control and to a respectable, well-paying career" (p. 121).

McCrone makes it clear in her introduction and throughout Playing the Game that she is concerned only with sport and the emancipation of the body as it affected middle and upper-class girls and women, and the treatment of that subject was clearly enough for one book. However, for this reviewer, the material in Playing the Game does raise some important questions concerning the importance of social class, questions McCrone might have considered. For example, we know from research done by historians like Laura Oren, Jane Lewis, Elizabeth Roberts, and Ellen Ross that working-class girls and women in the Victorian and Edwardian years suffered from physical debilitation that was even more serious than that of working-class men. McCrone provides a thorough analysis of the way in which the athletic woman challenged the dominant bourgeois Victorian stereotype of femininity, with its image of the ideal woman as fragile and passive. But the alteration of this class-based stereotype and the consequent recognition that ladies could be robust and vigorous may well have widened the gap between the experience of working-class women and those of the middle and upper classes. The fact that possibilities for liberating the female body applied only to a minority of privileged women in McCrone’s period could have played a more central role in Playing the Game.

In McCrone’s well-argued concluding chapter, she explores the connections between the feminist movement and women’s sport that emerge from her study. As she points out, they were indirect, in that few women involved in sport were active feminists, but they were nonetheless important. First, widening opportunities in sport were often a consequence of women’s agitation in other areas, and second, sport contributed in its turn to “emancipating females from physical and psychological bondage and to altering the image of ideal womanhood” (pp. 276-7). And paradoxically, she notes, even though most sportswomen shied away from active feminist involvement, the athletic “mannish” woman was a favourite target of antifeminists.

In conclusion then, Playing the Game, with its careful research and its breadth of information, makes a valuable contribution to the history of middle-class women. The book will be of importance to historians of feminism and of women’s education, and as well, to those interested in the history of sport, and in sport itself.

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Theresa Richardson’s wide-ranging, but richly documented, historical study of the mental hygiene movement
is a thoughtful contribution to the social history of therapeutic ideas. The range of Richardson's interest crosses interdisciplinary boundaries including the histories of childhood, education, philanthropy, and psychiatry and psychology. The mental hygiene movement seems to her a form of social thought which reveals a common thread running through the historical record of twentieth-century North American anxieties about cultural transmission and social order.

Richardson's readers will not miss the point that their worries about evident "psycho-social epidemics" of childhood are not new or ephemeral. Twentieth-century Americans have for decades worried that the modern industrial state may be incompatible with human flourishing. The idea of the "childhood gaze" is used by Richardson to refer to the convergence of medical and scientific perspectives in the study and treatment of delinquency, dependency, and general inadequacy—plagues which seemed at least mailable to Progressive Era social reformers, citizens of the emergent research university, and—most crucially for the mental hygiene movement—to the humanitarian impulses of wealthy philanthropists.

According to Richardson, mental hygiene in the United States and Canada is to be understood as an extension of the twentieth-century public-health movement. Mental hygiene "symbolized and advanced the application of science to social life. It encompassed the medicalization and popularization of psychiatry within the framework of the modern industrial state." The notion of a medicalized perspective on childhood seems especially important to the author as it appears throughout her study. Richardson argues that the institutionalization of childhood as a medical, "psychobiological" phenomenon contributed to the (perhaps baneful) transformation of the interpersonal relations between adults and children. She sets forth a historical account in which "doctors, psychiatrists, psychologists, social workers and teachers become authorities where family traditions formerly reigned supreme over issues such as personal health, the acquisition of life skills, and child rearing practices." Forthrightly assessing this change, Richardson concludes that "the idea of solving social problems by preventing them from developing in childhood seems, in hindsight, at once self-evident and incredibly self-righteous." She further argues, more ominously, that "paternalistic public policies have in fact created the social phenomenon of the maladjusted and mentally disordered child."

This interpretation and evaluation of the legacy of mental hygiene rests on an angle of vision supplied by the (now nearly venerable) sociology of knowledge. This tradition of scholarship holds that ideas do not succeed in history by virtue of their truth, but by virtue of their relationships to specific social processes. Accordingly, the "childhood gaze" was shaped and impelled by the cultural ascendancy of medical science during the late nineteenth and early twentieth centuries. The growth of medical science in turn was coupled with the social leadership of the "knowledge
brokers,” the general purpose philanthropies. Richardson carefully chronicles the international role these combined social forces played in the legitimation and development of the medical and social sciences. “In this process, the boundaries between child related academic disciplines, especially in health, education and welfare, were forged.”

The childhood gaze, with its “clinical, individualistic, and utopian” orientation, thus functioned as a normative concept, a “plausibility structure” (to use Peter Berger’s words) which created and validated categories of definition and selective methods for both identifying and adjusting conditions of abnormality. Not surprisingly, Richardson makes a case for assuming a critical perspective on these developments. The onerous “surveillance function” of scientifically sanctioned therapeutic ideas does not go unnoticed by the author: “The ‘surveillance’ function of rewarding normality and identifying potential deviance is part of the essence of mental hygiene as preventive public health” (p. 169).

Not that Richardson regards mental hygienists as villains who knowingly mystified social realities for self-serving ends. The contradiction between the rhetoric of mental hygiene and the slight demonstrable social benefit attached to their efforts is seen to be the result of psychological defence mechanisms occurring largely outside awareness. The “rationalization of philanthropy,” for instance, served to “transform the issues of social justice away from economic or political confrontations toward the ‘childhood gaze’ couched in scientific and pseudo-scientific explanations of personal and interpersonal failures” (p. 43). It almost seems as if the rhetoric of mental hygiene functioned as a form of psychological displacement on a large scale: instead of addressing the fundamental and deeply threatening problems associated with structurally determined inequity and injustice, hygienists and their sponsors channelled their energies into less dangerous efforts to adjust individual psyches. “Mental hygiene became a way of exercising humanitarian values without addressing social structural considerations of an economic or political nature, except in the most benign context of environmental issues” (p. 190).

Despite her evidently critical stance toward her subject, Richardson thankfully does not bore the reader with uncritical judgements of the motives of “cultural elites.” She sympathetic goes about the work of the historian who labours (in the words of Richard Niebuhr) “for the purpose of bringing conceptual patterns and historical realities into closer relations, of reducing the haze of uncertainty that surrounds every effort to analyze form in the manifold richness of historical life, of drawing sharper boundaries between the interfusing, interacting, intersecting thoughts and deeds of separate men.” Accordingly, Richardson understands ideas as field or context dependent. “This dependency between ideas and context, biography and history, contributes to the apparent contradictions and unintended outcomes which characterize progressive social policies concerning
children, including mental hygiene” (p. 4). The author attempts to achieve a balance between the broader scale of historical time and the “more particular sequences of experimental change.” In this attempt she is largely successful.

An example of Richardson’s commendable interweaving of biography and history is her account of the founding of the mental hygiene movement itself. The American Foundation for Mental Health Archives held at Cornell Medical Center has supplied her with a rich vein of primary source material. Out of letters and notebooks of principal actors she constructs a story of lay people and medical professionals struggling for control of mental hygiene organizations.

Clifford Beers, whose personality and work were stamped on the founding of the first national mental hygiene committee, is portrayed as “a sensitive observer of the wealthy and powerful as well as a shrewd tactician.” His vision of creating a voluntary organization which would oversee medical psychiatric practice, however, went unrealized as the national movement he founded acquired a dynamic all its own. Beers’ counterpart and frequent opponent, illustrious Swiss-American psychiatrist Adolf Meyer, carved a medical model out of Beers’ personal vision. When the National Committee for Mental Hygiene achieved the support of medical reformers and the financial advocacy of large-scale philanthropy, control of the movement effectively passed into the hands of professionals. Thus Beers’ personal mission, born out of his own experience as a psychiatric patient, “was compromised and swept along by events which preceded and occasionally contradicted his dream” (p. 45).

In addition to her careful balancing of individual, personal story-telling and the wider scope of historical narrative, another commendable feature of Richardson’s study warrants noticing. An important and unique dimension of the author’s story of mental hygiene is the comparative perspective. Though it owed much of its scientific leadership and financial support to the influence of United States research universities and Rockefeller philanthropy, the Canadian mental hygiene movement developed paradigms and approaches which differed from those favoured in the United States.

Richardson credits Canadian hygienists with pioneering mental hygiene studies and treatment involving normal children. Whereas mental hygiene in the United States was led by psychiatric study and treatment of delinquents and the psychologically disordered, Canadian therapists thought it more socially beneficial to treat “the general school problems of mental hygiene” (p. 115). In this effort, psychologist William E. Blatz and the University of Toronto psychology department led the way. Blatz, whose work occurred between the two world wars, is credited by Richardson with having developed a more humane approach than the medicalized version of U.S. mental hygiene. He believed that “the promotion of mental health should be primarily the outcome of parents and educators working together” (p. 121). Blatz’s therapeutic
approach, which he named Security Theory, aimed to develop a dynamic state of mind characterized by serenity, meaning a faith in one’s own ability to deal with future events. Richardson regards such ideas as a welcome counterbalance to medicalized psychology, whether behaviouristic or psychoanalytic—both of which call into question human self-direction and thus move humankind “beyond human dignity.”

Thus Canadian mental hygiene, disseminated both through the University of Toronto department of psychology itself and through clinical demonstration projects conceived at the University, sets in bold relief the medicalized mental hygiene which came to govern the way therapists and educators in the United States conceived the work of personality adjustment. This comparative perspective usefully underscores the context-dependent nature of scientific knowledge. In so doing it supplies therapists and educators who pay attention to such studies with an antidote to the evidently false belief that their work is based on universal, timeless truths. Historical study of the calibre of Richardson’s work reminds members of the helping professions that their important services do not qualify as a rational-technical enterprise, but that they bear responsibility for exercising timely moral and political judgement in service to their clients.

In summary, it seems plain that careful readers will be edified by Theresa Richardson’s technically competent, widely literate study of the mental hygiene movement. Her evident devotion to the painstaking labour of archival research will inspire the audience of historians. On the technical side she also deserves praise for regularly providing verbal signposts in the form of concise organizing and summary passages.

It also seems plain that Richardson’s major thesis will invite debate among cultural historians. Are there good reasons to question the truth of her statement that “mental hygiene and the twentieth century ‘childhood gaze’ obscured the boundary between private and public spheres in that it elevated selective leadership in the public interest while it reduced popular access to knowledge-making”? One wonders what revisions in this thesis would be required, for instance, were the twentieth-century literature of religious fundamentalism and its more culturally literate cousin, evangelicalism, included in the story of the Century of the Child. It may be that the great social prestige of medical science, disclosed in its monopoly over the instruments of knowledge-making, failed to fundamentally alter traditional notions of child-rearing and family nurture prevailing among the large minority of people especially in the United States who practise allegiance to Biblical religion. It may turn out to be the case that, were the truth to be known about the assumptive worlds of the North-American family, large numbers of modern parents and non-professional community healers—like their grandmothers and grandfathers—still prefer moral, not medical, treatment for psychological and social disorder. One hopes that other students of the mental hygiene movement will accept
the challenge of such questions as they follow Theresa Richardson’s praiseworthy example of historical scholarship.


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