

THE COHEN INTERVIEWS

EDGAR MYERS -- Interview no 15

Edited by Tim Cook and Harry Marsh

Annotation research by Diana Wray

Transcription by Olwen Gotts for WISEArchive

This is one of 26 interviews with social work pioneers conducted by the late Alan Cohen in 1980 - 81. The period of social work history Alan wished to explore with the interviewees was 1929 - 59. With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013. The copyright is held by the not for profit organisation WISEArchive.

Each interview is presented as a free-standing publication with its own set of notes. However, readers interested in the Cohen Interviews as a whole and the period discussed are referred to:

- (a) the other 25 interviews
- (b) the Editors' Introduction,
- (c) the select Bibliography.

All of these can be found at
http://www2.warwick.ac.uk/services/library/mrc/explorefurther/subject_guides/social_work

Edgar Myers had a long and varied career including many years work in the field of alcoholism and with alcoholics. In 1956 he, with David Lewis and Michael Shepherd, published, in the *Quarterly Journal of Studies on Alcohol*, a two-year follow-up of fifty alcoholics, together with an analysis of prognostic factors. In the field of post-war alcohol research this paper was a turning point. It discussed "outcome" as a concept.

He served as a member of the editorial board of the *British Journal of Psychiatric Social Work* and two examples of his own contributions were *The Caseworker's Problems in Meeting the Inner and Outer Needs of Clients* (1954) and *The Royal Commission and the Psychopath* (1958).

Professor Herschel Prins wrote in his autobiographical reflections "I also renewed my acquaintance with the late Edgar Myers. I had first met him when he accompanied a very difficult client of his to an appearance Biggleswade Magistrates Court. He was a very perceptive and well informed psychiatric social worker with a considerable interest in psychopathy. He subsequently joined the academic staff of LSE and later became

our external examiner on the PSW Course at Leeds University.” In correspondence with the Editors Professor Prins went on to describe him as ‘a lovely and very erudite man’.

A.C. When did you come into social work?

E.M. I was qualified and started in 1949. What happened was one of those odd things. Margaret, my wife, had just got a directorship of the Chichester Child Guidance Clinic, which opened in 1946, and I went down to Chichester with her to look at a house we were going to buy there, which we did. At that point I was doing part time with the New Education Fellowship [1] to get an international Book Club going; and half-time looking after Adrian while his mother was in Chichester. That was the sort of arrangement we had between us. In West Sussex in those days the CCGC had three clinics: they had one at Horsham, one at Chichester and one at Worthing. On the train at Horsham, Lydia Jacobs [2] as she was then, got on (she was one of Anna Freud’s [3] therapists with Friedlander [4] at Horsham), and we met in the buffet car. We were having a cup of tea together and she said, ‘Ever thought about doing psychiatric social work?’, and I said ‘Good Lord no, never entered my head’. And I asked, ‘Why?’ ‘Well’, she said. ‘I think you should consider this seriously.’ She knew of my background; I’d been a mental nurse for quite a long time and I was at York Clinic, at Guy’s. [5]

Under the great R.D.Gillespie [6] it opened during the war to take serving officers back from France, just before the [D-Day] invasion. Of course one didn’t know there was going to be an invasion then. So they were all cases of psychological breakdowns, illnesses. For instance we had an Admiral of the Fleet who went and jumped off the fifth floor. No sooner had it opened than the flying bombs started. But I was given a flat there - so we had this flat in York Clinic, Guy’s Hospital, and I had a very senior position there. That was the background and also Margaret was in child guidance, which was why Lydia put it forward quite seriously. So that I applied to the [Mental] Health course [7]. Even in those days there was always a back door left open for the odd person who hadn’t got all the kinds of qualifications that were considered necessary like diplomas or degrees, so that somebody like me could get in through the back door occasionally. I had a long interview with Bowlby [8] at this time, and Kay McDougall (Interviewee no 14) I think. I did the course. In those days,(1948), Aubrey Lewis [9] at the Maudsley [10]made himself responsible for teaching psychiatric illnesses to the group of students at the Maudsley then.

I first met Aubrey when I was a student at the St. Francis [11] observation ward where he used to go once a week. I believe he used to have a poker at one time to poke students! Aubrey was somebody, I tell you! But a marvellous teacher, and Kay and I still say that when faced with a psychiatric problem, ‘Now what would Aubrey have said?’ One time he suddenly wheeled round and said to me, ‘Do you think there ought to be a Magistrate (this is in the days before the 1959 Act [12]) involved in the certification of a patient?’ And I

said 'Yes I do.' 'Hmm,' he said, 'You do know what you're saying, Mr Myers don't you? That doctors are not infallible.' I said, 'Indeed I am,' and we got on very well then because people were so frightened of him that they never stood up to him. A few weeks later we were at the Observation ward again, and the case that was presented to him was quite clearly schizophrenia, but he was also getting drunk a lot and things of this kind, and the young registrar had him diagnosed as an alcoholic. Aubrey said to me 'What do you think?' I don't know why he asked me, but he did. I said, 'No, surely this is a symptom of his schizophrenia' which of course it was.

It was out of that combination of circumstances that Aubrey said to Elizabeth Howarth [13] -- she was at the Institute of Psychiatry [13a] as the person responsible for teaching the PSW students there - he wanted me at the Institute. So I was appointed there after I had finished the course. Of course, there was a question of how many people there were around in those days: there weren't all that number. But I did half-time. Although I was employed by the Institute and paid by them, I was lent half-time to hospitals. So I did half time hospital work and half time administrative and Aubrey wanted me to interest myself in the research into tics. Well, that really wasn't my line. Tics are all very well, but I wasn't all that interested. Anyway he insisted that I read sociology and various other things. He knew all about me and what I'd done and what I hadn't done. By the way, before I came on the course I'd done quite a lot of writing. I'd been music critic of *Tribune* [14] and things like that.

A.C. You started off as a psychiatric nurse, is that right?

E.M. I didn't start work like that but there was a point where nursing interest began. My mother, wasn't diagnosed, but obviously had, when I was born, what was then called disseminated sclerosis, called multiple sclerosis now, and she died when I was eight or nine. So that all my memories are of often finding her fallen down, and she was very fastidious. She was half French, a fastidious woman, and had probably wet herself and in a miserable state. I never really got over it and in fact I think a lot of my interest in nursing was related back to this. Then my first real love was a girl who finally got a cerebral tumour and died. By that time I was in a hell of a state and I thought I would go to a leper colony in Africa. Well, some time before that, Crichton-Miller [15], who was one of the early people at the Tavistock [16], had helped me because I was getting frightened in the London underground, and tunnels and things of this kind -- which is all Freudian -- to see what it was all about. He helped me and then I went back to him and he said, 'Look, if you want to go to a leper colony, you really want to go away and really think why you want to go, and what you are doing.' Well, to cut a long story short I wanted to do something. I had friends with relatives in a private mental hospital, and I was horrified by what I saw. Incidentally one of the people I visited was Ivor Gurney [17] from Stone near Dartford, who was a casualty of the First World War. I don't know whether you know his songs and his poems. He was in Stone, a private hospital, with what was called schizophrenia for many years. I decided I wanted to do something about this. I went and worked and trained in a private mental hospital, Camberwell House [18], it was then. It doesn't exist now. I trained there and took the necessary exams and finally ended up at Runwell [19] two years before the war, which

was the last mental hospital ever built. It was built on the villa system, quite different from the ordinary barracks sort of place. It was run by a very extraordinary go-ahead psychiatrist, a Norwegian called Rolf Strom-Olsen [20]. I was soon in charge of the admission ward and I was there during the early part of the blitz on London. Of course we were in the Thames Estuary; it was pretty hectic. It was during this time, about the third year of the war, when Margaret had finished her medical training, she wanted to become a psychiatrist and she came to Runwell on what was called the Emergency Hospital Service as a surgical registrar, and then came over to the mental side because that was what she wanted to do, and that's how we met.

Prior to that I had come to London at about 18 years old. I had a miserable time working with a big textile firm called Morley's in the City. I was most unhappy there. But anyway, put all that together and I finally ended up in mental nursing. In the war that was a reserved occupation, and I could only get out of Runwell, which I had to because I couldn't stand the goings-on, by applying for a job that was slightly senior to what I had. You were allowed to do that. It was at this point that York Clinic was going to be opened, Strom-Olsen introduced me to Gillespie, the great R.D., and I went up to London and met him at York Clinic. He spent most of the time talking about his depression, literally, and you know he finally died at York Clinic suddenly.

That was the background more or less before I came into social work.

A.C. Were you working for the New Education Fellowship before? What was the New Education Fellowship then?

E.M. What is it? It was a group of people after the First World War, during the Weimar Republic, who were some of the leading educationalists in the world who believed in progressive education. They were very influenced by people like A.S. Neil [21] and Montessori [22]. Margaret, of course, later on edited their *Journal* for them. She and I have both been connected with NEF for years. I wasn't allowed by the government to leave York Clinic but I could persuade them to let me do half time, so it was a kind of compromise. So then I went half time to NEF, and started this international book club for them, and half time I worked at York Clinic. Then when the Essential Works Order [23] was rescinded, I'd done my stint I felt.

A.C. You mentioned earlier about being a music critic for *Tribune*, the ideas represented by the NEF and the things that led you into wanting to go into psychiatric nursing and your radical political connections if you were writing for *Tribune*. Does that sum up the rationale for doing the work you did?

E.M. I'll tell you this, if you haven't discovered it. Some of the old and I think wonderful PSWs were communists. They weren't just radical. I wasn't a communist but I was very left-wing and always have been. A friend of ours was writing for *Tribune* and friendly with Orwell [24] who was the literary editor then. She suggested that I would write the music articles for them; that's how I came to do that. I was working half time, looking after Adrian half time, and I wanted a

bit more money, apart from anything else. Also of course I had umpteen concerts for free, so that was a nice combination of circumstances. Yes that was more or less the background before I went into social work. What I'm really trying to say is that apart from actual nursing I had a whole series of interests and experiences, and knowledge as well.

A.C. What this draws out is the way in which personal intimate experiences - and the conclusions one draws from them - led you into doing the job you eventually ended up doing.

E.M. Oh yes. I think NEF was very important here because the NEF published under the auspices of New Era all those articles during the war that Winnicott – Clare, she was then Clare Britton (Interviewee no 24), wrote about the evacuation of children and Emanuel Miller [25] and Anna Freud. We've still got all those articles. All published by New Era so in a way it was a sort of hub of psychoanalytical thought, and what I considered modern and progressive attitudes towards education, especially the upbringing of children. I can still remember Emanuel Miller talking to a small group of us in seminar about very small children and describing his son, who was then aged about 14 months, who is now Jonathan Miller, who was always opening cupboards and looking in drawers, because there was a new baby just around you see! And so many of the people we knew and the contacts we had with people like Kate Friedlander and Tomlinson, various Freudian analysts and people, that was our world.

A.C. It sounds anyway, that people didn't have the same difficulty then in bringing together the personal and political, that you often meet in present thought. People tend to polarise

E.M. I think the question of polarisation has always been with us, but my view is that you take a general broad view. There is no one answer. It so happened that Freudian theory helped me in my work and suited me, but I think this is a question of personality. I can quite see why people like Elizabeth Howarth for instance were attracted to Jung. Why Noel Hunnybun (Interviewee no 12) was an out and out Kleinian. It's as much personality as anything else.

A.C. What I'm fishing for is how you see a continuity between ideas about individual development, what we do with our children, how we bring them up, and what kind of political system we end up with.

E.M. I'll put it this way. Adrian said to me the other day, 'I'm always grateful I was brought up in a moral household.' That coming from Adrian, I was speechless and it takes a lot to make me speechless! Anyway I got out of him really what he meant. What he meant was that both his mother and me, we treated every person, it didn't matter who they were, and we respected them in their own right as an individual. So the question of politics, the question of psychology, the question of how you bring up children, how you educate them, is all, to me, part of a process. In other words, a respect for the individual. As a matter of fact I was very idealistic when I went to Camberwell House because I was determined to make the lot of the average mental hospital patient in those days, much

better than it was. I soon realised that you can't do anything like that until you've got authority. So I had to wait until I'd got my exams, and had the position of authority, then I could do it. One of the things I feel justifiably proud about is that I did in fact, especially at Runwell, do what I wanted to do.

A.C. Can you tell me any stories about that?

E.M. Even in Camberwell House. At this time you may find it very difficult to believe, I mean the people were paying up to about £20 per week, which was a lot of money in those days. Sometimes they'd be shut up all day illegally. They used to employ people as nurses or attendants who had been in the army, and that was their institutional life. Well, bit by bit, because a few youngsters joined the staff, we were able to show that you could handle patients in quite a different way. The old gang went, and we used to open the doors and let these patients out, and they were human beings again. I know this sounds almost like fiction, but it was true. And at Runwell, of course you could understand sometimes people hitting out. If a patient gave you a sudden blow on the jaw, or eye you can understand. I mean it shouldn't happen, but you can understand how people do it. That's a different thing from the kind of attitude of 'They're ill and I'm sane, they're just patients.' Of course in those days there were what were called rate-aided patients. There were some private patients at Runwell and I always got them, unfortunately, because Strommy sent them to me. Very often they were drug or alcoholic addicts who were doctors. I remember saying to Strommy one day, 'What's the matter with all you doctors?' But I was able to really put into effect what I felt, very strongly, about this and if I'd done nothing else at least I'd done that.

That's not blowing my own trumpet, Margaret or anybody who knew me would bear that out. Of course being left-wing, if you like, nothing I enjoyed more than fighting the nursing and administrative establishment, which I did partly out of sheer naughtiness, and partly on the patient's behalf. Not so much on my own behalf. I liked my own way, and I thought very often my way was the best way, but that's my weakness, if you like. At least I fought for patients, and particularly this question of suicides. You see in those days patients were put on what's called suicide caution cards and some nurse had to stand over them all the time, and had to sign the card. Well, I stopped this on my ward, took great risks, but I held then, and still would hold, that if you have the kind of a relationship you can have, even with a schizophrenic (I'm not talking about verbal relationships), you can hold a situation without all this going on. But it was very difficult because you've got to deal with the anxieties of the staff. I remember a lot of this related to psycho-social work in the long run. If you add these things together they do make sense.

To come back to the Maudsley. This research into tics was really only Aubrey's way of getting me there. He had to produce something for the committee to appoint me. It never got off the ground and I eventually became full time at the Maudsley. It wasn't long before they (The Dean, Dr. Davies [26]) wanted to start an alcoholic, unit, which didn't exist in those days. This was 1949/50 and so you had in a place like the Maudsley various units, and this unit was directly under a

doctor or under Professor Lewis and so I was in that unit and The Dean was part of it. So he and I started this alcoholic set-up. We worked together, built it up bit by bit. Registrars came in because it was a teaching hospital. The first article I wrote was for *Case Conference* [27] on *The Wives of Alcoholics*. A lot of it I would go back on now, but you must think in terms of the period when it was written. Now that had a far reaching effect on social work. I don't know whether you know this.

A.C. I know the article.

E.M. It raised for the first time the question of collusion. When I looked through all the American literature, social work literature (and there was no other then, practically none), in the whole index it never showed the word collusion at all. They may have called it something else, but it certainly didn't show that. And I remember it took a long time, about two years, for me to be able to persuade the Dean that the wife of an alcoholic wasn't some poor person being terribly treated by her husband, but that relationships were two-way things. They are just as involved in their ways as the alcoholic himself. But you see, being a very humane psychiatrist, he would see this alcoholic, and the wife would describe the kind of life that he lived and given her and so on. I eventually wrote this up at some length.

We as a group felt that there was so much experience, so much knowledge, amongst PSWs that we ought to be able to read papers at meetings and so on. We met in Noel Hunnybun's flat. Somewhere around this period Tilda Goldberg [28] got involved, and she suggested that one thing we should concentrate on, which was a very popular thing at that time, was what was called inner and outer needs. The first paper we sent off was by Miss Lacquer who was a PSW at the Walthamstow Child Guidance Clinic, and she read a paper on the inner needs of the patient. I talked about the outer needs if you like, in other words what Dr. Bowlby in the Tavistock described as counter transference: which it was of course. So there was a combination of this paper on '*Case Conference*', the very early days of '*Case Conference*', on the families of alcoholics, and I think the important issue there was really this question of collusion. Eventually it became accepted and understood, and finally made too much of. But really, that's what always happens.

A.C. How did you get on to that yourself?

E.M. You can't work with a wife of an alcoholic, or family of alcoholics without realising it. Many psychiatrists had said, 'Well we've treated this chap. We've got him off alcohol. He goes home and things go wrong, his wife gets at him or something, and he's back on it.' I began to ask myself why. I realised (you'll see from the articles I've written) that the real crucial difficulty is after the patient stops drinking. Because prior to that the wife has had to take control of the whole family situation. She couldn't rely upon an income; couldn't rely upon the children being brought up properly, she really had to be both parents and run the whole set up. Once you've done that it's very difficult to release, slacken the reins, never being quite certain that the husband won't start drinking again.

She's gone through that so often, and in an interesting way the Alcoholics Anonymous [29] knew this quite clearly. They used to talk about the 'honeymoon period'.

Eventually Alcoholics Anonymous realised that things went wrong so often when a man stopped drinking, either through the help of AA or with the help of medical intervention, or might be the Salvation Army for that matter, and then his wife would go through a very difficult period. She couldn't let him stand on his own feet and make the decisions and so on. In other words be a proper father and husband. It was very difficult for her. I have got some newspaper cuttings, believe it or not (I never thought much of journalists) they got hold of this article of mine in a '*Case Conference*' and distorted it so there was a large headline, 'Don't waste your sympathies on the wives of alcoholics. Edgar Myers of the Maudsley says so.' I never said anything of the sort! But that was the way they interpreted it. Then I realised in my work and in my colleagues' work, we all collude. It was no good kidding ourselves that we don't. The only thing I could ask for, or suggest, was that we got more aware of it, as aware as we could be, just like any form of transference. I'm sure when I look round at the amount of energy and time psychiatrists and social workers had used because they fail to see that they're colluding. I thought, and still think, it was quite a valuable concept. That was acknowledged by quite a number of people at the time, but it was always remarkable to me that with all the Freudian theory and knowledge, and medical knowledge that the American social workers had in those days, why this never somehow arose. It's really rather odd when you come to think of it, but I suppose really in any situation, all these kind of situations, there are blind spots!

I should say I was at the second meeting ever of the AA in this country. They had only just formed, they invited me there and the meeting was held in the boardroom of the London Medical Association and the members were barristers and doctors. It was many many years before there was a group in the East End of London. Of course at the Maudsley most of our patients and clientele were middle class professional people and very often civil servants. Of all the work I did with alcoholics at the Maudsley I don't think more than three, perhaps four, were working men, because there were social reasons for this. So that I always feel that I was in at the beginning. As I say it was the second meeting ever, but I always felt that I had to go to the pub after their meetings! I took Elizabeth Howarth once, along with a very nice young registrar from the Maudsley, and went into the meeting, and when we came out, she was telling this story afterwards. 'The first thing Edgar said was let's go to the pub and get a drink for God's sake.'

- A.C. You started telling me about the *Case Conference* articles and how you got on to the idea of collusion .
- E.M: *Case Conference* came first. Then I wrote a paper that I read at one of these early meetings, these newly constituted meetings of APSW mostly about an alcoholic, but other things too.

A.C. There would be like a cadre of half a dozen of you who were pressing for the APSW [30] to run meetings at which papers were discussed.

E.M. There was a whole series of papers. Of course what it did, it fed the *Journal*. That was *The British Journal of Psychiatric Social Work*. Prior to that, as far as the *Journal* was concerned, I didn't like it because it was a little grey journal which I used to call the Quaker's journal. In a way the grey [colour] and the size of it had a kind of symbolic representation of PSWs. For instance it wasn't really quite nice to talk about salaries. Mind you, many of these superb old PSWs had private incomes. Be that as it may, and they were probably communists at the same time, but that's how it was.

I don't know how this came about but I was introduced to Robert McDougall. I had met Kay (McDougall, Interviewee no 14) because she interviewed me, and he was prepared to print the *Journal*.

A.C. He printed the APSW *Journal* too did he?

E.M. In the early days, yes. I felt the format, the whole thing, had to look much more professional. Not apologise for itself. That's how I saw the early one. Everybody swore in those days by a marvellous PSW called Margaret Ashdown [31] who had a wonderful command of English. Her knowledge of English literature and her writing and understanding were superb. So that she edited these earlier *Journals*.

Now round about this period I'm talking about, there was a PSW down at Portsmouth in St. James' Hospital. Now the medical super – this was before 1959, before the Mental Health Act -- was Dr. Beaton. [32] He created a Beaton empire in Portsmouth. He was not only medical superintendent as it was in those days, of St. James', but he was also in charge of the Child Guidance Clinic and what psychiatric community work was done in Portsmouth then. It was all under Beaton, so to speak. This PSW wrote an article which was published in our *Journal* because she felt that a PSW should be able to take a patient on an order to hospital. Now this really did send the balloon up in many PSW quarters because you didn't do things like that.

Now simultaneously Tilda Goldberg was studying medical records at the Maudsley. I discovered her down in the records office there one day. She said, "I've discovered a case of a young alcoholic of yours; can I make use of the material?" She did. It was the case where I – he had no mother and his father was very ineffectual - I discovered he wasn't taking his antabuse and so I insisted upon him taking it then and there, with the father there. It was out of this, (which again upset many PSWs) that Betty Irvine (Interviewee no.13) wrote her famous paper about the importance of probation work.

Before Betty Irvine wrote that paper, Tilda Goldberg's paper had looked at the issue– she'd given three examples if I remember correctly. The paper was *Function and the Use of Relationships*.

- A.C. You say that working in that way, using authority, was new at that time.
- E.M. Well, no. That was why Betty Irvine made the point. If we denied this question of use of authority (and of course she defined what she meant by that, in her paper) then we were denying that the probation officer did casework. But there had been so much discussion, that's why I mentioned this article by this PSW down in Portsmouth, about taking patients under order. This blew up, very much so, when after the 1959 Act and PSWs began to go into community work. It's very interesting if you look at that aspect of it as by this time more men were coming in as a profession. They nearly all went into community work and I can see why. Because there wasn't the authority of the hospital which men didn't want. I never worked in local authorities and I never would, but it isn't that kind of authority anyway; not medical. The whole thing (hence Seebohm [33]) was to get away from medical direction. Now you can argue one way or the other on this one.
- A.C. Can we pick up a bit more about this? Was there a group of you within the Association who were hammering out conceptual problems? Trying to relate the way you describe what you do to what was actually going on, the way people were actually working.
- E.M. When this little group got together at Hunnybun's flat, what we felt very strongly was that there was no point in outside doctors and people talking to us. There was so much experience and so much knowledge within the profession that this should be used and developed and made use of. If you look back on the journals, you'll see how these articles, these talks, discussions, fed into the *Journal* and expanded it. And Tilda became editor of the *Journal*. [28]
- A.C. You became assistant editor.
- E.M. And Noel Timms [34] as well. Of course so many of these people, you see, had been students of mine. Phyllida Parsloe [35] was a student of mine. Reg Wright (Interviewee no 25) was a student of mine! So if you look at the back numbers of the *Journals* you will see there a pretty clear description of the way that professional development arose.
- A.C. What interests me though is the way people felt they had to write about what they were doing and groping around trying to find concepts, and words which reflected accurately their behaviour. The whole thing that you've been talking about is social workers setting boundaries for clients. And setting boundaries for kids. Using authority: I remember when I was a student in 1963 that was still a very difficult thing for people.

There seems to have been a group of you who were making a serious attempt to build the literature to reflect the richness of what people were doing.

- E.M. Of their experience and knowledge, yes. What our colleagues were doing. That was what one really wanted to get across.

- A.C. Linking up with what you were saying about your earlier interest in the education, is that if you start asking a teacher what they do, and you ask them to talk in general conceptualised terms, you can pretty quickly get them into talking nonsense, or things that don't stand up to close examination. If you ask them to put it into the context of a child, or a class, then it gets tight, and it is good. That has often been my impression of some social workers. What I'm picking up from you now is that there was a group of you that seemed to be determined to make the generalisations, the conceptualisations, do justice to the quality of work.
- E.M. This can only be done in casework examples, which is why if you look at many of these papers you'll see whole descriptions of casework.
- A.C. You mean you draw out these conceptualisations like inner and outer needs. It's a nonsense to talk about people's material needs without seeing that they also reflect their emotional needs; it's an unrealistic dichotomy.
- E.M. The very phrase 'outer and inner' describes everything and that was Tilda Goldberg's invention actually.
- A.C. Can you remember how she came upon it?
- E.M. The only thing I remember is that when it was decided to use the experience of PSWs in this way at meetings. Some people were talking in these terms of inner and outer needs. There had been so much concentration say in Tavistock about inner needs and nothing much about outer needs. I think this was really how it arose.
- A.C. I think Mrs. Irvine was trying to explain something about that to me. She was telling me about when she'd first tried to put together that paper about *Transference and Reality in the Casework Relationship* and she said there was a meeting at the Tavi of the staff, and she tried to just express the idea and there was a psychotherapist or psychologist there who was awkward and wouldn't let her express herself, or get the ideas across and she felt defeated about it. Later, Bowlby encouraged her to write the paper and circulate it beforehand.
- E.M. I remember crossing swords with an eminent psychologist! Every Friday the professor, Aubrey Lewis, had his diagnostic conference which we all had to attend. This of course was terrible, a trauma for these young registrars! I spent a lot of time with registrars' anxieties rather than clients'! Anyway I remember Eysenck [36] talking, to me, some complete nonsense one day at one of these conferences, and I simply couldn't stand it any longer and I said 'Look, Eysenck, you don't know one end of a human being from another.' There was an awful silence as I took on this great professor of psychology. I saw Aubrey Lewis sort of almost wink at me but not quite, so I knew it was alright.
- A.C. Everybody talks about Aubrey Lewis in varying terms. Elizabeth Irvine said that she found it quite hard on the Mental Health Course because she was

interested in psychopathology and he wasn't, and so they were continually crossing swords.

E.M. It's very interesting her interpretation of this. What she's really saying is he wasn't necessarily interested in Freudian or Kleinian psychopathology. But he was very interested in psychopathology in the psychiatric sense. Now I remember one student who was most unhappy when she was doing her adult placement in a mental hospital. I think if you read my paper about inner and outer needs, you'll see some reference there to our colleagues in child guidance, and those of us working with adults. They feel that they are doing the real psychiatric social work or casework and we're not. There was this dichotomy, hence this question of inner and outer needs, because people in adult work rather saw the people in child guidance as rather precious, concerned entirely with inner needs if you like, whilst we had to do the dirty work. I'm exaggerating, but that's more or less what it was.

That's one of the reasons, and it's very interesting, that out of that paper and subsequent discussions that when Hunnybun was due to retire from the Tavistock, she was in hospital and I went to see her. She said, 'You've got to take my place at the Tavistock', and I thought, 'By God, I'm not going to'. But then Bowlby got hold of me, I had many interviews with Bowlby and I still kept a letter I had from him begging me to come to take her place at the Tavistock. I remember saying to him, 'Will this mean I've got to have an analysis?' And he said, 'Yes', and I said, 'I can't afford it,' and he said, 'We've got funds.' I said, 'I thought the whole purpose of analysis is that you pay your own way.' He said, 'You can work that out through analysis.' Just like that. In the end I decided that I didn't particularly want an analysis and also that I saw that in the long run research and things at the Maudsley would give me a status as a male, that I wanted, and finally got me to LSE [37]. But what I'm really stressing is the importance that those ideas were in psychiatric social work at that point, and obviously in the Tavistock. When you really look back now at that period, if you worked at the Tavistock or the Child Guidance Training Centre [38], or there were a number of child guidance clinics like the one that Margaret worked in, you could afford to talk about transference. If you were in a mental hospital with umpteen cases referred to you and this that and the other, I think I've referred to some of this in passing, you've got to think about where's this chap going to live, and what sort of job's that chap going to get. How you go about it in a casework way, that's another argument, but you see that there was a real cleavage, really. As far as I know there still is.

A.C. Because in the child guidance setting and related settings, the opportunities for the client to express their problem could be circumscribed by the fact that what is going on between you is happening in a clinic. Whereas the material for working within the mental hospital, is the whole wide world going on, isn't it?

E.M. Yes. Alcoholics brought this home to me. The real problems were between mother and father and the kids, and that was that. With alcoholics, for instance, I'd find the police wanting me about something and then the King's College Hospital across the road, all manner of things. Outer things if you like to call

them that. So that your whole perspective of casework as far as I was concerned was a series of adaptations for what was necessary at the time. But I've always stressed, and will go on stressing, the more awareness you have of what you are doing (that's why I come back to collusion and counter transference and transference), the more you were able – the more effective you were able to be. The thing that always worried me and upset me in a way, is the amount of time and energy wasted because people don't see what they are doing, or what's happening. That's perennial. I rather guess from what I hear about social work now, that there's plenty of that goes on. Sheer waste and the result is nil.

A. C. That's right. You mentioned Irmi [Elkan] [39]. I've got this memory of having read something of Irmi's in a very early issue of the *Journal*.

E.M. I think what Irmi was saying, though she didn't say it positively, was that the client had to know where I stood, morally I mean, without being condemnatory or judgmental. When psychopaths had been written about more seriously, I remember Tilda somewhere in an article in those early days saying that, she was more or less saying she couldn't deal with psychopathic people. Roundabout this time there was a wonderful international conference of mental health. The first one after the war, so that people like Anna Freud and Melanie Klein and the Americans were there. Also one of the important people there was Dr. Stirrup. They called them clinics in Denmark. He ran the clinic for psychopathic criminals, and his work with them. I remember him saying, 'We only learn from a crisis in life', and many of these patients of his, repressed and dissociated themselves so much that they had to create artificial crises for them before they could begin to change. This was because Denmark had what we hadn't got, the indeterminate sentence unit. Still, he was a remarkable man.

Incidentally, we were talking about various experiences and the way they feed into work. I went to the World Health Organisation's international conference in Holland when I was at the Maudsley. This was to do with community mental health work, believe it or not. The Russians were there with their own interpreter, and of course they kept themselves to themselves, except we did get together on vodka at night. But I read a paper to them on my work with a young schizophrenic whose father was a doctor and mother was a solicitor. And he'd been given insulin treatment at the Bethlem Hospital, which of course had failed and I read this to the conference. The Dutch, of course, said they couldn't do that kind of work, the Russians said, you're a therapist, you're not a social worker, our social work is done by trade unionists. But I realised when I was there the distance between some of the kind of social work that went on in this country, and in particular in America, and the continent, and for all I know it may still be the same. But it brought home to me that what we take, or at least what I take for granted, what social work meant to me, was meaningless to many people. That was true of so many psychiatrists and mental hospitals. You have to look at what kind of personality takes a man into adult psychiatric work in mental hospitals and the kind of person who gets drawn towards child guidance. I think if you look at the personalities of the two you'll find quite considerable differences. Your mental hospital psychiatrist will fight for what he wants. Your

child guidance person has a much more passive feeling. I don't know whether you've noticed this difference? It's very noticeable. I mean I know the Bowlby's are outstanding in different ways, but there is a difference. What I'm trying to say is that this applies I think to PSWs. Why some chose to work in one sphere and some in another.

E.M. But there is a place for both of them. Again, it comes back to the question of personality. Why one chooses to work in child guidance and one chooses this or that. Although you could say it was an accident that I was drawn into the Alcoholic Unit at Maudsley. Equally I'm ordinarily on the side of the underdog. And I think when you come back to why I was doing mental nursing, why I was doing this or that, it's the underdog really what it boils down to.

A.C. I think that's another common strand that seems to come across when I go round talking to people. Underlying it all there's a kind of rebelliousness that leads all of us, even the posh ladies, to identify with the underdogs. It's quite hard talking to some of the posh ladies about that. They don't talk about that that very easily, but when you get into it, that's what they are all concerned about.

E.M. You can see why some of them are communists can't you? And I think if one knew enough about their private lives – unless they happened to talk a bit about it, I daresay, which of course one doesn't. This goes back to family relationships and the usual kind of thing.

In my own case, it comes back to my mother in those early years and what I'm going to say you will find not irrelevant. She died in the National Hospital in London. When she died, the body was brought back to home before the funeral: you don't do that kind of thing now. No one in the house knew that I used to go and sit by this body in her coffin, by myself, and I was only eight. I'm certain that all those experiences and also the agony of her illness and one thing and another, has been key. This is a very deprived childhood I'm talking about, and I think this has all played an enormous part in my feeling for the underdog as a deprived person. When I was first trained as a PSW student it was drummed into me that you must never work your own problems out on your clients. Well, all I can say is that I spend my life doing that! Because I do get in contact. I can get in contact with anybody if I choose. I go in the train up to London and I've got somebody's social history before I get to Euston. I shouldn't do that kind of thing, but I find myself doing it, and I'm sure this is all to do with this early life.

A.C. The capacity to get close to people and get them to confide in you and talk to you.

E.M. I know that when I have been more depressed I do better work. I don't mean the kind of depression that incapacitates so you can't do anything, I'm not meaning that of course. I think that's one of the reasons why I persuaded [Donald] Winnicott [40] at a Conference in Oxford to write that famous paper about *The Value of Depression!*

I said to Donald about doing this during this Conference. I said, 'Look Donald, what you're talking about is the value of depression!' 'Yes I am', and I said, 'Would you write and read a paper to the PSWs about his? And that's the famous paper of his. I always felt quite justified to claim I was the midwife of that paper! And a very valuable paper it was. He used to come to our boat race parties as did the niece who gave me this idea. She did the social science course at LSE and the year before she went on the course she was working at a children's home, an LCC children's home as it then was, down in Banstead. And she brought Trevor to the party. And Trevor aged seven and Donald sat together in the corner of the sitting room. They ate cream cake together. And I remember saying to Donald at that party as one of my niece's three-year-olds was playing on the floor, 'Nice to be that age again.' 'Once is enough Edgar' he said. And I saw the point. And I look back on my life, I realise 'once is enough'.

- A.C. His big gift was the ability to say really very complex things in a very straightforward way wasn't it?
- E.M. Sure. The NEF published so many of those papers. He'd talk to mothers on the BBC. So you see the connection why I keep coming back to NEF. It's still functioning
- A.C. Can I move on to something else? One of the things I remember from the year I did the course was going to the Maudsley for clinical demonstrations and they produced a guy one day who'd volunteered to appear before some students because he was a recovered alcoholic.
- E.M. You were one of those students were you?
- A.C. You know the guy I'm talking about. He was in charge of apprentices out in the Persian Gulf. We knew you'd been his social worker. When we got in, everybody was trying to get him to talk about what Mr. Myers had done. He wasn't offhand about it, but he didn't seem to understand what you had done, and I remember he talked a lot about the doctor. I remember you telling us that you fished him out of the public lavs at Tottenham Court Road and took him there. I wonder if you would tell that story and also, what interests me is, why is it that we get lack of acknowledgement? The key bit of work that was done, was getting him there!
- E.M. Yes, but you also left out a very important thing that happened at that conference, which is interesting. When you students were quite rightly trying to find out what I had done, he said nothing. But then he said the most important thing that you seem to have forgotten. 'But when I first met Mr. Myers he knew all about alcoholism, and I couldn't pull the wool over his eyes.' Do you remember that? That was the issue.
- A.C. But you actually did bump into this guy in the lavs in Tottenham Court Road?
- E.M. Yes.

A.C. When he was in a state. And there and then you took him to hospital, because you knew he was an ex-patient.

E.M. But the thing he said to you students was that he knew I knew. It comes back to reality too.

A.C. There could be no mucking about.

E.M. This is what is so important, with people like alcoholics or any kind. Social workers want to be so nice, and so kind, that really it's rather like bringing up children. You've got to be firm and realistic as well as everything else.

A.C. Can you remember the actual incident and how you handled it?

E.M.: You mean when I took him back. I think it was evening. Getting quite late. And I'm sure I said, 'Come on it's time you were back in hospital' or something of that sort, and took him back to the Maudsley.

A.C. You recognised him or did he recognise you?

E.M. What the alcoholic really meant by not pulling, the wool over my eyes was that he knew that he always tried to pull the wool over people's eyes and quite experienced social workers and psychiatrists seemed to be only too willing to believe him. I suppose it really comes down to that we all believe what we want to believe. It's very difficult to come to terms with the fact that this is the sort of life that this chap leads and when he says, 'Well, I only have a few drinks here and there,' and you quite seriously say, 'Well, you have a drink when you wake up in the morning, you have another drink at breakfast time, and you have some more drinks during the morning and you have some more at lunch time.' In other words, you show him that you know what you are talking about. But unless you are prepared to do that or able to do it, probably a better word, then you are getting the wool pulled over your eyes. You're calling his bluff in other words. It must be just as true in the world of delinquency I suppose, from what probation officers tell me. I think it comes back to what we were saying earlier about knowing what you are doing and why you are doing it.

You did ask me about how I got into LSE. Well, it so happened that things went wrong with Elizabeth Howarth at the Institute and she left. She was in charge of the teaching. That's what I wanted. Administration never appealed to me and never has done: I can't be bothered with it. In fact I used to say the staff are more a nuisance to me than clients, even when I was in charge as a nurse: I found the staff far more of a nuisance than patients! So I then took Elizabeth's job as well as my own work as well. I was responsible for the organisation of the practical training at the Maudsley for some years.

So then there was a vacancy at LSE. And by this time I was getting restless. I wanted to leave the Maudsley. I wasn't getting any younger either, more and more I seemed to spend time with the registrars and less and less time with clients. In fact I seemed to have no clients at all. When I was always going to

conferences and ward rounds and all the rest of it. And my life was becoming that. So I applied for the LSE job, and I hadn't any of the qualifications, but I discovered Richard Titmuss [41] hadn't either, so I wasn't alone in that. Anyway I got appointed, but I was never happy at LSE. It seemed to me, apart from my immediate colleagues, there was a rarefied intellectual world which didn't seem to have much to do with feeling. I also felt the place was almost schizophrenic in a queer sort of way, and when I thought about it afterwards, especially during the famous sit-in, I realised of course, it has no campus. One didn't think about at the time. When I was a student there, well, when you're busy as a student, you don't think about these things. At least I didn't anyway. Because of my long experience of practical work as it was called, I vetted any possible new placement for students, and also visited the supervisors and the placements continuously.

E.M. At the LSE every fortnight I used to have a group of supervisors, and very experienced supervisors they were too. There was great care taken with which placements were made; and one of the things that Kay [McDougall] always insisted was, it was no good having any placement unless the consultant psychiatrist was willing to cooperate and teach. That was an essential. When I compare all that background with what I discovered when I was external examiner at one course for PSWs and what happened after the proliferation of social workers, and after the Seebohm, when it soon became clear that all the top jobs were going to child care officers. One local authority training officer wanted me to have seminars with the child care officers on the subject of social work and mental illness. I soon discovered they had never met as a group. They said quite openly this was the first time they'd come together. This was considered to be a very good child care office but they didn't have casework conferences and casework discussions. I used to spend a good part of my time at conferences, and I realised that one's whole critical faculties and ways of appraisal were developed there. This was a kind of continual learning process. It is all that background seems to me missing now, as I understand it in modern social work. What social workers I meet, I ask about *Case Conference* and they don't know what I'm talking about.

A.C: The other point of view would be that it was more important to get quantity rather than quality?

E.M. This of course doesn't only apply to social work. It's an argument for instance, that Reg Wright put forward to me on more than one occasion. We must have them. Well, I've never been convinced about this. I can see that you can't do much work unless you've got bodies to do it, but I hold the view, perhaps, that one person who knows what he's doing and is well trained probably does far better work in the long run, and is more use to the community than three or four badly trained and poor workers. That's how I would see it. But on the other hand, administrators probably don't see it like this at all. Also social work now (it never used in my day, certainly) is a vested interest, which it wasn't then. You were talking about devoted people, committed people. I would say it was vocational to some extent. Doesn't matter, it's a question of words. I don't meet that very often now. When I think of the care that was made about the selection

of students for the Mental Health Course, of course we made mistakes, naturally, but very great care was given to this. I remember one thing I often would say to a student, 'Well, why do you want to do social work?' and I always hoped they'd say, 'I really feel I'd like to try and help people.' But this was a dirty word apparently. You didn't say things like that, apparently. It was seen as wanting to 'do good' or something. It seems to me rather sad that one thinks in these terms.

That's how it was. I think what has happened, whether we look back (I mean in social work in general now), on the work the Institute of Almoners [42] (as it was then called), or the old Mental Health Course, is that we've got plenty of quantity now, but the quality has got less and less and I think the time will come, if it hasn't already, when people will say, society will say, look we spend all this money on social workers, what are we getting in return? Well whatever faults and shortages there were in the past, at least there was real understanding. For instance, team work in good child guidance clinics was really first rate. Trained and experienced probation officers would come on the Mental Health Course and they had a devil of a job adjusting to working in a team, because by the nature of their work and so on they were individuals. I remember that Miss Malherbe [43] wrote an interesting paper about work with the mentally ill which I quoted in one of my articles. She made a point, which sometimes one tends to forget, that with a mental illness, more than one person is involved in the treatment. The occupational therapists, the nurses, social worker, the doctors, and so on, which is very different from what goes on in local authority social work, child care and so on. This sharing and acceptance of everybody has a part to play in this is a very real discipline.

- A.C. Actually one of the things they're just having to discover for the first time is that teamwork is needed. The Maria Colwell [44] case showed them that they were actually part of a wide team, although they didn't realise it.
- E.M. That's why case conferences and discussions are so important. When I was in the last years in Oxfordshire after I retired, I used to teach Alison Murphy's students at the Oxford Poly and the Witney local authority area office was pretty well staffed and most of them were old students. They wanted me to have casework seminars with them, and I did, once a fortnight, and then the other areas got a bit jealous and this had to officially stop. In other words, the authorities weren't going to pay me. They wanted to club together and pay me themselves. I had to explain to them this wasn't on, because once they did that, their relationship and my relationship would become a very different matter. It may be good or it may be bad, but it would be different. And I stuck to that. But I said 'I'd like to come out once a month because, don't forget you teach me, as well as I teach you'. That's how it was and I used to go out there, but I'd made up my mind by this time that what I must do is to help them run these things themselves. One of the nice things is that they still have these seminars which they organise and run themselves. Which is what I'd hoped would happen, and it did happen.

- E.M. To go back to the Mental Health course, we had people teaching psychiatry, whatever that means. I've never discovered what teaching psychiatry is. I do know you can go to lectures and read text books, but I still think you have to live with patients. I remember when Anthony Storr [45], who did his early days at Runwell before he came to the Maudsley, saying, 'I do envy you your experience there.' I said, 'What on earth are you talking about?' What he was talking about was living with schizophrenics. Which is a very different thing from seeing them once a week, or even once a day for an hour. I was talking earlier about mental hospitals and what goes on there. PSWs have told me that they knew perfectly well what was going on in hospitals, but they didn't. The only people who knew were the nurses.
- A.C. That's almost the same thing that Molly Bree (Interviewee no 5) was saying to me and the sort of thing you've been saying about the child guidance PSWs not really understanding the predicament of the hospital PSWs.
- E.M. Yes. There's a relationship here, because one thing I always tried to do in the old days when I was working with students was to try to get across to them, that a job isn't made for you. You've got to make your own job. It's no good saying that the psychiatrist doesn't recognise me or the hospital doesn't recognise me. No one knew that better than Molly Bree. You had to create a position for yourself. Of course, it was much more difficult in a mental hospital, very often, where there may be one PSW with a very large hospital, with psychiatrists who were rather used to, in that setting, giving orders, telling people what to do. And I remember, coming back to Mary Lane [46], some young upstart registrar at the Maudsley saying to Mary, 'You needn't bother about this case Miss Lane; there's no social work there.' She said, 'Oh, and how do you know?' It was necessary to say that sometimes.
- A.C. Molly Bree was talking about this. She was actually able to pinpoint the incident when she thinks she made the breakthrough in the hospital. She actually described something that happened on a ward that the nurses witnessed. She made the breakthrough on that ward, and the story got round the hospital and she said somehow things seemed to change. I wonder whether you could pinpoint anything similar happening to you
- E.M. There is one incident when I was a nurse, I think I touched on when I was at Camberwell House. The kind of staff they used to employ, ex-army people, then the doctors realised that things could be handled differently, by young people who were much more sensitive and aware of what was going on. So that in a way these kind of nice things do happen, though often one only remembers the ones that haven't. But what Molly Bree was talking about meant PSWs might have to work hard for some years to really get themselves established. And the only way you could get established was to demonstrate what you could do. There was no other way.
- A.C. Was the Mental Health Course encapsulated in the Department of Social Administration at LSE

E.M. Yes. It was in the Social Science, Social Admin. Department.

A.L. It didn't have any links or connections with anything else that was going on in that Department?

E.M. No. You were a student. The people like David Donnison [47] and Brian Abel-Smith [48] you never came in contact with them. Or Richard Titmuss. They were separate. They were involved in the two year Social Science students' course. Previously, of course, there had been a small Child Care course before.

A.C. Was that really another extension to the Mental Health Course?

E.M. No it wasn't. There's another thing interesting about PSWs. They were really responsible for all the practical training. Wherever you looked round you found them in universities and courses and so on. They never managed to get the key administrative posts in the new Seebom set-up because, as far as I understand it, local authority committees are much more inclined to appoint a man in administrative posts, because that's what they're used to. When they were faced with someone who'd got to be administrator, they quite understandably, from their point of view, chose people who'd been in charge of Health and Welfare administration who hadn't got a social work training, although they were supposed to have had. Very few of the directors of Social Work departments seem to me to have been social workers in any sense of the word. I don't know whether that's so, but it's my impression.

Which brings me back to one of the things that was got home to me when I was a student. I think it was Hunter [49], a psychiatrist at the Tavistock. He said, 'You know, I've long come to the conclusion that to be a good social worker you need to be a bit paranoid,' and it took me a long time to grasp what he meant. I see now what he meant.

A.C. Can you say more about that?

E.M. You have to feel a bit persecuted. Does that make sense to you?

A.C. Yes. I'm smiling because I was thinking of the number of Jews that have got into social work, and psychiatric social work, and linking that with a comment in that last Woody Allan film called 'Manhattan'. He makes some comment about Jewish Liberal Paranoia syndrome

E.M. Of course many of these old Jewish PSWs were refugees, so that the outlets for them were somewhat limited I think. Some of them started at Dartington School [50]. Irmi Elkan was there and Annaliese Walker [51] and I think Ilse Westheimer (Interviewee no 22) was there; teaching, doing something. With Dartington being the kind of progressive school it was it took them in.

A.C. You were talking about when you were a student at LSE Can you remember anything about the sort of things you discussed in seminars at that point? What were the arguments about, what were the issues? I wonder how they all

sounded to you coming with your particular background, because you'd already got a rich background working in the Mental Health field.

E.M. Do you know, come to think of it I can't really recall LSE seminars. I certainly recall vividly seminars with Bowlby at Tavistock.

A.C. Is that where you did your practical training?

E.M. In those days the Tavistock used to take Mental Health Course students, and that's why I had Hunnybun (Interviewee no.12) as my supervisor, and had cases with Bowlby. His pet theme then was that aggression was the response to frustration. I remember there used to be a whole lot of seminars on this. Then Winnicott read a paper, which I've still got in his writing somewhere, on 'Enuresis'; enuresis as a communication between the child and the parent [52] It was those sort of papers and seminars that I remember. Betty Joseph [53] became a famous Kleinian analyst. She did a lot of translations of Klein's work into English. The seminars then were really classes; they weren't seminars. They were about quite practical problems in the field of psychiatric social work. I don't mean that in the derogatory sense. There used to be someone, I don't know who it was now, who really talked about the history of sanitary arrangements and water arrangements in this country.

I thought then and I think now that the 1930 Act [54] was a landmark, much more important than the 1959 Act because it brought into being the voluntary patient. This has an enormous bearing on the development of psychiatric social work. Because before that you could only get into mental hospitals if you were certified. Also people in the community knew of their neighbours and friends and relatives who went into hospital and came out; which is more than you could have said at one time. Although there were some hospitals, I could name at least one or two, where the nursing staff objected so much to voluntary patients, they made life such that the voluntary patients left. But apart from these sort of backward places, this was an enormous step forward because at the same time although it wasn't mandatory. People like Strom-Olsen at Runwell, psychiatrists with that kind of modern outlook, they started out-patient clinics. So that you had the development of the psychiatric out-patients clinic which at the same time brought into being work for the psychiatric social worker.

Many of the early PSWs went to America for training and as you know from your own knowledge and experience, that the philosophy of social work in America was different from our kind of philosophy and this is the mistake that was made so often. When people wanted to import the whole idea of American casework into this country, and overlooked the fact that there's a philosophy behind social work.

A.C. I wanted to ask you about that because all the time we've been talking for the most part about social work ideas, we've been talking about PSWs perfecting their techniques of helping people, perfecting their skills. We haven't talked very much about the context in which the skills are used, particularly the social policy context or if you like in social work terms, you're talking about agency function:

the purpose for which employing or organisation exists. Then it finds it has to employ a social worker who has the skills to carry out the mandate of the agency, and interpret the agency's mandate back to it in terms of what the social worker finds. We haven't talked very much about that and when we've been talking about your contribution and your thoughts, a lot of it seems to be about perfecting skills, but you must also have been thinking about these other things because very early on when we were talking, it was clear you are also a strongly political animal as well! You must have had views about Beveridge [55] and about the Welfare State. You were doing your training at the time of all that new post-war welfare legislation. The new Child Care Act; new child care courses. You must have had a lot of thoughts about that as well.

E.M. It was an extraordinary period this. My wife and I were both at York Clinic, Guy's Hospital, when the German collapse came and there was a general election in 1945. And we didn't know the result until a month after election, because they were waiting for the service votes. So that when they were in and announced on the wireless, it was in the morning. It wasn't like waiting for this result and that result, because they were all there, they came one after the other, and you could tell from various people in Guy's Hospital whose side they were on by their face. We did really feel then that this was the beginning of a new social order. And then the Attlee Government put it into effect. We all read Beveridge at that point I might tell you, before the Attlee Government was formed. But we really did feel that this was something very, very important, and quite revolutionary. The Curtis Report [56] was another revolutionary thing. Alongside this was the social legislation, National Health Service and other social legislation going on in the House of Commons. We felt this really was a new world then. You felt buoyed up by it. I'd been a rebel most of my life, so it appealed to me.

In sort of parenthesis, when I was 19, was when Macdonald and Thomas and Snowden formed the famous coalition government with the Tories. The Labour party under Arthur Henderson only managed to get 61 seats I think. But I canvassed (I was just about 19) for George Strauss in Vauxhall. He lost his seat to a Liberal; a man called Brian. And this is nothing to do with social work I might tell you. After the election George asked all the people who had helped him voluntarily to dinner. One of the people I knew who'd been working with him was one of the masters from Westminster School. And I tell you how things were then, because at the end of the elections the actual day, polling day, we were worn out. George went to give us dinner at a sort of pub-cum-restaurant at Westminster, where he normally went, and the manager stopped him at the door and said, 'Look, we're great friends but if you come in tonight there'll be a row'. That's how strong things were; so we didn't go in.

After the Curtis Report then there was this Children Act [57] and creation of the child care workers and courses for training in child care, and then came, of course, the famous Royal Commission [58] which produced the 1959 Act, and the APSW really contributed enormously to evidence of that. And I remember night after night working quite late with many colleagues at APSW on our evidence. We really did work hard at this and made a very real contribution.

There was a sad side for my part and that was this insertion of this section about the psychopaths. I wrote a paper in indignation about that in the *Journal*. I and one or two others went to see Kenneth Robinson [59] who was then Shadow Minister of Health and I tried to persuade Kenneth that this really ought to be deleted. But he'd been well primed by Civil Servants and I hadn't really grasped in my innocence the suaveness of some politicians, as he had an answer for everything. That's how it was. And I still think it was a most unfortunate section, I still think so. But be that as it may, we did make a very real contribution to that Act. And of course this had an enormous bearing on the development of psychiatric social work, because for instance those out-patient clinics I referred to became mandatory. So if you add all these things together, it is the development of PSW work.

A.C. I wanted to link up with something we've been talking about earlier. You were saying about the division between the child guidance PSWs and the mental hospital PSWs and the problems, from your point of view, that the child guidance PSWs had in understanding each other. Them being preoccupied with the with inner, whereas the hospital PSWs were thinking of outer as expression of inner, and having to work with outer things. You remember that earlier bit of conversation? Well, what we're talking about now is the impact of agency function on skills. There's a proliferation of agency functions now in this period you're into now when you are talking about children's departments.

E.M. You mean more agencies grew up.

A.C. Yes with different functions. It could be said that PSWs responded flexibly enough and quickly enough when it was the requirements of psychiatric hospitals towards which skills had to be adapted, or child guidance clinics, but when it came to thinking: in terms of a local authority children's department or a local authority mental health service, then they were slower to grasp the implications of being employed by a different kind of agency. Do you think that's a fair comment?

E.M. I think I would put the emphasis slightly differently. I feel that when agencies developed free of medicine, child guidance and mental hospitals were all involved in medicine in one form or another, when the children's department grew up, much to the Medical Officer of Health's annoyance, they were autonomous. Now I think PSWs by the nature of their training, and I can't help feeling, the nature of the personality, some did not adapt themselves to working in local authority community work. Many found it very difficult in that sphere because I suppose there was a feeling in your training and your previous work, where your relationship with a doctor is a different thing from your relationship with a local authority administrator. I don't know whether anyone has ever written about this, but I think there's a lot around this subject that could be well explored, and thought about.

We had by this time what I would call a new breed of PSWs, and many of them were men, and they went into local authority. Many had been Mental Welfare Officers and here was a five year arrangement with APSW with the LSE Mental

Health Course. For five years we would take on the Mental Health Course a certain number of selected Mental Welfare Officers. Some would have a Social Science Diploma, but some probably wouldn't. So it was a question of selection and decision. Now, I was involved with the selection of all these and I tutored them all except one during that five-year period. And I was supposed to have written all this up. Of course I never did, much to Kay McDougall's fury. .

And you said about the proliferation of agencies? I've often thought about this, and I think it was this difference between the medical world and the local authority world that struck me. When I was at the Maudsley for the first time in my life realised I had to have glasses. My eyesight wasn't as good as it was. So I asked for a reading lamp on my desk, and the next day they sent me a brochure and I chose the one I wanted. The next day after that it was on my desk. My wife, who was Director of the Child Guidance Clinic at Chichester, so happened that she wanted a reading lamp. She filled in I don't know how many forms. And after about a month she got it. When Reg Wright used to get onto me about my saying I would never work in local authority I used to tell him this.

A.C. Some critical things have been said, some pretty harsh things have been said about social workers during this period we're talking about, '29 – '59 culminating in the sort of things Audrey Harvey [60] and Barbara Wootton [61] were saying. Social work was really taking a hammering from everybody. But I wondered what you'd say about it all.

E.M. Barbara Wootton had never done a day's social work in her life. That would be my answer to her. Audrey Harvey – I was saying a little while ago that paranoia is a necessary part of social work make-up and she had a bit more than was good for her, or anybody else I think. She did fight for homeless people but I think one has to look at how she did it, and also ask why she did it, and the way she did it. I don't think it helped social work or her criticisms.

A.C. She didn't intend to help social work.

E.M. No no, she didn't. Both she and Barbara Wootton in a way had fastened on to an aspect which they didn't understand. That was the use of relationship in casework. A lot of casework literature, which of course they'd read, concerned itself about that. Well now one of the criticisms that could be made about the people who wrote about the use of relationship is they didn't make it concise and clear enough, but it's one of the most difficult things to do. Because you are writing about intangibles. If you're dealing with someone who's been ill-treated by somebody in the next room, say, or the local authority about something, you've got something tangible. But Barbara Wootton was really a scientist of a sort, a social scientist and I'm perfectly certain that things like transference and counter transference meant nothing at all to Barbara. I think that, not necessarily deliberately, but unwittingly, many PSWs (especially in child guidance) gave the impression that it wasn't a question of have you got enough money to pay for the rent, or put in the gas meter, but what was the relationship with your mother? That's why I talked about inner and outer needs and why it

was so difficult for many PSWs to accept. That was why Betty Irvine's paper was quite an historical one.

I think that many clients- and I think that Barbara Wootton had cottoned on to this one- were interviewed and came away not knowing what had happened at all. It seemed to have no relationship to what they were worrying about and I'm sure that happened and probably still does happen in one way and another. But equally I'm quite certain that many of the Freudian and Jungian theories, theoretical statements, were equally difficult to get across.

I think in the long run Barbara Wootton was a help in many ways. Made us do a bit of thinking. But I remember Kraupl-Taylor saying to me with great glee, 'Have you read Barbara Wootton's book?' I said 'I have.' And he went on, and I said, 'Well, I hope you know Barbara Wootton has never done a day's social work in her life!' And that was that!

A.C. He had nothing to be happy about. She wasn't very nice about psychiatrists either!

A.C. Can I ask you my last question? What do you think the best social work thing is you've ever done?

E.M. I don't think in those terms normally!

A.C. Yes I know. But thinking back now on all the things you've done as a social worker, what are you most pleased about?

E.M. I suppose in one –. Do you mean with a client, or like the example I gave of Witney?

A.C. Anything you like. Both of those.

E.M. Well, Witney's one. The way I was able to help untrained social workers- who'd been brought up in the Health and Welfare department - to deal with their jealousies and resentments and struggle with just as difficult problems as any trained person. By being in residence with them a fortnight and then another fortnight, and seeing them once a week, I think I was able to help them in a way I never thought I could help untrained people. It meant a lot to them that one really cared about them.

Now the question between myself and a client: a terribly ill young schizophrenic. I think helping the parents bear with what they've got to bear with is very very difficult. With one man, I and the DRO who dealt with disabled people got him a job in the passport office. It was a sort of job that an ill schizophrenic could do. It was filing and things of that kind. There were two great difficulties. One, he would never talk to anybody so they thought he was ignoring them, which he wasn't. I tried to explain. The other thing was that he would be late in the morning, but he would know that, so he would stay on and make up the time in the evening. That seemed to work all right. Then there was a lot of stress and

difficulties with his fellow workers. They began to complain that he was late in the mornings. This had always been agreed. And I thought this is very peculiar! Then it suddenly dawned on me, I don't know why or how, that what they were really talking about was not that at all. In fact he never talked to them, he ignored them. You know the way you get this? Through the head of the department, I was able to talk with these people. There was only a small group of them, and we sorted it out with them. I explained the best I could why this happened. After that there wasn't any trouble. I always think it was one of the best things I was able to do. This was a group situation you see. I think that is one of the things that I feel very pleased about.

A.C. That's interesting because it's an example of all the subtle thinking that went in to what you actually did, which was quite straightforward.

E.M. It's how you get there. It's feeling as well: it isn't just head. I don't know how you define these things, I don't know.

It's the way you sense things. I've referred to this in some of my papers. I think hunches are not to be sneered at. They are terribly important, and sometimes you're wrong but very often you're not.

A.C. Thanks very much.

EDITORS' NOTES TO THE MYERS INTERVIEW

1 **New Education Fellowship** founded in 1921 by Beatrice Ensor and was dedicated to the ideals of progressive education. Its journal was *The New Era*. Myers explains more about it later in the interview.

2 **Lydia Jacobs** co-authored with Noel Hunnybun (Interviewee no.12) *Interviews with Parents in a Child Guidance Clinic*. APSW, 1946.

3 **Anna Freud** (1895–1982). Psychoanalyst. Sixth and youngest child of Sigmund Freud, the founder of psychoanalysis, and his wife, Martha. Educated in Vienna, she began to take an interest in her father's work on psychoanalysis from the age of 14. An early visit to England was interrupted by the First World War but she returned with her family in 1938 to avoid the growing persecution of Jewish people.

Her career followed the path of her father and contributed to the new and developing field of psychoanalysis. Alongside Melanie Klein, she may be considered the founder of psychoanalytic child psychology: her father stated that child analysis had received a powerful boost through "the work of Frau Melanie Klein and of my daughter, Anna Freud". In London, she pursued many of her interests from Vienna and, following the outbreak of war, she was deeply concerned by the plight of children made homeless by bombing. Accounts of the work she did with Dorothy Burlingham are collected in *Young Children in Wartime* (1942) and *Infants without Families* (1944). At the end of the war many of the staff sought further training and a course in child analysis was

instituted in 1947. This was followed in 1952 by the foundation of the Hampstead Child Therapy Clinic – later to be named for Anna Freud - to which the course became closely linked. Her work on child development, normal and abnormal, was now greatly expanded and reinforced by the new facilities and over several years there was a substantial output of important publications, many of which stemmed from the staff's own clinical research. For example, Anna Freud's most important book, *Normality and Pathology in Childhood* (1965).

4 Kate Friedlander (1902–1949). In 1944 she was given a mandate by Sussex County Council to organise an education counselling service. She required all staff to be psychoanalytically trained.

In the 1930s she had pursued her interest in delinquency and joined Glover in the Institute for the Study and Treatment of Delinquency; she published a book, *The Psycho-Analytic Approach to Juvenile Delinquency*, in 1947. The arrival of Anna Freud greatly stimulated her work with children as did the eventual creation of the War Nurseries in London and elsewhere. It was she above all who persuaded Anna Freud to found the post-war child training course at the Hampstead Clinic.

5 York Clinic, Guy's Hospital The clinic was opened in 1944, built by the York Trust out of respect for the work of R.D. Gillespie. Its aim was to diagnose, investigate and treat nervous disorders and mental illness.

6 R D Gillespie (1897-1945) studied in Glasgow and America. Was at Guys Hospital, London, from 1925 and was a psychiatrist to the Royal Air Force, 1939-45. With D.K. Henderson, author of *A Textbook of psychiatry for students and practitioners*. Oxford University Press: several editions

7 The Mental Health Diploma Course at the LSE. This one year course was established in 1929 with financial aid from the Commonwealth Fund in the USA and this support continued until the 1940's. However, as Professor John Stewart has established by researching the archives of both organisations, the relationship was a complex one and not without difficulties. The senior staff of the Commonwealth Fund had had strong views on how the course should be run – particularly in relation to the course content and the experience and qualifications of admitted students - while the LSE wished to maintain its independence. However, threats to withdraw funding were not carried through and the course became established. For a considerable period this was the only course of its kind in the UK and hence carried considerable prestige. It formed a focus for the expansion of the profession of psychiatric social work from a very low base: in 1930 the newly formed Association of Psychiatric Social Workers had only 17 members. The curriculum included the different existing strands of psychiatric theory and practice; intra-family relationships; and disorders of childhood. Those qualifying went into, or returned to, a variety of work settings; child guidance, mental hospitals, local authorities and voluntary agencies. Over the years the influence of this course gradually spread. For a fuller discussion see: Stewart, J. (2006). *Psychiatric Social Work in inter-war Britain: American ideas, American philanthropy*. Michael Quarterly. www.dnms.no ; and Noel Timms (1964). *Psychiatric Social Work in Great Britain: 1939-62*.

8 John Bowlby (1907–1990). Psychiatrist. Bowlby was on the staff of the London Child Guidance Clinic from 1936 to 1940, and from 1940 to 1945 he served as a

specialist psychiatrist in the Royal Army Medical Corps. From 1946 until his retirement in 1972 he was on the staff of the Tavistock Clinic, where he was director of the department for children and parents (1946–68). In 1946 Bowlby published a study of delinquent children entitled *Forty-Four Juvenile Thieves: their Characters and Home-Life*. The work which established his reputation began with an invitation from WHO in 1950 to advise on the mental health of homeless children. This led to the publication of *Maternal Care and Mental Health* (1951). Bowlby was the originator of what later became known as 'attachment theory'. His *Attachment*, (1969), was the first volume of the trilogy *Attachment and Loss*, followed by *Separation: Anxiety and Anger* in 1973. The trilogy was completed by the publication of *Loss: Sadness and Depression* (1980).

9 Sir Aubrey Lewis (1900-1975) first Professor of Psychiatry at the Institute of Psychiatry, London –which was the designation given to the Maudsley Hospital Medical School in 1946. He had a profound influence in the development of psychiatry in the UK, partly through his own work and published papers and lectures, partly through his influence on many of his students. From a Jewish family in Adelaide, he attended a local Catholic school and went on to graduate as a doctor from the Adelaide University Medical School and then practice in the City's Hospital. Awarded a Rockefeller scholarship, he trained in the USA, Germany and England and became thoroughly committed to psychiatry. In 1928 he obtained the membership of the Royal College of Physicians and went to the Maudsley Hospital, London, first as a research fellow, and from 1929 as a member of the clinical staff. He remained there until his retirement. During the thirty years of Lewis's leadership the hospital and institute emerged as a postgraduate research and teaching centre of world rank, with a leading position in the United Kingdom. Around himself Lewis established a group of research workers who transformed British psychiatry from a clinically orientated study to a respected academic discipline with foundations in the empirical sciences, particularly epidemiology, psychology, neuroendocrinology, neuropathology, and biochemistry. He helped to train a generation of psychiatrists who later occupied many of the principal psychiatric posts in the United Kingdom and elsewhere. Although Lewis wrote no books, he published numerous papers, notably on melancholia, neurosis, history, and biography. He was particularly interested in social and economic influences on mental illness. In 1942, for example, he was honorary secretary to the neurosis subcommittee of the Royal Medico-Psychological Association which examined the relevance to psychiatric disorders (such as neurosis) of poverty, occupation, unemployment, and housing. He is remembered primarily for his creation of an internationally recognized institute for psychiatric research and training. [Further information available from: Royal College of Psychiatrists online Archive No 14.]

10 Maudsley Hospital. The foundation of the Hospital dates from 1907 when Dr Henry Maudsley offered the London County Council a substantial sum for the creation of a new mental hospital. Because the first world war intervened, the LCC did not assume control until 1923. The Hospital gained a high reputation for the training of nurses and for the inter-disciplinary teamwork of its children's department. There was considerable expansion in the 1920's and 30's. A Child Guidance Clinic was opened in 1928 by Dr William Moodie. The children's inpatient unit followed in 1947. Several of Alan Cohen's interviewees had contact with the adult's and children's departments. The Hospital was also recognised for the quality of its teaching and research. A Medical School was established in 1924 and became a pre-eminent postgraduate

centre for mental health medicine, eventually evolving into the independent **Institute of Psychiatry**, which shared the south London site with the Hospital.

11 **St. Francis Hospital** In 1895 a workhouse was built in East Dulwich. It was taken over by the LCC in 1930 and renamed St. Francis. It later became Dulwich Hospital North Wing. Closed in 1991 and demolished in 1993.

12 **Mental Health Act, 1959**. This reforming measure followed several of the recommendations of the Percy Commission – see note 58 below. It swept away much of the existing legislation and introduced a single code for all forms of mental disorder. The status of voluntary and temporary patients was introduced. However, the Government of the day did not approve the recommendation to provide specific grant in aid to local authorities for mental health services.

13 **Elizabeth Howarth** served as Senior PSW at the Maudsley Hospital. Her 1948 talk, *The Art of Interviewing and the Task of Interpretation*, was published in *Social Welfare* (Vol 11No 1). She wrote *The scope of casework in helping the maladjusted* (*Social Work*, July 1949) and *The Present Dilemma for Social Casework for the Family Welfare Association* in 1950 and a number of other articles for various professional such as *Education* and *Accord*.

13a The Maudsley Hospital was recognised for the quality of its teaching and research. A Medical School was established in 1924 and became a pre-eminent postgraduate centre for mental health medicine, eventually evolving into the independent **Institute of Psychiatry**, which shared the south London site with the Hospital.

14 **Tribune** was founded in 1937 by two Labour MPs, Stafford Cripps and George Strauss as a democratic socialist weekly.

15 **Dr Hugh Crichton-Miller**, (1877–1959). A pioneer psychotherapist who founded Bowden House, an in-patient clinic for the early treatment of psychiatric illness. Later, in 1920, he was one of the co-founders of the Institute for Medical Psychology Tavistock Clinic, which as the Tavistock Clinic opened a children's department in 1926.

16 http://en.wikipedia.org/wiki/Tavistock_Institute **The Tavistock Clinic** was founded in 1920 by Hugh Crichton-Miller (1877–1959) and other pioneering psychotherapists, social workers and psychologists concerned to provide treatment for adults and children experiencing psychiatric illness. These professionals served on a voluntary basis and this enabled the services to be offered free of charge. The Clinic opened a Children's Department in 1926 and thereafter the wellbeing of parents and children remained a central focus of the work.

Prior to the second world war the services included psychological assessment projects for the Army, industry and local government. However, the Government's post-war plans to launch a free National Health Service compelled the Tavistock Committee to devolve that type of work in 1946 into a separate Institute and to position the Clinic as a skilled psychiatric service for out-patients in the new NHS.

John Bowlby (1907 -1990) and a few fellow psychiatrists from the Army medical service joined the Clinic in 1946. According to Eric Trist, a former Chairman of the Committee, "not many of the people at the time were analysts – but they were psychoanalytically inclined". The Clinic established a high reputation for new

approaches and original thinking, particularly in the field of preventive psychiatry. Bowlby's development of "attachment theory" and the observational work with children of Jean and James Robertson in the 1950's attracted international attention and had lasting impact of policy and professional practice in the UK and elsewhere.

In succeeding years the Clinic continued to expand its range of services within the NHS: a specialist Adolescent Unit was established in 1959; multi-disciplinary approaches developed; and teaching, training and research relationships established with a number of academic bodies; and in 1994 a formal merger with the Portman Clinic to form a NHS Trust.

17 **Ivor Gurney** (1890-1937) was a composer and poet who spent the last 15 years of his life in mental hospitals, first at Barnwood House, Gloucester and then at the City of London Mental Hospital, Dartford.

18 **Camberwell House** was opened in 1846 as a Metropolitan Licensed House lunatic asylum for 160 patients. By 1919 it was called Camberwell House. It did not join the NHS in 1948 but remained independent until closure in 1955.

19 **Runwell Hospital** The foundation stone was laid in 1934 and it was opened in 1937. It was closed in 2010 and demolished in 2012.

20 **Rolf Strom Olsen** was appointed Physician Superintendent of Runwell in 1934 at the age of 32 and stayed there until 1964 creating a humane institution. A brief history of the hospital and the recollections of his son John can be found at www.runwellhospital.co.uk

21 **A. S. Neill** (1883-1973) was the founder in 1921 of the progressive Summerhill School which is still operating in 2013. The School and Neill's philosophy of education served as a model for several experiments in education over many years.

22 **Maria Montessori** (1870-1952) was an Italian doctor and educator who started her first classroom in Rome in 1907. She pioneered what she termed "scientific pedagogy".

23 **Essential Works Order** was introduced in 1941 and it required all skilled workers to register giving the Ministry power to prevent them leaving their jobs.

24 **George Orwell** (1903-50), internationally known writer and polemicist, was appointed literary editor of Tribune in 1943.

25 **Dr. Emanuel Miller** (1893-1970) was a founding father of child and adolescent psychiatry in the UK. He is credited with establishing clinics that became the forerunners of freely available child and adolescent mental health services in the UK. He assisted in the establishment of the Association for Child and Adolescent Mental Health and the *Journal of Child and Adolescent Psychology and Psychiatry*. And he was also a mover behind the establishment of the Institute for the Study and Treatment of Delinquency and the British *Journal of Criminology*.

In his early professional years he practised across the range of activities, with a special interest in children but also working in what was then called mental deficiency, and in neurology. In 1929 he became a member of the Royal College of Physicians. Miller's approach to psychiatry had a strong psychoanalytic and sociological bent. He was the

psychiatrist to and director of the first child guidance clinic to open in England, which he founded at the Jewish Hospital in east London, working with the psychologist (as he then was) Meyer Fortes and a leading psychiatric social worker, Sybil Clement Brown. When some of those interested in this type of work with children combined to create the Child Guidance Council, Miller became a member of its governing body.

Miller believed that psychoanalytically informed work would help to prevent delinquency and neurosis spreading from the youthful individual to the adult. He published *Types of Mind and Body* in 1926 and two extremely influential and much cited articles in 1931 on the psychopathology of childhood and illusion and hallucination. He also wrote a moving but professional account of the state of psychotherapy in 1931 and in *The Generations* (1938), the most sociologically inclined of all his writings, his rallying call for mental health to lead social reform for a better future.

26 **Dr. D. L. Davies** was a psychiatrist at the Maudsley who had a lifelong interest in alcoholism, receiving the Jellinek Memorial Fund award in 1979 for his outstanding contribution to the field. He created controversy in 1962 when he published a study showing that some alcoholics could return to normal drinking.

27 **Case Conference.** Journal initiated and edited by Kay McDougall (Interviewee no 14). Several of Alan Cohen's interviewees, such as Edgar Myers and Elizabeth Gloyne, were contributors.

28 **Tilda Goldberg** (1912--2004) was a well known and respected social researcher who was born in Berlin and studied psychology and economics at the University. Came to England in 1933 and worked in a child guidance clinic for seven years; from 1943 to 1949 she served as an aftercare officer in Newcastle and assessed the needs of people discharged from military psychiatric hospitals. Was editor of the *British Journal of Psychiatric Social Work* from 1961 to 1965 and Director of Research at the National Institute for Social Work for 14 years until her retirement in 1977. She was a strong advocate of evidence based research and evaluation; and she bequeathed a substantial sum for the establishment of the Centre for Social Work and Social Care at Bedford University.

29 **Alcoholics Anonymous** was started in America in 1935 and the first meeting in England was shortly after the war. There are now over 100,000 groups world wide.

30 **The Association of Psychiatric Social Workers (APSW)** was the main professional body for social workers looking after the welfare of mentally ill people in the United Kingdom from 1929 to 1970. Several of Alan Cohen's interviewees were active members and office holders and wrote articles for the Journal. The Association joined with six other professional associations to form the British Association of Social Workers in 1970. The archives of the seven organisations are lodged, and listed online, with the Modern Record Centre at the University of Warwick. Collis, A. and Stacey, R (1987). *Catalogue and Guide to the Archives of the Predecessor Organisations 1890-1970* published by BASW.

31 **Margaret Ashdown** (1892-1962) was an early psychiatric social worker and a leading member of the Association of Psychiatric Social Workers (APSW). She was a tutor at the London School of Economics for several years and edited the *British*

Journal of Psychiatric Social Work: a tribute to her by Sybil Clement Brown was printed in that journal in 1962 - Volume 6, no 3.

32 Thomas Beaton (1888 – 19963) was born in Portsmouth and trained in London. He worked at Long Grove Hospital; Royal Naval Hospital, Chatham; in the Department of Mental and Nervous Diseases, Bethlem Royal from 1914 to 1919; and He became a key figure in developing mental health services in Portsmouth. The integrated service there was lauded by the national Board of Control but ignored in the literature of the time. His obituary said he had a “tremendous pioneering spirit coupled with an extraordinary breadth of vision.” For an account of the work see Hugh Freeman, *The Portsmouth Mental Health Services 1926 – 52*, in the journal *The Medical Officer*, March 1962.

33 The 1968 Seebohm Committee and Report. (Home Office. *Report of the Committee on Local Authority and Allied Personal Social Services*. [Chairman, Frederic Seebohm, later Baron Seebohm (1909–1990), banker and philanthropist.] London, HMSO (Cmd, 3703) which gave birth to the new local social services departments in England and Wales in 1971. The Report recommended that an essential feature of these departments was that they should be unified in character; that service users would have to enter only one door rather than apply to several; and that services should be integrated under a single management structure, but accessible through local area offices. This inevitably led to comment and debate about the implied loss of specialist knowledge and expertise.

34 Professor Noel Timms originally trained as a psychiatric social worker. Later became an author and social work academic. Emeritus Professor of Social Work at the University of Leicester, having previously held chairs at the Universities of Bradford and Newcastle Upon Tyne. His publications include *In Pursuit of Quality: Improving Practice Teaching in Social Work* (with Janet Walker and others), and *Mediation: The Making and Remaking of Co-operative Relationships* (with Janet Walker and Peter McCarthy).

35 Professor Phyllida Parsloe. After taking a degree in history, Phyllida Parsloe trained and worked as a probation officer in Devon and then as a psychiatric social worker at St George’s Hospital. She moved into social work education, teaching at the London School of Economics. This was followed by a three-year period in the Law School of the University of Indiana. Later she became Professor of Social Work at the University of Aberdeen and in 1978 was appointed Professor of Social Work at Bristol University until 1996 when she became Emeritus Professor.

36 Hans Eysenck (1916-97) A psychologist best known for his at times controversial work on intelligence and personality. He was Professor of Psychology at the Institute of Psychiatry 1955-83.

37 The London School of Economics and Political Science (informally, the London School of Economics or **LSE**) was founded in 1895, the moving Fabian spirits being Beatrice and Sidney Webb, Graham Wallas and George Bernard Shaw. The initial finance came from a bequest of £20,000 from the estate of Henry Hunt Hutchinson, a lawyer and member of the Fabian Society. He left the money in trust to be put "towards advancing its [The Fabian Society's] objects in any way they [the trustees]

deem advisable". The aim of the School was the betterment of society through the study of social science subjects such as poverty and inequality.

The important role of the LSE in the development of social work education is referred to in several of the Cohen Interviews. The Charity Organisation Society (COS) sociology department - that had provided some theoretical training for social workers - was absorbed in 1912 into the LSE's new Department of Social Science and Administration. The range of courses later provided by the Department was described by David Donnison in 1975: "The Department was teaching about 300 students at this time (1956): about sixty were taking the Social Administration options in the second and third years of a course leading to an honours degree in sociology, ninety were taking a course leading to a Certificate in Social Science (later renamed the Diploma in Social Administration) and twenty five graduate students were taking the same course in one year. The Department also provided four one-year professional training courses designed in the main for graduates in social sciences: the Personnel Management course for about twenty five students, the Mental Health Course [established in 1929] for about thirty five students training for psychiatric social work, the Child Care Course for about twenty students training to work in local authorities' children's departments and involuntary child care organisations, and the Applied Social Studies Course for about twenty five students entering various branches of social work. A number of graduate students were reading for higher degrees, and various others were temporarily attached to the Department."

The School ceased to offer professional social work qualifications in 1998.

38 Child Guidance Training Centre was set up by the Child Guidance Council which was funded by the Commonwealth Fund of America. It funded British child guidance until 1939 including a training centre attached to the London (Canonbury) Clinic. See *The Dangerous Age of Childhood: child guidance in Britain c.1918-1955*, by John Stewart (2012).

39 Irmis Elkan was a psychiatric social worker attached to the Child Guidance Clinic at Paddington Green Children's Hospital and worked with Donald Winnicott there. She represented the APSW on the National Child Development Study consultation committee and published *Interviews with Neglectful Parents* as a pamphlet in 1956. She appears in the 1971 photograph (on the LSE website) of the staff of the LSE's Social Science and Administration Department.

40 Donald Winnicott. (1896–1971). The paper referred to is in *Home is Where We Start From*. Norton & Co., New York. 1986. Winnicott was an eminent paediatrician and psychoanalyst. He became well known for his insights and teaching on child development, mother-baby relationships, transitional objects, creativity and the sense of self. He gave credit for the nurturing of many of these concepts to his development wife Clare Winnicott, nee Britton, whom he married in 1951. (see Alan Cohen's interview no 24). His work has had major influence on a wide range of therapeutic settings and practitioners and a considerable amount of information is available at www.squiggle-foundation.com.

41 Richard Titmuss. (1907--1973). One of his generation's most original and influential academics who was appointed to a professorship in social administration at the LSE in 1950 despite having no formal academic qualifications. In his 23 years at

LSE he raised the profile of social administration and strongly influenced the development of social work and other public services such as the NHS. Among his many publications are: *Essays on the Welfare State* (1958), *Commitment to Welfare* (1968) and *The Gift Relationship: From Human Blood to Social Policy* (1970).

42 **Institute of Almoners** was a predecessor of the **Institute of Medical Social Workers (IMSW)**, the main professional body for social workers attached to hospitals in the United Kingdom. It was established from two separate associations of hospital almoners. The Almoners' Committee was established in 1903 and successively changed its name to the Hospital Almoners' Committee in 1911, the Association of Hospital Almoners in 1920, and the Hospital Almoners' Association in 1927. The Hospital Almoners' Council was established in 1907 to handle the selection, training and employment of almoners and changed its name to the Institute of Hospital Almoners in 1922. The two amalgamated as the Institute of Almoners in 1945, and this changed its name to the Institute of Medical Social Workers in 1964. Merged with others to form BASW in 1970.

43 **Madeleine Malherbe** She was PSW at the Maudsley Hospital. She wrote for CCETSW in 1982 *Accreditation in Social Work: Principles and Issues in Context*.

44 **Maria Colwell** refers to one of the first highly publicised child abuse cases (since the infamous O'Neill case) in 1973 where the child was killed by her stepfather. *The Report of the Committee of Inquiry into the care and supervision provided in relation to Maria Colwell* was published in 1974. The Committee was chaired by T.G. Field Fisher, a Crown Court Recorder and Professor Olive Stevenson, a member of the Committee of Inquiry, comments in her memoirs on the lack of communication with him that led to her writing a minority report. (Stevenson, O. (2013). *Reflections on a Life in Social Work: a personal and professional memoir*. Hinton House).

45 **Anthony Storr** (1920-2001) Was at the Maudsley 1947-50. Finished his career at Warneford Hospital, Oxford after working in private practice. Retired in 1984.

46 **Mary Lane**. PSW and an active member of the APSW. Vicky Long (2011) cites two articles by her: *The Effect of Leucotomy on Family Life*. (BJPSW, 1956) and with Elizabeth Howarth, *Social Workers*, (BMJ, 1956).

47 **Professor David Donnison** was at the LSE 1956-69 becoming Professor of Social Administration with a strong interest in housing issues. He was chairman of the Supplementary Benefits Commission 1975-80 bringing a reformist approach and publishing annual reports for the first time. His *Politics of Poverty* (a study of the culture of poverty) was published in 1981 by Martin Robertson. His final academic post was Professor of Town and Regional Planning, University of Glasgow.

48 **Brian Abel-Smith** (1926-96) Political adviser to successive Labour governments from 1968. Co-founder of Child Poverty Action Group and active in the Fabians. Was at the LSE from 1955-91 being Professor of Social Administration 1965-91.

49 **Dugmore Hunter** Wrote *Training in Child Psychotherapy at the Tavistock Clinic* in the *Journal of Child Psychology and Psychiatry* 1960.

50 **Dartington School** established in 1926 to offer progressive co-educational boarding. Had 300 pupils at its peak but was closed in 1987.

51 **Annaliese Walker.** Edgar Myers is correct in recalling her refugee status and her connection with Dartington Hall. She was originally a dancer by profession and the Dartington Hall archives record her as providing amateur dance classes during 1940. After sustaining an injury she re-trained as a therapist and maintained her lifelong interest in children. Her final post prior to retirement was at Paddington CGC.

52 The paper referred to is in the *International Journal of Psychoanalysis*, 1937 18:58-59.

53 **Betty Joseph** (1917 – 2013). Trained at Birmingham and as a PSW at the LSE. She assisted Sybil Clement Brown by giving occasional lectures on the LSE Mental Health Course. Then became a psychoanalyst and eventually a distinguished senior member of the British Psychoanalytic Society. For her own account of her work see the 2006 interview with Daniel Pick and Jane Milton at www.melanie-klein-trust.org.uk

54 **1930 Mental Treatment Act.** The background to the Act was the appointment in 1924 of a Royal Commission -- the Macmillan Commission -- on mental illness which reported in 1926. The Act permitted for the first time voluntary patients, who could discharge themselves at 72 hours notice; temporary patients who could be detained for up to a year but then had to be released or certified; and out-patients. Some nomenclature was changed for the better: asylums became hospitals and lunatics became patients. However the Lunacy Acts remained in force and were not repealed until 1959.

55 **Beveridge Report 1942.** The war-time Government appointed William Beveridge to chair the Inter-Departmental Committee on Social Insurance and Allied Services in 1941. The Report was a best seller on publication and is remembered as a foundation document of the post-war "Welfare State". It identified 'Five Giants' that had to be overcome by society: squalor, ignorance, want, idleness and disease. The solution offered by the Report was a contributory social insurance scheme combined with: financial support for families with children; full employment and a national health service free of charge at delivery. Cecil French is correct in saying that the Beveridge themes were very much "in the air" in the 1930's in addition to keenly felt problems such as housing and education. See *The Five Giants: a Biography of the Welfare State* by Nicholas Timmins. 1995.

56 **Curtis Committee report.** Report of the Care of Children committee. September 1946. HMSO, (Cmd: 6922). The modern statutory framework of public provision for deprived children, was created following the recommendations of the Curtis Committee, set up in 1944. It was chaired by Miss (later Dame) Myra Curtis. The Committee's findings focused on three areas: the absence of a single centralised authority responsible for deprived children, who were left to the charge of five different authorities; the lack of properly trained staff; and the insensitive and sometimes excessive discipline of the residential regimes. It insisted on the need to establish personal links in the care of children, and recommended the appointment by local authorities of children's officers: qualified women who would specialize in childcare and take a personal interest in each individual child. This was important in opening and securing the status of a new vocation for educated women. A single central department would have responsibility for maintaining standards in homes run by both local authorities and voluntary organisations. The recommendations were embodied

in the Children Act of 1948, which vested in the Home Office responsibility for overseeing the care of homeless or deprived children

57 **The 1948 Children Act** was concerned with providing care for children with the consent of their parents, or for children who had no parents. Children who were neglected or ill-treated or in "moral danger" could be committed to the care of a local authority under the Children and Young Persons Act 1933 and other legislation. These two routes into local authority care were unified in the Children and Young Persons Act 1969. The Local Authority Social Services Act 1971 integrated separate local authority departments, including Children's Departments, into Social Services Departments (SSDs) which were intended to serve the needs of the family as a whole, being responsible for the old, handicapped and mentally ill as well for children. Increasing emphasis was placed on support for the family and preventive work (the Children and Young Persons Act 1963 had, for the first time, given local authorities powers to spend money on help and support to families in order to prevent reception into care). Central government responsibility for social service matters rested with the Department of Health and Social Security (DHSS).

58 The **1959 Mental Health Act** arose from the deliberations of the **Percy Commission** – a popular abbreviation for the **Royal Commission on the Law Relating to Mental Illness and Mental Deficiency**. The Commission sat from 1954 to 1957. Its 1957 Report made a series of recommendations most of which were embraced in the 1959 Mental Health Act. The concept of the voluntary patient was enacted. But Parliament did not support the proposal for wider responsibilities and increased resources to be devolved to local authorities. Much of the previous mental health legislation was repealed and the Act introduced new and contested terminology for patients and their conditions.

See Kathleen Jones, *History of the Mental Health Services* for composition of the Commission and commentary on the Report.

59 **Kenneth Robinson** (1911-- 96) was elected MP for St. Pancras North in 1949 and was Minister of Health in the Labour government 1964-8.

60 **Audrey Harvey** (1912--1997) was a journalist and long-term contributor to the *New Statesman* and leading campaigner on welfare benefits and homelessness. Author of *Tenants in Danger* in 1964 and a founder member of the Child Poverty Action Group, she was impatient of a perceived lack of involvement by social workers in these fields. For this reason her name was often associated with Barbara Wootton's 1959 criticisms of social work – and this is mentioned by some of Alan Cohen's interviewees.

61 **Barbara Frances Wootton**, Baroness Wootton of Abinger (1897–1988). Eminent economist, criminologist and social scientist. After leaving Cambridge, Wootton took up a research studentship at the LSE and later worked for the research department of the Labour Party and the Trades Union Congress. She was Principal of Morley College from 1926, and Director of studies for tutorial classes at London University from 1927 until she became Reader at Bedford College in 1944 and Professor in 1948.

She published widely and her *Social Science and Social Pathology* (with Vera G. Seal and Rosalind Chambers. Allen & Unwin, 1959) remains a classic in the application of utilitarian philosophy and empirical sociology to the enlightened management of

society. It is a wide ranging 400 page book and Alan Cohen, in his interview questions, concentrates on a chapter (“Contemporary attitudes in social work”) that was very critical of some approaches to social work and the claims made about what social work could achieve. It would be difficult to find more trenchant and sustained criticism of the attitudes, language and assumptions of the selected social work writers and academics quoted – in particular of the claims made for the more high-flown psychoanalytical approaches to solving human problems. These she ridicules and claims that they do a great disservice to social workers in their daily tasks. It is clear from the edited transcripts that Alan Cohen was keen to gather the views of his interviewees about the impact of the Wootton bombshell and most of them give a response.

From 1952 to 1957 she was Nuffield research fellow at Bedford College. She was created a life peer in 1958 and was the first woman to sit on the woolsack in the House of Lords; and later held several senior public appointments. Her reputation as a fiercely independent thinker was sustained during the following years of public service.

Accounts of her life and work are available from her autobiography, *In a World I Never Made* (1967) and Ann Oakley’s biography *A Critical Woman* (2011).

(Sources: Personal Papers of Barbara Wootton, Girton College Archive, Cambridge; and the books cited above).
