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Emotionally Neglected or Deviant? Treating Childhood Neuroses in Communist Hungary during the Early 1960s.

Introduction

During the 20th century, the psychological sciences gained greater social and cultural significance as their experts were used in an increasing range of contexts – such as schools, families, hospitals and the workplace.¹ This became especially apparent with the establishment of welfare states in post-war Europe.² Although numerous studies have shown how ‘governing minds’ across a variety of political regimes³ were heeding such expertise to decide how best to promote social well-being, most of these narratives have dwelt almost exclusively on the Western European perspective.⁴ It is only recently, with the growing interest in transnational history of Eastern European medicine,⁵ that the history of psychiatry and mental health in Communist Europe has come under revision. Academics in the field have noted the lack of transnational and comparative approaches, and stressed that simplified notions (e.g., the

¹ Roger Smith, *Fontana History of Human Sciences* (London: Fontana Press, 1997), 578, 615–616; Ian Dowbiggin, *The Quest for Mental Health: A Tale of Science, Medicine, Scandal, Sorrow, and Mass Society* (New York: Cambridge University Press, 2011), 71–200.

² Harry Oosterhuis, “Self-Development and Civic Virtue: Mental health and citizenship in the Netherlands (1945–2005),” in *The Self as Project*, eds. Greg Eghigian, Andreas Killen, and Christine Leuenberger. *Osiris* 22. University of Chicago Press: 227, passim; Rhodri Hayward, “The Pursuit of Serenity: Psychological Knowledge and the Making of the British Welfare State,” in *History and Psyche: Culture, Psychoanalysis, and the Past* (New York: Palgrave Macmillan, 2012).

³ Greg Eghigian, “Care and Control in a Communist State,” in *Psychiatric Cultures Compared. Psychiatry and Mental Health Care in the Twentieth Century. Comparisons and Approaches*, ed. Marijke Gijswijt-Hofstra et al. (Amsterdam: Amsterdam University Press, 2005), 184–186, passim; Joy Damousi & Mariano Ben Plotkin, eds., *Psychoanalysis and Politics: Histories of Psychoanalysis under Conditions of Restricted Political Freedom* (New York: Oxford University Press, 2012); Helen Laurenson & Sally Swartz, “The Professionalization of Psychology within the Apartheid State 1948–1978,” *History of Psychology* 14, no. 3 (2011): 249–263.

⁴ Kathleen Jones, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority* (Cambridge, MA: Harvard University Press, 1999); Nikolas Rose, *Governing the Soul. Shaping of the Private Self* (London, New York: Free Association Books, 1999); Harry Oosterhuis, “Mental health, citizenship, and the memory of World War II in the Netherlands (1945–1985),” *History of Psychiatry* 25, no. 1 (2014): 20–34.

⁵ Cf. Marius Turda, “History of Medicine in Eastern Europe, including Russia,” in *The Oxford Handbook of the History of Medicine* (United Kingdom: Oxford University Press, 2013), passim.

totalitarian narrative) still dominate.⁶ These include a tendency to see psychiatry there as having been strongly ‘colonised’ by Soviet ideology and science policy - characterised by ‘Pavlovised’ interpretations of mental health, the rejection of Freud and psychoanalysis, and the dominance of physiological and biological explanations of mental illness.⁷

Soviet power certainly made the Eastern bloc countries look quite similar in many ways, but if we examine them more closely, while at the same time critically distancing ourselves from the usual “Cold War optics”,⁸ we find a variety of national cases determined not simply by ideology and politics, but also cultural and social processes, intellectual traditions, knowledge-flows across borders, and particular geographic locations.⁹ To put it bluntly, there were major differences between the medical culture in Soviet Central Asia (which was emerging as a hybrid of Islamic, Soviet, and Western traditions)¹⁰ and Central Eastern European countries such as Hungary (separated from Western Europe by the Iron Curtain after years of war). However, apart from the brief and painful Stalinist period, the Iron Curtain did not completely cut the country off from the west, and traditional links to the great European metropolises were never completely lost.¹¹

This chapter studies the treatment of childhood mental problems in Hungary during the early 1960s. I will explore how a group of Budapest psychologists and child guidance workers

⁶ Benjamin Zajicek, “Banning the Soviet Lobotomy: Psychiatry, Ethics, and Professional Politics During Late Stalinism,” in *Bulletin of the History of Medicine* 91, no. 1 (2017): 33–36; Sarah Marks, “Ecology, Humanism and Mental Health in Communist Czechoslovakia,” in *Psychiatry in Communist Europe*, ed. Mat Savelli and Sarah Marks (New York: Palgrave Macmillan 2015), 134–135; Tuomas Laine-Frigren, *Searching for the Human Factor: Psychology, Power, and Ideology in Hungary during the Early Kádár Period* (Jyväskylä: Jyväskylä University Press, dissertation, 2016), 26–37.

⁷ Sarah Marks and Mat Savelli, “Communist Europe and Transnational Psychiatry,” in *Psychiatry in Communist Europe*, 1–2.

⁸ Eugene Raikhel & Dörte Bemme, “Postsocialism, the Psy-ences and Mental Health,” *Transcultural Psychiatry* 63, no. 2 (2016): 155.

⁹ See for example, Agita Lūse, “From Social Pathologies to Individual Psyches: Psychiatry Navigating Socio-Political Currents in 20th Century Latvia,” *History of Psychiatry* 22, no. 1 (2011): 20–39.

¹⁰ Alisher Latypov, “Soviet Psychiatry and Drug Addiction in Central Asia,” in *Psychiatry in Communist Europe*, 73–92.

¹¹ See Sari-Autio Sarasmo & Katalin Miklóssy’s introduction to *Reassessing Cold War Europe* (London: Routledge, 2011). On Hungarian psychiatry and its place in Central Europe, see Emese Lafferton, “From Private Asylum to University Clinic: Hungarian Psychiatry, 1850–1908,” in *Framing and Imagining Disease in Cultural History*, ed. George Sebastian Rousseau et al. (Hampshire: Palgrave Macmillan, 2003), 196–197.

defined and treated social maladjustment in their work as experts in the state's newly established child welfare institutions. In these cases, the children and adolescents they encountered (along with their families) were described with terms such as 'neurotic', 'emotionally unstable', and 'neglected'. These examples are taken from published case histories.¹² Extrapolating from these, psychologists argued for the importance of explanations that took into account psychological pathologies, rather than just neuropathology – which dominated the psychological sciences throughout Eastern Europe at this time.¹³

The political crisis of 1956 provides the backdrop for this chapter. Child psychologists and child welfare activists benefited from the political urgency attached to juvenile delinquency at this time to argue that certain changes be made to rationalise and humanise the way children were raised under socialism. The chapter is divided into three parts. First, I will provide the background and a brief outline of child welfare policies during the 1960s. After that, I will examine the interplay between political and expert discourses on child welfare at the turn of the 1960s. In the last part, I will examine more closely the individual case histories and the treatment ideologies they might reveal.

Mental Health and Communism

In many Northern and Western European countries (e.g., the Netherlands, Norway, or Sweden), psychohygienic ideas and preventive mental health programmes enjoyed wide public support

¹² On case histories as a classic psychological 'genre', see John Forrester, "If p, then what? Thinking in cases", in *History of the Human Sciences* 9, no. 3 (1996): 1–25. See also Anne Sealey, "The Strange Case of the Freudian Case History: the Role of Long Case Histories in the Development of Psychoanalysis", in *History of the Human Sciences* 24, no. 1 (2011), 36–50.

¹³ Béla Buda et al., "Psychotherapy in Hungary during the Socialist Era and the Socialist Dictatorship," *European Journal of Mental Health* 4, no. 1 (2009), 67–99; For complementary views, see Sarah Marks, "Ecology, Humanism and Mental Health"; Mat Savelli, "The Peculiar Prosperity of Psychoanalysis in Socialist Yugoslavia," *The Slavonic & East European Review* 91, no. 2 (2013), 262–288.

after the war;¹⁴ but in Hungary, genuinely new initiatives were buried under the priorities of a Stalinist command economy and the Cold War.¹⁵ The all-powerful Communist Party treated mental problems as a vestige of the old order – ‘capitalist’ ailments that would be swept away with the progress of Marxist-Leninist ‘history’. At this point, academic psychology almost died out, and psychoanalysis was publicly criticised and marginalised, despite the Budapest School’s traditionally progressive outlook and the readiness of its followers to adjust to the new political climate.¹⁶ Meanwhile, the ideological notion of full employment meant ‘social politics’ became a redundant concept with the presumably ever-improving socioeconomic conditions of the working-class.¹⁷

Towards the end of the 1950s, the ideological dogmas of Stalin’s era were looking increasingly redundant when it came to social planning. The rehabilitation of professional expertise in the field had already begun after the death of the dictator in 1953,¹⁸ but it was not until after the events of 1956 that any major changes occurred. That year was one of serious

¹⁴ Leonie de Goei, “Psychiatry and Society: The Dutch Mental Hygiene Movement 1924–1960,” in *Cultures of Psychiatry and Mental Health Care in Postwar Britain and the Netherlands*, ed. Marijke Gijswijt-Hofstra and Roy Porter (Amsterdam: Rodopi, 2008), 64–66, 73; Kari Ludvigsen and Åsmund Arup Seip, “The Establishment of Norwegian Child Psychiatry: Ideas, Pioneers and Institutions,” *History of Psychiatry* 20, no. 1 (2009): 13; Karin Zetterqvist Nelson & Bengt Sandin, “Psychodynamics in Child Psychiatry in Sweden, 1945–1985: from Political Vision to Treatment Ideology,” *History of Psychiatry* 24, no. 3 (2013): 312; Harry Oosterhuis, “Self-Development and Civic Virtue,” 227–228, *passim*. According to Oosterhuis, deep concerns about people’s moral resistance to broken families and individuals strongly influenced politicians to adopt a “psychohygienic” approach to building the welfare state.

¹⁵ Between 1945–1947, there were significant state and civil society initiatives that aimed to develop institutions of child welfare and mental health in general. Internationally (and psychoanalytically) oriented experts were charged with setting up, for example, a national network of child psychology centres. See Judit Mészáros, “Progress and Persecution in the Psychoanalytic Heartland: Anti-Semitism, Communism and the Fate of Hungarian Psychoanalysis,” *Psychoanalytic Dialogues* 20, no. 5 (2010): 608–611; Melinda Kovai, *Lélektan és politika. Pszichotudományok a magyarországi államszocializmusban 1945–1970* (Budapest: L’Harmattan Kiadó, 2016), 122–134, 150–151.

¹⁶ Judit Mészáros, “Progress and Persecution”, *Psychoanalytic Dialogues*; Melinda Kovai, *Lélektan és politika*, 208–249.

¹⁷ Sándor Horváth, *Két emelet boldogság. Mindennapi szociálpolitika Budapesten a Kádár-korban* (Budapest: Napvilág Kiadó, 2012), 26–27; See also Tony Judt, *Postwar. A History of Europe since 1945* (London: Pimlico, 2007), 72–74.

¹⁸ György Péteri, *Academia and State Socialism: Essays on the Political History of the Academic Life in Post-1945 Hungary and Eastern Europe*. (Highland Lakes, New Jersey: Atlantic Research and Publications, 1998); 3–5; Johanna Bockman, *Markets in the Name of Socialism: The Left-Wing Origins of Socialism* (Stanford, Ca: Stanford University Press, 2011), 105–133; Csaba Békés, “East Central Europe,” in *The Cambridge History of the Cold War, Volume 1, Origins*, ed. Melvyn P. Leffler and Odd Arne Westad (Cambridge & New York: Cambridge University Press, 2010), 343–345.

political upheaval in the Eastern Bloc, and of uprising in Hungary – the violent acts of repression that followed in the immediate years after bear witness to this.¹⁹ The reprisals targeted carefully selected groups – most often soldiers, young workers, and sometimes even teenagers.²⁰ At the same time, the new regime introduced social policies to safeguard the viability of the system. To legitimise the new political order led by First Secretary János Kádár (1912–1989), ‘socialist consumerism’ and everyday welfare now replaced the outdated notions of forced industrialisation and ideology enforced at the local level.²¹ By 1961, this process of destalinisation was spreading across the Soviet Union and Eastern Bloc, as Nikita Khrushchev declared that the preconditions for capitalist restoration were over. Science and modernisation were given precedence in an effort to reinvent socialism.²²

The 1960s also saw the psychological sciences gain in social and political importance as a means of supporting the new ‘soft dictatorship’ by addressing problems in different areas of socialist life. Within the (negotiable) boundaries of communist science policy and ideology, psychology now became a valid career path and a public form of knowledge.²³ Various psychotherapeutic practices gained currency as an alternative to more biologically based treatments, especially in treating children (but also alcoholics). Child welfare was the first field of social care to adopt professional psychology in socialist Hungary after 1956; and it was in

¹⁹ Csaba Békés, Malcolm Byrne & János M. Rainer, eds., *The 1956 Hungarian Revolution: A History in Documents* (Budapest & New York: CEU Press, 2002), 364–382. Altogether 341 people were hanged, 35,000 people faced legal action for insurrectionist activities, and 22,000 were given prison sentences.

²⁰ In the case of the young delinquent, Péter Mansfeld (1941–1959), the criminal justice system was famously allowed to use deeds committed in 1956 (even those he was only suspected of committing) as ‘evidence’ for other crimes. István Stefka, *Ötvenhat arcai* (Budapest: Kairosz Kiadó, 2003), 250.

²¹ Tibor Valuch, “Csepel bicikli, Caesar konyak, Symphonia, Trapper farmer: a fogyasztás és afogyasztói magatartás változásai a szocialista korszakban,” *Múltunk* 53, no. 3 (2008): 45–59; Sándor Horváth, *Két emelet boldogság*, 21–29.

²² Thomas Lindenberger, “‘Asociality’ and Modernity. The GDR as a Welfare Dictatorship,” in *Socialist Modern, East German Everyday Culture and Politics*, ed. Katherine Pence & Paul Betts (Ann Arbor: University of Michigan Press, 2008), 211–214; Greg Eghigian, “Homo Munitus. The East German Observed,” in *Socialist Modern*, 42, 51; Sari Autio-Sarasma, “Khrushchev and the challenge of technological progress,” in *Khrushchev in the Kremlin: Policy and Government in the Soviet Union, 1953–1964*, ed. Jeremy Smith and Melanie Ilic (London and New York: Routledge, 2011), 133–134.

²³ Laine-Frigren, *Searching for the Human Factor*, 68–99; see also Melinda Kovai, *Lélektan és politika*, 324–334. For ‘psychologisation’ in East Germany, see Greg Eghigian, “Homo Munitus”, *passim*.

child psychology that the methods of modern clinical psychotherapy were tested for the first time.

The first child guidance centres (*nevelési tanácsadók*) were established at the turn of the 1960s. The role of these early centres was to professionalise and complement the existing system of delinquency prevention.²⁴ In 1957, a network of ‘child welfare supervisors’ had been established to visit and assess families, produce environmental statements, and take children out of contexts deemed dangerous (due to alcoholism or mental illness, for instance). In the latter case, they would then be put in children’s homes under custody of the state. Child guidance centres were seen as a way of rendering existing practices more professional (and humane) with the help of psychological expertise.²⁵

Through these guidance centres, psychologists could offer a ‘softer’ alternative to simply criminalising asocial behaviour, but for most of the ’60s they remained a ‘peripheral’ actor at the margins, at times raising their voices against what they considered inhumane and unreasonable practices. At this time, Hungarian social policies concerning the young were mostly concerned with protecting *others* from juvenile delinquents, rather than the well-being of the delinquents themselves. As a consequence, most of these individuals were held within state institutions (such as children’s homes and reform schools).²⁶ Interestingly, the focus on ‘deviance prevention’ resembles the early development of child guidance in Catholic Ireland – another latecomer in providing public mental health care for children. In Ireland, its proponents challenged the punitive methods used in traditional institutions of child welfare that had been heavily influenced, if not run by the powerful Catholic Church. Consequently, the first state-

²⁴ The establishment of child guidance centres almost coincided with the founding of the first *psychiatric* clinics for children (*Gyermek-ideggondozók*) in 1957–1958. Together, they represented the first outpatient mental health facilities for children in Socialist Hungary.

²⁵ Sándor Horváth, *Két emelet boldogság*, 60; Annabella Horányi & Gertrud Hoffmann, *Pszichológiai és pedagógiai szolgálat a Nevelési Tanácsadóban* Budapest: Okker, 1999), 59–60.

²⁶ Sándor Horváth, *Kádár gyermekei. Ifjúsági lázadás a hatvanas években* (Budapest: Nyitott Műhely, 2009), 78–79; Csaba Pléh, “Intézmények, eszmék és sorsok a Magyar pszichológia fél évszázadában,” *Magyar Pszichológiai Szemle* 71, no. 4–5 (2016): 715.

funded child guidance clinic was established in the late 1950s, but only after careful negotiations with the Church.²⁷ The 1940s saw the first sustained campaign to establish child guidance in Ireland and yet, though it shared the prevention-based ideas of its 1930s British counterpart, there was no real reference to any kind of mental health difficulties when it came to children and adolescents. Rather, as Tom Feeney has shown, the campaign began with its roots in the context of treating young offenders²⁸ – much like in Hungary at the turn of the 1960s.

But by the end of the same decade, Hungarian child guidance centres were fully recognised by the Party and well integrated into the paternalist welfare state; not only as officially authorised institutions of educational guidance, applied psychotherapy and preventive intervention, but also as a way to place motherhood under a form of “quality control”.²⁹ Though they were developed under the auspices of Hungarian reform socialism, the centres were clearly influenced by Anglo-American models, as their aim was to detect and treat the behavioural and emotional problems of otherwise clinically ‘normal’ children as early as possible to prevent delinquency, mental illness, or further marginalisation from society.³⁰ As a consequence, the importance of psychological counselling grew,³¹ so that psychotherapy was offered in each child guidance centre, and efforts made to maintain contact with schools, families and children that lived locally. In this way, the centres not only professionalised the way children were brought up, but also introduced more sophisticated techniques of control to

²⁷ Tom Feeney, “Church, State and the Family: the Advent of Child Guidance Clinics in Independent Ireland,” *Social History of Medicine* 25, no. 4 (2012).

²⁸ Feeney, “Church, State and the Family”, *Social History of Medicine*, 850.

²⁹ Lynne A. Haney, *Inventing the Needy. Gender and the Politics of Welfare in Hungary* (Berkeley: University of California Press, 2002), 111.

³⁰ Kathleen Jones, introduction to *Taming the Troublesome*; see also Karin Zetterqvist Nelson & Bengt Sandin, “Psychodynamics in Child Psychiatry in Sweden”, 309–310, who point out that though the US child guidance movement left a strong intellectual legacy, mental health policies and services depended on the sociopolitical and historical conditions of national contexts.

³¹ Every Hungarian child was obliged to go through maturity tests after preschool. From 1968, child guidance centres administered these tests on a psychological basis. Lynne A. Haney, *Inventing the Needy*, 120; Anna Kende, “Konfliktusos képeslatok,” *Educatio* 17, no. 3 (2008): 347.

support the prevailing norms. Nevertheless, there was now a dearth of adequately trained personnel for these newly expanded local welfare services, as psychology was only taught at university from 1964,³² while psychotherapy, not to mention the still clandestine psychoanalysis, were mostly taught outside academia in informal circles and study groups right up until 1980.³³ This meant there was a demand for those pioneering child psychologists, such as Lucy Liebermann (see below), who had already begun their careers in the interwar period.³⁴

The National Council of Child and Youth Protection – the Shadow of 1956

The problem of deviant youth was raised on the (party) political agenda soon after 1956. The “counter-revolution” had affected the communist mindset. For some, the large number of young people involved in street fights was a sign that they were morally corrupt and that there was a consequent need to reform socialist education. However, there were also those who promoted psychological solutions to the new threat. New kinds of public discourse emerged which described ‘morally endangered’, ‘nervous’, and ‘emotionally abandoned’ children as having serious problems socialising, and parents with misguided conceptions of the socialist nuclear family.³⁵ After years of being totally marginalised, psychologists now used concepts familiar from post-war European child psychology³⁶ and readapted them to serve the aims and interests at home.

³² Agnes Szokolszky, “Hungarian Psychology in Context,” *Hungarian Studies* 30, no. 1 (2016): 21–22.

³³ Csaba Pléh, “Intézményék, eszmék és sorsok,” *Magyar Pszichológiai Szemle*, 714. One of these semi-official training groups for child guidance workers started its meetings at Faludy Street in 1968.

³⁴ Educational and family counselling centres already existed in the interwar period. In the first decades of the 20th century, there was also a wide political consensus for combining social and mental health with national social policy reformism. See Marius Turda, “History of Medicine in Eastern Europe, including Russia,” 215. See also Turda, *Eugenics and Nation in Early 20th Century Hungary* (UK: Palgrave Macmillan, 2014).

³⁵ Judit Bíró, “Felejtés és megbocsátás. Szempontok a normasértő jelenségek köret kijelölő érvrendszerek és beszédmódok 1945 utáni magyarországi történetéhez,” *Belügyi Szemle* 47, no. 6 (1999): 80–88.

³⁶ See, for example, Michal Shapira, *The War Inside: Child Psychoanalysis, Total War and the Making of the Democratic Self in Postwar Britain* (Cambridge University Press, 2013); Nikolas Rose, *Governing the Soul*, 155–181; Tara Zahra, “Lost Children: Displacement, Family, and Nation in Postwar Europe,” *The Journal of Modern History* 81, no. 1 (2009), 51–60.

The establishment in 1957 of the National Council of Child and Youth Protection (henceforth referred to as ‘the Council’) was a sign of these concerns. This important but ultimately short-lived organisation³⁷ wanted to bring the professionalisation of child welfare onto the political agenda. The Council launched fact-finding missions, mapped out the situation for police authorities, produced a series of classified reports, and suggested reforms. It was originally based on pre-1956 plans by psychologists and other child welfare activists, but now it was watched over by the 70 year-old, Ferenc Münnich (1886-1967), a hardline communist and the second man in the Party after János Kádár. This undoubtedly gave political weight to the organisation.

In 1959, the Operative Committee of the Council assessed the institutions of child welfare in the country. The report was only one in a series of classified papers, but it is interesting because it provided grounds for the institutional role of psychology in child and family policies, illustrating clearly the transformations experienced after 1956.³⁸ The report began by saying that after the “liberation” in 1945, the state took over the tasks of child welfare from other “social bodies” (i.e., the Church, for example), to “show just how important child protection was in building a just socialist society”, and it did this in the face of post-war economic and social deprivation.

The [experience of] two world wars, especially the latter, which we endured as an immediate theatre of war, wreaked so much destruction on people’s moral characters and nervous systems that there followed a multitude of different sicknesses of the mind and spirit, with various forms of addiction, perversity, and

³⁷ It was closed down in 1961 as it touched on too many delicate questions.

³⁸ MSZMP KB TKO 288f. 33/1959/7. ö.e. ”OGYIT” operatív bizottsága jelentése. A ”veszélyeztetett” gyermekekkel kapcsolatos problémák és intézmények.

pathological criminality rising to endemic levels.³⁹

Concerns over the effects of war on people's minds and "moral characters" were very common in Europe at the time, and so it made sense that experts (and the politicians who supported them) should address them.⁴⁰ These Hungarian writers were careful not to blame the communist elite, yet were also making an implicit appeal to the authorities – it was about time to revive those plans for child welfare and mental health that had been left unfulfilled in the 1940s.

The immediate post-war years were hard times for children's basic health, let alone mental health services – tuberculosis was still a major national disease. As noted by one high-level official from the Ministry of Health at the time, even if after these basic priorities were met and there was something left over for mental health, the "director of the Planning Office would hold the money back anyway".⁴¹ Such systemic underfunding of mental health care was compounded by the prevailing negative cultural attitudes towards the mentally ill, and a general disregard for the importance of psychological factors in the social well-being of people. This mindset needed to be changed, and the Council report in 1957 acknowledged this by referring to the "ideological distortions" of Stalinism with regard to child-care and family policies, and admitting that socialism had not yet been able to eliminate the "nests of misery" where prostitution, alcoholism, and criminality prevailed. These had not, as previously thought, been swept away as part of the general course of Marxist-Leninist historical progress, and needed to be specifically addressed.

The gravity of the situation in the late '50s was, according to the report, not only caused by the overcrowding of mental hospitals, but also the "borderline mentally ill", the chronic

³⁹ Ibid, 1.

⁴⁰ For instance, the Netherlands: Harry Oosterhuis, "Self-Development and Civic Virtue", 227–228, *passim*.

⁴¹ Péter Bakonyi, *Téboly, Terápia, Stigma* (Budapest: Szépirodalmi könyvkiadó, 1983), 88, 99.

alcoholics, and those who suffered from “serious psycho-neuroses” who were still roaming free and wreaking havoc. This needed to be rectified as they were still “in families and workplaces”, and their “high degree of irritability and [often] paranoid personalities” meant that “they [would] poison the atmosphere around them”. These people⁴² were clearly endangering the mental health of whole families, the report argued, in terms of “the educational atmosphere caused by these parents”; and they were causing accidents in the workplace with their “carelessness and unruliness”. Borderline cases were even seen to be a major reason for the apparently high divorce rate. The authors noted that 80% of the “psychologically damaged” children receiving psychotherapy in the country had experienced parental divorce or “family conflict”.⁴³

The report then honed in further on the subject of violence in families. Brutal methods of upbringing were explained as being partly due to adults’ own mental traumas, and partly due to conservative educational ideas left over from the “bourgeois past“. These old-fashioned ideas could be found both in families and among teachers who were poorly educated, and the practice of corporal punishment was consequently “spreading at an alarming rate”. The authors urged that this tendency be discouraged in every possible way, through pedagogical and political re-education and “administrative means” to intervene in family life when necessary.⁴⁴ In essence, the report coalesced around two ideas. The first was that children “should not simply be kept alive, but in good physical and mental health too”. The second was that it was the duty of the paternalist state to “monitor” possible dangers for children thought to be “in every way defenceless” against the environment and to intervene when necessary.⁴⁵ The report

⁴² In light of the source material used in this research, it is impossible to verify the actual number of such borderline cases or alcoholics, and it is worth asking what kind of everyday situations were being possibly hidden behind these conceptualisations. For instance, had these people who were “poisoning” the atmosphere been labelled as such because of something they had done, or for genuine medical reasons.

⁴³ A ”veszélyeztetett” gyermekekkel kapcsolatos problémák és intézmények, 1.

⁴⁴ Ibid., 2.

⁴⁵ Ibid.

recommended that trained psychologists be used to look deeper into such families, because the “wounds” were not always visible “on the surface”; and although there were child welfare supervisors in the field, the institutions which employed them were urged to update their expertise.

The Council’s reports were filled with images of the moral unrest caused by the events of 1956; juvenile delinquency was on the rise, as was general “cynicism and indifference” among the young.⁴⁶ In this respect, reforming child welfare was thus also in the interests of the law enforcement authorities, and a major consideration in the public debate over ‘hooliganism’.⁴⁷ For psychologists, however, the question was who was being protected, and from what precisely? What the system badly needed, in their opinion, was child-centred training which would encourage a change in the perception of young offenders so that they would be treated as more than just small adults. The Council therefore sent people into the field to find out more precisely what the present state of affairs was in child welfare institutions, only to find (as one unnamed inspector discovered) hopelessly dysfunctional ‘Dickensian’ social realities, in stark contrast to what socialism promised to offer.

[I]n such an congested environment - not to mention all the other barbarous circumstances which have nothing to do with overcrowding - we should call this a storage facility rather than a children’s home as it is even worse than the original orphanages [of the Horthy era] that these homes were supposed to replace.⁴⁸

⁴⁶ See, for example HU-MNL MK-S 288 f. 33/1957/1. ö.e. MSZMP KB Tudományos és Kulturális Osztálya. Országos Gyermek- és Ifjúságvédelmi Tanács állításáról.

⁴⁷ Sándor Horváth, *Kádár gyermekei*; Sándor Horváth, “Hooligans, Spivs and Gangs: Youth Subcultures in the 1960s,” in *Muddling Through in the Long 1960s: Ideas and Everyday Life in High Politics and the Lower Classes of Communist Hungary*, ed. János M. Rainer and György Péteri (Trondheim and Budapest: Institute for the History of 1956 Hungarian Revolution, 2005), 199-223.

⁴⁸ HU-MNL MK-S 288 f.33/1958/4 ö.e/MSZMP KB Tudományos és Kulturális Osztálya. Az OGYIT titkársága. Jelentés a fiatalkori bűnözés és erkölcsi züllés égető kérdéséről.

Educational, psychological, and administrative tools of intervention were on the agenda at the local level too. For example, the Executive Committee (VB) of the Budapest City Council resolved in 1960 that the Prosecutor General should systematically investigate whether the existing child protection authorities had really acted with “all due vigour” to punish those parents who put their children at risk.⁴⁹ It was also demanded that the City Council (i.e., the local organ of the Party) put questions of child psychology on the agenda since, as one speaker in the meeting noted, there were parents who “ruined their children to the point that they became ineducable [...and only] after that do they rush to us and ask what to do.”⁵⁰

A modern psychological discourse on children’s rights was effectively used to support the idea that the local organs of the Party should intervene more systematically in these kinds of families in their everyday life. Since some parents looking for help would approach the Party themselves, there was also clearly a need for professional institutions, such as child guidance centres.⁵¹ One child welfare expert, Dóra Járó, warned that the lack of systematic attention paid to educational issues could have dire repercussions. At a VB meeting of the Budapest City Council, she proposed that children be given a balanced combination of care, respect, discipline, and control. In doing so, she trotted out the popular discourse on hooliganism⁵², claiming that young people would “usually commit crimes in groups”. Although the young members of these groups were often decent factory workers, she suggested they were lured into criminality by “hooligan” gang leaders.⁵³ She even suggested that there was a connection with the ‘counter-revolution’ of 1956, thus adding rhetorical emphasis to the urgency of the situation.

⁴⁹ MSZMP Budapesti Végrehajtó Bizottságának ülései (XXXV.1.a.4.). 1960. április 25/75. öe. Egyes fiatakorúak által elkövetett bűncselekmények tapasztalatairól és a fontosabb feladatokról. A Budapesti Párt Végrehajtó bizottság 1960. április 25- i határozata, 37.

⁵⁰ Ibid.

⁵¹ MSZMP Budapesti Végrehajtó Bizottságának ülései (XXXV.1.a.4.). 1960. április 25/75. öe. A fiatakorú bűnözés tapasztalatai és az ellene folyó harc helyzete Budapesten, 11–13.

⁵² On hooliganism as defined by one educational psychologist, see István Harsányi, *Fiúk könyve* (Budapest: Gondolat, 1963/1958).

⁵³ A fiatakorú bűnözés tapasztalatai és az ellene folyó harc helyzete, 13

In addition to this, there is a bunch of young people who during the counter-revolution acquired weapons. Some of them still have these weapons hidden away, and 54% of those hiding weapons are teenagers. There are lots of teenagers who therefore have guns; and they create counter-revolutionary societies [...].⁵⁴

Clearly, these ideas show a readiness among the experts to collaborate with the various stakeholders in the emerging post-Stalinist welfare state.⁵⁵ Indeed, professional psychologists had consulted the police on a voluntary basis since 1954.

If we now turn to the case histories, the first two concern psychological work carried out at the Department of Child Protection within the Budapest police department which, after the founding of the Council in September 1957, was able to double its workforce from 28 to 55, and even employ a psychologist full-time.⁵⁶ By the 1960s, psychodynamic (or so-called ‘clinical-psychological’⁵⁷) methods and approaches were adopted by the police with the support of psychoanalytically trained Péter Popper (1933–2010). Popper worked at the First Children’s Clinic at Budapest Medical University. His teacher was Lucy Liebermann (1899–1967) who had already established a child guidance centre there in 1937. Liebermann, in turn, was a student of Mihály Bálint (1896–1970) and follower of the “Ferenczi School” of psychoanalysis. Due to her powerful position, she was one of those rare personalities in the

⁵⁴ Ibid., 9.

⁵⁵ Cf. Eghigian, “Homo Munitus”, 43–46 and Rose, *Governing the Soul*, 84.

⁵⁶ Horváth, *Kádár gyermekei*, 65–66.

⁵⁷ Many psychological articles at the time were latently psychoanalytical without showing their ‘true face’, and some child psychologists were also criticised for explaining criminality in psychoanalytic terms. The situation in Hungary was, in this sense, comparable to Czechoslovakia and Yugoslavia, where therapists were able to incorporate psychoanalytic theories into their practice by using coded language. But these ‘tendencies’ were at times also noticed by the science policy establishment. See Mat Savelli, “The Peculiar Prosperity of Psychoanalysis in Yugoslavia,” 264; Pál Harmat, *Freud, Ferenczi és a Magyar Pszichoanalízis* (Bern: Az Európai Protestáns Szabadegyetem, 1986), 287.

field of psychology who had made it intact from one end to the other of the Stalinist period and embodied continuity from before WWII.⁵⁸

Breaking a Vicious Circle

In 1962, Popper presented the results of his study on 60 juvenile delinquents in custody. Popper was a postgraduate student (*aspiráns*) at the ELTE Faculty of Law at the time, and was openly cooperating with the police in matters relating to “problem children”. Thus, he had a double role as both expert adviser (to the system) and as a psychoanalytically trained researcher, which had particular consequences on the way childhood crimes were dealt with. In the case study, the 60 juvenile delinquents were compared to 40 neurotic adolescents using Rorschach tests. The aim of the article was to outline the emotional consequences of damage caused by a neurosis-inducing “family milieu”.⁵⁹ But the juvenile delinquents in question had not just been stealing cars or motorcycles, there were also assaults, a homicide, and arson among the crimes committed. There were also cases of “dangerous work avoidance” (i.e., prostitution and alcoholism), and “illegal crossing of the state border”. In addition, there were some offences thought to be directly related to the aftermath of 1956, such as “concealment of weapons” and “political crime”. Popper stressed the fact that nearly all the participants (95%) were born during or immediately after WWII. These “war children” had thus “spent their early childhood during the most difficult years for our country”⁶⁰ and so would have all experienced terrible shocks at an early age, such as losing family members; which were then followed by the

⁵⁸ Péter Popper, *Holdidő* (Budapest: Saxum, 2005), 105; Gábor Szőnyi & Teodóra Tomcsányi, “Magyar csoportpszichoterápiás irodalom 1956–1985,” *Pszichológia* 4, no. 4 (1985): 618.

⁵⁹ Péter Popper, “Fiatalkorú bűnözők személyiségvizsgálatának néhány tapasztalata,” in *Pszichológiai Tanulmányok IV* (Budapest: Akadémiai Kiadó, 1962), 533.

⁶⁰ Péter Popper, “Fiatalkorú bűnözők,” 534.

societal upheavals that socialism brought which would also have had a number of psychological repercussions.⁶¹

Popper mentioned four possible circumstances that could cause neurotic symptoms. Whereas the first three were related to cultural and societal changes after the introduction of socialism⁶², the fourth one was rooted in 1956. According to Popper, the “counter-revolution” had been a breeding ground for crime. Testifying to his canny ability to use the prevailing political interpretation of the uprising for his own expert purposes, he pointed out that at this time of “manifest counter-revolutionary incitement”, there were not only signs of a “revival of anti-Semitism and nationalism”, but also random acts of terror. The political crisis resulted in a “temporary weakening” of ideology and the prevailing social structure; and most importantly, families were torn apart as many decided to leave the country at this opportune moment.⁶³

Popper used individual cases to support his generalisations. One was the story of a 15 year-old boy named “P”. His mother (a teacher) and father (an engineer) lived apart for 10 years. Every week on Saturday the father visited the family, and brutalised the boy, while the mother accepted it silently, even encouraging it because she “did not trust the kid”. While nothing explicit was said about the father, the mother’s personality was briefly described. According to Popper, she was considerably older than her husband, a “woman with ruined nerves” who was “unduly irritated” by the child and was not able to “create a bond with him”.⁶⁴ Like so many times before (and since) the mother was the target of psychologists’ blame.⁶⁵ However, one should also bear in mind that regarding the theoretical basis of child welfare

⁶¹ Ibid., 534–535.

⁶² These were: drastically changing gender roles; the failure in instilling socialist values and norms with a consequent “moral vacuum” among teenagers; and the psychological shock caused by the sudden social decline (or advancement). Indeed, one might wonder what it meant for the sons and daughters of former gentry and bourgeoisie to find their place in the new society; and what it must have been like for children whose father had been stigmatised as a ‘kulak’.

⁶³ Péter Popper, “Fiatalkorú bűnözők,” 534–535.

⁶⁴ Ibid.

⁶⁵ Rose, *Governing the Soul*, 180–181. On mother-blame in Child Guidance, see Jones, *Taming the Troublesome*, 2, passim.

practices in the '60s and '70s, the situation in Hungary differed somewhat from Western Europe. In the latter, the idea of a *natural* mother-child bond (that had been in vogue in the '40s and '50s) was increasingly coming under feminist attack, as it could also be used as a tool for legitimising the socially inferior position of women. Meanwhile, in Hungary the welfare state seemed to, on the contrary, crystallise the mother-child link in various child welfare practices. The focus was on the family as a functional unit, with the (good) mother playing a crucial role – also as a prophylactic against antisocial behaviour.⁶⁶

To perhaps make up for his parents' cold indifference, P – who had by then already joined a “hooligan gang” (*galéri*) - had an “abnormally close relationship” with his older sister. According to Popper's interpretation, a dramatic turn happened when the sister married and moved away. At this point, P felt alone and sought refuge by getting more deeply involved with the gang, and by “starting to have sexual relationships”. This unfortunately coincided with him accidentally witnessing his parents' frustrated discussion about the child “who should never have been born”. Following the mental shock of these combined events, Popper reasoned, he began stealing car and motorcycle parts. Eventually, P invited some girls to come along with his gang to his father's cabin on Lake Balaton, where they ended up going on a rampage, breaking into “unoccupied cabins during the night”, to steal food, clothes and other consumer goods to use in their new household, and occasionally to sell on for cash. Eventually their rampage came to an end when they were arrested and taken into custody.⁶⁷

In short, Popper detected an emotional need, which explained the teenager's orientation towards the world of ‘gangs’. Consequently, the reasons behind drifting towards criminal subcultures were not to found in a ‘pathological’ personality but in the fragility of emotional

⁶⁶ Cf. Ferenc Mérei & Ágnes V. Binét, *Gyermeklélektan* (Budapest: Gondolat, 1970), 17. In this authoritative book on child psychology, the importance of ‘good mother’ was accepted without question: “[A]mong the antisocial teenagers and criminal adults, the number of those who were raised without a mother or without a mother's love is conspicuous”.

⁶⁷ Ibid.

ties and the ecology of the family. Here his reasoning closely resembled the *milieu* or family-centred explanations and treatment ideologies present in other Socialist countries like East Germany and Yugoslavia.⁶⁸ He also advised that instead of administering hard punishments in the name of criminal justice – which would only cause further aggression – the “vicious circle” had to be broken using positive support. A comparison between neurotics and delinquents had shown that whereas the former had problems socialising, the latter might actually adapt *too* easily because of their need for emotional acceptance. This was why these teenagers “gave up their [socialist] individuality and drifted towards gangs”, Popper insisted.⁶⁹ Comparing neurotics and criminals like this, he meant to show that both groups of people grew out of the same “neurotic soil”. Indeed, as victims of broken families, most of these adolescents showed neurotic symptoms well before their “antisocial phase”. In this context, Popper did not propose any explicit treatment ideology. The psychological thrust of the article was rather to explain how a deviant personality developed through different phases of emotional conflict and arrive at an “emotional catastrophe” if preventive psychological intervention was not made early enough.⁷⁰

A characteristic example of treating problems of adaptation with psychology was the case presented by psychodynamically oriented György Majláth.⁷¹ While also working as an expert for the Budapest Police, he wrote about a young man who “drifted into antisocial behaviour” and committed crimes in an emotional state of mind. His problems had begun in 1952 when, “in danger of moral corruption”, he was removed from his parents and transferred to a state-

⁶⁸ Greg Eghigian, *The Corrigible and the Incurable. Science, Medicine, and the Convict in Twentieth-Century Germany* (Ann Arbor: University of Michigan Press, 2015), 100. Mat Savelli, “Blame George Harrison: Drug Use and Psychiatry in Communist Yugoslavia,” in *Psychiatry in Communist Europe* (UK: Palgrave Macmillan, 2015), 187. Yugoslav social psychiatrists noticed in the 1970s that although narcotic use often occurred in good families the relationship between hard-working parents and children was often cold.

⁶⁹ Péter Popper, “Fiatalok bűnözők,” 538.

⁷⁰ *Ibid.*, 545.

⁷¹ György Majláth, “Egy társadalomellenességbe sodródott fiatalok indulati bűncselekménye,” in *Pszichológiai Tanulmányok III* (Budapest, Akadémiai Kiadó, 1961).

run children's home.⁷² In Majláth's opinion, institutionalisation was not the right way forward. In his article he wanted to show how a "vicious circle" developed in this boy's life while his "endangered state" got more intense and "step by step he felt himself getting lonelier".⁷³ In the institution, he was regularly put in solitary confinement, and sometimes even tied to a bed. Finally, after one long session of psychotherapy (the actual methods are not described) the boy was "convinced" that he had to change his behaviour. However, when he got out of the institution, he once more "drifted into antisocial violence" and was accused of violently resisting arrest.⁷⁴

Majláth also recounted how the foster-father disciplined his son using various kinds of physical violence. At that time, physical punishment was widely accepted in schools and homes in Hungary⁷⁵, which made it a recurring motive also in these narratives as Majláth did not agree with it, condemning the foster-father's behaviour whilst at the same time noting that he was a touring circus artist by trade whose life was "hard and austere" and that he wanted the child to work in the circus trade from a very young age. In addition to suffering various "concussions and injuries", the boy therefore lived in state of constant fear. Not only did he fear violent punishment, but also failing as a circus performer and disappointing his father. At this point Majláth made a reference to "primitive human relations" as for the father, it seemed that the boy was "like an animal to be trained, a horse or a dog". For the psychologist, the consequence of this almost total lack of play and being continuously on tour with the circus was that the boy had a "sudden thirst for play", for avoiding school, and for "vagrancy".⁷⁶

⁷² According to the Family Law (1952), under-18s could be placed under state custody if abandoned; if parents' "moral deviance or behaviour" (*züllötség*) posed a potential threat; or if their own behaviour endangered other children. This rather nebulous definition meant that it could be politically interpreted and children be taken away because of the parents' politics. See Magda Révész, "A gyermekvédelmi alapellátás intézménytörténete Magyarországon, 1 rész," *Kapocs* 6, no. 31 (2007): 9–10.

⁷³ György Majláth, "Egy társadalomellenességbe sodródott fiatalkorú", 662.

⁷⁴ *Ibid.*, 668

⁷⁵ R. Nagy, "Falusi munkáskolóniák lakóinak morálfelfogása északkelet Magyarországon," *Múltunk* 52, no. 2 (2007): 71–72.

⁷⁶ György Majláth, "Egy társadalomellenességbe sodródott fiatalkorú," 669–670.

This was a tragic story that Majláth wanted to explain in terms of criminal psychology. He was quick to highlight the boy's early loss of connection to his mother. The final aggressive act of "assaulting a police officer" was, Majláth argued, a "pay back" to the father.⁷⁷ Here, he made an explicit reference to the British psychiatrist, John Bowlby – one of the post-war pioneers of Attachment Theory and the famous advocate of the mother-child bond.⁷⁸ Bowlby and other famous researchers of 'hospitalism' were important western reference points for Hungarian psychologists involved in child and youth protection at the time, and Majláth was no exception.⁷⁹ By adopting popular Anglo-Saxon psychological concepts in order to explain deviant behaviour at home he suggested new ways for encountering problematic social phenomena. As Stalinism had almost completely cut off ties with the international professional community, psychologists were keen to catch up after 1956. But there were also other reasons for Bowlby's popularity. Namely, his emphasis on the role of faulty social environments and real-life events in children's psychopathology was easy to translate to the socialist context. The focus on procuring the right social conditions for adjustment instead of revealing unconscious fantasies of the 'inner child' not only fitted in nicely with socialist aims but also Hungary's existing psychoanalytic tradition – characterised by its educational optimism and focus on children's existing social ties and connections.⁸⁰

Tragic encounters

The writings of the analytically trained psychotherapist Nóra Németh are particularly pertinent here. In her texts, Németh presented highly tragic, emotionally laden, individual life-stories to

⁷⁷ Ibid., 672

⁷⁸ For more on Bowlby, see e.g., Dianna T. Kenny, *Bringing up the Baby: the Psychoanalytic Infant Comes of Age* (Great Britain: Karnac Books, 2013).

⁷⁹ See, for example Ferenc Mérei & Ágnes V. Binét, *Gyermeklélektan*, 24–31.

⁸⁰ Csaba Pléh, *A lélektan története* (Budapest: Osiris, 2010), 463. See also Zsuzsanna Vajda, *A pszichoanalízis Budapesti iskolája és a nevelés* (Budapest: Sik Kiadó, 1995).

promote her message about dysfunctional institutions and uncivilised methods of parental upbringing.⁸¹ Németh also worked in Lucy Liebermann's child guidance centre at the First Children's Clinic, as it was the main hub of child guidance work at the time.

In a case narrative from 1962, the therapist showed that with proper educational interventions a pubescent teenager's lack of trust in fellow humans could be overcome.⁸² Here, the main culprit was seen to be an emotionally cold grandmother, who "wielded executive powers" in a family with a "weak" mother. She dumped the "crazy girl" at the child guidance centre "like a package", in spite of the girl's protests.⁸³ The therapist adopted a 'civilisational' role. The grandmother was described as having "strict religious prejudices", which revealed themselves in the "primitive ways" she advised the girl after her first menstruation. As the girl herself told the therapist, this was the beginning of her problems. The grandmother – who the psychologist saw as a victim of a religious mindset inherited from her bourgeois past – was clearly at a loss with the girl who acted in ways she could not understand.

Tragic details colour this narrative, too. For example, in the four months she spent in the psychiatric department of the hospital, the girl experienced severe attacks of self-guilt, and even went about organising a "praying-campaign" at the ward with some of the other "neuropathic" girls there. She was reported as saying she wanted to "absolve her sins in front of God" and when this did not work she wanted to go home, to also "beg for forgiveness" for her mother "because God had forgotten her too".⁸⁴ The child also resisted eating, and the psychologist's opinion was that this was also the grandmother's fault, since the girl had been made to believe that fasting was "only way out of the situation".

⁸¹ Nóra Németh, "Teljes érzelmi elárvulás következtében létrejött általános sorvadás," *Pszichológiai Tanulmányok II* (Budapest: Akadémiai Kiadó, 1960). Nóra Németh, "Megoldhatatlan Anya- Gyermekek Kapcsolat," *Pszichológiai Tanulmányok III* (Budapest: Akadémiai Kiadó, 1961); Nóra Németh, "Pubertásos konfliktus megoldása," *Pszichológiai Tanulmányok IV* (Budapest: Akadémiai Kiadó, 1962).

⁸² Nóra Németh, "Pubertásos konfliktus megoldása," 623–641.

⁸³ *Ibid.*, 630.

⁸⁴ *Ibid.*, 627

The narrative included long, touching quotes from the pubescent child. Here, her voice was out in the open and recounted by the psychologist. It clearly reveals the prevailing conditions, and the need to build a more ‘human face’ for state socialism. The main focus of attention was, however, the dysfunctional family. The girl was reported as saying that she missed her father, and was in need of “love, not coldness”. After therapy, the girl understood that her family environment was “unnatural”, and the psychologist explained to the girl that her family was matriarchal and characterised by the more traditional ideas of hierarchy, whereby older adults took precedence over the young in terms of respect. The unnatural state of the family was then further explained in terms of sexuality. Németh diagnosed the relationship between four (!) generations of women in the same family as being “unconsciously homosexual”. Added with the deeply religious and rural background, these factors caused psychosomatic symptoms and feelings of guilt and sin.⁸⁵ But after some years of psychotherapy, the girl’s situation had improved. The therapist believed she had now adapted to socialist society, although the therapeutic process was not completely over.

The level of her social adaptation will be measured when she passes her “Kilián-exams” and takes part in KISZ [the League of the Communist Youth] activities. One of the positive results of all this is that, in the future, after passing the exams she can, together with her classmates travel to the USSR. She is earning the money she needs for this trip together with her classmates by doing summer work. We just hope that her current condition of health – which is a result of psychotherapy and consistent organic treatment [medication] – will allow her to get more out of working in a youth forestry brigade.⁸⁶

⁸⁵ Ibid., 638

⁸⁶ Ibid., 673.

Suppressed Unconscious or Real Violence

Lucy Liebermann was thus one of the key links in carrying through Hungarian traditions of child psychology and psychoanalysis into the Socialist period. For her, treating children psychoanalytically was not about the child “becoming aware of some allegedly suppressed unconscious”; it was more about dealing with the vicissitudes of a very real social environment. It dealt with events (and their emotional burdens) in children’s life histories that were “very well, if not excessively well known”.⁸⁷ This postulate was critical of classical Freudian psychoanalysis. A pioneer of group psychotherapy, Liebermann managed to combine Hungary’s pre-war psychoanalytic heritage with English post-war therapeutic thinking (e.g., Wilfred Bion⁸⁸) and readapt these to child guidance and family counselling.

Her long experience with countless individual cases seemed to stress the significance of understanding the individual (and the family) as a part of the wider environment. Her treatment ideology, in turn, was holistic. Each individual’s personality was a complex result of biological, social, and psychological developments, affecting the ways individuals “work on” inner and outer “stimuli” during their life, and try to build unity between the intellectual and emotional spheres in their minds. In the process, “functional schemas” were born. In her opinion, psychotherapy’s job was to disentangle these (potentially deviant) schemas in collaboration with the patient. Thus, therapy would have a double role of emancipating and resocialising the individual.⁸⁹ It was inconceivable to think of it as some kind of persuasion or counselling that

⁸⁷ Pál Gegesi Kis & Lucy P. Liebermann, “Általános magatartási rendellenességek gyermekkorban,” *Magyar Pszichológiai Szemle* 20, no. 1 (1963): 43–45. Cf. Matthew Smith, “Psychiatry Limited: Hyperactivity and the Evolution of American Psychiatry, 1957–1980,” *Social History of Medicine* 21, no. 3 (2008): 541–559. In the US, psychoanalysis and social psychiatry were often at odds with each other.

⁸⁸ Lucy P. Liebermann, (1962), “Kis csoportok dinamikus struktúrája,” in *Pszichológiai Tanulmányok IV*. Akadémiai Kiadó: Budapest. Liebermann was also a regular visitor at the Tavistock Institute in London, where she travelled to meet the Bálint couple.

⁸⁹ Lucy P. Liebermann, “Kis csoportok dinamikus struktúrája,” 599–600.

could be done by just “any dilettante”.⁹⁰ For Liebermann, child guidance was also a weapon in the fight to rehabilitate the professional reputation of therapy and modernise more conservative (biologically based) views of it.

In an article from 1963, Liebermann (et al.) described from among those brought to the child guidance centre several cases of attempted suicide.⁹¹ The majority of these patients were between 12-20 years of age and born during the war, and some were even younger. What is interesting about these case descriptions is how the child guidance team seemed to understand how not just the socioeconomic situations of many families, but also the socialist institutions themselves might also exacerbate deviant personality characteristics.

In the case of one teenage girl who tried to poison herself in front of her former best friend’s house, for instance, the experts rather heavy-handedly accused the school of being “extraordinarily insincere”, considering the emotional and sexual issues for a girl of that age. She had, in a natural teenage reaction, reacted to being dumped by her ex-boyfriend and written a letter to him calling his new girlfriend a whore. This was turned against her by the school, who accused her of “raising a scandal”, rather than making any attempt to look beyond the letter and understand her position.⁹² In another school, a “suicide epidemic” broke out, which was thought to relate to “homosexual relationships” between three girls, and the negative social dynamic caused by this behaviour, both at home and school. The main protagonist of the case, “B.M”, was described by the experts as being an “emotionally primitive” child and a weak student; but her sexual behaviour was seen as a normal part of puberty. The parents were not described as being particularly helpful in this situation either, but the main culprit was, once again, the school; even after *three* girls attempted suicide, it decided to simply accuse them of

⁹⁰ Lucy P. Liebermann, “A nevelési tanácsadás problémái hazánkban,” *Magyar Pszichológiai Szemle* 21, no. 4 (1964): 583.

⁹¹ Lucy P. Liebermann et al., “Fiatalkorú öngyilkosok,” in *Pszichológiai Tanulmányok V* (Budapest: Akadémiai Kiadó, 1963).

⁹² Lucy P. Liebermann et al., “Fiatalkorú öngyilkosok,” 664.

“immoral behaviour”, to “ostracise” them, and to pack them off to the child guidance centre.⁹³

In many of the other cases described in the article, family-members were living in the countryside, in a newly-built industrial centre, or on the outskirts of Budapest, as first-generation urban-dwellers. These cases dwelt on the drastic changes in living and working environments of the children and their families. For instance, the culturally torpid and superstitious atmosphere in one family (described as coming from a “primitive proletarian village”) was thought to have been the major cause for one boy’s suicide attempt. The other was thought to be a poor work environment in the factory where he had started as an apprentice. No therapy was mentioned here other than there being a need to “fix the situation in the school and factory”. The child guidance experts reasoned that the sudden change of lifestyle and culture from growing up in the countryside and moving to the factory district had caused maladjustment.⁹⁴ In another family, that had also recently moved to a newly-built industrial centre, the main protagonist was a 15 year-old called “D.P.”, who was studying to be a waiter and then tried to commit suicide collectively with three friends. One curious detail (that also cropped up in some of the other stories here) was that the four boys had been somehow received poison (!) by an “old homosexual dentist” at the school. Then they were “swept up” in the events of 1956 and joined nearly the whole class in trying to “defect to Yugoslavia” - though they ultimately failed to cross the border. After that, they tried to get into the USSR via the Ukraine, but again without a success. D.P. then ended up taking some Sevenal pills alone in his apartment and, although he woke up in a very confused state and jumped out of the 3rd floor window, he survived.⁹⁵

Here, again, the main conclusion was that it had been the traumatising social environment that had caused the suicide attempt – the “difficult social and cultural atmosphere” of this newly

⁹³ Ibid., 667–668.

⁹⁴ Ibid., 668–669.

⁹⁵ Ibid., 669.

built urban settlement only served to aggravate any existing “local social problems”. Furthermore, the mother, too, experienced difficulties. She had a white-collar background (*igen jónívójú asszony*), but failed to find a fulfilling role in the new town which lacked any kind of intellectual life. While the medical diagnosis did not show any pathologies in the boy, the psychological diagnosis found that he was “emotionally distracted”, and this was aggravated by his having been “homosexually seduced” by the dentist. Ultimately, the reasons for the suicide attempt were seen to be because he was “socially rootless” and a consequence of the political events of 1956. Here, the attempts both to commit suicide and cross the border was psychologised. The former was seen as the result of recurring disappointments and feelings of hopelessness, and the latter as an attempt to escape from it all.⁹⁶

In all of the above cases, the child guidance staff based their claims of scientific knowledge on a battery of psychophysiological, intelligence, and personality tests, and on approaches that involved psychotherapy and neurological-psychiatric examination and evaluation. With these tools it was most often revealed that the patient was a biologically and mentally healthy child surrounded by “primitive” adults. The children’s behaviour was not explained in terms of hereditary causes, and although their psychological states were always described (e.g., obsessive-compulsive disorder), the main reasons were found to be the lack of real community, i.e., a proper “human relationship” for the children to build upon and with which they could unburden themselves.

Conclusion

By looking at the way juvenile delinquency was articulated in Hungarian psychological discourse after 1956, one senses change in the air. Keeping in mind how severely the

⁹⁶ Ibid., 670–671.

communist criminal justice system could treat young offenders at that time, it is quite surprising to encounter such voices of understanding and empathy. It even seems that a new language was being used to address the problem of childhood maladjustment – one more in tune with a variety of individual experiences. Psychological concepts and approaches now took the emphasis away from a lofty socialist morality⁹⁷ as being the only way of dealing with the problems of social adaptation – and this also reflected the wider changes that were occurring in other Eastern European political cultures.

By making public their everyday encounters with maladjusted and neglected children, child guidance advisers were also implicitly criticising society for its lack of ‘human face’. But they were also making use of the political urgency attached to juvenile delinquency after the large-scale crisis of 1956 to offer the Party their expertise to ensure early intervention so that neurotic behaviour could be prevented from escalating into more dangerous forms of deviance that might turn into counter-revolution. While ‘psychologising’ socially unwanted behaviour they were at the same time reinforcing the boundaries of normality. But they also demanded ‘softer’ methods instead of repression and the former ‘hands-off’ approach.

Although Hungarian psychology in the 1970s was still very much caught up in high-flown debates over ideology⁹⁸, its methods and ideas were starting to attract the government’s attention, particularly at the local level. Psychological (and psychoanalytic) views on therapy could be promoted more freely at the local level because neurosis was not even considered a mental illness by those in charge of science policy at the national level, who had a more biologically-oriented approach psychiatry. Working at the micro-level of the family, child

⁹⁷ Márton Szabó, *Diszkurzív térben. Tanulmányok a politika nyelvéről és a politikai tudásról* (Budapest: Scientia Humana, 1998)

⁹⁸ Laine-Frigren, *Searching for the Human Factor*, 130–162.

guidance centres became the arena in which the psychological sciences could take precedence over “the pathological, and the hospital”.⁹⁹

Indeed, it was in the field of everyday life where the threats posed by ‘deviance’ to social cohesion were most felt – as they were in the liberal countries of Europe, where psychology experts were increasingly recruited to support the policies of the welfare state. In several of the cases discussed above, psychologists paid attention to the side-effects of modernisation (such as drastic changes in lifestyle) and everyday crises as possible sources of psychological distress. Comparisons to other ‘peripheral’ countries in Europe (and beyond) might be fruitful in this respect. In Greece, for example, social and cultural changes paved the way for the introduction and dissemination of psychotherapy and child guidance during the 1950s and ’60s, even if the state was initially not so interested in developing mental health policies. As Despo Kritsotaki writes, children and teenagers seemed to be defying traditional community-based moral values by demanding more entertainment, consuming material goods, and seeking new forms of socialising. The parents, however, had been socialised within another kind of family culture, and so there was confusion.¹⁰⁰

One of the central aims in this collection has been to examine narratives and experiences of madness and mental health as spatially situated phenomena. As suggested by recent studies on child psychiatry and ‘medical-pedagogy’ in Portugal,¹⁰¹ or psychoanalysis in Latin America¹⁰², it would be fruitful to complement western narratives of change (and those focused on urban centres) by taking into account more fully the interplay between regional and global. However, as the experiences of Central Eastern Europe, Eastern Europe, and South Eastern Europe remain largely undocumented in general histories of madness and mental health, it is

⁹⁹ Cf. Despo Kritsotaki, “Mental Hygiene and Child Guidance in Post-war Greece: The Case of the Centre for Mental Health and Research, 1956–1970,” *Social History of Medicine* 27, no. 4 (2014): 763.

¹⁰⁰ *Ibid.*, 758–759, 763.

¹⁰¹ Angela Marques Filipe, “The Rise of Child Psychiatry in Portugal: An Intimate Social and Political History, 1915–1959,” *Social History of Medicine* 27, no. 2 (2014): 326–348.

¹⁰² Damousi & Ben Plotkin, eds., *Psychoanalysis and Politics*, 113–212.

the task of future research to fill in the gaps of our knowledge with both country-specific case studies and bolder transnational comparisons. One way would be to use the concepts of ‘centre’, ‘periphery’, and ‘borderland’ analytically to better understand interconnections and the flow of knowledge across the globe.¹⁰³ The challenge remains to avoid the bias of seeing urban centres as the source of knowledge moving on a ‘one-way street’ away to the periphery. But it is also important to recognise the historical reality that centres of knowledge and power *have* shaped the lives of both immediate and more remote surroundings. In Hungary, a Soviet ‘satellite’ and a European borderland, the development of child guidance was defined by international child psychology, national intellectual traditions, everyday social concerns, and finally the ideological and political framework of state socialism.

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¹⁰³ See the introduction to this collection.

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