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“A reason behind every action”. The early years of Swedish Child Psychiatry, 1930-1945

« La raison derrière chaque action ». Les premières années de la psychiatrie de l'enfant en Suède, 1930-1945

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“A reason behind every action”

The early years of Swedish Child Psychiatry, 1930-1945

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The development of Swedish child psychiatry is not a coherent, straightforward narrative of a steady progression. Child mental health was raised as a topic in the early twentieth century and in the 1920s and 30s child guidance activities began to take shape in the larger municipalities, carried out by philanthropic or public agents. In this period the neuropsychiatric oriented child psychiatrists were challenged by those with an interest in psychoanalysis in defining and treating childhood mental ill health. There was no sign of a cohesive national approach to child mental health services until the early 1940s, when the first steps in such direction were taken by the Swedish government. The political ideas underpinning these actions were based on a psychodynamic tradition combined with a political vision of social change.

Le développement de la psychiatrie de l'enfant en Suède ne suit pas un parcours cohérent et linéaire. La santé mentale de l'enfant fut une thématique mise en avant au début du xx^e siècle et à partir des années 1920-1930, des activités de guidance infantile s'établirent dans les principales villes soutenues par des acteurs publics ou associatifs. Au cours de cette période, les psychiatres de l'enfant d'orientation neuropsychiatrique étaient défiés par ceux qui manifestaient un intérêt pour la psychanalyse et sa capacité à définir un traitement pour l'enfance mentalement perturbée. Il n'y eut pas de politique nationale homogène inspirant les services de santé mentale jusqu'à ce que le gouvernement suédois dans les années 1940 établisse les premières mesures allant dans cette direction. Les idées inspirant cette politique étaient basées sur la tradition psychodynamique articulée à un objectif politique de transformation sociale.

Keywords: history of childhood, history of child psychiatry, child guidance, mental hygiene movement, childhood psychopathy

Mots-clés: histoire de l'enfance, psychiatrie de l'enfant, guidance, mouvement d'hygiène mentale, psychopathie juvénile

A number of Swedish paediatricians, child psychiatrists and psychiatrists were invited to the International Congress on Child Psychiatry. Among these, the two most prominent were Dr. Torsten Ramer and Professor Arvid

1. RAMER Torsten, "The prognosis of mentally retarded children: a follow-up study of 626 special-class cases and 598 control-cases born 1907-1917", *Acta psychiatrica et neurologica. Supplementum*, 0105-0028, 41, 1946. (Diss., Stockholm, Karolinska Institutet).

2. QVARSSELL Roger, "Från vanart till psykopati. Om barnpsykiatrins framväxt i Sverige under mellankrigstiden" [From maladjusted to psychopathy: the development of child psychiatric services in Sweden during the interwar years], *Lychnos*, 1985; QVARSSELL Roger, "Brustna sinnen: Om barnpsykiatrins och barnpsykoterapis historia", *'Skall jag taga vara på min broder': Tolv artiklar om vårdens, omsorgens och det sociala arbetets idéhistoria* [Shall I Take Care of my Brother: Twelve Articles about the History of Ideas of Health, Care and Social Work], *Idéhistoriska skrifter* 15. Umeå: Institutionen för idéhistoria, Umeå Univ., 1993, p. 1-140.

Wallgren, who were not only well-known to the Swedish medical child expertise in the 1930s but also had plenty of international connections. Arvid Wallgren was a renowned and respected medical researcher with childhood tuberculosis as a speciality. Torsten Ramer was a paediatrician involved in child guidance, with a special interest in child psychiatry, who after the conference became actively involved in the new international child psychiatric organization. At the conference in Paris, he presented a paper entitled: "*Schizophrenieartige krankheiten bei kindern.*"

The title reflected Ramer's research interest in the 1930s, which was focused on psychiatric symptoms in childhood. In the 1940s his focus changed and he became more and more focused on learning disabilities, which was the topic of his thesis from 1946.¹

In the present paper, I will outline the Swedish context concerning child mental health care in the 1930s, including a look into the coming decade when the first step towards a nationwide child psychiatric care system was actually taken.

THE DEVELOPMENT OF SWEDISH CHILD PSYCHIATRY—A COMPLEX NARRATIVE

The development of Swedish child psychiatry in the twentieth century is not a coherent, straightforward narrative of a steady progression from no services to full service standard; rather it is a complex and diverse narrative.² Child mental health was raised as a topic in the early twentieth century by medical doctors, school teachers and, to some extent, by actors involved in child social

welfare. In the 1920s and 30s, child guidance activities began to take shape in the larger municipalities, carried out by philanthropic organizations or local child social welfare authorities. Moreover, individual key actors started up institutions specifically designed for so-called psychopathic children or special schools for so-called feeble-minded children, some of which were funded by municipal public means, while others were dependent on voluntary and philanthropic financial support.³ During this period, these various efforts to save children either through institutionalization or child guidance activities focusing on families and parents were not linked together, and some of the activities continued for a longer period of time, while others died out. There was no sign of a cohesive national approach to organizing child mental health services until the early 1940s.

It began in 1939 with a state inquiry to be pursued by members of *The Youth Committee*. The inquiry was commissioned by the Swedish government as a response to the rising levels of youth delinquency and crime.⁴ The so-called 'youth problem' had been on the government's agenda as a major social issue since the mid-1930s.⁵ With the appointment of *The Youth Committee*, the government made so-called youth delinquency a national issue, and the committee began its work in 1939. However, due to the outbreak of World War II, the committee's work was delayed for two years. When the committee was reconvened at the end of 1941, its goals were reformulated and the *social dimension* of delinquency was addressed specifically. It was argued that the young people in question should not be viewed as a group of failed individuals; the rising level of youth crime was a sign of the failure of society to care for its young members. The Youth Committee set out to provide a solution to such failure on the part of society.

The Youth Committee published 12 wide-ranging reports, the first of which was an outline of a new kind of mental health service for children and young people, called the 'Psyisk barna- och ungdomsvård' (*Child and Youth Psychological Service*). This report was later followed by 11 reports on subjects such as the youth labor market, youth leisure activities, and sexual behavior. Concerning the first report, the meaning of "psychology" in naming the services "Child and Youth Psychological Services" reflects the significance ascribed to psychological knowledge in this new approach to the "youth problem". It was not a moral problem or a biological problem; it was a social problem that could be solved through a psychological understanding of the influence of the family environment and emotional relationships. Moreover, the designation "psychological service"

3. JÖNSSON Ulf, *Bråkiga, lösaktiga och nagelbitande barn: Om barn och barnproblem vid en rådgivningsbyrå i Stockholm 1933-1950* [Troublesome, Promiscuous, and Nail Biting Children: On Children and Problems in a Child Guidance Centre in Stockholm 1933-1950.], (Diss.) Tema, Linköping Univ., 1997; BERGENHEIM Åsa, *Barnet, libido och samhället: Om den svenska diskursen kring barns sexualitet 1930-1960* [The Child, Libido, and Society: On the Swedish Discourse of Children's Sexuality 1930-1969]. (PhD diss.) Stockholm: Höglunds, 1994.

4. ZETTERQVIST NELSON Karin, *Från samhällets barn till egna individer. Barnpsykiatrisk behandlingsideologi 1945-1985*. [From society's children to individuals in their own right: Child psychiatric treatment ideology 1945-1985], *Scandia* 78(2): 40-67, 2012; ZETTERQVIST NELSON Karin & SANDIN Bengt, "Psychodynamics in child psychiatry in Sweden: from political vision to treatment ideology, 1945-1985", *History of Psychiatry*, 24, n° 3, 2013, p. 308-325.

5. SOU 1944/30, The Youth Committee, *Child and Youth Psychological Service*, 1944, p. 11.

6. Kungl. Maj:ts proposition. Bihang till riksdagens protokoll [Royal Majesty's Bill. Appendix to Parliament Protocol], 1 saml.: Nr 211, 1945, Stockholm.

conveyed that this health service was neither “psychiatric care” nor “child guidance”—it was a new type of service. Based on this official inquiry report (SOU 1944/30), in February 1945 the Swedish Minister of Social Affairs signed a government bill with proposals for setting up the new service.⁶ This new form of mental health service was to be located at local hospitals, which demonstrated that it was part of the national health services—and like the health services in general the child and youth psychological activities were to be controlled by the specific county councils (Sw. *landsting*). The proposal stressed the significance of placing this new kind of mental health services at a paediatric department within the national health services, the goal being to avoid the assumed strong stigmatization associated with the municipal social child welfare service and its historical connections to poverty relief activities.

Child and youth psychological health services were politically and ideologically defined as a preventive measure, set up to fight mental ill health among children and young people, similar to the way in which the development of child and maternal health care systems had been politically and ideologically motivated. The development of child mental health services was thus inscribed in the political welfare agenda of Swedish People's Home model (Sw. *Folkhemmet*). Psychological problems and disturbances in children (so-called problem children) were defined as symptoms of society's failure to take care of the young population rather than as symptoms of childhood deviances. Children were defined as “society's children” and society was to assume responsibility for providing them with a proper childhood, including education, good health, and not least, a good upbringing.

A group of young radical medical doctors, mostly paediatricians, were particularly active in outlining this vision of a new kind of mental health service for children, sharing a political commitment to improve social conditions for the working class. Many of these paediatricians were also interested in psychoanalysis as a radical alternative to biomedical constitutional approaches and “habit formation” in studies of childhood mental ill health. In this process, medical experts, mainly paediatricians, played a prominent role, while psychiatrists were absent.

In the 1940s, this group of paediatricians, who had training in psychoanalysis and a clear leftist political standpoint, together with child psychologists/therapists with similar interests, were important in building up the new kind of mental

health services. Child social workers and teachers were also involved, but to a lesser extent than the child psychologists and child psychiatrists.

From 1945 onwards, the Swedish child mental services organized mainly out-patient activities, while in-patient activities were rare. The out-patient activities were similar to the activities in the municipal child guidance clinics, with testing and parent guidance dominated, while child psychotherapy was not very common. In the 1950s, child psychiatric diagnostic categories and treatment options began to be discussed and two main discourses took shape: the psychiatric and the psychoanalytical. The latter was closely intertwined with the political social democratic approach underpinning the development of child health activities and more generally a broader national health system for all people, while the psychiatric discourse was more low-keyed. But conflicting views on, for instance, "psychopathy" or "child schizophrenia" were present, and there was an ongoing debate between the more psychoanalytically inspired approach and the hereditary constitutional approach, which in today's vocabulary would be called a neuropsychiatric approach.⁷ The child psychiatrists who represented a more hereditary approach to child mental ill health were mostly aligned with psychiatrists rather than with paediatricians. This conflict was not a new issue; it had already been a burning issue in the 1930s, as I will show below.

Previous international research on the development of child mental health services has demonstrated variations in the establishment of such support in different countries depending on socio-political and professional traditions. The philanthropic endeavours of the US Child Guidance Movement and the Child Study Movement in the early twentieth century created an intellectual legacy which in turn was moulded by specific national and domestic ideological concerns in countries throughout Western Europe, with a shared intellectual inheritance that was also intertwined with the various national precursors to psychiatric provision for children as well as the structure and character of the respective national welfare systems.⁸ A range of child psychiatric disorders were discussed clinically and scientifically before World War II, but child psychiatry as a medical specialty remained an undefined field until the post-war period, when it was first acknowledged as a distinct scientific field.⁹ Furthermore, the development of child guidance services and child psychiatric services for children in post-war Western Europe was closely related to the structure and character of the respective national welfare systems.

7. AHNSJÖ Sven, "Schizofreniproblemet i barnåldern jämte studier över det 'schizofreniforma' syndromet" [The problem of child schizophrenia among children and studies on the schizophreniform syndrome]. *Svenska Läkartidningen*, 5, 1954, p. 1605-1631.

8. LUDVIGSEN Kari and SEIP, Åsmund "The establishing of Norwegian child psychiatry: ideas, pioneers and institutions", *History of Psychiatry*, 20, n° 5, 2009, p. 5-26; STEWART John, "Child guidance in interwar Scotland: international influences and domestic concerns", *Bulletin of the History of Medicine*, 80, n° 3, 2006, p. 513-539; RICHARDSSON Theresa, *The Century of the Child: The Mental Hygiene Movement & Social Policy in the United States & Canada*. New York, State University of New York Press, 1989.

9. BAETHGE Christopher, et al, "Manic-depressive illness in children: an early twentieth-century view by Theodor Ziehen (1862-1950) (Classic Text n° 58)", *History of Psychiatry*, 15, n° 2, 2004, p. 201-212, EVANS Bonnie et al., "Managing the 'unmanageable': interwar child psychiatry at the Maudsley Hospital, London", *History of Psychiatry*, 19, n° 4, 2008, p. 454-475.

In order to broaden our understanding of the “Swedish version” of child psychiatry and its early development, the present paper discusses the historical circumstances preceding the 1945 Swedish Government proposal to initiate child mental health services within the national health services.

“CHILD PSYCHIATRY” AND THE MENTAL HYGIENE MOVEMENT

The first person to use the term “child psychiatry” in early twentieth-century Sweden was Dr Josef Lundahl, a psychiatrist in Visby, Gotland, who was a strong advocate of the mental hygiene movement.¹⁰ He was the author of the book “*Studier i psykisk hygien och profylax med särskild hänsyn till miljöns betydelse*” [*Studies in mental hygiene and prevention with special consideration of the importance of the environment*], published in 1927, in which he outlined how psychiatrists’ main mission was to prevent mental problems. He also had strong opinions about children’s mental problems, defining them as mostly a sound response to an inadequate and deficient environment:

“If a child is mean (undisciplined, bad habits, etc.) the meanness has a history.

The underlying reason may be physical, it may be environmental circumstances in school. It is the teacher’s obvious task to examine the underlying causes before punishment or less kind behavior towards the child is initiated. In this task, the teacher needs support from the school medical doctors and eventually a social worker (underline in original).”¹¹

Lundahl’s statement that “the meanness has a history”, and its link to the basic principles of both the mental hygiene movement and the child guidance movement, was later appropriated by the group of young radical paediatricians mentioned above. In the 1930s, children’s mental problems became a recurrent topic among child experts, both in social child welfare, child institutions, and among paediatricians. But among the medical doctors, there were clearly different views on how to explain mental problems in children. The more radical approach, with a clear link to psychoanalytical thinking, proposed that child maladjustment and odd behaviour were a consequence of material circumstances and relations to parents and other significant adults, rather than bad habit formation or a deficient constitution. It was argued that the children’s symptoms could be traced back to a specific situation, an underlying reason that could explain the specific

10. QVARSSELL Roger “Från vanart till psykopati. Om barnpsykiatriens framväxt i Sverige under mellankrigstiden”, [From bad behaviour to psychopathy: About the growth of Swedish child psychiatry in the interwar period], *Lychnos*, 1985.

11. LUNDAHL Josef, *Studier i psykisk hygien och profylax med särskild hänsyn till miljöns betydelse*, [Studies in mental hygiene and prevention with special consideration of the importance of the environment], Stockholm, Bonnier, 1927.

symptom or behaviour. These young paediatricians, most often involved in the development of maternal and child welfare services, were in opposition to the more traditional and conservative prevailing psychiatric discourses and its interest in psychopathy and so-called constitutional abnormalities. Many of the Swedish psychiatrists involved in mental health care for adults at the time were occupied with discussing aspects such as psychopathy—a topic that received a great deal of interest, not least when it was linked to childhood.

CHILDHOOD AND PSYCHOPATHY—A CONTROVERSIAL TOPIC

The term psychopathy was introduced into the official psychiatric nomenclature in 1917 by the Swedish Psychiatric Association, and later discussed in an extensive textbook in psychiatry by Bror Gadelius, published in 1924.¹² The medical interest in psychopathy during these years was presented as a new scientific approach to social problems among both adults and children, defined as an alternative to earlier moral and religious approaches to so-called individual deviance and maladjustments in the population. These medical experts were sought after by politicians and state authorities in the construction of the evolving welfare state.

The psychiatric interest in psychopathy included to some extent children and childhood, especially topics such as how to identify and examine the early signs of psychopathy in infants and small children. The interest in the early signs of psychopathy among children was shared by many paediatricians and medical doctors working at schools and institutions. It became part of a broader discourse on how to approach and deal with unruly and undisciplined children, a topical issue among experts on educational activities and within a schooling system with more and more children.

Among the paediatricians engaged in the discussions of psychopathy, influential actors such as Professor Ivar Thorling, Uppsala, Professor Kjell-Otto af Klercker, Lund, and Professor Isak Jundell, Stockholm, were involved. The discourse of psychopathy in childhood revolved around the famous nature-nurture debate, which in the Swedish context was translated into a debate about heritage *versus* environment or in other words nature *versus* nurture. Professor Isak Jundell, in Stockholm, was responsible for setting up special wards for so-called psychopathic children.¹³ Similar ideas were used to justify a number of new institutions for so-called psychopathic children in the 1920s and 30s.

12. GADELIUS Bror, *Det mänskliga själslivet* [The Human Spiritual Life], Stockholm, Geber, 1924.

13. QVARESELL Roger, "Från vanart...", *op. cit.*, p. 179.

A common theme among the psychiatrist and paediatricians sharing an interest in psychopathy was the belief in scientific solutions in contrast to—in their views—earlier moralistic and religious ideas: Medical science was considered to be important tools in the construction of a modern society. Medical science could clarify the differences between individuals and supply means to either cure or help groups with defined weaknesses or, as in the case above, the individuals who were diagnosed as psychopaths.

A similar belief in medical science could be found among the young radical medical doctors mentioned above, but in a totally different political framing. The medical doctors with a socialist ideology were also strong believers in medical science, but not as a resource to explain the differences between individuals. The socialist doctors saw medical science as providing tools in the fight against poverty and inequalities. One of them was Dr. Gustav Jonsson, a paediatrician and later child psychiatrist, and a strong and influential proponent of an alternative perspective on childhood mental health, which was also evident in the issue of psychopathy. In the early 1930s, during his internship at a forensic psychiatric department, he became convinced of the importance of turning the professional gaze towards the social environment and psychotherapeutic treatment, as an alternative to the psychiatric conservative tradition of focusing on the constitutional aspects of body and brain. Jonsson writes in his autobiography about his insights during this period, according to which “the so-called psychopath had previously been the so-called problem child”.¹⁴ Jonsson argued that psychopathy was a symptom of a problematic childhood and upbringing rather than a symptom of a deficient neuropsychiatric constitution, which was in line with the ideas of the mental hygiene movement. Gustav Jonsson was appointed the first child psychiatrist within the new organization for child mental health in 1945, and his intellectual and professional development mirrors, in many respects, the ideological underpinnings of the future child mental health services.

14. JONSSON *Gustav, Kanske kärleksroman* [Perhaps a love story], Tidens förlag, Stockholm, 1985, p. 129.

The burning issue of psychopathy reflected an ongoing debate on how to understand childhood mental ill health—as an individual deficiency or an effect of environmental deficit—which was an important feature of the early traces of child psychiatry in the 1930s. Another feature was more concrete, in terms of the ongoing child guidance activities being carried out in the larger cities. The main mission of these activities was to help so-called problem children, mostly based

on radical ideas about childhood as a formative period, with a strong belief in supporting the child's environment as a way to enhance the child's development.

CHILD GUIDANCE CLINICS—THE MUNICIPAL LEVEL

In the early 1930s, a number of child guidance clinics (CGC) were started up in the municipalities. In Stockholm, in 1933, the Children's Welfare Board established a CGC, with the purpose of assisting "parents and other guardians" in raising their children.¹⁵ The previous year, a CGC had been set up at one of the larger hospitals in Stockholm (*Norrtulls sjukhus*) and located at the special clinic for out-patient services. These initiatives were followed by others at the beginning of the 1930s, and a series of initiatives were taken to set up CGCs in Swedish municipalities, primarily in the larger municipalities, but also in some of the smaller ones. The CGCs consisted mainly of three professional groups, with paediatricians as the head of operations: schoolteachers, social workers, and to some extent psychologists, who belonged to a growing professional group. For instance, many schoolteachers were trained in play therapy and/or testing, and they were transformed into child psychologists. The CGCs came into existence owing to the engagement and energy of individual paediatricians, rather than as a collected effort by public authorities, even though many of them received public support. Many of the CGCs were marked by an equal amount of philanthropic engagement and public support.

The Erica Foundation was one of these CGCs, a privately run child guidance centre in Stockholm, with a strong focus on child therapy, and not least, on training child therapists.¹⁶ In 1933, Hanna Bratt (1874-1959), a Swedish former head of a private school for girls, enthused by liberal philanthropic ideas in the spirit of Ellen Key, travelled to England to study the so-called new child psychology and the development of progressive education. As part of her trip, Bratt paid a visit to the Institute of Child Psychology in London, where Margaret Lowenfeld had continued to develop her clinical work and research with children and parents. Hanna Bratt was greatly inspired by what she saw there, the clinical activities in general and the way *The World* was used as a communicative and therapeutic technique with children. Bratt returned to Stockholm to expand her already initiated small private clinic for what she defined as socially and psychologically maladjusted children. As part of her clinical activities, she also began to develop a Swedish version of *The World* technique, now renamed *The*

15. JÖNSSON Ulf, *Bråkiga, lösaktiga och nagelbitande barn: Om barn och barnproblem vid en rådgivningsbyrå i Stockholm 1933-1950* [Troublesome, Promiscuous, and Nail Biting Children: On Children and Problems in a Child Guidance Clinic in Stockholm 1933-1950.], (Diss.) Tema, Linköping Univ., 1997.

16. BERGENHEIM Åsa, *Varm choklad och psykoterapi: Om Ericastiftelsen i Stockholm* [Hot Chocolate and Psychotherapy]. Stockholm, Carlssons, 2013; BERGENHEIM Åsa, "Ericastiftelsen—hur det fortsatte" [The Erica Foundation: The Continuation], *Psyisk hälsa*, 31, n° 4, 1990, p. 256-277; ZETTERQVIST NELSON Karin, "The Sandtray technique for Swedish children 1945-1960: diagnostics, psychotherapy and processes of individualization", *Paedagogica Historica*, 47, n° 6, 2011, p. 825- 840.

Sandtray. Owing to her efforts, the small clinic expanded, and in 1934 the Erica Foundation was established, also known as the Erica Institute. During the coming decades, it grew into an important institution in the Swedish development of public mental care for children and child therapist training, privately run but with steady public funding.

These first efforts to establish CGCs were an important inspiration for The Youth Committee, which was mentioned above, in their suggestion to establish a national mental health service for children and young people, the origin of today's child psychiatry. This was a contrast to the more conservative tradition, which focused for instance on psychopathy or other diagnostic categories based on the idea that mental health is an effect of constitutional and hereditary traits.

CONCLUSION—THE ROOTS OF SWEDISH CHILD PSYCHIATRY

The book *Child and Adolescent Psychiatry in Europe. Historical Development, Current Situation, Future Perspectives*, from 1999, discusses the development of child psychiatric activities in different European countries (including Sweden).¹⁷ In the book's introduction, four different traditions underpinning child psychiatric activities are identified and discussed: 1) The neuropsychiatric tradition; 2) The remedial clinical tradition (heilpädagogisch-klinische tradition); 3) The psychodynamic-psychoanalytical tradition and; 4) The empirical, epidemiological, and statistical tradition. In the discussion, it is emphasized that the traditions have been developing along parallel tracks; they have not excluded each other. Moreover, their influences on the formation of child psychiatric activities follow different patterns depending on the national context and cultural traditions. Regarding the Swedish situation, these traditions were all present in the 1930s, but their influence on the development of Swedish child psychiatry has varied over time.

The neuropsychiatric tradition underpinned the Swedish child psychiatric research on children's mental conditions due to serious medical and neurological diseases, as well as the studies and discussions of "psychopathy". However, the neuropsychiatric oriented child psychiatrists were not influential in the political processes of planning child mental health services, as a contrast to the child psychiatrists within a psychodynamic-psychoanalytic tradition, which was often combined with socialist visions. They were very influential in the political contexts in defining children's development and actually underpinning the broader social

17. REMSCHMIDT Helmut, VAN ENGELAND Herman & PIHA Jorma "Introduction", REMSCHMIDT Helmut, VAN ENGELAND Herman (ed.), *Child and Adolescent Psychiatry in Europe. Historical Development, Current Situation, Future Perspectives*. Darmstadt, Dr. Dietrich Steinkopff Verlag. 1999, p. 24-29.

and cultural notion of what a child is. The reasoning around the importance to search for *a reason behind a child's actions* drew on psychoanalytical and psychodynamic thinking. Children's anger, meanness, inappropriate behaviour, etc., were explained with reference to events and circumstances in the child's upbringing and social context. Moreover, the idea that there was a reason behind every action was linked to theories developed within child psychology, often with a psychoanalytical bearing—theories also used in the activities at CGCs and attempts to develop therapeutic treatment options for children. Moreover, the remedial clinical tradition within child guidance, later child and youth psychological services, had strong links to the psychoanalytical tradition. To sum up, in the visionary outlines of a new kind of mental health service in the 1940s was underpinned by the psychodynamic tradition which was often combined with a strong political engagement for social change.

The empirical, epidemiological, and statistical tradition, or in other words the scientific tradition has also been present in the Swedish context, but has been applied in a variety of directions. In the 1930s, such scientific practices were mainly carried out by medical doctors with an interest in constitution and heredity, in other words within the neuropsychiatric tradition. But the socialist doctors and radical forces underpinning the construction of the new Child and Youth Psychological Services, the first step toward a nation-wide child psychiatric health care organization, were also involved in medical scientific work—forming the early public health tradition of surveying the close causal relation between structural material circumstances and health based on statistical calculations. In that context, children's mental ill health was defined as a consequence of poor living conditions, including a lack of love and care. The role of the scientific tradition in the area of Swedish child psychiatry is an issue for further research.