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Child guidance, dynamic psychology and the psychopathologisation of child-rearing culture (*c.* 1920-1940): a transnational perspective

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ABSTRACT

The historiography of child guidance has focused primarily on the United States, where it first developed before travelling across the English-speaking world. The rapid expansion of child guidance in the interwar years was enabled by private philanthropy, which provided fellowships to foreign professionals to study in the United States. This article focuses upon the transnational transfer of child guidance, the dynamic psychology on which it was based, and the accompanying psychopathologisation of child-rearing culture to a non-English speaking country, the Netherlands. First, it discusses the development of child guidance and the reception of dynamic psychology in the United States and Britain. Next, it analyses the transfer to the Netherlands. It turns out that the Dutch did not copy the American model, but adapted it to fit their conditions and created a more diverse child guidance landscape, in which educational psychology played a less important role than child psychiatry.

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Introduction

In the interwar period in western societies a new dynamic psychology became prominent. It focused on the individual, his/her development and mental health. Historians have labelled the impact of this new psychology on society and culture in various ways, but all agree that it has promoted a transition towards a new approach to childhood and the family. In particular, the early development of outpatient child guidance clinics is seen as epitomising a new welfare policy, in which the keeping together of the family was the first aim and institutionalisation of a child became undesirable. This strategy of family support went together with a considerable increase in the involvement of medical and psychological professionals and of science in parents' and children's lives, a refocusing of attention from bodies to minds and especially to children's emotions, and of the psychological culture away from hereditarianism towards development, as well as a new focus on environmental causes of mental problems. Professionals disseminating norms for happy families now claimed that these were based on scientific findings regarding the '(ab)normal' development of the child. Dynamic psychology and its

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application in child guidance appear to be crucial in the medicalisation and psychopathologisation of children's emotions and behaviours, a process that is said to have coincided with a more permissive and child-focused way of child-rearing, with which the public was familiarised through popular child-rearing advice literature.[1]

The historiography of child guidance and related claims as to the relevance of scientific knowledge of the child's (ab)normal development and of prevention of mental ill-health by early intervention has focused primarily on the United States, where child guidance first developed before travelling across the English-speaking world, especially to Britain and Canada.[2] The internationalist agenda of the American mental health movement of the interwar years was enabled by private philanthropy, without which the rapid expansion of child guidance would not have been possible. From the late 1930s in Britain the local authorities took financial responsibility, later followed by the state.[3] The Australian example of no more than piecemeal development before the 1950s illustrates the critical role of the state in the absence of philanthropic support.[4]

This article focuses upon the way child guidance and dynamic psychology travelled successfully in the 1920s and 1930s beyond the English-speaking world, particularly from the pioneering countries to the Netherlands, a country that was used to importing educational theory from the European mainland, especially German-speaking countries, until the 1970s.[5] How did the transnational transfer of child guidance, the dynamic psychology on which it was based, and the accompanying psychopathologisation of child-rearing culture to this country succeed? Although the popularisation of the image of the child as in need of gratification instead of eradication of its basic emotional needs and the transformation of the 'Victorian' child-rearing culture of virtue and character into the permissiveness of our age were not completed there until the 1950s, with the help of Dr Benjamin Spock, it will be argued that crucial steps in that direction were taken before the Second World War and that dynamic psychology and concern for children's mental health played a crucial role in that process.

In the Anglo-Saxon literature on the history of child guidance the non-English-speaking part of the developed world is either ignored or it is too easily assumed that those countries copied and adopted the American model as part of a developing welfare state after the Second World War. This article takes issue with the idea of a common road. Cross-border phenomena have only recently become a field of study in the history of education. A key conceptual tool to analyse the interdependencies and entanglements

[1]Nikolas Rose, *The Psychological Complex: Psychology, Politics and Society in England 1869–1939* (London: Routledge & Kegan Paul, 1985); Deborah Thom, 'Wishes, Anxieties, Play, and Gestures: Child Guidance in Inter-War England', in *In the Name of the Child: Health and Welfare, 1888–1940*, ed. Roger Cooter (London: Routledge, 1992), 200–19; Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006); Sol Cohen, *Challenging Orthodoxies: Toward a New Cultural History of Education* (New York: Peter Lang, 1999); Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: Policy Press, 2003).

[2]Margo Horn, *Before It's Too Late. The Child Guidance Movement in the United States, 1922–1945* (Philadelphia: Temple University Press, 1989); Theresa Richardson, *The Century of the Child: The Mental Hygiene Movement and Social Policy in the United States and Canada* (New York: New York State University Press, 1989); Mathew Thomson, 'Mental Hygiene as an International Movement', in *International Health Organisations and Movements, 1918–1939*, ed. Paul Weindling (Cambridge: Cambridge University Press, 1995), 283–304.

[3]John Stewart, *Child Guidance in Britain, 1918–1955: The Dangerous Age of Childhood* (London: Taylor & Francis, 2013), 59–81.

[4]Katie Wright, '"Help for Wayward Children": Child Guidance in 1930s Australia', *History of Education Review* 41 (2012): 4–19.

[5]Jan C. C. Rupp, *Van oude en nieuwe universiteiten. De verdringing van Duitse door Amerikaanse invloeden op de wetenschapsbeoefening en het hoger onderwijs in Nederland 1945–1995* (Den Haag: Sdu Uitgevers, 1997), 219–32; Nelleke Bakker, 'Westward Bound? Dutch Education and Cultural Transfer in the Mid-twentieth Century', *Paedagogica Historica* 50, nos. 1–2 (2014): 213–28.

between geographical and cultural spaces is 'cultural transfer'. It pertains to the movement in space of both material objects like books, and their translations, and ideas and concepts. It refers, moreover, not so much to the will to export but to the desire to import particular aspects of a culture, and consequently to selection by the receiving party. As ideas, and the practices they inspire, do not move on their own, cultural intermediaries are involved in this process. This implies that the study of transnational circulation of ideas and concepts needs to take into consideration not only the context in which they arose, but even more particularly the conditions of their reception, which include not only selection but also adaptation or transformation in the process of their integration into the receiving culture. So, paradoxically, a transnational perspective implies the need to focus attention on the national culture and the way it transforms as ideas and concepts cross borders.[6]

To enlighten the transnational cultural transfer of child guidance from the countries of origin to the Netherlands, the article first discusses the development of child guidance and the reception of dynamic psychology in the United States and Britain, using the available literature. Next, developments in the Netherlands will be analysed from a transnational and comparative perspective, focusing on the cultural transfer of ideas, including their selection and adaptation, from the English-speaking world to this early-adopting continental European country. For this section, reports on child guidance, as well as books and journals disseminating child-rearing ideas published between 1920 and 1940, are used as sources.

Child guidance and dynamic psychology in the United States

Child guidance has its origins in the United States of the early twentieth century, more particularly in the mental hygiene movement that aimed to promote mental health by preventing mental ill-health. In the process of disseminating the concept of mental hygiene private philanthropy played a crucial role. This is particularly true of the most important instrument in the promotion of the mental hygiene point of view, the child guidance clinic, and the export of this concept by means of fellowships for practising psychiatrists and psychiatric social workers from other countries to study in the United States.[7]

For the successful expansion of child guidance to include cities across the United States the Commonwealth Fund-financed Program for the Prevention of Delinquency was decisive. It was executed by the National Committee for Mental Hygiene between 1921 and 1927. The National Committee, established in 1909, acted as organisational spearhead of the mental hygiene movement. Its president and intellectual leader was Adolf Meyer, the most prominent American psychiatrist of the Progressive Era. He provided not only the key term 'mental hygiene' for a form of psychiatry that reached beyond the asylum but succeeded also in steering the movement towards a focus on childhood as the critical period for the prevention of mental ill-health. For him the school

[6]Joëlle Droux and Rita Hofstetter, 'Introduction', *Paedagogica Historica* 50, nos. 1–2 (2014): 1–9; Maria del Mar del Pozo, 'The Transnational Dimensions of Pedagogical Ideas: The Case of the Project Method, 1918–1939', *Paedagogica Historica* 45 (2009): 561–84; Gabriela Ossenbach and Maria del Mar del Pozo, 'Postcolonial Models, Cultural Transfers and Transnational Perspectives in Latin America: A Research Agenda', *Paedagogica Historica* 47 (2011): 579–600.
[7]Richardson, *The Century*.

was the place to identify early signs of incipient mental illness. He urged teachers to go beyond labelling children who misbehaved as 'lazy' or 'bad' and in need of punishment, and to consider this behaviour as a problem that could be remedied by scientific understanding of its causes, which were likely to be found in emotional distress. He was particularly concerned about the pathogenicity of the school through induction of stress. Soon hygienists bolstered and supplemented Meyer's dynamic psychology with a selective reading of Sigmund Freud, taking what suited their own optimistic, environmentalist and reformist inclinations.[8]

Meyer's successor as president of the National Committee, the psychiatrist Thomas Salmon, was likewise convinced that all maladjustments were due to faulty personality development with roots in childhood and that the school was the best place to address these issues. According to the hygienists, the school had to open up to psychiatrists. Meyer's design for the Program for the Prevention of Delinquency included the nationwide promotion of the 'visiting teacher' or school social worker and particularly the education of the public in the mental hygiene point of view, in which prevention of delinquency was conceived as preventing mental illness in general. Of course, parents were addressed by the many books, articles and newsletters that were spread by the Program, but teachers were the main target group. What finally emerged after the Program was ended, according to Sol Cohen, is 'an agenda for the medicalisation of American education' and 'every school a clinic'.[9] Another, related legacy of the Program and its support of psychiatrists' 'therapeutic imperialism'[10] is what we may call a 'culture of parent blaming'. According to mental hygienists the ill-health that was detected and treated at school was most likely to be caused by parents who failed to understand their children's emotional needs. Their treatment of the child was the chief pathogenic factor in later personality maladjustment. The emphasis on parents' faults in the aetiology of children's problems appears likewise in Kathleen Jones' history of the American child guidance clinic's therapeutic practice. She emphasises that the environment soon narrowed to maternal malfunctioning.[11]

The first child guidance clinic was established by the Chicago physician and neurologist William Healy, who was deeply influenced by Meyer's questioning of somatic explanations of insanity, alongside Sigmund Freud's psychoanalysis and G. Stanley Hall's developmental studies of childhood and adolescence. The opening of Healy's Juvenile Psychopathic Institute in 1909 signalled the frustration of progressive child-savers with the juvenile justice system, particularly the high level of recidivism, and their aspiration to integrate the knowledges of psychiatry and psychology into evaluations of 'difficult' cases and, consequently, into clinical practice. Healy's investigations brought forward an 800-page interpretation of the causes of delinquency, based on the records of the youths examined at his clinic, *The Individual Delinquent* (1915). Healy declined neither the hereditarian nor eugenic explanations that were popular in these years, nor the Progressives' emphasis on social and cultural determinants of behaviour, but offered a complicated web of 'causative factors', divided among 20 categories, that was unique for

[8]Cohen, *Challenging Orthodoxies*; Kathleen W. Jones, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority* (Cambridge, MA: Harvard University Press, 1999), 50–6.
[9]Cohen, *Challenging Orthodoxies*, 195.
[10]Ibid., 232.
[11]Jones, *Taming the Troublesome Child*, 174–204.

each child. Most often, Healy found, only a combination of factors – developmental, physical, environmental and psychical – would fully explain a specific case. The book became a guide for child guidance practitioners, who took from it what suited them. After Healy and his Institute had moved to Boston in the early 1920s, his eclectic approach to troublesome children became the model for the kind of clinic that was promoted by the National Committee.

Although Healy warned against overemphasising environmentalism, he devoted two complete chapters of *The Individual Delinquent* to 'defective home conditions'. In the child guidance practice of the interwar years that grew out of his initiative the environment soon narrowed to the mother–child relationship, ignoring social factors like poverty and poor housing conditions that had been emphasised by the progressive child-savers of the early days of juvenile delinquency prevention. The child's pathology developed into an effect of the mother's pathology, mothers being routinely labelled as 'overprotective' or 'rejecting'.[12] As the initial object of concern, delinquency, faded into a much wider category of mental illness, the interdisciplinary treatment of parent and child sharpened its focus towards maternal neuroticism.

By the 1920s the troublesome 'predelinquent' had begun to claim the attention of the child guidance community, rather than Healy's 'early delinquent' with a typical lower-class profile. Predelinquency might include disobedience, stubbornness, stealing from parents, school failure, sleep disturbances, fears and many more aspects of non-adjustment. Experts warned that, if left uncorrected, these behaviours might become the beginnings of a lifetime of crime. This is how child guidance expanded into wider segments of society, particularly the middle class. Child guiders succeeded even more particularly in eliminating the stigma of delinquency and degeneracy from their work through the introduction of the 'everyday problems of the everyday child' as their primary object of concern. In 1927 the psychiatrist Douglas Thom used the phrase as the title for his advice book for parents. The words soon became synonymous with child guidance work. The otherwise normal and normally gifted 'everyday' child was troubled by problems that were seen as unavoidable and no parent could escape them. By identifying everyday behaviour as problematic, Jones argues, child guidance knocked on the door of every family, regardless of class.[13]

Thom focused on middle childhood, but much of the clinical experience to which he referred in the many case descriptions in his book had been gathered in the Boston Habit Clinic, a specialised mental hygiene institution for pre-schoolers opened in 1921. His warning that, if left untreated, temper tantrums or refusals to eat promised more serious trouble as the child grew older was copied by other advisers. Though Thom did not overtly tell parents to go to a clinic for help, his emphasis on problems and the insistence on early recognition and the examples of the clinical cases contributed to the public's familiarisation with the child guidance viewpoint and the kind of help the clinics could provide. Many comparable books on child guidance themes for parents appeared in the 1920s and 1930s, in which unmet emotional needs of children figured as the cause of problem behaviour, as popularisers joined practitioners in adopting the idea from psychoanalysis that emotional reactions were the cornerstone of a child's personality

[12]Ibid.
[13]Ibid., 91–119. It concerns Douglas Thom, *The Everyday Problems of the Everyday Child* (New York: Appleton & Co., 1927).

development. The governmental Children's Bureau sponsored pamphlets for parents written by child guidance popularisers. *Parents' Magazine*, first published in 1926, deliberately adopted a child guidance perspective, as did women's magazines. In each case the intended audience consisted of middle-class mothers. The dismantling of maternal autonomy and the creation of a relationship of dependency between mothers and experts was an essential component of the popularisation process.[14]

This process of discrediting mothers' experiences as valid touchstone for principles of child-rearing during the 1920s is confirmed by Julia Grant's study of the education of American mothers. According to her, at the time, maternalism was replaced by scientific motherhood. Organisations like the Child Study Association and the Congress of Mothers, with roots in the turn-of-the-century child study movement and a maternalist vision, now supported a national campaign to educate mothers on a scientific basis. With the support of the Laura Spelman Rockefeller Foundation and state and federal tax monies child welfare research institutes began to support the new science of child development. Scientific authority lent new legitimacy to study clubs that were often sponsored by parent-teacher associations. In particular, preschool circles flourished, partly because the dominant environmentalist theory, based either on a more or less watered-down version of Freudianism or on John Watson's behaviourism, emphasised that the first three years of a child's life determined adult (un)healthy development. Both kinds of environmentalism undermined older geneticist understandings of child behaviour and both made parenting even more difficult.

Moreover, in the 1930s experts were no longer sure about the best style of parenting, as the scientism of behaviourism and its preference for habit formation and regularity were undermined by new concepts of reality that emphasised relativism. Facing economic crisis, faith in the power of factual information to solve social problems shrank, Grant explains. At the same time the assumption of psychoanalysis that human behaviour was determined by unconscious motives reinforced the need for expert advice and assistance, as did the taboo placed on traditional methods of punishment that accompanied the increasingly important norm of permissiveness in child-rearing. Parental control and authority were replaced by a new vocabulary for the parenting role through the concept of 'emotional needs' and a child's pathological reaction when they were not met. As a consequence the parent education movement developed a clinical orientation, amounting to using the psychiatric concept of 'adjustment' as indication for a person's emotional health and the embracing of a mental hygiene approach.[15]

In the daily work of the child guidance clinics a scientific and interdisciplinary approach implied that a child was tested by a psychologist and diagnosed and treated by a psychiatrist. This came down to a series of talks with and observation by the psychiatrist, in which the causes of the child's maladjustment were explored. To the theoretical basis of psychoanalytic concepts child guiders added the framework of Alfred Adler's Individual Psychology, the oldest Freudian heterodoxy in which a child's lust for power ànd belonging replaced unconscious sexual feelings as driving force. Its key concept, the child's 'feelings of inferiority', could be used to explain a child's

[14] Jones, *Taming the Troublesome Child*, 91–119.
[15] Julia Grant, *Raising Baby by the Book: The Education of American Mothers* (New Haven: Yale University Press, 1998), 113–36.

maladaptation as an expression of 'discouragement'. Parents received counselling from a psychiatric social worker, the only full-time employee who was also responsible for inquiries into home and family conditions. From her – the profession was exclusively female – they learned about the maternal rejection or overprotection that had caused the trouble. Her counselling was based on the concept of social casework, as developed in American social work. It amounted to helping parents understand and adapt their 'faulty' approach to the problem child.[16]

The theoretical instruction of psychiatric social workers was first set up as a course at Smith Ladies College, Massachusetts, in 1918. Expansion came when, sponsored by the Commonwealth Fund, the New York Institute for Child Guidance, later the New York School of Social Work, started to provide training facilities.[17] To encourage enrolment the Fund provided over 100 fellowships annually. Between 1921 and 1927 a total of 944 students attended classes in social psychiatry, psychiatric social work, clinical psychiatry, and mental testing, over 200 of whom participated in child guidance demonstration clinics that were to be adopted by cities and local funds. A number of trainees came from abroad, mostly from Britain, as philanthropic organisations such as the Laura Spelman Rockefeller Memorial provided travel grants for child guidance practitioners from foreign countries.[18] In 1929, after a visit to the United States by leading British advocates of child guidance, the London School of Economics started to provide a course of its own. In 1939, 179 students had taken the course, of whom 70 had university degrees. Two of the students practising in one of the London clinics in 1939 came from the Netherlands.[19]

Child guidance and dynamic psychology in Britain

The British historiography on the expansion of child guidance focuses on the development of a new welfare policy and on the refocusing of child welfare and medicine from a primary concern with bodies to a greater concern with minds. According to Harry Hendrick, child guidance clinics played a crucial role in these processes. This role is embodied by the training in the mid-1920s of the first batch of British social workers in the United States as psychiatric social workers at one of the pioneering American child guidance clinics.[20] According to authors inspired by Michel Foucault, the ensuing establishment of the first clinics from 1927 was one aspect of a more encompassing rise of 'medical surveillance'.[21] Nikolas Rose has elaborated this approach. He discusses child guidance as an important part of the normalising discourse of the developing 'psychological complex', through which a 'new psychology' of the individual and his/her pathology gained an increasing power to govern people's souls by discriminating between the normal and the pathological.[22] Other historians of applied psychology, such as Mathew Thomson, have pointed to the dissemination of a 'new psychology' as crucial in the refocusing of the psychological culture away from hereditarianism and eugenics,

[16]Jones, *Taming the Troublesome Child*, 120–47.
[17]Ibid., 77–82.
[18]Richardson, *The Century*.
[19]Stewart, *Child Guidance in Britain*, 51.
[20]Hendrick, *Child Welfare*, 99–112.
[21]Cooter, *In the Name of the Child*.
[22]Rose, *The Psychological Complex*, 197–219.

and towards differences between individuals and environmental causes of personality problems and the accompanying construction of 'normalcy'.[23]

According to Rose, the child guidance clinic replaced the older welfare rationale with a 'new psychosocial strategy', in which the social worker played her familiar role of coordinator of professional help. Over the 1930s, however, the gathering of information on the family transformed into a familial casework therapy that centred on the mother–child relationship. According to the leading dynamic psychology, the social worker had to act upon the mother's unconscious beliefs, wishes and feelings, of which the maladapted, bed-wetting, stammering or withdrawn child patient was a victim. Compared with the old welfare strategy the new one extended the inspection of home and family conditions into larger categories of people, including the middle class, and did so at an earlier point in a child's life, before serious misbehaviour and delinquency could develop. According to Rose, the increasing scope of the clinics, provided by links with schools, courts and social work, made them the 'fulcrum of a comprehensive programme of mental welfare', while the wide range of childhood pathology that was referred exemplifies the clinics' role in 'the systematisation of the field of childhood pathology'.[24]

Thomson analyses how psychological theory imagined the relationship between the individual and culture and the role of culture in the shaping of popular psychologies, particularly the cultural shift from a Victorian culture of character to the permissiveness of our age. The roots of this change are to be found in the interwar period. Unlike Rose, however, Thomson points to teacher training and child-rearing advice as the primary agencies that promoted a focus on the development and emotions of the child in general and on dynamic psychology in particular. Whereas, for Rose, child guidance was at the cutting edge of the strategic shift from 'psycho-eugenics' to the 'neo-hygienic' emphasis on the prevention of illness and the construction of mental health, Thomson concludes that before the Second World War the scope of influence of the norms of child guidance in Britain was still limited. The emergence of 46 clinics between 1927 and 1938 may be significant for a pioneering venture, but they were usually operated on a part-time basis and covered only a limited number of larger cities. A mere 17 of the clinics that existed in 1938 were staffed by a complete team comprising a psychiatrist, a psychologist and a psychiatric social worker. They treated no more than three to four thousand children a year, the majority with minor behavioural problems such as bed-wetting.

Moreover, Thomson dismisses the presentation of these clinics as an extension of the American model of child guidance. Although from 1927 the American Commonwealth Fund was important in sustaining the model's evolution by sponsoring visits of foreign – primarily British – practitioners to the United States and supporting the Child Guidance Council (CGC) as an organising body directing its spread, funding by Local Education Authorities (LEAs) did not begin until after 1937. Indigenous clinics for children had emerged independently by the mid-1920s. Depending on how one defines a child guidance clinic, even earlier examples may be identified. The psychologist and eugenicist Cyril Burt claimed, for example, to have regularly seen children at the London County Council from 1913 and the Tavistock Clinic set up an outpatient clinic for children as early as 1920, where pioneers in child psychiatry trained. Therefore, Thomson claims that the establishment of the British Child

[23]Thomson, *Psychological Subjects*, 19–108.
[24]Rose, *The Psychological Complex*, 202–3.

Guidance Council in 1927 may better be seen as an attempt to rationalise a process of development that was already active, rather than a platform to import a model from outside. Clearly, consumers also played a role in shaping the new provision of psychotherapy for children and their parents. The fact that such a large proportion of cases were bed-wetters, hardly a threat to the social order, and that waiting lists appeared from an early date exemplifies the demand from below and the way clinics responded to the needs and concerns of parents instead of the desires of stately governance, as maintained by Rose.

The wide range of child-rearing problems for which children and their parents were referred to the clinics was certainly a long way from catering for the needs of the (pre)delinquent youths for which they were initially intended, as Deborah Thom aptly remarks in her discussion of the early development of child guidance in England. She mentions three reasons for the positive response of the public to the new kind of therapy the clinics offered: the lack of connection to punitive authority like children's care or truancy officers; the targeting of mothers and their acclimatisation to such an appeal through a broader culture of child-rearing advice literature; and the distancing – at least in popular pamphlets – of the clinics from psychoanalysis, which remained suspect among the public because of its association with sexuality. Thom, moreover, mentions the cultural climate in post-First World War Britain, which seriously questioned rationality, as essentially open to studying children's unconscious mental life.[25] As to the psychological culture of the interwar period, more than Rose and Thom, Thomson points to continuity between the pre-war Child Study Movement, progressive education and the interwar 'new' psychology's interest in the child's mental life and its support of a less authoritarian and more child-centred education.[26]

John Stewart, who studied the development of British child guidance up to the mid-1950s, points more particularly to the scientific claims of child guidance as the cause of its spread and success in convincing educational authorities and the public of the use of the clinics' diagnoses and treatment and, as a consequence, of the 'pathologising' of the normal child. Like Thom, Stewart criticises the identification of child guidance with psychoanalysis as founding theory in its early years, though on different grounds. While Thom emphasises that other kinds of dynamic psychology, such as Alfred Adler's Individual Psychology and August Aichhorn's analytic perspective on *Wayward Youth* as victims of 'affective neglect', were positively received within English child guidance around 1930, Stewart focuses on the difference between a primarily psychiatric English or American-import model and a Scottish counterpart dominated by educational psychologists, who focused on testing and the development of play therapy. The latter model, largely developed in Roman Catholic clinics, was replaced by the former only as a consequence of the introduction of British welfare legislation in the 1940s and the ensuing governmental funding of child guidance and the relocating of the site of intervention from the clinic to the school. Both Thom and Stewart, however, admit that by 1937 psychoanalysis had gained sufficient ground in England to become the dominant theoretical influence in child guidance.[27]

[25]Thom, 'Wishes, Anxieties, Play, and Gestures'.
[26]Thomson, *Psychological Subjects*, 114–8.
[27]John Stewart, 'Child Guidance in Interwar Scotland: International Influences and Domestic Concerns', *Bulletin of the History of Medicine* 80 (2006): 513–39; John Stewart, 'The Scientific Claims of British Child Guidance, 1918–1945', *British Journal for the History of Science* 42, no. 3 (2009): 407–32; John Stewart, '"The Dangerous Age of Childhood": Child Guidance and the "Normal" Child in Great Britain, 1920–1950', *Paedagogica Historica* 47 (2011): 785–803; Thom, 'Wishes, Anxieties, Play, and Gestures'.

During the 1930s in Britain, as in the United States, the number of child guidance clinics and their clients increased. Of course, many referrals arose from professionals such as school doctors, but parental referrals were far from rare. The public's willingness to rely on child guidance was stimulated by child-rearing advice in books and popular journals, such as *Mother and Child*, that helped spread its message.[28] From the 1920s, this advice was for the first time based on science, particularly developmental psychology. Child guidance reinforced the authority of experts who founded their advice on scientific principles. But, while the clinics served clients of school age, the most widely-read child-rearing literature focused on pre-schoolers. Partly, this focus on infants was a consequence of the recognition of the importance of early childhood for mental health in later stages of life and of prevention and early detection of ill-health as practised in the now widely available infant welfare clinics. During the first two decades of the new century infant mortality and morbidity had decreased to such a degree that it allowed for the relative 'luxury' of psychology and a serious interest in children's mental life.

Nevertheless, in the 1920s in Britain popular books and journals still focused primarily on feeding, sleep, bowel control and bladder training. This is related to the popularity of the American behaviourist John B. Watson, who stressed absolute regularity in childcare as prerequisite for healthy adults, self-reliant and bulwarked against stress. The main populariser of a clockwise regimentation of babies, however, was Frederik Truby King, a New Zealand doctor, who visited Britain in 1917. Shortly after this visit the Mothercraft School opened in London to provide training courses for health visitors and nurses. In 1924 the school produced a child-rearing manual, *The Mothercraft Manual*, which was to remain the major source of orthodoxy on infant care and management for the next 25 years.[29] According to King, a lack of regularity in babyhood was responsible for hysteria, epilepsy, imbecility, and other forms of degeneracy and conduct disorder in adulthood. Regular habits would secure a lifetime of good health and a firm moral character. To this end cuddling was to be avoided.

The first challenge to behaviourism's theoretical dominance in childcare literature came from developmental psychology, as practised and brought to Britain by the German psychologist Charlotte Bühler and the American psychologist Arnold Gesell. Bühler, who made extensive visits to Britain, had first focused on the development of instruments for assessment and remedial teaching of slow learners. Gradually, her interests shifted towards juvenile delinquency and disturbances shown by children in orphanages. Her studies with children in institutions focused on social adaptation and conflict behaviour, as well as on questions of physical growth and intellectual achievement. By 1930 her work on development started to be translated into English. In the same year Gesell presented his findings on the child's 'natural' growth in a practical book for parents, *The Guidance of Mental Growth in Infant and Child* (1930), which became available on both sides of the Atlantic.[30]

Susan Isaacs's *The Nursery Years* was the first popular book based on dynamic psychology. It was published in 1929 and reprinted four times before the outbreak of

[28]Stewart, *Child Guidance in Britain*.
[29]Christina Hardyment, *Dream Babies: Child Care from Locke to Spock* (Oxford: Oxford University Press, 1983), 176–82; Cathy Urwin and Elaine Sharland, 'From Bodies to Minds in Childcare Literature: Advice to Parents in Inter-War Britain', in *In the Name of the Child*, 174–99.
[30]Urwin and Sharland, 'From Bodies to Minds'.

the Second World War. Isaacs was an educationalist and psychoanalyst who aimed to make parents understand children's emotions and emotional problems. To this end she discussed examples of everyday problems facing parents, such as children's irrational fears, lying, hitting a friend, biting a sibling, or masturbation. Like the behaviourists she insisted on the importance of children's mental health and the need to place child-rearing on a scientific footing. But, unlike the behaviourists, she turned away from managing the child to understanding children's behaviour. The resonance of Isaacs's work was considerable. From 1929 to 1936 she contributed, for example, a regular advice column to a popular magazine and lectured across the country, attacking the excesses of the old training of habits and accustoming her audience to psychoanalytic concepts relating to a child's emotional needs.[31] One of these, the idea that breast-feeding did not merely meet essential nutritional requirements but first of all even more important emotional needs, was to be popularised in the post-war years by the British child psychiatrist and founder of attachment theory, John Bowlby.

The final blow to the dominance of behaviourism in Britain came, however, from the United States, when Anderson and Mary Aldrich's *Babies are Human Beings*, first published in 1938, drew a lot of attention upon reaching the United Kingdom in the year when the war broke out. The paediatrician and his wife encouraged parents to enjoy their babies and practise a warmly affectionate kind of physical care, in which comforting and cuddling were essential and needed to be given as much as possible. The training of the most vital habits – eating, sleeping and eliminating – was to be adjusted to the child's individual rhythm, and there was no need to hurry; a principle for which the post-war hero of the child-centred 'feeding-on-demand' upbringing, the overtly Freudian Dr Benjamin Spock, is often but unduly credited. The Aldriches were the first to reassure parents that it was alright to 'give the baby all the warmth, comfort, and cuddling that he seems to need'.[32]

Child guidance in the Netherlands

Child guidance was brought to the Netherlands from the United States by a young jurist, Eugenia Lekkerkerker, who continued her studies at Radcliffe College, Harvard's ladies' department. As a student in criminology she visited Healy's clinic in Boston in 1925. After graduation she received a Rockefeller fellowship to study child guidance at the New York School of Social Work. Upon her return to the Netherlands in 1926 she immediately started to promote the concept of the prevention of delinquency by child guidance clinics. A series of articles in the professional journal of criminologists, in which she described the clinic's purpose and method, attracted a lot of attention from children's care workers, juvenile judges, educationalists, social workers and psychiatrists. In particular, the perspective that families could stay intact was met approvingly. In the next year no less than a hundred professionals attended the inaugural meeting of the *Nederlandsche Vereeniging ter bevordering van Consultatiebureaux voor Moeilijke Kinderen* (Dutch Society to Promote Child Guidance Clinics, DSCGC) in Utrecht. Lekkerkerker became its secretary.[33] If not for her activism, there would not have been

[31]Ibid.
[32]Quoted by Hardyment, *Dream Babies*, 215.
[33]E. C. Lekkerkerker, 'Psychiatrische klinieken voor kinderen in Amerika', *Maandblad voor Berechting en Reclasseering van Volwassenen en Kinderen* 5 (1926): 321–5, 354–70 and 6, (1927): 13–22.

a Dutch delegation at the First International Congress on Mental Hygiene in 1930 in Washington. Inspired by the invitation she had formed a group of six delegates. The travel and accommodation expenses of five of them were paid for by the Americans. Alongside four social psychiatrists and herself she had strategically selected the director of the Amsterdam School of Social Work.[34]

The establishment of the first child guidance clinic in Amsterdam in 1928 was an immediate outcome of the establishment of the DSCGC. At first it was called Bureau for Difficult Children, but soon it was felt that this name could deter patients. To avoid the suggestion that the clinic would be an exclusively psychiatric affair, it was decided to call it *Medisch-Opvoedkundig Bureau* (Medico-Pedagogic Bureau), after clinics in Berlin and Geneva. The Amsterdam clinic could start its work only after the team that was formed as staff had finished their one year of study in the United States. The psychiatrist Nelly Tibout and a social worker had successfully applied for a grant from the Laura Spelman Rockefeller Memorial Fund. A Rockefeller Foundation grant had subsequently enabled Tibout to travel for some more months to visit a number of *Jugendberatungsstelle* in German-speaking countries. Before she could finish her tour she was called back to Amsterdam to lead the clinic's team. The second clinic was established in 1932 in The Hague on the initiative of a female children's police officer, who had also travelled to the United States and been impressed by the child guidance clinics to the extent that she had decided to train there as a psychiatric social worker.[35]

At first the two clinics were financed by private funds only. From 1933 the City of Amsterdam provided additional support to the local clinic, but from 1935 the state took over a large part of the financing of child guidance through the recently established *Prophylaxefonds* (Prevention Fund) of the Ministry of Health. Thus, it made child guidance part of the welfare system. Before the end of that year three more clinics were established. In 1939 seven cities could avail themselves of a clinic associated with the DSCGC. They employed a total of 15 psychiatrists, seven paediatricians and 10 licensed psychiatric social workers. Another four social workers were training at the course the Amsterdam School of Social Work offered from 1938 and were practising at the two oldest clinics run by alumni of the American training programme.[36] Two more social workers were at the time training at the London School of Economics. It is interesting to note that, with a single exception, the whole first generation of post-war Dutch academic child psychiatrists who would ardently embrace Freudianism, had trained at one of these child guidance clinics.[37]

As in the United States and Britain, of the Dutch clinics' staff only the social workers were employed full-time. Apart from the participation of a paediatrician, the most remarkable departure from the American model was the absence in the interdisciplinary team of a child psychologist until the 1950s, because few psychologists were as yet available. Only the three Roman Catholic bureaux for 'difficult' children that were established from 1935 included a psychologist on the staff. Together with a priest as

[34]Leonie De Goei, *De psychohygiënisten. Psychiatrie, cultuurkritiek en de beweging voor geestelijke volksgezondheid in Nederland, 1914–1970* (Nijmegen: SUN, 2001), 87.
[35]E. C. Lekkerkerker, 'Geschiedenis', in *Het moeilijke kind. Tien jaren Medisch-opvoedkundige Bureaux* (Eibergen: NFIOIMOB, 1939), 9–24.
[36]Ibid.
[37]Leonie De Goei, *In de kinderschoenen. Ontstaan en ontwikkeling van de universitaire kinderpsychiatrie in Nederland, 1936–1978* (Utrecht: NCGV, 1992).

adviser she took the place of the psychiatrist on the DSCGC team. The same kind of team staffed the Roman Catholic University's Paedological Institute's consulting hours for 'difficult' children in Nijmegen, starting in 1936. The Calvinist Free University's Paedological Institute in Amsterdam, established in 1931, was likewise headed by psychologists. Each of these denominational paedological institutes focused more particularly on psychological testing and research, as well as on the development of new kinds of treatment such as play therapy, in the way the Scottish clinics did.[38]

By 1939 the seven DSCGC clinics had treated some 3500 children, including almost 700 new cases in the last year. The paediatrician examined the child physically, searching for constitutional abnormalities, the psychiatrist tested the child and, as in the United States, the social worker collected the information necessary for the diagnosis, and visited and counselled the parents. If it was decided that the child needed treatment, the psychiatrist gave 'therapy': a series of talks or play observation in the case of a young child. A considerable number of cases concerned children who were referred by a juvenile judge for a 'general examination' to find out in which institution a delinquent or neglected child could best be placed, for which advice the clinic was paid by the Ministry of Justice. A second large group consisted of children with learning problems who might qualify for special education; they were IQ tested, for which the clinic billed the local school administration. If a child's IQ was found to be 'below normal', the child could not be treated at the clinic. These services made up the only contact with schools. As in the United States, the psychiatric social worker was the key figure, especially in the contact with parents. She was trained to do American-style social casework, with additional courses in child psychology and psychiatry. As to theory, a selective reading of psychoanalysis and individual psychology was the core subject matter, to which other branches of knowledge were added, such as Ernst Kretschmer's physiological characterology.[39]

Apart from the children who were sent to a DSCGC clinic by a juvenile judge, most referrals were made by school doctors and general practitioners, while a substantial group came of the parents' own accord, which supports Thomson's 'demand from below' thesis. As in the Boston clinic, as reported by Jones,[40] two of every three children referred were boys and the majority were of primary-school age. As in English-speaking countries, reasons for referral were most frequently problems that caused trouble to the parents, such as aggression and learning problems. Children with a 'subnormal' IQ or from families with 'coarse social deficits' were excluded from treatment, a policy that contributed to the middle-class profile of the clinics that was recognised in the post-war period.[41]

As in Britain and the United States, the link with delinquency soon loosened up and 'predelinquency' was likewise replaced by the 'everyday problems of the everyday child'. By emphasising the 'normality' of the patients, Dutch child guidance likewise knocked on the door of every family, regardless of class. Instead of crime, a lifetime of unhappiness

[38]Lekkerker, 'Geschiedenis'; Marjoke Rietveld-van Wingerden, ed., *Een buitengewone plek voor bijzondere kinderen. Driekwart eeuw kinderstudies in het Paedologisch Instituut te Amsterdam (1931–2006)* (Zoetermeer: Meinema, 2006).
[39]E. C. Lekkerkerker, 'Opzet en taak der bureaux', in *Het moeilijke kind. Tien jaren Medisch-opvoedkundige Bureaux* (Eibergen: NFIOIMOB, 1939), 25–42.
[40]Jones, *Taming the Troublesome Child*, 150.
[41]Lekkerkerker, 'Opzet en taak der bureaux', 35.

and personal failure had to be prevented. That message appealed especially to middle-class parents who had already been familiarised to the child guidance point of view through printed advice. As in the pioneering countries, the clinics' work soon amounted to 'parent guidance', as children's incipient mental illness was blamed largely on the parents, if not explicitly on mothers. Tibout, for example, classified 43% of the children treated in the first seven years of her Amsterdam clinic as 'grown awry' because of parenting faults, such as withholding affection or unrealistic expectations. The second largest group (25%) consisted, however, of children with 'constitutional' defects, such as physical or sensorial deficiencies, brain damage or inborn psychopathy,[42] a category that did not figure prominently in the new psychology of the founders of child guidance. As in the English-speaking countries, the social workers taught parents that strictness would not help and that beating a child was counterproductive.

Dutch child-rearing advice

In the interwar period in the Netherlands child study had hardly developed and behaviourism was present only in a soft version in two popular booklets on childcare that were distributed to mothers through infant welfare bureaux and school doctors. The emphasis was on habit-training and regularity, but these booklets lacked warnings against coddling or any other kind of maternal indulgence. They represented, moreover, a romantic image of the child, the Rousseauian idea of designing education according to the child's 'inner nature' instead of training to fit into adult society.[43] Textbooks for teacher trainees continued to be dominated by a moral-religious concept of education that aimed to raise a 'good' character, but without strictness and with as little and as soft punishment as possible.[44] The most widely used textbook for public school teacher trainees in the 1930s and 1940s, *Het Kind* (*The Child*, 1930), discussed behaviour problems as 'children's faults' that needed correction, though in a friendly way. The author, the director of a teacher training college Louis Bigot, mentioned child guidance clinics only briefly as institutions that could provide help to 'difficult' children, who 'used to be called naughty'.[45]

In the mainstream child-rearing advice literature, however, we see from the 1920s a rapidly growing interest in children's development and emotions. Authors began to stress the impact of early emotional experiences on later patterns of behaviour and ways of coping with stress. This is why the 1920s also saw the appearance of parenting manuals structured according to children's age, including chapters on babies, infants, toddlers, schoolchildren, adolescents and their characteristics.[46] The acknowledgement of the development of the child as an important determinant of parenting also marks a shift towards science-based advice, as child-rearing now had to be informed by scientific knowledge regarding this development. Especially influential were the books of the Germans Wilhelm Stern and Bühler, both of whom fled Nazism and joined the

[42]Ibid., 38–42.
[43]G. J. H. Riemens-Reurslag, *Tot geluk geboren*: I *Opvoeding van het kind van de geboorte tot den schoolleeftijd* (Amsterdam: Maatschappij tot Nut van 't Algemeen, 1927); G. J. H. Riemens-Reurslag, *Tot geluk geboren*. II *Opvoeding van het kind gedurende de lagere-school-jaren* (Amsterdam: Maatschappij tot Nut van 't Algemeen, 1929).
[44]Bakker, 'Westward'.
[45]L. C. T. Bigot, *Het kind* (Groningen: Wolters, 1933), 102.
[46]The most widely read example was R. Casimir, *Langs de lijnen van het leven* (Amsterdam: Becht, 1928).

community of child scientists in the United States in the late 1930s. Their work was read in German, but Bühler's manual for parents and teachers on the stages of development appeared also in Dutch in 1938. Two years later her study on adolescence was translated as well.[47]

The mental-health approach was more particularly promoted by dynamic psychology. At first, as in Britain, Freudianism met almost exclusively disapproval by authors of child-rearing advice books and editors of parents' magazines, because of the association with sexuality. They preferred the individual psychology of Adler, another emigrant to the United States. It focused no less on the child's wishes and anxieties, but left out sexuality. Dutch editions of Adler's work were published from 1930. Within a few years several translations and a number of popular introductions to his work appeared. However, the best propaganda turned out to be the adapted version of the Berlin psychiatrist Fritz Künkel, who renamed Adler's infantile drives towards power and belonging as the normative categories 'egotism' and 'realism'. These concepts were more consistent with the older interpretation of growing up as moral improvement. Künkel's books were translated immediately after they had been published in Germany. A popular synthesis, authored with his wife Ruth, was first translated in 1930 and sold over 17,000 copies before 1950.[48] Adler's and Künkel's individual psychology dominated mainstream child-rearing culture in the 1930s and 1940s, whereas Freudianism had a much more limited influence until the 1950s, when Spock popularised its basic concepts and Bowlby made the focus shift towards the infant's longing for security.[49]

The theoretical reorientation around 1930 made children's emotions, happiness and mental health key interests of parent advisers. The process of medicalising and psychopathologising child-rearing culture shifted authority in matters of upbringing from traditional experts, such as teachers, to psychiatrists and psychologists. As a consequence, parenting advice literature took on a clinical approach by discussing examples of clinical cases of 'problem' children, in the way Thom did in the United States. Books had titles such as *Moeilijke kinderen* (*Difficult Children*) and *Hoe opvoedingsfouten te vermijden*? (*How to Avoid Parenting Faults?*).[50] This focus on problem behaviour suggested that it was normal for a child to have problems and that this could happen in every family. Like their Anglo-American counterparts, experts invariably blamed parents for causing their children's trouble through failure to understand the true emotional needs of their aggressive, angry or anxious child. This clinical approach reinforced educators' dependency on experts, who held the key to the interpretation of a child's symbolic expression of his/her unconscious feelings. And it made them accept the need for child guidance and clinical treatment.

As Dutch society was at the time deeply divided between religious groups, it is important to consider denominational child-rearing cultures separately. The most

[47]Charlotte Bühler, *Practische kinderpsychologie* (Utrecht: Bijleveld, 1938); Charlotte Bühler, *Psychologie der puberteitsjaren* (Utrecht: Bijleveld, 1940). She joined her Austrian husband Karl in the United States only in 1940.

[48]Fritz and Ruth Künkel, *Opvoeding tot persoonlijkheid. Inleiding tot de Individualpsychologie*, 9th ed. (Amsterdam: Wereldbibliotheek, 1949). See also Nelleke Bakker, 'Child-Rearing Literature and the Reception of Individual Psychology in the Netherlands, 1930–1950: The Case of a Calvinist Pedagogue', *Paedagogica Historica* 34 (1998), Special Series III, 583–602.

[49]Nelleke Bakker, *Kwetsbare kinderen. De groei van professionele zorg voor de jeugd* (Assen: Van Gorcum, 2016).

[50]I. C. van Houte and G. J. Vos, *Moeilijke kinderen. Een boek voor ouders en opvoeders* (Utrecht: Kemink & Zn., 1929); H. J. Jordan Jr., *Hoe opvoedingsfouten te vermijden*? (Zeist: Ploegsma, 1938).

authoritative orthodox Calvinist professor of pedagogy and psychology of the 1930s to 1960s, who acted also as leader of the Paedological Institute of the Free University, was Jan Waterink. He was remarkably open towards the new psychology, because as an orthodox Calvinist he declined any human science that denied the unity of 'the soul' and welcomed theories that focused on personality development.[51] For Waterink religious and moral upbringing stood out as the prime goal of child-rearing. However, as he saw it, a child's emotional life counted just as much; an unhappy child could not live up to biblical rules. That is why Waterink explained the sickening effects of 'feelings of inferiority' in his psychology textbook for teacher trainees and social workers that was first published in 1934. Though he did not subscribe to individual psychology as a theory and conceived of it as a dangerous weapon in the hands of those who wanted to oppose authority, he still found it useful in the clinic to help explain the unconscious motives behind children's problem behaviour. He skipped over and dismissed Freudianism because it did not consider 'normal' people. From the third edition of his textbook, published in 1941, he did, however, discuss Freud's 'theory of lust', to make sure that Calvinists would understand the danger of Freud's 'pansexualism'.[52]

In the Calvinist women's magazine *Moeder* (*Mother*), which Waterink edited from 1934, he pushed his readers towards a more permissive mode of child-rearing, away from the strictly biblical Calvinist approach that leaned so heavily on punishment. But he sent a mixed message. In his monthly editorials he held on to the Calvinist anthropology of the child as a sinful creature. Through loving discipline parents had to teach their children to obey God's moral law. Parents' authority depended on the way they themselves lived up to His law. As to authority, he taught that parents should try to find the golden mean between too much strictness and too much freedom.

In the 'Questions of mothers' section of the journal, however, Waterink used a clinical approach to the child-rearing problems his readers presented to him. These were the same problems that were discussed in mainstream parenting advice literature, with nervousness and bed-wetting at the top of the list. Most frequently in his answers the professor advised respect and understanding, supporting and helping the child to overcome the problem. He often recognised a 'sense of inferiority' or jealousy caused by 'discouragement'. Only in exceptional cases, such as aggressive behaviour, did he advise punishment. When a letter-writing mother mentioned that she did not agree with the strict handling of the 'problem' child by her husband, Waterink always took the side of the mother. Like his more liberal counterparts, he found fault with the parents, especially fathers, without blaming them explicitly. Despite his theoretical rejection, he used the language and explanatory power of dynamic psychology. We may therefore conclude that in this magazine Waterink presented a Calvinist version of the mainstream post-1930 discourse, which contributed to accustoming his Calvinist flock to a more permissive mode of child-rearing and a new perspective on children's behaviour problems that was not medical in the literal sense – the concept of mental health was deliberately avoided – but recognised the child's emotions as its key concern.[53]

[51] Nelleke Bakker, *Kind en karakter. Nederlandse pedagogen over opvoeding in het gezin 1845–1925* (Amsterdam: Het Spinhuis, 1995), 177–96.
[52] Jan Waterink, *Hoofdlijnen der zielkunde* (Wageningen: Zomer & Keuning, 1934); Jan Waterink, *Ons zieleleven*, 3rd ed. (Wageningen: Zomer en Keuning's, 1941), 151–202.
[53] Bakker, 'Child-Rearing Literature'.

Unlike what one would expect, the most authoritative textbook, *Het Kind* (*The Child*), for Roman Catholic teachers-to-be, issued between 1931 and 1950, was from the first edition saturated with the newest theories on child rearing, primarily from German-speaking countries. Although religious education stood out as most important, the author, the congregational friar and college teacher Sigebertus Rombouts, explained that he had deliberately included 'all which is good' from Maria Montessori, Stern, Bühler and Adler. He claimed that their subject-oriented theories were useful for Catholic teachers, if only for the concepts they had introduced, like 'a sensitive period' (Montessori), 'a phase of opposition' (Bühler) or 'feelings of inferiority' (Adler). From 1925 Rombouts published two successful series of psychology textbooks. One was meant to introduce the new, subject-oriented psychology. Like his Calvinist counterpart Waterink, he proved very happy with the new winds that were blowing in psychology and praised Künkel's version of individual psychology. Like Waterink, but more reluctantly, he admitted that dynamic psychology could be useful in finding out what was troubling a child. Likewise, he declined Freudian psychoanalysis for its 'pansexualism' and Adlerian individual psychology for its uncritical acceptation of a will to power as driving force in a child. And there was much more he did not like about it. Essentially, he observed in 1931, Adlerian psychology was no more than 'medical pedagogy', 'a pedagogy for the sick, to regain health from their illnesses, not for the normal'.[54]

More progressive Roman Catholics began to apply this 'medical pedagogy' in the 1930s at 'bureaux for difficult children'. From 1935 one of their psychologists, Sis Heyster, published a series of parenting advice books in which she drew upon her clinical experience. These books became very popular among Catholic mothers in the 1930s and 1940s and have contributed much to psychopathologising Catholic children's emotions. Heyster accepted the principles of individual psychology and used them to explain troublesome behaviour, albeit without propagating them explicitly. In the meantime she accustomed her readers to concepts like 'feelings of inferiority', though without mentioning Adler or Künkel. One of the reasons for her popularity is that she did not content herself with sketching clinical cases in the way liberal authors did. She continued to give positive advice on child-rearing goals ('a healthy and happy member of society') and methods, while propagating a much more permissive approach than Catholic clerics did. Moreover, she discussed the same 'everyday child-rearing problems' – the title of one of her books[55] – her readers struggled with, from disobedience to anxieties, and for which they sought help at the newly established bureaux. Heyster, one can say, introduced Catholic mothers to the permissiveness to which the more liberal public had already grown accustomed.[56]

Conclusion

In the Netherlands, as in the United States and Britain, the psychopathologisation of children's emotions and its institutional expression in child guidance clinics that offered

[54]Quoted in Bakker, 'Westward', 226.
[55]Sis Heyster, *Opvoedingsmoeilijkheden van iederen dag. Een boek voor moeders en andere opvoedsters* (Amsterdam: Kosmos, 1938).
[56]Nelleke Bakker, '"Wanklanken" in een eigen geluid: rooms-katholieken en de Nederlandse gezinspedagogiek in het Interbellum', in *Op eigen vleugels. Liber amicorum voor prof.dr. An Hermans*, ed. Marc D'hoker and Marc Depaepe (Antwerpen/Apeldoorn: Garant, 2004), 85–96.

psychiatric treatment to 'problem' children and their parents developed in the interwar period. The Dutch public grew accustomed to the conceptualisation of maladapted children as mentally ill through child-rearing advice literature, in which permissiveness was most explicitly promoted by denominational authors with a mission to reform the more traditional child-rearing practices among their fellow believers. These processes ran more or less parallel and reinforced each other in such a way that they created a willingness to import the American model of child guidance and a receptivity to the accompanying 'culture of parent blaming'. The new dynamic psychology of the individual and his/her pathology was generally embraced by experts, but it was not a driving force in the medicalisation of the school in the way it was in the United States. As in England the focus was on the science-based support of the family, not on detecting and treating mental ill-health at school.

Unlike the British, the Dutch promoters of children's mental health did not have to wait until the 1940s for welfare legislation to provide more stable financing. From 1935, the state promoted child guidance by co-financing the clinics that elaborated on the psychiatric model that was imported from across the Atlantic with the help of the same sources of American philanthropic funding that had enabled the development of child guidance in the first place. Despite the fellowships that were granted to pioneering professionals to study in the United States and become cultural intermediaries in the process of cultural transfer, the Dutch did not simply copy their model. They selected elements that they liked, such as the interdisciplinary team and the key role of the psychiatric social worker, and adapted it to fit their own preferences and conditions.

Besides adapting the American model the Dutch also created a more diverse child-guidance landscape. In the promotion of the scientific claims of child-rearing expertise, developmentalism and applied psychiatry seem to have played the same role in the Netherlands as in the English-speaking world. Of the academic disciplines involved in the process of medicalising and psychopathologising normal children's emotions psychiatry has, however, played an even greater role in the Netherlands than in the United States and Britain, where educational psychology provided a competing source of expertise and sometimes, for example in Scotland, even took on the role of the leading science. The Scottish model, with child psychologists in charge, was reproduced in the Roman Catholic bureaux and in the two denominational university paedological institutes. While dynamic psychology in general was equally important in the three countries discussed, Adlerian individual psychology and Bühler's developmentalism stand out as sources of inspiration for the Dutch – theories that originated in German-speaking countries but travelled to the Anglo-American world about the same time as child guidance crossed the Atlantic in the opposite direction.

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