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THE MEANING OF NORMALITY

The controversy about the mental health campaign in Sweden 1969

At the height of the Swedish welfare society, a campaign with the aim of promoting mental health issues within the Swedish labour market was launched. The title and purpose of the campaign, 'Mental health – an action of increased understanding and solidarity at work', was to illuminate mental health issues at work. Surprisingly to the organizers, the mental health campaign stirred up major opposition, especially from the political left. The idea of mental hygiene in an industrial and workplace setting, a cross-breed between the values of the Human Relations School and psychiatric science, was received with deep mistrust. The campaign caused an agitated debate in the media about power relations between employers and employees. The political disagreements were exposed in a number of articles in the daily newspapers and in the evening papers during the summer of that year. This article undertakes an investigation of the campaign literature and the media debate. The interpretation of the debate highlights different opinions about the meaning of normal mental health. Four different views of normality and mental health which demonstrate the complexity of the issue are presented. Mental health could mean adjustment and harmony, it could be a medical weapon to suppress the working class, it could even mean a neutral state of absence of mental problems, or lastly it could be a claim for the right to live a normal life.

Keywords normality, mental health campaign, public mental health, industrial mental health, working life conditions

Introduction

The reason behind the launching of the mental health campaign was a contemporary concern about the labour force and problems connected to an increase of absence from work due to illness and a phenomenon called 'discontentment strikes'.¹ The debate in 1969 about work and mental health still causes puzzlement concerning issues of working life conditions.² The incidents of 1969 have not been forgotten; they are still of immediate interest when controversies concerning psychiatric care or industrial mental health care blaze up as a topic of debate.³ The launching of the mental health campaign was certainly untimely. The project coincided with the 1968 radical movement at universities, the miners' strike in Kiruna in northern Sweden and the emergence of the

anti-psychiatric movement – explanations related to the contemporary context of political radicalization.

Psychiatric knowledge, including psychosocial concepts in general, was subjected to a vigorous attack, and the agitation surrounding the mental health campaign certainly linked the mental hygiene concept to political incorrectness. How the criticism of the anti-psychiatric movement coincided with the campaign has recently been investigated in great detail. The official investigation in 1968 about the organization of care for people with sociopathic disorders (*Sociopatutredningen*)⁴ and the mental health campaign (*Mentalhälsokampanjen*) turned out to be two important targets for the relatively brief but energetic anti-psychiatric movement in Sweden.⁵ The mental hygiene policy of the campaign is described as ‘the soft hand’ of psychiatric science, complementing custodial mental care. Still, some issues related to the debate remain to be investigated: the social meaning of the concept of normality expressed within the debate and how that meaning affected the arguments throughout the controversy about the mental health campaign.

The present investigation examines the launching of the public mental health campaign with the aim of exploring the implicit meanings of normality expressed by both upholders and opponents to the mental health campaign. The purpose behind this aim is the presumption that an interpretation of the event as an issue of different interpretations of normality adds something more to the understanding of why the issue was so inflammable. Both upholders and opponents to the campaign claimed to support a rational view of mental health. I will argue that the concept of ‘mental health’ was, throughout the debate, made equivalent to ‘normality’ and that the loss of ‘normality status’ had far-reaching consequences in the context of working life. To be healthy, i.e. normal, is in turn a ticket to unquestioned citizenship and the social rights connected with a valid membership of society.

By way of introduction, the article starts with a brief presentation of the concept of normality in relation to the contemporary ideas of mental hygiene and the development of mental care. The politics of working life, an important context to the campaign of 1969, is presented thereafter. The present study is based on a re-reading of the texts behind the mental health campaign and of the subsequent debate in the media during the summer of 1969. The literature of the campaign, the anti-campaign and the media debate are the essential material in the investigation, and those texts are presented in detail in order to present the analysis of the various competing meanings of normality.

Normality and public mental health

The concept of mental hygiene represented the psychiatric manifestation of the dominating philosophy of hygiene within the social sciences during the first decades of the 20th century.⁶ Subsequently, it was adopted into the inter-war politics of public health⁷ and culturally adjusted to the welfare states in Western Europe and the United States. The ideas behind the mental hygiene movement were based on ideals of normality and of rational social engineering, and the advocates of the movement represented a wide range of political ideas of social improvement, from racial hygiene to prevention of social problems through child welfare, family guidance and counselling. The most renowned Swedish advocates and spokesmen of child welfare and family guidance, Viktor Wigert and Josef Lundahl, introduced the concept in Sweden after participating in the first International Congress of Mental Hygiene in Washington in 1931. However, the ideas of

preventive psychiatry became marginalized in the Swedish context, in contrast to the United States, where the ideas of preventive psychiatric care and mental hygiene were evident in the practices of counselling and family guidance. In Sweden, mental hygiene practices were, until the 1950s, marginalized in the field of social policy.⁸ It became integrated – at least concerning the rhetoric – in the official report on mental health care as late as 1958.⁹ In the report, the concept of mental hygiene was connected with the modernization of the expanding medical mental care in Sweden.

The understanding of normality is central, but problematic, in discussions about mental health, and the concept is also a magnet for explicit and implicit ideological visions. Theoretically, the concept of normality is a hybrid of social values and statistical calculations, and every mix of interpretations about expected and ideal behaviour can be used for different purposes. The evasive and multidimensional character of the concept turns out to be especially decisive in discussions where mental health is unreflectively equalized with normal behaviour, as in the practice of mental hygiene. What is normal and expected is an important presumption in the political planning of welfare.¹⁰ Intertwined scientific and moral standpoints make claims of normality a useful ideological tool.¹¹

The politics of public health are largely associated with the expansion of the welfare society. Good health, both physical and mental, was and still is regarded as beneficial to the individual and to society at large. Poor health, on the contrary, meant suffering for the individual and economic loss to the state. A rational fight against mental illness included information about irrational and risky behaviour, detection of early signs of mental illness and the promotion of healthy behaviour. The psychiatric contributions to health promotion are to be found in the policy of mental hygiene.¹² The controversial component of the concept of mental hygiene, and the issue that caused difficulties when applied to the field of social interaction and social welfare, was the descriptions of the borderline between normal behaviour and deviant behaviour. Any practice of health promotion had to deal with normality and the contemporary and cultural apprehensions of normality.

Generally described, the idea of normality is to be found in the tension between 'the usual' and 'the ideal'.¹³ The most referred to text about mental health and normality during the 1960s was Jahoda's official investigation in 1958.¹⁴ As in several subsequent treatises on the subject, Jahoda claimed that it was difficult, or even unfeasible, to separate opinions of normality from opinions of mental health.¹⁵ A Swedish parallel to the American official investigation was undertaken by Hans Lohmann¹⁶ in 1973. The final text, *Psykisk hälsa och mänsklig miljö* (Mental health and human conditions), was part of an investigation effected by the National Board of Health and Welfare (*Socialstyrelsen*), an investigation that proceeded for ten years 1969–1979.¹⁷ The text by Lohmann is a document that evidently mirrors the contemporary ambivalence towards issues about mental health and ultimately the divided political standpoints concerning structural versus individual explanations of the problem.

Normality and institutional mental care

The history of mental care is an important and growing field of social history science. The rapid expansion of custodial care in Sweden during the first decades of the 20th century, and its likewise rapid deinstitutionalization during the last 20 years of the century, is an

important field of research in Swedish welfare history. During the construction of the Swedish welfare state, it became common practice to separate deviance and normality through institutional care. The need of expansion for in-hospital mental care was a political consensus from the early years of the 20th century. The care of the mentally ill undertaken by the local communities was often inferior to the standards, a condition that repeatedly caused severe criticism from official inspections and investigations.¹⁸ As a custom, social deviance became equivalent to in-ward care, while normality was equivalent to participating in society. This might be one of the reasons why discussions of normality and deviance are to be found in historical analyses of the history of custodial care.¹⁹ The dominance of in-hospital psychiatrists²⁰ also contributed to the division between mental health, on the one hand, and mental illness and deviance on the other.

The separation of mentally ill persons from the rest of the population was a matter of social control in several respects. The practice of sterilization, a medical operation based on moral and social decisions, was also a practice of segregation.²¹ Not being considered as mentally healthy and normal implied isolation from normal life conditions. The treatment of mental problems within community care, highly recommended by the international mental hygiene movement, was very rare in Sweden. Family guidance (*Familjerådgivningen*) and mental health counselling (*Mentalvårdsbyrån*) did exist, but were governed by municipal authorities (*kommuner*). Roughly, medical care was meant for serious illness and deviance, and community care was meant for normal people in the Swedish context.

Mental health and working life conditions

The perspective of labour market politics has attracted attention among social scientists, and the subject of health in relation to working life conditions has been thoroughly discussed within the sociology of working life. Björkman and Lundquist²² have treated the impact of the campaign through the sociological perspective that focuses on labour market conditions and social policy. The debate in 1969 concerning mental health and working conditions marked a departure from what Björkman and Lundquist call the 'paradigm of content' within the history of working life in Sweden. This perspective has also been commented on by Gustafsson,²³ who pointed out that when the failure of the campaign was a fact, the policy of consensus between the parties of the labour market was withdrawn in favour of questions concerning labour legislation. The official investigations²⁴ on the subject confirmed this change. In conclusion, the research on working life conditions in Sweden describes the controversies concerning the mental health campaign as a debate that greatly contributed to changes of labour market policy. The focus of interest in this article is a less illuminated aspect of the debate – the question of normality. Normality was an essential and implicit question in the debate of 1969, although the debate focused on the contemporary issues of anti-psychiatry and labour market policies.

The use of the mental hygiene concept on a general level in connection with working-life conditions was very unusual in Sweden at that time; mental health issues belonged to the sphere of psychiatric care and social work. Industrial mental hygiene was seldom discussed outside the sphere of professional and scientific journals. The aim of the mental health campaign was to describe problems at work as mental hygiene problems, an absolutely new perspective within the Swedish political context. The problems connected with this aim turned out to be more complex than expected. Various

interpretations of the meaning behind mental health and mental hygiene emerged during the spring and summer of 1969, and the highly ideologized debate captured widespread attention.

In conclusion, the aim of the campaign was to implement modern ideas of mental health within a working-life context, rather than restricting them to the practice of medicine and psychiatry. The mental hygiene concept introduced an idea of normality that leaned heavily towards ideal conceptions of mental health, an ideological standpoint that sharpened the borders between normality and deviance.

The texts of the campaign, the anti-campaign and the media debate

The campaign was organized by the Folksam insurance company²⁵ in cooperation with the parties of the labour market and in agreement with some 50 professional and industrial organizations.²⁶ The council of social information at Folksam organized the 1969 campaign and designed it to be performed as study circles at work. The presented texts belonged to three categories: campaign texts; anti-campaign texts; and the media debate.

The first category – the campaign texts – consisted of two publications written by experts in the field and a comprehensible booklet that was prepared exclusively for the campaign by Folksam's council of social information. *Arbete och mental hälsa* (Work and mental health) (1968) by Erland Mindus²⁷ represented the knowledge within the field of industrial psychology. The other publication, written by professor C. Åmark²⁸ (1969) *Individ, personlighet and medmänsklig miljö* (The individual, personality and the human environment), represented the knowledge of the psychiatric field. The booklet *Mental hälsa* (Mental health),²⁹ a reading material for the study circles, was compiled from these two books and consisted of four brief letters, suitable as material for study groups at work. Earlier during the 1960s, the council of social information at Folksam had successfully published literature on social science and welfare,³⁰ and had also embarked on similar projects of general education such as the campaign *Människan, maskinen, miljön och motionen* (Man, machine, environment and physical exercise). The study-circle format was a well-known concept within the Swedish tradition of adult education (*folkbildning*), a widespread enterprise of adult education during the first part of the 20th century and generally pursued by adult educational associations connected with various political movements.

The second category of texts – the anti-campaign – represented a severe criticism of the campaign delivered by the radical left. The arguments against the campaign were published in a book entitled *Konsten att dressera människor* (The art of drilling people) by Christiansson et al. (1969), and it certainly contributed to the understanding of the criticism as mainly based on Marxist ideology. However, the book was accepted as complementary reading to the original campaign texts.

The third category of texts consisted of 17 articles directly attributed to the debate, published between 8 June 1969 and 14 November 1969. The debate started with an objection to the main idea behind the campaign by Kerstin Vinterherd,³¹ journalist of social affairs at the newspaper *Dagens Nyheter*, on 8 June,³² and ended with a reflection by Anders Ehnmark, journalist of social affairs at *Expressen*, on the general hostility towards psychiatric issues, on 17 November.³³ Taken together, the debate disclosed several aspects of normality. Hopefully, a re-reading of the texts from 1968 and 1969 will give

additional information about the complexity of the mental health concept and the delicate social meaning of the concept. All texts are analysed through one question: how is the concept of normality described and understood by the authors?

The campaign literature

In this section, the endeavour to make mental hygiene appear rational within the context of working life is examined in greater detail. As mentioned earlier, the texts of the campaign consisted of the two books by Åmark (1969) and Mindus (1968), together with the pamphlet *Mental hälsa* (1969). Åmark, professor of psychiatry and director of a psychiatric hospital in Stockholm, started his book with a summary of current psychiatric knowledge about mental health and mental illness. In his presentation, he combined Kretschmer's personality types, Freud's psychoanalytic theory, Curt Levin's theory of social fields, Pavlov's dogs and Mead's social theories on human interaction. This mix may seem incompatible, though it was concordant with a style often used in textbooks and teaching material concerning social medicine and psychiatry during the 1950s and 1960s. The theories were presented as complementary views on personal problems. The author also suggested that the social system might contribute to mental illness, and wrote that 'mental illness is often due to conflicts and unfortunate life conditions and is therefore possible to change'.³⁴ This sentence indicated that it was a doubtful task to combine psychiatric science with the social values of equal opportunity. A structural solution (changing adverse life conditions) was added to a psychiatric perspective (mental illness is often due to conflicts). The word 'therefore' pointed at the possibility that a change of social structures could have an effect on mental illness. It was not clear, however, whether the author referred to cure or to prevention, or perhaps to both. The text was hardly critical of psychiatric diagnoses; the author's treatise of the diagnostic culture was guarded and disarming, in order to take the sting out of psychiatric practice.

Just a few chapters of the books were devoted to conditions at work. The main themes concerning work conditions focused on style of leadership, positive communication and the skill to use the full capacity of the group. The overall theme was the explanation of how different personalities and different types of neurotic behaviour could affect the group and the atmosphere at work, and thereby also productivity. The text was generally tolerant towards deviant behaviour. The author did not present any methods to prevent mental problems, but in the conclusions, understanding and communication were forwarded as the most successful approaches. Normality was not explicitly treated by the author; it appeared to be equivalent to mental health. The point of departure was the medical and psychiatric explanations of mental illness, and mental health was just a matter of knowing how to avoid illness. As a conclusion, the mental hygiene view was proposed as an adequate way to deal with health problems in society, in families and at work. The book gives the impression of being the author's personal view about mental health and normality, although it was written by one of the Swedish authorities in the field. The author had also invested some effort in his style of writing and in transforming psychiatric science into a pedagogic and readable text.

Arbete och mental hälsa (Work and mental health) by Mindus was in many respects a completely different text. The aim of the book and, by extension, the goal of the campaign was expressed in the text as 'the effort to summarize all medical, psychological and sociological data in order to highlight the connections between working conditions

and health, especially mental health'.³⁵ The text was permeated by the belief that rational and scientific methods could be used to solve all problems of social life. The author referred to surveys measuring the mental health of the Swedish population, and he stated that only 18.5% of the population could be considered healthy. Concerning intellectual capacity, the author claimed that only 16.1% of the working people were suitable for qualified tasks, 14% were underachievers and only 20% could benefit by higher education. The statistics originated from tests conducted on men called up for military service. A consistent theme of the book was that social, psychological, psychiatric and constitutional perspectives of the individual's capacity had to be taken seriously in a modern society with its increasing demand for flexibility. The author created a picture loaded with future risks and problems according to ignorance of mental health problems among working people. The text ended up with a solution: a well-functioning and preventive industrial health care and a well-informed administration of the staff in cooperation with democratic commissions at work sites would contribute to the prevention of mental health problems at work. Normality, in this text, was connected to efficiency, whereas abnormality was connected to inefficiency and great social and economic losses. A not normal, i.e. underachieving, employee entailed a big risk for the employer. The author noted a great number of references to research projects and scientific articles of the field. In contrast to Åmark's text, this text was purely rational. Another difference was that Mindus was familiar with industrial mental hygiene; he had been writing on the subject since 1939, *inter alia* in *Socialmedicinsk tidskrift* (*The Journal of Social Medicine*).

The main message and substance of the two books were also summarized into a rather comprehensive booklet designed to be used as reading material for study circles. No other writers except Åmark and Mindus were mentioned in connection to the material, not even an editor. Initially, the two books were referred to as the authorities and the original texts behind the simplified text. The layout was pleasant; the pictures conformed well to the text and the presentation was sprinkled with 'questions to discuss'. An appendix with instructions to the study groups was attached to the main text. The study group was recommended to define the aims of each session, to go through the textual material together and maintain a division of work. The first session, Letter One, was entitled: 'A new view on the necessities of life'. The text treated the increasing importance of work in modern society and the new demands with respect to mental ability. How to cope with stress at work was the main issue. New ways of organizing work (shifts, tempo) were also discussed, as well as the kinds of stress that new methods might cause. The concluding question presented to the study group was: what is alienation? According to the descriptions in Letter One, alienation turned out to be something similar to discontent or mental discomfort, very close to mental illness. The title of Letter Two was: 'The individual – a neglected issue of working life?' Ideals of mental health were the topic of this letter, and it also delivered a definition of the mental hygiene concept: 'The healthy person is calm and collected and he/she deals with problems without getting upset or depressed.'³⁶ In Letter Three, 'How to adjust the working environment', the science of ergonomics was explained. The risks connected with tedious tasks, safe workplaces and the importance of reliable workmates were discussed. The impact of fellow workers and the atmosphere at work were also described as mental health issues. The final task given by this letter to the study group was to sketch an ideal workplace. The pedagogic aim was presumably to encourage the group to incorporate physical safety, a good atmosphere and reliable workmates into the

description of the ideal workplace. In Letter Four, entitled 'What is possible to do about the working environment?', the argument went like this: poor working conditions and a bad environment cause stress, which in the long run may function as a reason to stay at home instead of going to work. Further, the phenomena of 'sick-role behaviour' was explained:

The overstrained person is at risk to get ill. Every one of us has a disposition for withdrawing and to avoid situations that evoke anxiety, for example when the conditions of work feel uncomfortable and when colleagues behave in an unsympathetic way. Some of us get depressed, develop physical symptoms and 'stay at home' instead of taking up work. Some of us even escape into 'taking pills' and drinking too much alcohol. The focus on personal problems and habits of ego-centring is thus a part of the problem and the risk of illness is hereby obvious. This behaviour is an escape into illness – a well-known psychological phenomenon.³⁷

The anonymous author maintained: 'You escape into a disease, because illness is considered as less harmful than facing reality.'³⁸ This notion was obviously grounded on the functionalist theory of social relations. The sick role rescues the person from guilt and pain, but the text writer reconstructed the theory by adding a moral tone, suggesting that the person was actually healthy and was only trying to avoid the pain of going to work. A bit further in the text, the author used several medical analogies: 'the working-group can get ill',³⁹ and proposed a variety of 'medications' to cure the group. At the same time, the author argued that he/she was not really talking about illness; it was all about social problems. In this case, the medical language was empty of medical meaning, so to speak; all that remained was the rhetoric of illness and cure. The medically influenced language was used to detect and explain evils; thereafter, the psychiatric explanation was rejected in favour of a social (moral) interpretation. On the one hand, it was morally objectionable to get ill from dissatisfaction with work; on the other hand, were the work environment better, such situations could be avoided. The solution was: get well, go to work and engage in actions that will improve the conditions at work. Ethics of work which, in the spirit of Weber, may be interpreted as the Swedish Protestant work ethic. Lastly, the author recommended more information and more involvement of workers in important decisions. Under a heading in the last letter: 'Who can solve the problem', medical knowledge executed by the occupational health service was presented first, followed by the administration of the personnel, and lastly increased labour union representation in committees and on boards. The very last subheading in Letter Four, 'The great interplay', was an effort to summarize the twofold message of the campaign: everything could be worked out with the right spirit, and everyone had to do his very best for the team. The descriptions of problems sometimes appeared as absurd devices, but they did not disrupt the gentle tone of the text.

The risk with this kind of transformation of scientific texts is, of course, that it either oversimplifies or makes rather simple problems unduly laborious, because it shortcuts scientific reasoning while still trying to maintain the flavour of scientific rhetoric. In this case, scientific explanations of mental hygiene were used to explain how to behave at work, and what was meant by a good work atmosphere. At the same time, the texts also aimed to emphasize traditional collectivist ideals. Normal behaviour, appropriate behaviour according to the course materials, was to take individual responsibility to the

benefit of the achievements of the working group. In conclusion, the text seems incoherent. The task of combining the traditional values of the working-class movement with the inherent individualistic liberal values of the mental hygiene concept was obviously a difficult one. The right answer to the questions presented in the Letters was obviously to accept the presented approach to mental health problems at work; any other answer would sound uninformed or ironic. The questions were framed in such a way that there was only one right answer, namely the proposed combination of democratic values, the liberal concept of self-esteem and ethics of work. There was a difference however; compared with the US construction of the mental hygiene concept, the Swedish interpretation stressed cooperation more than competition.

The anti-campaign literature

A critical pamphlet distributed by of the Society of Socialistic Medical Doctors was reviewed in *The Daily News (Dagens Nyheter)* early in the summer of 1969.⁴⁰ The authors of the pamphlet⁴¹ and the preceding book on the subject claimed that 'the campaign was a psychological attack on employees', and argued further that the concept of mental health benefited the employers at the workers' expense. It was foremost Mindus and the texts of industrial psychiatry that were attacked. The authors also claimed that the campaign was highly political, even though not explicitly expressed as a political issue. The implicit message was, according to the authors, individual adjustment to the existing conditions at work and a critical view of working conditions risked being labelled as a sign of mental illness. The tests used to measure contentment at work were criticized as being biased by implicit values. The radical physicians had obviously discovered the gap between the different ideologies and took sides against the ideology underpinning the mental hygiene concept. The immediate response made by two professional advocates of the campaign rejected the accusation that the campaign served the interests of the employers.⁴² The criticism of the campaign had hit a sore spot in the Social Democrats' policy at that time, i.e. to achieve a balance between cooperation with all parties in the labour market while at the same time honouring the obligation to represent the interests of the workers. This conflict between the organizers and the radical physicians was the issue that subsequently has been referred to as 'the mental health campaign debate'. The book *Konsten att dressera människor* (The art of drilling people) elaborated the criticism reported in *Dagens Nyheter*. Furthermore, the book was used as additional reading in the study circles.

In the book by Christiansson et al. (1969), mental hygiene and psychiatry were described as bourgeois ideology, sciences in the service of capitalism. The book's point of departure was the standpoint that strenuous and unhealthy working conditions were the main issue and that any discussion about mental health was irrelevant or even harmful in the context of working conditions. Staff medical officers of the occupational health services – if practising mental hygiene – were accused of acting in the interest of the employers: 'The soft hand is more effective than the rough hand.'⁴³ The possibility of stigmatizing opponents and taking the wind out of oppositional ideas was proposed as a risk. The message of the first part of the book – which treated labour market conditions – was that 'the campaign is an attack on the labour force, masked as science and humanity'.⁴⁴ Disregarding the overstated and out-dated Marxist arguments, the text remains a defence of the values of the working class. To complain about bad conditions at

work was regarded as normal in this context, and the point was that those values were exposed to an insidious ideological attack.

Concerning psychiatric care – note that mental hygiene and mental health were rendered as in-patient care only – the term ‘diagnostic culture’ was used for describing a parallel to the culture of institutional psychiatric care. The failures of therapeutic communities and similar experiments aiming to reform in-patient care were described as resulting from the diagnostic culture. The authors argued that democracy did not work if reactions to behaviour were rendered from a psychiatric view and as signs of deviance: ‘the open discussion about mental health provides opportunities to control the individuals’.⁴⁵ The authors further stated that psychotherapy was out of place in a context characterized by underlying conflicts, with reference to the context of working conditions. The mental health campaign was described as an example of the dispersion of the diagnostic culture deriving from the culture of mental hospitals. Furthermore, the authors rejected every contemporary psychological theory. The existential standpoint of Laing was rejected and Freud, Horney, Fromm and Adler were considered as impotent. In their conclusion an alternative was presented, namely a psychology in the service of the workers, a Marxist psychology of work.⁴⁶ Normality in the anti-psychiatric texts was just the opposite to the interpretation of normality in the campaign texts. Discontent at work and dissatisfaction with work conditions were normal reactions, according to the class struggle, and to adjust to the conditions was a sign of alienation and thereby unhealthy.

The authors maintained that ‘the psychoanalytic theory has to be purged through Marxism’ and ‘alternative psychology must be based on the fact that mental conflicts are covariant with the economic structure’.⁴⁷ Kingsley Hall, the renowned therapeutic experiment connected with Ronald D. Laing, and Day Top Village, a likewise renowned therapeutic community for drug abusers, were mentioned as positive examples of empowerment.⁴⁸ Notably, the authors referred to the mental hospital as the origin of the diagnostic culture and that ‘the diagnostic culture is now dispersing outside the mental hospitals’.⁴⁹ This remark indicated that the authors totally disregarded the dispersion, ever since the 1930s, of the psychiatric science and language in the health care sector, including social work, family politics, education and out-patient care.

The media debate

The debate in the press presented a number of objections to the campaign. *Dagens Nyheter* initially published some reviews of the books by Åmark and Mindus, mostly favourable.⁵⁰ The initiative was welcomed and the two books were considered as judicious and sensible contributions to the subject of mental health. The opposition towards the campaign started with Kerstin Vinterhed’s review of the pamphlet in June.⁵¹ The next critique, delivered by Rickard Sterner,⁵² was directed towards Mindus’s description of the ability to work. As an advocate for parents and relatives of the mentally retarded FUB (*Riksförbundet för utvecklingsstörda barn, ungdomar och vuxna* [The Swedish National Association for Persons with Intellectual Disability]), he criticized Mindus’s use of the term ‘mentally deficient’, as well as his statements that 14% of the population in Sweden could be categorized as underachieving and that only 20% could benefit from higher education. He disagreed with the tone and with the view that employees could be judged as being more or less suitable ‘material’ for work. This critical review singled out Mindus as failing to keep up with the

times and as expressing undemocratic values in association with mental retardation. Sterner's point was that all members of society were entitled to live a normal life and that work was a part of normal life. However, this argument did not reoccur later in the debate. Sterner proclaimed a policy of normality that later, in the 1980s and 1990s, became public policy concerning mental disability and severe mental disorders.⁵³

The criticism delivered by the two following articles focused on the pedagogic aim and the meaning of the main concepts of the campaign. Three students at the Department of Educational Psychology at Stockholm University⁵⁴ were opposed to the idealization of individual adaptation to changing conditions of work that permeated the pedagogic texts of the campaign. The authors argued that the necessity for adjustment to working conditions reflected underlying interests and that the process was one-sided; it was only the employed who had to adjust. They also pointed out that the theoretical assumptions in the books by Mindus and Åmark were omitted in the pedagogic text that was used in the study circles. The theoretical assumptions in the main books had been simplified and presented as 'facts'. Furthermore, the authors argued that the transformation of scientific texts into simple instructions hampered critical reading. Lastly, the authors asserted that mental health is so hard to define that the decision-makers will anyhow interpret the concept variously.

The next contribution to the subject, by Bengt Börjeson,⁵⁵ broadened the perspective, neither advocating nor attacking the campaign, as did the socialist physicians, although admitting that they had a point. The author argued that the interpretation of every emotion as being due to the struggle between the classes was a gross exaggeration. The aim of the article was to point out that the psychological conditions of working life was lacking an adequate language and that the economic language – pertaining to the means of production – did not compensate for this deficiency. Börjeson also stressed the concepts of 'interplay' and 'mental health', and maintained that a fair interplay required equal conditions. The author concluded that the campaign attracted criticism due to the 'dark picture' of human resources. He argued further that the error of the campaign was to propose a connection between working conditions and incompetent workers. Mindus's alleged categories of intelligence and competence were called into question and the author was sceptical of the figures that Mindus presented: 'Is it really possible that only one out of every five inhabitants in Sweden can cope with demanding tasks at work?' As a conclusion, the author recommended that the arguments against the campaign, which were elaborated in a book, should be used in the study circles together with the original texts of the campaign. This proposal was soon put into effect. The contributions referred to above did not offer an alternative interpretation of normality. They questioned the reliability of the campaign and, as a consequence, the underlying presumptions about normality and mental health.

The evening paper *Expressen* treated the issue from a different angle. The opposition against the campaign addressed the tasks of industrial health care and the risks connected with mental health care at work. The first article on the subject⁵⁶ gave an example of how personal information from the industrial health service leaked out and ruined the career of a young person. The article stated further that LO (The Swedish Trade Union Confederation) was deceived into supporting the campaign during a 'Homerian sleep'. In conclusion, the campaign was described as an insult and highly offensive towards workers and employees. Professionals engaged in industrial health care responded to this attack.⁵⁷ Increasing costs due to absence from work was mentioned as a problem that needed solving. The slogan 'Health is my own but my health also belongs to society'

framed the arguments. The advocates of industrial health care argued that the problem was not to adjust the individual to the work, but to adjust working conditions to individual needs. Ergonomics was mentioned as a science that supported their arguments. The author of the initial article in *Expressen* was accused of having a prejudiced and ignorant attitude. In this case, the advocates represented the view of rational science. The opponents, on the other hand, defended the right to privacy and considered normality as a wholly private matter, not accessible to social engineering.

The criticism of the campaign included a broad range of standpoints. The opposing viewpoints did not come exclusively from the radical left; they also reflected a conservative point of view. The debate in *Expressen* dealt with the right to exercise control. The debate in this evening paper was also close to a conservative opinion which stated that health was a private matter. The existence of the industrial health service was questioned as well. The conservative opposition to the campaign claimed that the employer had nothing to do with the health of the employees unless the persons themselves requested treatment. The other line of argument, the socialist standpoint, rejected mental health services at work because it would place a tool of power in the hands of the employers, the power to label oppositional views as mental illness. *The Evening News (Aftonbladet)*, the paper that represented the ideology of the governing party (SSDP, The Swedish Social Democratic Party), did not participate in the debate on the campaign. Instead, questions about working conditions were given vent by a debate between the author Sara Lidman and representatives for company physicians.⁵⁸ The direct cause behind this debate was the well-attended theatre production NJA (Nils Johan Andersson) based on interviews with workers at the Ironworks in Luleå⁵⁹ and Lidman's book *Gruva* (The mine) 1968. The debate on working conditions certainly belonged to the radical agenda of 1968 and reached far beyond the traditional arenas.

In August, when the storm over mental hygiene had abated, the issues of work and of mental health care were treated separately in their ordinary contexts – industrial healthcare and working conditions, on the one hand, and psychiatric care in psychiatric hospitals on the other. A few articles about the humanization of mental hospital care were published in *Expressen* during the autumn, and working life issues were treated as usual without mentioning mental health.⁶⁰

Four competing meanings of normality

An important part of the mental hygiene concept, as it was presented in the campaign texts, was to equalize satisfaction at work with normality. The incompatibility between mental hygiene and the traditions of the Swedish labour movement is evident when it comes to definitions of normality. Satisfaction with working conditions excludes the basic foundations of labour unions and claims for the need of change. This out-of-tune music was easy to detect and the authors of the anti-literature stressed this view to the breaking point. According to this study, at least four opinions of normality were involved in the controversy. (1) To equalize personal adjustment to any working conditions with normal behaviour appears as the main core of industrial mental hygiene. Both Åmark's and Mindus's books emphasized adjustment and tranquillity as typical signs of ideal mental health, in accordance with the core values of mental hygiene. (2) The second approach stressed the traditional values of the labour movement, although expressed with incisive Marxist arguments. The point, however, was to disclose that the employer gained an

unfair advantage if psychiatric science was used to define appropriate behaviour at work. The Marxist analysis of the mental hygiene concept and of psychiatric practice in general was obviously also exaggerated although basically emphasizing the validity of the working class position as a reasonable perspective in judgement of normality. (3) The third standpoint stressed integrity, i.e. the right to privacy if nobody else was harmed. The meaning of normality was close to the understanding of normality as a 'good enough' value, a neutral understanding of good health as basically unproblematic. At the same time, this standpoint reflected a conservative ethic that argued for a minimum of social engineering. (4) The fourth argument, and the one least displayed in the debate, delivered a perspective on normality that subsequently turned out to become the 'normality concept' of social policy. Rickard Sterner, who represented the organization FUB, presented an interpretation of normality as the right to live 'a normal life', whatever deviance, and to be regarded as normal through participating in a working environment. This view was concordant with the policy of deinstitutionalization and normalization that was to come in the 1970s in the field of mental health care.

To conclude, the neutral interpretation of normality as unproblematic has been totally forgotten when references are made to the debate. Neither was the far-seeing interpretation of normality that heralded the subsequent politics of normalization a subject of debate. The issue of the controversy and the memory of it focus on the two ideal interpretations of normality: the mentally mature working individual described in the texts on mental hygiene; and the enlightened and politically aware person described in the anti-psychiatric texts. What both standpoints had in common was the exposition of how things ought to be and how normal mental health ought to be understood. The paradigmatic shift from 'issues of contentment' to 'issues of labour legislation' did of course mirror the political context of the late 1960s, though some of the energy of the controversy was certainly due to the underlying meanings of normality – foremost the interpretations of health and normality connected with ideological visions – that permeated the arguments of the most manifest disagreements.

Concluding discussion

The aim of the mental health campaign was to introduce knowledge about mental health and to deliver scientific knowledge about rational and irrational behaviour in a workplace context. The purpose of equalizing working conditions and educating people on how to cope with mental problems in a modern society was certainly based on a well-meaning and pedagogic concept, but it was obviously the wrong time to pose concerns about self-development and self-esteem as basic problems. This mistake would possibly have passed without comment, but the contemporary left-wing movement and the beginning of the miners' strike cast the mental health campaign into the wastebasket of political errors.

The aim of mental illness prevention in general, i.e. to distribute knowledge about the psychological self and to encourage individuals to act responsibly and keep themselves healthy, was an important component of the mental hygiene concept. The texts of the campaign described human behaviour and human emotions from a psychiatric and rational perspective. On the face of it, this rational view fitted into the project of the welfare state and social engineering of human conditions. Evidently, a rationality of this kind did not fit into the labour market at the time. The ideas behind the Swedish welfare state were based on structural concepts and operated with larger groups of citizens:

housing policy; the reformation of higher education; sickness benefits; and pensions. These strategies did not primarily make judgements regarding individual needs and individual capacity. The general political strategy was to lift vulnerable groups to higher economic levels. The 'clinical gaze' of preventive medicine was reserved for individuals who were unable to cope with the demands of the welfare state, i.e. marginalized groups such as drug abusers, alcoholics, juvenile delinquents, prostitutes, the poor and the unemployed. The mental health campaign included the whole collective of wage earners, but the underlying ideology focused on individual abilities and assumptions about normality. A psychiatric discourse in this context would, of course, detect individuals with deviant behaviour who were unwilling to correct themselves, and define them as obstacles to smooth production. Lastly, the aim of maintaining industrial peace failed that same year when the miners went on strike in Kiruna in December 1969. The desire to prevent strikes, both unofficial and legal, was linked to the overall aim of the campaign. The aim of the campaign, to teach mental health and proper behaviour, turned out to be a pedagogic error. On top of this, psychiatric science and the practices of psychiatry and psychology were rejected as being hostile to democratic and socialist values.

The crucial point, stressed in this article, was the diverging and underlying meanings of normality connected to the various opinions about mental health. The way in which normality was defined legitimized the following strategies of coping with social reality. The inflammable issue underlying the conflict, a debate about integrity and working conditions, was through this perspective a struggle about the meaning of normality and the social consequences connected to abnormality. A united opposition strongly expressed the opinion that a worker, an employee, a wage earner, was not a client and definitely not a patient.⁶¹ A Swedish worker was healthy and his emotions were adequate. Diagnosis of mental health, classification of personalities and measures of intelligence did not belong to the context of working life.

Notes

- 1 Björkman and Lundquist, *Från Max till PIA*, 40–54.
- 2 Abrahamsson, *Friskfaktorer i arbetslivet*, 220–3.
- 3 Fahlén, *Antipsykiatrins återkomst*; Ohrlander, 'Dramatisk kamp på liv och död', 16–20; Gustafsson, 'Tio år sedan mentallhälsokampanjen', 53–60.
- 4 An official investigation 1968 'Förslag angående vårdorganisation för sociopater' (A proposal for the organization of care for sociopathic disturbed people). The so-called Sociopat-investigation was closed down, presumably as an effect of the massive criticism towards the use of the word 'sociopath' instead of 'psychopath'.
- 5 Ohlsson, *Myt och manipulation*.
- 6 Palmblad, *Medicinen som samhällslära*; Piuva, *Normalitetens gränser*, 37–9.
- 7 Armstrong, *Political Anatomy of the Body*, 64–72; Gijswit-Hofstra and Porter, *Cultures of Psychiatry*; Thomson, 'Mental Hygiene as an International Movement', 283–304.
- 8 The ideas of the mental hygiene movement were adapted earlier by psychiatrists, social workers and politicians interested in social issues and mental health. In 1931, after visiting the first mental hygiene world congress in Washington, Viktor Wigert and Kerstin Hesselgren founded the Swedish Association of Mental Health (*Svenska föreningen för psykisk hälsovård*). The number of members was rather modest during the first decades, but increased during the 1960s and 1970s.

- 9 Statens offentliga utredningar (SOU) 1958:38; Qvarsell, 'Mentalhygien och psykisk hälsovård', 127–45.
- 10 Piuva, *Normalitetens gränser*, 55–72.
- 11 Hacking, *The Taming of Chance*.
- 12 Armstrong, *Political Anatomy of the Body*, 64–72.
- 13 Hacking, *The Taming of Chance*, 160–70; Canguilhem, *On the Normal and the Pathological*; Tengland, *Mental Health*, 83–4.
- 14 Jahoda, *Current Concepts of Positive Mental Health*; an investigation published in 1958 by the Joint Commission of Mental Health.
- 15 Piuva, *Normalitetens gränser*, 60–1.
- 16 Lohmann, *Psykisk hälsa och mänsklig miljö*; Piuva, *Normalitetens gränser*, 49–50.
- 17 Socialstyrelsen (The National Board of Health and Welfare), *Psykisk hälsovård 1*. An investigation with Bror Rexed as chairman and Professor Lennart Levi as secretary. The investigation took off in 1968.
- 18 Berge, *Sjukvårdens underklass*, 193–204.
- 19 Qvarsell, *Ordning och behandling*; Eriksson, *Vägen till centralhospitalet*; Beckman, *Sinnessjukhuset*; Sjöström, *Kliniken tar över dårskapen*; Engwall, *Asociala och imbecilla*; Jönsson, *Det terapeutiska rummet*; Björkman, *Vård för samhällets bästa*; Eivergård, *Frihetens milda disciplin*.
- 20 Johansson, *Freuds psykoanalys. Arvtagare i Sverige*; Piuva, 'Den normala människan', 29–55.
- 21 Thydén, *Från politik till praktik*; Spectorowskij and Mizrachi, 'Eugenics and the Welfare State in Sweden', 333–52.
- 22 Björkman and Lundquist, *Från Max till PIA*, 40–54.
- 23 Gustafsson, 'Tio år sedan mentalhälsokampanjen', 53–60.
- 24 SOU 1973:55; SOU 1983:32.
- 25 An insurance company with a cooperative organization.
- 26 Svenska arbetsgivareföreningen (SAF), Landsorganisationen (LO), Tjänstemännens centralorganisation (TCO), Svenska industritjänstemannaförbundet (SIF), Psykologförbundet, Sveriges sociologförbund, Svenska psykiatriska föreningen and several other professional organizations.
- 27 Erland Mindus, medical doctor and psychiatrist, who in certain contexts was referred to as an industrial psychiatrist, was a well-known if somewhat controversial psychiatrist who, in 1948, wrote the book *Industriell mentalhygien* (Industrial mental hygiene). The book takes up psychology problems at work in connection with mental health, but also the question of selecting suitable workers.
- 28 Curt Åmark was, at the time of the publication of the book, chief inspector at the Medical Board of Mental Care (*Medicinalstyrelsens sinnessjukvårdsbyrå*). He participated in the 1958 commission that presented the official investigation SOU 1958:38 on mental care. He was also an active voice in the launching of the user organization RSMH (*Riksförbundet för social och mental hälsa* [National Society of Social and Mental Health]). He was for several years chief physician at Långbro Hospital, one of the largest mental hospitals in Greater Stockholm.
- 29 Folksam, *Mental hälsa*.
- 30 Inghe and Inghe, *Den ofärdiga välfärden*; Jonsson, *Det sociala arvet*.
- 31 Vinterherd was, between 1965 and 2008, a journalist at *Dagens Nyheter*, reporting on social affairs, and editor-in-chief at the Children's Family Office. She has written books and TV plays and obtained her PhD in 1977 writing about Gustav Jonsson at Children's Village Skå.

- 32 Kerstin Vinterhed, 'Mental hälsa i arbetsmiljö' (Mental health and working conditions), *Dagens Nyheter*, 8 June 1969.
- 33 Anders Ehnmark, 'Därför förnekar vi psykiatrin' (Why we reject psychiatry), *Expressen*, 14 November 1969.
- 34 Åmark, *Individ, personlighet och medmänsklig miljö*, 13.
- 35 Mindus, *Arbete och mental hälsa*.
- 36 Folksam. *Mental hälsa*, 74.
- 37 Ibid., 76.
- 38 Ibid., 80.
- 39 Ibid., 82.
- 40 Kerstin Vinterhed, 'Mental hälsa i arbetsmiljö' (Mental health and working conditions), *Dagens Nyheter*, 8 June 1969.
- 41 Editor: Lennart Christiansson; co-authors: Tom Fahlén; Christina Flordh; Lennart Grosin; Ragnar Hedlund; Ann-Mari Hofsten; Gunilla Thernlund; Gunnar Thorell; Gunnar Ågren. The book (1969) was reprinted in 1970 and 1971, and the last print 1974 was re-edited by Flordh.
- 42 Kerstin Vinterhed, 'LO-expert angriper de socialistiska läkarna' (Labour Union-experts attack the socialistic physicians), *Dagens Nyheter*, 9 June 1969; Bertil Gardell, 'Är det fult med arbetsglädje' (What's wrong with job satisfaction), *Dagens Nyheter*, 26 June 1969.
- 43 Christiansson et al., *Konsten att dressera människor*, 82.
- 44 Ibid., 119
- 45 Ibid., 83
- 46 Ibid., 138
- 47 Ibid., 125–7
- 48 Ibid., 143
- 49 Ibid., 84
- 50 For example, Edström, 'Arbetspsykiatri' (Industrial psychiatry), *Dagens Nyheter*, 18 January 1969; Almar Löfgren, 'Ökat inflytande minskar stress' (Influence on working conditions reduces stress), *Norrländska socialdemokraten (NSD)*, 19 February 1969.
- 51 Kerstin Vinterhed, 'Mental hälsa i arbetsmiljö' (Mental health and working conditions), *Dagens Nyheter*, 8 June 1969.
- 52 Rickard Sterner, 'Intelligenshandikapp' (Learning disabilities), *Dagens Nyheter*, 11 June 1969; Jonasson, 'All makt till patienterna' (All power to the patients), *Expressen*, 17 February 1969.
- 53 SOU 1991:46; SOU 1992:52; SOU 1992:73.
- 54 Kerstin Dillén, Gunilla Halldén, and Anna-Clara Larsson, 'Anpassning till vad?' (Adjustment to what?), *Dagens Nyheter*, 23 July 1969.
- 55 Bengt Börjeson, 'Ett språk för arbetstagaren' (A language for the worker), *Dagens Nyheter*, 31 July 1969.
- 56 Sigfrid Ågren, 'Min hälsa, vems är den?' (Who owns my health?), *Expressen*, 24 July 1969.
- 57 Dag Höglund, 'Din hälsa, visst är den din!' (Your health is your own!), *Expressen*, 30 July 1969; Sigvard Claesson, 'Din hälsa – och samhällets' (Your health – and the health of the society), *Expressen*, 30 July 1969; Jöran Svesse, 'Nej, vi vill att folk ska trivas' (No, we want people to feel happy), *Expressen*, 5 August 1969.
- 58 Lidman 'Det där att kunna andas fritt . . . det är svårt att beskriva' (To breath freely . . . that's hard to explain), *Aftonbladet*, 8 November 1969; Lennart Heijbel, 'De skymfade företagsläkarna' (The insult on the company doctors), *Aftonbladet*, 18 November 1969.

- 59 The National Company Norrbottens Järnverk.
- 60 Sigfrid Ågren, 'Mänskligare mentalvård' (A humane mental care), *Expressen*, 14 November 1969; Anders Ehnmark, 'Därför förnekar vi psykiatrin', *Expressen*, 14 November 1969. An opinion that strongly expresses a rejection of the medicalization of human and social experiences, e.g. medical interpretations of social and human issues. The concept of 'medicalization', appeared later in the 1970s within the social sciences. It was introduced and elaborated by Freidson, *Profession of Medicine*, Zola, 'Medicine as an Institution of Social Control', and Illich, *Limitis to Medicine*.

References

- Abrahamsson, Kenneth. *Friskfaktorer i arbetslivet*. Stockholm: Prentent, 2001.
- Aftonbladet*. November 1969.
- Armstrong, David. *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century*. Cambridge: Cambridge University Press, 1983.
- Beckman, Vanna. *Sinnessjukhuset. Bilder ur psykiatris historia*. Stockholm: Norstedt, 1984.
- Berge, Anders. *Sjukvårdens underklass. Sjukvården i den kommunala fattigvården, 1910–1950*. Umeå: Borea, 2007.
- Björkman, Jenny. *Vård för samhällets bästa. Debatten om tvångsvård i svensk lagstiftning 1850–1970*. PhD diss. Uppsala: Uppsala University, 2001.
- Björkman, Torsten, and Karin Lundquist. *Från MAX till PIA. Reformstrategier inom arbetsmiljöområdet*. Lund: Arkiv förlag, 1981.
- Canguilhem, Georges. *On the Normal and the Pathological*. Dordrecht: D. Riedel, 1966.
- Christiansson, Lennart, Tom Fahlén, Christina Flord, Lennart Grosin, Ragnar Hedlund, Ann-Mari Hofsten, Gunilla Ternlund, Gunnar Thorell, and Gunnar Ågren. *Konsten att dressera människor*. Stockholm: Prisma debatt, 1969.
- Dagens Nyheter*. June–July 1969.
- Eivergård, Mikael. *Frihetens milda disciplin: normalisering och social styrning i svensk sinnessjukvård 1850–1970*. PhD diss., Etnologiska skrifter, 30. Umeå: Umeå University, 2003.
- Engwall, Kristina. *Asociala och imbecilla. Kvinnorna på Västra Mark 1931–1967*. PhD diss. Örebro: Örebro University, 2000.
- Eriksson, Bengt-Erik. *Vägen till centralhospitalet. Två studier om den anstaltsbundna sinnessjukvårdens förhistoria i Sverige*. PhD diss. Gothenburg: Gothenburg University, 1989.
- Expressen*. February–November 1969.
- Fahlén, Tom. *Antipsykiatris återkomst*. <http://www.childnps.se/dokument/antipsykiatri.pdf> (accessed May 17, 2010).
- Folksam, Brevkursen. *Mental hälsa*. Stockholm: Folksam, 1969.
- Freidson, Eliot. *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. New York: Harper and Row, 1970.
- Gijswit-Hofstra, Marijke, and Roy Porter, eds. *Cultures of Psychiatry and Mental Health Care in Post War Britain and the Netherlands*. Amsterdam: Rodopi, 1998.
- Gustafsson, Per. 'Tio år sedan mentalhälsokampanjen'. *Psykologi i teori och praktik* 8 (1979): 53–60.
- Hacking, Ian. *The Taming of Chance*. Cambridge: Cambridge University Press, 1991.
- Illich, Ivan. *Limitis to Medicine: Medical Nemesis. The Expropriation of Health*. London: Marion Boyards, 1975.
- Inghe, Gunnar, and Maj-Britt Inghe. *Den ofärdiga välfärden*. Stockholm: Tiden, 1967.
- Jahoda, Marie. *Current Concepts of Positive Mental Health*. New York: Basic Books, 1958.

- Johansson, Per Magnus. *Freuds psykoanalys. Arvtagare i Sverige*. Gothenburg: Daidalos, 1999.
- Jonsson, Gustav. *Det sociala arvet*. Stockholm: Tiden, 1970.
- Jönsson, Lars-Eric. *Det terapeutiska rummet. Rum och kropp i svensk sinnessjukvård 1850–1970*. PhD diss. Lund: Lund University, 1998.
- Lohmann, Hans. *Psykisk hälsa och mänsklig miljö. Socialstyrelsen redovisar*. Stockholm: Socialstyrelsen, 1973.
- Mindus, Erland. *Arbete och mental hälsa*. Stockholm: Tiden, 1968.
- Norrländska Socialdemokraten. February 1969.
- Ohlsson, Anna. *Myt och manipulation. Radikal psykiatrikritik i offentlig svensk idédebatt 1968–1973*. Stockholm: Stockholms Universitet, humanistiska fakulteten, 2008.
- Ohrlander, Gunnar. 'Dramatisk kamp på liv och död'. *Medikament* 4 (2001): 16–20.
- Palmblad, Eva. *Medicinen som samhällslära*. Gothenburg: Gothenburg University, 1990.
- Piuva, Katarina. 'Den normala människan: Mentalhygieniska diskurser i Sverige'. In *Normalitet och avvikelse*, ed. Eva Jeppsson Grassman and Sonja Lauritzen Olin, 29–58. Stockholm: Pedagogiska institutionen, Stockholms Universitet, 2004.
- . *Normalitetens gränser. En studie om 1900-talets mentalhygieniska diskurser*. PhD diss., Department of social work, Rapp 2005:111. Stockholm: Stockholm University, 2005.
- Qvarsell, Roger. *Ordning och behandling: Psykiatri och sinnessjukvård i Sverige under 1800-talets första hälft*. PhD diss. Umeå: Umeå Universitet, 1982.
- . 'Mentalhygien och psykisk hälsovård'. In *Hur skall själen läkas. Förändringar inom den psykiatriska vården*, ed. Bengt-Erik Eriksson and Roger Qvarsell, 127–45. Stockholm: Carlssons, 1997.
- Sjöström, Bengt. *Kliniken tar över dårskapen. Om den moderna svenska psykiatrins framväxt*. PhD diss. Gothenburg: Gothenburg University, 1992.
- Socialstyrelsen. *Psykisk hälsovård 1. Forskning, social rapportering, social dokumentation och information*. Stockholm: Socialstyrelsen, 1979.
- Spectorowskij, Alberio, and Elisabet Mizrahi. 'Eugenics and the Welfare State in Sweden'. *Journal of Contemporary History* 39, no. 3 (2004): 333–52.
- Statens offentliga utredningar SOU 1958:38. *Mentalvårdsdelegationens betänkande del III*. Stockholm, 1958.
- Statens offentliga utredningar SOU 1973:55. *Beteendevetenskaplig arbetslivsforskning : betänkande av Utredningen angående den tillämpade beteendevetenskapliga arbetslivsforskningen*. Stockholm, 1973.
- Statens offentliga utredningar SOU 1983:32. *Företagshälsovård åt alla*. Stockholm, 1983.
- Statens offentliga utredningar SOU 1991:46. *Handikapp, välfärd och rättvisa*. Stockholm, 1991.
- Statens offentliga utredningar SOU 1992:52. *Ett samhälle för alla*. Stockholm, 1991.
- Statens offentliga utredningar SOU 1992:73. *Välfärd och valfrihet*. Stockholm, 1992.
- Tengland, Per-Anders. *Mental Health. A Philosophical Analysis*. PhD diss. Linköping: Linköping Studies in Arts and Science, 1998.
- Thomson, Mathew. 'Mental Hygiene as an International Movement'. In *International Health Organizations and Movements*, ed. Peter Weindling, 283–304. Cambridge: Cambridge University Press, 1995.
- Thydén, Mathias. *Från politik till praktik. De svenska steriliseringslagarna 1935–1975*. PhD diss., Rapp 2002:93. Stockholm: Stockholm University, 2002.
- Zola, Irving K. 'Medicine as an Institution of Social Control'. *Sociological Review* 20, no. 4 (1972): 487–504.
- Åmark, Curt. *Individ, personlighet och medmänsklig miljö*. Stockholm: Tiden, 1969.

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