
Lesch and Török, 1959.	-	9	-	-	-	9
Goldschmidt and Várhelyi, 1960.	-	1	-	-	-	1
Gálfi, 1961.	3	5	-	1	3	12
Gálfi, 1964.	18	36	2	3	4	63
Total	41	61	2	5	11	120