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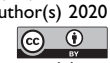

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A 'commonsense' psychoanalysis: Listening to the psychosocial dreamer in interwar Glasgow psychiatry

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Abstract

This article historicises a dream analytic intervention launched in the 1930s by Scottish psychiatrist and future professor of psychological medicine at the University of Glasgow (1948–73), Thomas Ferguson Rodger (1907–78). Intimate therapeutic meetings with five male patients are preserved within the so-called 'dream books', six manuscript notebooks from Rodger's earlier career. Investigating one such case history in parallel with lecture material, this article elucidates the origins of Rodger's adapted, rapport-centred psychotherapy, offered in his post-war National Health Service, Glasgow-based department. Oriented in a reading of the revealing fourth dream book, the article unearths a history of the reception and adaptation of psychoanalysis *from within* a therapeutic encounter and in a *non-elite* context. Situating Rodger's psychiatric development in his Glasgow environment, it then contextualises the psychosocial narrative of the fourth book in relation to contrasting therapeutic commitments: an undiluted Freudianism and a pragmatic 'commonsense' psychotherapy, tempered to the clinical psychiatric, and often working-class, interwar Glasgow context. An exploration of pre-recorded dreams, transcribed free associations, and 'weekly reports' reveals that in practice, Rodger's Meyerian attitude worked productively with Freudian techniques to ennoble the patient's psychosocial testimony and personal wisdom. This psychotherapeutic eclecticism underpinned and made visible the patient's concurrent faith in and resistance to psychoanalytic interpretation. Chronicling a collaborative route to

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psychotherapeutic knowledge within a discrete encounter, the article situates post-war treatment values in the interwar impasse of outpatient psychiatry.

Keywords
dreams, history of psychiatry, psychosocial, psychotherapy, Thomas Ferguson Rodger

Introduction

In the 1930s, the Scottish psychiatrist Thomas Ferguson Rodger (1907–78) adopted and modified the psychoanalytic technique of dream analysis in an attempt to quell the psychological distress and debilitating physical symptoms of five male patients. These intimate therapeutic encounters, spread over a number of years, are preserved within six manuscript notebooks, informally designated the 'dream books'. These sources, along with some lectures, form part of a limited amount of interwar material retained in Rodger's personal papers, held at the University of Glasgow Archives. The sensitivity of the dream books, their volume, and Rodger's almost illegible handwriting rendered them notably intractable. Superficially, their pattern of dream narratives and free associations suggests a Freudian psychoanalytic practice. However, a deeper engagement with their curious derailments and failure to tie up emergent analytic theorisations resists this clear-cut interpretation.

From Rodger's 1930s employment as deputy superintendent of Glasgow Royal Mental Hospital (informally known as Gartnavel) and an outpatient psychiatrist, to his more prominent post-war role as the first professor of psychological medicine at the University of Glasgow (1948–73), his psychoanalytic practice evolved into the brief, rapport-centred psychoanalytic psychotherapy offered in his NHS Southern General department. Responding to Sarah Marks' call to explore 'how' different forms of psychotherapy have evolved in contrasting cultures, regions, and historical times (Marks, 2017: 4), largely echoed in editorials by Loewenthal (2018) and Shamdasani (2018), this article excavates the development of Rodger's NHS psychotherapeutic values. Furthermore, although Rodger's significance to Scottish psychoanalysis has been signalled by Davidson (2009), Beveridge (2011), Miller (2012), and Phelan (2017), this research comprehensively elucidates the environmental and social leanings of his psychodynamic practice. Scrutinising the illuminating fourth dream book alongside lecture material, it unearths a subterranean and hybrid history at the intersection of psychoanalysis and a 'common-sense' psychotherapy. This research speaks back to extant histories of the reception of psychoanalysis with a specific emphasis upon the values and perspectives of Rodger and one engrossing patient.

Supplementing existing scholarship on the development of psychotherapy in Scotland, this article diverges from the 'rational religion' narrative of Scottish psychoanalysis articulated by Gavin Miller (2008). In Miller's account, the object-relational thinking of W. R. D. Fairbairn (1889-1964), the psychiatrist Ian D. Suttie (1889–1935), and others aims to 'revise Christian religious doctrines in order to provide a rational, non-fideistic religion suitable for the modern world' (ibid.: 38). Within Scottish

psychoanalysis, the mother–infant relationship takes the place of the spiritual relationship between 'God and man', and difficulties within this nascent mother–infant bond can lead to mental disorder or impaired 'social relationships' (ibid.: 45). The therapeutic encounter repairs the individual's ability to take part in 'interpersonal life (communion)' (ibid.). While resituating Rodger's earlier and later psychoanalytic psychotherapy within a tradition in Scottish psychiatry that holds ideas of 'communion' (ibid.: 39) as well as 'personalist' (Fergusson, 2012: 287) and 'social' (Clarke, 2008: 325) approaches as foundational, this article complicates this historical picture by introducing an alternative route to the social. This other path was secular, pragmatic, and clinical, deep-rooted within interwar Gartnavel and Glasgow's nascent outpatient psychiatric clinics.

There were undeniably points of contact between Rodger and this theologically engaged psychotherapeutic tradition. His later career has been situated in this remit. Miller discusses a Southern General enterprise, the 'Minister's Group', which Rodger instigated with R. D. Laing (1927-1989) as his assistant, and which offered approximately weekly lessons for religious leaders in 'interpersonal' and therapeutic matters from 12 January to 15 March 1956 (Miller, 2012: 142). The discussion group evidences the fruitful encounter between psychiatric and religious expertise within Rodger's department, while also anticipating the general 'theological' strain in Laing's writings (ibid.: 143). Furthermore, the tracing of this interpersonal impulse to 'Scottish Enlightenment views of the social' (Clarke, 2008: 325) places Rodger within the same broad lineage as Fairbairn and others. David Fergusson, informed by George Davie's *The Democratic Intellect*, portrays Scottish Enlightenment philosophy as assimilated within Scottish educational programmes and institutions (Fergusson, 2012: 289). Rodger was potentially stirred by this philosophical social force in his medical studies and in his first degree in science ('T Ferguson Rodger', 2013). Some religious themes do appear within Rodger's interwar papers, which merit further examination.[1] However, focusing attention here on those clinical and pragmatic frames of reference central to Rodger's social and environmental orientation brings a relatively obscure Scottish psychoanalytic culture to the fore. That is, it elevates the mainstream psychoanalytic-psychiatric background that lies comparatively out of focus in Miller's interest in the 'ideal type' (Miller, 2008: 45). Unlike Miller, whose effort is to illuminate what is distinctive about Scottish psychoanalysis (ibid.), this article explores a more run-of-the-mill psychoanalytic-psychiatric provision as it emerges in the clinical work of Rodger.

This charting of a new terrain of psychoanalytic practice from inside an interaction between clinician and patient responds to a lacuna currently evident in the historical study of psychological therapies in Britain. Rodger's psychoanalytic-psychiatric practice speaks to Robert Hinshelwood's (1998: 100) characterisation of the 'second form' of psychoanalysis' survival as a relatively unseen yet significant agency. Contrasting with the straightforward visibility of official psychoanalytic bodies, psychoanalysis' 'informal, non-institutionalised' operation via its healing 'practice' and its adaptation into different disciplines and organisations has remained hidden (ibid.). Marks highlights that, constrained by available sources, most histories of psychotherapy are problematically angled on therapists' words and actions '*outside of the consulting room*' (Fitzgerald, 2017; emphasis in original). The actual therapy remains 'a black box' and the 'experiencing' patient is left 'implicit' or silent (ibid.). Mathew Thomson's (2006: 2)

portrait of the diffusion of psychological ideas to a 'more socially diverse' audience than often observed also stresses the want of information on 'practice' (ibid.: 19) and on 'meaning for the individual' (ibid.: 5). Historians' concentration on 'an elite Bloomsbury', or an erudite and literate public, and on highbrow 'publication[s]' as proof of 'popularisation' skews the more expansive and heterogeneous reality (ibid.: 19). Such research neglects to examine 'more, middlebrow, let alone working-class, attitudes' (ibid.). This article counters this neglect of both non-elite audiences and the intimacies of practice, especially the analysand's viewpoint therein. Following John Forrester and Laura Cameron's (2017: 643) regional focus, it reveals a story of heretical psychoanalysis in an often working-class Glasgow context far removed from a rarefied 'English psychoanalysis'. Furthermore, its source, the fourth dream book, elevates the voice of Rodger's patient-collaborator from within the therapeutic relationship. Although the other dream books merit further discussion, the fourth book is privileged here because of the space accorded to the patient's voice, and the remarkable articulacy and interesting manifestations of this voice.

Psychoanalytic and psychosocial approaches in Glasgow

The psychiatric locale in which Rodger trained and worked was congenial to the ingress and overlap of psychoanalytic and psychosocial models of mental disorder. In the 1920s and 1930s, David Henderson (1884–1965) and then Angus MacNiven (c.1900–84), successive superintendents of Gartnavel, prioritised psychological approaches to mental illness (Smith and Swann, 1993: 76). Several extra-institutional mental health services were established in Glasgow by the end of the 1930s: the Lansdowne Clinic for 'psychodynamic-psychotherapy' of the psychoneuroses in 1936, the Notre Dame Child Guidance Clinic, and the Western Infirmary's outpatient centre (ibid.). A psychodynamic outlook was sufficiently installed in Glasgow psychiatry to stimulate young psychiatrists to pursue psychoanalytic and psychotherapeutic careers. For example, Ian D. Suttie studied medicine at the University of Glasgow and was employed at Gartnavel, Perth, and Colinsburgh prior to joining the Tavistock Clinic in London and publishing, soon after his death in 1935, his book *The Origins of Love and Hate* (Fergusson, 2012: 295). Additionally, Glasgow was the locus of the analytic enlightenment of Ralph Pickford (1903–86; Forrester, 2008: 85–7), later the first professor of psychology at the University of Glasgow (1955–73; 'Ralph Pickford', 2013). According to Forrester (2008: 86–7), Pickford's Glasgow induction into psychoanalysis from the 1930s onwards through his employment at the university, the Davidson Clinic, and the Western Infirmary was more galvanising than his earlier Cambridge acquaintance.

Rodger's 1930s psychoanalysis was variously affiliated with these Scottish personages and institutions. After being awarded a BSc in 1927 and an MB ChB in 1929 ('T Ferguson Rodger', 2013), Rodger worked under Henderson at Gartnavel (A. M. S., 1978a, 1978b) while also completing a diploma of psychological medicine at the University of London, awarded in April 1931.[2] Following this, he, like Henderson, worked at Johns Hopkins University, Baltimore under the distinguished psychiatrist Adolf Meyer (A. M. S., 1978a). From 1933 to 1940, he was again employed at Gartnavel as deputy superintendent, and additionally as assistant lecturer in psychiatry at his alma mater

(ibid.).[3] Concurrently he was an outpatient psychiatrist at both the Lansdowne Clinic and the Western Infirmary, and his dream analysis was likely connected to these sites.[4] Working as a military psychiatrist in the Second World War, he attained the 'rank of Brigadier' (ibid.; A. M. S., 1978b; Timbury, 1978: 169) and contributed significantly to personnel selection techniques (A. M. S., 1978a; Phelan, 2018: Chapter 4; Timbury, 1978: 169).

The comparative stasis of materialist investigation heightened the appeal of psychoanalysis.[5] Reflecting in 1961, Rodger disclosed how, in the 1930s, it was burgeoning psychoanalytic interest in the psychoses that pressed psychiatrists to explore such theories in their case material.[6] Though Melanie Klein led this field in Britain (Rosenfeld, 1988: 160), Rodger shifted between theories in an ad hoc manner to facilitate his interpretation of the psychopathology in question. For example, in one lecture, he apparently traversed Freud, Klein, and Karl Abraham in his analytically inflected psychiatric case histories without comment.[7] Rodger held no one theory as eternal truth, but rather employed psychoanalysis instrumentally and hermeneutically to reveal the hidden depths and dynamics of case material, anticipating his post-war 'eclectic' approach (Phelan, 2017: 87). While this bricoleur's approach of drawing on different theoretical models might not have worked for some practitioners, Rodger apparently found a lack of dogmatism useful throughout his career.

Rodger's discussion and practice of psychoanalysis was often infused with an environmental sensibility. This was inculcated in his psychiatric training, where he encountered Meyerian ideas.[8] It was likely deepened through his extra-institutional responsibilities; the prevalence of neurosis and diversity of sufferers encountered at 'out-patient' clinics nullified the entrenched 'bacteriological' explanation of mental illness and impelled its conceptualisation as a 'defensive reaction' to external strain, underpinned by Meyerian ideas (Hayward, 2014: 69). In 1908, Meyer (1866–1950) became the 'first Chief of Psychiatry at Johns Hopkins' (Lamb, 2015: 444) and directed John Hopkins' new 'psychiatric clinic' after its establishment in 1913 (ibid.: 445). The latter spearheaded 'advanced training in psychiatry' and solidified Meyer's long-term stature; his followers secured important positions at 'academic centres in the United States, Canada and Britain' and ensured the survival of his ideas (ibid.). Inferring that the morbid roots of mental illness could lie in 'experiences and social interactions' rather than biological changes, Meyer re-envisaged, in the 1890s, 'clinical skill' to serve the 'social' orientation of his '"new psychiatry" and the congruent framework of "psychobiology"' (ibid.). Meyer's new approach included 'techniques and aptitudes for discerning causal relationships between social dysfunction and pathological *experiences*' (ibid.; emphasis in original). Psychobiology thus shifted the focus of psychiatry from the 'laboratory' to a 'dynamic' investigative sphere centred on the mentally ill individual and their setting (Willmuth, 1986: 281). According to Hazel Morrison (2017: 73), this 'dynamic psychiatry' – that is, this innovative, 'North American' methodology – was brought into Britain and Scotland through a 'transatlantic' route led by two Scottish protégés of Meyer: Charles Macfie Campbell and Henderson. The latter came under Meyer's influence early in his career at several sites, primarily New York State Hospitals, Wards Island from 1908 to 1911 (ibid.: 76) and the Phipps Clinic on the Johns Hopkins Medical Campus in Baltimore from 1912 to 1915 (ibid.: 80). Upon becoming

physician-superintendent at Gartnavel in 1921, Henderson initiated 'clinical practices' rooted in Meyer's teachings (Morrison, 2016: 70). A 'dynamic' approach became instilled in psychiatrists in training through the popular *Text-Book of Psychiatry for Students and Practitioners* (1927), co-written by Henderson and R. D. Gillespie, also a Phipps alumnus, and through Henderson's students also undertaking Meyerian apprenticeships in America (Morrison, 2017: 83). Although Henderson departed to become physician-superintendent at the Royal Edinburgh Mental Hospital and professor of psychiatry at the University of Edinburgh in 1932 (Smith and Swann, 1993: 74), Angus MacNiven, his replacement, had also previously been exposed to Meyerian psychiatry in Baltimore (M. M. W., 1984; Smith and Swann, 1993: 76). Alongside his Gartnavel role, MacNiven was a consultant psychiatrist at the Western Infirmary and a lecturer in psychiatry at the University of Glasgow, and held all these positions for 33 years (M. M. W., 1984). As I shall return to, it was this Meyerian approach that permeated Rodger's dream analysis.

The comprehensive idiom of 'psychosocial medicine' gained purchase in 'inter-war' Glasgow (Hull, 2012: 74). Although Rodger apparently did not habitually use the term 'psychosocial' during the 1930s, the time frame of his dream inquiries and his awareness of the psychiatric significance of environmental factors coincide with the zenith of medical efforts to systematically capture the 'psychosocial'. Rhodri Hayward (2012: 3) writes that 'it was only in the interwar period that psychiatrists, psychologists and social workers began to develop detailed models of the psychosocial domain'. The psychosocial was subject to manifold realisations shaped by regional concerns (Hayward, 2012: 8; Hull, 2012: 74). The aforementioned Suttie instituted the use of the 'psychosocial' within British psychological debate (Hayward, 2012: 5). Suttie believed a person's 'emotional' maturation occurred through their embeddedness in the '"psychosocial"': an interpersonal nexus where 'the individual, the state, and society' converged (Hayward, 2009: 829). James Lorimer Halliday (d. 1983) was a closer contemporary of Rodger than Suttie.[9] Their paths likely interwove, as Halliday also worked at the Lansdowne Clinic from 1936 until 1939 as an 'honorary physician' (Hull, 2012: 80). Post-war correspondence evidences the two were certainly professional acquaintances later.[10] Carried out as part of his work as regional medical officer for the Scottish Department of Health from 1931 (Hayward, 2009: 833), Halliday's scrutiny of 'national insurance claims' revealed that 'the emotions', rather than any expected physical cause, underlay the sicknesses of 'claimants' (ibid.: 834). As Hull summarises, Halliday 'identified psychosomatic affections as arising out of psychosocial disorders in a "sick society"' (Hull, 2012: 82). These theorisations of the psychosocial positioned the 'social' sphere as key to illness or health, marrying rehabilitation with changes in societal structure (Hayward, 2012: 6; Hull, 2012: 83).

Rodger's discussions of his 1930s psychoanalysis and the ramifications of the dream books are broadly in agreement with his contemporaries' recognition of the entwinement of 'the psychological and the sociological', and the belief that cure depended upon a modified 'social' context (Hayward, 2012: 6). In a 1950s/1960s lecture, Rodger atypically touched upon his earlier dream analysis, disclosing how its virtue, for him, lay in creating a portal through which interpersonal distress could qualitatively unfold.[11] It was the therapeutic alliance that could heal relationship difficulties, not exhumation of a

psychological 'lesion'.[12] Rodger's clinical sensitivity surpassed this appreciation of the interpersonal. His awareness that his patients' mental distress was enmeshed with injurious domestic and work environments is present in both interwar and post-war material. In a c.1950 lecture on social psychiatry, Rodger criticised Freud's proscription of the modification of the sufferer's circumstances 'outside' the 'consulting room' and his neglect of the 'social' aspects of life.[13] According to Rodger, Freud failed to realise how 'society' shaped lives, and his observations about the Viennese were not necessarily applicable to inhabitants of 'London or New York'.[14] Another lecture confirms that Rodger's discontent surrounding psychoanalysis emanated from the 1930s. He then often unearthed a 'more complicated situation', arising from 'domestic conflict', ill-matched marriages, and insecure work conditions. His colleague MacNiven encountered particularly severe 'anxiety neuroses' in overtaxed and under-recompensed employees in cut-throat industries. Here, the required practical solution was often unreachable. While some cases improved through interventions into the patient's work, psychiatrists frequently had 'no therapeutic control'.[15] Rodger's discussion of his interwar acquaintance with the therapeutic weaknesses of psychoanalysis provides a context for interpreting the fourth dream book.

Freudian psychoanalysis and 'commonsense' therapy

The solitary source (DC 081/4/1/1/73) where Rodger explicitly addressed his approach in the dream books evidences the coexistence of aspirations towards a distilled Freudian psychoanalysis and a pragmatic 'commonsense' stance. In this 1930s lecture introducing psychoanalysis to his students, Rodger's explication of his dream analytic practice approximates to a rudimentary Freudian 'psychoanalytic situation' (2).[16] Rodger explained that the patient was invited, through free association, to divulge 'whatever comes into his mind' (2). Consistent with the modest presence of Rodger's voice in the dream books, the analyst intervened only to decipher those 'symbols' already attributed meaning by the patient and to summarise 'the trend of his associations' (3). Here Rodger drew upon his own 'verbatim notes' (3), identifiable as several sessions from the fourth dream book (DC 081/7/3/4/4), extracted and condensed. This material was elucidated through the esoteric terms of reference of analysis with apparently no pragmatic considerations. The opening observation that 'symbols' arising during analysis commonly held a 'sexual significance' was a touchstone for the ensuing interpretation (3). Rodger equated 'hollow objects' with 'female genitalia' or 'a woman' (3). Upon dreaming of 'a foreign coin with a circular hole in it' (3), the patient gave the following association:

> I am thinking of a brass coin I once received in change. . . . J. was always very careless with his money on the continent.[17] It makes me think of the time J. and I were in Germany. He was a great lady-killer. He got annoyed when I would not participate in his adventures in Berlin and Hamburg. (4)

An ambiguously explained experience with a 'German prostitute' and more associations were disclosed (4). Here, analytic segments, as recorded in the dream books, were omitted as Rodger skipped ahead to a chain of interlinked recollections offered by the

patient: the girls of the Aberdeenshire town of Peterhead, who were known as 'quines'; his discernment of the auditory similarity between 'quines' and 'coins'; and the 'immorality' of the 'fisher girls' (4). Rodger proffered the blunt summation that the 'foreign coin with the circular hole' represented 'a German prostitute' (4). He further commented that the patient referenced 'apparently irrelevantly' his initial bout of anxiety in Berlin, failing to understand the link between his 'adventures' and his illness (4).[18] These interpretations were clearly produced through distrust of the patient's primary account and a search for 'deep-lying and motivated meanings' inaccessible to the patient (Sass, 1998: 292). Rodger thus resembled the Freudian psychoanalyst as depicted by Paul Ricoeur here, privileging 'interpretation as a tactic of suspicion and as a battle against masks' (Ricoeur, 1970: 26).

Paradoxically, the second half of this lecture complicates a reading of Rodger's psychotherapy as a mere simulation of Freudian technique. He switched to a forthright discussion of his usual psychiatric practice. He doubted whether psychoanalysis was really an asset to psychiatry's 'therapeutic resources' (11), even as he was still investigating it. This view was informed by his experiences analysing the patient who was the subject of his introductory discussion and the fourth dream book. After 'one year' of analysis, this man was 'only now showing definite improvement' (11). Conceding that the patient had been neurotic for 'seven years' and that nothing else had worked, Rodger queried whether this limbo was 'really a result that one can be very happy about' (11).[19] This evaluation of psychoanalysis' therapeutic merit was determined by the particular cost- and time-efficient treatment needs of clinical psychiatry in Glasgow. It reflected contemporaneous concerns about the economic viability of psychoanalysis. The 1929 'Report of the Psycho-Analysis Committee' by the British Medical Association (BMA) had investigated the objection that 'the inordinate expense of psychoanalytic treatment' curtailed its widespread use, perhaps overconfidently concluding that provisions such as 'modified fees' and 'free clinics' would remove 'financial considerations' (British Medical Association, 1929: 266). For Rodger, however, a practitioner in his psychiatric context could not expend all their working hours on just 'eight patients', the maximum clientele according to the psychoanalytic requirement of meeting daily (11).[20] Psychoanalysis was hence restricted to 'a means of investigation' in psychiatry, donating an interpretive framework while also prophesising the future strategy of 'prevention' (11–12).

Rodger thus introduced a psychotherapeutic rival to an unswerving Freudianism. He habitually relied upon 'commonsense therapy'; this was a briefer and pragmatic treatment, accommodated to the temporal and monetary stringency of clinical psychiatry, yet still informed by psychoanalysis' illumination of the neurosis (12). Here, 'commonsense' techniques were enhanced by an awareness of 'unconscious motivation', while the meandering strategy of 'free association' was jettisoned (12). This approach was articulated through three tenets and infused with an empathic psychology matured through prior misguided interventions. For example, telling a neurotic patient that their problems were due to their imagination or 'nerves' had proved 'useless and even dangerous' (12). Rodger issued a humanist injunction to obviate the risk of leaving the patient offended and inciting their 'resistance' to the doctor (12): 'The patient must be

approached sympathetically' (12). This ethos placed the onus on the doctor to trust in the reality of the patient's invisible affliction.

Of the three steering 'principles' of 'commonsense therapy', the first was the 'value of transference' (12); that is, the analytic insight whereby the patient would begin to regard the analyst 'in an emotional way', typically as if this figure inhabited a parental role (13). With transference, the doctor's 'reassurance' could affect the patient more deeply (13). Rodger believed that even in psychoanalysis, therapeutic improvements occurred through this phenomenon 'and that the actual disclosure of facts merely occurs *pari passu* with this process' (13). The 'second principle' of 'reassurance' (13) stipulated that the patient be comforted in 'a matter-of-fact, unemotional', and 'sincere' manner so as not to foster incorrect expectations about their illness (13).[21] This call to 'reassure' the patient had late 19th-century precedents in the 'psychotherapeutics' of Daniel Hack Tuke as well as 'later depictions of moral treatment' (Chaney, 2017: 22). However, reassurance was also attributed importance by Rodger's contemporaries. In the *British Medical Journal* in 1932, the Scottish psychiatrist Hugh Crichton-Miller (1932: 430) advised young doctors entering 'private practice' that the standard, unsophisticated, and 'irrational' patient desired certain actions from medical experts: an 'explanation' of their affliction, instructions for some 'activity' to alleviate it, and 'reassurance' (ibid.: 431). Although Crichton-Miller noted the 'unscientific' nature of 'reassurance', he acknowledged that since 'fear' induced illness, it played an essential role in medicine:

> The scientific practitioner of to-day is therefore in a position to understand why man in all ages has been willing to pay so dearly for reassurance, and why medicine men, quacks, professors, and consultants have all recognised the therapeutic value of hope. (ibid.: 432)

Additional to this, 'reassurance and explanation' was a therapeutic intervention during wartime, as noted by George Pegge, 'Psychiatrist to the Emergency Medical Service', in 1940 in the *British Medical Journal*, where he discussed 'neurotic cases' amongst individuals whose lives had been in peril during the 'air warfare' of 7 September 1940 in London (Pegge, 1940: 553–4). In 1941 in the same journal, F. L. McLaughlin and W. M. Millar addressed individuals in a 'neuropathic military hospital' whose 'neurotic breakdown' was caused by distressing 'air-raid noises', detailing the 'reassurance talks' given to such patients (McLaughlin and Millar, 1941: 158). To ease the patients' reactions to 'warfare sounds', they had them listen to reproductions of such noises and, in some cases, the following words:

> Men, women and children in our badly bombed cities have developed a new lease of life. . . . They have faced the raids, have found them not so bad as anticipated, and have got over them. . . . You can do the same and this treatment will help you to get accustomed to raid noises. (ibid.: 158–9)

Rodger's 'third principle' exerted a tangible, though unacknowledged, force in the dream books: It stressed the importance of the patient's social and environmental context as both a factor in their illness and a sphere of medical intervention (14). This manoeuvre identified 'connections between anxiety attacks and certain emotional situations',

especially with reference to the 'anxiety neurosis' (14). Such linkages were congruent with psychosomatic approaches. Rodger advised that the neurotic patient be offered a 'simple explanation of the relationship between emotional factors and physical symptoms', a healing gesture in itself (14). Additionally, on occasion it was fitting to offer the patient practical 'advice' (14). It was sometimes beneficial for the patient to remove themselves from the 'family situation' in favour of 'lodgings' (14–15).[22]

The fourth dream book itself suggests that Rodger's Freudian tutorial was not a complete or accurate exposition of its formation. A close reading of its contents queries the aptness of Ricoeur's position for understanding this particular psychoanalytically influenced interwar encounter. Notably, the patient's testimony sits at an authoritative level in this book, forming an artefact of trust rather than suspicion. Therein, dream analytic sessions, handwritten by Rodger in situ, produce a narrative of an eclectic psychotherapy that prioritises the patient's voice and experience rather than psychoanalytic exegesis. They evidence that, in reality, Rodger's approach lay somewhere between Freudian techniques and his 'commonsense' psychotherapy. Such a practice, approximating to a 'commonsense' psychoanalysis, was largely consistent with the 'eclectic indigenous style' of an earlier British psychoanalytic therapy (Raitt, 2004: 63).

Suzanne Raitt's history of the Medico-Psychological Clinic or Brunswick Square Clinic, active from 1913 until 1922, elucidates the 'more maverick' types of psychoanalytic treatment practised there, and in other 'consulting rooms, mental hospitals and even private apartments' prior to the end of the First World War (Raitt, 2004: 63). The clinic's doctors elevated the patient–practitioner bond (ibid.: 73) and envisaged 'psychoanalysis more as a set of techniques than as a philosophy of mind' (ibid.: 78). This heterogenous approach continued into the interwar period. Drawing on Nikolas Rose's *The Psychological Complex* (1985), Malcolm Pines describes how a 'uniquely British "New Psychology"' appeared in the 1920s, rooted in the Tavistock Clinic and the Cassel Hospital in Kent, established after the First World War, and infused medical education (Pines, 1990: 6). Shaped by Freud, predominantly, and also Jung, this 'eclectic psychodynamic approach' ultimately drew discerningly upon psychoanalytic methods (ibid.). Pines writes that 'the "New Psychologists" were prepared to work with all psychotherapeutic techniques, suggestion, persuasion, and to some extent hypnosis, and to apply psychoanalysis in full and modified form when these methods did not succeed' (ibid.). Rodger's dream analysis belonged to this eclectic culture rather than any unalloyed Freudian one.

Similar to the practitioners of the early 1900s, the focus of Philip Kuhn's (2017: 250) assessment, it is likely that Rodger too had little or no acquaintance with any 'uniformly accepted psychoanalytic procedure'. He likely acquired his conception of the Freudian encounter through a mix of his own reading, his Gartnavel training (Morrison, 2013: 19; 2016: 69), and his diploma in psychological medicine.[23] Freudian ideas had long permeated the medical climate by then. As Kuhn writes, 'By 1910 most well informed medical and experimental psychologists would have heard of Freud and known something about his theories even if only second hand' (Kuhn, 2017: 365). Rodger's psychoanalysis was representative of psychotherapy of the 1920s and 1930s in being necessarily heterodox. Hayward (2014: 49) writes that 'interwar' British psychotherapy evolved as a clash between a 'tradition of self-declared eclecticism and the formal claims of psychoanalysis'. It was, ultimately, 'eclecticism' that survived over a strict Freudianism (ibid.:

55). Various ventures intended to establish 'orthodoxy' in psychoanalysis in England, devised largely by Ernest Jones, mostly faltered (ibid.: 52–5). The membership of the London Psychoanalytic Circle, instituted in 1913 by Jones, held markedly eclectic interests, including hypnosis and Jung (ibid.: 52–3). The circle disbanded after two years and was replaced by the Jones-led British Psychoanalytic Society (ibid.: 53). This secured a form of 'orthodoxy' and established a London Clinic of Psychoanalysis, following the cessation of the competing aforementioned Medico-Psychological Clinic (ibid.: 53–4). However, during Rodger's medical training in the 1920s, Jones was still in the process of forcing a 'psychoanalytic orthodoxy' upon a climate in which popular forms of psychoanalysis proliferated (ibid.: 54). The conclusion of the BMA inquiries into psychoanalysis in the late 1920s ultimately failed to endorse Freudianism as the preferred method, thus preserving Britain's extant psychotherapeutic 'eclecticism' (ibid.: 55). Throughout the 1900s, there was thus never a 'degree in Psychoanalysis' (Forrester and Cameron, 2017: 203). Although from the mid 1920s, institutes were established under the auspices of the 'national Psychoanalytic Societies' to systematise the 'training' and certification of psychoanalysts (ibid.: 626), Rodger was geographically isolated from such happenings. As Forrester and Cameron write, 'The development in Britain of the profession of psychoanalyst was confined to London' and its practice delimited to particular areas such as Harley Street, Regent's Park, and Kensington (ibid.: 627). Rodger's psychoanalysis was thus remote from incipient psychoanalytic orthodoxy and standardised training.

A Meyerian psychotherapeutic attitude

Rodger's dream analysis was underpinned by elements of his 'commonsense' psychotherapeutic technique, though this went unacknowledged in his explanatory lecture. In the fourth dream book, free associations and quasi-psychoanalytic insights issued out into more quotidian patient-led observations. These dream analytic remnants produced a predominantly realist narrative of interwar Glaswegian life in social, environmental, and humdrum hues, impressing on the reader and presumably on Rodger the role of material reality in the development of illness. This adapted psychoanalytic psychotherapy thus exhibited a clear fidelity to the texture of everyday life. On the one hand, this dovetails neatly with the 'third principle' of Rodger's 'commonsense' therapy.[24] More generally, however, this regard for the here and now of the patient–physician relationship and the patient's life circumstances, encapsulated within his 'commonsense' therapy, can be traced back to Rodger's earlier Meyerian education and, specifically, to his naturalised Meyerian clinical attitude.

Rodger's cultivation of narrative fealty to everyday existence in these books betrays the particular cast of the 'attention' (Charon, 2005: 263) or kind of 'listening' (Schafer, 2005) that he brought to patient encounters, analytic or otherwise. Writer-practitioners Rita Charon and Roy Schafer suggest that the facility of attention within such meetings is open to contrasting conceptualisations and can differently influence the therapeutic unfolding. Charon (2005: 261), discussing 'narrative medicine', accords a vital space to the 'attention' required by the doctor to receive the patient's expression of their suffering (ibid.: 263). For Charon, it demands an abstraction from the doctor's own

personhood; she queries, 'How does one empty the self or at least suspend the self so as to become a receptive vessel for the language and experience of another?' (ibid.). Schafer, addressing psychoanalysis, offers a different take, arguably closer to Rodger's common-sense approach with its stress on responsiveness. Schafer believes that Charon's physician lacks the requisite agency and sensibility for the analyst's role (ibid.: 278). Schafer's analyst is an 'active container' imbued with inner presence: 'someone who re-visions and re-tells in due time and with sensitivity' and enables the narrative and therapy to advance (ibid.: 279). These contrasting views underline that the therapeutic attitude is not a predetermined entity, but rather contingent upon personal predilection and history. The absence of overly theorised method in Rodger's account is itself revealing of the more practical mindset encapsulated within his psychotherapy and resonant of the 'clinical skill' nurtured at Johns Hopkins (Lamb, 2015: 443).

Although Meyer was not mentioned in his lecture, in both sobriquet and ethos Rodger's common-sense therapy can be seen as bequeathed from his former mentor. Lewis Willmuth (1986: 284) writes that Meyer's recognition of the connections between the circumstances of existence and distress salvaged 'common sense psychology' at a time when medicine, in its veneration of science, had rejected such everyday wisdom. Elsewhere, the 'holistic' nature of Meyer's '"common sense psychiatry"' is noted (Karl and Holland, 2013: 111). Susan Lamb's excavation of Meyer's 'clinical skill' (2015: 443) illuminates the probable origins of the common-sense attentiveness underlying Rodger's psychotherapeutic relationships. Lamb writes that, amongst other sources, Meyer's 'psychobiology' drew upon 'American pragmatist philosophy' (ibid.: 445). In particular, his recategorisation of mental illnesses as 'types of maladjustment' (ibid.: 450–1) was bolstered by the ideas of pragmatist philosopher William James, who emphasised that the worth of any 'act' was inextricable from its setting and how it fulfilled a person's aims (ibid.: 451). Rodger's understanding of mental illness as tethered to the patient's cultural context was broadly consonant with both James' rethinking of 'common-sense' and Meyer's psychiatric elaboration on this theme (ibid.). However, it was also congruent with his mentor Henderson's 'dynamic' psychiatry (Morrison, 2013, 2016, 2017). Aided by psychoanalytic techniques, Henderson elevated the 'narrative of the patient' within the clinical encounter; this captured the convergence of the patient's interiority with the stimuli of their external world (Morrison, 2013: 19).

Meyer's influence was thus overt within Rodger's clinical approach. According to Meyer's modified 'clinical skill', extracting information regarding a patient's 'social' adjustment required the psychiatrist to nurture a sound patient–practitioner bond (Lamb, 2015: 454).[25] This provided a footing for assessing the patient (ibid.). The psychiatrist's sense of a shared embeddedness within the patient's environment was to be mobilised as a medium of enlightenment. Although such fellow feeling apparently permeated Rodger's 1930s medical interactions, later, in a 1952 talk to health visitors, he explicitly assented to this view. He expressed this in a more everyday tenor than was characteristic of Meyer: 'We can't help our patients if we place them in a category apart from ourselves'.[26] A shared understanding was likely not a stretch for Rodger. He had grown up in Glasgow's West End, his background a mix of 'working' and 'artisan' class.[27] The dream books betray this commonality between Rodger and his patients, who may have met with him at his home, a tenement flat at 30 Falkland Mansions, also in Glasgow's

West End.[28] Although ephemeral evidence, a dream of the previously discussed patient suggests that the therapy occurred in this informal domestic setting. This patient dreamt that returning from the Western Infirmary, he 'found' himself at '30 Falkland Mansions, which was pictured as a verandahed tenement'.[29] In the dream, the patient and two American 'cousins' were being treated at the 'Psychiatric Clinic and the dream turned to the 3 of us going to your home together from the Western as we had not seen you'.[30] The patient's knowledge of Rodger's domestic address implies a familiarity with his personal life, atypical for an institution-based, professional medical encounter.

Most straightforwardly, Rodger's clinical technique had a clear transatlantic heritage: a tradition into which he and his peers were inducted in Baltimore under Meyer. This was nurtured further at Gartnavel under Meyer's former students: Henderson and then MacNiven. Outwardly, though, Rodger's common-sense leanings were probably indistinguishable from the psychotherapy offered elsewhere in interwar Britain and from the broader train of psychological thinking. Thus, Rodger likely had other implicit forbears. For example, the three methods detectable within the dream books collectively were the same tripartite methodology that the aforementioned Crichton-Miller, founder of the Tavistock, isolated as the 'defining elements of psychoanalytic treatment' in his 1912 book *Hypnotism and Disease: A Plea for Rational Psychotherapy*: 'dream analysis, free association, and "time association"' (Raitt, 2004: 77–8). Additionally, the dream books hummed with an interest in 'everyday life' and the individual in 'social terms' that was central to the mental hygiene movement (Thomson, 2006: 194). Furthermore, Daniel Pick and Lyndal Roper emphasise that several interwar endeavours sought to 'link Freudianism with new sociological techniques', not least the Mass Observation Movement, established in 1937, which used dreams, amongst other pursuits, to create an 'ethnography of everyday life' (Pick and Roper, 2004: 10–11). Further to this, Kuhn's recent research (2014) allows Rodger to be aligned with a wider tradition of asylum-based medical professionals interested in psychoanalysis, and who formed one of its earliest and most receptive audiences. Reappraising Jones' self-posturing as Freud's pre-eminent proponent (ibid.: 154–7), Kuhn posits that by the close of 1908, a substantial proportion of the readership of the *British Medical Journal* and the *Journal of Mental Science* appreciated the importance of Freud and anticipated the 1909 English versions of his writings by Abraham Brill (ibid.: 179). Psychoanalysis also permeated the therapeutics of the more pioneering mental hospitals, notably Long Grove asylum near Epsom in Surrey, erected in June 1907 (ibid.: 181–2), as evidenced by publications from its first medical staff, including Bernard Hart (1879–1966) and Edward Mapother (1881–1940; ibid.: 182–3). Yet acknowledging Rodger's commonality with wider interwar psychotherapy should not deter historians of psychotherapy from interrogating the particularities of his practice. Most obviously, Rodger's psychotherapy merits accenting because of its rich capturing, through case historical evidence, of what it meant to minister analytically to the ordinary psychiatric patient. However, recovering the particular intellectual folds and lineages of Rodger's therapy crucially also enriches our sense of psychotherapy's other histories, of the priorities and pressures smoothed out of such practices' presumed 'value-free' existence (Fitzgerald, 2017; Loewenthal, 2018: 1).

Exploring the fourth dream book

In the fourth dream book, a psychosocial illness narrative emerged, structured through prosaic free associations, routine dream chronicles, and weekly reports. Within this eclectic psychotherapeutic encounter, psychoanalytic ideas worked productively with a Meyerian attitude to support the patient's own agency and self-enlightenment, as discussed below. The paucity throughout of Rodger's *own* analytic interpretations may simply reflect the fact that he dispensed with recording insights that he trusted himself to remember. Dream book DC 081/7/3/4/4 dealt with a male patient in his mid 30s suffering from varied physiological and psychological distress, intermittently identified as neurasthenia (association for 'Followed by a large crowd').[31] The psychotherapeutic sessions recorded therein occurred on an approximately weekly basis, with the first dream analytic session dated 18 October 1934. The duration of the analysis in this case is rather confusing. While the last session recorded within the actual book is dated 28 August 1935, a sheaf of paper-clipped pages tucked into the back cover suggests Rodger's analysis continued beyond this date. These include a report in the patient's handwriting for both the period of 19 March to 16 April 1939 and the week ending 23 April 1939, with dreams recorded in disorienting order for the nights of 18/19, 20/21, 9/10, 10/11, and 14/15 April, presumably also for the year 1939. The analytic sessions apparently stopped and then resumed at this later date; the patient wrote in his report for the period of 7 to 11 April 1939 how he had 'missed the constructive working of the analysis'.[32] This insertion of smaller, loose paper-clipped pages, distinguished by the patient's handwriting, occurred to a greater extent in the fourth book than in the other five volumes. At roughly weekly intervals, papers enigmatically titled 'Dreams' and 'Weekly Report' were inserted in proximity to Rodger's transcription of the patient's almost weekly analytic sessions.

The book began with a comprehensive timeline, written in the patient's handwriting. This chronicled his life from birth in the late 1890s and recorded events, illnesses, and employment troubles for a year or a period of years at a time, until he apparently began psychotherapy with Rodger in 1934. Issues recorded here were developed further in the dream analysis. Only those details critical to the discussion will be included to safeguard the patient's anonymity. The patient's mother had died a few years previously, having been afflicted with health problems since the patient's birth. His father, an alcoholic, had fought in the First World War and 'always enjoyed robust health' (1). The patient's childhood years were indistinct excepting his 'school' experiences and his father's alcoholism. Owing to the latter, the family moved frequently, constantly exposed to paternal aggression. Over a period of six years, the patient's 'father and mother were continually separating and reuniting owing to father drinking'. With every break-up of the marriage, the children and their mother resided with their maternal grandmother, but each estrangement was punctuated by 'scenes of violence' (2). The patient worked as a 'clerk' in business upon leaving education and had the 'usual war experiences but [was] not wounded' in the First World War (3). During the 1920s, he married and a child was born. He re-entered his old place of work after the war and pursued further qualifications, but ultimately his employment history was marked by changes in jobs and absences due to ill health (4–6).

In 1928, the patient began to experience the symptoms that reappeared throughout his later weekly reports, including 'pains at heart, and feeling of pressure at ears, stomach discomfort & flatulence', and 'staggering when walking', an affliction that emerged as particularly debilitating for this man.[33] Several largely unsatisfactory encounters with medical professionals followed, including a diagnosis of 'nerves' and the prescription of 'cold spinal baths' (5). Walking was particularly troublesome for the patient, as he occasionally lost feeling in his 'left leg' and was perturbed by 'prickling sensations in legs and difficulty in walking' (6). Although his condition sometimes improved, it escalated again with the start of a new job 'emptying penny slot meters', which required hauling a 'heavy bag of coppers up & down stairs' (7). By 1934, the patient's symptoms had increased and diversified (8). He was now prescribed bromide by a Dr Turpin and spent time at Jordanburn Nerve Hospital, where, he confessed, 'new fears entered my mind such as insanity'.[34] Around this time, he also presented at the Psychiatric Clinic, which was presumably where he met Rodger. Brightly, the patient noted improvement, including the capability to 'go more freely . . . and think and act more definitely'.[35] This hopeful judgement was sadly premature, and no smooth trajectory of recovery followed.

'The weekly report': Self-knowledge of the here and now

Channelling a Meyerian hermeneutic, the weekly report allowed self-inquiry to take a psychosocial turn towards the here and now. These compressed illness narratives, authored by the patient, reveal Rodger's committed interest in the patient's immediate, everyday existence. The reports mostly provided a digest of symptoms, occasionally narrowing the optic to one element of life such as work or taking a walk. In one entry dated 21 August 1935, this man considered how his current employment affected him psychologically and physically. Depleted by challenges at work, the patient could only conquer his 'difficulties . . . in an excited manner which they don't justify, and more energy is consumed in anxiety than in the job'. He deliberated over his fitness for manual or white-collar work: 'On the one hand I dislike the work because of my physical suffering, and it makes me doubt my ability to carry on; then I recollect how I suffered when I was on light work or not working'. A recitation of recent symptoms included 'pressure at ears, stomach distension, and legs feeling nervous', with the effect of his daily labour noted: 'The weight of the coppers and stair climbing cause acute aches throughout'.[36] This weekly report bled into the dream analytic session that followed, offering additional insight into his mindset. The session, dated 21 August 1935, opened with Rodger's observation that the patient 'has been thinking of stopping work but has been carrying on from day to day'.[37]

In addition to an outline of symptoms, occasionally a particular theme or number of topics were prioritised. The report dated 23 January 1935 was supplemented by a noteworthy three-page account of the patient's experimental 'walk in quiet streets' surrounding Glasgow's Botanic Gardens, simply entitled 'A Walk 21/1/35'.[38] It is unclear whether the imperative for this microgeographical vignette, evocative of the peregrinations of war veteran Septimus Warren Smith of *Mrs Dalloway* (Woolf, 2004[1925]) and the man with the 'uneven and shaky method of walking' of 'Kew Gardens' (Woolf, 2000[1919]: 48), came from Rodger or the patient himself. Its purpose was arguably to

equip Rodger with insight into the patient's condition. It provided a fine-grained phenomenological, pace-by-pace narrative of his most debilitating symptom: his inability to walk independently outdoors. Sedulously, the patient documented the ebb and flow of his resolution to persevere with his journey, attending to his own anxiety as a phenomenon both embodied and extended throughout his environment.

This artefact of patient-led psychosocial inquiry supports Thomson's observation that psychological ideas in particular hands, here embodied in a quasi-analytic relationship, could at this time stimulate new 'social dimensions' of personal awareness and agency (Thomson, 2006: 9). A self-investigative vein rippled throughout, as this man self-consciously monitored his psychological and physical reaction to his surroundings. Embarking from home, he 'felt apprehensive . . . and symptoms generally became more acute'. When he encountered fellow walkers, the patient's 'confidence disappeared', and he attended to the lassitude that this social stimulant induced:

> I became apprehensive, my legs and feet became tensed, and I walked slowly past the people, pushing each foot forward as though against a heavy wind resistance. The physical effort was accompanied by a feeling of terrific pressure at the back of my head.

With the retreat of the other walkers, 'the head pressure disappeared, the physical tension relaxed', though new afflictions appeared. This incident was not unwelcome; the patient discerned an opportunity to procure insight into his condition and what provoked his panic. He explained how he isolated the most 'potent' element as the other walkers and 'decided I would test it again by walking past the people sitting in front of the hothouses'. Unfortunately, this psychosocial experiment was cut short by a 'feeling of collapse', forcing the patient to return home.

The patient challenged himself through this walk, testing and evolving his own psychosomatic strategy of emotional self-control, of mind over matter. The significance of this stroll was magnified by the patient's psychological struggle and sharp sensitivity to external stresses. He was quickly discomposed: 'For the first hundred yards I felt uplifted by the fact that I was generally doing better than I expected, and then my legs got tired, and the gait strained and unnatural'. Yet a psychosomatic incantation propelled him on: 'I reasoned with myself that the symptoms were merely manifestations of my mind and I carried on with renewed energy til exhaustion caused me to stop'. Celebrating mundane landmarks as small achievements, the patient reconfigured his task to give it a more viable scope, the arrival of each street an obstacle to be mastered. Reaching 'the foot of Fergus Drive', he 'felt like turning back but determined not to be beaten', while the riverside walk was made manageable by pausing to 'rest at each seat'. The apotheosis of this narrative educed a psychosomatic discord. Traversing a busy Queen Margaret Drive, the patient resolved 'to keep calm', stating, 'If I relaxed my mind my legs would relax'. This investment in relaxation as a technique to alleviate stress was, according to Ayesha Nathoo (2016: 2), characteristic of the time. The patient's aim of psychological composure corresponded with theories of relaxation predominant in interwar Britain (ibid.: 3), particularly the idea of the 'Chicago physician and psychologist Edmund Jacobson' that 'both thought and emotion produced muscular tension' (ibid.). Notwithstanding this objective to relax, the patient's psychological and physical distress grew in

tandem. At its apex, his panic rendered him detached from reality: 'I felt as if I were in the air with no grip on the road [and] I had terrible pressure at the back of my head'. Yet, as he surmounted the 'crown of the road', his symptoms abated: 'The head pressure eased, my legs relaxed, and I stepped on to the pavement feeling exhausted'. Although the patient had sustained a psychological attitude to carry him home, once there he unravelled physically: 'The nerves throughout my whole body, even to face and teeth, ached and vibrated for the rest of the day'.[39]

Dreams and patient history

The accompanying dream analytic conversations did not stray much from the preoccupation with conscious reality of the patient's thematic reports. Admittedly, the technique of free association in the dream analytic dialogues generated more disjointed narratives than the reports. Most strikingly, the past was now accented more sharply than the present. Rodger's transcribed dream analytic sessions evoked uncomfortable scenes from the patient's upbringing, such as occasions when his father's aggression impinged injuriously upon the young patient. References to his father's impact recurred progressively and with greater resonance throughout the analysis. For example, an oneiric fragment from 18 October 1934 involving crossing 'a canal bridge . . . followed by a large crowd' spurred the patient to delve further into his own history, centred upon his father's intrusions into domesticity. Free-associating from 'Followed by a large crowd', the patient pictured 'a terrible night' when he, aged '5 or 6', and his mother apparently escaped 'over the bridge' from his frightening father. Several flights too easily came to mind: times he and his mother 'might have been afraid to go home' and an occasion when 'the neighbours rescued us because he threatened to kill the both of us'.[40] A later dream, analysed on 13 February 1935, steered the reconstruction of scenes of domestic cruelty even more forcibly. This dream was recounted at the beginning of the analytic session and transcribed in the moment by Rodger, who hastily changed from the third person pronoun of 'he' in the first line to the first person 'I' for the remaining narrative. Rodger recorded:

> On Thursday 7th or Friday 8th dreamt that he was sitting with a lady at a table. A very big man. . . . I told him I was going to settle this up and that I was now going to shoot him on the left wrist which I did. I explained that I was going to make him suffer as I suffered and that I was going to shoot him in both legs and the stomach.

Free-associating from 'Lady', the patient identified this as a dream of 'wish' fulfilment and the unnamed 'man', the object of his attack, as his father. These associations generated a gateway into this man's past. They disclosed a deleterious early home life marked by an erratic parent whom he was then unable to confront: 'It was typical of my father to smash his fist on the table and lay down the law – when he had a certain amount of drink. I was so helpless as a kid when these things happened'.

The patient's response to this dream explicitly invited a connection between the impact of his father's alcoholism upon the family and the patient's chronic struggle to walk. He wondered whether the psychological and physical stress caused by his father's

drinking was the source of his own struggle with walking steadily. Associating from the phrase 'Shoot him in both legs', the patient turned his thoughts to his 'own legs and their difficulty in supporting' him in public. A link between his own loss of poise and his father's intoxicated lurching flashed across his mind; he speculated about 'the number of times I have been with my father & he was staggering. Has that anything to do with me staggering?'. The trial of bearing his father returned vividly to the patient: 'He was a heavy man and I couldn't support him. . . . I must have been right frightened in those days'.[41]

'The sins of the fathers': Evaluating psychoanalysis

The entry for the session of 13 February 1935 left the precise aetiological threads of the patient's disability open-ended. It terminated with the sparse comment by Rodger that 'an explanation of connection of symptoms and father's ailments was given'.[42] The next weekly report, however, betrayed that the expository prerogative had been yielded to the patient. He traced various quasi-psychoanalytic lineages for his suffering under the following thematic headings: '"Fear of my wife", "Incestuous desire", "[P]oetic justice" and "Sins of the fathers"'. This document, dated 20 February 1935, highlights the patient's awareness of the disjuncture between the psychoanalytic frameworks proposed to him and his own more rudimentary personal history as he knew it. It also offers striking proof of his freedom to reject quasi-psychoanalytic life narratives even from within a putatively analytic encounter. Rodger's steer can still be detected here: Introducing each heading, the patient divulged that it had been proposed by someone else. His discussion of the first theme was prefaced with the statement, '*Told* I fear my wife because she forms part of the responsibilities I wish to get away from in my desire to be free' (emphasis added). These headings were interpreted in relation to the patient's present domesticity, reframed through his onerous early existence dominated by his father. His reflections were coloured by the lingering emotive disclosures of analytic sessions past. Here, Freudian intricacies were rifled through. The guiding analytic motifs became subsumed within prosaic deliberations. The misery of the patient's childhood and present pressures swelled beyond the insufficient (arguably misplaced) psychoanalytic framework.

This excess was evident in the patient's working through of the first theme, 'Fear of wife'. Here, the hypothesis that the patient dreaded his wife, since she contributed to his burdens, simply failed to register as true for him. Again, his earlier hardship and how it thwarted his flourishing emerged as the source of his suffering, as that from which he longed to be extricated. He corrected, 'Now, the desire to be free is born of the responsibilities which I have had all my life, and which have forced me to give up opportunities which would been advantageous to me'. He recognised that the 'chief causes' of his adversity were now invalid, since his mother had died and his father 'remarried'. Yet his childhood still encroached upon his peace of mind, impeding his ability to provide for his wife and child; he was thus 'afraid for them', not of them. The psychoanalytic cue that tied his symptoms to his imprisonment within marriage was categorically rejected: 'I have no conscious desire to be free of them. . . . In the case of wife and child, there is no sense of duty; the desire for freedom includes, not excludes them'. Striving to overcome

the mismatch between Rodger's analytic propositions and his own self-knowledge while discussing 'Incestuous desire', he wrote, 'It is difficult to coincide these two points of view'.

The patient's investment in a psychoanalytic cure conflicted with the poverty of its explanations in his evaluation of the related headings of '"The sins of the fathers"' and '"[P]oetic justice"'. These two analytic cues offered a similar rationale for the patient's illness: As he assumed his father's role within the household, his 'subconscious' affixed to him his father's personage in its totality. It therefore inflicted on him 'pains and phobias akin in position and effect to accidents and illnesses' with which his father had suffered. The patient clarified that 'I would have a pain in the arm because my father broke his arm, and I can't walk steadily in the street because my father reeled from being drunk'. Negotiating the viability of '"[P]oetic justice"', his vacillation between a desire to subsume this quasi-psychoanalytic interpretation in exchange for a cure and a need to honour his personal wisdom concerning his unhappiness is most prominent. Yet again, the hypothesis jarred with him. Defensively he pressed, 'Remember, the responsibility was thrust on me'. The patient could not discern 'the justice' or logic behind this psychoanalytic aetiology. Having ceased to uphold his father's duties more recently, he rationalised, 'Why, then, did not my symptoms end when my mother died two years ago?'.[43]

Notwithstanding this cogent counter-rationalisation, the patient's wish to invest in this untenable retribution hypothesis still broke through. The patient's efforts to rescue the above psychoanalytic narratives from his own scepticism reveal that, in this encounter, psychoanalysis functioned akin to the early 20th-century 'suggestive therapeutics' of Crichton-Miller and others (Hayward, 2014: 25). Congruent with Mikkel Borch-Jacobsen's (1989: 104) view that analytic treatment fosters the 'mimetic-emotional relationship' of hypnosis, where the 'subject speaks and thinks like another', the patient at times inhabited the perspective of his analyst. In his discussion of '"The sins of the fathers"' and '"[P]oetic justice"', he rehearsed a path to recovery dependent upon his successful internalisation of psychoanalytic theories and the pre-eminence of the analytic relationship. It was 'feasible', he ventured, that 'the subconscious impositions are only now in my conscious mind'. More telling was his faith that 'the realisation, and the application of reason, seems to be the solution'. He questioned whether his incorporation within himself of the proposed analytic aetiology would cure him, stressing that 'the point is, if I realise that my pains etc. are due to my father, does this realisation and the fact that I no longer take his place close the matter?'.[44] Such intellectual labour by the patient can be viewed as an attempt to fulfil his psychotherapist's 'hopes, expectations and suggestions' (Borch-Jacobsen, 2005: 9) and 'the inherent demands of the analytic protocol' (ibid.: 10). Dispiriting experiences of materialist psychiatry sharpened the appeal of psychoanalytic treatment and the patient's keenness to invest in it, as suggested by an analysis of a dream dated 13/14 August 1935. Now disenchanted with physicalist approaches, the patient rued that 'a Dr should say more than that there is nothing organically wrong with you' (association for 'Specialist'). After his failure to be restored to health at Jordanburn, his 'awful faith' in pills had now been transferred to psychoanalysis: 'When I started Psycho I was excited' (association for 'I was all excited'). Exhibiting a desire to please Rodger, the patient attributed to Freud's invention a preternatural ability to illuminate his

illness. The patient ventured that an oneiric chore of 'polishing the window panes' was 'symbolical of psychoanalysis' as 'the more we clean away the more I'll see or rather I'll see things in their proper light'.[45] Ultimately, such self-persuasion of the benefits of psychoanalysis betrays that the therapeutic efficacy of Freud's method in this case resided more in the patient's openness to the 'suggestions' of his psychotherapist, Rodger, than in the underlying veracity of the 'unconscious' (ibid.: 8).

Conclusion

Rodger's explanatory lecture and the dream books together reveal a psychotherapeutic ambition in flux between Freudianism and a more pragmatic psychotherapy. This deviation in Rodger's psychotherapy between stated theory and method reinforces Elizabeth Lunbeck's (2006: 164) argument for a 'complex account' of developments in psychoanalysis that 'sees clinicians' disciplinary knowledge as the product of the consulting room'. Lunbeck refocuses historical attention on therapeutic breakthroughs in action that often pre-empt or preclude explicit intellectualising; for some British-based analysts, including Fairbairn (ibid.: 164–5), we learn of 'observation outdistancing understanding and of clinical intuition juxtaposed to premature theorizing' (ibid.: 164). In harmony with Lunbeck's picture, the crux of Rodger's changed post-war psychotherapy is captured within these preserved 1930s encounters.

In the post-war decades, Rodger's 1930s ambition to emulate intensive psychoanalysis was muted. His interwar inquests into instinctual upset had reached a therapeutic impasse. Instead, his department offered shorter psychotherapy and group therapy, which preserved aspects of dream analysis of practical value to patients and psychiatrists alike, including interpersonal support and a regard for the meaningfulness of confused utterances (Phelan, 2017: 95). If a difficult early life underlay mental disorder, Rodger still advocated undertaking 'deep uncovering psychotherapy'.[46] However, psychoanalytic principles were mostly now internalised within Rodger's department, infusing patient–practitioner interactions. Rodger himself reflexively depended upon analytic insights in his clinical interviews, such that he treated the patient's reaction to his 'untidy' office and especially 'a facsimile of a Cezanne water-colour', as revelatory of the 'transference situation'.[47] This transformation was not, however, simply a distillation of the lessons of interwar dream analysis. As Rodger admitted in a 1959 talk on 'Changing Concepts in Psychiatry' to Edinburgh's Royal College of Nursing, the 'success of physical therapies altered the picture', although the 'broad approach' of dynamic psychiatry could not be relinquished wholesale 'unless and until' a precise understanding of mental disorder was reached. Rodger considered physical therapies, especially electroconvulsive therapy (ECT), as more therapeutically and economically viable in a general hospital.[48] He believed that 'even if the man-power were available', psychological therapies would probably not outperform 'physical' approaches except in a small number of instances.[49]

This article points towards psychotherapeutic knowledge as co-created through patient intervention. Foreshadowing contemporary discussions surrounding the input of patient expertise to mental health policy, the way in which the above patient brought the social into psychiatry is viewed as impacting Rodger's practice. Noting the similarity

between Rodger's 1930s practice and the 'pragmatic' dream analysis of Donald Winnicott and others as described by James Poskett (2015: 245), this article engages with Poskett's qualification that the patient perspective was created not purely by the 'welfare state and new psychoanalytic theories', but also by patient agency in establishing a sphere for self-determination (ibid.: 254). Suggesting an earlier starting point than 'post-war' for the rise of patient perspective (ibid.), this research finds that it was the protean nature of early 20th-century psychoanalysis, rather than specific theories, that gave patients the space to speak authoritatively about themselves.

The fourth dream book explores psychoanalysis' reception at the pith of therapeutic interactions, and by a member of a non-elite audience. This portrait of one patient's engagement with psychoanalysis is at some variance with the Foucault-inspired picture, as summarised by Thomson (2006: 5), where 'psychological subjectivity is either imposed on the individual through the disciplines' increasing influence as a tool of governance within the modern welfare complex, or is internalised in the individual through the growing influence of experts and their advice within private life'. Firstly, a psychoanalytic framework was offered and seemingly not enforced here, as the patient's faith in psychoanalysis freely faltered. Secondly, considering the patient's eulogising of how he had 'acquired an unburdened faith in analysis' (Association for 'My Wife') simply as proof of internalisation arguably stymies further historical speculation.[50] Contrastingly, this article explores such statements as an indication of psychoanalysis' value to this engaged patient. Modified psychoanalysis was here a welcomed medium of palliative care. It was amenable to patient-led critique and agential interventions, evidenced by the weekly report. Psychoanalytic promise was a valid, if temporary, comfort. Rodger's attentive listening approximated to a kind of care, offering support and intellectual solidarity hinged upon shared psychoanalytic reasoning. Without reaching a comprehensive picture of the interwar reception of psychoanalysis, this article shows how historical circumstances could foster an intense, idealistic trust in psychoanalysis but also expose its therapeutic weaknesses. It shows too that, though disappointing, psychoanalysis was still meaningful to the patient.

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Notes

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1. For example, see: manuscript notes for a lecture titled 'The Psychopathology of Depression', c.1930s, Thomas Ferguson Rodger Papers, 1907–78, University of Glasgow Archives and Special Collections (hereafter, Rodger Papers), GB 248 DC 081/4/1/1/7; and typescript notes for a draft lecture or address on understanding some psychotic and psychoneurotic symptoms, c.1930s, Rodger Papers, GB 248 DC 081/4/5/12.
2. Letter of application, 12 June 1936/26 April 1937, Dr Thomas Ferguson Rodger (c.1933–1963); Staff Records of the Physician Superintendent, Records of Glasgow Royal Mental Hospital, NHS Greater Glasgow and Clyde Archives, Mitchell Library, Glasgow, HB13/20/179, p. 2. *MB ChB* stands for Bachelor of Medicine and Bachelor of Surgery, the two degrees awarded on graduation from university medical schools in countries that follow the custom of the United Kingdom.
3. Letter of application, 12 June 1936/26 April 1937, pp. 2–3.
4. Letter of application, 12 June 1936/26 April 1937, p. 3.
5. Typescript notes for an address at the Annual Meeting of the Royal Medico-Psychological Association (Scottish Division) at Hartwood Hospital, 9 June 1961, Rodger Papers, GB 248 DC 081/6/5/3, p. 4.
6. Notes for an address at the Annual Meeting of the Royal Medico-Psychological Association (Scottish Division) at Hartwood Hospital, 9 June 1961, p. 7.
7. Manuscript notes for a lecture/address titled 'Some Observations on the Psychological Content of the Psychotic Reactions', c.1930s, Rodger Papers, GB 248 DC 081/4/5/8, pp. 9–35.
8. Manuscript notes for a talk to the Royal College of Nursing in Edinburgh titled 'Changing Concepts in Psychiatry', 18 May 1959, Rodger Papers, GB 248 DC 081/4/1/2/5, pp. 1–2.
9. Suttie was a near contemporary of Rodger's, though there is no evidence that the two were acquainted. Suttie is not named by Rodger as amongst his analytic contemporaries.
10. Manuscript letter to Rodger from J. L. Halliday discussing the benefits of psychotherapy and enclosing his typescript paper titled 'Opthamology and Psychosomatic Medicine', 31 October 1951, Rodger Papers, GB 248 DC 081/1/1/4.
11. Manuscript lecture notes titled 'The Doctor-Patient Relationship', c.1951, Rodger Papers, GB 248 DC 081/4/1/1/45, pp. 14–15.
12. 'The Doctor-Patient Relationship' notes, p. 14.
13. Manuscript lecture notes titled 'Social Aspects of Psychiatry', c.1950s–1960s, Rodger Papers, GB 248 DC 081/4/1/1/33, p. 2.
14. 'Social Aspects of Psychiatry' notes, pp. 13–14.

15. Manuscript notes for a lecture titled 'Classification and Psychopathology of the Psychoneuroses', c.1930s, Rodger Papers, GB 248 DC 081/4/1/1/6, pp. 19–20.
16. Unfortunately, a title and fuller description are unavailable for this lecture. Rodger did not routinely date his lectures, nor specify their occasion/audience. A lack of contextual information meant this was originally dated to Rodger's post-war career in the catalogue. However, references to the fourth 'dream book', safely dated to the 1930s, confirm that this lecture belongs to Rodger's 1930s career. As this section quotes from a single archival source (DC 081/4/1/1/73), page numbers are cited in the text with minimal endnote references to avoid repetition.
17. The initial letter of the friend's name has been changed.
18. Typescript lecture notes on the practice of psychoanalysis, 1930s, Rodger Papers, GB 248 DC 081/4/1/1/73, pp. 1–15.
19. Typescript lecture notes on the practice of psychoanalysis, pp. 1–15.
20. Although I lack definitive evidence, it does not seem that Rodger was treating these as private patients and receiving fees from them. It is unclear where Rodger first encountered his dream book patients or how they entered into analysis with him. As they were apparently not living in a mental hospital during the analysis, he likely met them through his outpatient work, such as at the Western Infirmary. In the post-war years, Rodger staunchly supported the NHS, and his 1930s job applications do not mention a private practice.
21. Typescript lecture notes on the practice of psychoanalysis, pp. 1–15.
22. Typescript lecture notes on the practice of psychoanalysis, pp. 1–15.
23. Typescript lecture notes titled 'Psychotherapy', c.1950s–1960s, Rodger Papers, GB 248 DC 081/4/1/1/69, p. 2; Letter of application, 12 June 1936/26 April 1937, p. 2.
24. Typescript lecture notes on the practice of psychoanalysis, p. 14.
25. Lamb (2015: 445–6) utilises extensive primary sources, including an educational handbook and articles covering Meyer's approach at Johns Hopkins from 1913 to 1917. Although Lamb's exposition technically relates to the period about a decade and a half preceding Rodger's early 1930s Baltimore spell, there is no intimation of drastic revisions in Meyer's teachings from 1913 to 1941, but rather a stress upon his long-term influence (ibid.: 464).
26. Manuscript notes for a talk to health visitors in Kilmacolm titled 'The Emotional Needs of Our Patients', 30 October 1952, Rodger Papers, GB 248 DC 081/4/1/2/1, p. 3.
27. Christine Rodger, interviewed by Sarah Phelan, 2 December 2014, School of Scottish Studies Archives, University of Edinburgh, p. 13.

    The PhD research underlying this article involved oral histories with family and colleagues of Rodger. This was approved by the College of Arts Ethics Committee, University of Glasgow. Six recorded interviews and transcripts have been donated to the School of Scottish Studies Sound Archive at the University of Edinburgh and are currently awaiting accessioning.
28. Membership Petition: Rodger, Thomas Ferguson, 1 File, 1939, Sibbald Library, Royal College of Physicians of Edinburgh, RCP/FEL/2/77/56.
29. There are difficulties with citing material from the dream books. As the pages are unnumbered, material is cited here in endnotes by document type and date (for example, Dream 16 October 1937), and archival reference for the individual book (for example, DC 081/7/3/4/4). Though I have aimed for consistency, this is not ideal, as dreams, reports, and analytic sessions

often extend over several pages. When material is cited from an analytic session, the element that is being free-associated upon is included (underlined) in the text.

30. Dream 20/21 October 1934, Rodger Papers, GB 248 DC 081/7/3/4/4.
31. Analytic session for Dream 18 October 1934, Rodger Papers, GB 248 DC 081/7/3/4/4.
32. Though this is not indicated by Rodger, the second dream book (Rodger Papers, GB 248 DC 081/7/3/4/2) apparently also contains material related to this patient. Though the second book is otherwise devoted to a different man, an analysis dated 7 May 1937, handwritten dreams dated 4/5 May 1937, and a report dated 8 May 1937 found in the middle of the book seemingly relate to the patient being discussed here. The break in the analysis was thus not as long as the fourth book implies. 'Report for Period 19/3/39 til 16/4/39 & 23/4/39', Rodger Papers, GB 248 DC 081/7/3/4/4.
33. The original textual characters and quirks are preserved here.
34. Rodger's script is sometimes illegible. It is unclear if the patient refers to a 'Dr Turpin' or 'Dr Turpine' or something else. He is referred to as 'Dr Turpin' here, as this is arguably the more common spelling of this surname. It seems plausible that 'Dr Turpin' treated the patient at Jordanburn Nerve Hospital.
35. History, Rodger Papers, GB 248 DC 081/7/3/4/4, pp. 1–9.
36. 'Weekly Report Ending 21/8/35', Rodger Papers, GB 248 DC 081/7/3/4/4.
37. Analytic session, 21 August 1935, Rodger Papers, GB 248 DC 081/7/3/4/4.
38. 'Weekly Report 23/1/35', Rodger Papers, GB 248 DC 081/7/3/4/4.
39. 'Weekly Report 23/1/35'.
40. Analytic session, 18 October 1934, Rodger Papers, GB 248 DC 081/7/3/4/4.
41. Analytic session, 13 February 1935, Rodger Papers, GB 248 DC 081/7/3/4/4.
42. Analytic session, 13 February 1935.
43. 'Weekly Report 20/2/35', Rodger Papers, GB 248 DC 081/7/3/4/4.
44. 'Weekly Report 20/2/35'.
45. Analytic session for Dream 13/14 August 1935, Rodger Papers, GB 248 DC 081/7/3/4/4.
46. Manuscript lecture notes titled 'Neuropharmacology', c.1955, Rodger Papers, GB 248 DC 081/4/1/1/66, p. 1.
47. Typescript lecture notes (postgraduate) titled 'Introduction: The Interview', c.1960s–1970s, Rodger Papers, GB 248 DC 081/4/1/1/80/3, p. 3.
48. Manuscript notes for a talk to the Royal College of Nursing in Edinburgh titled 'Changing Concepts in Psychiatry', 18 May 1959, Rodger Papers, GB 248 DC 081/4/1/2/5, p. 2.
49. 'Neuropharmacology' notes, p. 1.
50. Analytic session for Dream 13/14 August 1935.

References

A. M. S. (1978a) 'Obituary: Professor T. Ferguson Rodger', *The College Courant* 30(61): 39.

A. M. S. (1978b) 'Obituary: T. Ferguson Rodger', *British Medical Journal* 1(6128): 1704.

Beveridge, A. (2011) *Portrait of the Psychiatrist as a Young Man: The Early Writing and Work of R.D. Laing, 1927–1960*. Oxford: Oxford University Press.

Borch-Jacobsen, M. (1989) 'Hypnosis in Psychoanalysis', *Representations* 27: 92–110.

Borch-Jacobsen, M. (2005) 'Simulating the Unconscious', *Psychoanalysis and History* 7(1): 5–20.

British Medical Association (1929) 'Appendix II: Report of the Psychoanalysis Committee', *Supplement to the British Medical Journal*: 262–70.

Chaney, S. (2017) 'The Action of the Imagination: Daniel Hack Tuke and Late Victorian Psycho-Therapeutics', *History of the Human Sciences* 30(2): 17–33.

Charon, R. (2005) 'Narrative Medicine: Attention, Representation, Affiliation', *Narrative* 13(3): 261–70.

Clarke, G. S. (2008) 'Notes on the Origins of "Personal Relations Theory" in Aspects of Social Thinking of the Scottish Enlightenment', *Psychoanalysis, Culture and Society* 13(3): 325–34.

Crichton-Miller, H. (1932) 'Primitive Man and the Modern Patient', *British Medical Journal* 2(3739): 430–2.

Davidson, R. (2009) 'Psychiatry and Homosexuality in Mid-Twentieth-Century Edinburgh: The View From Jordanburn Nerve Hospital', *History of Psychiatry* 20(4): 403–24.

Fergusson, D. (2012) 'Persons in Relation: The Interaction of Philosophy, Theology and Psychotherapy in Twentieth-Century Scotland', *Practical Theology* 5(3): 287–306.

Fitzgerald, D. (2017) 'On the Unexamined Presence of Psychotherapeutics: An Interview With Sarah Marks', *History of the Human Sciences*, available at: http://www.histhum.com/on-the-unexamined-presence-of-psychotherapeutics-an-interview-with-sarah-marks/.

Forrester, J. (2008) '1919: Psychology and Psychoanalysis, Cambridge and London – Myers, Jones and MacCurdy', *Psychoanalysis and History* 10(1): 37–94.

Forrester, J. and Cameron, L. (2017) *Freud in Cambridge*. Cambridge: Cambridge University Press.

Hayward, R. (2009) 'Enduring Emotions: James L. Halliday and the Invention of the Psychosocial', *Isis* 100(4): 827–38.

Hayward, R. (2012) 'The Invention of the Psychosocial: An Introduction', *History of the Human Sciences* 25(5): 3–12.

Hayward, R. (2014) *The Transformation of the Psyche in British Primary Care, 1880-1970*. London: Bloomsbury Academic.

Hinshelwood, R. D. (1998) 'The Organizing of Psychoanalysis in Britain', *Psychoanalysis and History* 1(1): 87–102.

Hull, A. (2012) 'Glasgow's "Sick Society"?: James Halliday, Psychosocial Medicine and Medical Holism in Britain c.1920-48', *History of the Human Sciences* 25(5): 73–90.

Karl, S. R. and Holland, J. C. (2013) 'Looking at the Roots of Psychosomatic Medicine: Adolf Meyer', *Psychosomatics* 54(2): 111–14.

Kuhn, P. (2014) 'Subterranean Histories: The Dissemination of Freud's Works Into British Discourse on Psychological Medicine, 1904-1911', *Psychoanalysis and History* 16(2): 153–214.

Kuhn, P. (2017) *Psychoanalysis in Britain, 1893-1913: Histories and Historiography*. Lanham, MD: Lexington Books.

Lamb, S. (2015) 'Social Skills: Adolf Meyer's Revision of Clinical Skill for the New Psychiatry of the Twentieth Century', *Medical History* 59(3): 443–64.

Loewenthal, D. (2018) 'Introduction to Special Issue: "Towards Transcultural Histories of Psychotherapies"', *European Journal of Psychotherapy & Counselling* 20(1): 1–3.

Lunbeck, E. (2006) 'Borderline Histories: Psychoanalysis Inside and Out', *Science in Context* 19(1): 151–73.

Marks, S. (2017) 'Psychotherapy in Historical Perspective', *History of the Human Sciences* 30(2): 3–16.

McLaughlin, F. L. and Millar, W. M. (1941) 'Employment of Air-Raid Noises in Psychotherapy', *British Medical Journal* 2(4204): 158–9.

Miller, G. (2008) 'Scottish Psychoanalysis: A Rational Religion', *Journal of the History of the Behavioral Sciences* 44(1): 38–58.

Miller, G. (2012) 'R.D. Laing's Theological Hinterland: The Contrast Between Mysticism and Communion', *History of Psychiatry* 23(2): 139–55.

M. M. W. (1984) 'Obituary: Angus MacNiven', *Bulletin of the Royal College of Psychiatrists* 8(7): 142.

Morrison, H. (2013) 'Conversing With the Psychiatrist: Patient Narratives Within Glasgow's Royal Asylum 1921-1929', *Journal of Literature and Science* 6(1): 18–37.

Morrison, H. (2016) 'Constructing Patient Stories: "Dynamic" Case Notes and Clinical Encounters at Glasgow's Gartnavel Mental Hospital, 1921-32', *Medical History* 60(1): 67–86.

Morrison, H. (2017) 'Henderson and Meyer in Correspondence: A Transatlantic History of Dynamic Psychiatry, 1908-29', *History of Psychiatry* 28(1): 72–86.

Nathoo, A. (2016) 'Initiating Therapeutic Relaxation in Britain: A Twentieth-Century Strategy for Health and Wellbeing', *Palgrave Communications* 2(16043): 1–10.

Pegge, G. (1940) 'Psychiatric Casualties in London, September, 1940', *British Medical Journal* 2(4164): 553–5.

Phelan, S. (2017) 'Reconstructing the Eclectic Psychiatry of Thomas Ferguson Rodger', *History of Psychiatry* 28(1): 87–100.

Phelan, S. M. (2018) 'Reconstructing a Twentieth-Century Scottish Psychiatrist: Thomas Ferguson Rodger, "Wartime Psychiatry", "Eclecticism", and "Mad Dreaming"', PhD thesis, University of Glasgow, available at: http://theses.gla.ac.uk/30740/.

Pick, D. and Roper, L. (2004) 'Introduction', in D. Pick and L. Roper (eds) *Dreams and History: The Interpretation of Dreams From Ancient Greece to Modern Psychoanalysis*. London: Brunner-Routledge, pp. 1–21.

Pines, M. (1990) 'An English Freud?', *Psychoanalytic Psychotherapy* 5(1): 1–9.

Poskett, J. (2015) 'Forgotten Dreams: Recalling the Patient in British Psychotherapy, 1945-60', *Medical History* 59(2): 241–54.

Raitt, S. (2004) 'Early British Psychoanalysis and the Medico-Psychological Clinic', *History Workshop Journal* 58(1): 63–85.

'Ralph Pickford' (2013, 6 September) *The University of Glasgow Story*, available at: https://universitystory.gla.ac.uk/biography/?id=WH0145&type=P.

Ricoeur, P. (1970) *Freud and Philosophy: An Essay on Interpretation*, trans. D. Savage. New Haven, CT: Yale University Press.

Rosenfeld, H. (1988) 'On the Treatment of Psychotic States by Psychoanalysis: An Historical Approach', in P. Buckley (ed.) *Essential Papers on Psychosis*. New York, NY: New York University Press, pp. 147–76.

Sass, L. A. (1998) 'Ambiguity Is of the Essence: The Relevance of Hermeneutics for Psychoanalysis', in P. Marcus and A. Rosenberg (eds) *Psychoanalytic Versions of the Human Condition: Philosophies of Life and Their Impact on Practice*. New York, NY: New York University Press, pp. 257–305.

Schafer, R. (2005) 'Listening in Psychoanalysis', *Narrative* 13(3): 271–80.

Shamdasani, S. (2018) 'Towards Transcultural Histories of Psychotherapies', *European Journal of Psychotherapy & Counselling* 20(1): 4–9.

Smith, I. and Swann, A. (1993) 'Medical Officers and Therapeutics, 1921-1993', in J. Andrews and I. Smith (eds) *'Let There Be Light Again', A History of Gartnavel Royal Hospital From Its Beginnings to the Present Day: Essays Written to Mark the 150th Anniversary in 1993 of Gartnavel Royal Hospital's Existence on Its Present Site*. Glasgow: Gartnavel Royal Hospital, pp. 73–83.

'T Ferguson Rodger' (2013, 26 February) *The University of Glasgow Story*, available at: https://universitystory.gla.ac.uk/biography/?id=WH1006&type=P.

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

Timbury, G. (1978) 'Obituary: Thomas Ferguson Rodger', *Psychiatric Bulletin* 2(10): 169–70.

Willmuth, L. R. (1986) 'A Retrospective Evaluation – Darwin Comes to American Psychiatry: Evolutionary Biology and Adolf Meyer', *Journal of Social and Biology Structures* 9(3): 279–87.

Woolf, V. (2000[1919]) 'Kew Gardens', in S. Kemp (ed.) *Virginia Woolf: Selected Short Stories*. London: Penguin, pp. 46–52.

Woolf, V. (2004[1925]) *Mrs Dalloway*. London: Vintage.

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