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Abstracts of the Sixteenth Annual Meeting of the International Society for the History of the Neurosciences June 16-19, 2011

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debate in the history of science and instead begin the work of turning historical attention to how complex social and cultural developments in science and medicine transformed into the narrower categories we now recognize and call psychiatry, neurology, and psychology. Such a scholarly turn does more than answer questions of narrow historical and philosophical interest. The integrative history of these fields has established their contemporary polymorphous characteristics, a point with importance for the academic, clinical, industrial, and commercial organization of science and medicine.

Abstract and Concrete Behaviour: Goldstein's Holistic Approach to Neuropsychology and the Problem of Mental Retardation

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In his theoretical main work, "The Organism" (1934), the German-American neurologist Kurt Goldstein developed a new and unique methodology for studying organismic behavior. His total, holistic approach connects the empirical knowledge of explanatory, natural science with philosophical concepts of understanding man as mind and body. Goldstein's unifying view of the organism as the object and subject of biology was an important step to a homogenous, anti-Cartesian theory of human behavior, beyond dualisms such as "higher" or "lower" psychological functions, normal psychology and psychopathology, and biological and social life. Problems, like the relationship between normality, health and disease, emotion and cognition, knowledge and action, which seem to be divergent and were treated in different ways, could now be understood as correlated and similar phenomena, which follow the same general laws of organismic life. According to Goldstein's concepts there is no bifurcation or antagonism between mind and body. Their distinction depends on the observer's point of view. The mind is a part of the life process as a whole. A brain lesion immediately affects the mind. But its actual impact on the behavior of a person depends on the situation as a whole, which includes biological, psychological, and social aspects. A number of theories of mental retardation in the first half of the twentieth century were deeply affected by Goldstein's distinction between the so-called "concrete" and "abstract" attitude in human behavior. One of his main thesis about the effect of neurological disorders on mental development was the idea that the abstract attitude was essential for the normal functioning of intelligence and that this attitude was impaired in children with brain lesions and other neuropsychological syndromes: The primary disturbance leads to a number of secondary symptoms, which do not arise directly from the underlying processes but depend on the role, a certain function plays in the mental development of the child, on the moment, when the given disturbance occurred, the social reaction of the environment, and the individual abilities of adaption and compensation. As Goldstein stressed, "no damage of a separate function can be made responsible for a certain behaviour, only from the structure of personality as a whole." From this point of view, mental retardation appears not as a biological- or familial-caused deviation from the norm but rather as a special case of "defective responsiveness": as a discrepancy between the demands of the environment and the capacities of the individual. In this sense, mental retardation was no longer considered to be merely a problem of inferior mentality but to be a relational phenomenon that consists in the relation between the concrete attitude of a neuropsychological impaired person, the abstract demands of culture and society, and the support of the people around this person to employ the abstract attitude. This paper attempts to show the contribution of Goldstein to a dynamic, relational, and systemic theory of mental retardation and their implications for education, therapy, and empirical research on this field, especially with regard to the

phenomenological approach of neuropsychological syndrome analysis and to the meaning of “detours” in the mental development of children with disabilities.

Therapeutic Emotions: Social Work Theory and Practice in 1930s America

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Mental hygienists of the early-twentieth century claimed that understanding and managing one's emotions were central aspects of good mental health — a way of knitting body to mind and also promoting the self's growth and adjustment to life's conditions. Attention to emotions was also a central component of theory and practice at the Pennsylvania school of social work under the leadership of sociologists Jessie Taft and Virginia Robinson. Taft and her colleagues experimented with new nondirective interventions with clients in the early 1930s and sought to educate the feelings of the social worker as an important part of their training. In stark distinction to the behaviorists who decried excessive emotion in the parent-child relationship, Taft saw emotion as providing valuable signals as to what needed adjustment in personal and social life. Taft had earned her doctorate in sociology at Chicago under the tutelage of George Herbert Mead and afterwards had worked at a reformatory for girls in New York, a psychopathology clinic at Cornell, and as director of the child study department at the Children's Bureau in Philadelphia. In 1926, she began a short psychoanalysis with Otto Rank and adopted some of his ideas into her social work practice. In 1934, she became director of the Pennsylvania School of Social Work. Taft and her school embraced a functional approach to social work, in which the social worker focused on the specific problem raised by the client in a time-delimited manner rather than delving into deep psychological trauma. Social workers supplemented psychiatric care with after-care, worked in outpatient clinics, assessed mental defect and deficiency and grappled with the social problems of alcoholism and syphilis. They did not conduct psychological tests, as did the psychologists, nor did they diagnose mental illness, as did the psychiatrists, nor did they carry out in-depth analyses as did the psychoanalysts. As Taft saw it, social workers could nonetheless fill an important niche among health care professionals by taking the client's immediate complaint as the path towards building a present-oriented relationship attuned to emotional interaction. Taft structured the social work encounter around existing time constraints and privileged the desires of the client, envisioning the social worker as merely an assistant to the unfettered expression of the client's self. This model emerged in good part from her work with children where she permitted extremely unrestricted forms of emotional expression in the therapeutic context. The social work curriculum developed at University of Pennsylvania honed the social worker's emotions to forestall the projection of one's own feelings and ideas onto the client and pushed students to use their feeling responses as therapeutic tools, in order to develop the kind of relationship that would aid the client. This active attunement to emotions in oneself and the other in evolving patterns of interaction comprised a social empathic model that Taft and Robinson called “relationship therapy.” Relationship therapy was an important but as yet still largely undocumented influence to a broader set of psychotherapeutic practices in the post-World War II period. In particular, one can track the roots of the psychologist Carl Rogers' commitment to a client-centered approach in the work of Taft and her school. The emphasis on relationship rather than on patient insight formed the groundwork for a shift to models of therapy attuned to the nature of the therapeutic relationship that became increasingly common in the postwar period. Social workers, then, as the least prestigious professionals in the health