

The first autism

The first autism can only be understood in the context of the legal and institutional networks that enabled the spread of psychological theory as applied to infants and children in Britain in the early twentieth century. This chapter examines the integration of the concept of autism into psychological theory in Britain and the significance of the concept of autism in altering theories of social development in children. Early twentieth century evolutionary models of society generated a unique version of child development that was authenticated via social science, anthropology and political rhetoric. Theories of the 'social instinct' in infants and children developed alongside theories of intellectual development. Although this psychological model of child development was presented as comprehensive and harmonious, it was, in fact, glossing over a number of contentious and problematic issues concerning child rights. Wider child health and education legislation was seriously affecting the direction that any psychological research could take. The concept of 'mental deficiency' served as a convenient throwaway label for all infants and children who both psychologists and policy-makers thought were beyond help and not worthy of investigation. The effects of institutional care and the organisation of special schools affected the development of psychological theory by successfully excluding a large section of the total child population, and this influenced theories of social development, the social instinct and 'autism' in this period. In other words, those infants and children regarded as 'deficient' in thought were both physically and philosophically removed from the institution of child psychology in early-twentieth-century Britain. By the end of the 1930s, child psychological sciences, and the theory of autism, had achieved stability. However, this had only

occurred in the context of major interventions in child rights that had taken place in the name of psychology.

The political landscape for the study of 'social development'

The first autism, prior to its metamorphosis in the 1960s, was an important organising concept within early theories of child development. The definition of this first autism was shaped by major political and legal developments that also created the settings for its dissemination. Prior to the late nineteenth century, the close observation of infants and children and the description of the way that they formed relationships with other people, and developed conceptual awareness of other people, held little scientific or political appeal. It was only after political reformers began to build the basic infrastructure for a framework of children's rights, and to implement a policy of compulsory education, that anyone became interested in the social development of children as a population group.

Late-nineteenth-century Britain witnessed a number of important legal and institutional changes to assist all children to achieve a basic level of shelter, food, clothing and protection against cruelty and violence from adults. These legal changes stemmed from a wider philanthropic movement to protect children from the demands of working life and to sequester them as a group that was particularly vulnerable to the vagaries of industrialisation and capitalist development. This was, in some ways, a development of Romantic ideals of childhood formed in the eighteenth century, but the late nineteenth century saw children's rights to unique legal protection established in both the law and in the theory of political economy. The creation of School Boards in England in 1870 to educate poor communities, and the introduction of compulsory education in 1880, formed the background to these changes by establishing comprehensive local authority networks to observe the total child population and to ensure that they were receiving some kind of education. The 1889 Prevention of Cruelty to, and Protection of, Children Act and the 1908 Children Act both encouraged a deeper monitoring and observation of family life and legislation for intervention by government agencies. These agencies included Children's Care Committees, Infant and Maternal Welfare Centres and Councils of

Social Welfare.¹ The early twentieth century also saw the passing of several Acts empowering local authorities to feed, clothe and medically inspect children under their jurisdiction.² All these major legislative changes enabled local authorities and central government to provide services directly to children. They encouraged a more philanthropic approach to children generally, improved the home conditions of many, prevented many cases of cruelty and took away many aspects of parental rights to child ownership. This chapter explores how the establishment of this unprecedented legal and political climate for children in Britain encouraged the first applications of the concept of autism, and describes how it structured the meaning of autism in relation to children's rights to education and social welfare protections.

As more children came to the attention of government departments, it became evident that some children did not slot neatly into the national programme of industrial development and modernisation.³ The critical concept of psychological development, autism, was first employed to identify children who did not easily adopt their role within the new social networks that were being established in Britain at the time. Legislation limiting the availability of state education to groups considered 'ineducable' focused interest on identifying and sorting child types. Hence the early twentieth century witnessed a growth of research into the social and medical causes of what was then termed 'idiocy', 'feeble-mindedness' and 'mental deficiency' in children, as well as attempts to correlate it in statistical studies with undesirable behaviour such as criminality and delinquency.⁴ This was associated with a growing interest in eugenics, the political project of improving the quality of the human 'stock' or population through the implementation of scientific principles using the logic of social Darwinism.⁵

Although descriptions of 'idiocy' can be traced back to the early modern period,⁶ it was the development of neurology in the early nineteenth century that encouraged further research into why this differed from 'insanity' or other afflictions of the mind.⁷ By the mid nineteenth century, medical specialists, such as John Langdon Down of the Earlswood Asylum, began to construct early taxonomies of 'idiocy' specifically in children, often drawing from racial and ethnic typologies, defining 'cretinism' and 'mongolism'.⁸ In 1868, Down set up a private establishment for the reception and training of 'imbeciles', which came to serve as a model for later homes. The creation of School Boards in

1870 and the move towards compulsory education encouraged further classifications of children's mental states, and attempts were then made to create a complete science of mental pathology in childhood drawing from adult models. In 1874, John Thompson Dickson of Guy's Hospital wrote on 'infantile dementia', in which 'various deteriorations and defects in the nervous organisation' of the infant led to an arrest or regression in the development of the mind, yet how this differed from 'idiocy' was not clear.⁹ In 1886, the Idiots Act brought larger numbers of 'idiot' children into institutional care and further encouraged attempts to classify child psychological types and to study the medical causes of 'idiocy'.¹⁰ However, as German Berrios has demonstrated, it was only when quantitative methods were developed to measure intellect in the early twentieth century that more detailed descriptions of the distinction between mental *defect* and mental *illness* were made.¹¹ As this happened, 'idiocy' was increasingly defined as a psychological concept and was integrated into a larger project to describe the early development of conceptual awareness in infants and children.

When the concept of autism was introduced in the early twentieth century, it was critical to early theories of child development that focused on social and emotional development as opposed to purely intellectual development. It was thus part of a major new movement in child psychology that was established in this period and which would become increasingly dominant. As Nikolas Rose has argued, by the early twentieth century, psychological sciences were becoming established as legitimate forms of knowledge via links with educational and social services.¹² Evolutionary sciences in the middle of the nineteenth century had provided the foundations for the development of psychological sciences in Britain. Herbert Spencer's amalgamation of sensory-motor physiology, phrenology, philosophical associationism and evolutionary theory in *The Principles of Psychology* (1855) constitutes a significant moment in the history of this discipline. The late nineteenth and early twentieth centuries then saw the expansion of the psychological sciences in Britain, as well as across Europe and America.¹³ It was during this period that journals specific to psychology were established and psychological laboratories, institutes and departments were also founded. In England, James Sully, Professor of Mind and Logic at University College London (UCL), founded the first English laboratory for psychology in 1897. In the same year, W. H. R. Rivers began

to teach experimental psychology at Cambridge University. The British Psychological Society was founded in 1901 under the leadership of Charles Myers and others. In 1904, the *British Journal of Psychology* was also established and was edited by Myers for the next twenty years.¹⁴ All of these developments ensured that psychological sciences were taken seriously as legitimate subjects of enquiry. This set the scene for the introduction of the concept of autism as a critical concept for thinking about child development.

Interest in 'social development' in infants and children emerged out of a wider concern with society at large as well as the development of the social sciences. Early-twentieth-century models of social development were created at a time when marked social hierarchies were assumed to be the norm, and an air of superiority prevailed amongst intellectuals who deemed themselves eligible to determine this hierarchy, often drawing from evolutionary sciences to do so. As Geoffrey Searle and others have argued, a British obsession with 'national efficiency' framed a number of arguments about the state of the British race and encouraged new statistical investigations into 'society' and its economic and racial hierarchies within the science of eugenics.¹⁵ At the same time, as William Wooldridge has pointed out, it led the bourgeoisie to develop a deep interest in inherited traits, sometimes as a means to challenge social divides and conventions.¹⁶ It is within this context that interest in social development in children emerged.

In 1908, William McDougall, an Oxford-based researcher with a part-time readership in psychology at UCL, published an *Introduction to Social Psychology* in which he argued that psychological theory should form 'the basis of all social sciences' and that this should be acknowledged and developed through the application of a 'hormic' model of behaviour based on a theory of instinctive drives in humans. McDougall sought to bind psychological and social sciences using this model, and his work was foundational for child psychological research in Britain.¹⁷ In fact, all child psychological sciences in Britain up until the 1960s were strongly directed by instinct theory, and descriptions of children's behaviour was regularly explained in terms of human instinct.

McDougall's early work described the social instinct as part of a general model of 'higher' and 'lower' instinctive drives, supporting a biased hierarchical model of society that was typical of the period. 'Civilised' man was compared to the 'savage' and 'stone age' man because he had

learned to adapt his instincts through imitation of others and this had enabled social progress. McDougall understood this social progress as the gradual engagement of instinctive drives, by means of which individuals developed a capacity for higher social thought and action. He argued that energy could be transferred to different parts of the nervous system via a fluid called 'neurin' that was secreted in response to outside stimuli. Cortical synapses housed the seat of all psychophysical processes. Neurin could be canalised into particular channels, moving from places of high potential to places of low potential and eventually draining into the muscles where it produced a contraction. If, however, an individual had developed sophisticated 'synaptic resistance' to such processes, then the 'neurin' would not drain into lower channels but would instead remain available for intellectual processes.¹⁸

Although several child psychologists in the final years of the nineteenth century had described 'social' development in children, this was usually within the context of broad moral and political ideals and involved questioning children about their friendships and civic values.¹⁹ It was only following McDougall that psychologists began to study, observe and meticulously document the 'social' as it emerged in children from birth through the emergence of play activities and language. This was one aspect of what Nikolas Rose has described as a science of the 'social', which emerged in the mid nineteenth century, as an entity that could be mapped, tracked, quantified, analysed and studied using statistical methods and which achieved a naturalistic quality.²⁰

The early twentieth century saw the establishment of statistical methodologies in the university system, and psychologists were keen to have their science recognised as being on a par with other sciences such as 'biometry', a field established by Francis Galton, president of the Anthropometric section of the British Association for the Advancement of Science, together with Karl Pearson and Walter Frank Weldon. When Galton died in 1911, Pearson took up a Galton Eugenics Professorship there with money bequeathed by Galton, and he turned the department into the focus of English statistics, drawing researchers from across Europe and the USA. Taking a strong hereditarian position, Pearson was convinced that abilities were inherited and maintained that social stratification was merely a by-product of natural capacities. The topic of social mobility was extremely contentious and many statisticians and social surveyors sought to offer scientific arguments one way

or another. In 1906, David Heron, one of Pearson's students, argued that the lower classes were reproducing at a phenomenal rate, leading to a deterioration of the race, a familiar cry amongst eugenicists. The study was part of a series of seminars on the biology of social stratification that aimed to develop the theory of eugenics.²¹ It is within this context that psychological sciences to assess and measure children were developing, and it is perhaps unsurprising therefore that they developed in a restricted and inflexible manner.

At a broad political and moral level, the period saw reformers such as Charles Booth and Seebohm Rowntree use the new technique of 'social surveys' in order to analyse the relationship between 'inefficient' unfit populations and economic adversity, using evolutionary theory to argue for social reforms that would both curb the unfit and boost the economy.²² It was the statistical analysis of populations that enabled the first discussions between politicians, social reformers, medical men and pioneers of the statistical method such as Galton and Pearson on how to manage society as a population group.²³ Prior to the statistical mapping of problems such as illness, crime and pauperism, there was no scientific enquiry into the 'social'. Darwinian analyses of the population as an organic entity helped to naturalise this conception of the social order and to legitimate the social sciences as genuine scientific methods.²⁴ William McDougall's concept of the 'social instinct' was an overt attempt to fuse these levels of understanding and to argue for a psychological model of social development that could be utilised by social scientists. As he put it: 'Among students of the social sciences there has always been a certain number who have recognised the fact that some knowledge of the human mind and of its modes of operation is an essential part of their equipment.' He went on to argue that many eminent contemporary social scientists, such as Emil Durkheim, refused to accept the centrality of psychology but argued that his work would encourage all to take account of its importance.²⁵

McDougall first encouraged his students to develop mass methods to measure children's psychological capacities, after Galton, organised a wholesale survey of the British population in 1903.²⁶ Cyril Burt, then one of McDougall's students, translated and adapted intelligence tests developed by Alfred Binet of the Laboratory of Physiological Psychology at the Sorbonne, France, and his colleague Théodore Simon, adapting them so that they could be applied across

large school populations in Britain.²⁷ This first series of intelligence tests attempted to measure vocabulary, spatial perception, memory, reasoning and judgement in individuals. They were used primarily as a means to accurately identify 'mentally defective' individuals, but they came to adopt a new dimension within the expanding education system as a method of segregating and streaming the child population according to intelligence levels.

When studies of early psychological development began in Britain, they adopted a wider model of instinct theory and evolutionary sciences to justify their models of social development. Studies of infant and child development presented their theories of 'the social' as if it were wholly removed from the wider political, economic and social Darwinian concerns and aspirations that were so prevalent in early-twentieth-century Britain. Child psychologists then began to create a highly idealised, stereotyped and somewhat clichéd version of what constituted 'social' relationships. Nevertheless, the hierarchical 'social' model on which this was based still guided the model. Psychological testing methods would increasingly be integrated into governmental and legal measures to control, organise and manage the population in the twentieth century via the education and social welfare systems.²⁸ This was increasingly the case as Cyril Burt's influence grew following his appointment as a government official; given his other work as scientific researcher and adviser, teacher trainer and popular journalist, his influence thus spread far beyond administrative and academic circles.²⁹

Nevertheless, these early studies of intellectual and social development constructed by McDougall and Burt were limited by the fact that, despite their feigned abstraction, they were clearly tied in with rather restricted and presumptuous models of intellectual development, superiority and social development. Child psychology was being investigated under the blunt assumption that children's thought was merely an undeveloped form of adult thought. Although children's 'social' development was being integrated into the theory of instincts in an original way, and the discipline of child psychology was developing apace, the tools and means to understand how 'lower' instincts fed into 'higher' intellectual abilities, via social interactions and engagements, left a lot to be desired. This

would only change after the introduction of the first autism into the theory of child psychology.

Autism: the original

The introduction of the specific term ‘autism’ into the language of Britain child psychological professionals occurred primarily via the work of Jean Piaget, a Swiss psychologist who had studied philosophy and psychology at the University of Zurich. The spread and uptake of the concept in Britain also occurred in an indirect way via the promotion and development of the work of Sigmund Freud by those interested in child development, such as Melanie Klein, Margaret Lowenfeld and Susan Isaacs. Many inaccurately attribute the origins of the concept to the American child psychiatrist Leo Kanner in 1943; however, autism had, in fact, been fundamental to shaping all theories and understanding of children’s psychological development from the early decades of the twentieth century. The networks through which Piaget’s model of autism first entered the country are important because it was in Britain, and even more specifically in London, that the most influential research on autism would be conducted from the 1960s.

Piaget had begun his training at the University of Zurich in 1918 where he attended many lectures by the psychiatrist Eugen Bleuler, who directed the Burghölzli, the psychiatric hospital attached to the university. Shortly after his training, Piaget was invited by Theodore Simon to standardise Cyril Burt’s intelligence tests for schoolchildren in Paris. It was after this that Piaget began to focus on the development of children’s reasoning abilities and established himself as an important thinker in the theory of child psychology.³⁰ It was at the University of Zurich that Piaget was introduced to the concept of autism via Bleuler. As discussed in the *Introduction*, Bleuler had coined the concept of autism in 1911 to describe a symptom of the most severe cases of schizophrenia, a concept that he had also created. Bleuler argued that autistic thinking was characterised by infantile wishes to avoid unsatisfying realities and replace them with fantasies and hallucinations. ‘Autism’ defined the subject’s symbolic inner life and was not readily accessible to observers.³¹

When Bleuler coined the term 'autism' in 1911, he attributed its etymology to Freud, and ultimately Havelock Ellis, through the term '*autoerotism*'.³² Freud had used this word in 1905 to describe hallucinatory thinking in conjunction with self-soothing in a stage of thinking that preceded the infant's engagement with external reality.³³ He also used the concept to assist his explanation of the trajectory of the sexual instinct both ontogenetically, within the individual, and phylogenetically, with regard to the evolution of the human species.³⁴ Bleuler also argued that the concept of autism was a refinement of what the French alienist Pierre Janet called *perte de la fonction du réel* (loss of the sense of reality). In 1903, Janet had explained the function of reality as a synthesis of all psychological functions ranging from automatic functions at the level of the nervous system up to complex thoughts and actions. If the nervous system was weak, psychological tension would drop and an individual would lose the ability to synthesise these complex functions and also lose the sense of reality.³⁵ They would then revert to a form of thinking that preceded the individual's ability to conceptualise their sense of self.

Although Bleuler's description of schizophrenia covered more than just autism, and included disturbances of attention, the will and the intellect, the concept was crucial to his description of the schizophrenic's lack of contact with reality. According to Bleuler, when schizophrenics tried to conduct logical operations in thought, they were unable to draw upon all appropriate associations in the mind, thus leading to an unsatisfactory sense of reality. They therefore substituted this unsatisfactory reality with fantasies that more readily satisfied their affective needs. By blocking off the perceptive-sensory stimulations of the outside world, autistic thinking then came to obey its own special laws, which were no longer bound by the rules of logic.³⁶ It was thinking that took place 'in symbols, in analogies, in fragmentary concepts, in accidental connections', and it was the source of both delusion and 'crude offenses against logic and propriety'.³⁷ Although autism was considered pathological within schizophrenia, Bleuler always regarded it as merely 'an exaggeration of a physiological phenomenon' that was present in all humans, and which manifested itself in normal fantasies and wishes.³⁸ Bleuler argued that the sense of reality was lost in schizophrenics only in relation to matters that threatened to contradict their complexes, a concept that had originally been developed by Jung, who had claimed

that it was analogous to what Janet called *idée fixe subconsciente* (fixed subconscious ideas).³⁹

Although it described an early stage of infantile thought, the concept of autism was also critical to the developing field of descriptive psychopathology in adults. As German Berrios has argued, the most important mental symptom to be ascertained and diagnosed as part of adult descriptive psychopathology was hallucination.⁴⁰ Both Freud and Bleuler sought to locate the origins of adult hallucinations and delusions in infantile thought that later influenced the adult unconscious mind. The concept of autism was critical in Bleuler's description of this process. After Bleuler had developed his own concept of autism to describe schizophrenic thought patterns, Freud went on to challenge Bleuler's description of autism by expanding psychoanalytic concepts to describe different types of early infantile thinking, thereby developing the concept of primary narcissism. Freud himself acknowledged that the concept of 'primary narcissism' was developed as a direct response to Bleuler's work on schizophrenia and autism. As he put it, 'A pressing motive for occupying ourselves with the conception of a primary and normal narcissism arose when the attempt was made to subsume what we know of dementia praecox (Kraepelin) or schizophrenia (Bleuler) under the hypothesis of the libido theory.'⁴¹ Corresponding with Jung in 1908, Freud pointed out that he had had protracted discussions with Bleuler about his theories of infantile hallucination and what language should be used to describe the early stages of infantile thinking. Whereas Freud was intent on making sure that early infantile thought was conceptualised in relation to the libido and drive theory of instinct, Bleuler preferred to discuss early infantile thinking as simply not yet in contact with reality, and he was already using the term 'autism' to try to convince Freud to do the same.⁴² Nevertheless, they were both describing a similar thing, namely early infantile thought and its relationship to pathological thinking processes in schizophrenia. Bleuler, Freud and Janet's interest in the symptoms of autism and autoerotism in adults was shared by many other French alienists who had referred to aspects of autism as 'autophilia, egocentricity, ego-hypertrophy, and *augmentation du sens de la personnalité*'.⁴³ Some French writers, such as Henri Claude of the Hôpital Sainte-Anne in Paris, criticised Bleuler's direct association between autistic thought and the loss of the sense of reality.⁴⁴ However, child psychology researchers, such as Piaget and Isaacs, followed Freud

and Bleuler in linking autistic or 'autoerotic' thought with hallucinatory thinking and an inability to conceptualise the external world.⁴⁵ In the 1920s, many professionals working with children began to use the concept of hallucination readily in the description of children's thought.

In 1922, Piaget gave a paper at the International Conference on Psychoanalysis in Berlin, entitled '*La pensée symbolique et la pensée de l'enfant*' (symbolic thought and children's thought), where he put forward his theories on the way that infants and children developed a relationship to reality via their everyday interactions with people and objects.⁴⁶ Drawing from the towering figures in descriptive psychopathology at the time – Eugen Bleuler and Sigmund Freud – he claimed that the pre-verbal stages of children's thought could be described as 'autistic' or 'symbolic'. During this stage of thinking, children could not follow logical rules and did not think conceptually, and there was a predominance of visual imagery in their minds.⁴⁷ These thought processes subsided as the infant became more aware of the concrete objects and reality surrounding him or her. Piaget drew direct analogies between infantile thinking and unconscious symbolism as described in psychoanalytic theory.⁴⁸ He claimed that 'autistic' and 'symbolic' thought were both characterised by three distinctive features, namely, '*absence de suite logique, prédominance de l'image sur le concept, et inconscience des connexions qui relient les images successive entre elles*' (an absence of logic, a predominance of visual imagery over conceptual thought and no awareness of the connections that can be made between visual perceptions).⁴⁹ By demonstrating the relationship between the Freudian unconscious and Bleuler's concept of autism, Piaget linked the concept of autism directly to the child's progressive attempts to engage with reality.⁵⁰ He suggested that these attempts to engage with reality could be investigated using psychological tests that measured children's perception and self-awareness. Piaget was strongly influenced by Henri Bergson's metaphysics, in particular Bergson's *Creative Evolution*, which claimed that the theory of knowledge and the theory of life were inseparable. In 1929, he reported the results of tests in which he had questioned children on their beliefs about the physical world and argued that their thought developed from primitive magical imagination through to logical reasoning.⁵¹ Drawing attention to work by Freud on mental economy, he argued that when adults thought symbolically, they 'condensed'

concepts and 'displaced' one image or concept onto another because they experienced a reversion to primary autistic thinking in which no distinction was made between the various external stimuli that bombarded the infant in his daily life.⁵²

Unlike McDougall and Burt's theories of social development in children, Bleuler, Freud and Piaget's work offered a new model for describing early infantile thought that did not just present it as an unsophisticated, lower or more primitive version of adult thinking. These ideas employed instinct theory in a way that considered early thought as a vital, significant and creative force that remained significant into adult life. Furthermore, it tied the theory of child psychological development into a theory of self-awareness or ego development. Although Freud and Bleuler's readiness to match pathological thought in adults with normal infantile thought may appear strange, it was, of course, part of a bold new project to think of the origins of mental illness and to frame this in relation to a model of the unconscious understood through the logic of instinctive drives.

The adoption of the first autism in Britain

When child psychologists in Britain began to integrate theories of autism and Autoerotism into their models of an infant's ability to conceptualise the external world, they did so in the context of major anxieties about the subject of social development. As many historians have argued, the aftermath of the Boer War had drawn attention to the supposed 'deterioration' of the British race as well as the instabilities of the British Empire.⁵³ This also sparked anxiety about the best way to manage supposedly undesirable aspects of society, in particular how to manage people who had low intelligence, an entity that could now be neatly measured using psychological tests. In 1908, the Royal Commission on the Care and Control of the Feeble-Minded produced a report arguing that 'mental defect' was primarily an inherited condition that would not respond to environmental improvements and should therefore be controlled through legislation that enforced certification and custodial care. The Board of Education strongly opposed the legislation and argued instead that the special school system should be expanded under a newly developed School Medical Service.⁵⁴ However, both

the Majority and Minority Reports of the Royal Commission on the Poor Law in 1909 supported the proposed legislation, and after lobbying by the Eugenics Society, they finally became law in 1913 under the first Mental Deficiency Act.⁵⁵ This was the same year that Burt was appointed as the Official Psychologist to the London County Council (LCC) and tasked largely with identifying defectives so they could be referred to the Board of Control.

The Mental Deficiency Act thrust Burt and other early child psychologists in Britain into a major government programme of assessment and intervention as part of a national programme of certification and control. This was not made easier by the fact that the legal definition of 'mental defect' was far from clear, and major contradictions existed in the legislation. Section 1 (b) of the Mental Deficiency Act 1913 had defined 'imbecile', 'feeble-minded', 'idiots' and 'moral defectives' as incapable of learning in different ways and thus deemed them the responsibility of the Board of Control. However, Sections 2 and 21 of the Act had made the local education authority responsible for all children capable of benefiting from instruction in 'special schools', a term left undefined in the legislation. It was clear that these definitions were not mutually exclusive and led to much jostling between authorities that often used psychological definitions to their own economic advantage.⁵⁶

In 1913, the President of the Board of Education, J. A. Pease, stated that 48,000 British schoolchildren required special care and education externally to the general schooling system, but that only one-third of them would be classifiable under the Mental Deficiency Act.⁵⁷ The Elementary Education (Defective and Epileptic Children) Act 1914 compelled local education authorities to provide special education for 'defective' children, attempting to allay concerns from the Board of Education over the educational rights of 'defective' children. This Act did not cover the whole of the UK, in particular Scotland, where 'defective' children were the responsibility of the parish councils, and, in practice, different local authorities provided different levels of service across the UK.⁵⁸ To enforce the schooling of some children, even if some psychological professionals considered them to be 'educable', and some local authorities thus pushed for certification. By 1915 there were 14,626 'defective' children in residential institutions for defectives or special schools in England and Wales, and by 1927 there were 17,337.⁵⁹

The First World War and the following economic depression, however, heightened the problem of provision. There were simply not enough funds to educate some children who may in fact have been classed as 'educable'. In 1923–24 the estimated expenditure on special schools was £1,260,383, whereas the estimated required budget was over £4,000,000.⁶⁰ Little additional funding was found during the 1920s, and a further economic crisis of 1927 only exacerbated the situation. Even if attending 'special schools', 'defective' children were often removed from their families, who knew little about what they were being taught. In any case, the problem of the growing exclusion of 'ineducable' children in the interests of an exclusionary model of social organisation would fundamentally shape and define theories of child development, socialisation and intelligence over the following decades.

Although the Mental Deficiency Act provided an impromptu boon for psychological sciences, it simultaneously excluded, segregated and isolated a large section of the child population who would otherwise have had the opportunity to be integrated into psychological studies. Hence, although the Mental Deficiency Act stimulated a flood of studies aimed at measuring the psychological capacities of the total child population and their abnormalities or discrepancies, it also led to a fundamental lack of interest in child 'mental defectives' after they had been classified and institutionalised. Burt became obsessed with classifying the difference between children who were simply 'backward' and those who 'defective',⁶¹ constantly seeking 'statistical evidence for the existence of a distinct species of pathological "defectives," unobtainable by normal variation.'⁶² He also became very interested in supporting a hereditary theory of general intelligence, as many have pointed out.⁶³ This unprecedented attempt to employ psychological sciences in the service of government and local authority administration focused government psychologists on tests for 'educability'. The branch of child psychology that focused on intelligence testing quickly formed its own niche market in relation to the schooling and mental deficiency sectors. What this meant in practice was that statistical psychology was tied to a particular model of government service and, ultimately, social exclusion. Perhaps unsurprisingly, this left little time for government-employed psychologists to pontificate on the finer details of an infant's development of self-identity and its relation to unconscious life and creativity.

Because most psychologists employed by the government were focused on intelligence testing based around a uniquely politicised model of social exclusion and progression, this left little room to think critically about how social development in infants could be abstracted from these ideologies. Statistical psychologists such as Burt were blinkered by their fixation with intelligence as a pure measure of mental ability, and models of 'social development' within this did not move far beyond McDougall's idealised characterisation of 'higher' and 'lower' channels for instinct and their potential to affect the mind. What this meant was that the integration of European studies of autism, autoeroticism and primary narcissism into theories of child development fell more squarely on the shoulders of a new professional group of child-care workers who were assigned to deal more specifically with issues of child welfare. Many of these early psychologists, such as Susan Isaacs and Melanie Klein, were also those who were much more likely to think in terms of individual cases and individual children, rather than statistical methodologies.

Whereas the Boer War had focused attention on the problem of 'degeneration', the First World War, and the devastating experiences of trench warfare, led many to focus to the fragility of life.⁶⁴ Moves that had been made during the late nineteenth and early twentieth centuries to protect child life and to provide children with basic provisions and shelter were reinforced following the war, even though at the same time the provision for 'special schools' to educate 'backward' children was failing to meet demand. This discrepancy was the result of an overvalued notion of 'normal' childhood and an incredibly undervalued and exclusionary view of any children who were not classed as such. It was also down to further external funding from North American philanthropic organisations such as the Rockefeller Foundation and the Commonwealth Fund, which provided additional funds to cater for the basic needs of the majority population of children rather than minority groups. For example, measures to support the lives of children led to an increase in the number of maternity, child and welfare centres in England, from 650 in 1914 to 1,278 in 1918.⁶⁵ By 1935, there were 3,113 centres and 1,417 ante-natal clinics.⁶⁶ These clinics focused their attention on measuring means, norms and averages within childhood development stages and intervening to support those norms.

One important development with regard to the uptake of the autism concept was the establishment of clinics in Britain specifically catering for those with psychological illness. The 1920s saw the establishment of two of the most important institutions involved in the propagation of new forms of psychological therapy in Britain, again stimulated by the war due to the growing problem of 'shell shock' in soldiers. The Tavistock Clinic, established in 1920, and the Maudsley Hospital, established in 1923, set the scene for the in-depth study and analysis of severe forms of mental illness in civilian populations.⁶⁷ The theoretical orientation of the Tavistock Clinic was aligned with the theories and principles of dynamic psychology, broadly defined, seeking to develop and promote the work of Sigmund Freud.⁶⁸ The broader ethos of the clinic sought to teach psychological methods and methodologies to a wider public, as emphasised in the director Hugh Crichton Miller's publication, *The New Psychology and the Parent* (1922). As Nikolas Rose has argued, the Tavistock constituted a vital force that impelled the uptake of psychological theories and self-governance in Britain. The Maudsley Hospital was more interested in developing a unique speciality of psychiatric medicine, yet it also had wider social goals.⁶⁹

Both the Tavistock and the Maudsley Hospital sought to distance themselves from older forms of asylum care for adults and to develop new treatments for adults. Nevertheless, the clinics were soon inundated with child referrals. By 1935, the Maudsley was treating around 839 child cases per year, almost ten times its initial 1924 caseload.⁷⁰ In 1938, the Tavistock clinic was receiving around 341 new child cases per year. The referral of children to mental health institutions increased dramatically after the Local Government Act 1929 transferred responsibility for the care of around 90,000 children in poverty from Poor Law authorities to education and health departments. These children had to be re-categorised and new justifications had to be given for administering to their needs. In the late 1920s, the Commonwealth Fund began to provide funds for the purpose of improving 'child guidance' services in Britain, in which physicians, psychologists and social workers teamed up to assist the development of 'difficult' and 'troublesome' children.⁷¹ By 1938, there were over sixty child guidance clinics in Britain.⁷² The London-based Child Guidance Council always remained adamant that mental deficiency should *not* be included as part of their remit of treatment and that 'mental defectives' should be dealt with via other

channels. There was some opposition from one member, Evelyn Fox, a pioneer in the formation of the Central Association for the Mentally Defective, which later became the National Association of Mental Health. However, Fox's opposition was overturned and she was later effectively removed from the council.⁷³ The omission or removal of 'defective' children from child guidance clinics, and from all clinics interested in child mental health, continued up until the end of the 1950s and provides an important context for the way in which theories of autism were integrated into British psychology.

When the theories of autism, autoerotism, ego development and primary narcissism entered the field of child psychology, they did not do so via institutions dealing with mental deficiency and backwardness. Instead, they entered via the new clinics and mental health institutions that were concerned with developing new concepts of psychopathology and breaking away from traditional notions of mental illness. These aims also differed significantly from those of psychological professionals based within the mainstream education system, and a very real and important divide would form between these two fields of practice. Many psychologists who worked in the medical sector were members of the British Psychoanalytical Society, established by Ernest Jones in London in 1913. Many of its members went on to develop psychological sciences in relation to children. For example, Melanie Klein, a Viennese émigré and child analyst who had joined the society in 1926, was extremely influential in the development of child psychotherapy in Britain.⁷⁴ Susan Isaacs, a philosophy graduate from Manchester who became an associate member of the society in 1921, was also highly influential in developing the ideas and principles of dynamic psychology in children through observation and description. She later became head of the Department for Child Development at the Institute of Education and hugely influential on British childcare policy.⁷⁵ Donald Winnicott took up a post in paediatrics at Paddington Green Hospital in 1923 and at the same time began to develop links with the British Psychoanalytical Society. Paddington Green thus became another important staging ground for the development of dynamic psychology and theories of the formation of self-identity and social awareness in children.⁷⁶ Another important thinker in developing this perspective was Margaret Lowenfeld, paediatrician and founder of the first Children's Clinic for the Treatment and Study of Nervous and Difficult Children

in 1928, which later became the Institute of Child Psychology. These people ensured that psychological theories of social development in children were developed thoroughly in Britain, in particular in London. One important point to mention here, especially given the overall low employment for women throughout the 1920s (less than 30 per cent of the total workforce and predominantly unmarried),⁷⁷ is the fact that most of them were professional women seeking to develop new fields of professional activity and new domains of knowledge in which to thrive. Child psychology was one important area in which they could do so.

The parallels between the thought of adults with mental illness and the thought of normal infants, drawn so starkly by Bleuler and Freud, found their best reception amongst professionals working with children in institutions that also catered for adults, such as the Maudsley and the Tavistock. This is perhaps unsurprising, given the institutional context that also housed adults with mental illness. However, they also found an outlet in child guidance clinics and in institutions that bucked general trends in state education and worked for 'progressive' or 'permissive' educational settings, such as Alexander Sutherland Neill's Summerhill School, founded in 1921, and Susan Isaacs' Malting House School, founded in 1924, which shunned traditional practices of education and encouraged young children to learn through curiosity and creativity.⁷⁸ These were very specific institutional contexts that shied away from the general trend that perceived and applied child psychology as merely a tool for measuring intelligence. Even more importantly, these were institutions where the children who attended were not regarded as extremely atypical according to the intelligence scales then available. Children who had received a classification of 'mental deficiency' were nowhere to be seen within these institutions. Such children would have been rapidly transferred to either the Board of Control or a 'Special School', if they were lucky, and would not have had recourse to institutions or facilities like the Tavistock, the Maudsley, child guidance clinics or permissive schools.

Thus, when critical concepts to conceptualise early social development in children were integrated into British psychology, they were integrated only into institutional contexts that were unique in that they both harboured a liberal, advanced and progressive view towards the treatment of childhood mental illness, yet simultaneously excluded a major section of the child population who were arguably most in need

of understanding, care and treatment. This strange situation, the result of major anxieties and fears about deterioration and child protection in the context of the Boer War and the First World War, meant that theories of social development in children developed in a very bizarre way during the interwar period.

The introduction of the autism concept into the theory of child psychology occurred at the same time as the introduction of Bleuler's term 'schizophrenia', along with Freud's theories of hallucination and fantasy in early thought and its role in adult mental illness. It was not possible to draw clear distinctions between these concepts in early theories of child psychology, as we shall see. All of these concepts were used to describe children who were thought not to be engaged with reality due to their hallucinatory thinking, rather than their lack of intelligence. When such theories started to be touted, the concept of 'psychosis' was also sometimes employed to describe the same thing, psychosis being an older term introduced in the mid nineteenth century as an alternative to 'insanity' by the Austrian doctor Ernst von Feuchtersleben.⁷⁹ By the 1920s, with the expansion of child psychological sciences to mental health and child guidance institutions, 'psychosis' came to be used synonymously with 'autism' and 'schizophrenia' by child psychologists to designate early infantile thought presumed to be infused with hallucinations and symbolism. Piaget appropriated the concept of autism to enable a detailed description of infantile thought that moved beyond the concepts of intelligence. In fact, in *The Language and Thought of the Child* (1923), he developed a new concept of 'ego-centric' thought, which he claimed bridged the gap between the autistic thinking of early infancy and the intelligent thought of later childhood.⁸⁰ At the same time, because Freud's work was developing the descriptive capacity to detail early infant thought experiences, the autism concept was becoming particularly popular amongst the burgeoning group of professional child psychologists, psychoanalysts and psychiatrists who were aiming to develop their profession, as well as promote the significance of their work. In other words, autism was a fundamental concept for psychological professionals interested in developing theories of child development that paralleled, but were distinct from, intellectual development.

In Britain, child psychological professionals introduced these theories in the 1920s and 1930s. Many English psychologists were familiar

with Piaget's *The Language and Thought of the Child*, which elaborated his theories of autistic thinking.⁸¹ Isaacs had similar interests concerning the formation of children's thought processes, but there was one significant area where Isaacs and Piaget differed. In *Judgement and Reasoning in the Child* (1928), Piaget had argued that children's behaviour was only fully social from the age of eight when they emerged from their primarily 'egocentric' interests and began to take the perspective of other individuals.⁸² However, Isaacs and her contemporaries, such as Melanie Klein and Margaret Lowenfeld, saw the origins of social relations even in newborn infants. As far as they were concerned, there was no age too young for children to start to experience emotions concerning relationships with others that were the kernels of true social feelings and interactions. The actions, expressions and feelings of infants were described in immense detail and work was then used to form the basis of new theories on the significance of these early stages to later social abilities. In particular, they were also all fascinated by the play of children and its role in enabling those children to become social beings. It was in this way that psychological professionals in Britain began to develop a unique language to describe the thoughts of infants regarding their relations to other people, which became particularly formidable in the work of Klein and Isaacs. These theorists united ideas of hallucination and lack of contact with reality with theories about the early development of human relationships. The link between these ideas would fundamentally shape the first concept of autism as it developed in the English language. Hallucinatory thoughts about other people were regarded as the origins of unconscious thought prior to its repression during the processes of socialisation. Just as Isaacs took issue with Piaget's claim that social behaviour began at the age of eight, Klein took issue with Freud's idea that the 'Oedipus complex' occurred at the age of three when a child became aware of external moral and social restrictions to his instinctive and egotistical desires in the form of the superego. Klein argued that children had a social awareness from an earlier age. At first, she claimed this was in the second year of life, but she later claimed it came even earlier, at birth.⁸³

The primary place in which early child dynamic psychologists looked to discover the link between hallucination and social thought in the 1920s was in children's play. Klein would describe the hallucinations associated with relationships as 'phantasies', taken from the English

translation of Freud.⁸⁴ She described the importance of play observation to the British Psychological Society in 1927:

When from our psycho-analytic point of view we watch the child at play and use special technical measures to diminish its inhibition, we can bring out these phantasies and theories, find out the experiences the child has had, and see all the child's impulses and its reacting criticizing faculties both at work ... Tiny dolls, men, women, animals, cars, trains and so on, enable the child to represent various persons, mother, father, brothers and sisters, and by means of the toys to act all its most repressed unconscious material.⁸⁵

Klein, Lowenfeld and Isaacs assumed that all of the play engaged in by a child was associated with phantasies about relationships, and argued that these phantasies stemmed from early infancy when that child was in a state of thought characterised by free, unbound and unsocialised instincts towards other people or other objects. The Kleinian version of this very early stage of thinking was characterised by conflict and aggression. Building on Freud's discussions with Bleuler on autism, Klein claimed that an infant's relations to all other people and other objects was purely 'narcissistic', *yet*, unlike Freud, she argued that it was still during these early narcissistic stages of thinking that the infant also began to establish a relation to reality. She argued that they became aware of reality through their feelings of absence or lack of pleasure-giving objects. As she described it, 'children become acquainted with reality via the deprivations which it imposes on them.'⁸⁶ She frequently came to describe this in relation to the infant's early feelings and thoughts about the mother's breast.

In 1929, Klein published a paper on personification in the play of children in which she argued that if instinctual wish-fulfilment dominated over a child's recognition of reality, then the child could be described as experiencing a type of 'psychosis' where phantasies and wish-fulfilment dominated over reality.⁸⁷ She thereby developed Bleuler and Freud's theories that fused early infantile and schizophrenic thinking processes. However, Klein did this by claiming that that kind of early thought was already characterised by very complex relationships to objects and other people, rather than being completely un-relational, as in Bleuler's autism and Freud's primary narcissism. In 1930, she argued that schizophrenia and psychosis should be diagnosed more often in

children, as this would help child psychologists to understand infantile thought and its extreme pathologies.⁸⁸

Klein argued that child psychiatrists often misdiagnosed schizophrenia and psychosis as 'arrested development', 'mental deficiency', 'psychopathic condition' or 'asocial tendency'.⁸⁹ For her, psychoanalytic descriptions of narcissistic and autoerotic thought provided the key to explaining the mental state of psychosis, and she argued that 'fully developed schizophrenia' and 'schizophrenic traits' were far more common in childhood than was previously supposed. Her reasoning was based on her treatment of several cases in which she had observed children with extreme versions of what were otherwise common traits in infancy and childhood, namely 'marked severance from reality, a lack of emotional rapport, an incapacity to concentrate on any occupation, silly behaviour and talking nonsense', as well as an 'excess of activity and stereotyped movements' and 'automatic obedience'.⁹⁰

In her early work, Klein tended to use the terms 'schizophrenia', 'psychosis' and 'dementia praecox' interchangeably. Employing her own scaled-down version of Freudian theory, Klein thought that schizophrenia in children was caused by excessive sadistic phantasies during the phase of primary narcissism that meant that the infant was unable to establish a 'right relation to reality'. As she understood it, the ego created an 'exaggerated and premature defence' against this early sadism, meaning that any further exploration of the mother's body and the external world were brought to a standstill. This led to a 'suspension of the symbolic relation to things and to reality'.⁹¹ For Klein, failure in the development of phantasy relations could explain why infants and children later failed to establish relations to objects and to people in the real world, which also explained failures in the development of language. Klein also argued that, in schizophrenia, 'the capacity for personification and for transference fails'; in other words, the child found it hard to develop relationships because s/he had not developed a satisfactory relationship to the primary object of the mother.⁹² However, for Klein, this mother was a phantastical object, and ultimately a theoretical device, used to describe psychological development in infancy. The mother herself, and her actions, were irrelevant to the discussion. The mother was important only because she was the first object of the infant's phantasies.

Klein's understanding of both normal and schizophrenic thought in infancy was popularised by Susan Isaacs and many other psychologists in Britain. In 1933, Isaacs claimed that childhood schizophrenia was an extreme version of the 'flight to phantasy' that followed the infant's anxiety over its early 'aggressive impulses', causing the child to 'withdraw from contact with real people and real situations'.⁹³ This description of childhood schizophrenia was formed from a fusion of British instinct theory, psychoanalytic theory, observations on the play of typical children and observations of child psychoanalytic patients. Klein was absolutely clear on the significance of phantasy to the construction of reality. As she put it, 'for all children in the beginning external reality is simply a mirror of the child's own instinctual life.'⁹⁴ It was out of this early 'primitive' reality that psychotic thinking processes were created. Klein sought to understand psychotic thinking processes because her aim was to treat them with psychotherapy, employing play techniques, discussion and suggestion. In 1931, Klein argued that the sadism of early infancy could also lead to 'intellectual inhibition' in children.⁹⁵ Isaacs later expanded on this in her theories of anxiety in the first year of life.⁹⁶

Many analysts working in Britain adopted a similar approach to the centrality of infancy in the development of psychotic thought processes, although they did not adopt Klein's theories wholesale. In 1932, Edward Glover argued that a psychoanalytic 'functional approach' to the classification of mental disorders was very productive. He claimed that schizophrenia was characterised by 'deep and extensive regressive features' to early stages of infancy and that these could be explained by interrogating the infants' early libidinal relationship to the external world.⁹⁷ Susan Isaacs, Margaret Lowenfeld and many other psychological professionals in the 1920s and 1930s supported Klein's ideas about the importance of describing hallucinations and fantasies about the mother and other 'objects' within infantile thought. The term 'objects' was coming to be used to describe any conceptual object that the child related to, including people, or parts of people, such as the mother's breast. Many also adopted Piaget's theories on child development to create a new model for understanding and describing the origins of social development and social awareness in children.

Child psychologists, psychoanalysts and psychiatrists in Britain employed the concepts of autism and primary narcissism to describe early infantile hallucinatory thinking. From the 1920s up until the

1950s, they developed a unique perspective on this early stage of infantile thought that they regarded as infused with phantasies about people and 'objects', a perspective that would develop into the 'object relations' school of British psychoanalysis. In fact, English child psychologists in Britain became dominant in the field for their descriptions of the hallucinatory and fantastical thoughts of infants and children, and their relation to early relationships and social thinking, as observed through their play activities. This meant that they developed a unique perspective on child development during this period.

Intelligence and social development

The development of intelligence tests by Binet, Simon, Burt and Piaget in the early twentieth century was accompanied by a growing field of 'social development' measurement scales that mimicked and echoed intelligence tests and schedules in their structure, attempting to mark out the origins of early relationships. In the USA, the increased use of intelligence tests had sparked the creation of these 'social development' scales, which paralleled intelligence tests in their specificity and detail, whilst also allowing for very early testing of children's abilities. In 1911, Arnold Gesell established the Clinic of Child Development at Yale University and later adopted duties similar to Burt's in assessing and identifying 'retarded' children for the State Board of Education for Connecticut. In the early 1920s he began amassing a huge photograph library depicting various stages of children's normal development.⁹⁸ His aim was to fuse the itemisation of intellectual abilities and social abilities in his developmental scales. In *The Mental Growth of the Preschool Child* (1925) and *Infancy and Human Growth* (1928), he detailed a total of 195 items that could be used to evaluate a child's development between three and sixty months concerning their 'motor', 'adaptive', 'language' and 'personal-social' abilities, and these items were presented as developmental schedules that represented typical behaviour at particular ages.⁹⁹ At the Vineland Training School for Feeble-Minded Children in New Jersey, Henry H. Goddard pioneered new research into testing for abnormalities in children's psychological development, supporting Stanley Porteus and his non-verbal maze test, as well as Edgar A. Doll's research on birth injuries and later his definitive Vineland Social Maturity Test.¹⁰⁰

In the USA, a wider genre of popular literature on child development had also developed, such as William Stern's *Psychology of Early Childhood* (1924), Jessie Fenton's *Practical Psychology of Babyhood* (1925) and Winifred Rand's *Growth and Development of the Young Child* (1931), which helped to popularise psychological theories of infant and child development.¹⁰¹ These books were also publicised in Britain.¹⁰² Gesell and Doll's 'social development' scales were praised by many international psychologists, such as Charlotte Bühler at the University of Vienna and Katherine Bridges at McGill University in Canada.¹⁰³ They were part of a wider international movement within psychology to think about mental processes in infants and children, such as the work of Kurt Koffka, who had studied psychology under Carl Stumpf at the University of Berlin and was in 1927 appointed Professor of Psychology at Smith University, USA. However, few of these works integrated the concepts of autism, primary narcissism, schizophrenia and psychosis in their understanding of child development and were thus regarded as inadequate by the growing generation of dynamic child psychologists in Britain and elsewhere.

Many English dynamic psychologists in Britain in the 1920s and 1930s criticised and raised concerns about the applicability of standardised tests for social functioning, such as the work of Gesell. Isaacs pointed out that the Gesell scales normalised certain 'social' behaviours that were ultimately taught by parents and which therefore could not be indicative of genetic or biological endowments. She argued that all rating scales usually had 'an educational or moral bias' and that it would therefore be premature and 'quite sterile' to use them to devise social policies or to create interventionist treatments.¹⁰⁴ Drawing from work by Charles Valentine, Professor of Education at the University of Birmingham and first editor of the *British Journal of Educational Psychology*, Isaacs pointed out that children's responses to all situations differed depending on variations in environment, for example, the presence or absence of the mother, or if the child was in the school or home environment.¹⁰⁵ Isaacs was very critical of rating scales and experimental methods when it came to understanding social development in children. She argued that 'Those investigators who are attempting to build up rating scales and schedules for social and emotional development do not always seem to me to provide sufficiently against the risk of oversimplification.'¹⁰⁶ Isaacs wished to advance, and indeed complicate, the way

that psychologists perceived social development, and she employed the work of Klein and other theorists on early infantile thought in order to do this. Her aim was to delve as deeply as possible into the biological processes behind children's thought, as well as the texture and character of that thought. As with most psychologists in Britain in this period, she was interested in instincts but she specifically focused on early infantile instinctive drives and on the way that social development emerged in minute stages.

Other, primarily female professionals also sought to promote new ideas about social development in children. Beatrice Edgell, the first British woman to obtain a doctorate in psychology and the first female president of the British Psychological Society (1929–32), was central in promoting all of these new theories in the UK, sharing with Piaget an interest in both philosophy and psychology.¹⁰⁷ Writing in the second edition of the *British Journal of Educational Psychology* in 1931, her colleague Victoria Hazlitt, from the Department of Psychology, Bedford College, London, argued that traditional British faculty psychology was rapidly being superseded by detailed studies of children's thinking by Isaacs and Piaget. These studies, she argued, demonstrated that 'rigid' faculty models of the mind were useless and that the dynamic study of instinctive drives revealed this.¹⁰⁸

At the same time, Jean Piaget was further developing his ideas about autism as an early stage of infantile thought. Then working at the Institut Jean-Jacques Rousseau in Geneva, he became increasingly interested in elucidating the working mechanisms of thought based on the study of logic in a typical sample of infants and children.¹⁰⁹ His prolific publication of books and articles on all aspects of children's reasoning processes sought to shed light on the way that infants and children formed concepts and conducted intellectual operations in their minds. After his 1923 study of children's language and thought, Piaget later published books on the child's understanding of causality; their conceptualisation of the external world; the origins of moral judgement and intelligence; imitation, play and dreams in children; and how children constructed reality, amongst other things.¹¹⁰ Unlike Gesell, Piaget's aim was not to explore the progressive stages of cognitive development in infants and children. Instead, he sought to explain *why* children thought how they did, rather than simply *how* children thought. He often questioned children about their reasoning

in order to do this, claiming that this was the only way to generate the knowledge that he wanted. Isaacs and others argued that this method was 'suggestive' and could potentially influence responses in a way that direct observation did not.¹¹¹ However, Isaacs and other dynamic child psychologists in Britain took a similar approach in that they attempted to unearth the motivations for children's thought, yet they focused much more on unconscious rather than descriptive thought.

It was by building particularly on the work of Isaacs that child psychologists in Britain sought to formulate a unique theory of child development that explained the origins of socialisation, but did so in a way that integrated theories of the unconscious mind with detailed observations of children's daily interactions. Furthermore, these new psychologists sought to clarify the ways in which infants and children developed a relationship to reality via their interactions with the social world. It was through thinking about social development, and the cases in which this development went wrong, that child psychologists in Britain began to develop the concept of autism and unite it with theories of social development and the development of relational thinking.

By the 1930s, Isaacs had become a formidable figure in British psychology. She had taught advanced psychology students at UCL and lectured widely on psychology and psychoanalysis.¹¹² She also served on the editorial board of the *British Journal of Educational Psychology* and the *British Journal of Medical Psychology*.¹¹³ In 1933, Isaacs established the first Department of Child Development in Britain at the University of London's Institute of Education (IoE). She was also becoming influential in guiding government policy on childcare and education, giving evidence to the Hadow Committee on Infant and Nursery Schools in 1933 and later the Home Office Care of Children Committee in 1945.¹¹⁴ In 1948, she was appointed CBE for her services to education.

In 1933, the same year that the Department of Child Development opened, Isaacs published her authoritative treatise on *The Social Development of Children*, which was well received by Ernest Jones, Mildred Creak and others with a strong interest in developing child psychology via theories of the unconscious.¹¹⁵ Isaacs described what she regarded as the powerful emotions and feelings that infants experienced as they emerged from the 'egocentrism' of early infancy characterised by 'primitive libidinal wishes' and then developed an awareness of the family, nursery group and wider society around them. For Isaacs, early infancy

was a time of intense emotion, when 'the instinctual longings of the child for food and love' were 'enormously strong', causing a 'stress of urgent unsatisfiable need' if food or love were found wanting.¹¹⁶ After these passionate experiences of early infancy, the child only slowly developed into a social being via daily interactions with parents, siblings and playmates where internal needs, wants and desires were 'projected' onto those other people in an attempt to make sense of the outside world and the way it functioned. It was only when individual desires were thwarted that children began to realise the need for social organisation, as they had to step outside their own egotistical wishes and consider the needs of other people. Activities such as play with toys and other objects enabled the child to improve their understanding of the external world and sowed the seeds of social interaction. Isaacs argued that in her work, she 'tried to unravel the pattern of the young child's behaviour so as to show the threads by which his pre-social feelings and phantasies are carried forward into the social relations of later life'. She was also interested in 'the development of social responsibility, and the forms which the individual's conscience in relation to his fellows first assumes.'¹¹⁷ Isaacs' detailed study of social development epitomised new dynamic psychology approaches to child development in Britain at the time. Because it integrated theories of the 'egocentrism' of early infancy within a wider theory of general social development in children, it opened up new markets for theories of infant and child unconscious thought processes and their impact on their development of relationships. These new theories opened up new markets and new opportunities for the spread of the theory of infant and childhood 'autism', 'autoerotism' and 'primary narcissism' as a state of mind that structured children's later thinking but was unrelated to intelligence.

By the 1930s, there was a growing interest in treating children's problems via psychoanalytic theory. In the late 1920s, Edward Glover had been successful in ensuring that psychoanalysis was recognised as a legitimate branch of medical science in Britain at the British Medical Association (1926–29).¹¹⁸ In 1932, he founded the Institute for the Scientific Study and Treatment of Delinquency (ISSTD) that sought to treat criminal tendencies rather than to mete out punishment through the penal system, and the Howard League for Penal Reform supported this work.¹¹⁹ Glover's work at the ISSTD sought to discover the roots of crime in infantile impulses and drives and his work helped to promote

theories of the unconscious to new domains within the criminal justice system.¹²⁰ Psychoanalytic theory was also popularised in books such as Miller's edited volume, *The Growing Child and its Problems* (1937).

At the same time, Isaacs' theories of social development were also being promoted widely via the British education system. The work of the consultative committee to the Board of Education under Henry Hadow from 1920 to 1934, and later William Spens, was highly influential in the formation of British educational policy in the interwar period and beyond. The committee published a series of influential reports covering the emotional and intellectual development of children from birth to adolescence, in which evidence from Burt and Isaacs played a crucial role. Burt and Isaacs' evidence to the Hadow committee helped promote Isaacs' new theories of social development in children, yet it was the introduction of testing methods to identify intellectual ability and deficiency that stole the show for most government officials in the interwar period.¹²¹ Although central government adopted the idea of 'mental deficiency' wholeheartedly, the uptake of psychological theories within educational establishments in the interwar period occurred sporadically and was never absolute. Teachers were likely to encounter the psychological ideas of McDougall, Freud, Burt and Isaacs, but few teachers in state-funded mainstream schools were initially able to put any of these ideas into practice. Psychological theory was best received amongst young teachers who thought that such ideas could help them in their relations to students.¹²² Even then, ideas about autism, autoerotism, primary narcissism – all highly individualised concepts – retained a relatively small audience, although they were beginning to trickle down into mainstream theory.

Instincts, phantasies and the social instinct

All theories of developmental psychology in the 1920s and 1930s were framed by instinct theory. This held as much for traditional psychologists, such as Cyril Burt and C. W. Valentine, as it did for Susan Isaacs and psychoanalytically influenced child psychologists who were becoming interested in unconscious motivations that could be traced to early infancy. The late 1920s and early 1930s thus saw increased emphasis on how strong feelings in infancy impacted on social abilities and provided the kernel for all later difficulties in the functioning of society.

However, many English child psychologists' understandings of socialisation were often straitjacketed by older versions of faculty psychology or even by anthropological sciences when it came to theories of socialisation. For example, Valentine approached the question of the origins of thought through the study of early reflexes, the 'transition from reflex to voluntary movement'. Building on the work of McDougall, he pointed out that voluntary movement presupposed consciousness so early voluntary movement could demonstrate the origins of consciousness and thinking. Rather than engaging with the child's individualistic perception of the world, he instead focused on the 'innate' basis of emotions such as anger, fear and disgust, as well as the innate capacity to learn, remember and speak.¹²³ Valentine's interpretation of human instinct was thus limited in its scope as it could not encompass the questions of the infant's perception of the world in the development of social consciousness. Other child psychology professionals employed their own limited interpretation of instinct theory and the unconscious that did not encompass the complex problem of early infant perception in the development of relationships. For example, writing in the *British Journal of Educational Psychology* in 1931, George Augustus Auden, a School Medical Officer and the father of poet W. H. Auden, relied upon the anthropologist, doctor and psychologist W. H. Rivers' *Instinct and the Unconscious* (1920) and Freud's *Introductory Lectures on Psychoanalysis* in order to explain the means by which children developed conflicts between unbridled instinctive drives of 'the pleasure principle' and reality that led them to develop psychological problems in their attempts to accept social limitations.¹²⁴

The anthropologist Margaret Mead was influential on many child psychologists in the period, but her model of socialisation in children did not allow for detailed inspection of early perception and thought. In 1931, Mead argued that 'every primitive society thus presents a laboratory to the social psychologist, in which he must test out whether certain aspects of behaviour are, or are not, socially determined.'¹²⁵ She encouraged psychologists to head to 'primitive' cultures in order to understand the differences between instinctive behaviour and socialised behaviour. Many psychologists in Britain identified their work closely with instinct theory, which was driving theories in anthropology and the social sciences, and many referenced Mead in their claims about 'primitive' early thought in infants.

However, child psychologists, in particular those with a psychoanalytic orientation, focused on infant and child perception to develop a unique autonomy in their imposition of concepts onto the infant mind, particularly those concerning the social world. By the 1930s, Isaacs, Lowenfeld and the new generation of female dynamic psychologists were bringing a new dimension to the understanding of human development, buoyed significantly by the fact that this model of psychological science was no longer straitjacketed by wider sciences of human behaviour such as sociology and anthropology. At the same time, the exclusion of mentally defective children from the remit of deep psychological study was generating a huge amount of creative freedom in the description of the early unconscious mind. The popularity of the theories of Klein and Isaacs on pre-social thought must be understood in this context. Klein and Isaacs frequently contextualised their observations of infant behaviour with claims that it reflected infantile phantasies about their bodily experiences and their thoughts about other people, and strongly asserted the significance of bodily desires in the construction of the self. It was primarily via work such as that of Isaacs, Lowenfeld and Klein that explicit descriptions of phantasy life, as attached to infantile instincts, were nonchalantly accepted as part of the general discourse on normal child psychological development. This was also how the first model of autism came to be established in psychological theory.

Throughout the 1930s, Isaacs, Lowenfeld and other psychologists in Britain developed Klein's ideas about infantile phantasy in relation to socialisation. This deep reflection on, and study of, the phantasies of children was an entirely new intellectual project for psychologists. Isaacs, Klein, Lowenfeld and others placed an immense importance on the significance of phantasy life for understanding later social development. In general, these psychologists regarded phantasy as a concept through which to think about children's uncontrolled or unrestricted thought. Writing in 1935, Lowenfeld described the concept in these words:

Phantasy, as it is generally understood, is the name given to that kind of mental functioning which earlier was called day-dreaming or reverie, and which stands in opposition to imagination and controlled thought. Imagination is a creative activity with a definite relationship to reality; phantasy rules in a world of imagery, controlled entirely by the

individual's desires. Phantasy is 'the stuff that dreams are made of', and the material out of which, in the early childhood of men and races, many conceptions of the outside world are forged.¹²⁶

Lowenfeld regarded children's phantasy life as an important part of their development. She regarded children's play as the ultimate expression of their phantasies and encouraged and cultivated it in order to help children establish a satisfactory relationship to reality. At the Institute of Child Psychology, she provided 'phantasy material' to children to encourage them to explore their thoughts, such as water, earth, sand, dough, clay, plasticine, wood shapes and blocks, as well as cups, pots, kettles and other vessels into which materials could be placed. She argued that if children could express their phantasies, this could also aid their social development.¹²⁷ If children did not engage effectively with others, then they were encouraged to do so through engagement with their phantasy. Within the general theory of child development, autism, autoerotism and primary narcissism served as important concepts that encouraged child psychologists to focus on children's play and on their imagination in order to engage with them and to help them develop relationships.

In general, psychoanalytically influenced thinkers, such as Klein, focused on the detailed observation of a few cases. However, Isaacs and Lowenfeld engaged in more systematic observation of children's play in developing their theories, monitoring all behaviour and any words spoken by a child, as well as detailed description of the precise context in which this behaviour or language emerged. This claim to objectivity was raised in order to place these social studies on a parallel with quantitative studies in intellectual development, such as those designed by Burt. Isaacs argued that children's play provided countless examples of egocentrism, hostility, aggression and power struggles, whilst also demonstrating friendliness and compassion – the true seeds of civilised social interaction. In order to understand the seeds of civilisation, one thus needed to delve deeply into the varied complex play activities of children and to document them. Isaacs argued that they revealed a 'pre-social matrix of individual feeling and phantasy out of which social relations are differentiated'. She also described this 'pre-social matrix' as 'those disruptive forces that have to be transformed before positive social relations can be transformed'.¹²⁸

Phantasies about the body, and the instincts contained within it, dominated all these descriptions by early child psychologists of children's play, and enabled a new discourse to develop about the significance of such thoughts. Lowenfeld's observations of children's play took children's descriptions seriously. For example, This extract concerns a young child's interest in babies, birth and creation:

'GP Girl aged 2 ½ She pretended a brick was a head and grated it through the mincer onto the floor. Then she cut it up. She asked if worker wanted a baby, and, if so, worker should take it out of the cupboard. Worker did so, and then she started to feed worker's doll with pieces she cut from the head.'¹²⁹

Children were interested in their own bodily functions and instincts, and, whilst Valentine and other more conservative male researchers sidelined these discussions to focus on the core instincts of fear, aggression, etc., Isaacs and other female psychology researchers in Britain delved into these detailed descriptions of infants' and children's interests in their bodies and their instinctive drives and motivations. Piaget's detailed observations of children's reasoning fitted in with these theories far more than the older generation of faculty psychologists. As Isaacs put it, she was interested in 'love and hate in action', and this involved more detailed attention to the thoughts attached to early play and its relationship to bodily functions.

As the English early dynamic child psychologists began to describe it, phantasies about the body *created* the social world that emerged in childhood and afterwards. Phantasies were the driver for social relationships, and the means by which human relationships and social interactions could be understood. In infancy, instincts and phantasies dominated the individual's ability to develop a self-identity and to interact with others. For example, writing on infant emotion in 1932, Nina Searle argued that 'the libidinal life of the young child is very strong; his ego, that part of him which links to external reality, is very weak.'¹³⁰ Most importantly, these psychologists and psychoanalysts began to conceptualise the infant's relationship to its mother as fundamentally a social relationship and, more than that, the most significant relationship upon which other relationships are built. As Isaacs put it, 'The child's relation with his mother can be called social from a very early age, in the sense that there is a mutual action and reaction of feeling and behaviour.'¹³¹ This simplified

early social relationships to include any kind of interaction with another person, the most common of which concerned the mother. It was only through the process of taming the instincts via consistent social interaction that McDougall's 'social instinct' could be formed. They argued that it was impossible that something as complex as a social instinct, or human drives to social interaction, could be pre-formed. It was by complicating this model of a pre-formed 'social instinct' that the first descriptions of infant psychology in Britain were made.

This was an obvious critique of faculty psychology and any simplified explanation of human instincts and it relied heavily on Isaacs' description of the phantasy and unconscious life of infants and children. In fact, the description of unconscious and fantasy life was absolutely fundamental to the construction of early child psychology, in particular the ways in which child psychology formulated a model of the social world that infants and children could recreate through their pattern of growth. Isaacs, Klein and other female psychologists sought to bring the intensity of bodily experiences into the theory of psychology and to revolutionise the way that child development was conceptualised.

These psychologists were trying to answer the rather complex question of how early infant and child psychological experiences were mediated in the development of a social instinct and a relation to reality. Often, they fused the theory of social development with the theory of reality formation in their attempt to develop a comprehensive explanation for all infant and child psychological experience. The infant's early relationships were seen as the seeds of their ability to conceptualise other people, other objects and the entire world around them. If a child's development went according to plan, their later relationships and social interactions would be satisfactory and they would be considered well-adjusted, but if, for whatever reason, the infant failed to adapt their instinctual drives to the demands of society and reality then they would be prone to psychological disorder. These were early attempts to describe and understand early infant psychology and its role in the causation of later mental illness. It was perhaps because of this that there was immense enthusiasm to explain absolutely everything within this one theoretical model. Society, they argued, was created through bodily desires, instincts and drives. Psychologists knew nothing about socialisation if they could not explain how the child's body became a social body.

As theories of schizophrenia, autism and primary narcissism began to be introduced into the language of child psychologists and to increase their repertoire for description, theories of how social development went wrong in infants started to proliferate. What is significant here is that early work on childhood autism, schizophrenia and psychosis was being produced at exactly the same time that child psychologists were constructing and developing their first scripts on the actions and words of developing infants and children. Hence, from the start, the theory of social development and the theory of autism were inseparable from each other. Similarly, whilst autism was being defined as an aspect of schizophrenic thought, and whilst autism, autoerotism and primary narcissism were being used to explain extreme pathologies in adult mental processes, they were also being articulated in infantile cases as part of descriptions of early socialisation. Although this may appear unusual, it was a reflection of the trajectories of instinct theory. It was also due to the fact that the investigation of the nature of 'mental deficiency' in children was a no-go area, forcing child psychologists to associate with professionals interested in psychopathology in adults.

Child psychiatry and autism

Whilst dynamic child psychologists developed their theories of phantasy and popularised them via child guidance clinics and the health and education system in Britain, the discipline of child psychiatry was slowly defining itself as a distinct sub-speciality that drew strongly from adult mental sciences. Although child psychoanalysts and developmental psychologists developed theories of early infantile thought, autism, autoerotism and primary narcissism based around theories of the unconscious, child psychiatrists developed their own models of these concepts. Child psychiatrists were influenced by their close alignment to other professionals in the field of adult psychiatry. Even more importantly, in their clinical work, they could not as easily disregard the thought of 'mental defectives' because they were often referred very difficult cases of children who displayed symptoms that placed them on the boundaries of mental deficiency and mental illness.

In Britain, the Maudsley Hospital served as an important hub for the development of British psychiatry. As Rhodri Hayward has argued, Frederick Mott's plans for the hospital had been modelled on the

German university psychiatric clinics of Berlin, Munich, Halle and Heidelberg, where the discipline of psychiatry was framed as a medical speciality focused on observation of the incipient and later stages of mental illness and supported by university research in neurology.¹³² Emil Kraepelin's clinic in Heidelberg represented the epitome of this approach, and Kraepelin's work on the classification of discrete disease entities, in particular dementia praecox, was internationally renowned. When the Maudsley was established, it had close links with the London County Council Central Pathological Laboratory that received pathological samples from asylums across Britain for investigation, ensuring that biomedical research influenced the observation and treatment of patients.¹³³ This created a unique environment for the study of mental illness and enabled the psychiatric specialism to thrive in Britain. The relations between medicine, psychology, neurology and psychoanalysis were somewhat fluid during the 1910s and 1920s, as exemplified in Charles Myers and William Rivers' establishment of a medical section of the British Psychological Society in 1919, and Ernest Jones' campaigns to have psychoanalysis recognised as a branch of medicine.¹³⁴ However, the establishment of psychiatry in Britain encouraged a unique approach to the classification of mental illness, in particular its most severe forms described as dementia praecox, schizophrenia and psychosis.

Laboratory research on the organic causes of schizophrenia was also developing rapidly. In Britain, Frederick Mott and others investigated the disturbed endocrine systems of men and women who had died following severe episodes of mental illness in asylums.¹³⁵ At Henri Claude's laboratory in Paris, H. H. De Jong injected the alkaloid bulbocapnine into cats to induce catatonia, a symptom that Bleuler had classed under 'schizophrenia', in an attempt to demonstrate that it could originate from an organic cause.¹³⁶

Although concerned with younger developing minds, the establishment of child psychiatry in Britain quickly came to be framed around the concepts of dementia praecox and schizophrenia. Elsewhere in Europe, child psychiatry developed differently. For example, In 1925, Georges Heuyer, a doctor working in the Paris hospital system, was appointed to head a 'neuropsychiatric' clinic for children at the Salpêtrière. Heuyer appointed the psychoanalyst Sophie Morgenstern to work with him, encouraging close links between psychoanalytic and medical practice in

France.¹³⁷ In the same year, in Italy, the experimental psychologist and psychiatrist Sante de Sanctis published *Neuropsychiatria Infantile*, a book that popularised his concept of ‘dementia precocissima’, a condition that he named drawing upon terminology used by Kraepelin to define very early dementia.¹³⁸ De Sanctis organised the fifth International Conference on Psychology where he presented on the testing of children with low intelligence, along with Binet and Simon, and he maintained a strong interest in dream analysis as well as child development.¹³⁹

However, in the field of child psychiatry as it developed in the Anglo-American world from the 1920s, the ‘dementia praecox’ and ‘schizophrenia’ concepts were adopted almost wholesale from Kraepelin and Bleuler and then applied to children, often without considering the new sciences of developmental psychology. Furthermore, the concept of psychosis in psychiatry and neurology, which had a history dating to the nineteenth century, had been increasingly divided into ‘functional’ and ‘organic’ types during the First World War in response to growing reports of ‘shell shock’.¹⁴⁰ Child psychiatrists also adopted these distinctions in their conceptualisation of child disorders, again often not taking into account the theory of ‘psychosis’ as it was being described in developmental psychology and psychoanalysis.

In the USA and Britain in the late 1920s and early 1930s, specialist child psychiatrists thus drew strongly from Kraepelin and Bleuler in their concepts of severe psychopathology in infancy and childhood, in particular Leo Kanner at Johns Hopkins University, Moses Kaufman and Jacob Kasanin from the Boston Psychopathic Hospital and Mildred Creak in the UK.¹⁴¹ In 1935, Leo Kanner published the first ever English-language textbook of child psychiatry, hoping to establish child psychiatry as a unique profession, distinct from child psychology and child psychoanalysis.¹⁴² As the 1930s developed, child psychiatrists became distinct from psychologists and others because they trained within hospital settings with medical facilities and focused on severe psychopathology. In the USA and Britain, the affirmation of the distinctiveness of this profession was very important in the shaping of concepts in all the psychological sciences.

The Maudsley Hospital served as the heart of child psychiatric research in Britain from the 1930s onwards and was the primary location for child psychiatry training. Mildred Creak was a key figure in these developments. She joined the Maudsley Children’s Department

in 1928 and was appointed head of that department in 1931, having previously trained in medicine at University College Hospital.¹⁴³ Creak became interested in the topic of childhood psychosis and schizophrenia for two reasons. First, because she was aligning herself with the professional field of adult psychiatry, and second, because she was professionally responsible for deciding the fate of children who sat on the borderline of mental deficiency. Her role was very different from that of a psychoanalyst such as Klein, who dealt primarily with private patients, or an academic psychologist such as Isaacs, who was focused on developing psychological theory and teaching.

Since opening, the Maudsley had received a caseload of very complex cases, in particular children whom other agencies could not manage, and who were sometimes simply diagnosed as 'unmanageable'. In the early years the Maudsley was an important referral ground for children with encephalitis lethargica, or sleeping sickness, an expertise it had acquired as the outcome of a major epidemic between 1918 and 1927. Dr F. C. Shruballs, Honorary Lecturer on Mental Deficiency at the Maudsley Hospital and the Senior Medical Officer to the LCC, argued in 1925 that post-encephalitic children were remarkable for their 'state of irritability, lack of inhibition, and consequent impulsiveness'.¹⁴⁴ Dr Philip Cloake, conducting research into the illness for the Medical Research Council, argued that this was caused by a toxic state that depressed 'the highest psychic functions', allowing 'the freer play of partially uncontrolled instinctive activity' and leading to brain damage and the destruction of pituitary gland that regulated the endocrine system.¹⁴⁵ Many post-encephalitic cases referred to the Maudsley were found to be difficult to treat.¹⁴⁶ Nevertheless, the department developed a reputation in the LCC for accepting their most difficult cases, and care committees and other child welfare agencies readily exploited this. The Local Government Act 1929, which led to the final closure of all Poor Law institutions, put increasing pressure on these agencies to classify the precise problems of individual children so that they could receive welfare provision or institutional care. By the mid-1930s, the Maudsley was receiving over 800 new child cases per year. Of cases admitted in 1935, over one-third were diagnosed using a combination of descriptors such as 'behaviour disorder', 'behaviour problem', 'unmanageable' and 'stealing'. This level was maintained up until the start of the Second World War.¹⁴⁷

Even other high-profile child psychologists and doctors referred their most difficult cases to the Maudsley. For example, in 1934 Emanuel Miller, of the East London Child Guidance Clinic, sent a difficult child who was possibly 'mentally defective', but for whom his clinic could do nothing. In 1935, Margaret Lowenfeld of the Institute of Child Psychology for the Treatment and Study of Nervous and Difficult Children referred a 12-year-old boy to the Maudsley, stating that 'his general attitude reveals an early paranoid of so outstanding a type that we are referring him to you for consideration'. Cases were also referred from Moodie's London Child Guidance Clinic, the Tavistock Clinic for Functional Nerve Cases, and many others.¹⁴⁸

Whilst Creak was heading the Children's Department in the 1930s, she had to make very difficult decisions about onward referrals. At the same time, her professional interest in developing theories of severe psychopathology, in particular the classifications of dementia praecox and schizophrenia, almost compelled her to apply these concepts to children. She encouraged the development of research into autism, as a concomitant of schizophrenia, in infants and children from an angle that became distinct from its use in theories of developmental psychology. In child psychiatry, the concept was not employed within a theory of early child development prior to socialisation, but rather as a means to identify and name severe psychopathology in infants and children. This led to clashes and controversies between professionals working in different disciplines and dealing with different aspects of child development within their professional lives.

From the perspective of child psychiatrists, and for Creak in particular, devising clear-cut diagnostic categories for schizophrenia meant potentially reclaiming children who would otherwise have been forgotten about in defective colonies. In 1937, Creak claimed that a 'no-man's land ... exists between the clear-cut picture of amentia and psychosis' in children. In other words, it was not easy to tell whether a child did not have a mind at all or whether he had a mind that he had then lost. She argued that the study of psychosis and schizophrenia in children offered a 'tremendous field ... for observation and research' that could help to clarify the type of psychiatric help which any individual child may require.¹⁴⁹ For Creak, it was problematic that writers such as Klein were employing the terms 'schizophrenia' and 'psychosis' to describe all forms of early infantile thought. Creak argued that although Piaget

had shown that 'normal thought processes, at an early age, recapitulate those primitive and archaic forms so often seen in schizophrenics', childhood schizophrenia should be conceptualised as a 'reaction' that disturbed the normal development of infantile thought leading to problems in the formation of intellect and motor co-ordination. She claimed that in schizophrenic children, one could observe a 'tendency to fragmentation and interruption in the thinking processes' as well as 'derealistic thinking', which Bleuler used as a synonym for autistic thinking.¹⁵⁰ Quoting from Charles Macfie Campbell, an Edinburgh-trained doctor who was then Professor of Psychiatry at Harvard Medical School, Creak claimed that a 'schizophrenic reaction' in children was characterised by diminished interest in the 'workaday world' and increased interest in 'subjective creations and fantasies'.¹⁵¹ There was also a frequent occurrence of hallucinations as well as 'odd and fragmentary behaviour' and 'utterances of little adaptive value to the present situation'.¹⁵² Creak defined childhood schizophrenia as:

the tendency to fragmentation and interruption in the thinking processes, derealistic thinking, which presumably lies behind the odd utterances and behaviour, the tendency to stereotypy of thought, action and expression, the poverty of output compared with capacity, the emotional lability, with inappropriate responses and poverty of affect, apathy and negativism, and tendency to regression to simpler, more archaic levels, and not least the disordered metabolism.¹⁵³

She claimed that in similar cases that she had observed, there was evidence of organic factors such as acute tonsillitis, middle-ear disease and acute nephritis that led to this kind of 'dementing illness'.¹⁵⁴

Creak's description of psychosis and autistic or 'derealistic' thinking clearly differed significantly from the one developing within psychoanalytic theory and developmental psychology. It was focused on severe pathology, not on social development. Nevertheless, because the concepts of schizophrenia and autism were associated with infantile thinking, and because these concepts were entering the description of children at different levels, disagreements clearly arose over what, exactly, autism was. Creak thought that early-onset schizophrenia was not a unique childhood illness, but merely a very early example of the kind of reaction and regression seen in all forms of schizophrenia in adults. The reason that speech was lost first, she argued, was because

it was 'the most recently acquired and least stabilized achievement'.¹⁵⁵ Motor co-ordination was retained longest because it was the most stable accomplishment.

Other researchers and psychiatrists in Britain in the late 1930s had attempted to clarify the problem of differentiating child and adult schizophrenia by focusing on the age at which a 'regression' occurred and how this could be identified. For example, in 1938, R. A. Q. Lay, a research fellow at Guy's Hospital, argued that in particular cases of early regression of 'the dementia infantilis type', there would be a 'rapid onset of the degenerative process on speech and the emotional sphere', although motor development and play may be unaffected. He argued that in these children 'behaviour is very markedly autistic'.¹⁵⁶ Employing both Bleulerian and psychoanalytic understandings of autism, he added:

Many symptoms may be described in terms of the autism which is such a marked feature. Hallucinations are difficult to demonstrate conclusively in young children, but may occasionally be presumed to exist from the behaviour ... The child schizophrenic, being preoccupied with phantasy, no longer pays attention to impressions from the environment. This lack of attention leads to the onset of mutism and failure to understand the speech of others. Commands are not obeyed – interruption of their thought leading on occasion to violent reactions, the children thus becoming difficult of management.¹⁵⁷

It is clear that the reflection and study of autism in children, and its role in helping to ascertain disease categories of early childhood, was already in full swing in Britain by the late 1930s. Furthermore, there was a critical application to children of concepts and observations from studies of psychiatric disturbance in adults. These were reflections on the age at which 'dementia' occurred in children causing hallucinatory disturbance, rather than assumptions about hallucinatory mechanisms in early infancy as in theories of developmental psychology. However, Creak and her psychiatric colleagues were not developmental psychologists or psychoanalysts and had very little to say about child development and instinct theory generally. The question of whether autistic and schizophrenic thought was a normal stage in the development of infantile thought, or whether it was always pathological or regressive in presentation, is one that would grow in importance in the following decade.

The fallacy of mental defect: limiting the landscape of child psychology

As mental deficiency law became increasingly entrenched, so too did attempts to integrate the thought of this supposedly distinct species of pathological defectives into the study of general psychology. In 1929, a report was published by the Interdepartmental Committee on Mental Deficiency (the Wood Report) that further stoked anxiety and fear about the 'mentally defective' population. It argued that 'mental defectives' posed a social threat, were usually irresponsible, promiscuous and likely to spread disease, and were also likely to become paupers, criminals or members of the unemployed. Although the report pointed out that different areas have different rates of 'deficiency' – it being more common in poorer areas – the authors argued that institutionalisation was the only way to protect society as a whole. It thus provided a primarily social definition of mental deficiency, arguing that 'defectives' usually needed to be removed from society in order to protect society as a whole. It played strongly on eugenicist fears and instituted the most oppressive legislation towards those labelled with mental deficiency that Britain would ever see.

The Wood Report encouraged Medical Officers of Health, responsible for giving assessments, to employ the concept of 'social inefficiency', i.e. those thought unable to contribute to society, as a criterion of this kind of classifiable low-grade 'mental deficiency'.¹⁵⁸ In the same year, a Mental Deficiency Committee clarified some of the subtleties that had previously existed around mental deficiency legislation and children, removing the possibility of 'educable' 'mental defectives' and marking out a new group of 'low-grade' 'defective' children classed as 'feeble-minded', 'imbeciles' and 'idiots', who would now *all* be the responsibility of the Board of Control. By the 1930s, most defectives were therefore housed in large comprehensive institutions or 'colonies', some containing more than 2,000 patients, such as Leavesden, St Lawrence's, Caterham and Darenth Park.¹⁵⁹ In any case, 'low-grade' child defectives were increasingly ostracised and not considered to be full subjects of individualised industrial societies. These legal and social restrictions became so entrenched that by the 1930s, classifiable 'mental defectives' were rarely used as subjects for detailed psychological studies. Mental

deficiency legislation defined much of the work that early educational psychologists engaged in, and the possibility that any 'defective' thought processes could be measured on a par with that of 'normals' was absolutely unthinkable. From the 1930s to the 1950s, 'mental defectives', housed in defective institutions, were rarely used as subjects for psychological studies.

The role of phantasies within pre- social life and The concepts of autism and its conceptual cousins, primary narcissism, autoerotism, became established as part of child psychology doctrine through Susan Isaacs' theories of social development. This also broadened the scope of their reception by introducing them to educators and the general public. However, the institutional network that supported the promulgation of these ideas also acted as a limiting, regulating and restrictive factor in their development because the spread of intelligence testing, and the theory of mental defect, was influencing policy on the organisation and education of the total child population. Whilst at first this organisation was slightly haphazard, by the 1930s, the institutionalisation of people with 'mental defect' was becoming increasingly common, largely in response to the Wood Report of 1929. Ironically, it was just as the 'mentally defective' were excluded from society that theories of autism, child socialisation and the formation of early relationships were entering the new networks for the spread of psychology such as child guidance clinics, child hospitals and the juvenile criminal justice system. Indeed, it was just as 'mental defect' was completely excluded from psychological study that the study of childhood autism began to thrive.

One of the few psychologists who had conducted investigations on the psychological development of children classed as 'defective' in the 1920s, prior to the publication of the Wood Report, was Lucy Fildes, a psychologist who had studied with many senior professionals in the field of psychology at the time, as well as neurologist Henry Head of the National Hospital, Queen's Square.¹⁶⁰ Evelyn Fox, Honorary Secretary for the Central Association of Mental Welfare, Frederic Bartlett, Director of the Cambridge University Psychological Laboratory, and Charles Myers all lauded Fildes' work in the 1920s, and she was granted a Board of Control scholarship to study the psychological problems of 'defectives' at the Psychological Laboratory, Cambridge.¹⁶¹ Fildes argued that although Cyril Burt, and increasing numbers of psychologists involved

in ascertaining mental defectives, regarded low intelligence as the main criterion of 'mental deficiency', there was still little understanding of what intelligence actually was. Fildes urged psychologists interested in intelligence to avoid studying higher functions such as reasoning power and the formation of judgements, and instead to be more concerned with 'motor and perceptual functions'.¹⁶² She devised experimental tests to ascertain why 'defective' children had problems learning to speak, testing them on things such as hearing ability, acuity of hearing, sound discrimination, visual discrimination and associations between words and objects or actions.¹⁶³

A child's inability to discriminate sounds, she argued, 'cannot be regarded as a defect of intelligence – even specific; it more closely resembles defect in the peripheral end of the sensory apparatus',¹⁶⁴ thereby aligning it more closely with other 'sensory defects' such as blindness, which did not require institutionalisation by law and did not render a child 'ineducable'. Although McDougall, Burt and others had regarded sensory defects as contributors to mental defect, they had not explored how or why this was the case in relation to thinking processes. Summarising her findings, Fildes argued that:

Experimental work with mentally defective individuals on many different aspects of cognitive ability suggests that their main difficulty throughout is to be found in inadequate synthesis or integration. Experiences remain comparatively isolated, they are not related to each other in a normal manner and so the whole fabric of mental life is weakened. Strands are left hanging loose, or are but incompletely joined together. Holes and thin places appear and the created material is of little practical service.¹⁶⁵

This led her to conclude that 'mental defect' did not result from any specific impairment in reasoning and that 'the results of the experimental work certainly give no support to the theory that any failure affecting language alone exists'.¹⁶⁶ She claimed that 'defectives' learned in similar ways to 'normal' children, but because of their sensory defects, they lacked in their ability to think critically, to form associations and to work under new conditions.¹⁶⁷

Fildes' work on mental defect had the promise of generating new models of psychological development that focused on sense perceptions in order to understand the processes of learning – both intellectual and

social. It was supported by work on hearing impairment, such as that of Irene and Alexander Ewing from the Manchester Department of Audiology, who developed hearing tests for babies and toddlers and oral and speech therapies to assist with language development.¹⁶⁸ Alexander Ewing was also working on the problem of 'high-frequency deafness', in which speech sounds were distorted, and aphasia, where children could apparently hear but could not understand or employ language.¹⁶⁹ However, mental deficiency law, particularly after the Wood Report, restricted this kind of psychological research and prevented the development of a comprehensive theory of psychological development. The integration of studies of mental defect into the broader field of developmental psychology never occurred.

The growth of the child guidance movement also meant that all professionals interested in child psychology started to focus their attention on the broad range of 'difficult' children, rather than those with severe 'mental defect' or severe mental pathology. Fildes herself joined the staff of Moodie's Child Guidance Clinic in Islington in 1928, and did not study 'defective' children after that point.¹⁷⁰ Very few child psychological professionals ventured into the territory of major defective colonies or studied the thought of children inside them during the 1930s and 1940s. This led to an unusual situation in which the sciences of developmental psychology and social development, which had emerged rapidly in response to the growth of child guidance in this period, were established without any sustained interest into this hugely significant section of the total child population.

In the 1930s, most research carried out on residents of mental deficiency institutions did not usually concern the treatment of those residents themselves, but instead simply exploited them as passive populations for research on diseases such as dysentery and syphilis.¹⁷¹ Most serious studies of mental deficiency in the 1930s concerned the heritability of 'mental defect', such as the work of Lionel Penrose and Eliot Slater.¹⁷² If the topic of 'mental deficiency' reached a general audience, it did so in the context of a broad social problem, rather than one concerning detailed individual development. For example, in 1931, Richard Berry and R. G. Gordon published *Mental Deficiency: A Problem in Social Inefficiency* in order to instruct the public on the reasons for social policy, wholly advocating the establishment of 'defective' colonies, although remaining ambivalent on the issue of sterilisation, which had

been advocated by some members of the Eugenics Society.¹⁷³ Following the Wood Report, statistical studies of 'mental defect' often aligned the condition with social threats. These surveys found, as Burt bluntly summarised it, that 'stupidity ... is not the inevitable result of poverty, though poverty seems its commonest concomitant', and that psychological measures of low intelligence could also be correlated with other social threats such as 'poor, overcrowded, insanitary households'.¹⁷⁴ Burt was later accused of faking his data to prove the heritability of intelligence, although this was never proved definitively.¹⁷⁵

Although the theory of general intelligence, *g*, was challenged within academic psychology, it was still employed in the practical work of identifying defectives. For example, a 1930 manual by Henry Herd, Certifying Officer to the Lancashire Mental Deficiency Authority, claimed that the measurement of *g* was critical in identifying 'defectives'.¹⁷⁶ In 1933, Penrose, Research Officer at the Royal Eastern Counties Institution in Colchester, argued that the best way to ascertain a 'mental defective' was to ascertain his or her 'ability to learn', referencing Charles Spearman as the authority on this 'most important element of intelligence'.¹⁷⁷ Tests to identify a lack of general intelligence thrived in the 1930s. The young anthropologist Meyer Fortes, then based at UCL, writing his PhD under Spearman, devised a popular perceptual test.¹⁷⁸ Other non-verbal tests in use by the 1930s and recommended for use by Henry Herd included the Porteus Maze test, the Cube Imitation Test, Henry Goddard's Adaptation Board Test, the Manikin Test, the Seguin Form-Board Test, the Diagonal Test and the Healy Puzzle.¹⁷⁹ 'Defective' individuals were investigated as to the extent of their 'delay' and then placed within 'percentile ranks' and 'rating scales'. Their 'mental age', 'mental ratio' and 'achievement ratio' were also calculated.¹⁸⁰

Burt's model of statistical psychology, which tied the language of drives, desires and instincts to the analysis of populations, was a dominant mode of description used by intelligence testers in this period. Burt regarded the constitution of an individual as a sum of instinctive forces that could be classified and then measured as to their intensity. Burt's work was ultimately influenced by Helmholtz's physiological principles via the work of Bain, Spencer, and James Sully. Bain had first employed the language of physiology to describe the psychological processes of energy, discharge and conservation.¹⁸¹ However, the exclusion of defectives meant that this model of statistical psychology developed in a

unique and highly artificial social climate. Because statistical psychologists, and government departments, sought to relegate 'defectives' to the margins of social organisation, their thinking processes were barely considered during the early years of educational and developmental psychology.

Medical Officers of Health who certified defective children largely served as government officials, and had many other duties, so they were not generally inclined to theorise about the complicated distinctions between 'ineducable defectives' and other children. Cyril Burt, Phillip Vernon and C. W. Valentine were concerned with this problem from the perspective of intelligence testing, but other child psychologists tended to shy away from the issue. All psychological measurements and tests from the 1920s and 1930s, even those devised by Piaget, were concerned with the measurement of normal intelligence and normal developmental stages. Any children who did not come up to the listed standards were simply regarded as 'backward', merely a less developed version of a normal child, and their psychological processes were not thought to have any intrinsic value in and of themselves. The creators of these mainstream tests were not interested in integrating children who suffered from any form of abnormality, and the 'social' world constructed in these tests was therefore one without any 'defects'.

Furthermore, medical officers appointed to deal with the problem of 'mental deficiency' tended to work entirely independently of those interested in general child psychology. This led to the compartmentalisation of particular problems and the general neglect of children diagnosed with 'mental deficiency'. Several superintendents of mental deficiency institutions, such as Edward Birchall Sherlock of Darenth Park and Frank Douglas Turner of the Royal Eastern Counties Institution, wrote on the practical problems of deficiency administration, but very few had a specific interest in child psychology. For example, Sherlock's *The Feeble-Minded* (1911) and *Minds in Arrear* (1932) were both highly specialist practical guides concerning the care of 'defectives' with little theorisation of the developmental problems of these subjects. Furthermore, these books did not exactly fly off the shelves and did not enter into a wider popular discourse in psychology. Work in mental deficiency institutions was generally regarded as a backwater science with an extremely low status within the wider medical and psychological professions.¹⁸²

Because 'mental deficiency' required institutionalisation by law, by the 1930s, its conceptualisation and administration was largely caught up in a bureaucratic system of administration, rather than deep analysis. Even as Burt oversaw the implementation of mental deficiency law, he rarely reflected on the accuracy of the psychological category, preferring to focus on the supposed social problems that 'defectives' engendered and the means to measure and account for this. Medical Officers of Health, involved in the practice of certification, were not specifically trained or interested in psychology and served a primarily administrative role. Because child guidance clinics did not accept 'defectives', this meant that, in practical terms, most child psychologists in Britain in the 1930s were rarely faced with the serious question of whether an infant or child referred to them was 'defective', and even if they did they swiftly referred them on to Medical Officers of Health, rather than explore the depths of their psyche, because of legal requirements to institutionalise them. Very few psychologists therefore considered in any detail the thought of this hugely significant section of the population.

C. J. Earl, an Irish-born physician who obtained his DPM at London University in 1930 and worked at Caterham Asylum for child and adult 'mental defectives', was frustrated by this fact. Earl also held an appointment as Consultant Psychiatrist under the Birmingham Regional Hospital Board and as Lecturer in Mental Testing at the Maudsley Hospital.¹⁸³ In 1933, he presented a paper to the British Psychological Society in which he pointed out that 'such studies as have been made on idiots have been concerned almost wholly with their cognitive ability. Their dynamic and emotional psychology has been very little explored.'¹⁸⁴ He argued that because there was a general lack of interest in the treatment of this section of the population, dynamic psychology and the concepts used within it were flawed and inconsistent because they did not include defective populations. As he put it:

'The dynamic psychologists ... have concerned themselves almost entirely with the intelligent; even, it may be said, with the intelligentsia. Discussion of the emotional aspect of the psychosis, therefore, is handicapped by lack of emotional standards which may be considered "normal" for idiocy.'¹⁸⁵

Earl claimed that one visitor to see the wards at Caterham was so stunned by this fact that he offensively exclaimed: 'these boys simply

reek of schizophrenia.¹⁸⁶ Earl argued that there were many similarities in the behaviour of 'schizophrenics' and 'mental defectives'. These included the adoption of unusual gaits, such as the 'typical posture of schizophrenic stupor, with bent head and semiflexed knees – hands hanging idly by the sides', as well as 'muscular catatonia' and unusual 'hyperkinetic' monotypies such as rapidly rotating the body or moving the arms. Furthermore, both types were reported to commonly display 'the causeless laughter and weeping, the solitary habit, the impulsiveness, and the anomalous responses to stimuli'. Earl himself claimed that in one particular group of patients, 'autism is seen in all the cases', as they were 'not interested in their surroundings; and are often solitary, sometimes morose, refuse to mix with others and tend to conceal themselves under tables or in corners.'¹⁸⁷ However, as the 1930s progressed, dynamic psychology became increasingly distanced from the study of mental defect and the concepts developed within it therefore took on an increasingly bizarre hue. Earl's appeals to consider this group within dynamic psychology fell on deaf ears, particularly as mental deficiency law became increasingly exclusionary following the recommendations of the 1929 Wood Report to refer all children with IQs below 50 directly to the Board of Control. A 1934 memorandum advised all School Inspectors to do just that, meaning that these children never entered the domain of psychological study as it was being developed in schools and child guidance clinics.

Because 'defective' thought was not considered within studies of developmental psychology and social development, the concept of autism, as it was defined in these fields until the 1950s, was wholly inadequate and incomplete, to say the least. The child population investigated and treated by the first generation of professional child psychologists interested in social development and its antitheses was characterised by a gaping hole where 'ineducable' and 'mentally defective' children should have stood, and where they would indeed go on to stand in the post-1960s constructions of child psychology. This gaping hole defined the kind of research that was conducted on social development in children in this period. The first model of child psychology was determined to apply the logic of evolutionary theory and instinct theory to explain the place of the infant or child in the society that he or she inhabited. This representation of psychology would later rely heavily on naturalistic models, drawing from ethology and animal studies

to support this view of child psychology.¹⁸⁸ However, practically every study in child psychology conducted in this vein failed to represent the section of children regarded as 'ineducable'. Qualitative studies, such as those conducted by Susan Isaacs and Melanie Klein, were always focused on a section of the population that, however troubled, was nevertheless believed to be 'educable'. Furthermore, all studies in statistical psychology using factor-analytic techniques only examined the child population who were able to pass tests that demonstrated that they had an acceptable intelligence ratio of over 70. Studies examining the 'mentally defective' child were not only few and far between but were also regarded as part of a backwater science with very little relevance to general psychology. Mental deficiency instead existed as a conceptual dustbin, an area of psychological experience that psychologists need not consider. Despite the administrative problems of properly defining it, mental deficiency simply was not an issue that psychologists were interested in. Ultimately, when it came to 'defective' cases, even specialist psychological and psychiatric clinics such as the Maudsley, the Tavistock and child guidance clinics served as little more than dumping grounds for cases that were just too difficult to cope with.¹⁸⁹ The development of the psychological sciences up until the 1950s would be constantly overshadowed by the absence of this highly significant section of the population.

In psychological theories developed in the 1930s, autism, autoeroticism and primary narcissism defined the pre-social or non-social aspects of infant and child thought. However, these concepts were often employed in a way that was abstracted, idealised and unrealistic because they were associated with a concept of the 'social' world that was based on the segregation and marginalisation of a major section of the child population. Furthermore, they were formulated when the idea of 'social development' was fundamentally tied up with the social Darwinian idea that intelligent, civilised, developed populations represented higher forms within the stages of evolutionary development, as evidenced in the work of McDougall. These major limitations to psychological theory in the early twentieth century were manifested in the inadequacy of children's rights to education. They were also a function of the prejudice with which ideas of 'lower' and 'higher' forms of social development were constructed using the logic of evolutionary sciences.

Even though psychological sciences were advancing rapidly in the 1920s and 1930s, theories of social development within them were strongly limited by these factors. Thus, when autism first entered the language of child psychological professionals, it entered an extraordinary and unrealistic descriptive domain. Here, professionals were attempting to describe social development and its obverse, whilst simultaneously being circumscribed in their conceptualisation of what constituted child thought. Mental deficiency law made certain forms of thinking uninteresting and irrelevant, whilst also putting pressure on average or typical infants to produce thought that could revolutionise and develop the psychological sciences.

Although the 1920s and 1930s saw a huge increase in the production of data and information on child development, ‘mentally defective’ children were neglected in these studies. Psychologists, such as Burt, were so interested in developing statistical techniques and methodologies that they failed to appreciate the significance of the population that they were continually excluding via the technology of the intelligence test. Likewise, Isaacs and others tried so hard to develop a coherent and comprehensive description of social development that they failed to appreciate that this did not apply to the ‘mental defectives’ who were excluded from the social system that their own work supported. The concrete and conceptual exclusion of mental defectives from society meant that those who were attempting to construct theories of social development, binding statistical sciences with instinct theory, were continually being duped by the fact that their statistical models never actually assessed total populations, but only idealised versions of psychological ‘normality’. What is more, child psychiatrists who studied complex cases were too enthralled with adult mental sciences to really engage with psychological development in children with low intelligence. It is for this reason that the first autism was always destined for failure as part of a complete theory of social development in children.

Notes

- 1 Hendrick, *Child Welfare: England 1872–1989*, pp. 54–56; Jennings, *The Private Citizen in Public Social Work*.
- 2 Harris, *The Health of the Schoolchild*; Hendrick, ‘Child labour’.

- 3 Sutherland and Sharp, *Ability, Merit and Measurement*.
- 4 Thomson, *The Problem of Mental Deficiency*, pp. 17–19; Wiener, *Reconstructing the Criminal*.
- 5 E.g. Jones, *Social Darwinism and English Thought*.
- 6 Goodey, *A History of Intelligence and 'Intellectual Disability'*.
- 7 Berrios, *The History of Mental Symptoms*, p. 160.
- 8 Sutherland and Sharp, *Ability, Merit and Measurement*, p. 29; Wright, *Down's: The History of a Disability*.
- 9 Dickson, *The Science and Practice of Medicine in Relation to Mind*, pp. 322–326.
- 10 Sutherland and Sharp, *Ability, Merit and Measurement*, p. 16.
- 11 Berrios, 'Retard mental et psychiatrie'.
- 12 Rose, *The Psychological Complex*.
- 13 Rose, *The Psychological Complex*; Young, *Mind, Brain and Adaptation in the Nineteenth Century*; Wooldridge, *Measuring the Mind*.
- 14 Forrester, '1919: Psychology and psychoanalysis', 38–39; Rose, *The Psychological Complex*, pp. 4, 115.
- 15 Searle, *The Quest for National Efficiency*.
- 16 Wooldridge, *Measuring the Mind*.
- 17 McDougall, *An Introduction to Social Psychology*.
- 18 Hearnshaw, *A Short History of British Psychology 1840–1940*, p. 187.
- 19 E.g. Monroe, 'Discussion and reports', 68–70.
- 20 Rose, *Powers of Freedom*, pp. 112–119.
- 21 Wooldridge, *Measuring the Mind*, p. 78.
- 22 G. Jones, *Social Darwinism and English Thought*; Searle, *The Quest for National Efficiency*.
- 23 Soloway, *Demography and Degeneration*; Peel, ed., *Essays in the History of Eugenics*; Thomson, *The Problem of Mental Deficiency*.
- 24 Rose, *Powers of Freedom*, pp. 112–119.
- 25 McDougall, *Social Psychology*, 1st edn, p. 13.
- 26 Wooldridge, *Measuring the Mind*, p. 77; Hearnshaw, *A Short History of British Psychology 1840–1940*, p. 202.
- 27 Burt, *Mental and Scholastic Tests*; Burt, 'The measurement of intelligence by the Binet tests'.
- 28 Rose, *The Psychological Complex*; Wooldridge, *Measuring the Mind*; Sutherland and Sharp, *Ability, Merit and Measurement*.
- 29 Sutherland and Sharp, *Ability, Merit and Measurement*, p. 55.
- 30 Vidal, *Piaget before Piaget*.

- 31 Bleuler, *Dementia praecox oder gruppe der schizophrenien*, pp. 52–56.
- 32 Bleuler, *Dementia praecox oder gruppe der schizophrenien*, p. 52.
- 33 Freud, *Standard Edition*, vol. VII, pp. 130–243.
- 34 Freud, *Standard Edition*, vol. VII, pp. 181–183.
- 35 Janet and Raymond, *Les obsessions et la psychasthenie*, pp. 61–137.
- 36 Bleuler, *Dementia Praecox or the Group of Schizophrenias*, p. 373.
- 37 Bleuler, *Dementia Praecox or the Group of Schizophrenias*, pp. 66–67.
- 38 Bleuler, *Dementia Praecox or the Group of Schizophrenias*, p. 374.
- 39 Ellenberger, *The Discovery of the Unconscious*, p. 149; Moskowitz, 'Pierre Janet's influence on Bleuler's concept of schizophrenia'.
- 40 Berrios, *The History of Mental Symptoms*.
- 41 Freud, *Standard Edition*, vol. XIV, p. 74.
- 42 Freud, *The Freud–Jung Letters*, pp. 172–173, 178–179.
- 43 Bleuler, *Dementia Praecox or the Group of Schizophrenias*, p. 373.
- 44 Claude et al., 'Démence précoce, schizopmanie at schizophrénie'.
- 45 Harris, 'Piaget in Paris'.
- 46 Chapman, *Constructive Evolution*, p. 121.
- 47 Piaget, 'La pensée symbolique et la pensée de l'enfant', 290–293, 303–304.
- 48 Vidal, *Piaget before Piaget*, pp. 209–210.
- 49 Piaget, 'La pensée symbolique et la pensée de l'enfant', 290–293, 303–304.
- 50 Vidal, *Piaget before Piaget*, pp. 209–210.
- 51 Chapman, *Constructive Evolution*, pp. 48–50.
- 52 Piaget, 'La pensée symbolique et la pensée de l'enfant', 290–293, 303–304.
- 53 E.g. Searle, *Eugenics and Politics in Britain, 1900–1914*, p. 32.
- 54 Thomson, *The Problem of Mental Deficiency*, p. 33.
- 55 Sutherland and Sharp, *Ability, Merit and Measurement*, pp. 40–41.
- 56 Sutherland and Sharp, *Ability, Merit and Measurement*, p. 61; Mental Deficiency Act 1913, quoted in K. Jones, *A History of the Mental Health Services*, pp. 204–205. In Scotland, the 1913 Mental Deficiency and Lunacy (Scotland) Act initiated similar changes.
- 57 K. Jones, *A History of the Mental Health Services*, p. 209; Sutherland and Sharp, *Ability, Merit and Measurement*, pp. 46–47.
- 58 Sutherland and Sharp, *Ability, Merit and Measurement*, p. 48; Thomson, *The Problem of Mental Deficiency*, p. 232.
- 59 Sutherland and Sharp, *Ability, Merit and Measurement*, p. 297.
- 60 Sutherland and Sharp, *Ability, Merit and Measurement*, p. 60.
- 61 Wooldridge, *Measuring the Mind*, p. 87.
- 62 Burt, *Distribution and Relations of Educational Abilities*, p. 35.

- 63 Many debates have raged over whether or not Burt faked his data in order to do this. See Mackintosh, *Cyril Burt*.
- 64 Shephard, *A War of Nerves*.
- 65 Dwork, *War Is Good for Babies and Other Young Children*, p. 211.
- 66 Hendrick, *Child Welfare: England 1872–1989*, p. 144.
- 67 Rose, *The Psychological Complex*, p. 162; Dicks, *50 Years of the Tavistock Clinic*; Miller and Rose, ‘The Tavistock Programme’.
- 68 Dicks, *50 Years of the Tavistock Clinic*, p. 29.
- 69 Rose, N. ‘*The Tavistock*’.
- 70 Evans et al., ‘Managing the “unmanageable”’.
- 71 Stewart, ‘U.S. influences on the development of child guidance and psychiatric social work’.
- 72 Stewart, *Child Guidance in Britain, 1918–1955*, p. 5.
- 73 Thom, ‘Wishes, anxieties, play, and gestures’, p. 208.
- 74 Steiner, ‘Background to the scientific controversies’.
- 75 Sayers, ‘British psychology and psychoanalysis’, pp. 215–216, 219.
- 76 Gerson, ‘Individuality, deliberation and welfare in Donald Winnicott’.
- 77 Holloway, *Women and Work in Britain since 1840*.
- 78 Selleck, *English Primary Education and the Progressives, 1914–1939*, p. 40; Wooldridge, *Measuring the Mind*, pp. 117–119.
- 79 Berrios, ‘Historical aspects of psychoses’, 489.
- 80 Piaget, *Le langage et la pensee chez l'enfant*, p. 62.
- 81 Piaget, *Le langage et la pensee chez l'enfant*.
- 82 Piaget, *Judgment and Reasoning in the Child*, p. 209.
- 83 Likierman, *Melanie Klein*.
- 84 Appignanesi and Forrester, *Freud's Women*.
- 85 Klein, ‘Criminal tendencies in normal children’, p. 174.
- 86 Klein, ‘The psychological principles of infant analysis’, 25.
- 87 Klein, ‘Personification in the play of children’, 195.
- 88 Klein, ‘The importance of symbol-formation in the development of the ego’, 36–37.
- 89 Klein, ‘The importance of symbol-formation in the development of the ego’, 36–37.
- 90 Klein, ‘The importance of symbol-formation in the development of the ego’, 36–37.
- 91 Klein, ‘The importance of symbol-formation in the development of the ego’, 38–39.
- 92 Klein, ‘Personification in the play of children’.
- 93 Isaacs, *Social Development in Young Children*, p. 312.

- 94 Klein, 'The psychotherapy of the psychoses (IV)', 242.
- 95 Klein, 'A contribution to the theory of intellectual inhibition'.
- 96 Isaacs, 'Anxiety in the first year of life'; Klein, 'A contribution to the psychogenesis of manic-depressive states'.
- 97 Glover, 'A psycho-analytic approach to the classification of mental disorders', 823.
- 98 Reisman, *A History of Clinical Psychology*.
- 99 Gesell, *The Mental Growth of the Pre-school Child*. Gesell, *Infancy and Human Growth*.
- 100 Doll, *Mental Deficiency Due to Birth Injuries*; Sutherland and Sharp, *Ability, Merit and Measurement*, pp. 126–127; Richards, *Putting Psychology in Its Place*, pp. 253, 285.
- 101 Baldwin and Stecher, *The Psychology of the Preschool Child*; Stern, *Psychology of Early Childhood up to the Sixth Year of Age*; Fenton, *A Practical Psychology of Babyhood*; Alpert, *The Solving of Problem-Situations by Preschool Children*; Rand et al., *Growth and Development of the Young Child*.
- 102 Hazlitt, 'Modern trends in infant psychology'.
- 103 Bridges, *The Social and Emotional Development of the Pre-school Child*; Bühler, 'The social behaviour of children'; Pickren et al., *Portraits of Pioneers in Developmental Psychology*.
- 104 Isaacs, *Intellectual Growth in Young Children*, pp. 5–6.
- 105 Isaacs, *Social Development in Young Children*, pp. 7–8.
- 106 Isaacs, *Social Development in Young Children*, p. 8.
- 107 E. Valentine, 'Women in early twentieth century psychology'; Anon., 'Beatrice Edgell, 1871–1948'.
- 108 Hazlitt, 'Modern trends in infant psychology'.
- 109 Bond and Tryphon, 'Piaget and method', p. 173.
- 110 Piaget, *Le langage et la pensée chez l'enfant*; Piaget, *La représentation du monde chez l'enfant*; Piaget, *Le jugement moral chez l'enfant*; Piaget, *La naissance de l'intelligence chez l'enfant*; Piaget, *La formation du symbole chez l'enfant*; Piaget, *La causalité physique chez l'enfant*.
- 111 Bond and Tryphon, 'Piaget and method', p. 174.
- 112 Sutherland and Sharp, *Ability, Merit and Measurement*, p. 55.
- 113 Sayers, 'British psychology and psychoanalysis', pp. 215–216.
- 114 Sayers, 'British psychology and psychoanalysis', p. 219; Wooldridge, *Measuring the Mind*, pp. 133–134.
- 115 Graham, *Susan Isaacs*, p. 235.

- 116 Isaacs, *Social Development in Young Children*, pp. 288–289.
- 117 Isaacs, *Social Development in Young Children*, p. 12.
- 118 King, ‘Background and development of the Freud–Klein controversies’; Pines, ‘Glover, Edward George’; Kubie, ‘Edward Glover’.
- 119 Valier, ed., *Psychoanalysis and Crime in Britain during the Inter-war Years*.
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- 121 Wooldridge, *Measuring the Mind*.
- 122 Thomson, *Psychological Subjects*, pp. 131–132.
- 123 C. Valentine, ‘Reflexes in early childhood’.
- 124 Auden, ‘The maladjusted child’.
- 125 Mead, ‘The primitive child’, p. 670.
- 126 Lowenfeld, *Play in Childhood*, p. 105.
- 127 Lowenfeld, *Play in Childhood*.
- 128 Isaacs, *Social Development in Young Children*, p. 11.
- 129 Lowenfeld, *Play in Childhood*, p. 129.
- 130 Searle, ‘Some contrasted aspects of psycho-analysis and education’, *British Journal of Educational Psychology* 2 (1932), quoted in Isaacs, *Social Development in Young Children*, pp. 285–286.
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- 137 Duché, *Histoire de la psychiatrie de l’enfant*, p. 337.
- 138 Kanner, *Child Psychiatry*, pp. 493–494; Parry-Jones, ‘Childhood psychosis and schizophrenia’, p. 4.
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- 140 Berrios, ‘Historical aspects of psychoses’.
- 141 Kanner, *Child Psychiatry*; Kasanin and Kaufmann, ‘A study of the functional psychoses in childhood’; Creak, ‘Psychoses in children’.
- 142 Kanner, *Child Psychiatry*.
- 143 Graham, ‘Creak, (Eleanor) Mildred (1898–1993)’.
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- 145 Cole et al., ‘Discussion on the mental sequelae of encephalitis lethargica’, 27.

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- 147 BMMAMCN.S11.CFM: Child admission sheets 1928, 1931, 1935 and 1937/8; BMMAMCN: Maudsley Hospital Reports 1927–1931; 1932–1935.
- 148 BMMAMCN.S11.CFM: CFM017.200; CFM159.521; CFM163.650; CFM024.738.
- 149 Creak, 'Psychoses in children', 528.
- 150 Creak, 'Psychoses in children', 520–521; On Bleuler's use of the terms 'autistic' and 'dereistic', see Shorter, *A Historical Dictionary of Psychiatry*, pp. 34–35.
- 151 G. Richards, 'Campbell, Charles Macfie (1876–1943)'.
- 152 Campbell, quoted in Creak, 'Psychoses in children'.
- 153 Creak, 'Psychoses in children', 521.
- 154 Creak, 'Psychoses in children', 522.
- 155 Creak, 'Psychoses in children', 522.
- 156 Lay, 'Schizophrenia-like psychoses in young children', 119.
- 157 Lay, 'Schizophrenia-like psychoses in young children', 126–127.
- 158 Quoted in O'Connor and Tizard, *The Social Problem of Mental Deficiency*, p. 34.
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- 160 Wellcome Trust Archives (WTA): WT/PSY/KEN/4/1: Correspondence between Lucy Fildes and Henry Head (1924).
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- 163 WTA: WT/PSY/KEN/4/1: Fildes, 'Word Deafness', p. 97.
- 164 WTA: WT/PSY/KEN/4/1: Fildes, 'Word Deafness', p. 116.
- 165 WTA: WT/PSY/KEN/4/1: Fildes, 'Word Deafness', p. 105.
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- 167 Fildes, 'Some memory experiments with high-grade defectives'.
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- 169 A. W. G. Ewing, *Aphasia in Children*.
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- 173 Thomson, *The Problem of Mental Deficiency.*
- 174 Burt, *The Backward Child*, p. 105.
- 175 Mackintosh, *Cyril Burt.*
- 176 Herd, *The Diagnosis of Mental Deficiency*, pp. 40, 74.
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- 178 Fortes, 'Perceptual tests of general intelligence for inter-racial use'.
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- 180 Terms employed by Burt in *The Backward Child.*
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- 185 Earl, 'The primitive catatonic psychosis of idiocy', 248.
- 186 Earl, 'The primitive catatonic psychosis of idiocy', 244.
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- 188 Vicedo, *The Nature and Nurture of Love.*
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