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Introduction. Psychiatry, Modernity and the Politics of the Individual. The historical contours of mental hygiene

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Summary

This introduction to this special issue devoted to mental hygiene movements in Europe examines the issues and problems facing their historical study. While the definition of mental hygiene was obvious to contemporaries, it referred to highly divergent projects in different socio-political contexts. As a result, historians have struggled to come up with a unified definition of mental hygiene as a category for analysis. After outlining historiographical responses to this question, this essay suggests that mental hygiene can best be understood as a specific way of articulating four dimensions of the psychiatric discipline, namely its organization and its relationship to the state, individuals and science. The final section provides an overview of the themes developed by the articles in this special issue.

Keywords: mental hygiene, psychiatry, mental health professions, modernity, institutions, governmentality

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Psychiatry, Modernity and the Politics of the Individual. The historical contours of mental hygiene

Grégory Dufaud, Nicolas Henckes, Marianna Scarfone

The concept of mental hygiene emerged in Europe and America in the mid-nineteenth century and was the framework for a number of professional and social movements on both continents from the 1910s to the 1940s. A century after the birth of alienism mental hygiene inspired the first systematic attempts to reformulate a social, political and clinical doctrine for psychiatry. As mental hygienists developed new ways of thinking and dealing with the problems encountered in their discipline, they anticipated a series of transformations that were to occur in the second half of the twentieth century. These included the opening up of psychiatric institutions, the broadening of nosographic frameworks, the revision of psychiatric legislation and the dissemination of psychiatric practices throughout society. Beyond the field of psychiatry, the mental hygiene movement also contributed in significant ways to shaping modernity both as a process and a horizon. The proponents of this movement proclaimed that their expertise would help found social order on a rational basis, and mental hygiene emerged as a crucible for the discussion and management of the intrinsic risks of modern life. The movement also contributed to fundamental topics that were the subject of debate in the early twentieth century, concerning the biologisation of society and the degeneration of the population, progressivism and populism, technicism and scientism.

This special issue aims to contribute to the understanding of the significance of mental hygiene movements in the history of psychiatry as well as in society at large in Europe. The essays gathered here represent a collective effort to delineate mental

hygiene as a set of practices, organisations and discourses in contexts which have not been explored to date. These articles examine what mental hygienists did and how they acted at different scales, from the management of patients in consultation, to the implementation of policies and the production of propaganda. This scrutiny calls into question the nature and boundaries of mental hygiene as a doctrine and a social movement, in terms of both scope and periodisation.

The articles here build on scholarship accumulated over the last 30 years, after decades of historiographical neglect following World War II. Indeed, while mental hygiene movements and their protagonists had dominated the mental health field through the 1940s, they largely disappeared from professional and public view after 1950. In the United States, Clifford Beers (1876-1943) was cited as a precursor of patient activism in the psychiatric field, and the psychiatrist Adolf Meyer (1866-1950) persisted in professional memory as the dominant figure of his generation, but their counterparts in other countries had a much lower profile. In France, for instance, the promoters of psychiatric reform in the post-World War II era distanced themselves from Edouard Toulouse (1865-1947), the founder of the French mental hygiene movement, who was scarcely mentioned in French histories of psychiatry up to the 1980s.¹ In Germany, while the notion of *Psychohygiene* remained a strong label in the post-war period, the idea of *psychische Hygiene* was associated with that of *Rassenhygiene*,

¹ Significantly, Edouard Toulouse is mentioned only in passing by Robert Castel in his history of the origins of the psychiatric system in France, in a chapter that describes the period from the end of the nineteenth century to the mid-twentieth century as a “transition” between what he sees as the two decisive moments in the history of French psychiatry. Robert Castel, *L'Ordre psychiatrique. L'âge d'or de l'aliénisme* (Paris: Éditions de Minuit, Le sens commun, 1977).

and the collusion of psychiatry with the Nazi regime cast a pall of shame over the early history of the movement in the Weimar Republic.

In the social sciences interest in the mental hygiene movement dates from the end of the 1970s, initially in the United States. This growing interest was attested by Barbara Sicherman's monograph on the US mental hygiene movement at the end of the nineteenth century,² and Norman Dain's biography of Clifford Beers.³ In addition, two works summarising mental health policies in the progressive era were published by David Rothman and Gerald Grob, respectively. Both authors devoted a chapter to the National Committee for Mental Hygiene.⁴ It was another 15 years before Hans Pols published his dissertation, the first monograph devoted to the committee.⁵ At that time

² Barbara Sicherman, *The Quest for Mental Health in America, 1880-1917* (New York: Arno Press, 1980).

³ Norman Dain, *Clifford W. Beers, Advocate for the Insane* (Pittsburgh: University of Pittsburgh Press, 1980).

⁴ Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press, 1983); David J. Rothman, *Conscience and Convenience. The Asylum and its Alternatives in Progressive America* (Boston: Little, Brown, 1980). Gerald Grob also edited in 1980 a collection of four essays on mental hygiene in the 1920s under the aegis of the National Committee for Mental Hygiene: Gerald N. Grob and National Committee for Mental Hygiene, *Mental Hygiene in Twentieth Century America: Four Studies, 1921-1924*, Historical issues in mental health (New York: Arno Press, 1980).

⁵ Johannes Coenraad Pols, 'Managing the Mind. The Culture of American Mental Hygiene, 1910-1950' (unpublished PhD thesis, University of Pennsylvania, 1997).

similar work had been conducted in other countries, notably in the UK with influential work by sociologist Nikolas Rose,⁶ and in France by Michel Huteau.⁷

Over the last few years, this literature has been enriched by new research and studies of mental hygiene, its promoters, doctrine and projects in a growing number of contexts. Scholars have explored the development of the movement in countries such

⁶ Nikolas S. Rose, *The Psychological Complex: Psychology, Politics and Society in England, 1869-1939* (London and Boston: Routledge & Kegan Paul, 1985), Nikolas S. Rose, *Governing the Soul: The Shaping of the Private Self* (London: Routledge, 1989). One should also mention here Matthew Thomson's research on mental deficiency: *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c.1870-1959* (Oxford: Oxford University Press, 1998).

⁷ Michel Huteau, *Psychologie, psychiatrie et société sous la troisième République (1865-1947)* (Paris: L'Harmattan), 2002; Jean-Bernard Wojciechowski, *Hygiène mentale et hygiène sociale : contribution à l'histoire de l'hygiénisme*, 2 vols (Paris, Montréal: L'Harmattan, 1997). Gregory M. Thomas, 'Open psychiatric services in interwar France', *History of Psychiatry*, 2004, 15, 131–153.

as Spain,⁸ Italy,⁹ the Netherlands,¹⁰ Greece¹¹ and Belgium.¹² Other important research has been devoted to Latino-American countries.¹³ While much remains to be done on the history of mental hygiene in the Communist countries of Central and Eastern

⁸ Rafael Huertas, 'El papel de la Higiene Mental en los primeros intentos de transformación de la asistencia psiquiátrica en España', *Dynamis. Acta Hispanica ad Medicinae Scientiarumque Historiam Illustrandam*, 1995, 15, 193–209; Enric J Novella and Ricardo Campos, 'From hygiene to mental health: Ideology, discourse and practices in Franco's Spain (1939–1975)', *History of Psychiatry*, 28, 2017, 443–459.

⁹ Franco Cassata, *Building the New Man. Eugenics, racial science and genetics in twentieth-century Italy* (Budapest and New York: Central European University Press, 2011); Massimo Moraglio, 'Dentro e fuori il manicomio. L'assistenza psichiatrica in Italia tra le due guerre', *Contemporanea*, 2006, 1, 15–34.

¹⁰ L. de Goei, 'Psychiatry and Society: The Dutch Mental Hygiene Movement 1924–1960', in M. Gijswijt-Hofstra and Roy Porter, eds, *Cultures of Psychiatry and Mental Health Care in Postwar Britain and The Netherlands* (Amsterdam: Rodolpi, 1998), 61–78; Harry Oosterhuis, 'Between Institutional Psychiatry and Mental Health Care: Social Psychiatry in The Netherlands, 1916–2000', *Medical History*, 2004, 48, 413–428.

¹¹ Despo Kritsotaki, 'Social and Mental Hygiene: Models of Mental Illness Prevention in Twentieth-Century Greece' in Despo Kritsotaki, Vicky Long and Matthew Smith, eds, *Preventing Mental Illness. Past, Present and Future* (Basingstoke: Palgrave Macmillan, 2019), 111–130.

¹² V. Massin, 'La consultation d'hygiène mentale, le patient et le psychiatre (Belgique, 1920–1940)', *Revue Belge d'Histoire Contemporaine*, 2017, 4, 144–166.

¹³ See Ricardo Campos, Mariano Ruperthuz (eds), *Higiene mental, psiquiatría y sociedad en Iberoamérica (1920–1960)* (Madrid: Catarata, 2022); Andres Rios-Molina, *Cómo prevenir la locura. Psiquiatría e higiene mental en México, 1934–1950* (México, Universidad Nacional Autónoma de México, Siglo Veintiuno editores, 2016); Andres Rios-Molina, 'Racial degeneration, mental hygiene, and the beginning of Peruvian psychiatry, 1922–1934', *History of Psychology*, 2019, 22(3), 225–243; Aurélia Michel, *Les psychiatres brésiliens et la race, entre eugénisme et hygiénisme (1920–1937)*, *Histoire, médecine et santé*, 20, 2022, 89–108.

Europe, the research produced so far has already provided new and unexpected insights.¹⁴ New studies devoted to mental hygiene in France¹⁵, Germany, the UK¹⁶, and the US have also reassessed the importance of some figures of the movement. Susan Lamb's monograph on Adolph Meyer highlights his role in the development of

¹⁴ Greg Eghigian, 'Was there a Soviet Psychiatry? Politics and East German Psychiatric Care, 1945-1989', *Harvard Review of Psychiatry*, 2002, 6, 364–368; Benjamin Zajicek, 'Scientific Psychiatry in Stalin's Soviet Union: The Politics of Modern Medicine and the Struggle to Define "Pavlovian Psychiatry", 1939-1953' (Unpublished PhD thesis, University of Chicago, 2009); Mat Savelli and Marks Sarah, eds, *Psychiatry in Communist Europe* (Basingstoke: Palgrave MacMillan, 2015); Tuomas Laine-Frigren, 'Searching for the Human Factor. Psychology, Power and Ideology in Hungary during the Early Kádár Period' (Unpublished PhD thesis, University of Jyväskylä, 2016); Ana Antić, *Therapeutic Fascism. Experiencing the Violence of the Nazi New Order in Yugoslavia* (London: Oxford University Press, 2017); Mat Savelli, 'Socialism, Society, and the Struggle Against Mental Illness: Preventative Psychiatry in Post-war Yugoslavia', in D. Kritsotaki, V. Long, M. Smith, eds, *Preventing Mental Illness. Mental Health in Historical Perspective* (Basingstoke: Palgrave Macmillan, 2019), 131–150; Grégory Dufaud, *Une histoire de la psychiatrie soviétique* (Paris: Éditions de l'EHESS, 2021), 73–100.

¹⁵ Nicolas Henckes, 'Le nouveau monde de la psychiatrie française. Les psychiatres, l'État et la réforme des hôpitaux psychiatriques de l'après-guerre aux années 1970' (unpublished PhD thesis, EHESS, 2007); Isabelle von Buelzingsloewen, 'Réalité et perspectives de la médicalisation de la folie dans la France de l'entre-deux-guerres' *Genèses*, 2011, 82, 52-74.

¹⁶ Jonathan Toms, *Mental Hygiene and Psychiatry in Modern Britain* (Basingstoke: Palgrave Macmillan, 2013); John Stewart, *Child Guidance in Britain, 1918–1955. The Dangerous Age of Childhood* (London: Pickering and Chatto, 2013).

scientific psychiatry.¹⁷ David Freis's research on psychopolitics in Weimar Germany¹⁸ and Matt Smith's history of social psychiatry¹⁹ are major additions to our understanding of the complex set of ideas to which mental hygiene contributed. Overall, this research has led to a reassessment the history of psychiatry in the first half of the twentieth century. It also reflects a broader interest in questions of risk and governmentality, stimulated by Foucauldian perspectives. Sociologist Nikolas Rose, for one, has highlighted how mental hygiene participated in the emergence of a new power structure in contemporary society based on risk assessment and self-management by individuals.²⁰

The articles in this special issue add to this scholarship in several ways. First, they explore themes which until now have been rarely addressed in the literature. Among these are the ways in which mental hygienists used the media, including films and the written press, to reach a wider audience and establish a relationship of confidence with the general public; the link between mental hygiene and education movements; and the characteristics of the users of mental hygiene facilities. Secondly, they question the definition of mental hygiene, its origins and its transformations over an extended period extending beyond the official existence of national mental hygiene societies and leagues. In particular, the articles show how the constellation of ideas

¹⁷ Susan Lamb, *Pathologist of the Mind. Adolf Meyer and the Origins of American Psychiatry* (Baltimore: Johns Hopkins University Press, 2014).

¹⁸ David Freis, *Psycho-Politics between the World Wars. Psychiatry and Society in Germany, Austria, and Switzerland* (Basingstoke: Palgrave Macmillan, 2019).

¹⁹ Matthew Smith, *The First Resort. The History of Social Psychiatry in the US* (New York: Columbia University Press, 2023).

²⁰ Rose, *The psychological complex*.

that formed the doctrine of mental hygiene emerged before the twentieth century. They also explore the legacy of this doctrine after the decline of mental hygiene movements in the immediate post-World War II period. To complete this survey this collection of articles includes perspectives on mental hygiene as practiced in different countries and under different political regimes (liberal and authoritarian, fascist and communist) that enable comparison between contexts and periods. Collectively they demonstrate both the plasticity of mental hygiene as a movement and a doctrine and the role of international transfers of ideas, models and practices in shaping its transformation at the global level.

The following review of the literature of mental hygiene aims to address the issues and difficulties encountered in shaping a history of this movement. While the definition of mental hygiene was self-evident to contemporaries, it in fact referred to widely divergent projects in different socio-political contexts. As a result, it is hard for historians to give a unified definition of mental hygiene as a category of analysis. We look at this difficulty in the following section. We then suggest that mental hygiene can be better understood as a specific way to articulate four dimensions of the psychiatric discipline, e.g., its organisation, and its relationship to the state, to individuals and to science. The last section of the introduction provides an overview of the themes developed by the articles in this special issue.

The career of an elusive concept

Mental hygiene has been an elusive concept. When it emerged in the first half of the nineteenth century, mental hygiene referred to the application of the precepts of medical science to the prevention of mental disorders and more generally to the amelioration of wellbeing. As such, the concept reflected the new status acquired by medicine in bourgeois society. Publications on mental hygiene contributed to a growing

body of prescriptions and advice that aimed to improve the health of multiple segments of the population in a variety of contexts. In France, the surgeon and polymath Joseph Virey published in 1826 a book entitled *Hygiène philosophique* in which he set out his thinking on the role of physical, social and moral living conditions in human development.²¹ The last part of the book, devoted specifically to what Virey called ‘moral hygiene’, advocates the control of passions as a way to avoid illness and prolong life. In 1837 in his work *Hygiène morale*, Casimir Broussais, the son of the eminent physiologist, pursued a more systematic attempt to formulate principles derived from physiology in order to preserve brain functions.²² In the same vein, in German-speaking countries, the Viennese physician and poet Ernst von Feuchtersleben published in 1838 a *Diätetik der Seele*, in which he assembled a series of reflections on how to preserve one’s health from an excess of passions.²³ The book was an enormous success and was translated into most European languages in the following years. Ultimately it was in the United States that the term ‘mental hygiene’ was coined, appearing for the first time in the title of an 1850 book published by the physician William Sweetser.²⁴

²¹ Joseph Virey, *Hygiène philosophique, ou De la santé dans le régime physique, moral et politique de la civilisation moderne* (Paris: Crochard, 1828).

²² Casimir Broussais, *Hygiène morale, ou Application de la physiologie à la morale et à l'éducation* (Paris: J.-B. Baillière, 1837).

²³ Ernst von Feuchtersleben, *Zur Diätetik der Seele* (Vienna: C. Gerold, 1841).

²⁴ William Sweetser, *Mental Hygiene: or, An examination of the intellect and passions, designed to show how they affect and are affected by the bodily functions, and their influence on health and longevity* (New York: G. P. Putnam, 1850).

These early publications were speculative in nature and were characterised by a philosophical tone. Their authors were recognised figures in medical and intellectual circles, but most of them were not alienists, that is, physicians specialised in the treatment of patients suffering from mental illness. Diversely inspired by Hippocratic principles or a Romantic philosophy of nature, they expounded general ideas borrowed from medicine, anthropology and political philosophy in a discourse on the need for individuals and societies to achieve a balance with nature, rather than precepts on the conduct to adopt in specific cases. By the 1880s, however, mental hygiene had become an important theme for the psychiatric profession in many countries. Its proponents advocated an approach closer to physical hygiene, while also incorporating results and knowledge from the social sciences. In his address to the International Medical Congress in Philadelphia in 1876 psychiatrist John P. Gray defined mental hygiene as follows:

Mental hygiene may be variously classified, but, as a whole, it embraces all that relates to the development, exercise, and maintenance of mental activity in individuals, communities and nations, and must, therefore, be considered from an individual, social, and national point of view. It involves education, social culture, religion and national life... It covers all the broad field of human energy, embracing all the professions and every branch of industrial life.²⁵

In many respects, at the end of the nineteenth century the literature of mental hygiene was akin to today's promotion of self-development. As suggested by Barbara Sicherman, the success of the notion of mental hygiene was linked to the declining role

²⁵ John P. Gray, 'Mental Hygiene', *The American Journal of Insanity*, 1878, 34, 307–341, 310.

of religion in the regulation of passions among the emergent urban middle class.²⁶ The new generation of mental hygienists offered new responses to intimate suffering, based on scientific discourse and endowed with a practical character that seemed better adjusted to the needs and aspirations of the middle class.

This body of advice was suited to the demands of life in an increasingly complex social environment. Mental hygienists promoted above all the cultivation of temperance with regard to passions. To avoid developing mental ailments, individuals had to control their emotions and avoid all forms of excess. These precepts were tailored to specific social groups. Mental hygienists addressed the working class in a patronising tone, joining in a growing number of campaigns and actions meant to combat various social evils, from alcohol consumption to sexual misconduct. They warned intellectuals of the dangers of overworking the brain. Parents and educators were advised not to be too strict with children, and to make adjustments according to the nature of each pupil and to anticipate any nervous enfeeblement. Mental hygienists stressed that women must not shirk their status and role in society, and they highlighted the dangers incurred by a growing urban population threatened by modernisation and promiscuity. In this regard mental hygiene reflected a broader critique of modernity and the strain it put on individuals, attested by the proliferation of pathologies such as neurasthenia or degeneration.

Despite the success of this literature mental hygiene would probably have remained a minor concept in the history of psychiatry had it not been adopted in the early twentieth century by movements that transformed it into a powerful brand and put into practice the programme outlined by Gray in 1876. The first of these was the

²⁶ Sichertman, *The Quest for Mental Health in America*.

National Committee for Mental Hygiene (NCMH) created in New York in 1909 at the initiative of ex-patient Clifford Beers and psychiatrist Adolf Meyer. At the time, Meyer, a Swiss immigrant, had already established himself as one of the most influential personalities in American psychiatry with his work in the New York State Hospital system, where he introduced and adapted the clinical methods and concepts of German psychiatrist Emil Kraepelin. Meyer had just been named director of the Henry Phipps Clinic at Johns Hopkins University in Baltimore which in time became a model for institutional research in American psychiatry. As Gerald Grob recounts, the choice of mental hygiene for the name of the committee was a matter of some debate, and in fact Beers and Meyer had highly divergent visions of the objectives of the organisation. Beers advocated for a focus on the reform of institutional care, while Meyer pushed for a wider engagement with prevention at the social level.²⁷ In the event Meyer had the last word, and thanks to the financial support of philanthropic foundations, notably the Rockefeller Foundation, the NCMH became a major player in the field of psychiatry in the 1920 and 1930s.

The NCMH model proved immensely successful and in the next two decades movements developed in virtually every country on the European and American continents. In Britain, the Central Association for Mental Welfare was created in 1912 and then the National Council for Mental Hygiene in 1922. In France psychiatrist Edouard Toulouse obtained the support of the newly created Ministry of Health for his *Ligue d'hygiène mentale* in 1920. In Germany the *Deutscher Verband der Psychohygiene* was established in 1924, renamed the *Deutscher Verband für psychische Hygiene und Rassenhygiene* in 1933. The year 1924 also saw the creation

²⁷ Grob, *Mental Illness and American Society*.

of the Italian *Lega italiana d'igiene e profilassi mentale* while the *Jugoslovensko društvo za duševnu higijenu* was established in 1930 in the Kingdom of Yugoslavia. An international conference on mental hygiene brought together these societies and their representatives in Washington D.C. in 1930.²⁸ This meeting was an opportunity for psychiatrists inspired by Meyer's work at the Henry Phipps Clinic to meet him and helped spread the model Meyer had established in Baltimore.

By the 1930s mental hygiene had become a label for locally developed programmes with political, social and psychiatric dimensions. At the political level, mental hygienists promoted reforms of psychiatric institutions and legislation, and they advocated the introduction of expert advice in a number of policies. Some of them saw themselves as educators with the mission to create a 'new man'.²⁹ In the UK and in France, their ambition for social progress was given a new lease on life with the success of psychodynamic models that emphasised both emotionality and the plasticity of the psyche under the influence of internal and external factors.³⁰ At the professional level, mental hygienists promoted new ways of practising psychiatry outside mental asylums, in dispensaries or clinics, while in some countries such as Russia they devised plans to organise the psychiatric system in sectors. In Italy and

²⁸ The idea of a first international conference in Paris, to be held in 1922, failed: see Hernan Scholten, 'Algunas reflexiones sobre la historia del movimiento de higiene mental a cien años del fallido primer Congreso Internacional (París, 1922)', *Histoire, médecine et santé*, 24, 2023, 151-167.

²⁹ Cassata, *Building the New Man*; Killen in this issue; Dufaud, *Une histoire de la psychiatrie soviétique*.

³⁰ Jonathan Toms, *Mental Hygiene and Psychiatry*; Mathew Thomson, 'The Psychological Body', in Roger Cooter and John V. Pickstone, eds, *Medicine in the Twentieth Century* (London: Taylor & Francis, 2000).

France they supported the development of emergent occupations such as social work and psychology.³¹ In the broad context of society, they emerged as a significant voice in public debate on issues as diverse as the prevention of mental and nervous disease, the management of crime, the education and welfare of young children, the selection of workers and conscripts for employment or induction into the armed forces.³² In the United States, the mental hygiene movement organised surveys to monitor the mental health of different segments of the population. In most countries mental hygiene movements pursued campaigns to publicise their activities and to develop a wider presence in society, through propaganda initiatives that included radio programmes, films, lectures, and columns and correspondence with interested readers in popular journals.³³

Mental hygiene pledged to deliver benefits to a wide array of people. To individuals, it provided services and advice to cope with intimate wounds caused by modern work and living conditions, such as traumatic nervousness, anxiety and personality disorders. In the eye of the general public, it promised a better response to some of the most threatening ills faced by society and proffered a claim to ameliorate the human stock of the nation. Prevention and early intervention, as well as a better selection of individuals for basically any social function, from marriage to work, would

³¹ Jacqueline Carroy, Annick Ohayon, and Régine Plas, *Histoire de la psychologie en France, XIXe-XXe siècles*. Grands repères. Manuels. (Paris: La Découverte, 2006); Scarfone in this issue; Cassata, *Building the New Man*.

³² Huteau, *Psychologie, psychiatrie et société*; Naoko Wake, 'The Military, Psychiatry, and "Unfit" Soldiers, 1939–1942' *Journal of the History of Medicine and Allied Sciences* 62, no. 4 (1 October 2007): 461-94. <https://doi.org/10.1093/jhmas/jrm002>.

³³ See Scarfone, Killen, Laine-Fridgen in this issue.

help avoid the spread of mental illness. For psychiatrists mental hygiene offered the prospect of a renewal of their profession. It provided them with a programme in the spirit of the times and opened new spaces where they could develop their activity.

And yet, mental hygiene had nothing very specific to offer to this diverse audience. Its intellectual corpus drew upon every major discipline and ideology of its time, from biology and eugenics to psychoanalysis and sociology. The techniques promoted by mental hygienists, from social work to community care, had nearly all been tried and tested earlier in other sectors of medicine. Politically, mental hygienists were affiliated with groups and parties of all sorts. The movement was never in opposition to the dominant political forces: it was democratic in democracies, socialist in socialist countries and fascist in fascist countries. In the end, the protagonists of mental hygiene had the autonomy to develop their professional and personal careers as they saw fit, and ambiguity and compromise characterised most of them.

Nor did mental hygiene stimulate the emergence of new men. Clifford Beers was an isolated case, a former patient at the head of the American mental hygiene movement; it was not until half a century later that patients began to play a significant role in the field. In most countries the leaders of mental hygiene movements were recognised psychiatrists, although not necessarily prominent figures within their discipline. In the US Adolf Meyer was already the most well-known psychiatrist of his time when Clifford Beers contacted him for support, but Meyer then left the field to other less prominent psychiatrists. Likewise, in France Edouard Toulouse already had a long career as a reformer behind him when he created the French *Ligue d'Hygiène mentale* in 1920. The psychiatrists behind the German mental hygiene movement had a similar profil. In fact, mental hygiene movements offered opportunities to psychiatrists

who aspired to a recognition they had been unable to achieve through traditional career paths, following a pattern also seen in other segments of social reform.³⁴

Eventually mental hygiene was less a coherent programme than a fashionable label for psychiatrists who sought a rejuvenated vision of their discipline, its social role and its future. It provided them with notions and concepts that had proven successful in other arenas and that they could use for their own agenda. This is probably also why mental hygiene did not survive past its initial era. By the 1950s the notion of mental hygiene had faded away and a new semantic and conceptual field coalesced around the idea of mental health. A turning point was the establishment of the World Federation of Mental Health under the impetus of the newly created World Health Organization in 1948. This change of name was meant to avoid a label that had been associated with the cruel abuse of patients in Nazi Germany and its promoters sought to distance themselves from previous generations of psychiatrists. It was not only a matter of terminology, however. Mental health referred to a more open field of practices than mental hygiene, both in terms of who could legitimately define mental health and to whom its practices were addressed.

Mapping mental hygiene

What was the scope of mental hygiene? It was not a well-defined doctrine that determined the nature of the work of mental hygienists and their success or failure. Mental hygiene was not so much a formal intellectual construct as it was an open field of practices, discourses and organisations traversed by multiple tensions and

³⁴ See on this point the analyses of the French 'reform field' by Christian Topalov and his colleagues: Christian Topalov, ed, *Laboratoires du nouveau siècle. La nébuleuse réformatrice et ses réseaux en France, 1800-1914* (Paris: Éditions de l'EHESS, 1999).

contradictions. Consequently, the history of mental hygiene must take into account the singular social, professional and political configuration that emerged at the turn of the twentieth century and that eventually transformed mental hygiene into both a notable societal force in the period between the two world wars and a platform for a range of interests. Our objective here is to delineate the contours of this configuration.

Two parameters are important in this regard. On the one hand, mental hygiene was structured around local experiments, such as dispensaries, social services, open clinics and hospitals, and policy schemes. These experimental undertakings were presented as sites of innovative practices. They were visited by professionals, officials and journalists and discussed in publications and conference papers. Eventually these experiments became showcases for the movement and established the fame of their promoters who were to emerge as spokesmen of the movement and, in some cases, as public figures. In addition, the practices, discourses, and institutions of mental hygiene are characterised by four distinctive dimensions, each with specific dynamics and which, taken together, gave a specific shape to mental hygiene in each local context.

The first dimension was the promotion of practices and services directed toward individuals to help them cope with the strain of modern life. As mentioned above, this was a central aspect of initiatives in the nineteenth century. By the early twentieth century, these practices and services had grown into an important market in most European countries. They were delivered by a growing body of specialists, including psychiatrists, nerve doctors, psychotherapists and counsellors who worked in facilities and institutions such as sanatoriums, clinics, consultation offices and dispensaries and used tools such as pharmaceuticals, hydrotherapy and electricity. These services

became visible landmarks in rapidly changing urban landscapes.³⁵ At the same time rising drug consumption fuelled the first period of growth in the pharmaceutical industry.

The question for historians, then, is the nature of these facilities and techniques, as well as the nature of the relationships these practitioners established with their patients. The world of private practice has been explored by historians.³⁶ Less is known about the public facilities set up in cities to facilitate access to psychiatric services for the middle and working classes, instead of committing patients to mental hospitals. These facilities included dispensaries, child guidance centres and consultations of all sorts, public sanatoriums, open asylums as well as services located in general hospitals. Historians need to study the services offered by these facilities, their professional deontology and their material conditions. Some of these facilities developed original models, such as the dispensaries or the *Ruhehallen* promoted by German psychiatrist Robert Sommer to give people a place to rest for a few hours.³⁷ In other cases the services offered did not differ much from those found in asylums,

³⁵ Volker Hess and Heinz-Peter Schmiedebach, *Kulturen des Wahnsinns. Schwellenräume einer urbanen Moderne* (Wien: Böhlau, 2011).

³⁶ Janet Oppenheim, “*Shattered Nerves*”: *Doctors, Patients, and Depression in Victorian England* (New York: Oxford University Press, 1991); L. Murat, *La maison du docteur Blanche: histoire d’un asile et de ses pensionnaires, de Nerval à Maupassant*, (Paris: J.-C. Lattès, 2001); Shorter, ‘Private clinics in Central Europe 1850-1933’, *Social History of Medicine*, 1990, 3, 159-195.

³⁷ Freis, *Psycho-politics*. A similar initiative was developed in the Soviet Union, seemingly independently: Grégory Dufaud, ‘Politiser la médecine: La psychiatrie extrahospitalière en Russie soviétique (années 1920 et début des années 1930)’, *Revue d’histoire moderne & contemporaine*, 2014, 3, 125–48.

despite what mental hygienists claimed.³⁸ Another issue is the funding of these services and in particular the inclusion of mental health services in social and health insurance coverage.

The second facet of mental hygiene was its preoccupation with amelioration of the population as a whole. Together with eugenics, social hygiene and demography, mental hygiene was both a driver and a response to the fear of a quantitative and qualitative population decline that traversed European and American society. The specific feature of mental hygiene was its focus on the individual, making it perhaps the closest approximation to Michel Foucault's idea of governmentality. While birth control was a major component of mental hygiene programmes in most countries, practitioners also embraced techniques borrowed from all disciplines of the psychosciences (psychiatry, psychology, psychoanalysis). In France the *Ligue d'hygiène mentale* participated in the development of a national programme of psychological testing of workers.³⁹ Psychological screening played a major role in the British and US armies during the World War II. In yet another framework, child guidance relied on counselling techniques borrowed from all branches of clinical psychology, including psychoanalysis and educational psychology.

Attitudes towards these different techniques varied widely within and between countries. In particular, the extent to which eugenic and selective measures should be applied coercively was a major point of contention among mental hygienists and

³⁸ See in France the work of Veronique Fau-Vincenti on Toulouse's Hôpital Henri Rousselle: Véronique Fau-Vincenti, 'Des femmes difficiles en psychiatrie (1933-1960)', *Criminocorpus* (Online publication: <http://journals.openedition.org/criminocorpus/6120>). See also Marie Derrien's article in this issue.

³⁹ Huteau, *Psychologie, psychiatrie et société*.

outside of the movement. The history of forced sterilisation has been well documented.⁴⁰ Other programmes such as worker selection, preventative psychiatry, open treatment, and treatment of offenders with mental illness remain to be investigated.

The third dimension that characterised mental hygiene was the belief in science and its potential to guide decision-making on virtually any issue.⁴¹ Mental hygienists were part of a broader movement in medicine that at the turn of the twentieth century sought to position science as the sole source of knowledge and expertise. Mental hygienists brandished the threat that society would be won over by irrational thinking if they were not trusted in their endeavours. They insisted that, like any other illness, psychiatric disorders should be treated in light of the findings of the most recent scientific research. This meant reorganising psychiatric institutions around laboratories, following the example of general hospitals: Meyer's clinic in Baltimore, Kraepelin's institute for psychiatry created in Munich in 1917 and the Maudsley Hospital which opened in London in 1923 were notable examples of the new sorts of

⁴⁰ Gisela Bock, *Zwangssterilisation im Nationalsozialismus: Studien zur Rassenpolitik und Frauenpolitik*. Schriften des Zentralinstituts für Sozialwissenschaftliche Forschung der Freien Universität Berlin. (Münster : MV Wissenschaft, 2010 [1986]); Stefanie Westermann, *Verschwiegenes Leid: der Umgang mit den NS-Zwangssterilisationen in der Bundesrepublik Deutschland* (Köln Weimar: Böhlau Verlag, 2010); Randall Hansen and Desmond King. *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America*. (Cambridge: Cambridge University Press, 2013); Gunnar Broberg and Nils Roll-Hansen. *Eugenics and the Welfare State: Sterilization Policy in Denmark, Sweden, Norway, and Finland*. (East Lansing: Michigan State University Press, 1996).

⁴¹ On the relationship between state and science, see Jérôme Lamy, 'L'État et la science', *Cahiers d'histoire. Revue d'histoire critique*, 134 (2017), 87-111.

scientific institution that could achieve this goal.⁴² All three institutions were characterised by the extent of their research apparatus and by the specific atmosphere they sought to create: patients were not to be forced into treatment, rest cure was the norm and timetables were organised according to a medical regimen. In their most ambitious dreams, mental hygienists sought to promote science as the foundations of a new social order. In France, Edouard Toulouse suggested that a new political regime—in his terms a ‘biocracy’—could be established according to the precepts of biology.⁴³

While science as a vector of progress was a consensual value in the interwar period, definitions of science were diverse, and this proved to be a contentious issue. Psychiatric laboratories were implemented various scientific practices, from psychological experimentation with human or animals to brain research and population genetics. Mental hygiene was in many ways at the origin of the diverging paths taken by psychiatry in the post-World War II period, evolving into social and biological psychiatry. Going further, historians should look not only at the type of science promoted by mental hygienists and their practices, but also at how this science was communicated in publications and conferences aimed at both lay and expert audiences.⁴⁴

⁴² Edgar Jones, Shahina Rahman and Robin Woolven, ‘The Maudsley Hospital: Design and Strategic Direction, 1923–1939’, *Medical History* 51 (3) 2007), 357-78; Mathias M. Weber, ‘Psychiatric research and science policy in Germany. The history of the Deutsche Forschungsanstalt für Psychiatrie (German Institute for Psychiatric Research) in Munich from 1917 to 1945’, *History of Psychiatry*, 2000, 11, 235-258.

⁴³ Huteau, *Psychologie, psychiatrie et société*.

⁴⁴ See Killen in this volume.

The fourth dimension concerned the organisation of the psychiatric profession. At the end of the nineteenth century psychiatrists had obtained firm positions in asylums or as experts in courts, and the development of new markets for health and wellness services was a potential challenge to their domination within the field of mental illness. In cities a growing number of specialised professionals competed with psychiatrists for their clientele.⁴⁵ These newcomers included specialists in nervous diseases.⁴⁶ Other physicians specialised in the delivery of specific therapies, such as hydrotherapists or electrotherapists, who had proliferated by the turn of the 20th century, while paediatricians proposed mental healthcare for children.⁴⁷

Mental hygiene provided asylum doctors with a framework for thinking about the role they might play in society and recognition for that role. The question then was both the degree of organisation of mental hygiene movements and their relationship to the profession. As Hans Pols has shown, in the US the NCMH became a major force driving professional policy before professional organisations replaced it in the period after World War I.⁴⁸ By contrast, in France the mental hygiene league never managed to take leadership in a much more homogeneous professional landscape.⁴⁹ By the end of the 1930s, Toulouse's provocative ideas aroused the opposition of his colleagues,

⁴⁵ George Weisz, *Divide and Conquer. A Comparative History of Medical Specialization*. (Oxford: Oxford University Press, 2006).

⁴⁶ Janet Oppenheim, *"Shattered Nerves": Doctors, Patients, and Depression in Victorian England*. (New York: Oxford University Press, 1991).

⁴⁷ Sydney A. Halpern, *American Pediatrics. The Social Dynamics of Professionalism. 1880-1980*. (Berkeley: University of California Press, 1988).

⁴⁸ Pols, 'Managing the Mind'.

⁴⁹ Henckes, *Le nouveau monde de la psychiatrie française*.

while his more consensual proposals were taken up by all the professional organisations, effectively undercutting the league.⁵⁰

Cutting across these four dimensions is the question of how mental hygienists sought to reach their audience: what media did they use, whom did they target, with what rhetoric? As shown in several papers in this issue, mental hygienists took great care in thinking about and developing their propaganda initiatives.⁵¹ Films, radio broadcasting, posters, after-work conferences, networking with general practitioners, teachers and employers, were some of the means they used to create national and local forums of debate and build consensus around mental hygiene. The extent to which they effectively reached audiences other than professionals and the educated class, the nature of the relationship they established with a wider public, and the reactions of this public to the notions of mental hygiene are some of the questions that still need to be investigated.⁵²

Histories of mental hygiene in the making

The essays collected in this special issue extend this analysis. Beyond the institutional history of mental hygiene organisations, these authors seek to explore mental hygiene in the making, as conceived and developed by its various protagonists. The articles question what mental hygiene meant to its practitioners, what they were looking for when they claimed to be mental hygienists, the conditions in which they developed their projects and how they adapted to public reaction. The articles examine different local and national contexts, in France, Italy, Finland, Germany and

⁵⁰ Huteau, *Psychologie, psychiatrie et société*.

⁵¹ See the articles by Scarfone, Killen and Laine-Frigren in this issue.

⁵² See Laine Frigren in this issue.

Yugoslavia, and at different times, from the late nineteenth century to the 1970s. They offer a prismatic collection of case studies, and collectively open up a series of questions about the contours of mental hygiene both as a category and as national and transnational movements.

First, these articles trace the development of mental hygiene over a time period not limited to the existence of formal organisations. Tuomas Laine-Frigren and Sabine Arnaud both challenge conventional histories of mental health in children by showing how new ways of framing this subject emerged in Finland and in France at the turn of the twentieth century. Arnaud highlights the specific configuration involving prevention, education and therapy that characterised the project of therapeutic hygiene developed from the early 1900s onwards by French psychiatrists and psychologists Georges Paul-Boncour and Jean Philippe, thus challenging disciplinary boundaries. Paul-Boncour and Philippe advocated that medical-pedagogical treatment should be individually tailored to the specific needs of each child. They found themselves increasingly at odds with educational institutions and were progressively marginalised in the field of child development after the World War I. In a particularly innovative study of the exceptional body of correspondence between Finnish physician and columnist Konrad ReijoWaara and his readers, Laine-Frigren introduces the perspective of young people themselves on their own health, highlighting the richness of their views on mental health as well as the depth of their reflexivity. He demonstrates how newspapers developed into spaces where new discourses about psychology and mental health were disseminated. At the other end of the timeline, Mat Savelli's article questions what became of mental hygiene ideas in post-World War II Yugoslavia. He shows that they persisted not only because of their intrinsic strength and coherence

with the wider social context, but also as a result of the way psychiatrists used them strategically to assert their position within the regime.

Secondly, the articles gathered here examine the circulation of ideas and projects across a variety of spaces. Marie Derrien's history of the Esquermes Clinic in Northern France questions how the development of mental hygiene reshaped the relationship between centre and periphery. Created before World War I at the instigation of local psychiatrists and public authorities, the clinic was conceived of as a hospital for the mentally ill outside the framework of the 1838 French law that prescribed internment in asylums. The founders' aim was to implement a new and less coercive model of care. Although at the time of its creation the clinic was showcased as a model by the proponents of the *Ligue d'hygiène mentale*, it was later marginalised in the movement during the 1920s and 1930s when the medical director found himself increasingly at odds with the positions of the *Ligue*. Moreover, the clinic had to adapt its functioning to the new conditions created by World War I and was obliged to admit involuntarily committed patients, thus losing its specificity as a psychiatric institution. Rather than recounting the exemplary history of a model institution, Derrien demonstrates that the Esquermes experiment lent itself to different interpretations at the local and the national levels, thus highlighting the ambiguity of mental hygiene. In her article, Marianna Scarfone adds to our knowledge of the daily work of mental hygienists in Italy. She shows how the local sections of the Italian league for mental hygiene helped spread hygienic awareness in the 1920s and 1930s. In the Italian context propaganda and the training of visiting nurses played a determining role, creating a new and extensive network of psychiatric facilities that were in a position to develop new forms of screening of the social body.

Finally, contrary to the image of a dominant movement as conveyed in some of the literature, these articles underscore that despite its force of attraction, mental hygiene never developed into a consensual movement and was always riven by numerous conflicts and tensions. Arnaud's analyses of the emergence of paedology in France, Savelli's exploration of mental hygiene in post-war Yugoslavia and Derrien's history of the Esquermes clinic are three examples that highlight the divergent interpretations given to the mental hygiene reform agenda. Nor were the precepts of mental hygiene always readily received by their targeted audiences, as Andreas Killen demonstrates in his analysis of health education films in Germany between the two wars. The scale of the propaganda effort launched by mental hygienists after World War I reveals the profession's fear of the seduction exerted on the population by alternative or unlicensed practitioners in a period of crisis, as well as the public's fear of experimentation. But, as Killen argues, it is also a sign of psychiatry's poor public image and the controversy surrounding its involvement in the state's population control policies in the early days of the Nazi regime.

With this special issue we hope to create a deeper understanding of the diverse and disputed meanings mental hygiene had throughout its history, and to stimulate further research on the projects of mental hygienists and their reception by their contemporaries. Beyond characterisation of mental hygiene as a unified doctrine, this movement is revealed as a multifaceted field of practices and discourses. The authors show how mental hygiene, as a movement and a doctrine, acquired its form and significance from the way it addressed at once individual mental health concerns, reform of the psychiatric system and debate of the role of psychiatry in society. They vividly document the specific ways in which mental hygienists used scientific research or edulcorated versions of scientific material to communicate with their public. The

articles also demonstrate the value of seeking out perspectives on mental hygiene other than those of psychiatrists, including the views of government bodies, social workers and patients. Finally, the issue stresses the ambiguity of a movement that had adherents in virtually every national, political and intellectual context, and was able to adapt to every change of mood and evolve over time. Its importance and impact on the history of psychiatry and society in the early twentieth century are largely due to this malleability.