



John Stewart. *Child Guidance in Britain, 1918-1955: The Dangerous Age of Childhood.* Studies for the Society for the Social History of Medicine Series. London: Pickering & Chatto Publishers, 2013. 234 pp. \$99.00 (cloth), ISBN 978-1-84893-429-0.



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“Little crippled personalities came there, hurting, fearing, distrusting their whole view of life distorted by their unhappiness. They leave again in six, twelve, or eighteen months, freer and happier individuals, grown whole again by self-knowledge, self-discipline, tolerance and sympathy for human weakness” (p. 113). So wrote the promoters of a child guidance clinic in Glasgow, Scotland, in the late 1930s. While the above quote sings the praises of the clinic concerned, the reality on the ground was, not surprisingly, rather more complicated. What the children, caricatured as “little crippled personalities,” thought about what they went through in these places and at home will have to remain a mystery. As John Stewart reveals, child guidance was an ambiguous affair with territorial disputes between promoters of the medical model (psychiatrists) and opponents of pathologizing children’s behavior (psychologists), a tension that permeates this history from start to finish. Underlying this tension is just what “child guidance,” “maladjustment,” and “normal” meant, a central recurring theme of this study. As becomes evident, parents—mothers in particular—were the focus of every bit as much attention as their “problematic” child. As Stewart indicates, concepts that child guidance promoters sought to define regarding what was and was not “normal” are historically contin-

gent then as now, yet practitioners involved nevertheless insisted on the scientific basis of their work even as a prominent critic called their work “little more than an act of faith” (pp. 2-3, 184).

The importance of this topic during the period discussed in Stewart’s book was directly related to the trauma of war, as adults were keen to lessen belligerent behavior in children in the hope that this would help to prevent future catastrophic conflicts on the home front and beyond. In this regard, it is essential to note that child guidance work did not focus on children who were incarcerated in institutions and labeled as “mentally defective.” It targeted youth who were considered “normal” but who engaged in some type of behavior deemed “abnormal” or “maladjusted” (pp. 8, 70). Child guidance was thus focused on children who were considered able to become conforming citizens; the goal was to move them away from delinquency and minor acts of misbehavior, which adults viewed as disruptive in the short term, but which had the potential to develop into something more damaging as they grew older. This could range from truancy, performing poorly at school, vandalism, perceived sexual misdemeanors, bed-wetting, shyness, keeping to oneself, and various forms of interpersonal tensions with family members. In other words, the focus was on mod-

erately worrying childhood experiences of growing up and trying to find a place in a hostile world that was the focus of child guidance professionals' efforts to help children find their footing again after diverging in some way from the straight and narrow.

The three professional groups that were most involved were psychiatrists, psychologists, and psychiatric social workers (PSWs), with the first two consistently at loggerheads about how to address this issue and why. Stewart places British child guidance in the context of influences from the United States where early PSWs studied, though the psychiatric interpretations they brought back with them to Britain were hotly contested by psychologists, such as the ubiquitous Cyril Burt (1883-1971). Oddly enough, Stewart does not discuss to any extent the influence of eugenics on this history and how individuals, such as Burt who was a well-known member of the British Eugenics Society, sought to shape British society through their views on the inheritability of intelligence, something with which his promotion of child guidance was bound up. Indeed, child guidance by the late 1920s in Britain included in its definition 'the sum total of the activities directed towards the Mental Hygiene of the young,' clearly expressing eugenicist concepts that cry out for further analysis (p. 29). Stewart does note, however, that this approach was 'a form of preventive medicine with a social mission' (p. 30). This mission was an emphasis on educating parents about how to address difficulties in raising a child while avoiding any discussion of the material context of a home environment, something that would have appealed to a eugenicist like Burt who believed that social inequality was due to innate abilities, or lack thereof, rather than differences related to class, race, gender, and disability.

This approach was predicated on the notion that child guidance was scientifically based to the extent that its promoters claimed to eschew a moralist tone, yet moral judgments, certainly in regard to parents, particularly mothers, were never far below the surface. The claim to scientific pretensions among the three professions involved were very much a way of asserting credibility, especially among PSWs who considered themselves superior to regular social workers without psychiatric training. Thus promoting a scientific basis of child guidance was as much about internal professional territorial self-justification as it was a way to tell the wider public about their supposed high credentials to do this work. Amid these claims there existed a contested hierarchy in child guidance work with psychiatry and psychology forever elbowing each other for the top spot, to be fol-

lowed by PSWs. As Stewart makes clear, the tension between the first two professions over who had more to offer 'awayward' children and their parents remained a constant theme throughout this history so that psychologists regularly challenged psychiatrists' claim to be the leading profession in the field. Furthermore, PSWs were the primary contacts with families under treatment and, at least up until World War Two, were entirely female, while psychiatrists were mainly men, and psychologists had a more even mix of male and female colleagues than the other two professions. All of this meant that PSWs did most of the actual frontline work in child guidance, which included visiting families and writing up case reports, while psychiatrists and psychologists were the bosses within the clinics, depending on the orientation of each locale.

As there was general agreement about avoiding psychoanalysis in their practice, child guidance psychologists focused on basic advice to a child's parent or teacher; they also undertook psychometric testing to measure a child's aptitude in various abilities. Stewart notes how closely interlinked this system of child guidance was with the school system in which psychological testing and guidance counseling were performed in conjunction with local school boards. In this context, psychologists were at pains to show that child guidance was more concerned with the educational system than with medical pathology, a clear difference from psychiatrists that could not be emphasized too often. After the first tenuous years of the 1920s spent finding its footing and funding from philanthropic supporters, child guidance spread most significantly during the 1930s so that by the end of that decade there were an estimated sixty clinics in Great Britain. By this time both private and public funding supported the growing clinic system. During this period, 'emotional maladjustment' was stressed over 'moral failing' in child guidance parlance as practitioners sought to more seriously publicize their work among the wider public than before—such as the regular publication for over forty years beginning in 1930 of the magazine *Mother and Child*. It was also during this period that a clinic in East London operated by the Jewish community made one of the very few links between the impact of the wider world on a child's emotional state, in this case anti-Semitic hatred toward Jews that was being perpetrated by local fascists. In spite of this more comprehensive understanding of what it was that troubled a youngster, it was far more common for a child's conduct to be seen as originating solely within the family whereby parents and child guidance professionals were

supposed to work together to report on and correct wayward behavior. Therefore for all its pretensions as being scientific, child guidance remained based on individualizing behavior to the exclusion of broader social influences, and thus could be seen as a conservative effort to keep children in their place, with or without the medical model.

What did the children think of all this observation and evaluation of them and their parents? Stewart makes it plain that we do not know as the records are silent on this essential point. Records do show that both parents and teachers made referrals to clinics with treatment consisting of activities such as coaching or running play therapy (p. 91). The focus of this treatment, which included parents as well as children, seldom involved criticism of fathers while mothers were far more prone to be viewed with a suspicious eye by child guidance practitioners. Socioeconomic stressors were not considered important in interpreting most family problems so parent blaming, especially mother blaming, was employed in ways that undercut child guidance promoters' claims as being above moralizing. From an analysis of case studies from the 1930s, Stewart notes that "the mother ... was subjected to treatment as much as the child" (p. 101). At the same time, the lack of clarity and precision in terms of definition, classification and outcomes was to leave child guidance open to criticism by those skeptical of its methods and claims (p. 105).

It was during World War Two that child guidance promoters sought to show the urgent relevance of their work through a perceived need for their services following the mass evacuation of children from bomb-threatened cities. Shortly after war was declared, 1.4 million children were removed from mainly working-class neighborhoods in Great Britain, causing a massive social upheaval in communities to which children were sent that authorities sought to stabilize. Yet this evacuation was not applauded by all child guidance proponents. Given the emotional and physical turmoil that came with evacuation, and the potentially catastrophic impact on a child removed from familiar surroundings, one prominent psychologist, John Bowlby (1907-90), went so far as to say that threats from bombs were preferable to separation of children from the family home. Nevertheless, child guidance was given a big boost as a result of this mass upheaval as it was realized that the state had to be significantly involved due to the need of more support for local groups working with evacuated children. Up to seventy-nine clinics (an increase of around twenty during the war) were operating by 1945, by which time

proponents of child guidance clinics advocated for more state funding as being beneficial for society—an essentially prophylactic approach, as Stewart maintains (p. 121). The war, and plans for postwar reconstruction from 1942-43 onward, demonstrated that it was time to set up a wider state-supported system. A key element of this project included educating parents on how to rear children defined as in need of guidance.

As the postwar British welfare state took shape, psychologists argued that child guidance should be education related, not health related, in order to disassociate it from medical-model psychiatrists and their hospitals. As Stewart discusses, it is significant that child guidance became a part of the welfare state in Great Britain through 1940s legislation dealing with the education system rather than legislation to create the National Health Service. Yet territorial disputes persisted among psychologists and psychiatrists even as plans to hire more PSWs were stepped up due to the serious wartime understaffing of clinics. Psychologists gained the upper hand after 1945 due to a lack of psychiatric involvement with children. However, while there was generally a continuing movement away from a medical-model approach in child guidance, this, according to Stewart, was not the case everywhere; some clinics, such as in Bristol and Manchester, continued to be psychiatrically oriented. Whatever their intra-professional disputes, supporters of child guidance saw their work as a way of helping to stabilize society after World War Two. This emulated the actions of child guidance promoters after the First World War—with the difference being the extent of state involvement and a more developed profession in the later period.

The debates over classification and treatment continued unabated, as did the focus on interfamily relationships to the exclusion of material considerations. The culmination of over three decades of promotion can best be exemplified by the unfortunately named Committee on Maladjusted Children, or Underwood Committee named after the doctor who chaired it. Reporting in 1955, the committee recommended, among other things, that child guidance clinics should be increased over the next decade, this being particularly important given the committee's observation that approximately one-third of local jurisdictions were without a clinic. The underlying reason why the committee supported this expansion was its belief that keeping the family together was "one of the most important aspects of prevention" when it came to dealing with troubled children (p. 163). The notion that a family, and external material factors, could be the main cause of a child's problems in some cases was not consid-

ered in the committee's analysis. The issuing of this report did not address terminology used by child guidance practitioners, particularly "maladjustment," an issue as much related to politics as to treatment modalities. While Stewart notes that support for child guidance occurred in both the Labour and Conservative parties, it is apparent that, in their efforts to blame mothers, they avoided engaging with wider socioeconomic issues affecting the family and pressing for keeping the family together as a social stabilizer. Child guidance was an essentially conservative force seeking to keep in check potentially unruly youth who, while potentially aggressive, could also one day be political troublemakers. Controlling these po-

tentially troublesome young people, while touting them as a benefit to society, was most certainly a benefit to the existing social order.

Stewart concludes that it is difficult to quantify how effective, or not, child guidance was in an inconsistent and conflict-ridden field that avoided dealing with problems beyond the confines of a restricted domestic setting. Ultimately, it is hard not to conclude that child guidance was a failure for being too narrow and vague in regard to describing, interpreting, and presuming to "guide" children's behavior—and that of their parents, particularly mothers—toward paths that were highly individualistic and were removed from the realities of their daily lives.

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