

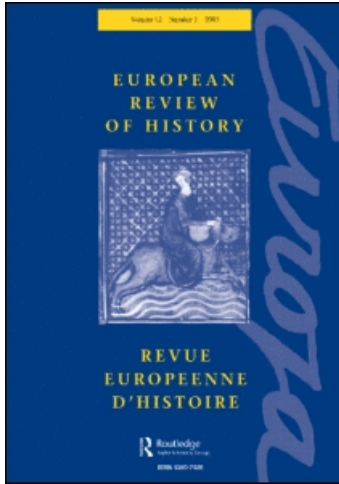
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REVIEW ARTICLE

Revisiting psychiatry in twentieth-century Europe¹

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Baas in eigen brein. ‘Antipsychiatrie’ in Nederland 1965–1985, by Gemma Blok, Amsterdam, Uitgeverij Amsterdam, 2004, €9.95, ISBN 978-9-057-12173-9

Contesting Psychiatry: Social Movements in Mental Health, by Nick Crossley, Abingdon, Routledge, 2006, €114.00, ISBN 978-0-415-35416-5

Zwischen ‘Euthanasie’ und Psychiatriereform. Anstaltspsychiatrie in Westfalen und Brandenburg: Ein deutsch-deutscher Vergleich (1945–1964), by Sabine Hanrath, Paderborn, Schöningh, 2002, €48.90, ISBN 3-506-79614-3

Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908–1968, by Lynette A. Jackson, Ithaca, NY, Cornell University Press, 2005, €22.00, ISBN 978-0-801-48940-2

Naissance de la psychiatrie biologique, by Jean-Noël Missa, Paris, Presses Universitaires de France, 2006, €30.00, ISBN 978-2-130-55114-0

A new, very critical history of psychiatry emerged in the 1960s in the aftermath of the publication of four quite distinct but nevertheless related books by Ronald David Laing, Erving Goffman, Thomas Szasz and Michel Foucault. Their contributions were without any doubt only a symbol of a much larger structural shift in the societal position towards psychiatry. The 1960s and 1970s experienced an extremely controversial debate on madness and the different meanings that could be attributed to it. Social sciences in general and history in particular were but one actor in a much broader discussion. And even if Mark S. Micale and Roy Porter have convincingly argued that the traditional Whig narratives were generally more valuable than how they were normally represented,² the Fab Four and especially Michel Foucault's *Histoire de la folie à l'âge classique* of 1961 did change the way the history of medicine in general and of psychiatry in particular was written. This book, as well as several later publications on the same topic, not only became a bestseller in their home countries, but also had a worldwide circulation through numerous translations. And even today most historical studies of psychiatry still refer to

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Madness and Civilization, though they now do so in a more critical way. The new way of looking at psychiatry put this medical field at the centre of the interest of social sciences. A whole new historiography was being written which proved to be very critical of the role psychiatry played in society and which clashed with a historiography mainly written by physicians.³

In the last 20 years, a third phase in the historiography of psychiatry emerged. On the one hand this current phase, which the works of Roy Porter and the Wellcome Trust for the History of Medicine in London represented, clearly claimed the heritage of the critical approach to the psychiatry of the 1960s and 1970s, but at the same time took a less moralistic and anachronistic posture vis-à-vis the psychiatric practice, notably by emphasising the social history of psychiatry.

If the historiography of psychiatry developed to such an extent in the second half of the twentieth century, the history of the last hundred years remains largely under-researched, especially for the period following the Second World War. For a long time, historians mainly focused on the eighteenth and especially the nineteenth century. Besides the studies on the implication of the German psychiatry in National Socialist crimes, most of the areas of twentieth-century psychiatry remain largely unknown territories, where only recently some monographs made inroads. This review article tries to present some innovative books published in the last five years on European psychiatry, focusing on Western Europe mainly for practical reasons: the linguistic limitations of the reviewer and the confinement of a review article.⁴ If all the books considered in this paper have a historical perspective, not all of them were written by historians, illustrating the interdisciplinary approach but also the heterogeneity of this field of research. Despite this last, the volumes are at the same time surprisingly characterised by similar references, similar methodological frameworks and similar working hypotheses, as the following review will argue. This should facilitate in the future a common discussion of national discourses and historiographic traditions that have remained until now largely unaware of one another. This review article aims to take the first steps towards this wider discussion.

Biological psychiatry

The Belgian philosopher and physician Jean-Noël Missa presents the prehistory of the current largely dominant approach in psychiatry: the biological psychiatry from the beginning of the twentieth century until the 1960s, when the use of psychoactive drugs became very fashionable. Even though several studies have already been published about the somatic therapies in the first half of the twentieth century, Missa's book is interesting in so far as he is combining the larger, international story of the discovery of the main biological therapies – malaria therapy, insulin coma, electrotherapy, lobotomy and finally the introduction of drugs – with the history of a large Belgian hospital in Brussels, the Titeca Institute. He had access to the patients' files and carried out an important oral history project. The sometimes linear presentation of medical discovery is 'broken' due to an intelligent representation of how these therapies were tried, approved or rejected in the daily hospital work. From the first pages on, Missa also clearly states his opposition to the dominant historiography, which, according to the author, reads the history of psychiatry mainly through a disciplinary gaze, forgetting however that medicine is also about science and therapy. It is therefore not surprising that he strongly questions the works of Foucault (pp. 16–17). However, sometimes this revisionist position leads to a Whig narrative, which characterised the historiography of psychiatry until the early 1950s and has been largely transcended since then.

The custodial function of the asylums in the second half of the nineteenth century kept the psychiatrists on the margin of the medical field. This therapeutic nihilism was broken down, according to Missa, in three steps: before 1935 through fever therapy, between 1935 and 1952 thanks to an arsenal of shock therapies, and from 1952 onwards thanks to the psychoactive drugs. The biological therapies that were proposed at the beginning of the twentieth century seemed to offer the possibility to 'scientificise' the psychiatric discourse. And if the 'supreme ambition of the psychiatrists was always to cure mental patients', as Missa argues (p. 17), it is probably also this social inferiority of the psychiatrists that explains the enthusiasm of the field when Julius Wagner von Jauregg proposed malaria therapy. This method, presented in the first years of the new century, gained psychiatry its first Nobel Prize (1927). Malaria therapy was popularised in the 1920s and was the only biological treatment until the 1930s. The therapy was relatively dangerous – with a death rate of 5–10%. This chapter is very illustrative of the sometimes naïve view of the author, when he writes for example that 'the doctors had the courage to let the patients take risks' (p. 43) as if the patients had the possibility to decide whether they could accept or reject the therapies. In general, the patient is almost completely absent in this book: he appears as a malleable object, not as an individual subject. Missa only rarely tackles the point of view of the men and women who were submitted to very drastic biological therapies.

At the end of the 1930s, a whole new range of remedies was introduced including therapies based on the concept of inducing seizures, which for unknown reasons seemed to be successful. The malaria-shock, cardiazol-shock or electro-shock treatments were all discoveries that gave psychiatrists the sense that they were like other 'normal' medical disciplines, with specific methods, on which a scientific discussion was possible but which above all offered the possibility of *curing* patients. In these three therapies, the risks patients faced were mainly dismissed by what Missa calls 'subjective efficiency'. This was also true for lobotomy, a therapy that appeared in the late 1930s.

That the efficacy of these methods was limited was illustrated by their rapid disappearance in the 1950s and 1960s when the first psychoactive drugs arrived on the market. Even though the Titeca Institute did not integrate them into its therapies for some years, the shock therapies were completely dismissed at the end of the 1970s. But, as with the previous new treatments, the introduction of psychopharmacology was not based on a better understanding of the working of the brain or on the biological frame of mental illness. And despite the development of the neurosciences, the treatments today still largely manage symptoms. New drugs arrive on the market every year, but they do not structurally change psychiatric practice, which has remained surprisingly stable since the revolution produced through the introduction of the first neuroleptic drugs (chlorpromazine, reserpine, haloperidol . . .) in the 1950s, so the author, seemingly rather disillusioned, concludes.

Missa is the only author who systematically refers to individual files of patients. If the long quotations give the reader an interesting insight into a world where doctors tried to give sense to their patients' speech and actions, these excerpts left this reviewer with a lot of unanswered questions. How much influence did other social factors have on the diagnosis? How did the language of the doctors change over the years? Which labels were used at what moment? Were these files used to gain further insight into the therapeutic use of biological psychiatry?

Besides the use of patients' files, Missa also refers to interviews, which he conducted with nurses and doctors working at the Titeca Institute. These offer a dense description of the everyday activities and practical arrangements that were formulated to run a psychiatric

hospital. Thus, to ensure the close attention the insulin therapy required, a couple of nurses had a small apartment between the two wards where the patients were treated with this method, while their children were playing in the ward. This allowed them to keep a permanent watch; finally it was not the doctors who supervised the insulin coma treatment but these two nurses who were far more experienced (p. 98).

In his defence of therapeutic empiricism as a specific model of how science advances Missa seems to forget that, contrary to the physical or chemical disciplines, psychiatry is involved with human beings. He thus sometimes takes a standpoint that surely characterised psychiatry till the second half of the twentieth century, and which was rightly analysed critically by Foucault.

Systemvergleich

The revised PhD of the German historian Sabine Hanrath is an interesting complement to Missa's book because she is working on approximately the same period of the history of psychiatry. But her main focus is a comparative study between the psychiatric systems of the German Democratic Republic and the Federal Republic of Germany, from 1945 to the early 1960s. Offering a multi-layered analysis – from the national to the local level, from a history of ideas to a history of everyday medical practice – Hanrath presents a case study that can be read as a successful attempt to integrate the former Eastern bloc countries in a new European history that transcends the frontiers of the Old Europe. At the same time, she fills a gap in the German historiography, where the Nazi period is very well researched and where the 1960s and 1970s have also drawn the attention of the social sciences because of the reforms that were launched at that moment.

Following the evolution of two asylums, the *Provinzialheilanstalt Gütersloh* in Westphalia and the *Landesanstalt Brandenburg-Görden* in Brandenburg, Hanrath presents a systematic comparative study of the institutional context, the political discussions, and therapeutic praxis. Even if the administrative history takes up a disproportionate amount of the text, making the book sometimes difficult to read, the author successfully draws the attention of the readers thanks to the large range of subjects taken into account.

Despite the ideological differences that separated the two occupiers – Great Britain and the Soviet Union – the end of the war did not bring about a strong discontinuity in the medical staff in either of the hospitals. The shortage of doctors prevented a complete de-Nazification. And even if the involvement of German psychiatry in Nazi crimes was officially recognised in the GDR on a national level, contrary to what happened in Western Germany, Hanrath shows that on a local level this past was repressed in both hospitals. Both countries tried to present the last 12 years as an *intermezzo* and referred, especially in the 1940s, to the Weimar period, before the GDR and the FRG developed their own models.

On a therapeutic level, both asylums mainly applied the same methods. In the first years after the war they were simply custodial institutions, the daily problems of food and heating surpassing all other concerns. The working therapy, developed by Hermann Simon in the 1920s, was widely used in both hospitals, even if the concept could hide a lot of different intentions: for instance, in the first years after the war, the patients *had* to work to produce part of their subsistence. The therapeutic aspirations became essential again only later. But in the GDR this form of therapy always aimed at the reintegration of men and women in the work process. In the FRG, the person as a subjective individual became more and more central: the working therapy was transformed into occupational therapy. Both Görden and Gütersloh used psychoactive drugs as soon as they were available, even if the consumption in the GDR was more limited because the drugs had to be imported and

paid for with rare foreign currency. Electroshocks and lobotomy were also common in both countries and the discussion concerning the advantages and the dangers of these methods was not fundamentally different in the GDR and the FRG.

Another common feature in Görden and Gütersloh was the process of valorisation that the psychiatric field went through to gain full acceptance within the medical field and within society, and the obstacles that it encountered. Psychiatry remained at the margins of medicine, still fighting to be recognised as a scientific discipline. Low salaries and overcrowded, under-equipped hospitals were still very common in both parts of Germany. And even if the job of psychiatric nurse especially was valorised through the creation of a specific training, the differences from the rest of the medical field remained. This was particularly true for Eastern Germany: the starting salary of a nurse in a normal hospital amounted to 340–384 Marks but was only about 270–324 Marks in a psychiatric hospital. In general, and even if this depended a lot on local factors, the GDR had more difficulties to surmount the material difficulties created by the war and seemed to invest less in psychiatric care than the FRG.

In Görden and in Gütersloh, the death rate immediately after the war was higher than during the war, due mostly to insufficient food supplements but also to bad heating and absent hygiene related to overpopulation. In 1939, the death rate in Gütersloh was 6.3 deaths per 100 patients, in 1944 9.79, in 1945 15.13, in 1946 8.49 and in 1951 5.4. But, unlike Gütersloh, the catastrophic conditions in Görden remained unsolved till the end of the 1940s.

The biggest dissimilarity between the two countries was, however, the distinct ideological self-representations. In the GDR the events taking place in Western Germany and in Western Europe were very relevant. This became evident in the way the Soviet Nobel prize winner Pawlow was erected as a counterpart to Freud and psychoanalysis, which played an important role in West European psychiatry in the 1950s and the 1960s. In contrast to the GDR, however, in the FRG, psychiatry was not so defined as to an interior separation line between adherents of the somatic explanation and adherents of the psychological model. If Germany had played a leading role in psychiatry since the last quarter of the nineteenth century, West Germany was now clearly orientated towards the Anglophone world, first towards Great Britain and then later on towards the United States.

While Hanrath underlines that the differences between the GDR and FRG in the field of psychiatry were less important than expected, she also shows that at the end of her study period that this is no longer true. In the GDR, the psychiatry of the 1970s remained closely entrenched within the medical field. The *Brandenburger Thesen*, published in the 1970s, only aimed at a change inside the asylums. In the GDR, however, one could speak of a 'colonisation' of large parts of West German society through the psychiatric discourse at a moment where the seeds of '68' became more and more visible. In 1971 the West German Parliament launched a large survey on psychiatric care. Psychiatry had left the walls of the asylums and became a very widely discussed subject in FRG society.

Contesting psychiatry in England . . .

The study of the English sociologist Nick Crossley offers the first overview of the English anti-psychiatry movement that is not distorted by a partisan view, which characterised for the last three decades the narratives of this radical critic of psychiatry. As a sociologist, Crossley presents clearly an externalist approach to the subject. He is not interested in psychiatry and anti-psychiatry as science in itself, but rather takes these examples as a case study to 'map collective resistance of contentious politics' (p. 4). Based on the conceptual

reflections of Neil Smelser on movements' mobilisation, and of Mayer Zald and John McCarthy, two American sociologists, on social movements, Crossley developed an analytical framework to explain the surge of contestant movements (in the mental health service). He distinguishes six elements to understand these fields of contention: structural conduciveness, structural strain, discursive formation and diffusion, trigger events, mobilising structures (mostly social movements organisations – SMOs) and intervention of third parties. This sociological frame, which offers an interesting model for a comparative study of the anti-psychiatry movements in Europe, will not be further discussed in this review.

Crossley convincingly shows to what degree the anti-psychiatry movement in England was embedded in a larger story of contesting and/or reforming psychiatry, which did not start with the publication of Ronald D. Laing's *Divided Self* in 1960⁵ and did not end in the late 1970s with the disappearance from the public scene of the main proponents of the anti-psychiatry movement and the dominance of biological psychiatry. If the mental hygiene movement, which gained ground from the 1930s onward, rather remained an uncritical companion of the development of psychiatry, associations such as the *National Association for Mental Health* nevertheless formed the first larger SMOs that took a particular interest in psychiatry. They also contributed to the gradual reform of psychiatry in the 1950s by contributing to changes in vocabulary – using the term 'mental health' instead of 'mental illness' – and practices – supporting the introduction of psychiatric social work and psychology. But they failed to become a mediator for the first more radical critics in the 1950s as voiced in a pamphlet, entitled *55000 Outside the Law* and published in 1954, and in *The Plea for Silent*, published in 1957 by a Tory and a Labour MP, which both documented cases of wrongful confinement.

By choosing to tell the story of anti-psychiatry through the life of R.D. Laing, Crossley took the risk of personalising the story of a larger movement. We get a very convincing biography of Laing, free of the usual apologetic or vilified undertone. As Crossley rightly argues, Laing tried for several years to reform English psychiatry from the inside. Thus the first edition (1960) of *Divided Self* is an academic book about psychiatry, which is partially based on the results Laing published earlier in medical journals such as *The Lancet* and the *British Journal of Medical Psychology*. At first, the book was also received as a scientific study by the academic world and it was reviewed in several medical journals. It was the rejection of his ideas that made Laing move from the medical field to the political where, thanks to a larger contestation of the counter-culture movement in the 1960s, his ideas found a new audience. Journals such as the *New Left Review* or events such as the congress *The Dialectics of Liberation* in 1967 offered Laing new media to spread his message. But through this focus on Laing we are losing a very important part of the story. Indeed, through Kingsley Hall and similar institutions, SMOs in the mental health field could, for the first time, apply their ideas in practice, without any constraints. It would have been very interesting to read more about the concrete application of the anti-psychiatry ideas in this case study, moving from a political-institutional analysis to a social history of psychiatry from below.

Interestingly Crossley uses the history of anti-psychiatry to demonstrate that the history of psychiatry/medicine is intrinsically international. By studying the influence of the Italian *Psichiatria Democratica* on giving anti-psychiatry a second breath in Britain, he offers a convincing case study of European transfer and/or crossover history.⁶

The last chapters, dedicated to the protest movements from the 1970s until today, contradict historians like Edward Shorter who considered the history of anti-psychiatry as a simple parenthesis.⁷ Without exaggerating the influence of the 1960s, Crossley underlines

the continuous influence of anti-psychiatry on the succeeding social movements in mental health care, be it the first modern 'patients' movements' in the 1970s such as the *Mental Patients' Union* or very recent structures such as *Mad Pride* or *Reclaim Bedlam*. They did not simply copy the agenda of Laing or Szasz. Some even rejected the heritage of these years by arguing that the anti-psychiatrists did not integrate the patients as autonomous actors in their ideology. But, similar to the anti-psychiatry movement, they all challenged the authority of the medical personnel, whom patients had experienced as all-powerful figures, and asked for a social and humanistic approach to mental illness as opposed to a biological frame.

The strong focus on the theoretical model not only appears repetitive at times, but seems also to have taken the attention away from a stronger contextualisation of these movements in the history of psychiatry and medicine and the English social, cultural and political history. It would have been interesting to read more on the development of social psychiatry, which did not directly challenge psychiatry but in fact offered a critical view on the practice of psychiatry. Furthermore, psychiatry was not the only field in medicine that was questioned in the 1960s and 1970s. Finally, Crossley only occasionally touches upon the broader context of English society. But he may correctly argue that his book is not written by a historian but by a sociologist.

... and in the Netherlands

The revised PhD of the Dutch historian Gemma Blok entitled *Boss of One's Own Brain* is a very interesting study of anti-psychiatry in the Netherlands from 1965 to 1985. Like the two aforementioned books, Blok chooses to present a multi-levered analysis taking into account different layers of psychiatry. She specifically concentrates on anti-psychiatry in the Netherlands – unlike Crossley, however, she does not retain the label 'anti-psychiatry'. In her opinion, first, it is rejected by many psychiatrists assembled under this concept. Second, it appears insufficiently coherent and too heterogeneous. Finally, the label conceals the psychotherapeutic optimism of the most famous representative of this critical movement, R.D. Laing (p. 11).

In a first contextualising chapter about critical psychiatry in the Netherlands, Blok makes some important general remarks for the situation in Dutch psychiatry in these years, remarks that seem valid for Western Europe in general. Even if the anti-psychiatric ideas gained large acceptance in the 1960s and the 1970s, biological therapies such as a drugs cure were never completely dismissed. She distinguishes three currents within critical psychiatry: a psychedelic approach that tried to allow self-realisation and consciousness raising; a resistance approach that saw in the mental illness a latent protest against capitalism; and the psychotherapy that considered mental illness as a problem of interpersonal communication-patrons, provoking the illness. Finally she stresses that these ideas were not so much produced by patients or by observers outside the psychiatric field, but came from within. Blok demonstrates that nurses in particular played an important role in the Netherlands. Both Hanrath and Crossley rather argue in their case studies (GDR and UK) rather that nurses opposed the reforms because these often went hand in hand with a loss of their own power structure inside the hospital, for example, as indicated by the fact that they had to abandon the 'Schlüsselgewalt (power of the keys)' (Hanrath, p. 442) in favour of an open-door policy.

In two larger chapters, Blok focuses on one specific mental hospital to argue her case. She delivers a micro-study of one section – the Conolly ward – of the psychiatric hospital Brinkgreven. Reserved for male patients, this ward became an experimental field for

anti-psychiatric ideas in the 1970s when Jan Prins, psychiatrist, Riet Muller, psychologist, and Bart Boersma, who was in charge of the nurses, decided to transform fundamentally the therapeutic approach in their ward. As we will see, the Conolly ward became famous in the Netherlands for its particular radical transformation and for the tensions that these reforms provoked. However, the events in Brinkgreven cannot be considered as representative of the impact on the whole of Dutch psychiatry. Its analysis is interesting, however, because it allows us to see the new approaches that were proposed by a group of psychiatrists in the Netherlands. The basic idea of the three reformers was to introduce the notion of the therapeutic community. This idea had been developed in the interwar period in the United Kingdom and has known a growing success since the Second World War. But they enriched this therapy with numerous elements from critical psychiatry: the introduction of 'theoretic hours' where Laing, Fromm, Cooper and Bateson were discussed, the introduction of family therapy, an interdisciplinary approach where the hierarchical structure amongst the staff was minimised, the opening of patients' files, a reduction of the use of drugs, and so on.

If the Conolly ward was specifically progressive due to this small group of leaders, Blok convincingly argues that Brinkgreven as a whole was open to several ideas of the anti-psychiatry movement. She suggests that the classic, antagonistic division between reformist-psychiatrists and more conservative doctors that is frequent in the self-representation of contemporary accounts as well as in numerous historiographic accounts of this period does not withstand an analysis of the day-to-day practice of representatives of both groups: the differences between them were far more blurred than is currently assumed.

In the second half of the 1970s a new doctor, not used to the very liberal character of the Conolly ward, was appointed and the conflict escalated rapidly with the departure of some defendants of the anti-psychiatric approach.

In the two last chapters, Blok, like Crossley, tries to look at the seeds of anti-psychiatry. In the whole of Western Europe, the movement, after gaining high visibility very quickly, experienced a quite astonishing downfall. Jan Foudraïne, who with his book *Wie is van hout* became the Dutch Laing, disappeared from the media-related scene, as did his English counterpart. Experiments such as Kingsley Hall or the Conolly ward were not continued. As in England, the Netherlands experienced a quite vociferous anti-anti-psychiatry movement that, thanks to the apparent success of drugs therapy, could put forward some strong arguments. They also brought together parents who were no longer willing to be the scapegoat for the illness of their children, as was often suggested by practitioners of critical psychiatry. Critical psychiatry mainly survived through the patients' movements, which became more and more powerful from the 1970s onward. Criticism of the powerful drugs companies and protests against electroshock therapy (for example, the creation in 1976 of the *Nationale Anti-Shock Actie*) were other spin-offs of anti-psychiatry.

Blok also convincingly argues that even if critical psychiatry today no longer holds a strong position within the medical field, it has lasting effects on the public conscience. Either through films such as *Kind van de zon* (1975), from which a shorter version was shown in Dutch schools, or through books such as the children's book *Otje* (1980), Dutch society was marked by the ideas of anti-psychiatry. This was largely due to a more general movement that swept through Europe from the end of the 1960s and that challenged existing hierarchies and norms. Anti-psychiatry was interwoven with feminism, anti-militarism, anti-colonialism, and so on to form a particularly powerful cocktail that had a profound influence on the representation of power, institutions and the State. As the recent film *La Meglio gioventu* and its reception in numerous European countries has illustrated,⁸ the ideas of critical psychiatry are still very dominant in the representation of psychiatry today.

Colonial psychiatry

To include a book on psychiatry in colonial Zimbabwe in a review about the recent literature on the history of European psychiatry may seem to be a continuation of the colonial viewpoint, by making African history a sub-category of European history. However, this is not the goal of discussing the book by the American author Lynette A. Jackson on psychiatry in Southern Rhodesia (colonial Zimbabwe). On the contrary, a European history of psychiatry in the twentieth century cannot exclude the colonial experience. If several monographs have already been published concerning the British colonies,⁹ and some research has been done on the Dutch case,¹⁰ French-speaking Africa (French and Belgian colonies) largely remains *terra incognita*.¹¹ Jackson's *Surfacing Up* gives us a further insight into the reality of British colonial psychiatry in Africa in the first 60 years of the twentieth century. Her study can be read as a (not always convincing) re-interpretation of the frame proposed by Megan Vaughan in her seminal book *Curing their Ills*.¹² Vaughan has questioned the possibility of transposing 'a colonial equivalent of what Foucault called the "great confinement" ... for the purposes of maintaining social control' (p. x) to the colonial space. At the same time she opposed a unilateral interpretation of psychiatry as being an instrument in the hand of the coloniser against the colonial person, arguing for a more complex picture.

In this sense, Jackson partially revises Vaughan's impression. Inspired by the works of Michel Foucault, Michel De Certeau and Frantz Fanon, Jackson presents a narrative that is framed by the misbalance of power between the British and the Africans. To argue her case, she relies on the history of the Ingutsheni Lunatic Asylum, founded in 1908. The creation of this asylum followed uprisings in the second half of the 1890s that made the colonisers realise that it was not sufficient to colonise the space, but that they had to domesticate it as well. For Jackson, Ingutsheni became a metaphor loaded with concrete practice of a broader process of reorganising the meanings of African space following the European reason. The choice of the name of this at first only custodial hospital illustrates this point perfectly. In pre-colonial times, the place was believed to be home to the wives of the last Ndebele king, protected by one of his military regiments, the Ingubo (blanket) regiment, Ingutsheni meaning literally 'the place of the blanket'. For the English colonisers it was translated into 'the one who wears a wrap', conveying the idea of cover (p. 41). The Ingutsheni Lunatic Asylum would thus become a symbol of a new, European order. The local Africans, however, refused for a long time this new meaning and called the Asylum 'the place where white people are now living' (p. 42).

Two major identities crossed the psychiatry presented by Jackson: race and gender. Even if blacks and whites were interned in the same hospital, there existed a clear distinction between them: whereas the European wards were less overcrowded, better equipped and better maintained, the Supervision Committee rarely visited the African sections. White patients did not have to work because that would have placed them on the same hierarchical level as the African patients. The first white women were allowed in the hospital only in 1926: this was not only due to the fact that there were few white women in Southern Rhodesia, but was also related to the fear that the hospital would be unable to protect the white women adequately in surroundings judged even by the local administration as inappropriate for their delicate dispositions. Jackson is the only one of the five reviewed authors to propose a gendered analysis of the practice of psychiatry. The colonial mental health field offers stimulating insights into the broader frame of the images constructed by the colonisers of black men and women. Male Africans constituted by far the largest population of the Ingutsheni hospital. They were mainly migrants who

came to colonial Zimbabwe to work and who could not cope with the consequences of this migration. Black female patients composed only a small minority in the hospital. For a long time, African women, being on the lowest step of the ladder in the colonial hierarchy, were considered as too 'simple' to become insane, a state that was thought to require a certain refinement in the mind by colonial psychiatrists. The few women who were interned were picked up when 'straying' in spaces reserved for the white population and so were 'thought to be in the wrong place. They were perceived as odd mainly by virtue of being unaccompanied or uncontrolled in the white- and/or male-dominated spaces of the colony' (p. 127).

In the case of both sexes, however, Africans only became a matter for colonial psychiatry if they 'ventured' into spaces occupied by the colonisers, thus Jackson's thesis. If the strong imbalance in power between white and black and the important role that psychiatry played in establishing and maintaining these power relations are not to be disputed, Jackson's unilateral conclusions seem to hide a more complex reality than that which results from her study. Psychiatry was also sometimes used by the local (male) population to control women (p. 127); the indigenous population deliberately appealed to both medicines, the Western and the African, showing a far more developed '*Eigensinn*' (A. Lüdtke) than appears throughout the book, and, finally, the majority of the staff working at the Ingutsheni hospital were African. Even if they occupied the lowest level of the hierarchy, it would have been interesting to learn more about them, about their way of dealing with patients and their relation to the European model proposed by the white psychiatrists.

Conclusion

As the discussions around the recent publication of the first complete English translation of Foucault's *Folie et déraison. Une histoire de la folie à l'âge classique* have shown, the shadow of the French philosopher is still very present in the writing of the history of psychiatry in and of the twentieth century, and is clearly a common (negative or positive) reference in a larger European history of psychiatry. Only one author, Missa, clearly distances himself from the French philosopher; most authors recognise the importance of his thinking even if most of them underline the problems they encountered by applying a one-to-one copy of Foucault's concepts to their studies. With the publication of Foucault's lectures at the *Collège de France*,¹³ which have been almost simultaneously translated into German and English, the ideas of Foucault will certainly continue to be a major stimulant for further research, especially because these lectures appear to be based much more on archival research and also discuss the problems of the history of psychiatry in the twentieth century. The combination of different layers of analysis is a common feature of the five books. The authors combine the history of one specific hospital with larger questions, confronting common assumptions about issues such as the interaction of the introduction of drugs with the local, day-to-day practice. These approaches – changes of scale and the use of different sources – contribute to make the books quite convincing on a methodological level, while still provoking discussions on the interpretation of the results. The chronological proximity of the studied subject also permits recourse to oral history, which is especially interesting in Missa's book because it allows us to see the manual practice of psychiatry, which remains often invisible in the written archives. The four other authors unfortunately rarely focus their analysis at this micro-level even when they have access to this kind of archive. Thanks to a more and more detailed description of the patient's condition and the therapies applied by doctors from the 1950s onward,

the archives today allow a very detailed insight into psychiatric practices. This seems particularly useful in establishing a history of psychiatry which is on the one hand still framed by the question of power and the implementation of 'biopolitics' (Foucault), but which, on the other hand, should also be concerned by the numerous 'secondary adjustments' that Goffman was already discussing 45 years ago, or the '*Eigensinn*' of Alf Lüdtke¹⁴ – that is, all the 'oppositions' with which patients, families and other social groups contend and which give new meanings to their experience with psychiatry. Such micro-studies would indeed give a voice to the patients, who until now have largely been absent as acting subjects in the recent historiography of psychiatry and are still too often reduced to abstract numbers or objects of medical intervention.

This bottom-up approach of history should at the same time be enriched by a stronger integration of the historiography of medicine in the larger debates that are currently under discussion at a European level within the historical world. I will try to illustrate these shortcomings on two levels: the ongoing debate about transnational history and the (relative) failure to integrate the history of medicine (and science) in a larger history of the twentieth century.

None of the books reviewed refers to the very rich and illuminating debate on comparative and crossover history or the questions raised with regard to the concept of Europeanisation and transnationalism.¹⁵ The medicalisation of European society is one of the outstanding features of the twentieth century. The development of the Welfare State allowed access to medicine on a large scale. At the same time, medicine acquired a higher valorisation in society through a considerable growth of its knowledge. If medicine is clearly defined by national traditions, it is also characterised by an international discourse. The five authors all stress at several points the influence of outside currents and practices – be it the ideas of Maxwell Jones in the introduction of family therapy in West Germany, the writing of R.D. Laing in the Dutch anti-psychiatry movement, the malaria supplied by the tropical institute in Antwerp to 'heal' general paralysis in Belgium or the European psychiatric concepts to maintain colonial boundaries in Southern Rhodesia – but none of them takes the opportunity to reflect in a more general way on these histories of transference and transformation. The history of medicine seems a particular fruitful case study in the above-mentioned ongoing discussion because it allows an intelligent combination of the history of ideas and practice in a domain that merges national and transnational elements.

This rupture between the history of medicine and the rest of the historiographical debate can also be observed and deplored on a different level. If most of the authors refer to the ongoing changes in society, few of them really succeed in bringing together both topics in a stimulating way. The history of psychiatry is rarely used as a code for broader societal changes. Finally, most of the studies generally remain internal histories of a medical field, rather than case studies of a broader societal phenomenon. In part, this is probably due to the still marginal position of the history of science and of medicine in historiographical discourse. This is all the more regrettable because medicine clearly became an important feature of twentieth-century Western society. Are the last 50 years not precisely characterised by a 'psychiatrisation' of large societal domains, as Françoise Castel, Robert Castel and Anne Lovell had already argued in the 1970s?¹⁶

Notes

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2. Porter and Micale, "Introduction", in *Discovering the History of Psychiatry*. New York/Oxford, pp. 3–36.
3. Probably the most illustrative example of this critical historiography is Scull, *Museums of Madness*.
4. Blok, *Baas in eigen brein*.
5. Crossley, *Contesting Psychiatry*.
6. Hanrath, *Zwischen 'Euthanasie' und Psychiatriereform*.
7. Jackson, *Surfacing Up*.
8. Missa, *Naissance de la psychiatrie biologique*.
9. Laing, *The Divided Self*.
10. Werner and Zimmermann, *De la comparaison à l'histoire croisée*.
11. Shorter, *A History of Psychiatry*, pp. 273–83.
12. Giordana, *La Meglio Gioventu*, 2003 (358 min.).
13. For example: Ernst, *Mad Tales from the Raj*.
14. For example: Pols, "The Nature of the Native Mind".
15. Exception: Keller, *Colonial Madness*.
16. Vaughan, *Curing their Ills*.
17. Foucault, *Les Anormaux* or Foucault, *Le pouvoir psychiatrique*.
18. Erving, *Asylums*, p. 203; Lüdtke, Alf. "Eigensinn", in *Alltagskultur, Subjektivität und Geschichte. Zur Theorie und Praxis von Alltagsgeschichte*, pp. 139–53.
19. *Zeithistorische Forschungen*, 3, 2004 (a special number consecrated to "Europäisierung der Zeitgeschichte") and "Transnationale Geschichte – eine Zwischenbilanz". <http://hsozkult.geschichte.hu-berlin.de/forum/>.
20. Castel *et al.*, *La société psychiatrique avancée*.

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