Title: **Inventing the 'normal' child: Psychology, delinquency, and the promise of early intervention**

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Inventing the 'normal' child: Psychology, delinquency, and the promise of early intervention

Katie Wright

Abstract

Constructions of normality and abnormality in discussions of young people changed considerably in the early to mid-twentieth century in many parts of the world, including Australia. The perennial trope of youth as a threat assumed a distinctly new form in this era, as the troubled and troublesome child, the incipient and confirmed delinquent, was reconfigured through emerging knowledges of the human sciences. Exploring the effects of new concerns with the 'normal', this article begins by examining the construct of normalcy and its interdependency with notions of the 'abnormal', particularly juvenile delinquency, as the antithesis of personal and social adjustment. Yet the discursive strategies that saw delinquency, at one level, recognized as a complex and multi-causal problem also construed it as amenable to clinical solutions, notably psychological intervention. The article explores how emergent ideas of the importance of early intervention created divisions between three groups of youthful populations: the 'normal child' deemed well adjusted, the 'problem child' thought to be responsive to adjustive measures, and the 'confirmed delinquent', whose behaviour was considered intractable and was thus unlikely to attain the socially desired status of normalcy.

Keywords

Introduction

In 1944, Australian educational psychologist W. H. Williams issued a plea for the embrace of 'the scientific point of view' in understanding the problem child and the youthful offender. He declared: 'The problem of juvenile delinquency presents to social service administration a current challenge which is probably unequalled in its urgency and complexity by any other social problem affecting our youth to-day' (Williams, 1944: 57). Williams deplored what he argued was 'a growing conflict and divergence between theory and practice' in tackling delinquency, not only in Australia but also 'in other countries further advanced in the techniques of human salvage'. The scientific approach, which drew on the psychological and medical model of crime prevention dominant internationally at this time (Evans, 2011), provided insights into the causes of delinquency and approaches to prevention and treatment. Influential criminologists, psychologists, and psychiatrists took the view that delinquency was a multi-causal problem, with individual, familial, and social influences being contributing factors (Burt, 1925; Glueck and Glueck, 1930, 1934; Healy, 1915; Laub, 2002). Much like problem behaviour more generally, it was considered a symptom of the 'maladjustment' of a child to his or her environment (Cashen, 1985). It followed, Williams (1944: 59) argued, that delinquency was, therefore, fundamentally *a clinical problem*, to be approached first by identifying the symptoms, which would inform diagnosis, prognosis, and therapy.

The scientific approach also encompassed the idea that intervening when problem behaviour first emerged could prevent minor issues turning into major ones (Horn, 1989; Jones, 1999). Underwritten by the principles of the mental hygiene movement, early intervention held the promise of the amelioration of intractable social problems arising from the emotional and social maladjustment of troubled youth. While discussions of delinquency were often alarmist, there was, therefore, an accompanying optimistic message, as much attention was focused on the benefits of newly devised clinical approaches, particularly child guidance (Wright, 2012a). As a model of clinical practice, child guidance emerged in the early 1920s as part of a major programme of mental hygiene sponsored by the American philanthropic foundation, the Commonwealth Fund, with child guidance forming the cornerstone of one of the Fund's first major initiatives, the 'Program for the Prevention of Juvenile Delinquency' (Horn, 1989). Inspired by the purported success of child guidance clinics internationally, Australian social reformers were enthusiastic about the possibilities of the 're-adjustment' of the 'misfit', and child guidance and clinical services were promoted as an effective tool in the prevention of delinquency on the one hand, and the production of 'normal', well-adjusted citizens on the other (Wright, 2012a).

This article examines how psychologically inflected

conceptions of childhood normalcy in the early to mid-twentieth century gave rise to a new set of concerns about troubled and troublesome youth, and fostered new ideas about the value of clinical approaches and early intervention. Yet, while the ideal of the 'normal child' circulated widely, what this actually looked like was not entirely clear. As Stewart (2011: 785) notes, normalcy 'came to be defined negatively, that is, by what it was not'. It follows, then, that normative ideals of childhood during this period are most fruitfully illuminated through examination of what was deemed 'abnormal'. The article takes the concept of juvenile delinquency as its central focus, a construct against which ideals of normalcy were commonly juxtaposed. Delinquency was understood as a manifestation of abnormality, a symptom of social and personal maladjustment. It was a disorder of conduct that the English social reformer, Mary Carpenter, referred to as the opposite of 'what we desire to see in childhood' (quoted in Hendrick, 2015: 37). As Hendrick (2015: 38) argues:

> The fact that it was a minority of children who were delinquent in some way or another was irrelevant to the basic restructuring of what a proper childhood should be. The notion of this childhood was as much concerned with images and establishing norms as with real rates of delinquency.

In exploring juvenile delinquency as a deviation from normalcy, then, the primary interest is not with juvenile crime or

particular forms or categorizations of delinquent behaviour. Rather, employing a cultural-historical-sociological framework and drawing on a methodological approach developed elsewhere to examine the effects of keywords and categorizations (McLeod and Wright, 2016), the focus here is on the symbolic function of the concept. That is, what ideas about delinquency *did*, 'in normalizing particular conceptions and calibrations of well and unwell ways of being and, in turn, regulating the circumstances in which youthful subjectivities take shape' (ibid.: 777). Pearson's (1983) classic study of hooliganism underscores the ideological function of the categories of criminality and deviance, their racial and classed dimensions, and how problems of youth are reimagined over time. In response to fears about problem youth as a threat to society, a range of reforms and reactive measures have historically been deployed. During the early to mid-twentieth century, a significant new response to the so-called problem child, incipient delinquent, and juvenile offender was clinical intervention based on psychological knowledge and techniques.

The article begins by examining the ways in which conceptualizations of childhood normalcy and delinquency gained traction, emphasizing Australian developments but situating them within an international and transnational context. It then explores how understandings of delinquency, set against notions of the 'normal child', were mobilized through professional discourses and in Australian studies of delinquency. In the

concluding comments, I consider some of the effects of discourses of normalcy, delinquency, and early intervention. In the face of sociological investigations revealing poverty and urbanization as causative factors, a *clinical approach* to delinquency was an appealing but ultimately inadequate solution, an easy psychological fix for a complex social problem. Moreover, as the idea of treatment and early intervention took hold, a division was established between populations deemed *curable* and *incurable* (Garton, 1986).[1] While early intervention offered a clinical solution for the problem child amenable to 'adjustment', and potentially offered children welcome relief from suffering, it also brought with it other, less benign, effects. For the confirmed delinquent, whose behaviour was deemed entrenched and intractable, clinical intervention was soon dismissed as futile, for the potential of attaining the socially desired status of normalcy was considered to be remote unless problems were arrested at an early stage.

Childhood, normalcy and the psychological

It is now well documented that the period of the late nineteenth to early twentieth century was one of significant reform in ideas and practices pertaining to children (Rose, 1999; Turmel, 2008). This involved, as Hendrick (2015: 41) suggests, 'the reconstruction of childhood (along "scientific" lines)', which, together with the development of educational psychology, 'was part of a more comprehensive movement towards enveloping childhood in a

world of scientific experts of one sort or another'. There was both an increasing interest in children as a distinct social category and an intensification of concerns with the problems of childhood. Propelled by the development of statistical techniques and a more general rationalization of social life, attempts to understand, categorize, and measure children proliferated (Kline, 2001; Reiger, 1985; Turmel, 2008; van Drenth and Myers, 2011).

Turmel (2008: 13) has documented the 'enthusiasm for normalcy and standardization' that had emerged by the turn of the twentieth century. For the child, this materialized in three distinct forms: normal as healthy, as average, and as acceptable. The 'normal as healthy' child was not afflicted with physical illness or disease, the 'normal as average' child conformed to typical physical and mental attributes, and the 'normal as acceptable' child adhered to socially approved forms of conduct. While clear articulations of what constituted the 'normal' were largely absent (Stewart, 2011), it was 'legitimated time and time again by identifying the "abnormal"' (van Drenth and Myers, 2011: 724). This occurred both in relation to physical traits and, increasingly, with regard to mental capacity, personality, and conduct. Such modes of classification were part of a wider eugenic concern with social efficiency. Much importance was placed on achieving adjustment to society, particularly in childhood and adolescence (Bessant, 1991; Garton, 1994; Kline, 2001; Reiger, 1985), and it

was within this context that discourses of maladjustment and characterizations of 'misfits' took hold.

As Beauvais (2016) argues, while psychology idealized the 'normal', what fascinated psychologists were deviations from it. The development of the discipline of psychology thus saw considerable attention paid to 'abnormality', and new ways of understanding children soon emerged. The difficulties they experienced and the threat they posed to society were, as Rose (1999: 157) notes, 'conceived in terms of spanning and linking the dangerous and the endangered along a single dimension of adjustment and maladjustment'. While conceptualizations of adjustment to society or the environment had been articulated at least since the late nineteenth century across a variety of fields, the notion of maladjustment emerged in the early twentieth century. By the 1920s it had become an important concept, not only for psychiatry and psychology; it also had broader cultural currency. The notion of maladjustment was useful, for it had both a utility – it could be applied to explain particular difficulties – as well as a common-sense meaning – one which aided in the translation of psychological ideas to the broader public. Moreover, it was a concept malleable enough to be applied to various aspects of the child's personality and conduct, and their engagement with others and the wider society.

The growing popularity of conceptualizations of maladjustment

fostered new forms of classification; children increasingly came to be understood as either well-adjusted or maladjusted – 'normal' or 'abnormal' – be it in relation to character, emotion, intelligence, or the threat of dangerousness. The invention of psychological notions of adjustment and maladjustment speaks to the dualisms that Hendrick (2003: 1) notes became inherent to the ordering categories of childhood: 'mind/body, victim/threat, normal/ abnormal'. While these were not new to the twentieth century, psychological discourse provided a scientific rather than simply a moral basis for classification. Each of these dualisms is evident in the concerns addressed here – the privileging of the mind over the body, contestations over the vulnerability vis-a`-vis the dangerousness of the juvenile delinquent, and a more general and all-encompassing category which separated the 'normal child' from the 'abnormal child'.

In trying to prize open and unravel the significance of emerging knowledges of the child, the 'psychological' is employed broadly here. While this conceptualization primarily reflects the knowledge and techniques of the emergent discipline and professionalizing field of psychology, it encompasses recognition of the ways in which allied, connected, and associated strands of knowledge from psychiatry and psychoanalysis were also taken up as 'psychological'. Certainly, psychiatry and psychoanalysis had a distinct set of knowledges and techniques. Yet there was also much overlap, particularly at

the cultural level. Although psychoanalysis never achieved more than marginal status as a clinical technique in Australia, concepts drawn from psychoanalytic theory and its derivations reverberated widely (Damousi, 2005; Wright, 2011). Psychoanalysis appreciably shaped popular understandings of the self as well as conceptual developments in a variety of domains, from medicine, psychiatry, and psychology to education and criminal justice. The relation of psychiatry to psychology is somewhat different. Psychiatry enjoyed greater professional power and esteem than psychology, owing to its association with medicine, and occupationally there was a hierarchical structuring and a distinct division of labour. In child guidance clinics, for example, the psychiatrist was typically responsible for diagnoses and headed the interdisciplinary team, while the psychologist was largely concerned with mental testing.

Differences in status and power between psychology, psychiatry, and psychoanalysis, and their distinct epistemological, disciplinary, and occupational differences, had important implications for the ways in which these fields of expertise contributed to conceptualizations of delinquency and normalcy. At the risk of over-simplifying the complexities within each domain – and their intersections – the medical model under which psychiatrists worked viewed normality as the absence of symptoms of disease or defect, while psychologists largely conceptualized normalcy by way of statistical averages and

deviations from them, be it in relation to intelligence, emotion, or conduct. Psychoanalysis, by contrast, provided a theoretical framework drawn upon by both psychiatry and psychology, one that postulated abnormality as stemming from psychological rather than physiological causes, with childhood experience and unconscious desire cast as chief culprits in the manifestation of disorder. Importantly, the ideas that emanated from each of these fields were premised on a normative ideal.

While space prohibits a fuller examination of the differences, commonalities, and imbrication of these varying instantiations of understandings of personhood, the more important point for the present discussion is to underscore the utility of extending histories of psychology beyond the confines of the discipline that now bears that name (Thomson, 2006). Employing a wider focus on the psychological as a constellation of knowledges and techniques, particularly as played out in the discursive and cultural realms, brings into sharper relief the critical role of psychological ideas in the reconstruction of childhood during the early to mid-twentieth century (Hendrick, 2015). In emerging understandings of children and young people at this time, notions of normality and abnormality figured prominently.

The spectre of delinquency

A key axis upon which much discussion and fear of the abnormal, maladjusted, or potentially dangerous young person

came to be defined was juvenile delinquency, a construct that was highly classed, gendered, and racialized. Young working-class males were the primary concern, but young women considered sexually promiscuous were also a threat (Bessant, 1991; Kerr, 2007; Platt, 2008). While a narrow definition of the term referred to those who committed criminal offences, delinquency was also commonly employed to describe antisocial behaviour more generally (Regoli, Hewitt and DeLisi, 2016). Its meaning has not only varied over time but it has also been a category difficult to define with any precision (Ellis, 2012). In its wider usage, it has not been restricted to those engaged in unlawful activity but applicable to large sectors of the youthful population who exhibited socially unacceptable behaviour. As elaborated below, the adoption of a broad conceptualization of delinquency, common both in Australia and elsewhere during much of the twentieth century, was to have far-reaching effects. In blurring the boundaries between the problem child and incipient criminal, new concerns about the conduct of children were generated, which strengthened the case for early intervention.

The period between the 1930s and the 1950s in particular saw a rapidly increasing public concern with antisocial behaviour and juvenile crime, and in Australia as elsewhere, the construct of delinquency loomed large in professional discourses and in the popular imagination (Bessant, 1991; Cashen, 1985). A central concern was that rates of delinquency were increasing and that the

age at which delinquents began their careers was diminishing (Malherbe, 1938). This is reflected in a steady rise of Australian newspaper articles addressing delinquency and problem children during the interwar and post-World War II years.[2] It is also evident in research reports and the establishment of committees of inquiry in a number of Australian states to investigate the nature and scope of the problem (Barry, Stoller and Barrett, 1956; Colebatch, 1943; Rose, 1942; Tenison Woods, 1937). As an inquiry undertaken in the state of Victoria in the mid-1950s asserted: 'Juvenile delinquency has occasioned grave disquiet in the Western democracies for years, and anxiety about its scale and the nature of its manifestations has increased during recent times' (Barry, Stoller and Barrett, 1956: 11).

Although public and professional disquiet peaked in the 1950s (Bessant, 1991), the term itself gained currency in the preceding century and the behaviours that were codified as such have, of course, a much longer history (King, 2006).[3] As Ellis (2014: 5) and others argue, delinquent youth are a 'transhistorical phenomenon' (Griffiths, 2002). What changed during the early to mid-twentieth century was, therefore, not so much the nature of the transgressions of youthful populations; rather, it was the construction of juvenile delinquency as a psychological problem, as nineteenth century notions of delinquency arising from physical difference or mental inferiority were replaced by concepts of personal and social maladjustment.

Accompanying the growing concern with maladjustment and delinquency at this time was a considerable reframing of the nature of childhood. Nineteenth century attitudes towards children as responsible moral agents gave way to psychologically inflected views of the child as vulnerable (Reiger, 1985). For so-called delinquent and problem children, this reconceptualization involved a shift away from the idea that young people were 'individually culpable for antisocial behaviour to an acknowledgement that they were innocent victims of social conditions' (Darian-Smith, 2009: 133). While earlier views of urban poverty as a major source of delinquency were maintained, these now sat alongside complex psychosocial renderings of the problem (Regoli, Hewitt and DeLisi, 2016). This resulted in a new therapeutic orientation to delinquency – at least in the discursive realm – with a diminishing emphasis on punishment and a new focus on care and reform.

Shifting attitudes toward delinquency that underpinned legislative changes in the early twentieth century drew on the 'science of psychology' to advance more 'enlightened' and 'progressive' views of young people, and approaches to delinquency that were 'measured, humane and scientific' (Cashen, 1985: 73). Following nineteenth century developments towards disciplinary specialization and a more general 'scientification' of knowledge (Klein, 1990), the early to mid-twentieth century saw the professionalizing impulse of psychology manifest

increasing influence across various domains, from education and health, to industry, welfare, and criminal justice (Turtle, 1988; Wright, 2011). Harsh punishment, while previously favoured, was increasingly viewed as ineffectual and counterproductive. As a 1939 inquiry into juvenile delinquency in the state of South Australia reported:

> The history of poor-law institutions, the law courts, and the gaols has proved that severe repression and punitive methods have not been effective measures of reform, but have fostered and developed anti-social tendencies. The vagaries and offensive conduct of a difficult or delinquent child are symptoms of a personality maladjusted to the facts of life. Such maladjustment demands careful re-education, not rule-of-thumb methods of repression and retaliation. This dictum does not infer that a child should not be punished .. . But it does insist that a careful assessment of the child's mental capacity, mental attitudes, and social environment should be made in a manner partly foreign to the rules of ordinary legal procedure. This is necessary in order that the reason for the child's behaviour may be correctly assessed, and the most appropriate remedial measures prescribed. Re-education of the child to obtain a well-adjusted and, therefore, happy relation to society needs to be the directing principle. (Report of the Committee Appointed to Inquire into Delinquent and Other Children in

State Care, cited in Cashen, 1985: 73–4)

Australian concerns during this period echoed and were fuelled by wider international unease (cf. Ellis, 2014), as delinquency was depicted as a global social problem of modernity. In Australia, scholarly publications, newspaper articles and public inquiry reports commonly looked to the United States and Britain, but examples of problem youth and crime rates in countries closer to home, such as New Zealand and Japan, were also drawn upon (Barry, Stoller and Barrett, 1956). However, it was not simply a matter of looking abroad to find similar examples; Australians were embedded in international discussions of the problems of youth, and wider issues of education and social reform, both through the movements of Australian experts abroad and through visits of international experts to Australia. The 1930s was a particularly fruitful period of international exchange, and there was considerable enthusiasm and optimism about the promise of psychological knowledge to deal with the difficulties of childhood and adolescence (McLeod and Wright, 2013).

Much of the transnational exchange was characterized by the movement of Australians to the metropole to bring back new ideas. Yet international experts also visited Australia. An important event that brought many social scientists to the Antipodes was held in 1937. The New Education Fellowship Conference took place over a period of almost two months, with

events in seven Australian cities. Organized by the Australian Council for Educational Research and funded by the Carnegie Corporation of New York, with supplementary grants from the Australian Commonwealth and state governments, it was a 'travelling talkfest' (McLeod and Wright, 2013: 178). With speakers from the USA, Canada, England, Scotland, South Africa, Japan, Denmark, Austria, Switzerland, and New Zealand, a wide range of subjects pertaining to young people, society, and education were discussed and new ideas canvassed, many of which were infused with psychological ideas. However, an important overarching theme was 'The Psychological and Mental Life of the School Child', a topic that covered the largest section of the conference proceedings subsequently published (Cunningham and Radford, 1938).

In a presentation widely covered by the Australian press, E. G. Malherbe, Director of the National Bureau of Education in Pretoria, South Africa, discussed delinquency as an educational problem. He argued: 'Every crime represents a failure by society to control the individual, as well as a failure on the part of the individual to respond to whatever social control exists' (Malherbe, 1938: 573–4). In his view, it was much better to look for external rather than internal causes so that educational solutions could be developed. Drawing on both psychoanalytic theory and developmental psychology, Malherbe suggested that stealing may result from the thwarting of instincts, and that nurturing

environments at both home and school, in which parents and teachers treat children with a sympathetic attitude, was required for sound mental and moral development. The main message, as reported by newspapers, was that children were not to blame. As captured by one headline: 'The delinquent child was found not guilty and his place in the dock was taken by teachers and parents' (Sunday Mail, 1937: 8).

The human sciences played a vital role in the reconfiguration of delinquency. As the individual subject became comprehensible in novel ways through emergent scientific discourses (Rose, 1998, 1999), new constructions of the problem child and youthful offender emerged. Psychology was critical, for it provided a framework for understanding child development, shed light on the problems that could beset personhood during the formative years, and connected individual deficiencies to societal efficiency by delineating the ways in which maladjustment had both a social and individual impact. Sociology offered an alternate perspective, one that drew attention to social problems through statistical and interpretive analysis of the distribution of delinquency in urban areas and its connection to poverty, lending support for environmental explanations of criminality. Rather than being in opposition, these frameworks for understanding the self and deviations from the 'normal', or the ideal, provided a complementary and complex picture of the interplay of individual and social factors shaping personality and conduct.

At the same time that psychological categorizations of personhood were taking hold, preventative psychiatry was fostering recognition that criminality and mental illness had their origins in childhood (Horn, 1989; Jones, 1999; Wright, 2012a). Yet the appeal of a psychological perspective lay not simply in understanding the child in new ways. Based on the foundational age/stage model and a concomitant developmental logic, the real hope was that psychological knowledge and techniques could provide solutions when deviations from the 'normal' were identified. Critically, this entailed intervening early, before it was too late; that is, before minor problems of adjustment became major ones, like mental illness or delinquency (Horn, 1989; Thom, 1992). The scientific approach to tackling the problems of childhood underscored the value and importance of preventative action.

Delinquency as a scientific problem

By the 1930s, delinquency had become an issue of major social concern, a subject of both alarmist coverage in the popular press and a topic of serious scholarly research. Amongst the scientific community, the multiple factor framework advanced by William Healy (1915) had become the dominant paradigm for understanding crime and antisocial behaviour. As Laub (2002: 181) notes: 'This approach sought to identify as many characteristics as possible that might distinguish juvenile

delinquents from nondelinquents', resulting in research on 'the biological, psychological, and sociological characteristics of the juvenile offender'. While earlier theories linked delinquency with 'mental deficiency', and a number of studies attempted to isolate individual causes, large research projects in the United States and Britain sought to establish an evidence base that supported the notion that delinquency resulted from a complex interplay of both individual and environmental factors (e.g., Burt, 1925; Glueck and Glueck, 1934; Healy, 1915). These included, among other things, poverty, poor moral standards in the home or 'broken homes', low intelligence, and temperament. Yet the notion that the cause was often psychological, as Cyril Burt (1925) argued, or that clinical intervention could curb delinquency – even when environmental factors were identified as causative – proved influential and provided an authoritative basis upon which early intervention and treatment could be supported.

In Australia, W. H. Williams (1940a, 1940b, 1944) and others (Rose, 1942; Tenison Woods, 1937) drew on international research, primarily from the United States and Britain, to argue that such a scientific approach was the only way that delinquency could be effectively dealt with. His expert opinion on the subject was reported in newspapers, and he provided detailed accounts of the benefits of clinical methods in learned journals and publications aimed at teachers.[4] In a series of articles published over a six-month period in 1940 in *The Education Gazette*,

Williams (1940a) addressed the intersection of delinquency and schooling. He believed, as did others (e.g., Cunningham, 1932), that problems of adjustment were becoming increasingly common. Consequently, he argued that the mental life of the child was an issue of growing importance for educators. With the vital role teachers played in shaping the child's world, there was an obligation – indeed a duty – for them to identify maladjustments of personality and conduct at the earliest possible stage. The wider educational system was also important through the provision of a range of guidance services, which were an essential part of the preventative approach (Wright, 2012b). As Williams (1940b: 187) summed up the position: 'the earlier in life the child is brought, so to speak, beneath the preventative canopy of guidance, the greater the chances for effective prevention of social maladjustment and consequent unsocial (i.e., socially unacceptable) behaviour'.

The 'preventative canopy of guidance', as Williams (1940b: 188–9) called it, involved: (a) prevention of the occurrence of maladjustment; (b) prevention of unscientific treatment of abnormal behaviour; and, (c) prevention of reoccurrence through the reconstruction of normal behaviour. The first step was to undertake scientific analysis of the cause of delinquent behaviour – through examination of the young person's personality and their environment. Diagnosis of causative factors should, ideally, be made during a case conference consisting of a

range of experts, from the medical officer and psychologist to the teacher, employer, magistrate, and probation officer. 'Adjustive measures' should then be implemented. For the home, this may include psychiatric home service, parent education, or foster care; for the school, adaptation of curriculum, counselling, and guidance; for the workplace, testing, guidance, and adjustive placement were advocated; and for the young person's wider engagement with society, the services of a range of social agencies. The child guidance clinic was envisaged as playing a central role, providing the necessary clinical interventions and prescribing and coordinating the non-clinical aspects of treatment.

Yet, while there was considerable enthusiasm about the potential of clinical services, a lack of resources meant that the child guidance movement did not fully take hold in Australia during the interwar period as it did in the United States and Britain. Unlike those two nations, which received support from the Commonwealth Fund, Australia was not the beneficiary of philanthropic funding to establish clinics (Wright, 2012a). Given the difficult economic circumstances of this period, including minimal funding for the social sciences (Macintyre, 2010), a lack of financial support from the state (with the exception of New South Wales (NSW)), and the absence of local patrons, clinics were few in number at this time. A private establishment, the Victorian Vocational and Child Guidance Clinic, opened in Melbourne in 1932. However, within several years it discontinued the

psychological and psychiatric components of its work owing to lack of resources (Wright, 2012a). In Sydney, a clinic was established in 1936 under the auspices of the NSW Education Department, with a second set up three years later (Cunningham, McIntyre and Radford, 1939; Cunningham and Pratt, 1940). A number of psychological and guidance clinics, and private psychiatric services, were also in existence across the Australian states during this time. But it was only in Sydney that the full-service child guidance model of psychiatrist, psychologist, and social worker was available to a large number of children in the 1930s (Waddington, Radford and Keats, 1950).

The establishment of child guidance in Australia was, therefore, piecemeal and ad hoc. Yet if the measure of success is taken not in terms of institutional expansion of clinics but rather in the uptake of new ideas about childhood, a rather different picture emerges (Wright, 2012a, 2012b). What might be described as a 'guidance outlook' was widely embraced in Australia, and its general principles appear to have shaped the approach of many psychiatrists, psychologists, and social workers by the 1940s (Phillips, 1946). As Hendrick (2016: 52) also argues, it is a mistake to interpret the number of clinics in operation or the numbers of children treated as a simple reflection of the extent of influence. Rather, the existence of the clinics and new approaches to the management of childhood must also be understood in terms of cultural influence. In Australia, this reflected, above all, the

embrace of ideas of early intervention for so-called problem children, both in the health and education sectors. This has parallels to child guidance in Britain, which as Thomson (2006) and Stewart (2016) have shown, differed not only administratively from the United States, but was not a uniform practice. Perhaps more in line with developments in continental Europe (Stewart, 2016), child guidance in Australia drew on models and philosophies from both the United States and Britain, representing an amalgam of international influences and local practices, under the guiding philosophy of prevention and early intervention.

As Williams' model of the 'canopy of guidance' (1940a) underscored, the preventative approach meant that delinquency was not only a problem for families and society; it was also emerging as a critical issue for the education system. The captive population of young people in schools provided ideal settings for the study and classification of children (Hendrick, 2015), which was the first crucial step in addressing the problem. More than any other institution, the primary site in which such codification of normality and deviance took place was the school. Indeed, it was regarded as an important site for the management of problem children. If the incipient delinquent was identified early, curative measures could be employed to halt the development of a full-blown delinquent career.

Psychologists both within and outside education departments therefore had a crucial role to play. The introduction of school psychology services in Australia in the 1920s and the establishment of child guidance clinics and psychiatric services for children in the 1930s (Cashen, 1985; Turtle, 1988; Wright, 2011, 2012b) provided them with an institutional base. The related dissemination of psychological understandings of problem children through publications directed at teachers was critical to securing new understandings of 'normal' development on the one hand, and knowledge of 'abnormal' or problematic development on the other. Importantly, through this process there was a coupling of problem children and delinquency. This was largely achieved through the discourse of early intervention, for it was the so-called problem children, not well-adjusted children, who were at risk of becoming delinquent.

Understanding delinquency and finding ways of preventing it required careful analysis, and across the globe – from the Asia Pacific region through Europe, Africa, the Middle East, and the Americas – scholarly research into delinquency escalated, while committees of inquiry set up by governments also investigated the nature of the problem, its causes, and possibilities for prevention and treatment. While a large number of studies of delinquency were conducted in the United States, examination of the problem was undertaken internationally, from New Zealand, Scotland, Canada, Italy, and France; also in Burma, Thailand, Columbia,

Canada, Germany, Norway, Switzerland, Madagascar, Cameroon, and Syria.[5] At the same time, newspapers regularly reported on apparently rising rates of juvenile crime, the failure of parents to provide adequate moral training for their children, and a concomitant impending crisis of youth.

Influenced primarily by research and ideas emanating from Britain and the United States, several major Australian studies of delinquency were undertaken during this time. Local knowledge of the problem was thus firmly established, and it is to this that I now turn. These studies throw light on how the problem child and juvenile delinquent were constructed and how their management was envisaged, and also how Australia was influenced by and embedded in transnational discourses of prevention and early intervention.

Australian studies of delinquency

Two important studies of delinquency undertaken in Australia in the 1930s and early 1940s illuminate the construction of delinquency and normalcy and the dominant approaches being advocated to prevent and treat behaviour problems in young people. The first was conducted by a prominent barrister, researcher, and social reformer, Mary Tenison Woods (1937), and the second by Dennis Rose (1942), a psychologist in the NSW Vocational Guidance Bureau. By the time Tenison Woods and Rose were writing, delinquency was an issue of increasing

concern in Australia and the theory of multi-causality was well established. Both these studies attempted to explain delinquency and quantify the scope of the problem in different parts of the country. Rose sought to generate data that would inform approaches to prevention and treatment by delineating how delinquency developed and whether the divergence from the 'normal' was sudden or developed over time. If the onset was gradual, remedial measures could be taken while behaviours were 'new enough to change' (Rose, 1942: 10). In the case of Tenison Woods' study, the purpose was to understand delinquency and outline a reform agenda, with a particular focus on 'institutional treatment', and it is to her study that I first turn.

Tenison Woods was a prominent figure in discussions of child welfare in Australia in the early to mid-twentieth century, and she received three grants from the Carnegie Corporation-funded Australian Council for Educational Research to study juvenile delinquency. Her research in the state of South Australia in the 1930s, discussed below, was a two-pronged investigation. The first component involved the compilation of statistics on juvenile offenders for the period of 1928–1932, and the second, research into 'causes of delinquency, methods of treatment, and practical suggestions for reform' (Tenison Woods, 1937: 5). The broader social context for the instigation of the study was the need for a properly constituted Children's Court.[6] A striking feature of Tenison Woods' report is the extent to which it reveals how

psychological and therapeutic constructions of delinquency had been adopted in Australia by the 1930s, particularly by those interested in progressive social change. In her plea for reform, she begins by stating:

> Delinquency, the forerunner of crime, is now not regarded by competent thinkers as naughtiness which must forthwith be punished, but as a symptom of some hidden, and often apparently unconnected, cause. In the majority of cases the cause can be dealt with and removed, if the necessary steps be taken at the right time. As in the case of physical disease, this should be as soon as possible after the symptoms appear … It is now generally accepted that the determining factors of a delinquent life are to be found among the conditions of the offender's earlier life. (Tenison Woods, 1937: 11)

Tenison Woods (1937: 11) highlighted the importance of formative influences and the value of bringing mental conflicts to the surface while the delinquent was 'in the years of *naivete*'. Influenced by the work of William Healy (1915) and Cyril Burt (1925), she outlined the complex multi-causal factors that shaped the young delinquent. In doing so, she endorsed Burt's (1925) view that the child offender should be treated 'not so much as a sinner to be punished outright, but rather as a pupil to be trained or a patient to be healed' (Tenison Woods, 1937: 16). She offered a progressive view of delinquency, one informed by psychological

and medical views of prominent international experts, such as Healy and Burt, but also those closer to home, like Dr Kemp Bruce (cited in Tenison Woods, 1937), who argued that there was no single cause of delinquency, but that a constellation of factors must be considered: physical, environmental, intellectual, heredity, and mental conflicts. He suggested that while one of these may be prominent, each plays a role.

Tenison Woods' construction of the delinquent was thus largely a therapeutic one. She argued that happiness is essential to development and she promoted a position that had, by that time, become a widely held view: that 'the best rewards of therapeutic efforts are from working with the young' (Tenison Woods, 1937: 12). She stressed the need for interventions that would assist with the correction of social and psychological maladjustment, first by uncovering the causal factors associated with delinquent behaviour, and second by providing various forms of 'training' for the young person to aid in their rehabilitation. Institutional treatment, while ideally only a means of last resort, should provide, she argued, the positive and constructive training necessary to prepare children for post-institutional life (Tenison Woods, 1937). Further, she noted that a fully functioning probation system, which was absent in many states of Australia, was critical if there was to be any hope of a normal and happy life for the troubled child. She praised what she regarded as excellent work being done in Victoria by the child

guidance clinic in that state, and she called for the establishment of similar facilities across Australia.[7]

A comparable position was advanced several years later in Dennis Rose's (1942) study of 358 delinquent boys in Sydney. He suggested that every child who truants frequently from school should be examined at a child guidance clinic, that every child who runs away from home should be taken to a clinic by his parents, and that police should take young shop-lifters to the clinic, rather than the Children's Court (Rose, 1942). Early signals of antisocial behaviour, Rose (ibid.: 96) argued, 'provide society with an opportunity to commence therapeutic treatment at a stage when there is some hope of really substituting good habits for bad ones'. Rose was interested in the conditions under which delinquency occurred and the manner in which it developed, from a psychosocial perspective, or, as he put it, to understand delinquency as 'a socio-psychological problem'. He was also, however, attempting to trace the 'genetic development of delinquent activities', an approach clearly influenced by Sheldon and Eleanor Glueck (Glueck and Glueck, 1930: 143), who argued that criminal behaviour can be traced to 'the early genesis of antisocial careers'.

This also required attention to social factors. Following Clifford Shaw's (1929) work in Chicago and Cyril Burt's (1925) in London, Rose showed that delinquency was concentrated in

the inner industrial suburbs. In Sydney, these locations produced roughly two and a half times the number of delinquents compared with the outer suburbs, and four times the number when compared with the entire state of NSW. Isolating particular localities enabled, Rose noted, the identification of environmental factors in problem behaviour, and he stressed the critical role of poor home conditions – including poverty, unemployment, and lack of proper moral training – in the development of a faulty personality. One way of countering such disadvantage, he argued, was through social welfare initiatives, particularly the provision of institutions such as kindergartens and day nurseries, which could provide alternative sites for development to compensate for the deprivation of poor social conditions.

Rose's study largely replicated psychological research conducted in North America and in Britain. His subjects were given a battery of tests, including those which measured intelligence, ability, and temperament, and he compared his findings with those of his international colleagues, for example, in areas such as the relationship between delinquency and intelligence. But the more interesting part of the investigation involved his analysis of the boys' behavioural histories, accounts which were obtained during interviews and verified using committal papers. In looking at past behaviour, he was trying to identify patterns in the development of delinquency. Put simply, he wanted to ascertain whether its onset was sudden or whether it represented, as he put it, 'a gradual growth of habitual modes of thought and action which

diverge ever more widely from the normal' (Rose, 1942: 10). If the development of delinquency was gradual, then determining the point at which antisocial behaviour first emerged could assist with the devising of strategies to arrest its development. In other words, the aim was to better identify signs of impending onset, which would allow remedial measures to be taken, notably psychological intervention.

Rose found that in almost every case, delinquency developed gradually, with mild offences leading to more serious ones; an unsurprising finding perhaps, given research undertaken internationally, but one that certainly underscored the importance of early intervention. Rose cited studies conducted elsewhere, particularly those of Sheldon and Eleanor Glueck (1934), which revealed high rates of recidivism for juvenile offenders, even after clinical treatment. Yet, this was not interpreted as a failure of therapeutic intervention itself. Rather, it was evidence of the need for intervention *before* delinquent behaviour became habitual. He also followed the Gluecks in arguing for the early recognition and treatment of problems of personality, an approach that Sheldon Glueck later called *character prophylaxis*. This involved 'the testing of children early and periodically to discover beginnings of malformations of emotional development and habit formation at a stage when the twig can still be bent'. As Glueck (1964: 29) argued, personality check-ups were as important and necessary as 'early and periodic dental or medical examinations'.

The importance of understanding the individual child, and the critical role that clinical intervention could play, was strongly advanced by both Rose and Tenison Woods. Their studies reveal how psychological theories of child development, which had gained currency in Australia as elsewhere by the 1930s, were shaping contemporary understandings of the problem child. As Rose (1942: 97) put it: 'The child must be viewed dynamically as a developing individual in a changing environment. The field of development possible for him ranges from good citizenship to confirmed delinquency'. As such, the first course of action in dealing with juvenile offenders should not be punitive, but therapeutic, and it was seen by Tenison Woods, Rose and many others as the duty of society to provide the right kind of intervention for the correction of the social and emotional maladjustments that lay at the heart of the problem.

Prevention and the promise of early intervention

By the early twentieth century, as Turmel (2008: 174) notes, childhood was increasingly 'recognized as the critical time to intervene, a precious period in which to shape the final adjustment with respect to the regulation of character or behavioural disorders, if serious adult problems were to be avoided'. While a variety of environmental factors were acknowledged as risks for childhood maladjustment, psychology's compensatory techniques provided a means of offsetting the harm caused by the failings of

families and society, particularly for young people who possessed an innate vulnerability or weakness that might predispose them to maladjustment. In Australia as elsewhere, the message was clear; the key was to intervene at the earliest possible stage. Psychological intervention was appealing because it had the potential not only of preventing future social problems, but of guiding the individual towards a happy and fulfilling life. Left untreated, social and psychological maladjustments could manifest as juvenile delinquency or mental illness (Horn, 1989; Wright, 2012a). The victim/threat dualism (Hendrick, 2003) meant that if the child as victim did not receive help, it would grow up to threaten society (Scott and Swain, 2002).

The emphasis on prevention and the importance of identifying abnormality at an early stage became a prominent theme in both popular and professional discourse. As the Sydney psychiatrist Dr W. H. Arnott argued in the *Medical Journal of Australia*:

> It will be apparent, then, that if crime and maladjustment are to be prevented, it will be necessary for the abnormal conduct disorders of children to be recognized early and corrected if possible by the treatment of the underlying disease. (Arnott, 1939: 108)

The ideal service for the treatment of problem children was the child guidance clinic. As in the United States, Britain, and

elsewhere (Horn, 1989; Stewart, 2011), the prevention and treatment of delinquency was the primary rationale for the establishment of such clinics in Australia (Martin, 1958; Wright, 2012a). However, even as calls were being made for child guidance in Australia, it was recognized internationally that the clinical management of delinquency was of limited effectiveness. The real hope lay not in treatment, but in prevention. Consequently, it was from among the ranks of the so-called problem children, rather than those of confirmed delinquents, that the clientele of child guidance clinics was largely drawn. Clinics did examine a sizable number of delinquent youth, but work in this area was largely diagnostic, rather than therapeutic, as the prevailing view was that most cases referred by the Children's Court were 'not amenable to adjustment without institutional treatment' (Burton, 1939: 81).

This calls into question the rhetorical function of child guidance as a solution to delinquency. A persuasive case was made for the value of new scientific approaches to address what was perceived to be a growing social problem. In Australia, as elsewhere, this was part of a wider discourse of the role of the human and social sciences in solving social problems and contributing to social policy (Macintyre, 2010), but in the promotion of the importance of early intervention, the notion that delinquency was largely untreatable was affirmed. Consequently, delinquency functioned as something of a spectre, the

development of which could be arrested with early intervention, provided it was applied before bad habits became entrenched. As Nancy Burton (1939: 81), a psychologist at one of the Sydney clinics, summed up the situation: 'Since the aim of Child Guidance is prevention it is politic to concentrate on the cases which are commencing a life of delinquency rather than to spend excessive time on hardened cases in which little adjustment can be made'.

A decade after the publication of her study of delinquency with reference to institutional treatment, Mary Tenison Woods strongly endorsed the preventative approach. Following a five-month study tour of Britain to investigate child welfare, she was reported as saying:

I have returned to Australia more convinced than ever that the emphasis in treatment of child delinquency should be on prevention … Foremost in measures for prevention [is] the provision of more child guidance clinics … These clinics sought not only to make bad children good, but to make sick children well, and insecure and miserable children happy … The importance of child guidance cannot be overstressed … Punishment may do something to eliminate the symptoms, but fails to reach the root, which remains to exhibit itself in delinquency or some other disastrous form in later life. (The Sydney Morning Herald, 1946: 4)

The concern about delinquency in Australia and the importance of treating it as a scientific or clinical problem – and indeed treating it early – continued well into the post-World War II era. However, although delinquency was in many ways the problem that child guidance was invented to solve (Wright, 2012b), what eventuated was a focus not on treatment of the juvenile delinquent, but rather, on preventative measures targeting the pre-delinquent population. Nancy Burton (1939) illustrated the importance of this by citing the case of a boy aged 17 who first appeared before the Children's Court in 1933. In subsequent years he was charged numerous times with stealing. He was placed in a boys' home but absconded, and was finally remanded by the court in 1937. Burton (1939: 83) noted: 'Had this boy been presented at the Clinic not in 1938 but in 1933 when he was revealing mild behaviour problems … the possibilities of normal adjustment would have been almost assured whereas now they are remote'.

Concluding comments

This article has explored the construction of delinquency as both the shadow side of childhood normalcy and as an actual future threat. According to psychologists and the emerging professional experts in child guidance, the untreated population of children with mild to moderate problems of adjustment constituted a real social danger. In constructing the problem child as the future offender, juvenile delinquency captured the popular imagination as

a potent example of what lay ahead for 'maladjusted' children who did not receive expert help. Psychology not only provided an explanatory framework, but also offered the means by which behavioural problems or personality deficiencies might be rectified. This reinforced the potency of both the discipline of psychology and its construct of delinquency: the threat of a criminal future and social unrest buttressed arguments for the importance of psychological intervention and stressed the need to intervene *early*. Premised on the evaluation of a projected self that awaited the problem child, the risk of a delinquent career loomed large. Clinical intervention was understood, as Rose (1942: 10) argued, as a way of reducing 'the pressure of an unfavourable environment', a means by which 'healthier individual adjustment to difficult environmental situations' could be achieved.

Yet even as the 'psy' professions were advancing arguments about the utility of intervention, the generation of empirical evidence pointing to the efficacy of treating delinquency proved elusive. What resulted, then, was a push towards earlier and earlier identification of problems of maladjustment, so that intervention could take place before it was too late. The shift in focus from delinquency to the pre-delinquent or problem child aligned with the interests of psychologists and psychiatrists in staking their professional claim to expertise – normalizing psychological interventions as young children were increasingly categorized, differentiated, and pathologized. And most importantly, in spite of

acknowledgment of environmental factors as key risks for childhood maladjustment, psychology and the other 'psy' disciplines sought merely to establish compensatory techniques to offset the potential harm caused by the failings of both individual families and society at large.

Furthermore, in promoting the potential of early intervention, what emerged was a deterministic view of the confirmed delinquent, the personality of whom was not as amenable to 'adjustment' as the pre-delinquent or problem child. Although children with the most severe problems were arguably in the greatest need of individual help, therapy, and social interventions, the push towards prevention, rather than treatment, cast the juvenile delinquent as beyond help, at least the kind of help which psychologists and psychiatrists were promoting. Frequent calls for the expansion of clinical services, based on arguments about the dangers of not intervening at an early stage, therefore brought with them contradictory effects. On the one hand, they prized open a discursive space which made possible new articulations of the psychological and emotional suffering that children could experience. The progressive discourse of delinquency also stressed the importance of a therapeutic approach, thus fostering a more compassionate view of the problem child and the incipient delinquent. Yet, at a time of limited state investment in social welfare initiatives, when only a small number of child guidance and psychological clinics were in

operation, very few children could access clinical services. This emergent discourse, therefore, had far-reaching effects for those groups of children whose behaviour deviated in marked ways from the 'normal'. Particularly for older children, those with severe behavioural and emotional difficulties, and confirmed delinquents, little room was left for discussion of remedial action beyond the reformatory institution.

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Notes

1. Garton examined the division between 'curable and incurable' populations of adults with mental health disorders. Here, I use these constructs to illustrate a similar split between children and young people with minor emotional and behavioural problems who could reasonably be expected to

respond to clinical intervention, and those young people – often older adolescents – whose antisocial or delinquent behaviour was more serious and therefore not readily amenable to clinical interventions.

2. Using the National Library of Australia's (NLA) digitized newspapers archive, a count of the number of articles containing 'juvenile delinquency' published in five major metropolitan newspapers (*The Sydney Morning Herald*, *The Argus*, *The West Australian*, *The Advertiser* and *The Mercury*) in different states of Australia revealed a steady increase: 1910s (29), 1920s (122), 1930s (404), 1940s (519). Comparable statistics for the 1950s are not available, as digitally accessible copies of these publications cease in 1954. However, it is clear that there is increasing concern with the subject in the 1950s, with 392 articles on juvenile delinquency in the first four years of that decade.

3. An early institutional response in Australia, as elsewhere, was the establishment of the Children's Court probation system in the early 1900s. This was part of what van Krieken (1992: 110) has described as a broader process during the first half of the twentieth century, of a gradual integration of child welfare into the 'administrative apparatus of the state bureaucracy as whole'.

4. See for example: 'Problems Discussed at Education Conference', *The Canberra Times*, 27 April 1945: 3 and 'Urges Classes on Child Crime', *The Courier Mail*, Brisbane, 27 April 1945: 5. In 1940 he published a series of six articles on delinquency and its relation education in the *NSW Education Gazette*. Several years later in 1944, he published another series of articles on the social and administrative aspects of delinquency in the respected political science journal *The Australian Quarterly*.

5. This list is based on reports on delinquency from 1920 to 1960 found through a search of Trove Australia and the library

catalogues of Yale and Harvard Universities.

6. Tenison Woods' research was made possible by grants from the Australian Council for Educational Research (ACER), which was established in 1930 with an endowment from the Carnegie Corporation of New York.

7. See Wright (2012b) for an overview of the child guidance clinic to which Tenison Woods refers.

References

Arnott, D. W. H. (1939) 'The Difficult Child', *Medical Journal of Australia* 15 July: 105–8. Barry, J. V. S., Stoller, A. and Barrett, D. (1956) *Report of Juvenile Delinquency Advisory*

Committee to A.G. Rylah, Chief Secretary of Victoria. Melbourne: Government Printer.

Beauvais, C. (2016) 'Ages and Ages: The Multiplication of Children's "Ages" in Early Twentieth-century Child Psychology', *History of Education* 45(3): 304–18.

Bessant, J. (1991) 'Described, Measured and Labelled: Eugenics, Youth Policy and Moral Panic in Victoria in the 1950s', *Journal of Australian Studies* 15(31): 8–28.

Burt, C. (1925) *The Young Delinquent*. London: University of London Press.

Burton, N. W. (1939) 'The Child Guidance Clinic: A Critical Survey', unpublished M.A. Thesis. Sydney: The University of Sydney.

Cashen, P. (1985) 'The Truant as Delinquent: The Psychological Perspective, South Australia, 1920–1940', *Journal of Australian Studies* 9(16): 71–83.

Colebatch, H. S. (1943) *Report of the Royal Commission Appointed to Inquire into the Reform of Youthful Delinquents*. Perth: Government Printer.

Cunningham, K. S., ed. (1932) 'Problem Children in

Melbourne Schools', in *Australian Educational Studies*, First Series. Melbourne: Melbourne University Press in Association with Oxford Press, pp. 75–85.

Cunningham, K. S., McIntyre, G. A. and Radford, W. C. (1939) *Review of Education in Australia, 1938*. Melbourne: Melbourne University Press in association with Oxford University Press.

Cunningham, K. S. and Pratt, J. J., eds (1940) *Review of Education in Australia, 1939*. Melbourne: Melbourne University Press in association with Oxford University Press.

Cunningham, K. S. and Radford, W. C., eds (1938) *Education for Complete Living: The Challenge of To-day*. Melbourne: Australian Council for Educational Research.

Damousi, J. (2005) *Freud in the Antipodes: A Cultural History of Psychoanalysis in Australia*. Sydney: UNSW Press.

Darian-Smith, K. (2009) *On the Home Front: Melbourne in Wartime: 1939–1945*. Melbourne: Melbourne University Publishing.

Ellis, H. (2012) 'Editor's Introduction: Juvenile Delinquency, Modernity, and the State', *Social Justice* 38(4): 1–10.

Ellis, H. (2014) 'Introduction: Constructing Juvenile Delinquency in a Global Context', in H. Ellis (ed.) *Juvenile Delinquency and the Limits of Western Influence, 1850–2000*. London: Palgrave Macmillan, pp. 1–16.

Evans, K. (2011) *Crime Prevention: A Critical Introduction*. London: Sage.

Garton, S. (1986) 'Sir Charles Mackellar: Psychiatry, Eugenics and Child Welfare in New South Wales, 1900–1914', *Historical Studies* 22(86): 21–34.

Garton, S. (1994) 'Sound Minds and Healthy Bodies: Re-considering Eugenics in Australia, 1914– 1940', *Australian Historical Studies* 26(103): 163–81.

Glueck, S. (1964) 'The Home, the School, and Delinquency', in S. Glueck and E. Glueck (eds)
Ventures in Criminology: Selected Recent Papers. London:

Tavistock, pp. 13–30. Glueck, S. and Glueck, E. (1930) *Five Hundred Criminal Careers*. New York: Knopf.

Glueck, S. and Glueck, E. (1934) *One Thousand Juvenile Delinquents: Their Treatment by Court and Clinic*. Cambridge: Harvard University Press.

Griffiths, P. (2002) 'Juvenile Delinquency in Time', in P. Cox and H. Shore (eds) *Becoming Delinquent: British and European Youth, 1650–1950*. Aldershot: Ashgate Press, pp. 23–40.

Healy, W. (1915) *The Individual Delinquent a Textbook of Diagnosis and Prognosis for All Concerned in Understanding Offenders*. Boston: Little Brown.

Hendrick, H. (2003) *Child Welfare: Historical Dimensions, Contemporary Debate*, revised edition. Bristol: Policy Press.

Hendrick, H. (2015) 'Constructions and Reconstructions of British Childhood: An Interpretative Survey, 1800 to the Present. Classic Edition', in A. James and A. Prout (eds) *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood*. Abingdon, Oxon: Routledge, pp. 29–53.

Hendrick, H. (2016) *Narcissistic Parenting in an Insecure World: A History of Parenting Culture 1920s to Present*. Bristol: Policy Press.

Horn, M. (1989) *Before It's Too Late: The Child Guidance Movement in the United States, 1922– 1945*. Philadelphia: Temple University Press.

Jones, K. (1999) *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority*. Cambridge, MA: Harvard University Press.

Kerr, R. (2007) '"Inefficients at Best and Criminal at Worst": Juvenile Delinquency in Western Australia during the Interwar Years', *Studies in Western Australian History* 25: 98–115.

King, P. (2006) *Crime and Law in England, 1750–1840:*

Remaking Justice from the Margins. Cambridge: Cambridge University Press.

Klein, J. T. (1990) *Interdisciplinarity: History, Theory, and Practice*. Detroit: Wayne State University Press.

Kline, W. (2001) *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley: University of California Press.

Laub, J. (2002) 'A Century of Delinquency Research and Delinquency Theory', in M. K. Rosenheim, F. E. Zimring, D. S. Tanenhaus and B. Dohrn (eds) *A Century of Juvenile Justice*. Chicago: University of Chicago Press, pp. 179–205.

Macintyre, S. (2010) *The Poor Relation: A History of Social Sciences in Australia*. Melbourne: Melbourne University Press.

Malherbe, E. (1938) 'Delinquency as an Educational Problem', in K. S. Cunningham and W. C. Radford (eds) *Education for Complete Living: The Challenge of To-day*. Melbourne: Australian Council for Educational Research, pp. 571–85.

Martin, L. (1958) 'Psychology in the Clinic', *Australian Journal of Psychology* 10(1): 49–53. McLeod, J. and Wright, K. (2013) 'Education for Citizenship: Transnational Expertise,

Curriculum Reform and Psychological Knowledge in 1930s Australia', *History of Education Review* 42(2): 170–84.

McLeod, J. and Wright, K. (2016) 'What Does Wellbeing *Do*? An Approach to Defamiliarize Keywords in Youth Studies', *Journal of Youth Studies* 19(6): 776–92.

Pearson, G. (1983) *Hooligan: A History of Respectable Fears*. London: Macmillan.

Phillips, A. R. (1946) 'The Approach to Child Guidance in Victoria', *The Hospital Magazine* April: 23–6.

Platt, T. (2008) 'The Child Savers Reconsidered', *Current Issues in Criminal Justice* 20(1): 123–28.

Regoli, R. M., Hewitt, J. D. and DeLisi, M. (2016) *Delinquency in*

Society. Burlington, MA: Jones & Bartlett Learning.

Reiger, K. (1985) *The Disenchantment of the Home: Modernizing the Australian Family, 1880– 1940*. Melbourne: Oxford University Press.

Rose, D. E. (1942) *A Study of Juvenile Delinquency in New South Wales*. Sydney: Government Printer.

Rose, N. (1998) *Inventing Our Selves: Psychology, Power, and Personhood*. Cambridge: Cambridge University Press.

Rose, N. (1999) *Governing the Soul: The Shaping of the Private Self*, 2nd edition. London: Free Association Books.

Scott, D. and Swain, S. (2002) *Confronting Cruelty: Historical Perspectives on Child Protection in Australia*. Melbourne: Melbourne University Press.

Shaw, C. R. (1929) *Delinquency Areas: A Study of the Geographic Distribution of School Truants, Juvenile Delinquents and Adult Offenders in Chicago*. Chicago: University of Chicago Press.

Stewart, J. (2011) '"The Dangerous Age of Childhood": Child Guidance and the "Normal" Child in Great Britain, 1920–1950', *Paedagogica Historica* 47(6): 785–803.

Stewart, J. (2016) *Child Guidance in Britain, 1918–1955: The Dangerous Age of Childhood*. London: Routledge.

Sunday Mail (1937) 'Teachers and Parents in Dock: Juvenile Crime's Causes', *Sunday Mail*, Brisbane, 29th August, p. 8.

Sydney Morning Herald, The (1946) 'Delinquency Treatment: Advanced British Methods', *The Sydney Morning Herald*, Sydney, 24th June, p. 4.

Tenison Woods, M. C. (1937) *Juvenile Delinquency: With Special References to Institutional Treatment*. Melbourne: Melbourne University Press.

Thom, D. (1992) 'Wishes, Anxieties, Play, and Gestures: Child Guidance in Inter-war England', in R. Cooter (ed.) *In the Name of the Child: Health and Welfare, 1880–1940*. London: Routledge, pp. 200–19.

Thomson, M. (2006) *Psychological Subjects: Identity, Culture and Health in Twentieth-Century Britain*. Oxford: Oxford University Press.

Turmel, A. (2008) *A Historical Sociology of Childhood: Developmental Thinking, Categorization and Graphic Visualization*. Cambridge: Cambridge University Press.

Turtle, A. M. (1988) 'Education, Science and the "Common Weal"', in R. MacLeod (ed.) *The Commonwealth of Science: ANZAAS and the Scientific Enterprise in Australasia, 1888–1988*. Melbourne: Oxford University Press, pp. 222–46.

van Drenth, A. and Myers, K. (2011) 'Normalising Childhood: Policies and Interventions Concerning Special Children in the United States and Europe (1900–1960)', *Paedagogica Historica* 47(6): 719–27.

van Krieken, R. (1992) *Children and the State: Social Control and the Formation of Australian Child Welfare*. North Sydney: Allen & Unwin.

Waddington, D. M., Radford, W. C. and Keats, J. A. (1950) *Review of Education in Australia, 1940–1948*. Melbourne: Melbourne University Press.

Williams, W. H. (1940a) 'Juvenile Delinquency', *The Education Gazette* (1 March): 48–52. Williams, W. H. (1940b) 'Juvenile Delinquency', *The Education Gazette* (1 July): 187–90.

Williams, W. H. (1944) 'Juvenile Delinquency: Scientific Sequence and Administrative Malaise (Part I)', *The Australian Quarterly* 16(2): 57–69.

Wright, K. (2011) *The Rise of the Therapeutic Society: Psychological Knowledge & the Contradictions of Cultural Change*. Washington, DC: New Academia.

Wright, K. (2012a) '"Help for Wayward Children": Child Guidance in 1930s Australia', *History of Education Review* 41(1): 4–19.

Wright, K. (2012b) '"To see through Johnny and to see Johnny through": The Guidance Movement in Interwar Australia', *Journal of Educational Administration and History* 44(4): 317–37.

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