De psychohygienisten. Psychiatrie, cultuurkritiek en de beweging voor geestelijke volksgezondheid in Nederland, 1924-1970

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Summary

Dutch mental hygienists such as Arie Querido (1901–1985) and Kees Trimbos (1920–1988) were inspired by a concept that they could define only in rather vague and unsettled terms. For Querido, mental hygiene was like 'a cloud', whereas Trimbos described mental health as a *toverbal* (a multi-coloured Dutch sweet). This study is not so much concerned with the definition of concepts such as mental hygiene or mental health, but rather with their use: who used them, why, how and for what purpose? The answers to these questions provide insight into the history of the *Beweging voor geestelijke volksgezondheid*, the Dutch equivalent of the Mental Hygiene Movement founded in the United States at the beginning of the twentieth century. The Dutch movement contributed significantly to the current emphasis upon the psychological dimension and to the expansion of mental health care in the twentieth century. This study, which covers the period between 1924 and 1970, examines four interrelated aspects of the history of the Dutch Mental Hygiene Movement: its ideology, organisation, actors and context.

Chapter 1 deals with the establishment and subsequent stagnation of the *Nederlandse Vereniging tot bevordering der Geestelijke Volksgezondheid* (NVGV, the Association for the Advancement of Mental Hygiene). The NVGV was set up by a group of doctors and psychiatrists, led by the professor of psychiatry K.H. Bouman (1874–1947). Its founding coincided both with a widely felt cultural pessimism and a general urge to tackle the social problems caused by modernisation. The NVGV also served as a professional alliance for school doctors, geneticists and, above all, psychiatrists. In the early decades of the twentieth century, the asylum, which was then the major domain of psychiatry, was experiencing an economic and therapeutic crisis. Mental hygiene offered opportunities to break away from that undesirable situation and to raise the low status of psychiatry. However, the NVGV did not become a strong nation-wide organisation. In the 1920s, the crisis seemed to have been resolved by the various innovations introduced both inside and outside asylums. Psychoanalysis also offered an alternative to psychiatry, which was predominantly scientifically orientated. In addition, controversy over theoretical tenets and the role of religion led to internal conflicts, which crippled the NVGV from the outset.

Chapter 2 describes how the American Mental Hygiene Movement entered a new phase at the end of the 1910s. The pursuit of reform to asylums was replaced by the pursuit of ‘Child Guidance’. E.C. Lekkerkerker (1899–1985), a young lawyer, introduced this preventive, psychodynamic and multi-disciplinary sort of mental hygiene to the Netherlands in 1926.
In 1927, Lekkerkerker set up a new mental hygiene society in order to prevent the Medisch Opvoedkundig Bureau (the Dutch equivalent of the Child Guidance Clinic) becoming identified with the sort of mental hygiene promoted by the NVGV's psychiatrists. When the First International Congress on Mental Hygiene was held in Washington in 1930, denominational mental hygiene organisations were also in the process of being established. High ranking civil servants in the Ministry of Public Health insisted upon co-operation between the various organisations as a prerequisite for the granting of subsidies. That led to the foundation of the Nationale Federatie voor de Geestelijke Volksgezondheid in 1934 (NFGV, the National Federation for Mental Hygiene). Bouman and his NVGV did not participate because the Federation focused on out-patient care. That focus was, however, a binding element for those who did participate. Even though they did not agree on its definition, it was clear that mental hygiene differed from institutional care for the insane.

Chapter 3 deals with the judicial and political context, focusing on the debate that rumbled on in Parliament between 1919 and 1947 concerning whether the government should class care for the insane as poverty relief or (mental) health care. At the heart of that debate lay the two legally anchored, yet socially opposing objectives behind care for the insane: the protection of law and order (poverty relief) versus care for the sick (public health). Although the government did decide to transfer care for the mentally ill from the Poverty Relief Department to the Public Health Department in 1947, by that time a sharp distinction had already been drawn between care for the insane and public (mental) health; the Mental Hygiene Movement acted as a catalyst for that process.

Chapter 4 charts the history of the Dutch Mental Hygiene Movement during World War II and in the initial period thereafter. The war gave a major boost to mental hygiene. New out-patient services for adults were set up: the Instituut voor Medische Psychologie (the Institute for Medical Psychology) and the Bureau voor Levens- en Gezinsmoeilijkheden (the Marital and Family Guidance Centre). Significant changes were made to the structure of the Movement, making it a strong, united organisation, at least during the initial post-war period when religious segregation ('compartmentalisation') had yet to be rekindled with renewed vigour. Most significantly, post-war fears of a moral crisis provided the Movement with convincing arguments to legitimise both itself and its goals. The State became involved in the organisation and funding of extramural care, which was now referred to as a 'no man's land'. The war-experience boosted the psychodynamic school, whereas eugenics and genetics faded into the background. Following the International Congress on Mental Health, held in London in 1948, the Movement was given a mission formulated in positive terms: its main focus shifted from combating and
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preventing disease to promoting ‘healthy’ relationships, not only between individuals but also between the individual and society. The Movement replaced the term ‘Mental Hygiene’ in its name with the term ‘Mental Health’ and distanced itself further from care for the clinically insane, the old domain of psychiatry. That change was expressed in its new mission and new name.

The shift from Mental Hygiene to Mental Health forced the Movement into a fundamental review of society as well as of its own identity, as is explained in Chapter 5. In their search for a new view of the world, Dutch mental hygienists were influenced by phenomenology and personalism. Those philosophical movements were aimed at finding a new image of man and society, in which science and religion, tradition and innovation could be combined. Important representatives of those schools, such as the Utrecht professor H.C. Rümke (1893–1967), also played an active role in the Mental Health Movement. Opposing professional and denominational interests determined the battle-lines in the debate over the Movement’s own identity: its scientific base and the outpatient care organisation. Towards the end of the 1950s, the combined professional and denominational annexation had given the ‘no man’s land’ a name and an identity: Mental Health Care. By the end of the 1950s, Trimbos was able to declare independence: Mental Health Care had developed into a distinct, autonomous field of care, with its own scientific foundation.

Chapter 6 charts the consolidation of the Movement. During the first half of the 1960s, mental hygienists led a successful campaign to modernise people’s personal lives. Whilst reforms in the ‘backward’ domain of institutional psychiatry were thwarted by a lack of staff and a growing number of chronically ill patients, what was now referred to as Ambulante Geestelijke Gezondheidszorg (AGGZ, Ambulatory Mental Health Care), flourished. Within the ‘safety’ of consolidation there was room for criticism of the poor organisation and financing of AGGZ. An active role for the State was called for, but no agreement could initially be reached on the relationship between state and private provision. In 1964, the Catholics proposed bringing all of the ambulatory mental health care services together in a private Regional Institute, financed by the State. All parties concerned agreed with the concept of regionally organised care. The debate on the organisation and structure of AGGZ was then overtaken by a debate on content: should AGGZ not focus more on the well-being of the whole population instead of providing care for disturbed individuals?

Chapter 7 explains the changing relationship between psychiatry, society and the Mental Health Movement, which was caused by the extensive innovations introduced following 1965. It became possible to implement
therapeutic innovations in mental hospitals, particularly after the *Algemene Wet Bijzondere Ziektekosten* (AWBZ, the Exceptional Medical Expenses Act) came into force in 1967. From 1970 onwards, the Dutch anti-psychiatric and counterculture movements outflanked the Mental Health Movement on the political left. Its critique of psychiatry became obsolete and its role as a critic of culture changed similarly. Preservation and renovation, the Movement’s traditional answers to the threats of modernisation, gave it a conservative image in an environment that was rapidly becoming more radical. Introducing innovations within existing social structures was not seen as sufficiently progressive. In 1970, the Movement ground to a halt during the conference *Te gek om los te lopen*, ‘Too crazy to be true’. The name ‘Mental Health Movement’ became obsolete. But in its institutionalised form, the Movement flourished more than ever before. As of 1970, *AGGZ* was brought under the Dutch welfare state and the State became the main pursuer of the ideals of mental hygiene. This came to an end by the late 1970s due to criticism of its paternalist nature and financial cutbacks. The Movement disappeared as an ideology and its critique of culture was silenced temporarily.

A summary of the results of this study is given in the conclusions section. One of the basic assumptions of the mental hygienists was that ‘modernisation’ had an adverse effect on mental health. This ‘anti-modernist’ critique of culture can be found running through mental hygiene discourse throughout the period studied. However, there were three periods during which the Movement’s critique of culture increased in intensity: at the inception of the Movement in the early 1920s, then in the period following 1945 when the Mental Hygiene Movement was successfully legitimised, and finally at the end of the 1950s when the Movement consolidated itself. There were other remarkable changes over time, relating to the identity of the ‘victims’, the nature of their problems and the remedies proposed. Moreover, there were important changes of emphasis in the views of the relationship between the individual and society and that of the role of the state. Towards the end of the period studied, the status of mental hygiene expertise came into question.

Between 1924 and 1970, concepts such as mental hygiene or mental health were used for two purposes. Firstly, they served to conceal various, sometimes opposing, objectives and interests. That made it possible to enter new alliances and created new possibilities for co-operation. Secondly, those concepts were used to emphasise shared ambitions and ideals, making it possible to draw new lines of demarcation. The professional and/or denominational interest of the user determined for which purpose the concepts were used: to unite or to differ. The result was that Mental Health Care became established as a separate domain.