Foreword

Since the 1930s, the adjective 'social' has become a popular qualifier of historical writings. Familiarity has banalized the adjective and a title like a 'Social History of X' draws little attention. What once was an interesting and controversial term¹ seems now to have lost its qualifying force and become a mere rhetorical adjunct. During the last few decades, the social sciences have undergone a 'cultural turn',² and this has threatened to engulf social history into the new 'cultural history'.³ Therefore, it is important to rescue the adjective 'social' by reaffirming what it adds (or should add) to a historical writing.⁴

The Social

Since the seventeenth century, the meaning of 'social' has mirrored successive definitions of 'society'. More interestingly, it has also broadened its remit: in addition to naming an abstract property (sociality), it has for some time also named a noun (the social). This multivocality caused confusion when, during the first half of the twentieth century, 'social' started to be used to qualify a new type of historical writing ('social history'). The resulting ambiguity remains unresolved.

Social History

According to country and political tradition, this historiographical approach has been interpreted differently. A well-known definition states that it is a 'Historical writing that concentrates on the study of social groups, their interrelationships, and their roles in economic and cultural structures and processes; often characterized by the use of social science theory and quantitative methods.' That is, it is less interested in traditional state and political history and does not organise itself around the contributions of 'great men'.

Since the 1920s, social history in Great Britain has been seen as resulting from an abiding interest in the contribution to history of the 'common people' as expressed in the work of historians such as R. H. Tawney and E. P. Thompson, who, for a time, worked outside the university system. 'However, more important than its physical location was social history's intellectual and methodological *raison d'être*. Although obviously shaped by time, institutions, and national intellectual traditions, the professional practice of social history has been dominated by two historical sociologists, Karl Marx and Max Weber.' The Marxist influence became clear later in the writings on social history of the British historian Eric Hobsbawm.¹⁰

P. N. Stearns, an American social historian and founder of the *Journal of Social History*, wrote:

one of the central and enduring impulses of the new social history involves the insistence on the active agency for the groups under examination; the past is no longer a pattern of leadership (benign or exploitative) shaping a passive population mass. On virtually any topic, from formal politics to the working of insane asylums or slave plantations, interaction becomes the key, as the presumably powerless play a definite historical role.¹¹

The French view is closely associated with the *Annales* School, by common agreement considered as the main intellectual source of social history. In 1929, in Strasbourg, Lucien Febvre and Marc Bloch started a Journal entitled *Annales d'histoire économique et sociale* which was 'founded on a sharing of problems and a borrowing of concepts, methods, and data' where 'more often than not history found itself in the position of having to ask the social sciences for what it wanted. At bottom the idea was that a common fund of ideas and techniques existed among the social disciplines, from which each one was free to help itself.'¹²

These multinational definitions carry disparate ideologies, aims and methodologies. Can commonalities be found so that the style of 'social history' that has inspired the name of this book can be identified? The obstacle is to be found in the instability of the subaltern definitions, on how the 'social', 'economic', 'quantitative', 'qualitative' and so on are conceived of and, most importantly, how they are applied to the objects of psychiatry (hospitals, institutions, professional associations, parliamentary acts, diseases, biological treatments, political trends, patient groups, etc.).

Not only are subaltern concepts defined differently, but they are also prioritised and knitted differently into the warp and weft of history. For example, although the *Annales* School emphasises the economic structures, in the end most variables are included in their analysis, thereby giving rise to a form of 'total history'. As mentioned, in Great Britain, Hobsbawm and followers offered a Marxist interpretation of the relationship between economic and cultural structures. In the United States, Stearns favoured a quantitative approach to manage the relationship between economic and social measurement and insisted on a 'bottom-up' approach. In Germany, Jürgen Kocka Is claims that, in contrast to traditional history, 'social history stressed the importance of social and economic factors, while simultaneously striving to connect the social, political, and cultural spheres. In contrast to traditional history, social history also emphasised the importance of collective factors in history and downplayed the role of the individual.'

This Book

How should these professional perspectives bear upon a book of 'social history' intent on exploring the last fifty years of psychiatry? Ideally, they should provide a methodology and compass by means of which the reader can evaluate the historiographical intentions of both editors and contributors. The first two part titles ('Social and Institutional Contexts' and 'The Cogwheels of Change') suggest that the guiding idea has been one of contextualised 'social causation', that is, making use of a new way of explicating the changes (Part III: 'Implications in Practice') putatively undergone by British psychiatry.

Social Causality

'Causality' in the social sciences and in social history is a field where angels fear to tread.¹⁷ In earlier years, it was assumed that the causality models used in mechanics and the natural sciences (considered then as a sign of mature scientificity) should also be used in the social sciences and in social history. In the period between the two world wars, and in both the natural and social sciences, these hopes were abandoned and replaced by a form of probabilistic causation.¹⁸ Since then, philosophers of history have worried as to whether even probabilistic causality itself may be too strong a mechanism to aspire to in social history.¹⁹ The debate continues.²⁰

A Prequel

The historiographical approach that has inspired this book differs from the one that guided 150 Years of British Psychiatry: 1841–1991 (fifty-seven chapters in two volumes), a book published in 1991 by the Royal College of Psychiatrists to celebrate an institutional anniversary of British psychiatry. At the time, there had been no comprehensive historical study of biographies, clinical themes, biological treatments, institutions and so on, relating to British psychiatry since it had been institutionalised during the nine-teenth century. 22

The driving force behind the production of those two volumes was the original incarnation of the Royal College of Psychiatrists (RCPsych) Interest Group for the History of Psychiatry, and the intellectual stimulus came from the late Hugh Freeman (then also editor of the *British Journal of Psychiatry*), Thomas Bewley and Henry Rollin, whose knowledge of things past acted as the bridge between the College and the Medico-Psychological Association.

Different times require different books. Interestingly, although thirty years apart, these works have both relied upon the help of professional historians and clinicians with historical interest. Equally interesting (and worth of celebration) is the fact that the names of some of the contributors to the 1991 volumes also appear in this present book. All national psychiatries require periodic auditing and recording and the book in hand should well satisfy this need during the early twenty-first century.

A Sequel?

'British psychiatry', since its construction during the nineteenth century, has been rather different from the psychiatry developed in other European countries (Germany, France, Italy, Spain, etc.). Its main originality and contribution are to be found in the institutional and legislative fields rather than in nosology or psychopathology. Likewise, and perhaps due to its *sui generis* organisation, British psychiatry was less affected (as was Germany psychiatry) by rivalries between academic and institutional factions. Yet another difference can be found in its susceptibility to abstract ideas: for example, it was far less permeable to the influence of Jacksonian ideas, high were important to French psychiatry and psychology, and to psychoanalysis. 100

Although no longer extant, these international differences still need historical explanation. It would be too easy to accept the ongoing globalisation of psychiatry (including the gradual convergence of the ICD and DSM listings)²⁷ as the only cause for the disappearance of international differences. In the same way, globalisation itself should not simply be seen as the result of the triumph of value-neutral neuroscience. This is a good bone for social history to get its teeth into.

Because not enough is yet known about what makes people mad, the absolute predominance of one point of view is not epistemologically healthy; indeed, psychiatric creativity can be negatively affected by effectively curtailing other explanatory options. Once again, it is a job of the social history of psychiatry to examine the mechanisms and pressures underlying these decisions.

The size of the field in which psychiatry claims expertise has expanded dramatically since the nineteenth century when alienists only dealt with madness (renamed psychosis after the 1860s), epilepsy and some organic disorders. As is well known, it was other medical specialists that looked after anxieties, panics, hypochondriasis, obsessions, compulsions,

hysteria, secondary depressions and so on (sufferings that, after the 1890s, were grouped under the new 'neuroses').²⁹

From the early twentieth century on, alienists started claiming exclusive expertise in the management of these new 'neuroses' and also of a variety of new behavioural deviancies (soon called 'personality disorders').³⁰ Enlightened alienists soon perceived that the language of description and brain-related explanations used for madness did not work well for these new 'clinical' additions.³¹ Many remained reluctant to use psychological explanations;³² others, particularly those with large private practices, searched around for alternative narratives and happened upon psychoanalysis.³³ This knowledge gap encouraged Henry Maudsley to bequeath £30,000 to the London County Council to help with the treatment of 'acute' mental disorders and 'neurosis'.³⁴

The list of mental disorders is still growing. The official position is that these additions are 'evidence-based'. However, there has been little research into the decision (particularly covert) mechanisms involved. The claim that the human brain is the same the world over, and hence the results of neuroscientific research must be valid in all possible worlds, has had various consequences. A negative one has been that countries bereft of economic wherewithal have become passive recipients of the nosological views and expensive treatments developed in leading countries. In a world fully governed by scientific and ethical integrity, this disparity may be acceptable. However, in the complex realities of today, client countries cannot be blamed for worrying about their subaltern status.

This is another field where social history can contribute, particularly because, since the time of the *Annales* School, one of its strengths has been the serious analysis of economic variables. Social history possesses methodologies apt for the exploration both of the world of concepts and values and of the dark forest of economic interests. It would be of great help to psychiatry to know how these factors affect neuroscientific research.

This book may be pointing to another useful way of doing history of psychiatry. Its findings should add to the periodic documentation required by British psychiatry. I am grateful to the editors for giving me the opportunity to make these points.

G. E. Berrios Emeritus Professor of the Epistemology of Psychiatry Robinson College University of Cambridge

Notes

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