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In search of the unconscious: the science-based diagnostic observation of girls in a Dutch reformatory in the 1950s

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ABSTRACT

This article discusses the science-based diagnostic observation in a Dutch girls' reformatory in the 1950s. Scientisation of the observation implied that to the medical examination upon entry and observation of a child's behaviour were added a psychological assessment, a psychiatric examination, and an inquiry into the family of origin. Inspired by dynamic psychology it was part of a strategy to promote a more professional and individualised treatment in child protection. The research addresses the claims to an additional value of child science in this procedure. It turns out that the psychological and psychiatric knowledges weighed heavier than the input from non-academic staff in regard to the representation of a girl in the observation report and advice to the juvenile court. Information concerning a girl's observed behaviour and acceptance in the group was overruled by Freudian beliefs regarding the consequences of early childhood experiences for her unconscious feelings.

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Introduction

Immediately after the Second World War in the Netherlands, as in other war-stricken countries, social disruption and moral panic were omnipresent. Youth delinquency peaked, while child protection services had not yet recovered from wartime damage to their homes. They had, moreover, to deal with a rapidly growing number of clients: young offenders, war orphans and neglected or abused children. These services included state reformatories for delinquent youth and privately organised children's homes for all kinds of minors in need of care and protection.¹ After an initial recovery in the 1950s, according to all parties concerned, the child protection system needed serious reform. The pre-war tendency to move away from punishment of wayward youth towards a less 'penal' and more therapeutic 'welfarism' was resumed and actively promoted.² This

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¹In the Netherlands delinquent and neglected children have always been governed by different laws, starting in 1901 with the establishment of the legal child protection system: Ingrid van der Bij-de Puij et al., *Honderd jaar kinderbescherming* (Amsterdam: Raad voor de Kinderbescherming/SWP, 2006).

²Jan-Wilm Delicat, *Van ijzere vuist naar zachte hand? Idee en praktijk in de rijksopvoedingsgestichten 1901–1961* (Nijmegen: Katholieke Universiteit, 2001), 165–219; Geertje Dimmendaal, *Heropvoeding en behandeling. Meisjes in Huize de Ranitz, Groningen 1941–1967* (Groningen: Rijksuniversiteit, 1998). The concept 'penal welfarism' refers to the c.1900 approach to deviance: David Garland, *Punishment and Welfare* (Aldershot: Gower, 1985).

implied that the dividing line between victims and threats – one of the guiding dualisms in twentieth-century child welfare according to Harry Hendrick³ – faded and (re-) education, care and therapeutic treatment became the central focus of all judicial measures imposed on a child. It was agreed that reorganisation of the services towards a higher level of differentiation between more or less ‘difficult’ children and more frequent involvement of the psychological sciences was necessary.⁴

The urge to reform child protection services became particularly clear as regards court-ordered scientific psychological observation of pupils. Before the war this practice had been concentrated in the state reformatories, where it had started with a period of four weeks of isolation and was applied after a delinquent boy or girl was convicted. After the war the practice of observation was extended to private, but equally state-financed homes and other categories of pupils, and the observation was more particularly meant to underpin a psychiatric diagnosis concerning the level of a child’s educability that had to inform the juvenile judge’s decision as regards placement in a particular institution or foster family.⁵ Generally speaking, experts draw a line of demarcation between the normal and the pathological, but scientists do so on the basis of a norm that is embedded in a discourse of objectivity and truth. As the psychological sciences, including child sciences, gained substantial influence in post-war years, their power to regulate families and construct ‘normal’ development increased,⁶ with the consequence that they could make even more pertinent claims. The new dynamic psychology, including Freudianism, has particularly reinforced the claim to produce ‘true’ knowledge of a child’s emotions. Founded on widely subscribed theories concerning the pathogenicity of unconscious feelings and unresolved inner conflicts, it promoted a medical perspective on deviance in which the ‘problem’ child, both victim and threat, was defined as mentally ill rather than morally ‘bad’ and in need of psychiatric treatment, alongside child-focused and individualised re-education.⁷

Few studies into observational practices in reformatories are as yet available. They focus on instruments such as letter- or autobiographical writing as disciplinary tools to ‘see inside’ and assess pupils and construct a reformatory identity.⁸ This article does not discuss the production of knowledge through one particular ‘paper technology’ but the relationship between the different kinds of knowledge involved in the diagnostic observation of a wide variety of ‘difficult’ girls in the 1950s, when the child sciences expanded rapidly. It focuses particularly on the additional value ascribed to the scientific knowledge produced by psychologists and psychiatrists. It examines the observation and reporting by a multidisciplinary team in one private reformatory for girls. The team included a most prominent Freudian child psychiatrist, Theo Hart de Ruyter, who became the first Dutch professor in this new academic field of study. First, the article discusses the post-

³Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: Policy Press, 2003).

⁴Jeroen J. H. Dekker et al., *Jeugdzorg in Nederland, 1945–2010* (Groningen: Rijksuniversiteit, 2012), 2 vols.; Delicat, *Van ijzere vuist*, 165–219.

⁵Delicat, *Van ijzere vuist*, 108–15, 183–8.

⁶Mona Gleason, *Normalising the Ideal: Psychology, Schooling and the Family in Post-War Canada* (Toronto: Toronto University Press, 1999); Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (London: Routledge, 1990).

⁷Gleason, *Normalising the Ideal*; Rose, *Governing the Soul*, 151–77; Eli Zaretsky, *Secrets of the Soul: A Social and Cultural History of Psychoanalysis* (New York: Knopf, 2004), 249–75.

⁸Kaisa Vehkalahti, ‘The Urge to See Inside and Cure: Letter-Writing as an Educational Tool in Finnish Reform School Education, 1915–1928’, *Paedagogica Historica* 44 (2008): 193–205; Saskia Bultman, *Constructing a Female Delinquent Self: Assessing Pupils in the Dutch State Reform School for Girls, 1905–1975* (Nijmegen: Radboud University, 2016).

war moral panic regarding youth in general and girls in particular and the way the child protection system reacted to it. Second, the scientific psychological observation of pupils and its guiding theory are examined. Third, the diagnostic observation in this reformatory, the professionals involved in it and the part they played in the production process of the observation report are discussed. This and the next two sections are based on the observation reports available in a sample of Hart de Ruyter's case files. The final sections focus on two categories of cases: those in which the sexual 'danger' threatening adolescent girls – most prominent in Freudian theories – was made explicit in the report, including cases of sexual abuse, and cases that demonstrate the relative weight of the various kinds of knowledge involved in the process in relation to the advice given to the child protection authority.

Youth, morality and child protection in the 1950s

In the immediate post-war years marriage break-up soared and illegitimacy rose to an unprecedented level,⁹ as did the number of children placed under state guardianship and in homes for delinquent or neglected youth.¹⁰ Parents had died, run away with a new partner, went missing after forced labour in Germany, or were interned because of political delinquency. Adolescents were said to be revolting against established authorities and parents were blamed for giving full rein to their unruly offspring. This is why in the early 1950s social scientists published worrying reports on social disruption and wayward youth, 'degenerating' into 'lawlessness', as serious threats to a society that still had to recover from bombed cities, a war-wrecked infrastructure, a broken-down economy and a huge housing shortage.¹¹

Morality, it was generally believed in these years, needed reconstruction as much as the material environment. The need for a 'mental reconstruction' was widely discussed and so-called 'antisocial youth' figured prominently as object of interventions that focused on working-class youth past school-leaving age, which was set at 14 in 1950.¹² Teenagers caught shoplifting or wandering the streets at night were held to be at risk of becoming real delinquents or prostitutes. Girls were easily blamed for flirting with men, as the fear of illegitimate sex and single motherhood was greater than were the real numbers.¹³ This explains why petty theft, staying away from home for one or more nights and walking the streets with boys or adult men with a 'bad reputation' were reasons for the police to take a girl to a reformatory. Other teenagers were brought to an institution by a children's care officer because of family violence or neglect, after child protection services had been alarmed by a relative, neighbour or social worker. Some fled from an

⁹Theo Engelen, 'Stiekem en met mate? Huwelijk en voortplanting in Nederland tijdens de jaren vijftig', in *Een stille revolutie? Cultuur en mentaliteit in de lange jaren vijftig*, ed. Paul Luykx and Pim Slot (Hilversum: Verloren, 1997), 131–46.

¹⁰The total number of residential places in private youth care institutions grew from almost 15,000 in 1945 to almost 17,000 in 1957: Dekker et al., *Jeugdzorg*, vol. 1, 48. The total number of places in state reformatories for juvenile delinquents grew from 360 in 1946 to 580 in 1950, after which it decreased to 289 in 1960, because of specialisation in the most difficult cases: Delicat, *Van ijzeren vuist*, 281.

¹¹Dekker et al. *Jeugdzorg*, vol. 1, 81–118; Cas Wouters, *De jeugd van tegenwoordig. Emancipatie van liefde en lust sinds 1880* (Amsterdam: Athenaeum – Polak & Van Gennep, 2012), 55–74; Kees Schuyt and Ed Taverne, *1950: Prosperity and Welfare* (Assen/Basingstoke: Van Gorcum/Palgrave Macmillan, 2004).

¹²Nelleke Bakker, Jan Noordman and Marjoke Rietveld-van Wingerden, *Vijf eeuwen opvoeden in Nederland: Idee en praktijk 1500–2000* (Assen: Van Gorcum, 2010), 282–5, 636–41.

¹³Illegitimacy declined rapidly after 1947: Engelen, 'Stiekem'.

overcrowded and loveless home or a drinking, violent or abusive (step)father. Others ran away from foster parents because they felt abused or neglected, or they had been kicked out of a (foster) family or an internal household job because of ‘problem’ behaviour. Although most of them had not committed any serious crime, these teenagers – ‘sexually precocious’ girls in particular¹⁴ – were all considered to be at risk of degenerating morally.¹⁵ After initial observation in a reformatory a juvenile judge had to decide what kind of protection and re-education were needed to prevent a deprived child from becoming a depraved one.¹⁶

The status of psychological expertise was high among juvenile judges and other professionals in the child protection system of the 1950s. The children’s court usually followed the advice given in the observation report.¹⁷ A delinquent child could be placed in a state reformatory or a private institution. Neglected children might be placed in a private institution or a foster family. Separation from the ‘bad’ influences of the parents was still the rule, although out-of-home placement was only a secondary option for non-delinquent children with not too serious behaviour problems. In those cases a family guardian could be appointed, who carried out surveillance of the child and his/her parents.¹⁸ Except in cases of judicial withdrawal of parental authority because of incapacity or unwillingness to raise a child properly, parents had to agree to an out-of-home placement. Poor working-class parents of large families – the kind of families into which most children’s care pupils were born – did not as a rule oppose such a measure,¹⁹ assuming that others might do a better job of disciplining their ‘difficult’ child. Though institutional re-education as such was not criticised, new ideals blossomed, embracing the replacement of strict institutional disciplining with more individual and therapeutic approaches to children as victims of their environment. This coincided with the rise and spread of a psychodynamic and medical perspective on deviance.²⁰

In society at large tendencies towards more individual freedom also became manifest, while a slow but gradual growth of the economy allowed for a modest increase in the consumption of luxury products, such as motorbikes, records, make-up and nylon stockings.²¹ As in Britain, teenagers became a distinct category of consumers in the developing welfare state, as they could spend part of their modest wages on the cinema, dance halls and fancy nylon clothes.²² Temptations were many, especially if home was not a friendly place because of quarrelling, violence or a brutal step-parent. Theft of items – interpreted by some Freudians as substitute satisfaction – was a common

¹⁴Adolescent girls’ misbehaviour was generally associated with sexuality and they were easily accused of ‘sexual precocity’: Louise Jackson, *Policing Youth: Britain, 1945–1970* (Manchester: Manchester University Press, 2014), 117–45; Pamela Cox, *Bad Girls in Britain: Gender, Justice and Welfare, 1900–1950* (New York: Palgrave Macmillan, 2013); Dimmendaal, *Heropvoeding*.

¹⁵Dimmendaal, *Heropvoeding*; Bultman, *Constructing*. Some particularities of these examples are taken from the dossiers that are discussed in the final parts of this article.

¹⁶Dekker et al., *Jeugdzorg*, vol. 1.

¹⁷Ingrid van der Bij-de Puij, *De rol van de Groningse kinderrechtter bij ondertoezichtstelling 1922–1995: Beperking van ouderlijk gezag door de overheid* (Groningen: Rijksuniversiteit Groningen, 2019).

¹⁸The Dutch judicial youth care system was created by the Children’s Laws of 1901. Substantial additions, particularly a juvenile court and family guardians, were made in 1921: Van der Bij-de Puij et al., *Honderd jaar*.

¹⁹Van der Bij-de Puij, *De kinderrechtter*. The same was found by Jackson, *Policing Youth*, 145–73.

²⁰Dimmendaal, *Heropvoeding*; Delicat, *Van ijzeren vuist*, 165–219.

²¹Schuyt and Taverne, 1950, 269–86.

²²Jackson, *Policing Youth*; Mark van den Heuvel, ‘Jeugd tussen traditie en moderniteit. Transformaties van naoorlogse jeugdcultuur en het beheer over de jeugd’, in *Een stille revolutie?*, ed. Paul Luykx and Pim Slot (Hilversum: Verloren, 1997), 171–90.

expression among adolescents of a desire to participate as teenage consumers beyond their actual means.

Freudianism and science-based observation

Despite the widespread moral panic during the post-war years expectations as to the benevolence of a 'healthy' family life reached a zenith, while consciousness was raised as to the possible failure of some parents to live up to professional standards. The 'problem' family in particular figured in the spotlight of the new social expertise that focused on preventative interventions by social workers aiming to keep parents and 'maladapted' children together. A key concern within this 'therapeutic familialism'²³ was mental health. Outpatient mental health provision for children developed from the interwar years and became increasingly important after the Second World War. Childhood was a major focus of the international mental health movement.²⁴

For the Netherlands the focus on childhood and the family is illustrated by the programme of the first National Congress on Mental Health in 1947, where the 'anti-social' family was discussed as a serious threat to social stability.²⁵ It is mirrored in the rapid increase in the number of child guidance clinics, from eight in 1946 to no less than 83 in 1962. These clinics brought together child psychiatry and social casework and aimed to prevent more serious trouble in adolescence by treating children's behaviour problems.²⁶ The publishing of the British child psychiatrist John Bowlby's World Health Organization report on *Maternal Care and Mental Health* (1952) reinforced the focus on early childhood as a risky phase, and on warm and continuous maternal care during infancy as crucial in the prevention of mental ill-health.²⁷

This idealising of the 'happy' family with its stay-at-home mother manifested itself in both professional and popular literature, as well as in women's illustrated and parents' magazines. It coincided with a remarkable increase in the popularity of Freudian psychoanalysis, especially among psychiatrists and psychologists. In particular, Anna Freud's work on analytic therapy for children and a popular version of Bowlby's report met with approval.²⁸ This popularity could build on pre-war embracing of new child-rearing ideals founded on Alfred Adler's Individual Psychology, which had brought about a theoretical turn away from moralising character building, towards the child's (un)healthy emotional development. It had created an awareness that a child could easily be deranged by 'feelings of inferiority' or 'discouragement', inspired expert arguments against strictness in child-rearing, and opened up space for a more friendly educational relationship.²⁹

²³This concept was introduced by Rose, *Governing the Soul*, 151–77.

²⁴Marijke Gijswijt-Hofstra and Roy Porter, eds., *Cultures of Psychiatry and Mental Health Care in Post-War Britain and the Netherlands* (Leiden: Rodopi, 1998).

²⁵Stichting Nationaal Congres voor de Geestelijke Volksgezondheid (Zwolle: Erven J. J. Tijl, 1947).

²⁶Nelleke Bakker, 'The Discovery of Childhood Mental Illness: The Case of the Netherlands (1920–1940)', *IJHE. Bildungsgeschiede. International Journal for the Historiography of Education* 7, no. 2 (2017): 192–204.

²⁷John Bowlby, *Maternal Care and Mental Health: A Report Prepared on Behalf of the World Health Organisation as a Contribution to the United Nations Programme for the Welfare of Homeless Children* (Geneva: World Health Organization, 1952).

²⁸Anna Freud, *De psycho-analytische behandeling van kinderen* (Amsterdam: De Spieghel, 1950); John Bowlby, *Moederlijke zorg: De invloed van de moederlijke zorg op het vermogen om lief te hebben* (translation of *Child Care and the Growth of Love*, 1953) (Purmerend: Muusses, 1955).

²⁹Bakker, 'The Discovery'.

Post-war Freudianism inspired even more pertinent rejections of strict educational authority.³⁰ Among children's care professionals the post-war (1952) translation of the Austrian psychiatrist August Aichhorn's *Verwaarloste Jugend* (1925)³¹ provided a Freudian perspective on the origins and possible treatment of children's and youths' behaviour problems. Aichhorn's work particularly popularised the concept of 'affective neglect' in early childhood as the cause of neurotic trouble during adolescence. His work, moreover, inspired innovative forces in child protection that wanted to replace the traditional authoritarian, disciplinary and 'normalising' approach with an individualised and 'liberating' one, emphasising personal growth and responsibility as the best way of healing and re-socialising wayward youth.³² Of course, everyday child-raising practice could not keep up with the theory, but popular ideals changed in its wake. Acting against the new standard, for instance disciplining a child in a violent way, was criticised in all media discussing child-rearing issues, as well as by professionals involved with children and families.³³

Whereas state reformatories acted as models of advanced professionalism, private children's homes³⁴ were not quick in adapting to the new child-rearing ideals. This is why the 1950s saw a continuous critique of old-fashioned practices in these homes that had to take care of the rapidly increasing number of homeless, neglected or 'maladapted' children.³⁵ An expert committee's report, published in 1959, indicated that children's homes were struggling with financial problems, a lack of space and hygiene in outdated buildings, as well as with a shortage of staff and a lack of qualifications of the available personnel. Governmental supervision was totally inadequate, as were hygienic conditions, pupils' physical health and feeding conditions, and opportunities for sports and other leisure activities. 'Treatment', it was reported, often did not amount to anything beyond a tightly scheduled order, authoritarian relationships between staff and pupils, primary schooling and no more than basic professional or household training, alongside a heavy load of household duties, especially for girls past school-leaving age.³⁶

So, despite the high expectations, the residential care of children and adolescents did not provide them with what they needed most according to contemporary experts: a loving, understanding and individualised approach by a psychologically well-trained staff. It was generally believed that professionalisation of the residential staff and involvement of more academics, such as psychiatrists and psychologists, in the processes of observation and re-education would bring about the necessary improvements.³⁷ The new – individual, dynamic and largely Freudian – psychology was a key subject in the first training courses for residential staff established in 1947.³⁸

³⁰Th. Hart de Ruyter, 'Over het autoritaire beginsel in de opvoeding', *Tijdschrift voor Maatschappelijk Werk* 11 (1957): 293–9.

³¹August Aichhorn, *Verwaarlooste jeugd. De psychoanalyse in de heropvoeding* (Utrecht: Bijleveld, 1952).

³²Delicat, *Van ijzeren vuist*, 173–6; Dekker et al., *Jeugdzorg*, vol. 1, 139–62.

³³Nelleke Bakker, *Kwetsbare kinderen: De groei van professionele zorg voor de jeugd* (Assen: Van Gorcum, 2016), 153–72.

³⁴In 1945 there were 112 open and 39 closed private institutions, as against nine state reformatories: Dekker et al., *Jeugdzorg*, vol. 1, 45.

³⁵Dimmendaal, *Heropvoeding*; Dekker et al., *Jeugdzorg*, vol. 1.

³⁶J. Koekebakker, *Verzorging en opvoeding in kindertehuizen: Rapport van de Werkgroep Gestichtsdifferentiatie* (Den Haag: Nederlandse Federatie voor Kinderbescherming, 1959).

³⁷Dekker, *Jeugdzorg*, vol. 1, 118–47.

³⁸Dimmendaal, *Heropvoeding*, 74.

In 1948 a crucial step was taken in the process of reform and scientisation of children's care, as a substantial number of private institutions were newly recognised as homes that provided science-based observation. They set up separate observation units, in which isolation was discarded as an instrument. Up to that time only the small number of state reformatories for delinquent youth and a few private homes had experimented with such a procedure and used the reports of psychologists and psychological instruments for assessment, such as intelligence or Rorschach testing or writing of autobiographical scripts, along with observation methods focusing on group interaction.³⁹ Inspired by the new dynamic psychology, the post-war upgrading of the procedure implied that to the physical examination upon entry by a medical doctor and the observation of a child's behaviour in the group by members of staff were added a scientific psychological assessment, a child-psychiatric examination, a group psychological analysis, and a 'milieu inquiry' into the family of origin by a social worker. The observation was supposed to last no longer than three months; if necessary this period could be extended by another three months. According to the new guidelines this observation was not so much meant to categorise pupils according to their past or the seriousness of their maladaptation, but to support the choice of the most adequate treatment and improve the chances of a child's re-education and cure of mental ill-health. It was, in other words, future-oriented instead of past-oriented.⁴⁰

From a perspective based on Michel Foucault's work on institutional disciplining, using panoptism⁴¹ as an important technique, one can say that compared with earlier practices the new scientific psychological observation procedure that was informed by Freudian science brought an even more intrusive attempt to see inside the child, trying to capture the unconscious but 'true' feelings behind measurable mental qualities and observable behaviour.

Diagnostic observation in a girls' reformatory

One of the private institutions that pioneered science-based psychological observation was a reformatory for girls in the northern city of Groningen. It could avail itself of a small observation unit and make use of the expertise of a highly qualified multi-disciplinary team: an experienced child psychologist, a trained jurist case-reporter, a psychiatric social worker, a nurse social worker as director, and the most prominent Dutch academic child psychiatrist, alongside a qualified pedagogical staff. Except for the psychiatrist, they were all female. Unlike in state reform schools in earlier days,⁴² in this unit isolation of a newly arrived pupil was no part of the observation procedure. Instead, the girl's behaviour in the group and the level of acceptance by group members were considered to be important indicators for the classification of a girl's character. Along the

³⁹D. Zuythoff, 'Observatie en verzorging', in *Jeugd en samenleving III, Handboek voor de bijzondere jeugdzorg*, ed. Th. Hart de Ruyter et al. ('s-Gravenhage: Nijgh & Van Ditmar, 1959), 141–75. See also: Delicat, *Van ijzeren vuist*, 41–50, 108–16, 183–8. See For the observation techniques applied by psychiatrist Zuythoff between 1950 and 1975 in the Dutch state reform school for delinquent girls, see Bultman, *Constructing*, 262–312. His approach was founded on a mixed phenomenological-psychodynamic theory. Compared with Hart de Ruyter he put more emphasis on internal group dynamics, (fake) adaptation and self-expression of the observed girls.

⁴⁰Zuythoff, 'Observatie'.

⁴¹Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1979).

⁴²From 1950 isolation for observation was replaced by scientific observation techniques: Delicat, *Van ijzeren vuist*, 193–8. Isolation as punishment, however, continued to be used.

lines of the new dynamic psychology, moreover, separation from her parents and siblings was not aimed at either, although admission to the reformatory's observation unit for at least three months was clearly conceived by the staff as an opportunity to instil middle-class morals and manners in a working-class girl. A final difference between this specialised unit and earlier observation practices was openness as to the kind of re-education that was to follow; it did not necessarily have to take place in the institution itself, although many girls were referred to the open or closed departments of the Groningen girls' reformatory. The observed girls could be sent anywhere, even back home, whether or not under the supervision of a family guardian, as they did not necessarily continue to be child protection pupils.

A sample of 39 observation reports on girls who stayed in the observation unit *Huize Louise* (Louise's Home) of the private Protestant reformatory for girls *Het Doorgangshuis* (Transition Home) in Groningen are used as sources for this research. These are part of a representative sample of 181 dossiers of patients that are kept in the private collection of the Children's Department of the Psychiatric and Neurological Clinic of the Groningen University Hospital. The sample covers the years 1952–1962.⁴³ This department was set up and led by Hart de Ruyter, who treated children and trained a new generation of child psychiatrists between 1952 and his retirement in 1973. In 1962 Hart de Ruyter stopped working for the girls' observation unit; some of his trainees took over the job.⁴⁴

Apart from the observation reports, the case-files often contain letters to and from a girl's general practitioner, correspondence between the psychiatrist and a psychologist or a psychiatrist at an institution where a girl had formerly stayed or to which she was referred after the observation, and incidental letters from a family guardian, an employer or a concerned family member. Although the observation reports include references to psychological tests, few test reports are included in the files. Those available are mainly of two kinds. First, filled-in copies of one particular sentence-completion test that was used by the psychiatrist to assess a girl's own perspective and feelings about herself and her relatives ('I do not like ...'; 'I am happy when ...'; 'I lie, when ...'; 'I feel ashamed, when ...'). Second, a small number of prospective autobiographical texts, written by some of the girls under the heading 'Me and the world in twenty years', an instrument that was designed by the psychiatrist to learn about a girl's fantasies and sense of reality. However, neither of these tests seems to have impacted seriously on the advice given to the juvenile judge. The sentence-completion test was sometimes used as confirmation of a particular character trait ('a steady liar'), whereas the prospective writing was too unanimous in reproducing the number one option for a young woman in the 1950s – getting married and having children – to reveal much of any special characteristic of an individual girl. Apart from these tests and a rare letter from a girl sent after she had left the observation unit ('Dear professor'), the girl's own voice is absent in these files.

Most of the observed girls came from the five north-eastern provinces of the Netherlands, but a considerable minority came from the west or centre of the country.

⁴³I would like to thank Accare Groningen for the opportunity to study these dossiers, which are still stored in the attic at the Department of Child Psychiatry of Groningen University Medical Centre. The dossiers are sorted on the basis of the patients' dates of birth, which cannot be mentioned here. Therefore, the girls' dossiers have been given numbers (1–39). The sample of 181 dossiers from the years 1952–1962 that have been kept is representative because they concern patients born on five arbitrary dates of each month and amount to 14% of the original dossiers.

⁴⁴Leonie de Goei, *In de kinderschoenen: Ontstaan en ontwikkeling van de universitaire kinderpsychiatrie in Nederland, 1936–1978* (Utrecht: NcGv, 1992), 108–12.

This testifies to the renown of this northern observation team. Almost all of the girls had a working-class background. The observation unit of the girls' home could lodge 19 girls at a time, divided between two groups, one for girls up to 15 years of age, who had to attend the internal school, and one for the older girls, who did household duties as a job.⁴⁵ The observed girls were aged between 11 and 19, with an average age of 16. They were observed over three months, after which a report was written to advise the juvenile judge or the Child Protection Council of the girl's place of residence as regards placement of the girl in an open or closed institution or in a foster family during her remaining years as a minor, which lasted until the age of 21. Compared with the other patients who were seen in the child-psychiatric clinic,⁴⁶ the observed girls were older (on average 16 as against 12), more often earned their own living, were more often sexually active, and came from poorer backgrounds, but showed fewer mental and behaviour problems.

Hart de Ruyter had trained as a psychiatrist at one of the first Dutch child guidance clinics. In 1952 he was invited to teach child psychiatry at the University of Groningen, first as a lecturer and from 1956 as the first Dutch full professor in this field of study. He practised at the University Hospital's psychiatric ward, where he claimed a few beds for children and began consultations. In this way, he made available to the northern region the kind of care that was elsewhere provided by a child guidance clinic.⁴⁷ To come even closer to this model he managed to appoint a psychiatric social worker in 1956 and compelled some of the nurses to attend courses in social casework at the local School of Social Work. It did not take long before the local private observation homes for boys and for girls applied for his services.⁴⁸

During the 1950s Hart de Ruyter developed his 'basic treatment'.⁴⁹ This kind of psychotherapy was founded on Freudianism, enriched by Anna Freud's work on psychotherapy with children and on children's strategies of coping with distress, Bowlby's work on the trauma of early separation from the mother, Adler's concept of feelings of inferiority, Erik Erikson's theory on individual development, and Aichhorn's interpretation of the consequences of 'affective neglect'. The therapy focused on the necessity for young children to have their basic needs fulfilled in order to acquire 'basic trust' in themselves and others during their pre-oedipal stage of development (between eight months and three years of age). He claimed that in therapy he could re-create the conditions and experiences that were necessary to become an autonomous adult ultimately.⁵⁰

⁴⁵Dimmendaal, *Heropvoeding*, 159–77.

⁴⁶Hart de Ruyter's theoretical and practical work in the 1950s is described in: Nelleke Bakker and Milou Smit, "'An Oedipal Conflict on an Epileptical Basis': The Diagnosing and Treatment of Behavioural Problems in a Dutch Child Psychiatric Clinic (1952–1962)", *Paedagogica Historica*, published online June 12, 2019.

⁴⁷In 1957 only the provinces of Groningen and Zeeland could not yet avail themselves of such a clinic: E. C. Lekkerkerker, 'Voorposten in de geestelijke gezondheidszorg voor kinderen', *Maandblad voor de Geestelijke Volksgezondheid* 12 (1957): 90–106.

⁴⁸De Goei, *In de kinderschoenen*, 87.

⁴⁹*Ibid.*, 110; G. Mik, 'Over de klinische behandeling van ontwikkelingspsychopathie bij kinderen', *Tijdschrift voor Psychiatrie* 11 (1969): 178–97.

⁵⁰Key publications in the 1950s are: Th. Hart de Ruyter, *Problemen rond de kinderspsychotherapie* (Groningen: Wolters, 1956); Th. Hart de Ruyter, 'Affectieve relatiestoornissen', *Maandschrift voor Kindergeneeskunde* 26 (1959): 357–71; Th. Hart de Ruyter, 'De taak van de psychiater bij de kindbeschermt', in *Handboek voor de kindbeschermt*, ed. Th. Hart de Ruyter and M. J. A. Moltzer (Rotterdam: Nijgh & Van Ditmar, 1951), 239–61; Th. Hart de Ruyter, 'De jeugdpsychiater', in de Ruyter et al., *Jeugd en samenleving* III, 244–63.

In his theoretical work of the 1950s Hart de Ruyter consistently defended the possibility of psychiatric treatment for even the most difficult children. In therapy, he claimed, he could go back to the pre-oedipal stage of unfulfilled hunger for affection and redress the child's adverse emotional development. Many of the most serious cases were, he insisted, 'affectively neglected' neurotics, who were ill but correctable and needed psychiatric treatment to reinforce their weak ego or underdeveloped super-ego.⁵¹ This therapeutic optimism also explains why he was a dedicated defender of democratic relationships in children's care, as authority would inspire the kind of fright that precluded a child from showing her/his true self and encourage fake adaptation, which would prevent therapeutic success.⁵²

Between 1952 and 1962 Hart de Ruyter was responsible for the psychiatric report included in the observation reports on girls in Louise's Home. During holidays he was sometimes replaced by a non-specialist psychiatrist and in the final years he more often left this work to a younger female colleague, whom he had trained.⁵³ Of the 39 psychiatric reports, 25 were authored by Hart de Ruyter. The girls visited him twice at his clinic, accompanied by a member of the unit's staff. If a girl had a physical health problem in the medical history that had been taken on entry by the unit's general practitioner, she was examined by one of the hospital's paediatricians or, in case of reported absences or daydreaming, by a neurologist by means of an electro-encephalogram (EEG).⁵⁴ Hart de Ruyter examined her mental health and if there was any reason to do so, such as bad sleep or inattention at school, he prescribed – despite his Freudianism – psychotropic drugs. Although he had already been informed of the girl's history and background, he would let her tell her story, from which he established her level of verbalisation and intelligence, observed and described her physical appearance ('coarse', 'heavy'), diagnosed her physical and mental health, described her character ('superficial', 'unrestrained'), and evaluated her prospects in terms of re-education ('educable', 'needs a friendly approach') or psychiatric treatment ('no big psychiatric problem', 'deserves help').⁵⁵

The psychological report was written by Miss J. F. S. Pattje, director of the Institute for Applied Psychology and Psychotechnique, that had been set up by psychologists at the local university. Pattje was a well-experienced psychologist, who already reported for the Groningen observation home for boys before she was invited in 1950 to do so for the girls' home as well. She also received the girls in her institute but spent more time with them. She used a series of tests to establish a girl's intelligence, dexterity, attention and character. In her reports she did not explicitly mention the test results, apart from general indications, such as 'of normal-average intelligence' or 'self-confidence is ... rather unstable'.⁵⁶ Her report and that of the expert psychiatrist cover usually no more than half a page each, whereas the observation report as a whole is on average seven and a half

⁵¹Hart de Ruyter, *Problemen*; Hart de Ruyter, 'Affectieve relatiestoornissen'; Hart de Ruyter, 'De taak'.

⁵²Hart de Ruyter, 'Over het autoritaire beginsel'.

⁵³Dimmendaal estimated that Hart de Ruyter was responsible for half of the 154 psychiatric observation reports produced in Huize Louise between 1941 and 1967: Dimmendaal, *Heropvoeding*, 168.

⁵⁴This device was introduced from 1948 in Dutch academic hospitals: A. E. H. Sonnen, *Epilepsie en EEG* (Arnhem: CIBA-Geigy, 1982).

⁵⁵Observation reports in dossier 14 (1954) and dossier 15 (1956). The names of girls used in this article are pseudonyms. Permission to use the case files was obtained on the condition that the patients' identity would not be revealed. This implies that dates and places of birth and residence, as well as the fathers' professions, are not mentioned.

⁵⁶Observation report in dossier 23 (1958).

pages (from a minimum of three to a maximum of 11), apart from additional papers such as letters and test or laboratory results.

The general section of the observation report was written by the reporter-social worker, who later gained a degree in Law from Groningen University, and the nurse-director, who studied social work at the local University of Applied Sciences. These professionals were also responsible for the report as a whole. It was formulated with great care, which is proof of the importance of case reporting in the process of professionalisation of (psychiatric) social work.⁵⁷ The coordinating authors collected information on the girl from the internal group leaders, the teacher or work supervisor, the handicraft trainer and the head of the household. The social worker visited the parents and collected information concerning their living conditions, morals, decency and attitudes towards their daughter. The general part of the report focuses on the girl's family background, history, character, neatness, contacts during her stay in the unit, sexual behaviour, appetite for work, and behaviour and acceptance in the group. The short entry on the clothes a girl had brought with her reveal in a nutshell the cultural abyss between young, modernist, often sexually awakened, working-class girls and the middle-aged, traditional, single, middle-class, professional staff, who often denounced the girls' outfit in words such as 'unpractical, all nylon' – in other words no solid cotton, linen or wool, the materials of 'decent' women's clothes. These words symbolise the staff's negative attitude towards the girls' cultural baggage of attitudes, appearances and tastes.

The much more extensive part of the observation report written by the non-academic staff discusses not only the individual girl's qualities, but also her background, history and social network. Although this part of the report describes the girl's character and behaviour in more common-sense terms ('a fat, sociable, and happy girl', 'disinterested and superficial'),⁵⁸ it also shows that the reporters were well informed regarding current psychological and psychiatric theory and knew what to report. They understood for example why the divorced father of 16-year-old Ida was not fond of a daughter who showed too many resemblances to the ex-wife whom he had lost to a Canadian soldier during post-war liberty festivities.⁵⁹ This awareness of the theory on the mechanism of projection is another indication of the important role of case reporting in the professionalisation of social work.⁶⁰ The advice at the end of the observation reports is remarkably unanimous and clearly the fruit of extensive discussion in the team. As a rule a girl's own wishes were taken into consideration, except when they were considered counterproductive for her well-being, such as going back home to a violent or drinking (step)father or to reassume the Cinderella role that had made her lose track and flee from her family in the first place.

The observation reports inform the juvenile judge or the Child Protection Council of the girl's place of residence. These authorities had to decide on the girl's future, and on whether or not re-education in one or another kind of children's home (with more or fewer restrictions on freedom) or placement in a foster family (or 'therapeutic fostering', when a social worker advised the foster parents) was indicated. Whenever a girl had

⁵⁷Karen W. Tice, *Tales of Wayward Girls and Immoral Women: Case Records and the Professionalisation of Social Work* (Urbana: University of Illinois Press, 1998).

⁵⁸Observation reports in dossier 37 (1955) and dossier 22 (1955).

⁵⁹Observation report in dossier 30 (1960).

⁶⁰Observation report in dossier 2 (1956).

shown a more particular sexual interest or 'very difficult' behaviour, the reporters tended to prefer placement in a reformatory 'with restrictions' and advise against fostering. As the supply of 'good' foster families did not meet the demand, especially in the case of older teenagers, for girls aged 15 or above the team often advised looking for a job as an internal housemaid. In that case the girl's employer was silently assumed to also provide monitoring and a 'safe' home, as well as a job providing a living. Remarkably few other job opportunities are mentioned in the advice given, and hardly any vocational training is suggested, which implies a deviation from the sharp increase in the participation in secondary and vocational education of youth past school-leaving age that manifested itself in the 1950s.⁶¹ School-aged girls were sometimes sent back to a foster family where they had stayed before, particularly when an affectionate relationship existed between the girl and the foster parents. Therapeutic fostering was often advised when a girl was diagnosed as 'neurotic' and the victim of neglectful parents. Only when parents were judged capable and loving enough and a girl did not show serious behaviour problems might she be sent back home, often under the supervision of a family guardian representing the children's court.

Because of this advisory function of the observation report the staff constantly monitored the girls' behaviour at school, at work and in the group. Moreover, they took pains to report in as much detail as possible on the girl's contacts. One of the goals of observation was to find out about the quality of the girl's relationships: who came to visit her and who took the trouble to write her a letter? It went even further, as the observation included the subjects of conversations during visits, as well as the content of letters sent or received, which were sometimes held back because of 'impropriety'. This means that, although disciplining in a pure sense did not rule the institution – the girls could for example walk round the city in their free time – the observation unit was still a panoptic institution, as it used techniques such as constant monitoring and record-keeping, alongside censorship of communications with the outside world.

Sexual danger

Despite the scientific language used in the observation reports, what strikes the reader of the 31 girls' dossiers in which a fear for their sexuality is made explicit is the primarily moral point of view from which the girls' conditions and prospects are described. Hardly any of these girls were diagnosed with a serious mental illness, although a lot of neuroses, 'affective neglect' and weak egos were observed by the psychiatrist and many girls were rated as of 'subnormal' intelligence or 'feeble-minded' by the psychologist. These conditions were presented as the reason for their deviance in accordance with the idea that illness can provide an explanation. Despite these conditions, girls who had relationships with men and those relating a story of sexual abuse were not necessarily seen as victims.

In the dossiers in which fear regarding sexual relations was made explicit, the girls' behaviour was described in terms of the distance between their behaviour and bourgeois sexual morality and the possibilities to at least partly bridge that gap. Having 'walked with boys' or stayed out for one or more nights was enough reason to advise placement in a (semi-)closed institution for 'protective' re-education. The more intelligent a girl, the

⁶¹Bakker et al., *Vijf eeuwen*, 530–5.

more the team expected from this re-education. 'Primitive, feeble-minded' 19-year-old Hennie for example had had relationships with boys and been dismissed by several household mistresses and foster families because of dishonesty and 'shamelessness' before she was placed in the observation unit. Although she was not considered capable of sexual approaches herself, she was held to be a likely victim of men. Therefore, the team advised her hospitalisation in a mental institution.⁶² Seventeen-year old Jannie, on the other hand, a 'true poverty child' with a 'low normal' intelligence, had been fired by her mistress because of 'walking out with the lowest kind of boys'. According to the team, she needed most of all love and attention, because as a child she had received very little of this. She would best, it was said, be re-educated in a reformatory with limited freedom before she could return to working as a maid.⁶³

Girls who ran away from home often did so because of a relationship with a boy or a man that was not approved of by the parents or her family guardian. These girls were usually above the average age of the girls observed. Nineteen-year old Willie for example had run away with her 'fiancé', a married man of 45. Her parents had separated when she was five, after which her mother had moved to Germany and she was given a guardian, who fiercely opposed the relationship. The observation team advised placement in a foster family, where Willie could learn what a 'normal family' was like, or in a small home for working girls. The psychologist had undertaken a large number of tests but could not find any abnormality. The psychiatrist reported that 'infantile' Willie reminded him of 'a little bird with no nest'.⁶⁴

Relationships with a boyfriend of the same age were as a rule more easily accepted by the unit's staff. Sixteen-year old 'Cinderella' Loes, who had been forced to run her father's household ever since her mother had died when she was eight, was, for example, not blamed for her running away to her boyfriend's parents.⁶⁵ Eighteen-year old Mina, however, had run away from her quarrelsome family with a criminal boyfriend from an 'unfavourable milieu', to which relationship both her parents and the unit's staff objected. They all urged her to forget him. According to the team she was stupid, superficial and 'too adult to submit to re-education'. Moreover, she was said to lack willpower, ideals, a sense of values and shame. The judge was advised to have her placed in an internal household job in an institution, far away from her family and boyfriend. The young female psychiatrist apparently deduced Mina's shamelessness from the sentence-completion test. Regarding shame she had written: 'Pff, why should I feel shame'. Psychological testing was used to make visible what would otherwise remain hidden and to 'prove' that a girl's morals were unacceptable.⁶⁶

Sexually abused girls were, on the other hand, on average younger than others, at the age of only 14. Even they were relatively untroubled. On top of their experiences, they had to put up with the staff's disbelief, unless the perpetrator had admitted his crime or was found guilty, whether or not a girl had subsequently become pregnant. Unlike the runaway girls, they also struggled with shame. Thirteen-year old Grytsje, whose mother had died the year before, had not been conscious of her pregnancy at first and had not

⁶²Observation report in dossier 2 (1956).

⁶³Observation report in dossier 3 (1953).

⁶⁴Observation report in dossier 11 (1953).

⁶⁵Observation report in dossier 24 (1958).

⁶⁶Observation report in dossier 26 (1956).

understood where it came from – a fact that made her a victim in the team’s perception. Later she had tried to cover up the truth by making up a story of sexual assault by a stranger. It turned out that her father had made her pregnant, for which crime he was sent to jail. She tended to brush aside his responsibility by saying ‘He did not know what he was doing, because he tried to drink away his sadness’. Soon after Grytsje had been placed in a foster family she had a miscarriage, which did not seem to trouble her too much. According to Hart de Ruyter, her mother’s illness had impressed this childish, friendly, quiet and helpful girl much more than the sexual intercourse with her father and the miscarriage. Although of ‘limited’ intelligence, the girl was too normal to be placed among ‘difficult’ children, the advice stated. Miss Pattje had not noticed any ‘affective disorder or sexual problem’ and Hart de Ruyter failed to see a ‘big psychiatric problem’. The girl’s wish to live with a married sister was honoured in the advice to the juvenile judge, who was warned to keep her father away from her after his release and to have parental authority taken away from him. According to all the professionals involved, Grytsje ‘needed more time to be a child’. And it was conceived as in her best interests not to talk about what had happened, in the same way as the girl herself kept silent, although the team was convinced that shame and guilt underlay her silence.⁶⁷

Jantje, who had been sexually abused from age 12 to 16, was likewise seen as a victim of her divorced and remarried father. He was found guilty of sexual abuse of Jantje and her sister and was sent to jail for four years. Although the team made a connection between these experiences and 16-year-old Jantje’s sexual relations with boys, she was still blamed for the latter. Whereas Miss Pattje saw no abnormalities in her, except for a lack of self-confidence, Hart de Ruyter judged her as both ‘affectively neglected’ – she grew up in a children’s home – and ‘seriously morally derailed’. Admitting in the sentence-completion test that she felt ashamed ‘when talking about things that had happened’ did not, for the team, take away her guilt at having had sexual relations. Her shame indeed provided a ticket for re-education in a home for working girls.⁶⁸

Fifteen-year old Rinie, however, was not believed to have been sexually assaulted by her father and a neighbour. The team was convinced that she made up the whole story. Her parents had divorced when she was aged only one. She grew up with an aunt and uncle, who sent her away after she had started to behave impertinently, lie, steal money and accused a neighbour of committing ‘sexually abusive acts’ with her for money. After moving in with her father and stepmother she was again caught stealing money, which she had done in her first job as a maid. She spent the money on make-up, clothes, sweets, jewellery and presents. Her sexual interest had awakened early, the team reported. Frequent masturbation was assumed on the basis of an internal infection. After a row she had run away from her father’s home and had, at the police station, accused him of sexual assault. Nobody believed Rinie’s accusations. The observation team saw these as part of her overall unreliability. Rinie behaved well, but she was not accepted by either of the two groups of observed girls. Miss Pattje was not very explicit about this ‘diligent’ but ‘rather difficult’ girl of ‘normal’ intelligence. Hart de Ruyter, however, saw a shipload of symptoms of mental illness. Her fantasies of rape were, according to him, caused by affective neglect, neurosis, ego weakness, feelings of guilt and anxieties. Despite her

⁶⁷Observation report in dossier 15 (1956).

⁶⁸Observation report in dossier 23 (1958).

unreliability, re-education was still not impossible, the team concluded. This might, with the help of a family guardian, best be done in a therapeutic foster family, provided that the ‘stories’ of sexual abuse were not be touched upon any more. Sad and lonely Rinie had not completed the sentence about lying in the test.⁶⁹ She may have understood that anything but a blank might have been taken for further ‘proof’ of her mendacity.

A hierarchy of knowledges

Medicalising problem behaviour was the psychiatrist’s prerogative. Unlike immorality or delinquency, ill health invites medical treatment, plus understanding and help, and it takes away the blame from the child-victim. This is illustrated by the case of Marie, a 15-year-old girl, who had been breaking the law by stealing and undertaking various kinds of fraud since she was 10 and had been street-walking with men since the age of 13. Over a period of more than two years after her observation, Hart de Ruyter wrote several reports on her mental condition that were sent to children’s court officers, in which he explained that there was hope for this girl. He proposed the jurists take a psychiatric perspective. Her stealing and ‘sexual flings’ were ‘instinct driven’, he explained in a letter to the juvenile judge, in which he asked for her case to be dismissed. The stealing and street-roaming were ‘neurotic-reactive . . . to feelings of inferiority’. Marie was a ‘sad’ and ‘infantile’ child, who felt ‘ugly and unloved’ by her ‘stupid mother and hostile father’. Her sexual flings were inspired by ambivalent feelings of ‘both horror and delight from sensation’. In the observation report the staff had emphasised that Marie was impertinent, egocentric and not loved by the group, while the psychologist had shown more sympathy by pointing out that she was ‘lonely and distrustful’ and that her social maladaptation was caused ‘by parenting faults and her physical precocity’. At the same time Hart de Ruyter had reported that he had convinced the girl’s father of the need for ‘strict guidance’ and that placement back home with a family guardian and treatment by himself was the best thing to do, because group life inspired a constant ‘fighting spirit’ in this girl. This is indeed what happened.⁷⁰

The scientific expertise of the psychologist could likewise take away the blame from a girl, but in a different way. Miss Pattje often saw maladaptation as a consequence of a lack of intelligence or of bad upbringing. In this way, heredity or the parents were to blame. She categorised, for example, the mental qualities of 17-year-old country girl Margje as ‘primitive and uncultivated’. The girl lied about her whereabouts, went out with boys and often came home long after midnight. All reporters repeatedly mentioned the primitiveness of the girl and her family and the incapacity of the latter to protect this ‘coarsely built’, ‘educationally subnormal’, ‘dishonest’, ‘unrestrained’, ‘probably masturbating’ and sexually awakened girl from the risk of single motherhood. Whereas the larger part of the report focused on the girl’s lack of civilisation, for Hart de Ruyter it was clear that Margje was ‘rather seriously affectively neglected’ as a young child. In this case, however, the effect was probably not so bad ‘because her structure is primitive enough to stand some rough handling’. It was therefore concluded by the team that the girl needed

⁶⁹Observation report in dossier 28 (1959).

⁷⁰Letters of Hart de Ruyter and observation report in dossier 7 (1956–1958).

re-education in a reformatory with limited freedom for at least a year to compensate for the 'educational neglect' that had caused 'more harm' than the 'affective neglect'.⁷¹

Unlike the non-academic reporters, in their expert reports the psychologist and the psychiatrist departed from the empirically observable world. They dug into a girl's history, went beyond her visible behaviour and claimed to be able to know and explain her unconscious feelings. This is, for example, shown by the story of 17-year old Famke, the daughter of traumatised parents who divorced after the war, when she was eight. Famke was caught stealing from her employer and had continued to make up stories to the family guardian, her boyfriend and his parents. A social worker had visited her parents' homes, and that of her boyfriend, who had ended the relationship because of all the lying. She had not encountered any willingness to really support the girl. The father had stopped drinking, but his new wife did not want Famke in their home. The mother was said to be a mental case and the stepfather was not interested in her. The psychologist, however, reported that Famke was not lying consciously all the time, but did so out of 'insecurity'. Hart de Ruyter was even more explicit: the girl lacked 'basic trust' and had a 'weak ego' because as a young child she had missed 'affection'. The team advised placement in a home for working girls. This protective and justifying attitude was, again, inspired, by the psychiatrist. His capacity to see inside a patient on the basis of the story of her life dictated the advice.⁷²

In the case of childish 11-year-old Corrie, the knowledge of the psychologist and the non-academic staff differed considerably from the psychiatrist's more concerned input in the advice. Corrie had become unmanageable and sexually attracted to boys, upon which she had been placed in a foster family with a family guardian. It was only after her out-of-home placement that it was revealed that she had been sexually abused by a neighbour since she was six. She was a well-behaved and cheerful girl, a little spoilt and lacking in industriousness, but overwhelmingly normal, according to both the non-academic staff and Miss Pattje. Hart de Ruyter, however, focused on the dangers that might in the future threaten Corrie's healthy development. In the feminine environment of Louise's Home her sexual desires had not been triggered and remained dormant, but in his contact with her she had revealed an 'undefined' attitude towards 'sexual *Hörigkeit*' (submission), one of Aichhorn's 'risky' personality types. Overheard talks with her mother had indicated a strong suggestibility. This made the psychiatrist draw the conclusion that this girl had not become the victim of sexual abuse by accident. His point of view, that the girl had not shown her real self during the observation, made the team advise continued observation in an open children's home with coeducation. In this way her sexual development could be monitored in a place full of sexual temptations.⁷³

Each of these four cases illustrates that the psychiatrist's view in many cases turned out to be decisive as to the advice given. As a rule, differences of opinion between the reporters are not shown in the report. They have been resolved in a meeting beforehand. Sometimes, however, we get a glimpse of these differences. Sixteen-year old Jannie started to go out with boys at 15 and fled several times from the 'indulgent' grandmother who raised her from the age of five, before she returned to her drinking father and 'hardly

⁷¹Observation report in dossier 18 (1959).

⁷²Observation report in dossier 19 (1958).

⁷³Observation report in dossier 37 (1955).

adult' mother. According to Miss Pattje this 'educationally subnormal' girl was 'almost too old for an effective re-education', but Hart de Ruyter saw a typical case of a 'weak ego' that fled into 'nervous complaints'. According to him the girl needed more time in a children's home 'to mature' and become 'mentally resilient', instead of being sent into household service. Again, his opinion guided the advice to the juvenile judge.⁷⁴

In the case of 15-year-old Trudie the digging into her unconscious feelings by Hart de Ruyter made him overlook the feelings of depression from which, according to the residential staff, she was suffering. Trudie was sexually abused by her father and gave birth at 14. She had not stated who made her pregnant until after the birth of her baby boy. After a confession her father had been imprisoned and the observation team was determined not to let her go back home after her father's release. They advised placement in a home for working girls with limited freedom. Hart de Ruyter, however, saw her frequent masturbation as proof of her 'preoccupation' with sexuality and lack of 'sexual restraint', which was likely to be determined by hormones and to pre-date the abuse. As a consequence, he explained, 'her sexual impulses' were 'likely to have been seized upon instead of aroused by her father', which reduced his guilt 'to a certain level'. Whereas the women in the team emphasised Trudie's good intellect and depression after the taking away of her baby for adoption, the psychiatrist emphasised her inborn sexual disorder and dangerous feelings of aggression and guilt, from which her 'strong ego', medication and psychotherapy might save her. In Hart de Ruyter's reading of her story Trudie became a victim of her hormones rather than her father, which is why medication and psychotherapy were included in the advice to the Child Protection Council.⁷⁵

Conclusion

The pioneering science-based diagnostic observation by the renowned team at the Groningen girls' reformatory in the 1950s was part of a national strategy to promote more professional and individualised treatment in child protection. Comparing the different kinds of knowledge involved in the reporting, we must conclude that the scientific knowledge had a higher status and more power than the input from the observation unit's non-academic staff. The psychologist and psychiatrist produced knowledge concerning a girl's intelligence, appearance, physical and mental health, character, (ab)normal behaviour and prospects. Using dynamic psychology they dug into her history, went beyond visible behaviour and claimed to know her unconscious feelings. Although all reporters disapproved of a girl's more or less hidden sexual drives as immoral, the academics recognised a sexually active girl more easily as victim, except when she failed to convince the team of the truth of a story of abuse. The academics' perspectives weighted more heavily and they were more powerful with regard to both the overall representation of a girl in the report and the advice to the juvenile court. This power derived from claims as to the objectivity of scientific tests and the use of theoretical concepts. The psychiatrist tended to medicalise a girl's behaviour problems and define them as mental illnesses. The psychologist focused on a girl's intelligence, character and educability, and likewise looked actively for abnormalities. The social workers dug into

⁷⁴Observation report in dossier 17 (1958).

⁷⁵Observation report in dossier 9 (1957).

a girl's family background, whereas the internal staff focused on neatness, work ethos and behaviour and acceptance in the group. Outcomes based on continuous observation could not compete with knowledge claims by the psychiatrist regarding a girl's neuroses and affective neglect. In the rare cases of disparity between the psychologist and the psychiatrist, the latter's academic prestige was decisive. The unit's staff tended to see child-rearing faults and moral deficits that could be compensated for by 'friendly' re-education in a reformatory, a children's home, a foster family or an internal household job. At staff meetings, however, when consensus had to be reached regarding the advice, information gained from observation of the quality of a girl's work or acceptance in the group was overruled by test results and Freudian beliefs concerning the consequences of early childhood experiences for her unconscious feelings, especially affective neglect and an ego that was not strong enough to resist the temptations that were so multiple in the post-war cultural climate of the 1950s.

Notes on contributor

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