**Mind-healing, After-care, and the Emergence of Psychotherapy in British Psychiatric Charities, 1872 to 1930.**

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This is a first draft of what I hope will become an article for submission. It pulls together material from various chapters of my thesis.

Just a note – I may further anonymise the case of Kathleen. While the materials are predominantly over 100 years old, and while they are publicly available online, I think I will anonymise her more fully before sending anything beyond this group.

List of Abbreviations

BMJ – British Medical Journal

CAMD - Central Association for the Care of the Mentally Defective

GFS – Girls’ Friendly Society

JMS – Journal of Mental Science

LCH – Lady Chichester Hospital

MABYS – Metropolitan Association for Befriending Young Servants

MACA – Mental After-Care Association

MPD – Multiple Personality Disorder

MSSST - Medical Society for the Study of Suggestive Therapeutics

NCMH – National Council for Mental Hygiene

PSA - Personal Service Association

*Introduction*

During the late-nineteenth and early-twentieth centuries, British mental health charities provided an arena in which methods of mind-healing through inter-personal influence were developed, and in which the concept of psychotherapy was negotiated. By the 1920s, psychotherapy was a widespread, yet novel and exciting, set of practices that attracted respect from across the medical profession. While psychotherapy included some new methods of treatment, certain contemporaries had also adopted the word to refer to various methods of mind-healing that had previously existed without the label. There also remained disagreement over which mind-healing[[1]](#footnote-1) practices constituted psychotherapy, and which did not. I examine how lay actors and professional medical doctors, operating through a network of mental health charities between 1879 and around 1930, used, shaped and conceptualised mind-healing and psychotherapy. By investigating the careers of Henry Hawkins, Daniel Hack Tuke, Ethel Vickers and Helen Boyle, I highlight the relationship between charitable mind-healing and psychotherapy. In doing so, I demonstrate how some lay and medical practitioners of mind-healing slowly negotiated meanings of psychotherapy, and show that the newer concept remained ambiguous even as it was cemented as an integral part of Britain’s psychiatric landscape in the 1920s.

Psychotherapy includes a set of practices that involve using the influence of one person’s mind upon another’s to elicit change in the name of health.[[2]](#footnote-2) Activities fitting this description have been used for millennia, but, as both Jacqueline Carroy and Sonu Shamdasani have demonstrated, the history of the term ‘psychotherapy’ begins in the late nineteenth century. [[3]](#footnote-3) I refer to those relevant practices administered without the label of psychotherapy as mind-healing. In the late-nineteenth century, new methods of treatment emerged under the name of ‘psycho-therapeutics’. Over the following decades, some contemporaries also began to describe extant methods of mind-healing with this new label. Not all methods of mind-healing were designated the new title; novel approaches to mind-healing continued to develop, and there remained no consensus regarding what demarcated psychotherapy from the broader world of mind-healing by 1930.

Of course, this time period covers Sigmund Freud’s development of psychoanalysis. Freud and Joseph Breuer published a German-language description of their method of catharsis under hypnosis in the first edition of *Studies on Hysteria* in 1893.[[4]](#footnote-4) Freud and Breuer diverged in their approaches shortly afterwards and, working alone in 1896, Freud introduced the term ‘psychoanalysis.’ [[5]](#footnote-5) Over the next twenty years, Freud published a flurry of works, including *The Interpretation of Dreams* in 1900; *The Psychology of Everyday Life in* 1901; *Three Essays on the Theory of Sexuality* in 1905, and a series of papers on the technique of psychoanalysis between 1911 and 1915, and would continue to refine his methods until his death in 1939. [[6]](#footnote-6) As Philip Kuhn highlights, English translations of Freud’s key works were published between 1909 and 1913, but some British practitioners were able to engage with the texts in German before this. [[7]](#footnote-7) Freud also attracted followers, some of whom would separate to develop their own schools of psychoanalysis. The first high-profile defector was Alfred Adler, who seceded in 1911, while Carl Jung famously split from his former mentor in 1914. [[8]](#footnote-8) Psychoanalysis was, in many ways, incorporated into British mind-healing and psychotherapy during the period under examination, but my study confirms that British psychotherapy predated psychoanalysis, and that the latter was not wholesale transposed from continental Europe to Britain, but was critically and partially integrated into an existing context of mind-healing.

I establish the British mind-healing context into which some elements of psychoanalysis were slowly integrated in the early twentieth century. I use books and journal articles aimed at members of the psychiatric profession, alongside philanthropic promotional materials of the Mental After-Care Association (MACA) and contemporary befriending services, to chart the germination and consolidation of a psychiatric intervention and form of mind healing called ‘after-care,’ and assess its relationship to psychotherapy. I then analyse a patient case file compiled by the MACA’s office staff between 1916 and 1924 to demonstrate how the Association’s Secretary, Ethel Vickers, multiple psychiatrists, and a clergyman, united to perform after-care by employing various methods of channelling interpersonal influence. Finally, I use speeches by the psychiatrist, Helen Boyle, alongside promotional materials from her charitable hospital, to chart the parallel negotiation of the meaning of psychotherapy and highlight how connections between the MACA and the Lady Chichester Hospital (LCH) provided an avenue through which the initiatives of lay charity workers like Vickers fed into the emergent medical field of psychotherapeutics.

This article, therefore, supports Sonu Shamdasani’s argument that it is a fallacy promoted by the ‘Freudian legend; that psychotherapy began and ended with Freud.’[[9]](#footnote-9) He notes that Daniel Hack Tuke coined the term ‘psycho-therapeutics’ in 1872.[[10]](#footnote-10) Shamdasani traces the development of the heterogeneous group of concepts and practices through European practitioners until psychotherapy was embedded in the English-, French- and German-speaking medical worlds by the early twentieth century. He notes that the term did not necessarily apply to talking therapies, but to a group of approaches designed to treat the mind through the power of the mind.[[11]](#footnote-11) Sarah Chaney has built on Shamdasani’s positioning of Hack Tuke in the birth of psychotherapy. Her 2017 article provides the only in depth analysis of Hack Tuke’s conceptualisation of psychotherapy, illuminating his understanding of the therapeutic power of the imagination and how the physician could help a patient to harness the imaginative effect of the mind over the body. Chaney explores the influence of these concepts upon asylum psychiatry. [[12]](#footnote-12) Hack Tuke was prominent in the foundation of the MACA, so I argue further for his role in the germination psychotherapeutics in Britain, and establish how psychotherapeutic ideas were developed in conjunction with influences beyond the asylum.

My research supports Kuhn’s argument that,

‘when medically qualified psychologists and psychotherapists began studying Freud’s work [a move that he dates to ‘around 1908’], they tended to assume that psychoanalysis was yet another psychotherapeutic procedure which dove-tailed into the prevailing mind healing climate and… set about assessing it not just therapeutically, but also according to their own individual medico-socioeconomic position.’[[13]](#footnote-13)

My exploration of mental health charities sheds new light on what that ‘prevailing mental healing climate’ was, and provides further insight into who assessed psychoanalysis and its applicability to patients with limited financial means. In looking beyond psychoanalysis, I add to an emerging body of literature on the broader history of psychotherapy. While psychoanalysis has attracted a large and ever-growing body of scholarship, historical investigation into other forms of psychotherapy remains a developing field. Eric Caplan has highlighted the emergence of a mind-healing culture in America before Freud’s visit in 1909, examining the interplay between physicians and lay actors.[[14]](#footnote-14) More recently, three special issues, edited by Sarah Marks and Rachael Rosner, have collated scholarship on psychotherapies in Europe and the Americas in the nineteenth and twentieth centuries. [[15]](#footnote-15) Following these interventions, Del Loewenthal and Shamdasani published a collection placing psychotherapies in transcultural context.[[16]](#footnote-16)

Dismantling the Freudian legend and illuminating the relationship between mind healing and early psychotherapeutics remains an important historiographical task, especially regarding the role of mental health charities. Even Hannah Zeavin’s recent research into the history of psychotherapy through distanced communication falls prey to the assumption that modern psychotherapeutics began with Freud. She declares that ‘although there is a millennia-long Western tradition of speech as cure… this study begins in 1890, when psychoanalysis becomes codified as a formal, institutional discipline.’[[17]](#footnote-17) Zeavin offers insightful analysis of how money mediates and has mediated the psychoanalytic relationship, and demonstrates that financial considerations have shaped the provision of ‘para-psychotherapeutic’ services in the form of telephone hotlines. Zeavin uses the history of The Samaritans’ suicide-prevention service to show how lay volunteers have been used to provide contingent psychological support free of charge, arguing that the ‘volunteer counsellor’ emerged ‘as a way to combat the mental health crisis in the 1950s’.[[18]](#footnote-18) While Zeavin presents valuable consideration of acts of mind-healing provided by lay charity-workers on a contingent basis, her determination that psychoanalysis came first leads her to overlook the possibility that charitable mind-healing practices not only predated Freud, but also influenced the British reception of his work.

*British Mental Health Charities*

Between 1879 and the 1930s, psychiatrists and lay actors formed multiple charities dedicated to the mental health of people living outside psychiatric institutions. These institutions were called lunatic asylums in the 1870s, and were known as mental hospitals by the1920s. The first charity, founded in 1879, was the Mental After-Care Association (MACA). The MACA was designed to provide after-care for patients who had been released ‘recovered’ from institutions, completing the return to mental health and preventing relapse.[[19]](#footnote-19) 1913 saw the establishment of the Central Association for the Care of the Mentally Defective (CAMD), which was renamed the Central Association for Mental Welfare in 1922. [[20]](#footnote-20) The CAMD was created to support the implementation of the Mental Deficiency Act 1913. [[21]](#footnote-21) The National Council for Mental Hygiene (NCMH) was founded in 1923 to promote prophylactic psychiatric medicine. Rather than directly treating patients, the NCMH worked to promote research, influence mental health legislation, and educate the public and medical community regarding early intervention. [[22]](#footnote-22) Finally, the Child Guidance Council was formed in 1927 to co-ordinate child guidance clinics to provide a new early-intervention designed to prevent children deemed to be showing signs of maladjustment from growing into pathologically-criminal adults. [[23]](#footnote-23) Over these fifty years, an ecosystem of non-institutional psychiatric charities emerged, providing a network through which psychiatrists, lay volunteers and paid administrators, and members of the clergy exchanged expertise about mind-healing.

Each of these organisations was connected to the Lady Chichester Hospital (LCH). In 1899, Doctors Helen Boyle and Mabel Jones created the Lewes Road Dispensary for Women and Children in Brighton ‘To afford to poor Women of the Neighbourhood, the Opportunity of Free Consultation with Doctors of their own Sex.’[[24]](#footnote-24) In 1905, they added an in-patient department to treat early-stage mental and nervous disorder in women and children who could not afford private treatment. Jones left Brighton in 1908, while Boyle continued to lead the project.[[25]](#footnote-25) By 1912, the hospital department had been named The Lady Chichester.[[26]](#footnote-26) While an in-patient facility, it accepted patients on a strictly voluntary basis and was designed to avert the need for certification and, therefore, played a role distinct from that of asylums.[[27]](#footnote-27) The LCH was a pioneering establishment, founded to provide early medical attention for poor patients not yet deemed certifiable, and, therefore, a group with hitherto no available avenues of treatment. This article reveals in particular the connections between the MACA, the LCH and the NCMH. As new philanthropic ventures launched, personnel increasingly operated across multiple organisations, with individuals from separate establishments collaborating and exchanging expertise.

*Founding the MACA: Reverend Henry Hawkins*

The MACA was created to aid the rehabilitation of patients released recovered from asylums into social life. Its workers pioneered the intervention of ‘after-care’, which combined the provision of practical support with the employment of individual attention, personal connection and ‘befriending’ to elicit a final stage of mental healing and prevent relapse. The charity provided convalescent homes, grants of money and clothing, support with finding employment, and undertook ‘friendly visits’ and befriending. [[28]](#footnote-28) During the 1910s, MACA personnel began to conduct visits to assess the homes of patients due for release from mental hospitals. [[29]](#footnote-29) Staff and volunteers also increasingly promoted the MACA’s office as a place where beneficiaries could seek ‘counsel’, ‘advice’ and ‘encouragement’ to ‘prevent mental strain’ and dispel the threat of relapse. Patients were encouraged to visit, regardless of how long it had been since their initial connection with the charity. [[30]](#footnote-30) From the outset, after-care was conceived of as a psychiatric intervention and a work of mental healing. [[31]](#footnote-31)

Reverend Henry Hawkins founded the Association in 1879. Hawkins was Chaplain of Colney Hatch Asylum, and combined his religious calling with engagement in medical psychiatry. [[32]](#footnote-32) Hawkins was well-connected in professional psychiatric and philanthropic circles. In a draft of his chapter on ‘After-Care’ for Hack Tuke’s *Dictionary of Psychological Medicine*, Hawkins reported on the charity’s inaugural meeting in 1879, noting that amongst those present was Doctor ‘Hack Tuke, who has been throughout a strong believer in, and staunch supporter of the objectives of the association’, while ‘Dr Bucknill was the first president, and Dr Claye Shaw and Rev. H. Hawkins honorary treasurer and secretary.' [[33]](#footnote-33) He also recorded the early involvement of philanthropists, noting in reference to the 1881 meeting that ‘among ladies present were Ladies Lyttelton, Frederick Cavendish, and Brabazon, Mrs Gladstone.' [[34]](#footnote-34) From the outset, the combination of lay and professional expertise was paramount, but Hawkins did not simply act as a conduit between two disconnected worlds of philanthropy and professional psychiatry. Rather, the MACA highlights a reciprocity amongst professional medics and lay agents.

Hawkins’s approach to mental healing was appreciated amongst psychiatrists. In 1878, a review of his book, *Friendly Talk with a New Patient*, was published in the *Journal of Mental Science*. (*JMS*) [[35]](#footnote-35) The *JMS* was the key ‘scientific’ journal for the psychiatric medical profession at the time.[[36]](#footnote-36) The review promotes the ideas that clergy and physicians should work alongside one another when conducting mental healing, and that psychiatrists could learn from the ministry. It declares that since ‘divines and doctors have… one common object in view… that of restoring the diseased cerebro-mental organ to healthy action – they ought to be able to work harmoniously and successfully together.’ The review concludes that ‘Mr Hawkins is a sound counsellor, both for patients and their friends, and that the Superintendents of Asylums might advantageously possess themselves of copies of his book.’[[37]](#footnote-37) Hawkins published in the *JMS* throughout his career and used the journal to garner co-operation from psychiatrists in developing after-care, which he always envisaged would harness the healing influence of lay volunteers.

Before founding the MACA, Hawkins encouraged people living outside asylums to visit inmates. In 1877 he published an article in the *JMS* discussing how neighbours of asylums could help those inside. He was concerned about those patients who were ‘friendless and unvisited,’ which he believed increased suffering and hindered recovery. Hawkins, therefore, proposed the establishment of new interpersonal relationships between inmates and volunteers living outside the asylum. He argued that encouraging ‘friendship’ in the form of visits and written communication ‘may have a share in alleviating the affliction, perhaps even of promoting the convalescence, of inmates of these hospitals.’ He believed that these interpersonal relationships could hasten recovery. Where the intervention did not spur recovery, he thought it could at least ‘render less wearisome continuance within hospital walls during the period of necessary sojourn.’[[38]](#footnote-38)

Hawkins did not envisage the creation of an informal affective bond, but rather a form of ‘disinterested friendship.’[[39]](#footnote-39) He argued that this relationship could improve the mental state of the ill patient in three ways. First, the knowledge that someone from the ‘outside world’ was taking a ‘friendly interest’ could excite ‘pleasure’. Second, the prospect of visits would ‘relieve the monotony and dullness of asylum life’. Third, ‘such sympathy might impart fresh interest to existence, and, in some cases, accelerate recovery.’ [[40]](#footnote-40) Hawkins believed that a visitor could contribute to a patient’s treatment by demonstrating that she or he was invested enough in the inmate’s wellbeing to form a personal bond. A patient’s awareness that someone outside the walls of the asylum was so invested in their recovery could generate the motivation necessary to ignite a restorative process. A visitor’s relationship with a patient could thus spark some agency in the patient’s mind that could spur some faculty into beginning to heal. It was apparently important that this source of personal interest came from the outside world and was additional to or separate from the investment of the attendant within in the asylum. According to Hawkins, it mattered *who* the relationship was with as well as *how* the friendship was conducted.

Hawkins not only promoted these ideas but worked to execute them. The MACA’s archive contains material from the older Guild of Friends for the Infirm of Mind, which Hawkins founded in 1871. [[41]](#footnote-41) A pamphlet lists the objectives of the Guild, and describes how members would set about ‘befriending’ patients, visiting them in asylums, corresponding via post and ‘maintaining friendly discourse with discharged patients.’ [[42]](#footnote-42) Hawkins described the visitor relationship as quite formal and conducted as follows: ‘after an interview of moderate length, the visitor takes her leave, having first engaged to renew the acquaintance at no distant date. Visits need not be repeated frequently. Once a quarter would be sufficient to sustain the patient's interest, without being burdensome to the visitor.' [[43]](#footnote-43) Notably, the Guild intended to foster relationships that began in an asylum and continued following release, highlighting a type of formal relationship pursued in part to elicit recovery and designed to continue to help prevent relapse in the community.

*Founding the MACA: Doctor Daniel Hack Tuke*

Also during the 1870s, Daniel Hack Tuke postulated that a form of treatment called ‘psycho-therapeutics’ had a curative effect. [[44]](#footnote-44) He employed the logic that one could harness interpersonal influence to elicit healthful change. His 1872 book, and its 1884 second edition, *Illustrations of the Influence of the Mind upon the Body in Health and Disease designed to elucidate the Action of the Imagination* (hereafter *Illustrations*), featured a chapter on ‘Psycho-therapeutics’, establishing his logic and methods for harnessing the power of the will and the imagination to remedy bodily disease. [[45]](#footnote-45) Hack Tuke felt that the most obvious kind of disease these methods could be applied to were nervous disorders, but he argued that they were applicable to bodily ailments in general.[[46]](#footnote-46) Indeed, he opened the ‘Psycho-therapeutics’ chapter by asking how ‘the great influence which mental states exert over the body in disease’ could ‘be practically applied in therapeutic practices? Can this unquestionable power be controlled and directed?’ [[47]](#footnote-47) In answer to this question, he described the ‘general influence of the physician upon the patient in exciting those mental states which act beneficially on the body in disease.’ [[48]](#footnote-48) He proposed that the physician use ‘psychical’ means to excite the patient’s volition and will, although he argued that harnessing these forces against specific parts of the body could be ‘greatly assisted by physical means.’[[49]](#footnote-49) Nonetheless, he was convinced of the psychical therapeutic influence the physician could have over the patient.

Hack-Tuke presented hypnotism as the key method of practising psycho-therapeutics. [[50]](#footnote-50) While he described psycho-therapeutics as applicable to nervous disorders and somatic symptoms, he did, according to R. Percy Smith - a younger physician who would be influential in the MACA in the decades following Hack Tuke’s death in 1895 – also make the ‘mighty suggestions… in 1865 of the possible usefulness of a hypnotic treatment of insanity.’[[51]](#footnote-51) In 1883 Hack Tuke elaborated in the *JMS* on how hypnosis created an ‘extreme susceptibility tooutside suggestions,’ meaning that the patient was highly susceptible to the influence of the physician. [[52]](#footnote-52) He drew parallels between the hypnotised and the insane person, noting that the ‘individuality ofthe hypnotic subject being deleted for the time, he representsthe logical consequence of the organization of men in societywho are practically will-less... This ideoplastic state finds its analogue alsoamong the actually insane.’ Hack Tuke believed that hypnosis created a state comparable to insanity in making the subject highly vulnerable to the influence of others. Ostensibly, one of the problems that mental disturbance created was a heightened ‘unwholesome susceptibility to the influence of others, as in the case of the unstable hysterical girl’, but it also created the opportunity to harness wholesome influences for curative purposes.[[53]](#footnote-53) According to Hack Tuke, hypnotism provided a method of increasing the susceptibility to wholesome influence to allow the physician to hasten recovery. He was also concerned with the non-hypnotic influence of the minds of people whom ‘unstable’ individuals might encounter.

Hack Tuke was thus open to his ideas being part of a wider application of human influence and harnessing of the power of the mind. In the preface to the first edition of *Illustrations* he commented on ‘those non-medical readers who might happen to peruse this work’ and expressed his hope that they ‘may be disposed to regard in a different light from what they may heretofore have done, the success of some fashionable mode of treatment current at the present day.’ [[54]](#footnote-54) Hack Tuke was receptive to collaborating with lay actors in promoting the application of psycho-therapeutic ideas, encouraging readers of his comments on Braidism to ‘make use of them under some form of psycho-therapeutics, whether it be through the Imagination, Attention or Faith.’[[55]](#footnote-55) He apparently did not see psycho-therapeutics as taking a single, medical form.

*Founding the MACA: The Adaptation of Befriending Practices for the Purpose of Mental Healing*

The use of the influence of one mind upon another to elicit beneficial change was a key aspect of philanthropic befriending, which also emerged in the 1870s, and contributed to the development of the MACA in the 1880s and 1890s. The Girls’ Friendly Society (GFS) was established in 1874 and the Metropolitan Association for Befriending Young Servants (MABYS) was formed in 1875. [[56]](#footnote-56) These befriending networks fostered individual relationships between members and older associates, with the latter providing guidance to ensure the development of the desired character in the younger generation. The organisations also provided practical benefits including affordable lodgings for young women in non-residential employment; holiday and convalescent homes; evening clubs, and education and training. [[57]](#footnote-57) The GFS was designed to support girls and young women separated from their families, usually due to migration from rural to urban areas for employment as domestic servants.[[58]](#footnote-58) The MABYS was created for girls from urban areas and had a particular mission for those who had grown up in workhouses or district schools. [[59]](#footnote-59) These befriending networks were well-established by the 1880s, and their work fed directly into the germination of after-care.

The intellectual rationale of these befriending networks was to improve the members’ characters and ways of functioning in the world through the influence of the associates’ characters. In a conference address in 1887, the MABYS’ co-founder, Henrietta Barnett, posed the question, ‘What is it to be a friend to anyone?’ and proposed that the simplest and most correct answer was to be ‘someone who helps us to do or be something better.’[[60]](#footnote-60) Furthermore, Reverend Brooke Lambert, Chair of the MABYS, declared that, befriending ‘must not be done as merely routine work, but it must be the action of one human soul upon another.’[[61]](#footnote-61) In 1892, an article on the GFS by Mrs Field appeared in an issue of a magazine for philanthropic women called *A Threefold Chord,* alongside a piece on the MACA. In it, Field frequently championed the ‘earnest influence’ of the GFS’s associates upon its members, and was clear that only a certain type of woman was appropriate for the role. She was adamant that ‘no woman is fit to lead and influence her sisters who is not a lady in the truest sense.’ [[62]](#footnote-62)

Early proponents of the MACA described its working associates’ cultivation of close personal relationships with its patients as a form of befriending. [[63]](#footnote-63) Additionally, MACA personnel, both voluntary and paid, drew inspiration directly from the befriending societies’ methods and tapped into these extant networks when conducting casework. For example, the Association’s first Secretary, Mr Thornhill Roxby, recommended adopting paperwork forms similar to those used by the MABYS, while the MACA’s promotional literature frequently advertised its connections with the befriending societies. [[64]](#footnote-64) The article from 1892 advertising the MACA in *A Threefold Chord* featured short case-narratives, highlighting that many of the charity’s patients were also members of the GFS or the MABYS. One case notes a ‘young girl, for some time very ill in a London asylum… doing well and is most happy. Is a member of the M.A.B.Y.S.’ The case listed directly below finishes, ‘Is a member of the G.F.S.’[[65]](#footnote-65) During the 1890s, the MACA was a arena in which psychiatrists, clergy and lay agents interested in using one person’s mind to elicit beneficial change in another’s worked together, uniting their various methods and approaches.

Hack Tuke’s and befrienders’ approaches to harnessing the influence of the mind differed in one key way. Hack Tuke’s conceptualisation of psycho-therapeutics involved the channelling of psychical power to heal somatic symptoms. By contrast, those interested in befriending wished to use interpersonal influence to elicit change in individuals’ characters and social functioning. How, then, did these two understandings of the value of the healing power of the mind converge?

While Hack Tuke did not continue to develop his work under the title of ‘psycho-therapeutics’ beyond the ideas he expressed in *Illustrations,* he did continue to experiment with hypnosis, as did various physicians associated with the MACA. [[66]](#footnote-66) Hypnosis became seen as one key method of psychotherapy amongst British psychiatrists. In 1911, Dr William Graham delivered a paper on ‘psycho-therapy in mental disorders’ to the Medico-Psychological Association of Great Britain and Ireland, in which he stated that ‘the classical methods of psychotherapy were: (*a*) Suggestion, waking and hypnotic; (*b*) therapeutic conversation; (*c*) psycho-analysis; (*d*) occupation; (*e*) re-education.’ [[67]](#footnote-67) Hubert Bond, who was instrumental in expanding the reach of the MACA’s services to a broader range of patients in the 1910s, and Boyle, participated in the post-speech discussions, both seemingly agreeing with Graham’s broad conceptualisation of psychotherapy, of which hypnosis was an important, but not vital, element. [[68]](#footnote-68) While hypnotism and psychotherapy were never synonymous, the former had become seen as a part of the arsenal of psycho-therapeutic methods by the turn of the twentieth century. Furthermore, hypnosis was here discussed alongside less formalised approaches, including those coming under the ambiguous label of ‘therapeutic conversation’.

Hypnosis and the use of conversation for therapeutic purposes converged in the MACA during its early years. Hack Tuke actively engaged with the workers who befriended and visited the Association’s patients, supporting the use of visiting and praising the fostering of personal relationships with beneficiaries. At the 1888-89 annual meeting he voiced his support for the ‘visitation system’ which he hoped would be expanded in the future, and pronounced that the ‘success of our cases often depends very much on the individual and personal care and thought which so many of our ladies are kind enough to give them.’[[69]](#footnote-69) Thus, after-care, which would come to be seen as a distinct form of mind-healing over the first decades of the twentieth century, had its roots in the convergence of Hack Tuke’s psycho-therapeutics and lay people’s employment of interpersonal influence to elicit medically or socially beneficial change.

*Consolidating After-Care as an Intervention: Miss Ethel Vickers*

The MACA’s visiting system emerged from Hawkins’s recommendations and women’s befriending practices. In 1892, Hawkins advised that the charity’s working associates, who would conduct the day-to-day work with patients, aid the endeavours of its convalescent homes ‘by visiting and reporting on their temporary inmates, thus causing both hosts and guests to feel that they are looked after, and kept under notice.' [[70]](#footnote-70) As after-care was put into practice, befriending and visiting were not only seen as tasks of their own, but also activities with which all practical support from the MACA was imbued. The charity’s 1900 annual report commented on how the task of finding suitable employment would, ideally, be combined with a deep understanding of the patient’s mental and social state, declaring that, 'The important work of the Association is not merely the supplying of Country Homes, of clothing and of money, but, the extreme amount of care and attention that has to be given to the character and circumstances of those with whom the cases are placed, and in finding occupations to suit persons who have many peculiarities and prejudices.'[[71]](#footnote-71) From its very beginnings, the pioneers of after-care saw the intervention’s healing potential as derived from a focus on fostering close personal relationships between personnel and beneficiaries.

During the 1900s and the 1910s, MACA personnel consolidated the methods by which after-care employed personal influence to elicit mental healing and prevent relapse. Promotional literature increasingly stressed how the true value of after-care lay in personal influence. The 1907, 1908 and 1909 annual reports contain the following proclamation, printed in bold: **‘The Council**, **as years pass by are more and more convinced that it is the personal influence, which is the essential factor in dealing with cases recovered from mental illness.’**[[72]](#footnote-72)This judgement was made by both medically trained and lay actors. It remained the Council’s remit to judge the MACA’s source of success, and this body included physicians, philanthropists, and reverends. These reports discussed the difficulties of providing evidence for this bold claim, but argued that the greatest indicator of the value of personal influence was the amount of face-to-face and letter-based communication conducted with patients. The 1907 report stated that, ‘**of course, of this no record can be given, but some slight idea may be gathered from the fact that about 595 visits have been paid and more than 3,700 letters written *to or about the cases only in 1907*,'** while 1908 and 1909 reports reiterated the statement, but referenced a growing count of visits and letters. [[73]](#footnote-73)

When undergoing after-care, the MACA’s patients came into contact with various personnel, some of whom worked for financial remuneration and some of whom were volunteers. The convalescent homes were run predominantly by women, who came to be known as ‘matrons’. While one matron, called Nurse Chown, seemingly had a nursing qualification, many apparently did not. [[74]](#footnote-74) During the 1910s, a Mr Wood ran a cottage home for male convalescents. [[75]](#footnote-75) Patients would be visited and written to by the working associates, who additionally sought employment for beneficiaries. Much of this work was also done by the Secretary and supporting members of the office staff.[[76]](#footnote-76) In addition, some patients would be ‘seen’ on a voluntary basis by psychiatrists. [[77]](#footnote-77) These physicians also often served on the MACA’s Council alongside lay philanthropists. The MACA’s Council was the body that decided whether and how to treat prospective beneficiaries.[[78]](#footnote-78)

One administrator was especially influential in both the development of after-care and in the Association’s day-to-day work with patients. Ethel Vickers was first employed by the MACA in 1904 as a ‘second helper’ to the Council’s ‘old and valued Assistant, Miss Wells.’ The Council were much pleased by the ‘selection of Miss Vickers, whose enthusiasm, ability and experience in charitable work, has proved of great value.'[[79]](#footnote-79) Thus began Vickers’s long career at the MACA, and, as it developed around her over the next thirty years, the wider world of community-based mental health philanthropy. She steadily accrued responsibility in the MACA, being promoted to Assistant Secretary in 1911 and replacing Thornhill Roxby as Secretary upon his resignation in 1915.[[80]](#footnote-80) Vickers was Secretary until her retirement in 1940, after which she served on the Council.[[81]](#footnote-81)

During the 1900s, Vickers used her initiative to adapt new charitable and social work initiatives for the psychiatric purposes of after-care. In 1908 the Personal Service Association (PSA) was formed to complement the work of the ‘charitable agencies in London and render their work more helpful and effective.’ The PSA was designed to achieve its aims by building personal friendships between its volunteers and beneficiaries, with its annual report describing its method of ‘placing individuals in direct touch with one another, to afford members of all classes opportunities of mutual helpfulness and understanding’. The organisation was designed to facilitate ‘personal relationships[s] thus based, not on alms but on sympathy and friendship,’with its leaders arguing that the ‘feeling of real friendship that existed between the Helpers and the families’ was instrumental in enabling struggling families to maintain employment, health and good child welfare.[[82]](#footnote-82) The MACA and the MABYS were involved in the PSA, both being ‘co-operating societies.’ [[83]](#footnote-83) Vickers was a member of the PSA Council and served as one of its District Heads, who were appointed to oversee the work of a group of ‘Helpers’.[[84]](#footnote-84) The PSA was committed to developing personal relationships based on understanding and sympathy between beneficiaries and charitable helpers with the objective of supplementing the more practical support it saw extant philanthropic networks, such as the Charity Organisation Society, conducting at the time. [[85]](#footnote-85)

Vickers used her involvement in the PSA to further her own employer’s cultivation of lasting relationships with those who had recovered from mental illness. The MACA’s 1909 annual report highlights Vickers’s collaboration with the PSA, noting that a ‘small branch of this Society is now working in connection with the Council by visiting cases which are no longer quite within the scope of help from the Association.’[[86]](#footnote-86) This comment suggests that Vickers worked to adapt the PSA’s cultivation of ‘friendship’ and ‘understanding’ between helpers and beneficiaries to the MACA’s specific aims of completing psychiatric recovery and preventing relapse of mind. These actions were part of the MACA’s moves toward encouraging the personal relationships fostered between its personnel and beneficiaries to continue beyond the settlement of the latter in a home and employment.

In the succeeding years, Vickers and her office staff embedded this mission further into the MACA’s work, connecting the principal of sympathetic friendship with the idea that personal influence could be psychologically therapeutic. The 1918 annual report listed one of the charity’s objectives as the creation of conditions conducive to the ‘retention of mental health’ by providing ‘friendly help and advice, frequently extended over years, to arrest the threat of relapse.’[[87]](#footnote-87) It was vital that staff exuded ‘friendly sympathy’ when undertaking this role. [[88]](#footnote-88) In addition to creating relationships that were continuous and personal between two individuals, the organisation had by the early 1920s embedded into its framework the creation of the opportunity for patients to utilise personal connections with all of the office staff, either through visiting the office in person or writing letters, allowing beneficiaries to return potentially years after their initial contact with the charity in order to seek ‘counsel’ and ‘advice’ in times of challenge. This practice was designed to guard against ‘mental strain’ that resulted from negotiating life’s difficulties triggering relapse.[[89]](#footnote-89)

In 1925, the MACA’s promotional literature described the mentally-healing nature of after-care, stating that it was a key object of the Association,

'To establish in each convalescent patient a degree of self-confidence, and to give them encouragement in the knowledge and assurance that they have in the *personnel* of the Association actual sympathetic, and personal friends, who are ready and anxious to stand by them, and see them through their new difficulties.' [[90]](#footnote-90)

The consolidation of after-care as an intervention that harnessed the healing power of personal influence had already attracted comparisons with psychoanalysis. While its proponents in the medical profession had always seen after-care as a psychiatric method of mental healing, they began to use formal psycho-therapeutic language to discuss the intervention in the early 1920s. Indeed, the *British Medical Journal* (*BMJ*) reported comments made by James Crichton-Brown M.D. at the charity’s annual meeting in 1922 as follows:

‘a great deal was said nowadays about psycho-analysis, but what was required was psycho-synthesis, or sympathy and intelligent comprehension of "the mind shattered by disease." This valuable association, which for more than forty years has steadily but quietly pursued its beneficent course as "guide, philosopher, and friend " to thousands of sufferers from mental disorders in helping to restore them on recovery to a useful place in the work-a-day world is perhaps too little known to the profession.’ [[91]](#footnote-91)

Crichton-Browne interpreted the MACA’s work as related to, but distinct from, psycho-analysis and having a history stretching back four decades. He presented the MACA as having a rich expertise from which the psychiatric profession should learn.

*The Case of Kathleen*

While few detailed case records remain in the MACA archive, a file dated between 1916 and 1924 regarding a patient called Kathleen survives.[[92]](#footnote-92) The notes were produced by the office staff, and reveal how Vickers undertook and organised Kathleen’s after-care, working in close connection with Doctor W. H. B. Stoddart. By reading this file alongside an article on Kathleen’s case, published by Doctor Robert M. Riggall in *The Lancet* in 1931, we gain a glimpse into the use of letter-writing, interviews, visiting, befriending and hypnosis that Kathleen experienced when receiving after-care.[[93]](#footnote-93) The case notes and article reveal how a single after-care patient received varying approaches to mind healing from a charity administrator, a psychiatrist and a clergyman , and that these people collaborated with one another and saw their work as part of a single project.

Between 1916 and 1924, Kathleen received treatment from the MACA. Kathleen was a twenty-five-year-old single woman when a physician at Devon County contacted the MACA, asking its assistance in finding work. Kathleen was discharged as ‘recovered’ in August 1916, having spent eleven months in Devon Asylum, preceded by fifteen months at St Luke’s. Before her confinement she had worked as a governess. [[94]](#footnote-94) Upon her referral to the MACA, the charity found her employment, apparently as a governess, and provided clothing and train fare. Kathleen did not maintain the position long, with the employer soon writing that, ‘K. will be quite useless to her as the noise of the children seems to worry her so.’ Kathleen was then accepted into one of the MACA’s convalescent homes, where her mental and physical state faltered. Dr Percy Smith, who was a member of the charity’s Council, arranged for Kathleen to be treated at St Thomas’s Hospital for suspected appendicitis. After a few weeks in St Thomas’s, she was received by another MACA convalescent home. [[95]](#footnote-95) Thus began Kathleen’s long experience of after-care.

Over the following eight years, Kathleen experienced fluctuating mental and physical health. At times she was able to undertake work requiring considerable intellectual skills. During 1920 she worked for ‘Dr Nitobe’, with whom she took multiple trips to Geneva for a ‘Good salary.’[[96]](#footnote-96) [[97]](#footnote-97) At other times, Kathleen was in a poor mental and physical state, with Stoddart in April 1918 believing that she ‘ought to be in constant care’. Kathleen was, though, never readmitted to the asylum during the period in which she was in contact with the MACA. While some of those involved in her treatment seem to have wondered if certain physical symptoms were psychological in origin, she certainly experienced some dramatic physical medical episodes, including a ‘haemorrhage of the lung’ in 1918. Kathleen’s contact with the MACA petered out in 1924, following Vickers’ prolonged absence due to ill health in 1923. From her last letters, the MACA’s administrators had noted that Kathleen seemed ‘fairly well’ and was earning money writing for magazines. She was, though, working long hours to pay for treatment from a doctor for unspecified reasons, and had been doing so for six months. [[98]](#footnote-98)

The MACA’s notes do not focus on diagnosis, but do provide some details of Kathleen’s mental state. In October 1916 the office received information from ‘Dr Rogers… to the effect that K is suffering from Nervous Depression and sleeplessness.’ In August 1917 ‘Miss Dignity’ made her first appearance in the MACA’s notes. Miss Dignity was Kathleen’s alternative personality. Between August 1917 and December 1921, Miss Dignity wrote multiple letters to Vickers, and visited both Vickers’s and Stoddart’s offices, often causing mischief and distress to Kathleen. Despite making matter-of-fact references to Kathleen’s ‘personalities’, the MACA notes do not contain a formal diagnosis. [[99]](#footnote-99) In 1931, a Dr Robert Riggall, who was Honorary Clinical Psychologist at the West End Hospital for Nervous Diseases and Honorary Physician to the Psycho-analytical Clinic, published an anonymised case study of Kathleen, whom he called ‘Mabel’, in which he diagnosed her with multiple personality disorder (MPD). Riggall revealed that Stoddart’s notes from the time stated that ‘during 1916 and 1917 several different personalities were discovered by means of hypnosis.’ Miss Dignity was the dominant alternative personality, and ten years later, when Kathleen sought treatment from Riggall, the ‘one strange personality… was the original Miss Dignity who was still employing the same virulent methods of persecution.’[[100]](#footnote-100) During her contact with the MACA, Kathleen, who was a dedicated Roman Catholic, also suffered from ‘religious trouble’ and was worried about ‘not being able to get absolution’. [[101]](#footnote-101)

Vickers used face-to-face communication and letter-writing to provide mental relief for Kathleen. Kathleen frequently ‘called’ into the office to see Vickers, and conversations with officer staff were often logged as ‘interviews’. It is not always indicated who these interviewers were with, but it is clear that Kathleen formed a particular bond with Vickers. Occasionally the notes reveal the content of these conversations, recording office staff’s insights into Kathleen’s mental state. For example, on the 25 October 1918, an administrator typed, ‘Long interview with K. Is giving up her work and very depressed.’ Vickers also not infrequently took Kathleen for lunch to help alleviate her mental concerns. Office staff suggested that the action was effective when they noted that, after one lunch trip, ‘K wrote the same day expressing the pleasure it gave her.’ Vickers and Kathleen’s relationship was also mediated through letters. Throughout their relationship, Kathleen wrote to Vickers to express both distress and wellbeing, and Vickers dutifully replied. [[102]](#footnote-102)

At times, Kathleen and Vickers were in steady communication. During 1922 ‘Miss Vickers received many letters, and replied to them, and met Miss O— about once a quarter.’ Kathleen also keenly sought Vickers’s attention – both in face-to-face and letter form – at times of strain and mental distress. In 1917, Kathleen had called into the office, ‘very upset over interview with Dr Stoddart.’ In July 1920, ‘Kathleen, who has lost her mother, telephoned and then wrote to say she had been very ill, & anxiously awaits a letter.’[[103]](#footnote-103) We here see a form of charitable mental support that mirrors some of the distanced and contingent communication that Zeavin conceptualises as para-psychotherapeutic. [[104]](#footnote-104) Zeavin has recently demonstrated that, at least since Freud’s work in the 1890s, interventions conducted through distanced communication – ‘teletherapy’ – have been a core part of psychotherapy. She notes that Freud conducted some of his earliest analysis via letter, and examines the development of telephone hotlines, including the UK’s suicide-prevention charity, The Samaritans, which was founded to provide listening services on a contingent and cost-free basis. By considering the often overlooked impact of money on the psychotherapeutic relationship, alongside distanced communication technologies, Zeavin insightfully highlights the nature and rationale of what she calls ‘para-psychotherapies’, which have long been a part of Britain’s corpus of mental healing provision. [[105]](#footnote-105) The dynamics that Zeavin draws our attention to are certainly present in Vickers’s treatment of Kathleen. However, Zeavin’s assumption that modern psychotherapeutics began with Freud’s psychoanalysis, leads her to date the development of contingent para-psychotherapeutic charity work to the 1950s, and argue that actors constrained by a lack of resources adapted psychoanalytic principles to provide mental healing via lay volunteers. [[106]](#footnote-106) It was, instead, psychoanalysis that was partially and critically integrated into a context in which lay personnel provided mental healing through conversing with, writing to, and listening to patients on an ad hoc and charitable basis.

Vickers worked closely with Stoddart, organising Kathleen’s treatment, interpreting her psychological state, and administering mind healing. Indeed, Vickers interacted with ‘Miss Dignity’, at times alongside Stoddart. A note from September 1917 describes a ‘Letter from Dr. Stoddart about “Miss Dignity” asking Miss Vickers to meet K. at his house on the 1st Oct. and enclosing a letter from “Miss Dignity” to Miss Vickers.’ Interestingly, Stoddart met with Kathleen and Vickers in his home, and his wife was also involved in the patient’s treatment. In April 1918 Vickers ‘Met K. at Mrs Stoddarts’ [*sic*] twice, while four months earlier Vickers and Mrs Stoddart had convened to discuss Kathleen in her absence. As well as meeting Kathleen alongside Vickers, Stoddart conducted face-to-face treatment, and engaged in distanced-communication with her. The notes indicate that Stoddart wrote to his patient and, whether or not the two ever did speak over the telephone, there is evidence that Kathleen thought it would be beneficial if he did. A note from April 1918 describes a ‘Letter from K. She says she is having a terrible time with “Dignity”… Is apparently not pleased with Dr. Stoddart at this time, had asked him for an interview by phone.’ We thus know that Stoddart worked closely with Vickers, involved is wife in the treatment of a patient, and interacted with Kathleen in person, and via letter. [[107]](#footnote-107)

The MACA’s file does not reveal what methods Stoddart used in his consultations with Kathleen. The notes frequently refer to Stoddart and Kathleen’s interactions as ‘interviews’, which was the word also often used to refer to the conversations conducted by Vickers, and perhaps other members of the office staff.[[108]](#footnote-108) The person who compiled the notes, thus, believed that at least some of Stoddart’s and Vickers’s interactions with Kathleen were comparable. Further insight into Stoddart’s methods can be gleaned from Riggall’s comments from 1931. Stoddart allowed Rigall to use his notes, and loaned him ‘letters and photographs’. [[109]](#footnote-109) During 1916 and 1917, Stoddart had discovered ‘several different personalities… by means of hypnosis.’ Riggall relayed Stoddart’s belief that ‘in her one self there were seven or eight different personalities who were all ignorant of what any of the others did.’ Stoddart had apparently attempted to reconcile Kathleen’s selves by means of explanation. Riggall reported that, ‘After the position had been explained to them some were more ready than others to accept their true identity with Mabel [Riggall’s anonymised name for Kathleen].’ [[110]](#footnote-110) So, Stoddart used a mixture of hypnosis and explanation in his consultations with Kathleen.

Despite Stoddart being early to experiment with psychoanalysis and, later becoming a keen disciple of Freud, it appears that Kathleen did not receive psychoanalysis between 1916 and 1931. [[111]](#footnote-111) Stoddart was investigating and experimenting with psychoanalysis while Kathleen was under his care. In the second edition of his textbook, *Mind and its Disorders*, published in 1912, Stoddart included a chapter ‘devoted to the psycho-pathology of the Freudian school’, in which he presented the methods of psychoanalysis. [[112]](#footnote-112) When the third edition was published in 1919, Stoddart declared that ‘he had fundamentally changed his attitude towards mental disease, having personally investigated very many patients by the psycho-analytic method and thus being convinced of the truth of Freud’s doctrines.'[[113]](#footnote-113) At this time, psychiatrists were debating what kinds of condition it was possible to treat through psycho-analysis, and at this point Stoddart apparently chose not to apply the new method to Kathleen, electing to employ hypnosis and explanation instead. Freud had begun to abandon hypnosis in 1910, and in 1917 articulated his rejection of the method: ‘Hypnotic treatment seeks to cover up and gloss over something in mental life; analytic treatment seeks to expose and get rid of something.’[[114]](#footnote-114) Despite becoming a strong adherent of psychoanalysis during this period, Stoddart also continued to employ hypnosis, apparently disagreeing with Freud that the practice was covering up elements of Kathleen’s self.

During 1927, Kathleen made twenty-eight visits to Riggall, where he also treated her using hypnosis. In 1931 Riggall claimed not to know of any cases in which psychoanalysis had been used to treat MPD, but was ‘convinced that it is the only method holding out any hope of a complete cure.’[[115]](#footnote-115) Despite hoping to conduct psychoanalysis with Kathleen, Riggall recalled that ‘we were unable to persuade her to start analysis at that time.’ He concluded that he had alleviated Kathleen’s condition by ‘fusing the personalities’ but had been unable to cure the ‘underlying neurosis’ without psychoanalysis. [[116]](#footnote-116) Kathleen had sought treatment, accepting therapeutic methods akin to those used by Stoddart, but had not consented to participate in psychoanalysis, indicating that, as a patient, she critically engaged in a variety of mind-healing approaches, welcoming some and rejecting others.

Stoddart had been aware that a degree of Kathleen’s mental trouble was religious in nature and had acted upon her desire for mind-healing and her receptivity to the therapeutic influence of individuals without medical qualifications. As well as collaborating with Vickers, Stoddart sought religious intervention for Kathleen, and believed that members of the clergy could have a claim to psychological expertise. In April 1918 ‘Dr Stoddart took her to see a priest at Farm St. a student of psychology, and he gave her absolution.’ Kathleen continued to consult with Father St John into 1919.[[117]](#footnote-117) For Kathleen, after-care entailed face-to-face and distanced communication with a lay charity worker, a psychiatrist and a Catholic clergyman, who actively worked together and exchanged expertise to practise a collage of mind-healing and psychotherapeutic methods.

*Doctor Helen Boyle: A Psychiatrist Acknowledging Lay Inspirations for Psycho-therapy*

The approaches to mind healing employed by the MACA attracted negotiations regarding what constituted psychotherapy amongst those active in the mental health charity network. Over the first three decades of the twentieth century, Doctor Helen Boyle played a leading role in bringing mind healing and psychotherapeutics to women of limited financial means. Boyle founded the LCH for women and children suffering from nervous and early-stage mental disorder in 1905.[[118]](#footnote-118) In 1929, she launched the venture’s first services for men, to be based at the Royal Sussex County Hospital. That year, the LCH’s annual report declared that,

‘The importance of this decision cannot be estimated. The need for such a development has long been apparent, and is attributable to the pioneer work which has been done at this Hospital in the development of psycho-therapy, which is now recognised on all hands as a distinct and most important branch of medical science.’[[119]](#footnote-119)

Boyle certainly saw her leadership of the LCH as a continual intellectual development of psychotherapy, and an examination of her discussions of mind healing over these years reveals dedication to employing an eclectic mixture of approaches, as well as a flexible attitude towards what came under her ambiguous conceptualisation of psychotherapy.

Boyle was active in the MACA, where she came into contact with Vickers’ work. The first reference to Boyle in the MACA’s materials appears in the 1905 annual report, which listed her as donating £1 1s 0d.[[120]](#footnote-120) In 1907, Boyle spoke alongside Miss Wells at the inaugural meeting of the MACA’s Guild of Help, which was founded ‘to get various members to offer some practical help every year for the Association, more especially by making gifts of clothing and trying to get fresh supporters.'[[121]](#footnote-121) Boyle must, by this stage, have been well-enough acquainted with after-care to convey its essence to a room of new volunteers. Boyle soon debated the MACA’s policies, using after-care ideas to consider her own approach to ‘fore-care’ when discussing the extension of the Association’s services to patients awaiting their final certification as recovered in 1912. [[122]](#footnote-122) Occasionally, the LCH and the MACA interacted when dealing with patients. Between 1909 and 1933, sixteen of the Association’s prospective beneficiaries were either advised to apply to Boyle or referred between the two organisations. [[123]](#footnote-123) The link between the LCH and the MACA was further strengthened in the 1920s. From 1924 to 1925, Dr Doris Odlum served as House Physician at the LCH, and accepted positions on the Board of Management and as a visiting physician upon her resignation. [[124]](#footnote-124) Odlum joined the MACA Council in 1927. [[125]](#footnote-125) There was much opportunity and appetite for the exchange of expertise between the LCH and the MACA.

During the 1920s, the relationship between these two charitable organisations was also mediated by the NCMH. In 1923, Boyle established the NCMH alongside Dr Maurice Craig, who was also long-active in the MACA and a proponent of the LCH. [[126]](#footnote-126) The NCMH quickly championed after-care when providing evidence for the Royal Commission on Lunacy and Mental Disorders in 1924 and establishing a sub-committee on ‘The Care, After-Care and Treatment of the Insane,’ on which Vickers sat. [[127]](#footnote-127) In 1926, Vickers delivered a speech on ‘The Aspect of the Mental After-Care Association's Work’ on behalf of the NCMH to the Brighton Guardianship Society, an organisation for boarding out and fostering children with physical and mental disabilities, in which Boyle was involved.[[128]](#footnote-128) Boyle and Vickers, alongside the various personnel circulating through the MACA, the NCMH and the LCH thus shared expertise through various channels.

The *JMS* published a series of papers by Boyle, articulating her rationale for the ‘mental side of treatment.’[[129]](#footnote-129) In 1905 Boyle spoke about her new project to execute ‘the early treatment of mental and nervous cases (with special reference to the poor).’[[130]](#footnote-130) Towards the end of the address, she proclaimed that ‘psychic treatment as apart from the physical is perhaps nowadays somewhat neglected,’ and proceeded to advise that there ‘should never be too many patients for the medical staff to get to know them thoroughly well personally – personal influence is a large and important factor in treatment.’ [[131]](#footnote-131) She argued for the benefits of ensuring that women could be treated by other women, since ‘it was easier for a woman to understand a woman and the things that she does not say than it is for a man to do so.’[[132]](#footnote-132) Boyle was advocating a form of personal influence and individual attention that was based on cultivating and communicating a true understanding of the patient’s mental experiences. Her advice regarding ‘psychic treatment’ mirrors the principals of the MACA and its personnel’s incorporation of women’s befriending practices into the project of mind healing.

In 1909, Boyle spoke ‘in answer to a challenge thrown down by Dr. Urquhart on the occasion of the Annual Meeting of this Association in 1905, when I had the honour of reading a short description of the small hospital.’[[133]](#footnote-133) Reflecting on the LCH’s first years, she noted that it had had ‘much success in the more purely mental side of treatment, such as encouraging a wholesome attitude of mind, suitable occupation, suggestive therapeutics it might be called.’[[134]](#footnote-134) Here, Boyle combined the language of encouragement with the language of ‘suggestion’, that latter of which was used by members of the medical profession who investigated psychical healing and psycho-therapeutics before the early British experiments with psychoanalysis. [[135]](#footnote-135) Indeed, the inaugural meeting of the Medical Society for the Study of Suggestive Therapeutics (MSSST) was held in 1906. One of the MSSST’s objects was the promotion of suggestion and hypnotism for therapeutic value, and its membership was ‘limited to registered medical practitioners.’[[136]](#footnote-136) In fact, as Kuhn highlights, MSSST members rejected the name ‘Psycho-Therapeutical Society’ in order to differentiate themselves from the London Psycho-Therapeutic Society, which had been operated by predominantly lay men and women since 1901 and attracted, from some medics, accusations of quackery. [[137]](#footnote-137) In 1911, Boyle agreed with Graham, in a discussion following his address on ‘Psycho-therapy’ to the Royal Medico-Psychological that ‘suggestion, waking and hypnotic’, came under the banner of psychotherapy.’ [[138]](#footnote-138) Boyle hence seems to have been participating in pre-psychoanalytic experiments with psychical therapeutic suggestion.

Boyle was certainly participating in debates about the merits of psychotherapy by 1914. That year, the *JMS* published a paper in which she called for a holistic approach to mental disorder that united psychiatry and neurology. Boyle claimed that many patients were seen by inappropriate practitioners in the early stage of their illness, thus allowing it to culminate in a certification of insanity. She believed that many individuals met a host of people who were ‘often unqualified men and women; when qualified, usually with no appreciable asylum or nerve hospital experience.’ These people included, amongst others, ‘psycho-therapeutists’, ‘hypnotists’, ‘psychoanalysts’, ‘Christian and other Faith Healers’, ‘Christian Scientists’, ‘Surgeons’ and ‘physicians.’[[139]](#footnote-139) Boyle did not reject these practitioners wholesale, but rather conveyed that their approaches should be engaged with critically, with some aspects being dispensed with and others adapted in a moral and efficacious manner.

In 1922, Boyle addressed the Section of Psychiatry at the Royal Society of Medicine regarding ‘the ideal clinic for the treatment of nervous and borderland cases.’ This address combined a mixture of commentary on Boyle’s ideal clinic and her actual practices at the LCH. She declared that ‘psychotherapy will form the chief basis of treatment,’ and proceeded to iterate that ‘by treatment I mean a very wide range of modification of environment as well as modification of the personality through psychotherapy.’ She was highly ambiguous about what constituted ‘the modification of personality by psychotherapy’ or ‘personality treatment,’ as she described it, and what came under ‘the wonderful effect exerted by environment,’ not least because that effect is ‘brought out more than ever by that same psychotherapy in tracing environmental effect upon the personality from the very earliest life.’[[140]](#footnote-140) Boyle then described various methods of treatment, including ‘occupational therapy both for neurological cases and for purposes of sublimation in the psychotic.’[[141]](#footnote-141) Sublimation is a psychoanalytic term, which Freud defined as the process by which ‘impulses… are diverted from their sexual aims and directed to other that are socially higher and no longer sexual.’[[142]](#footnote-142) Boyle also referred to ‘re-education’ and described ‘club nights’, in which old patients could return for ‘tea and a bun and to share in some form of entertainment.’ She argued that this activity helped ‘those who have left and who may feel rather forlorn at starting on their life work. It enables them to keep in touch with those who can give them a hand if they need encouragement and who can urge them to hold onto their readjustment.’[[143]](#footnote-143) Boyle here combined logic reminiscent of that of the MACA with the language of ‘adjustment’, which was dominant in the interwar mental hygiene movement. Boyle was throughout this speech ambiguous about what ‘psychotherapy’ encapsulated and used the word to describe both newer concepts related to, for example, psychoanalysis, and older methods of mind healing through interpersonal influence that she had used at the LCH since 1905.

In attempting to chart Boyle’s adoption of psychotherapy at the LCH, Louise Westwood argues that its archive materials ‘provide a tantalising hint that Boyle was experimenting with psychotherapy, but there is no firm evidence until 1920.’[[144]](#footnote-144) My analysis of Boyle’s participation in a broader psychiatric network suggests that, rather than searching for a decisive adoption of a formal method of ‘psychotherapy’, it would be more helpful to conclude that she began to articulate her ongoing work as part of the project of psychotherapy in the years surrounding 1909, and saw her development of treatment through interpersonal influence from 1905 as all part of a single, unbroken project of mind-healing. The first use of the word ‘psychotherapy’ in an LCH annual report was somewhat arbitrary. In 1924, the LCH’s annual reports began to include a section beginning with the statement that, ‘on the mental side, Psychotherapeutic Treatment naturally plays a prominent part,’ and clarifying that, ‘Psychological talks at intervals, simple suggestion, persuasion, mental analysis employed to a modified extent are the methods chiefly used.’[[145]](#footnote-145) One of the specimen cases in the 1926 report described a teacher suffering from ‘nervous vomiting… when she understood the origin of the trouble it was suggested to her the attacks would cease.’[[146]](#footnote-146) Yet, in 1913, a specimen case described ‘Mrs. C.’ who had been ‘unable to eat solid food’ for seven years. After ‘promising her that she would not choke and suggesting strongly that the spasms would always yield with pluck,’ staff at the LCH were able to ensure that she could take food and gain nine pounds. [[147]](#footnote-147) We have evidence of the application of ‘suggestion’ at the LCH in 1913 and 1926. As of 1924, the annual reports placed the method under the banner of ‘psycho-therapeutic treatment’ but there is no qualitative difference in the way that ‘suggestion’ was described over a decade earlier. We here see an example of the extant practice of suggestion being newly-labelled as psychotherapy within the context of the LCH’s promotional materials, even if Boyle had long-before agreed elsewhere that psychotherapy encapsulated suggestive therapeutics.

In 1924, personnel at the LCH began to present club night, which Boyle had previously used as an example of an intervention to be employed in an ideal clinic that treated patients predominantly through psychotherapy, as a form of ‘after-care.’ LCH annual reports began to include a section called ‘After- Care and Social Service Work’, indicating that the author saw ‘after-care’ as a form of mind healing separate, but related, to social service work. The annual reports note that staff at the LCH ‘endeavour to keep in close touch with all local patients’, and that ‘all former patients are welcome whenever they care to come and see us, and Thursday is a special Club night.’ In addition, each patient was now written to six months after discharge ‘and asked to let us know how she is getting on.’[[148]](#footnote-148) After-care was developed specifically by the MACA, and so we here see the LCH, under Boyle’s leadership, directly incorporating methods developed by the older charity’s staff into its corpus of mind-healing. Sometimes Boyle discussed after-care methods alongside other techniques collected under a loose label of psychotherapy, and sometimes she presented them as a separate discrete mind-healing intervention of their own.

During the 1920s, Boyle advocated that practitioners of psychological medicine draw on a range of mental-healing techniques and traditions in order to treat each patient according to their own individual needs. She concluded a 1920 paper on the treatment of ‘early nervous and borderlands cases’ by stating that:

‘Based on these varying views are all kinds of treatments, all of which get some patients well – Weir Mitchell and Hydrotherapy, Electricity, Psycho-Analysis and Sublimation, Spiritual Healing, Christian Science, Re-Education, and so on.’

‘I would urge upon you to use all or any as you can, and as you find them helpful. Despise none; try to find out how and why quacks succeed where the profession sometimes fails respecting the needs and hungers of that subtle entity, the human mind.’[[149]](#footnote-149)

Boyle here used the word ‘quack’ as a rhetorical device to challenge how some members of her profession were, to her mind, unduly concerned with ensuring that psychotherapy was seen as a professional medical intervention and differentiating themselves from unqualified practitioners.[[150]](#footnote-150) Boyle, instead, advocated for openly learning by critically engaging with methods of mind-healing developed and employed by laypeople.

*Conclusion*

This article has explored relationships between mind-healing and the emergence of psychotherapy within a network of lay and professional medical actors prominent in British mental health charities in the late nineteenth and early twentieth centuries. It has charted the rise of a form of mind-healing called after-care, which had its roots in the birth of psycho-therapeutics, as well religious and philanthropic befriending practices. Individuals from these three traditions were dedicated to employing interpersonal influence to elicit beneficial mental change, and they united to form a method of mental healing that facilitated convalescence and prevented relapse. This investigation has illuminated the decisive role played by an administrator called Ethel Vickers in consolidating and shaping after-care, reconstructing how she intervened in the project of negotiating what after-care should achieve, and how she implemented the treatment on the ground. The case study of Kathleen has illustrated the form after-care had taken by the late 1910s and early 1920s. It has also woven together psychiatrists’ assessments of a case of MPD with after-care practitioners’ assessment of an individual’s attempts to rehabilitate herself into social life following over two years of institutional confinement. It has vividly reconstructed the activities presented in the medical and philanthropic literature on after-care, conveying the work undertaken by laywomen.

The final section of the paper has linked the MACA’s activities with the psychiatric profession’s negotiations regarding the meaning of ‘psychotherapy’. During the first decades of the twentieth century, psychotherapy became a key part of Britain’s psychiatric landscape, and yet there remained no precise consensus about which interventions should be included in its remit. Boyle was active in Britain’s network of community-based mental health charities, and fed expertise between these organisations and her charitable hospital, which she came to present as a leading centre of harnessing interpersonal influence for the purposes of healing minds and preserving regained mental stability, an enterprise which she often gave the catch-all label of ‘psychotherapy.’ While new techniques of psychotherapy certainly emerged during this period, the term also came to be used by to refer to some extant methods of mind-healing. Not all extant methods of mind-healing became known as ‘psychotherapy’, but many did come to be spoken off as adjacent to psychotherapy, or even as ‘para-psychotherapeutic.’ [[151]](#footnote-151)

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