

THE COHEN INTERVIEWS

ILSE WESTHEIMER -- Interview no 22

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This is one of 26 interviews with social work pioneers conducted by the late Alan Cohen in 1980 - 81. The period of social work history Alan wished to explore with the interviewees was 1929 - 59. With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013. The copyright is held by the not for profit organisation WISEArchive.

Each interview is presented as a free-standing publication with its own set of notes. However, readers interested in the Cohen Interviews as a whole and the period discussed are referred to:

- (a) the other 25 interviews
- (b) the Editors' Introduction,
- (c) the select Bibliography.

All of these can be found at

http://www2.warwick.ac.uk/services/library/mrc/explorefurther/subject_guides/social_work

Ilse Westheimer (1921--2004) lived a personal and professional life capable of inspiring anyone at any time in history. All of her immediate family relatives in Germany were killed by the Nazi regime and she was the sole member to survive because her mother obtained an exit visa for her. Alan Cohen directly asks questions about the circumstances which brought her alone as 17 year old to the UK -- and we may assume with much empathy. In the interview she gives a very full picture of how determined she was to have a professional training and of her time studying and working in Glasgow and Edinburgh. This in turn opened academic doors and sheer ability qualified her for scholarships and further professional training.

People who knew her well said she could be very outspoken -- and this side of her temperament no doubt explains why, as a student at LSE, she preferred the pyrotechnics of Harold Laski to those tutors who specialised in "long silences". In her

obituary in *The Independent* (5th June 2004) a former student Jean Robertson-Molloy wrote “I vividly remember my first meeting with her, a petite dark-haired, vivacious woman, with a big, captivating smile. As a supervisor she was meticulous but also relaxed; she had the knack of bringing out the best in people.” Professional staff supervision is a topic that runs through this interview and IW can be forgiven for losing patience with the “We do not need supervision because we are qualified” argument she encountered many times. Part of her legacy is her *The Practice of Supervision in Social Work: a guide for staff*, published in 1977 and dedicated to her mother. It repays reading today in 2013.

Towards the end of her life she endowed a charitable trust for refugees in the UK to assist with their education.

A.C. How did you come into social work?

I.W. Well, I was a children’s nurse for a number of years, having done a nursery nurses training in a residential establishment for unmarried mothers and babies in Norwood, London. After that I was a nanny in three separate homes with children and I became more and more interested, not just in looking physically after the children, but in their emotional and intellectual development and so I decided to go to evening classes with the Workers Educational Association[1]. After I had been there for some time, I heard of a summer school which was run somewhere in Hertfordshire, which was run for a week and there were only three of us who wanted to take child psychology. The lecturer or the seminar leader at that time, who took the series was a man called Julian Blackburn [2] and he happened to be the chap who taught psychology to the Mental Health Course of the LSE So by the end of this summer school I had decided I wanted to be a psychiatric social worker. Only I was far too young (that was 1942) so in order to find out how I’d go about it, I made an arrangement to see the person in charge of the Mental Health Course [3] at that time Miss Clement Brown (Interviewee no 7), who told me that they didn’t accept people just like me, and that I needed more experience and also needed a Social Science qualification first of all. I asked her at the time to give me assurance that once I’d obtained that, she would have me. But she gave me no such assurance! She suggested I go and do it first and then come back, and that’s really what happened.

The summer school was in August (’42), I went back to the infant I was looking after and whose mother was a very interested woman, who had previously been teaching, and with her help we looked through all the Social Science courses in this country having in mind two particular things. Who would take somebody like me who had finished schooling at the age of 16, or it might even have been 15, without any real final qualifications, having left Germany at that time; and secondly, which was the cheapest training in Britain. I only had £40 to my name when I started it, on which to live and pay fees for two years. Well, there were two possible ones, who were going to give me a chance. They were both Scottish Universities, one was Edinburgh and the other was Glasgow. The Edinburgh fees were slightly more; also this looked rather more an academic than a practical

based course. The Glasgow Social Science Department focused much more on practical work, and the fees for a year were £7; that was £14 for two years. I knew nobody in Glasgow and I wasn't sure whether they were going to accept me, but in the end they accepted me on a term's trial basis. So in October '42, I arrived in Glasgow. My friends thought I was quite mad because by then I had been a children's nurse for a number of years and by that time earned the fabulous amount of £2 per week plus keep. So I arrived in Glasgow with £40 minus £7 for I had paid the first fees, and I had signed myself in at the University Settlement [4], [the Settlement was situated in Port Street in the Anderston district] where you could live, without telling them that I could only pay for three weeks, and that then I would need to find some kind of a job that would enable me to live during this period.

Eventually I got myself to talk to the tutor Isabelle Miller who was both the tutor of the Social Science course and also the Warden of the University Settlement. Only then did I realise how fortunate I'd been in my choice of Glasgow. Her attitude was 'Of course you'll find a job to do, but we won't push you out on to the streets after the three weeks, if need be we can put up a camp bed in my room' which was a terrific amount of reassurance, and really I think throughout my professional career, or my student career as a social worker at any rate, one came up against these social work teachers – carers, who were not just interested in you as a social worker, but who really gave you the kind of nurture which I think enabled you later on to extend the same kind of thing to other people.

Well, it wasn't necessary to put up a camp bed because within three weeks I found an au pair job where I lived in with the people, got seven and sixpence pocket money, but was extremely tied up with the work I did. It may just be of interest to describe that programme because I think nowadays people would think you were completely barmy to ever attempt to do anything of that kind.

The work-day in the Glasgow agency started at 9.30 with practical work until about 4.30 every day. From 5.p.m or 5.15 onwards you went to University for lectures which ended around 8.p.m or 8.30, five days a week. So that the day was pretty full even without the extra au pair work. What I had to do before I went to my practical placement, was to clean out a number of rooms before I left, and when I returned from University at night I had to wash up all the dinner things that the family of five had used.

This went on for several months until I had a placement at a Home for delinquent girls in Glasgow which was run by the Church of Scotland where the Matron, I think, got somewhat concerned about my looking rather pale and wan, and enquired what hours I kept, and was duly horrified by this kind of a day. It also coincided with staff shortages in the Home and so after a few months I was offered to move into this Home which was called "Craignairn". I had a room of my own, I got all the food I wanted, my laundry done, and the only thing I had to do was to be on full-time duty during the weekend. That was a marvellous thing. It left me free to study during the week and also I learned a tremendous amount about adolescent girls during that period.

I was also fortunate going to Glasgow because we had very few wealthy students. Although I was the poorest by far, there were others who also had very little money, so that I didn't feel out of things at all. Also during that time I was allowed not to do practical work on one afternoon in order to earn some money, and on that particular day which was a Wednesday afternoon I was allowed to work in the birth control clinic handing out pessaries. For that I got seven and sixpence, which was quite a lot of money. There were many funny episodes, like the woman who told me that her husband was overseas and she did not want to become pregnant whilst he was away, so please could she have a pessary and the head of the establishment did not think this was on, but I thought it was pretty sensible of her. This arrangement went on for the first year and at the end of the first year, although I'd tried very hard to get into the Forces before I ever went to Glasgow, I was called up. This was to do some sort of factory work since at that time I was still classified as an enemy alien and could not be admitted to the Forces. Again, a number of people made it their concern to ensure that I could continue my studies and in the end it was decided that I could do essential work in the University Settlement nursery school. I could then be freed of the usual practical work while my nursery school work would be counted as practical work, and I could continue to go to the classes in the evening. So it had the added advantage that I earned a salary of £120 per annum and I could move back into the University Settlement for part of the time, share the companionship there. At a later period I stayed with a fellow student and her (English) family, some of them being in war-time service. Following qualifying in Social Science, which took two years, I worked for another year at the nursery school and then I obtained a job as a social worker at the Guild of Service for Women in Edinburgh which at that time was still called 'The Vigilants Association for Scotland'. This was a moral welfare organisation and there I received the great salary of £180 per annum.

A.C. This is about 1944 then?

I.W. That was 1945. Yes, because I stayed on at the nursery for a bit. Incidentally I had tried for various other jobs to which I was appointed, particularly a Probation Officer's job which was offered to me when it was discovered that I was classed as an enemy alien the offer was withdrawn. There were a number of attempts to get jobs which I couldn't get. I was with the Guild of Service or the Vigilants Association for almost 18 months. It was an extremely good first appointment because at that time in Scotland this voluntary organisation did a great many things. It acted as a Probation Department. I'm not quite sure what the situation was because there certainly were Probation Officers in Glasgow, but this Agency certainly carried the function of Probation Officer as well. It was basically a fostering and adoption agency, and the attitude of the people in charge at that time was very much that unmarried mothers ought to be persuaded to keep their children. That they'd had them and that therefore, they had a responsibility towards them and that as far as possible one should help them to keep the child, even if it meant interviewing the girl's parents in order to persuade them to keep the children. Well, by that time I reckoned I'd had enough experience to get on the Mental Health Course. So I trotted back to London, or rather asked for an application form, and by that time Miss Clement Brown had left and Lulie Shaw [5]

was in charge of the Mental Health Course in London, and after being interviewed by the London people and an Edinburgh psychiatrist, Dr Methven [6], I was accepted.

A.C. Can you remember that interview?

I.W. I don't think I can remember that very well. I think that's gone into my unconscious. The one with Dr Methven was not terribly profound I don't think. But the one at the LSE [7] I can't really remember very clearly at all. I think it was Lulie Shaw, who interviewed me, but there must have been one other, and strangely enough I just cannot remember anything about it. I knew however, that I couldn't go onto that course without a Commonwealth scholarship [8] and there was some doubt as to whether I would get this, simply because there were only a few available. I think they had still about 10 at the time. And I really felt that I had exhausted my struggles by the hard two years at Glasgow University. However, I was accepted and I was the youngest person on the course. A further point worth mentioning is that at that time the minimum age for the course was 25 years, and no one else would be considered before that, in retrospect I think this a very wise decision. I think people now get onto courses at far too early an age and I certainly think it is a good thing to have some kind of life experience. So although it seemed a long wait, in retrospect it was the right thing.

A.C. From what you are saying you are absolutely self-reliant during all this time.

I.W. I was completely self-reliant. Yes, I really was and it has some funny features about it because I literally was not able to buy any clothes. Not in Glasgow and even not with the salary of £180. I walked around in a comic Harris tweed coat which was given to me at the time by the Matron of the delinquent home who was very tall, and her coat pockets came down to my knees! Since I was never a clever needlewoman, I wandered around with these pockets at my knees, but it was a marvellous coat and it never wore out even when I'd done with it. I could buy the odd book, and I did eat alright but you certainly couldn't buy clothes or anything like that.

A.C. There was no family to turn to?

I.W. I had no family because my family, the complete family, died in concentration camps. I had friends and again if it hadn't been for my friend's father, the friend I'd met on the Social Science Course, it would even have been quite difficult to feed me. I used to go to Glasgow when I was in Edinburgh once a fortnight and he would give me a basket full of vegetables from the garden, and when my friend came over to see me she again brought vegetables from the garden, so that, yes, in that sense one was supplemented, but in no other way. So that I really did need the Commonwealth scholarship.

A.C. How old were you when you were as self-reliant, as independent as this?

I.W. Well I was literally self-reliant since I came over to this country, when I was 17.

A.C. So it was a case of having to make the going for yourself right away.

I.W. Absolutely. I had to fight with the Refugee Committee to let me train as a children's nurse because having said they would, they then wanted me to go into domestic service, which I refused to do; for many reasons. The main one was that I wanted to be in London where the Committees were at that time in the hope that I could do something to get my mother out of Germany. But yes, from the word go, in this country one had to struggle and to really insist on the very few agreements that had been made, for example with this particular committee.

But I was very fortunate. I forgot to mention that while I was in Glasgow University I was awarded what was called the Janet Galloway Scholarship [9] which consisted of £25, which certainly helped. Sounds ridiculous now! So eventually I can't remember how long it took to hear, but I got the Commonwealth scholarship which was £200 and £50 of this was paid over in fees so it was £150 for something like 10 months. But that to me seemed a fortune.

A.C. And then you started the course? What was the course like in those days? Can you remember?

I.W. Well, ours was an extraordinary year. It was called the "Bumper Year" because it was the only time that the LSE Mental Health Course had 48 students. It was the year after Clement Brown had retired and I think as far as the course was concerned there were all sorts of uncertainties, about who was in charge, although clearly it was Lulie Shaw. It was clear to us students that there was some kind of a power struggle going on. The other people who were the tutors were Kay McDougall (Interviewee no 14) and Betty Joseph [10]. The latter became a psychoanalyst later on and this direction was already evident from her teaching on the course which was psychoanalytically geared. I think perhaps she was the only person on the academic staff who had this orientation.

Kay McDougall, as always, was very practically based, and Lulie Shaw very much of a philosopher. Not always very practical and never on my wave length; nor I on hers. Unfortunately she was my tutor and we had many times in tutorials when we both looked out at the window, I certainly wondering how much longer this would go on, and I wouldn't be surprised if she hadn't got similar thoughts about it too.

A.C. They were back in London by this time?

I.W. They were in London, LSE, that's right.

A.C. Was it still split? Part practical work two days a week in the college and three days a week in placement?

I.W. Yes and we had very many interesting lectures at that time. The people that stood out as lecturers were Miss Dorothy Gardner [11] who came from the Institute of Education and lectured on child development and although I knew quite a lot on the practical basis in relation to children because of my background, she managed to show you new perspectives about children's play and activities and she had a tremendous skill of understanding children both in a theoretical and in a practical way and making it alive. The other person who stood out for me was Dr, now Professor Dennis Hill [12] who was a superb lecturer and I shall never forget his

demonstrations of manic depressive patients, when he demonstrated how they walked into his consulting room bowed and unhappy and how by the time they'd finished with him they walked out upright and looking to the ceiling. They are the sort of things one will just never forget. He was a marvellous lecturer because he had the gift of demonstration; he was never dull. William Gillespie [13] who undoubtedly was a very sound child psychiatrist and analyst, lectured in a much more monotonous voice, and one had to be wide awake to take all that in. Julian Blackburn, psychology lecturer, seemed often to be wrapped up in blank silences. I think these were the most outstanding people who lectured to us. Of course at the time LSE was very much alive because Professor Laski [14] was around the place and some of us squeezed into his lectures although they didn't really relate to us, but he was such a magnificent man; he was the only one to my mind who has ever made the British Constitution interesting. He was superb.

A.C. Were those of you who went to Laski's lectures, politically radical and you went there to hear a radical political scientist?

I.W. I don't think I was ever really radical. I suppose I always was a socialist, but no I think I went to him because of his marvellous style and his tremendous knowledge and I think I must have read about him or read some books about him, or that he'd written. He was somebody who could give one knowledge, but also was such an able talker and interesting man as a person.

A.C. Did any of the things that he talked about in his lectures spill over into the social work classes or seminars that you were having. Did you cross reference?

I.W. I don't really think so because there weren't enough of us, there were perhaps three of us who did go.

A.C. I wonder whether you three might feed in some of the ideas you'd picked up in Laski's lectures to casework seminars?

I.W. I don't think that did happen. Also at that time, when you think about it, one wasn't encouraged to bring in things, I suppose, that were not strictly relevant. 'One fitted' into the order that was prescribed for you in the lectures. Indeed I remember Maxwell Jones [15] who was another of our lecturers. He lectured on physiology and again he was an interesting lecturer in the sense that he could demonstrate some things very well that you would never forget. He brought Tom's stomach with him on one occasion and showed you how the different juices worked under stress etc. and again I've never forgotten this. But I'm raising this because one of the Israeli students Dachamy Makovry, who later married a Minister in the Israeli Cabinet, asked some questions which sounded as if she was questioning what he was teaching. In fact it was really her poor English that got the message over wrongly and Maxwell Jones got extremely upset, and emotional and it needed one of us to interpret what the question was really about – I can't remember the question – but I remember the upset which I'm sure lecturers nowadays would be so used to the kind of student aggro, but in our day there was none of this. Yes it was permissible to ask questions but one had to ask them in certain kinds of ways. There were open discussions but nevertheless I think discussions in which

you phrase things so that they would be acceptable to the lecturer. This is very different from what happens now.

A.C. How was the social work teaching put across?

I.W. There were some lecturers who were very alive, and demonstrated it and in a sense were unorthodox as teachers but from whom one learns more than from orthodox teachers. Some of the stuff was told in a very dry kind of way. All the stuff in relation to legislation, and even the development of social work, was taught in a not very inspired way. Also, at that time, which was 1946-47, LSE had not got used to using neutral case material for teaching purposes. That was something that happened very much later and that kind of teaching I only got when I went to the States in 1951 where they had for some considerable time used case material for teaching purposes. But at the LSE in 1946-47 this did not happen.

A.C. They didn't use case material at all?

I.W. Not for teaching purposes. You dealt with case material with your cases or other people's cases in your practical settings, in case conference etc., but not actually at LSE. This was one of the reasons why I wanted later to go to the States to get first hand knowledge of how one used case material. But no it wasn't done at LSE at that time.

A.C. So what did they talk about?

I.W. Certainly never real records. Well you did do your reading. You had small seminar groups in which you discussed issues. You might have given some illustrations of some case material, but I don't think that very often happened. The fact that I've got to think so much about what was being done demonstrates that it didn't make a great deal of an impression on me. Any kind of practice knowledge I acquired was acquired in the practice settings. You were taught symptoms or illnesses like schizophrenia and manic depressive illnesses, but it was very much taught from the doctor's, from the psychiatrist's point of view. What a social worker did with it was not taught. This came much later. Again the same was true of child development. This was taught as a subject, not what you did with it. Now I may be wrong and it could have been, and I really cannot remember clearly. I would need to compare notes with one of the people who went to the course and you might like to follow both of them up. But it is interesting that my memory is so unclear about this. So for myself, the practice knowledge one got was in the practice setting and with the supervisor, on whom one was extremely dependent as a linker for knowledge and skills. As I said, the placements I think were the important – were *the* most important aspect as far as I was concerned. That's perhaps overstating, because clearly one did need the knowledge in order to use it in the settings. But one depended very much on the supervisor to help one bring together the knowledge one had acquired in the classes. And then really to relate it to the clients you were working with especially as there was no case work teaching as such at the LSE. My first placement was the Children's Department at the Maudsley Hospital [16] and Margaret Eden [17] was the supervisor there. We were a group of 5 or 6 students. It was quite a large student group and that

was just the group that was in the Children's Department. There was another group in the adult department, but the groups were separate. The Maudsley Hospital even then, was of course a teaching Hospital and was very much geared to having students and they had all the facilities for students which I think is important to record since this cannot be said of present day student arrangements, but there was a student's room for us, we had adequate typing help, we had easy access to interviewing rooms, and all the staff in the Children's Department were geared to students and ready to discuss with us, not necessarily at scheduled intervals, but in between. There were of course other people there as students like the registrars with whom we very often did not see eye to eye, and which sometimes led to conflicts between some of us and the registrars. I remember in my case I was helping a mother whose child had nightmares, and who was very upset by the nightmares and she wanted help in thinking this through what to do, and the particular registrar in his hurried way told the mother that she should leave the child to scream, and that would break the habit. Good old behaviourist stuff! The result of this was that by the time the mother came the next week she was a bag of nerves, and in such a state that I was so furious that I insisted on calling a foursome with my supervisor Margaret Eden, and his supervisor in order to sort out his method, but also what I have always regarded as absolutely essential, that the work that the Psychiatric Social Worker (PSW) does with a mother is not interfered with by anybody, not even the psychiatrist. Now at that time it was unusual to stand by this, but it seemed to me a condition of good work with parents, that this was really respected. We didn't have that kind of trouble after that. So as I say, there were Registrar Students as well, and there were psychology students also. It was also good in that a number of cases were carried with the consultants and again one had ready access to the consultants in the Children's Department and it goes without saying that after each new case there was a full staff conference in which much more learning went on still.

The supervision sessions were weekly and as I remember them they were about an hour and a half to two hours at a time. In addition, the students had group meetings with Margaret Eden and the other PSW on the children's unit, in which we could discuss questions of general interest. It was quite interesting because, I was a very different kettle of fish from my supervisor, who was essentially a more passive person, or outwardly passive. She was not really passive. This fitted very much into this period where the person in control whether it be the supervisor or worker, was being very passive with a lot of questions being asked of, "How do you feel about this?" and, "I wonder what this means to you?" which to me was a fairly new technique, one that did not come naturally, because having been a moral welfare worker before, one was apt to be very much more direct. So my own difficulty, I think was to integrate this approach which I could see had many uses, but integrate it in a way that fitted my personality and more so that it was useful to the client. I never became the completely passive operator, but perhaps more so than I had been formerly. But I remember also my own anger when I was being asked about something, how I felt about this, and suddenly I had had enough and just said like a stubborn mule "I'm not telling you!" That was to the supervisor!

She just looked. It was left there and I suppose a few weeks later when I was in a different mood I might well have told her. But what is also important is that at that time I had some difficulty in studying in the room I had because, (that was the room in my digs), there were a number of people there who went to drama school and they would recite aloud every time I tried to read or concentrate on something. Again the supervisor came up trumps, offering me her own sitting room for study and giving me the key to her flat. In those days, supervisors were not just functioning on their jobs, but they had a care for their students and facilitated those kinds of things, in order for one to get on with one's student's work. I don't believe this happens much nowadays; this kind of caring has gone out of fashion. I don't think I was the only one to whom that happened. But again it has great implications for what you, as a person later on, as a worker and later as a supervisor and teacher, can extend to other people.

I had already decided before I went on the Mental Health Course that I would be working in child guidance and my experience at the Maudsley made me more certain that this is exactly what I wanted to do.

A.C. But you did do an adult placement as well?

I.W. Yes. I then went to St. Ebba's Hospital [18], not a student placement for very long; it was Miss Molly Bree (Interviewee no 5) who was the supervisor in that setting. I think she found me quite a difficult student because I had a number of adolescents to cope with in this setting. This was a very different setting from the Maudsley. There also were a number of students. Miss Bree was my supervisor and had previously, as a social worker, worked with adolescents and considered I knew quite a bit about this. But the supervisors were less secure in the psychiatric social work sense than were the Maudsley supervisors. Whether this was to do with this not having been a student unit for long; whether it had to do with a different atmosphere in relation to PSW's in mental hospitals, I'm not sure. But I do know that I objected to the position that the psychiatrists were allocated, in that they were thought to be the end all and be all, an attitude I find difficult to extend to any species. Particularly so, since I, in my own omnipotence decided I knew a great deal more about adolescents than did the psychiatrist. And I could have been right on that because I'd dealt with adolescents when I did Moral Welfare and I didn't think the psychiatrist there knew a great amount about it. The supervisor had great difficulty in reconciling my attitude to the psychiatrist's demands. I can't really remember the specific clashes but there were some. Not too terrible clashes but several times when I'd had to demonstrate that I knew more about the girls than he did, and that was sometimes in a case conference, so I think I made Miss Bree sometimes pretty uneasy.

There was another case which I remember very well, because it was a Hungarian refugee, a Jewish refugee, who was thought to be paranoid, and yet I knew that a lot of what were thought to be paranoid features, could well have been reality features. But at that time British people were so ignorant of what went on in these countries who persecuted people that I still maintain that what was thought to be paranoia were to some extent reality events that had actually taken place. I'm not

suggesting this man had no paranoid tendencies, but what I was always suggesting was that it related to his reality experiences.

What was not perhaps understood that even when the need for the fears to go is no longer there, it doesn't automatically happen that the fears just drop away. Again this was another case where I felt it wasn't totally understood by the professionals in that hospital.

A.C. You make it sound as though you were a problem student.

I.W. I think I was in that setting, I don't think I was a terribly easy student. In fact I think at that time I probably was thought to be a bit of a rebel, but looked at in the present climate I must have been a mouse! But yes, I was one of the few people who always had my say, and at that time it was not so common to have one's say.

I was really quite critical of that last placement particularly as I had also hoped to go to the Maudsley Adult Department, and this hadn't come off. I think people were right in a sense, I was a rebel, then for those times; certainly did not take things lying down. The next thing that follows was after training. I knew I wanted to do child guidance work, and I thought I was very careful in looking at jobs. I knew exactly what I wanted, I wanted a good psychiatrist to work with, I knew that these were pretty scarce even in London. But there weren't all that many jobs around either. I turned a number of jobs down that I didn't think were suitable for me. One in High Wycombe, where they had a pretty ancient psychiatrist who didn't seem to me to have much knowledge, and where the interview was quite extraordinary. After feeding me with cream buns they then said I was to go out and come in again, and now the interview would start. And various other ones that I didn't really think I wanted.

Finally I got to Kent for a particular interview for a particular clinic. Now, I wasn't offered that post but I was offered another one in Maidstone. The mistake I made at that time was that I didn't go into the set-up in Maidstone although I'd done this with the other job I had applied for. By that time of course one was getting a bit worried that if you were too choosy you might end up with no job. But to my horror, when I got to Maidstone I found a number of things which were quite unacceptable. The total staff of the clinic was untrained. The man who featured as the psychiatrist was a school medical doctor who'd been put into that place because the previous psychiatrist had died and there was nobody else to do it. He was a nice enough person but knew very little about the difficulties you encounter with kids at child guidance, and he was looking forward to my coming saying, that I could teach him some things now. He was useless as a psychiatrist. They had a psychologist who was also not properly qualified although she used a lot of Freudian terminology without, so it seemed to me, understanding the meaning. There was a typist, and this you won't believe, but there was no typewriter and they said they couldn't obtain one. This woman didn't like to write things by hand because she was a typist! So she sat there knitting things for her boyfriend who was in the Army! There was no room for me. There were two rooms; it was at the back of a church, and this sounds incredible to believe too, that when I had to interview people not in their homes, we went into the church, and we sat in the

pews, and the bells began to toll! This is absolutely true. There was no phone except the one that was locked into the churchwarden's little room. He locked it, and so if we wanted to phone we had to get his key and if phone calls came, by the time they were answered the people had gone off the phone. The parents of the children used to tell me that their kids didn't improve, and I felt like saying "Of course they won't ever". Well the doctor was a very pleasant chap, very soon spotted that I was not content with this and he made a proposition. He said, "You're keen on further learning and training". He suggested I'd only work a few days a week and for the rest of the time be at the Maudsley or in other places where I could go on learning, just to keep me. It was very seductive because in some ways I would have liked it, but I decided I simply could not work like this. So to everybody's horror I sent in my resignation at the end of my first day with the intention of working out the one month notice. I got lots of letters to say they had greater expectations of me than that – because I resigned on the first day.

A.C. Letters from the employers you mean?

I.W. No letters from my previous supervisors, Margaret Eden, Isabelle Miller. It was the time for waiting; people were patient; PSW's waited for long periods in order to make an impact. People worked in mental hospitals patiently, in my view sometimes like errand girls, in the hope that this might be a subtle way of demonstrating they could do more than that. I was not prepared to do that and at the end of the first day, I knew that this is not what I was coming into PSW work for, I was not for hanging on and just existing.

A.C. This was after just one day?

I.W. After one day. Well, I was prepared to work out my notice, which was a month, but I was not prepared to stay one day more than a month, that I'd given my contract for. This was totally unheard of during that period. PSW's just did not behave like that and psychiatrists *were* psychiatrists and you *did* treat them with dignity etc, etc. And really I think a number of people had written me off at that time as impulsive and nasty, I don't know. Furthermore, I said, "If this is psychiatric social work it is not for me, I'm going back into some other kind of social work, but I'm not here to do this." This also raised a shindy in Kent, because they'd never heard of this and I was called before the medical committee. And they asked me to destroy my resignation, and I asked them what they were prepared to alter. Were they going to appoint a qualified psychiatrist? Were they going to appoint a qualified psychologist?

A.C. I guess by this time you are in your mid twenties?

I.W. 26. Yes.

Also what I hadn't said before is that confidential stuff was sent to an outside typist in Tunbridge Wells that nobody had ever vetted, so hand written confidential reports were sent to that stranger and sent back by post, and nobody had seen the woman, which I thought was unforgivable. Well, they didn't think they could change it, but they would do their best, in time. I just said, "Well, why on earth did you think I would withdraw my resignation then?" So it stood, and furthermore I

wrote to the National Association for Mental Health (NAMH) [19], and suggested that that job should be blacklisted, because it seemed to me quite dreadful that somebody new off a course should have to cope with this.

Well, I was all for getting out into social work again, because I'd had enough of this and it was again through Margaret Eden who although she was displeased with the way I'd behaved, nevertheless felt they should perhaps keep me in the PSW field. She had previously worked in Nottingham and knew the psychiatrist in Nottingham who was Doctor Bill Whiles [19a] who had himself not been there long and had started pioneering a clinic in Nottingham. He agreed to Miss Eden's suggestion to have one more try on the PSW front. This is what happened. I went to Nottingham in, I think it must have been October 1947 and that was a very good suggestion, and I stayed seven years. The Nottingham County Clinic had started functioning a year previously with Dr. Whiles as the Director who was not only a good director, he was an excellent teacher and he was also someone who was a good communicator who could use lay language to talk to lay people, and other language to talk to other people. He was extremely good in the way he could cope with the committees and the Medical Officer of Health under whose auspices the clinic was at the time.

He also was very good in encouraging contacts with all the other departments like the Children's Department, Probation Department, the Clerk to the Court with whom we collaborated very much indeed. The Nottingham Clinic, when I got there, consisted really of himself doing five sessions, a half time educational psychologist and I think I was the first full time member. So that it fell to me to do, a lot of the pioneering work, like doing a lot of liaising with the Departments I've just mentioned. Also talking to parent/teachers associations; really getting more clients than we had at that time. It was also very useful that there was a County Clinic in which there was an experienced psychiatric Social Worker, so that when one wanted to start new things like, say, mother's groups, I had the opportunity of sitting in the other PSW's mother's group in order to get a bit more familiar what it felt like to deal with a group of mothers as against the one to one. We had very good liaison with the schools. We had excellent liaison through sheer hard work with the Clerk to the County Court who was a very influential man in relation to many of the children we saw, not only for the probation department, but who came through other sources as well. When we felt the court might have difficulties in taking recommendations for a child to go to maladjusted school we could persuade the Clerk to come with us to look at some of the maladjusted schools, so that he had his own conviction as to the usefulness of this to the child, and really could convince the Bench that this was for the best. It was the same when we had difficulties over adoption cases. One particular child who we had in treatment for a long time where we worked hand in glove with the Children's Department, who found at the right time the appropriate foster placement for this child when the foster parent sometime later wanted to adopt the girl and the natural mother who had not bothered over this child for something like eight years suddenly tried to contest this adoption. We were able to talk to the Clerk to the Court about this so that he could use this as needed in relation to relevant peoples. So that really all I can say that prior to Seebohm [20] we had a better

liaison with relevant people in the Notts County area than we now would seem to have with Seebohm.

A.C. Would you put that down to the people involved?

I.W. It was everybody's effort. The clinic, certainly, but also the other departments. A year or two later, the clinic had become a central point for organising discussions. I think seminars would probably be too high-faluting a name for that time. One certainly never talked about seminars. But to all intents and purposes they were seminars. They were on-going. Some were perhaps more like consultations; others were on-going learning facilities that people had. We were in and out of each other's offices. We could just pop in; we didn't always have to make appointments. I could walk into Court and out of Court at any time, the probation officers could walk in and out of the clinic so could the Children's Department, people and if there was any disagreement we could get together and sort it out without writing long memos to each other.

We were at Fletcher Gate, part of the Lace Market. It was near the Old Shire Hall; I wonder if that building still stands. It was on the first floor of a kind of warehouse, a tobacco firm was above and we had the whole of the first floor. We had adequate accommodation, in fact it was marvellous. We had large play rooms for the kids so that eventually we had a part-time therapist, we had one and a half psychologists, we had two part-time psychiatrists, we had a number of registrars coming in and out, also one senior registrar, we had three psychiatric social workers, but that was not until five years or so later.

A lot of the work was to do with the liaison. Clinic staff were always invited to Magistrates Dinner which were organised by the Clerk to the Court where there were four weekly meetings in a lovely old country pub just outside Nottingham, where a number of professional staff, clinic staff, children's department staff, and probation officers of course, would meet with the magistrates to discuss any problems which were of mutual concern. We would do that over dinner and really it was a marvellous setting.

Our psychologists had very easy access to the schools, and one really learned a lot from ones colleagues. I think on the whole I learned an enormous amount from this particular psychiatrist and I think this is another very important point that during one's first years one goes on learning so fast, that it really is important to get oneself into a setting initially where you can learn. I myself didn't particularly want to go in to a setting, which most other students who finished the Mental Health Course wanted to do, where, there were other PSW's. I didn't particularly go for that, but I did want colleagues around who could enable one to learn further. In that I was very fortunate in this psychiatrist, in the psychologist colleagues and also that there was an accessible PSW in the City Clinic. So it really was the best of both worlds. Also of course I like pioneering, I like building things up, and again one had great opportunity to do that and eventually you linked up with other people in the community. A few years later I lectured to the nurses in the Children's Hospital in Nottingham and so one's circle widened

beyond the immediate parent/teachers associations and community groups etc. This went on for seven years with one year in the States.

A.C. I see, you were in the States, then a year out.

I.W. I started in Nottingham in 1947, I went to the States at the end of 1951, came back in 1952, and left Nottingham finally at the end of 1954.

A.C. Did you do a course in the States?

I.W. In the States yes. As I said earlier I wanted to know more about how you taught social work. That was something I had not learned at the LSE because of the absence of learning through case records. So that was my immediate reason for going. I did one year at the New York School of Social Work [21] which is now Columbia University, but at that time it was still at a separate campus; it was in a lovely house, The Carnegie House, which was a beautiful house on Fifth Avenue, with a garden and small enough to provide an atmosphere conducive for discussing and sorting things out. And that was during the McCarthy era [22], and was the only place I found where you could talk freely about any political implications of that period.

It was there that I learned how to teach social work. But I took a number of classes for my own benefit, but I was also allowed to audit a number of beginners classes from the point of view of learning how to teach. But that wasn't until 1951.

A.C. It's the second time you've referred to political things. I wondered were your political interests and professional interests two separate things for you, in your head, so to speak; Or did it all merge into one in your general thinking about being a social worker?

I.W. While I have very firm political convictions I'm not basically a political animal. But I'm a very committed social worker. I was just interested in what can happen in a so called democratic country when, because of apparent threats, people's freedom to talk, even their freedom of speech, is virtually cut from under them. Even in a democratic country, such fear, which of course I knew from Nazi Germany, can occur with such rapidity when the whole process is allegedly, so democratic. Indeed in a lot of social work teaching in the States, the democratic process was always brought in; except it wasn't really apparent once you got outside the New York School of Social Work. I think even when you met people privately, they would sometimes say they would rather not discuss that if you don't mind.

A.C. You mean a lot of what we would call social work values, or social work principles being discussed in the NYSSW were actually regarded as subversive, outside?

I.W. Well I don't know if I would go as far as to say that but what I try to say is that the only place that you could discuss certain political implications very freely, in my experience, in that year in the States was within the Carnegie Building. When you went to dinner parties and there were people you knew but there were also people you didn't know, any kind of political discussion on the consequences of the

McCarthy attitude to things was avoided. I'm not saying invariably, but more often than not. That was astonishing to me because it was a very short period, perhaps the two or three years McCarthy was there. But it was terribly marked when I was there, and it shook me that that could happen in a free country. Up until then I had thought that, for many reasons, it could only happen in a country like Germany where I think it is a nation with an ingrained attitude to split. Conflict can't be tolerated so it's very much easier to split things into black and white and I would think that even now the German characteristic is to split into good and bad. I wouldn't have expected that of a so called democratic country. But it did happen. I certainly learned an enormous amount at the New York School. How to teach and how to look at the records and how the same record can be used for different levels of social worker teaching, how to focus on different facets of a case over different periods; that was something I had not got in any training up to then. This did not then happen in this country.

- A.C. When you came back from the States you wrote an article in *Case Conference* didn't you, explaining the difference between the Functionalists and the Diagnostic School. What sort of things were you arguing about? What were the debates? What did social workers get het up about?
- I.W. The other interesting difference had to do with staff supervision. One terrific difference between English and American social workers at that time was, and PSW's in particular was that you can learn from psychiatrists and you can learn from your colleagues but you do not have supervision from your siblings. Even, although you might have a more experienced sibling. I do not believe that in any clinical set up at that time, there was such a thing as staff supervision. Indeed much later I asked one of my more experienced colleagues at the Child Guidance Training Centre [23] to supervise me on a case that greatly bothered me because it was a very complex case. Half way through my work with this mother, she became extremely depressed and it was quite apparent that if I pursued this way of working with her, which in one sense was necessary because it was taking away from her a number of projections which, when they were taken away, left her more exposed in her weaknesses. That this could really mean a real depressive breakdown, I found that there was no PSW tutor who was happy to discuss this with me as a supervisor. They were happy to discuss it in our supervisors' group which met regularly, but ultimately I had to discuss it with a psychiatrist who was extremely helpful about it, but it was quite unheard of that you supervised a colleague, or supervised a colleague who had less experience than somebody else. In this instance, discussing it with a psychiatrist may have been the appropriate way. And this is what happened when I talked about this to the Manchester Group of PSWs. They wanted to know about what went on in the States. There, at that time, they had certainly gone overboard with staff supervision. People were literally supervised from the cradle to the grave. Whereas here, they weren't even supervised in their cradle. There the most experienced people were still supervised, when they were really quite able to seek consultation as and when they needed it.

While in New York, I mean, I worked in a very well known organisation, a private agency in the Bronx called the Community Service Society [24] which was very

hierarchal, quite as hierarchal as the Social Services are now. But where people who'd been in the work for 14 years were still being supervised, and were reckoned to be good case workers. This created a degree of dependency which could almost have been disabling. But although people here wanted to know about staff supervision before they'd even let you finish what you were saying, they were saying we don't really need it because we are qualified. It seemed to me to deny really what is essential for any social work practitioner or anybody in a social work teaching position whatever, which is that, learning is on-going. If we think it isn't any more, then it's time we quit the job because then you're pretty dead. But there was this terrific reluctance to think of supervision and I think to some degree this still exists even now on child guidance clinics. I think because unlike Social Services Departments there is not the same accountability factor, I don't think child guidance has ever sorted out staff supervision and the need for it. Now, speaking from my own knowledge, I don't think hospitals have clearly sorted this out either. I'm not saying it's carried out well in other settings, but people pretend it's being carried out in other settings because they see the need for it. In child guidance clinics I think even now they don't see the need for it, or they haven't tackled it because it's too difficult to supervise a sibling. But the PSW profession has always said they can learn from psychiatrists and I think it may be that in some ways that has knocked the APSW [25] for six, I mean it only just occurs to me. Because in a sense there has been a group in the APSW who not unjustifiably rebelled against the aura of the psychiatrist, and they were the people who turned to community settings and so on. It was that group I think who got the ball rolling towards the dissolution of their own organisational bodies, like the APSW.

There was on the one hand omnipotence on the part of PSWs ("we don't need staff supervision because we are qualified"); on the other hand there was in many instances an over-dependence on the psychiatrists, and it is quite extraordinary that a profession like the PSWs could not sort out how this may have related to siblings and parents etc. I think, as a professional body the APSW was always very poor and very inept in dealing with aggressive feelings. Either aggressive feelings inside their own group, or when we met aggression from the outside world. This is something which must go back, not only to the selection of the PSW's but to their training; that although we were expected to understand how people tick, how clients tick, and I think a lot of people knew how to deal with client's aggressions. What many PSWs were unable to do, was to deal with aggression from colleagues or other professional people. That, I think, is another factor why we couldn't survive.

A.C. That's very interesting.

I.W. I'm sure there are other factors, but I think in the end we must have been a pretty weak lot.

A.C. So, if you look into it in terms of salary scale, certain PSW's allowed themselves to be paid...

I.W. That's right. I remember being on the executive committee for a time of the APSW, and that was at a time when I was in Nottingham, and although the fares were only something like 30 bob there and back, at the salary we were getting, (and I can't be precise about it now), it was quite a lot, and until I raised this, nobody had mentioned the question of fares to go to a committee meeting. And I remember the Chairman saying "Now perhaps we ought not to minute this." It was quite unacceptable to talk in money matters in a committee which was pretty important, that your organisation has given you time off to attend, to ask for the fares and to minute your request to ask for fares. Now this really does tell you something about the era.

We had to seek ways and means of getting more training outside our own settings. And very often it meant we had to pay for our own training, because funds were non-existent. But the emphasis was on learning more about how to help people, at that time that was really the end all and be all, and the best thing one could be, was to be a really good competent PSW. There were different kinds of groups that wanted to improve their understanding. There were a lot of people who went into analytic work because they did not find casework satisfying. They were very often the people who had gone into personal analysis and wanted to carry on much more work with the inner and forget more about the outer. I suppose there were some other people who did not pay enough attention to the inner, and there were after all a lot of PSW's, who worked in clinics where there were few treatment facilities; where kids were sent off to maladjusted schools, and where they had learned more to work with environmental factors. Then there was the group, to which I feel I belong, who felt that the inner was extremely important but the outer, since people after all lived most of the time in the outer had very much to be taken into account and I think out of this thinking, arose the idea that one had to understand transference and counter-transference phenomena, but that only on the rare occasions would one use this in terms in the way of interpreting. One would on the odd occasion, if one was very certain and had worked for a long time with one's clients and knew that it was appropriate in terms of timing and appropriate in terms of usage. But most of the time I think one used it to recognise, to make things clear to one's self, in terms of understanding clinical responses. To note it, rather than to do something with it. And I would think that quite a large group of PSW's belonged to that kind of middle group.

A lot of emphasis was also on empathy with clients. I mean the cases I worked with and enjoyed most, were the kind of cases where one really worked in partnership and there was such a close relationship that in a way it didn't matter who said what, because one was interested to understand the problems, how these linked back to earlier periods, and how to sort them out and deal with them. I think its very similar to having a satisfactory supervision session – it doesn't much matter who says what, one looks together at the joint task and works on it. I think this doesn't happen all the time, but it can happen and I think that makes any sort of work particularly satisfying. But I think the art was in feeling with people, in letting them know that one was feeling with them, and then in stepping back, perhaps after the interview, (because I think sometimes this may have been quite difficult in the interview), and take stock and take an objective stance, in order to

know how to go from there, and not to get so totally absorbed in what they were absorbed in, that you ceased to be seeing things clearly and therefore couldn't really help.

A.C. Can I ask one last question? What's the best thing you have ever done in social work?

I.W. I don't know. I think that's very difficult to say. I think the kind of work which then enables families to function very differently, and for the children to really have very different experiences from those of their parents. I'm really quite convinced that there are cases where if we had not got hold of the children and the parents, the vicious circle would have been repeated. But where we know from follow-ups that it has not, I think these are the best things I have done.

On another level, I would think that some student and staff supervision where you are active enable people to grow and develop and to help others to grow and develop. I suppose anything really that demonstrates growth and demonstrates what I would call normal growth rather than pathological growth. One could apply this to a whole range of things. I would put clients first, I suppose until the end of my days I'll remain a very committed social work practitioner. But I think it relates to the work I did as a student supervisor. I think it even relates to the work I'm doing as a consultant, because some consultancy continues. I mean although people elect to come, some of my consultations are mongrels - a mixture of supervision and consultancy.

Finally I suppose if one can get any healthy growth in an organisation, which I'm much more doubtful about. I think just occasionally one can help an organisation to veer away from what are unhelpful policies, relating to client service but one's impact is much less direct and you have to wait for much longer periods to see results, if at all.

A.C. When I think of all the things you have done I was struck by the way that you immediately went straight for work with clients ...

I.W. Oh yes. I think that was my first love.

A.C. The writing you've done, the teaching you've done, the first thing was working with clients.

I.W. That's right. Well, I think it would still be my first thing. I had a period here when I was seeing clients again at the Royal Berks because I felt as a consultant you get out of practice and I had to stop it now because of other things coming in. But I do think it's very important to practice in order to maintain teaching skill. But certainly it's my first love.

A.C. Thank you very much indeed.

EDITORS' NOTES TO THE WESTHEIMER INTERVIEW

1 **Workers Educational Association (WEA)** was started by Albert Mansbridge, a civil servant, and his wife in 1903 as an Association to promote the Higher Education of Working Men. He was elected by his wife Honorary Secretary *pro tem*. The organisation was renamed WEA in 1905 and today (2013) provides 14,000 courses a year in 500 local branches.

2 **Julian Blackburn** (1903--74) was a clinical psychologist at the Maudsley, 1935-8 then lecturer in psychology at the LSE 1939-48 when he emigrated to Canada.

3 **The Mental Health Diploma Course at the LSE.** This one year course was established in 1929 with financial aid from the Commonwealth Fund in the USA and this support continued until the 1940's. However, as Professor John Stewart has established by researching the archives of both organisations, the relationship was a complex one and not without difficulties. The senior staff of the Commonwealth Fund had had strong views on how the course should be run – particularly in relation to the course content and the experience and qualifications of admitted students - while the LSE wished to maintain its independence. However, threats to withdraw funding were not carried through and the course became established. For a considerable period this was the only course of its kind in the UK and hence carried considerable prestige. It formed a focus for the expansion of the profession of psychiatric social work from a very low base: in 1930 the newly formed Association of Psychiatric Social Workers had only 17 members. The curriculum included the different existing strands of psychiatric theory and practice; intra-family relationships; and disorders of childhood. Those qualifying went into, or returned to, a variety of work settings; child guidance, mental hospitals, local authorities and voluntary agencies. Over the years the influence of this course gradually spread. For a fuller discussion see: Stewart, J. (2006). *Psychiatric Social Work in inter-war Britain: American ideas, American philanthropy*. Michael Quarterly. www.dnms.no ; and Noel Timms (1964). *Psychiatric Social Work in Great Britain: 1939-62*.

4 **Glasgow University Settlement** was established in 1897 originally as the Queen Margaret Settlement. It was funded by endowments from the Students Union Association of Queen Margaret College, founded in 1883 as the women's department of the University.

5 **Lulie Shaw** was recalled by a fellow student as “academically brilliant” along with Clare Britton (as she then was) and Betty Joseph . This is recounted in Professor Joel Kanter's collection about Clare Winnicott, *Face to Face with Children*. By 1951 Lulie Shaw became a senior lecturer in social work at Bristol University. Wrote a report *Living on a State Maintained Income* (1958) for the Joseph Rowntree Charitable Trust and previously *Impressions of Life in a London Suburb*. Sociology Review, 1954, 2.

6 Dr. Margaret Methven (1910--82). Consultant child psychiatrist for many years at the Royal Hospital for Sick Children in Edinburgh: "...but it was Margaret Methven who was the doyenne of Scottish child psychiatry and she was a major early influence." Source: address by Hugh Morton to Witness Seminar at the Centre for the History of Medicine at Glasgow University held on 12th May 2009. www.gla.ac.uk/media/media_196525_en.pdf. Cited as a reference in the transcript of the seminar is Methven, M. (1966) *The history of child psychiatry in Scotland*. *Acta Paedopsychiatrica*. 33:187-96.}

7 The London School of Economics and Political Science (informally, the London School of Economics or **LSE**) was founded in 1895, the moving Fabian spirits being Beatrice and Sidney Webb, Graham Wallas and George Bernard Shaw. The initial finance came from a bequest of £20,000 from the estate of Henry Hunt Hutchinson, a lawyer and member of the Fabian Society. He left the money in trust to be put "towards advancing its [The Fabian Society's] objects in any way they [the trustees] deem advisable". The aim of the School was the betterment of society through the study of social science subjects such as poverty and inequality.

The important role of the LSE in the development of social work education is referred to in several of the Cohen Interviews. The Charity Organisation Society (COS) sociology department - that had provided some theoretical training for social workers - was absorbed in 1912 into the LSE's new Department of Social Science and Administration. The range of courses later provided by the Department was described by David Donnison in 1975: "The Department was teaching about 300 students at this time (1956): about sixty were taking the Social Administration options in the second and third years of a course leading to an honours degree in sociology, ninety were taking a course leading to a Certificate in Social Science (later renamed the Diploma in Social Administration) and twenty five graduate students were taking the same course in one year. The Department also provided four one-year professional training courses designed in the main for graduates in social sciences: the Personnel Management course for about twenty five students, the Mental Health Course [established in 1929] for about thirty five students training for psychiatric social work, the Child Care Course for about twenty students training to work in local authorities' children's departments and involuntary child care organisations, and the Applied Social Studies Course for about twenty five students entering various branches of social work. A number of graduate students were reading for higher degrees, and various others were temporarily attached to the Department." The School ceased to offer professional social work qualifications in 1998.

8 The Commonwealth Fund (of America) and Commonwealth Scholarships had its origins in the philanthropic efforts of the Harkness family. Its original 1918 endowment of \$10 million expanded to \$53 million by 1959. Child welfare has been a major focus of its grant making.

In 1925, the Fund launched its international program of fellowships called The Commonwealth Fund Fellowships (now the Harkness Fellowships). A number of people in the UK (including some of the Cohen interviewees) were invited by the

Commonwealth Fund to visit the USA in 1927, and an offer was made to train a group of UK social workers in psychiatric social as a preparation for opening a child guidance clinic in this country.

When the visitors returned to the UK, they presented a report to the Child Guidance Council on the development of child guidance clinics in this country. This report stressed the need for making clinics an integral part of the school system and it also advocated co-operation between clinics and hospitals.

From 1929 to 1940 the Commonwealth Fund also completely financed the LSE to deliver the first university training course for psychiatric social workers: the Diploma Course in Mental Health.

For an informed discussion see: Stewart, J. (2006). *Psychiatric Social Work in inter-war Britain: American ideas, American philanthropy*. In Michael Quarterly. www.dnms.no; and Noel Timms (1964). *Psychiatric Social Work in Great Britain: 1939-62*.

9 **Janet Galloway** (1841--1909) was a notable champion of women's education. Together with Jessie Campbell and Isabelle Edder she created Queen Margaret College in 1883 and the Association for Higher Education for Women in 1877.

10 **Betty Joseph** (1917– 2013). Trained at Birmingham and as a PSW at the LSE. She assisted Sybil Clement Brown by giving occasional lectures on the LSE Mental Health Course. She then became a psychoanalyst and eventually a distinguished senior member of the British Psychoanalytic Society. For her own account of her work see the 2006 interview with Daniel Pick and Jane Milton at www.melanie-klein-trust.org.uk

11 **Dorothy Gardner** (1900-1972). Had a long career as a much admired nursery and primary school teacher, university lecturer, researcher and author. With a Froebel training in child development, she taught at schools in London and Edinburgh before coming to Chichester as a lecturer. She was in 1934 among the first students at the new Department of Child Development in the Institute of Education and became a close friend of Susan Isaacs (1885-1948), whom she succeeded as Head of that Department. She wrote several books on education and also a biography of Susan Isaacs

12 **Dennis Hill** was professor of psychiatry at the Middlesex Hospital and then the Maudsley. He introduced the study of clinical neuroscience.

13 **Dr William Gillespie**. British psychoanalyst who began his training in the early 1930's in Vienna. Eminent figure in the British Psycho-Analytic Society and in the International Psycho-Analytic Association. See *Life, Sex and Death: selected writings of William Gillespie* (1995) edited by Michael Sinason.

14 **Harold Joseph Laski** (1893–1950). Marxist political theorist, academic, author and broadcaster. There exists a substantial literature about Laski--his political ideas, his influence on the British Labour Party and Labour Governments for 30 years, his radio broadcasts and his professorship at LSE from 1926 to 1950, the

latter being most relevant to the brief references to him by some of Alan Cohen's interviewees

15 **Maxwell Jones** (1907-1990) is renowned for developing the concept of the therapeutic community. He went to the Maudsley in 1938 and during the war he developed a unit at Mill Hill hospital to treat soldiers suffering from "effort syndrome". He opened the Belmont Unit in 1947 (renamed the Henderson in 1959) to treat the chronic unemployed. He wrote widely on social psychiatry and the therapeutic community.

16 **Maudsley Hospital** The foundation of the Hospital dates from 1907 when Dr Henry Maudsley offered the London County Council a substantial sum for the creation of a new mental hospital. Because the first world war intervened, the LCC did not assume control until 1923. The Hospital gained a high reputation for the training of nurses and for the inter-disciplinary teamwork of its children's department. There was considerable expansion in the 1920's and 30's. A Child Guidance Clinic was opened in 1928 by Dr William Moodie. The children's inpatient unit followed in 1947. Several of Alan Cohen's interviewees had contact with the adult's and children's departments. The Hospital was also recognised for the quality of its teaching and research. A Medical School was established in 1924 and became a pre-eminent postgraduate centre for mental health medicine, eventually evolving into the independent **Institute of Psychiatry**, which shared the south London site with the Hospital.

17 **Margaret Eden** was a leading member of APSW who wrote *Practical Work Placements* with Jean Leared in 1965 and succeeded Elizabeth Howarth as the senior psychiatric social worker in charge of the Mental Health Course at the LSE

18 **St. Ebba's Hospital** was so named in 1938 having been preceded by the Ewell Epileptic Colony (1904-18), Ewell War Hospital (1918-27) and Ewell Mental Hospital (1927-38). It was mainly demolished by 2011.

19 **National Association for Mental Health (NAMH)** was established in 1946 by the merging of three major mental health organisations. These were: the Central Association for Mental Welfare (established in 1913) - led by Dame Evelyn Fox; the National Council for Mental Hygiene (founded in 1922); and the Child Guidance Council (established in 1927), which set up the first child guidance clinics and launched training courses for their staff. The amalgamation was recommended by the Feversham Committee on voluntary mental health associations, which reported in 1939. The formal merger had to wait until the end of the Second World War.

19a **Bill Whiles** (1909 -1990) was a psychiatrist who trained at Kings College Hospital and the Maudsley. He also had a strong interest in academic and practical psychology. Served in the Royal Army Medical Corps (RAMC) 1943 – 46 and then went to Nottingham where he decided to specialise in work with children, particularly maladjusted children. Moved on to Dorset in 1951 to establish a child guidance service. He had wide interests including being a very

skilled puppeteer. He was praised for his “understanding, warmth and unpretentious wisdom”.

20 **Seebohm Report** (Home Office. *Report of the Committee on Local Authority and Allied Personal Social Services*. London, HMSO (Cmd, 3703)) which led to the 1970 Local Authority Social Services Act and the birth of new local social services departments in 1971.

21 **New York School of Social Work** (now the Columbia University School of Social Work) is the USA’s oldest, with roots extending back to 1898 when the New York Charity Organization Society’s first summer course was announced in the *New York Times*. The combination of its age, the influence of its staff and its size led to the School becoming a repository for much of the reference literature in the social work field. The Summer School continued as the primary training course until 1904. That year, it expanded the coursework as the first full-time course of graduate study at the newly renamed New York School of Philanthropy. The name was changed to the New York School of Social Work in 1917 and in 1963 to its current title.

22 **Joseph McCarthy** (1908--57) was a senator who wanted to root out communist subversion in America and the McCarthy era is broadly 1950-54

23 **Child Guidance Training Centre**. In 1927 the Jewish Health Organisation opened the East London Child Guidance Clinic under Dr. Emanuel Miller; this was the first clinic in this country directly based on the American pattern. Two years later what is now called the London Child Guidance Training Centre was opened as a clinic in Islington (Canonbury) under Dr. William Moodie, with the assistance of the Commonwealth Fund which continued for several years to give financial support for new child guidance clinics and for the training of staff. See also Note 8 above.

24 **Community Service Society New York** was established in 1939 as a charity to provide direct assistance to the poor. It was formed from the merger of two nineteenth century charities. It came to tackle poverty on much wider fronts

25 **The Association of Psychiatric Social Workers (APSW)** was the main professional body for social workers looking after the welfare of mentally ill people in the United Kingdom from 1929 to 1970. Several of Alan Cohen’s interviewees were active members and office holders and wrote articles for the Journal. The Association joined with six other professional associations to form the British Association of Social Workers in 1970. The archives of the seven organisations are lodged, and listed online, with the Modern Record Centre at the University of Warwick. Collis, A. and Stacey, R (1987). *Catalogue and Guide to the Archives of the Predecessor Organisations 1890-1970* published by BASW.
