

# Rehabilitation at Roffey Park: Management and psychiatry in occupational mental health, 1943–83

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## Abstract

Roffey Park Rehabilitation Centre, which opened in 1943, offered short-term psychiatric treatment for workers suffering from ‘industrial neurosis’. In 1947, Roffey Park opened a training institute to instruct doctors, managers, and trade unionists in occupational mental health and human relations management. The rehabilitation centre’s twin institutions generate new insight into the histories of psychiatric and management science in the mid 20th century. While historians have shown how post-war psy-science problematised the family and the child in the creation of democratic citizens, Roffey Park shows that psychiatrists also located the site of social pathology in the workplace. Until the early 1950s, the rehabilitation centre was marked by an optimistic eclecticism that united technologies from psychiatric science, management science, industrial relations, the military, and industrial welfarism. Over the course of the next two decades, prompted by the rehabilitation centre’s incorporation into the National Health Service, Roffey Park disintegrated into bounded territories of medical and economic expertise. While historians have explored the welfare state’s role in enabling post-war psychiatry, Roffey Park reveals that the institutions of the welfare state struggled to incorporate this experimental site of occupational psychiatry.

## Keywords

democracy, management, psychiatry, Second World War, work

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## Introduction

The mock Tudor grandeur of Roffey Park Rehabilitation Centre, set among manicured lawns and surrounded by the bucolic West Sussex countryside, welcomed patients with a genteel air. The rambling stone and timber house, bedecked with climbing plants, couldn't have been further away from the hustle of business and the noise of the factory. On the lawns, patients undertook daily exercise in neat rows. Inside, wood-panelled rooms were decorated with fresh flowers and reproductions of great works of art.

Roffey Park opened in 1943. The rehabilitation centre offered psychiatric treatment for persons suffering from 'industrial neurosis'. Treatment ranged from tried and tested methods such as occupational therapy, physical exertion, and dietetics to experimental social and physical psychiatric interventions. The centre had space for 120 patients each undergoing a course of six to eight weeks of rehabilitation. Most were referred to Roffey Park through their employers' medical officers, with priority going to subscribing firms. Others were referred from outpatient psychiatric clinics.

Requests for tours and visits prompted Roffey Park to open a residential training school in 1947, to instruct doctors, managers and trade unionists in occupational mental health and human relations management. One year later, Roffey Park was incorporated into the National Health Service (NHS), joining William Walters Sargent at St Thomas' Hospital. From 1950, the rehabilitation centre and training institute slowly disentangled. The separation became final in the 1970s, ending the cooperation between psychiatry, industry, and organised labour that had sparked Roffey Park into existence 30 years before.

Psychology's influence on 20th-century selfhood, the family, and popular culture has been well documented by historians (Shapira, 2013; Thomson, 2006, 2013). However, histories of psychiatry have tended to speak more to discipline formation (Berrios, 1996; Micale and Porter, 1994; Shorter, 1997; Weber, Berrios, and Engstrom, 2012), with less focus on the ways in which psychiatry shaped culture, society, and policy (Chettiar, 2023; Evans, 2013; Porter and Gijswijt-Hofstra, 1998). Moreover, while historians have shown how post-war psy-science problematised the family and the child through the project of creating democratic citizenry, Roffey Park shows that psychiatrists also located the site of social pathology in the workplace (Chettiar, 2012; Jackson and Bartie, 2014; Joice, 2021; Shapira, 2013; Wills, 2005). Roffey Park reveals the mid-century as a period in which psychiatric science held the ear of government, trade unionists, and business leaders, promising solutions for public health, democracy, and economic prosperity. The history of post-war productivity politics has glossed management's turn to the 'Human Factor' in industry, but psychiatry's role in shaping the relationship between national productivity and mental health has yet to be explored (Carew, 1991; Maier, 1984; Tomlinson and Tiratsoo, 1993; Ussishkin, 2013). The Sussex centre's blend of psychiatry and management science has evaded the traditional territory of historians of the human sciences: Roffey Park has received little historiographical attention compared to other wartime psychiatric hospitals, such as Mill Hill and Belmont.<sup>1</sup>

This article therefore offers a history of management science in Britain. Historical sociologists Peter Miller and Nikolas Rose have written about the mid-century alliance

of psy-disciplines and management science through the lens of governmentality. For these authors, psy-informed management practices worked to problematise and intervene in workers' sense of self and relationship to their labour (Rose and Miller, 2008). While a governmental framework usefully highlights work as a disciplining process, it obscures the fragility of Roffey Park's marriage of psychiatric and management institutions. Moreover, occupational psychiatry at Roffey Park was less an attempt to 'reshape the identity of individuals' than a distinctly mid-century effort to strengthen democracy and national prosperity through healing the bonds that connected workers to the social fabric (*ibid.*: 174).

Roffey Park highlights a moment of possibility and experimentation between the publication of the Beveridge report in 1942 and the implementation of its recommendations by the Labour administration in 1945. I argue that until the early 1950s, Roffey Park was marked by an optimistic eclecticism that united technologies from psychiatric science, management science, industrial relations, the military, and industrial welfarism. My article also traces the truncation of this mid-century eclecticism into bounded territories of medical and economic expertise two decades later. The seeds for this eventual separation were sown during Roffey Park's incorporation into the National Health Service. While historians have explored the welfare state's role in enabling psychiatrists to expand their expertise into the realm of the social, Roffey Park reveals a different story, showing that the institutions of the welfare state struggled to incorporate this experimental site of social and occupational psychiatry (Chettiar, 2023; Hayward, 2012b; Thomson, 2013).

## **Establishing Roffey Park Rehabilitation Centre**

The 30 years prior to Roffey Park saw the emergence of the field of industrial medicine, which was institutionalised in Britain during the First World War. The Health of Munitions Workers' Committee was founded in 1915 to ensure the health, and therefore efficiency, of workers in vital war industries. After the war, the committee was replaced by the Industrial Fatigue Research Board, renamed the Industrial Health Research Board in 1928, funded by the Medical Research Council (Blayney, 2022; Kreis, 1995). Vicky Long and Steffan Blayney argue that between the 1920s and 1940s, psychological concerns replaced the physiological focus of industrial medicine (Blayney, 2022: 75; Long, 2011: 27). This shift from the working body to workers' minds, indicated by the founding of the National Institute of Industrial Psychology in 1921, constructed work as a domain of the psy-disciplines. Interwar industrial psychology was 'a psychology of the individual' (Blayney, 2022: 95). In the initial years of the field, industrial psychologists worked to classify workers according to individual traits. While this strand of industrial psychology lived on in Roffey Park through vocational guidance and selection, the rehabilitation centre was, as I discuss later in this article, influenced by novel experiments in social psychiatry, which understood individual psyches as inseparable from their social and interpersonal context.

The outbreak of the Second World War re-energised industrial medicine. Under pressure to increase productivity in war industries, the workplace once again became a significant site of expert intervention. The Ministry of Labour focussed its attention on

protecting the health of war workers: in 1942, Ernest Bevin established a Factory and Welfare Department and a Factory and Welfare Advisory Board within the ministry, and a year later Bevin appointed an Industrial Health Advisory Committee. Bevin also revived the Industrial Health Research Board, which from 1942 began to attend to the psychological effects of work (Long, 2011: 22).

One key concern of industrial medicine during the 1940s was the worry that psychological strain on the Home Front would harm labour efficiency, building on the association between neurosis and absenteeism that had been made in the 1930s (Halliday, 1935; Long 2011: 141–2). By the 1940s, medical professionals had published a spate of investigations into sickness absence in this period, which both uncovered widespread psychological distress among workers and produced a medical problem to be solved (Ling, Purser, and Rees, 1950: 160). These studies, such as Russell Fraser's 1942 research into neurosis as a cause of absence among workers in engineering factories, which found that 'neurotic illness' was responsible for between a quarter and a third of all sickness absence from work, made apparent that attending to workers' mental health was an essential element in increasing labour efficiency (Fraser, 1947: 38).

Thomas Ling, psychiatrist at Imperial Chemical Industries and member of the Industrial Medical Service, another organisation responsible for monitoring the health of workers in war industries, first envisaged Roffey Park after becoming concerned about the numbers of people suffering breakdowns at work in jobs vital for war production. Thomas Ling approached Lord Horder, physician to King George VI and president of the British Eugenics Society between 1935 and 1949, and explained his vision for a centre to provide remedial treatment for workers before they experienced a complete breakdown.<sup>2</sup> In June 1943, an Organising Committee was formed and appointed Horder as chairman and Samuel Courtauld, industrialist and patron of the arts, as vice chairman. The pairing, as one of Roffey Park's promotional brochures put it, exemplified 'the joint interest in medicine and industry'.<sup>3</sup>

The National Council for the Rehabilitation of Industrial Workers, established to administer the centre, raised over £73,000 (over £2.5 million in today's money) in total from 180 organisations and private individuals, testifying to the experiment's broad appeal.<sup>4</sup> Many of the subscribing companies, including Unilever, Imperial Chemical Industries, and Boots the Chemists, were part of an industrial welfarist tradition stretching back to the Edwardian period and intensifying during the interwar years. A stay at Roffey Park sat alongside companies' pre-war provision of sports and social clubs, holiday camps, and other medical services such as doctors and dentists (Jones, 1983; Scott and Walker, 2017). The welfarist tradition behind Roffey Park was mainly employer-led and paternalistic. The only worker organisation listed among the donors was a small contribution from the Motor Cycle Trade Benevolent Fund. Because wealthy industrialists and firms were Roffey Park's main source of income, the Sussex rehabilitation centre ultimately reflected employers' interests in maintaining a productive workforce.

Although Roffey Park was funded by private firms, with the state at arm's length, trade unions were broadly supportive. While Vicky Long suggests that trade unions were suspicious of rehabilitation services that suggested workers' problems were psychological, rather than material (Long, 2011: 112), with Roffey Park they had reason to be more

cooperative. As I discuss later, Roffey Park was unique in framing the organisation of modern labour as pathological, resonating with trade unions' analysis of working conditions. In the 1960s, the trade union position on industrial health was laid out in a paper authored by the Social Insurance and Industrial Welfare Committee of the Trades Union Congress (TUC). Health was defined broadly, chiming with Roffey Park: the committee included both the physical and 'psychosocial' components of work, such as the effect of automation and job satisfaction. Moreover, the committee was clear that the responsibility for securing good health at work lay with the employer and the government, aligning with Roffey Park's own sponsors.<sup>5</sup>

The considerable sum raised through corporate subscriptions enabled the council to purchase Roffey Park, the Horsham estate owned by the late shipping magnate and baronet August Cayzer. In mid 1944, even before building work was completed, the first 27 patients embarked on a six-week course of rehabilitation (Giles, 1988: 6). The speed at which Roffey Park became reality demonstrates the shared and urgent interest from industry, government, and the medical profession in work as a site for psychiatric intervention.

The assumption that workers suffering from industrial neurosis were less productive provided an urgent motivation for medicine, state, and industry to join forces in the rehabilitation centre. As a Roffey Park promotional brochure explained, the 'acute labour shortage' that confronted Britain during the war made it 'vital that neither time nor manpower should be lost to industrial production through breakdowns in health or efficiency'.<sup>6</sup> Roffey Park's rehabilitation efforts were framed as a national duty. The mid-century saw private industry answer this call to duty. Most patients had their stays funded by their employer; only occasionally would a patient be paid for by the local authority. Although those who were 'able to pay for themselves were expected to', it is unlikely that many could. The cost of rehabilitation at Roffey Park was significant, at £4 14s. 6d. per week: three days' wages for a skilled labourer.<sup>7</sup>

While the association between neurosis and reduced labour productivity was commonplace in mid-century psychiatric literature, it would come to be challenged by Aubrey Lewis's Medical Research Council-funded Unit for Research in Occupational Psychiatry. Lewis doubted that the relationship between mental illness and occupational capacity had been fully proven by research, calling such studies 'propaganda' (Lewis, 1951: 239). His unit found no relationship between neurosis and low productivity or absenteeism (Markowe, 1953: 101). The MRC unit's scepticism revealed the vulnerability of Roffey Park's account of industrial neurosis. While medical, business, and government interests were quick to unite around this explanation in the urgency of war, the alliance proved fragile in the post-war decades.

## Industrial neurosis

During the immediate post-war years, however, Roffey Park faced an amenable political landscape. Post-war reconstruction and the threat of the Cold War ensured that pressure on production continued from wartime. In an article for the *British Medical Journal*, Roffey Park's medical director, Thomas Ling; J. A. Purser, the Boots Lecturer in Occupational Health; and E. W. Rees, the senior physician, argued that Britain, an

‘industrialized society, whose prospects of survival as an independent power depend on national productivity’, urgently needed serious efforts to understand the psychological impact of ‘industrial conditions’ on workers (Ling, Purser and Rees, 1950: 160). National productivity and emotional well-being continued to be paired as mutually reinforcing goals after the Second World War, as the task of post-war reconstruction bound together the social, economic, and psychological transition to peace (Alexander, 2012, 2016; Langhamer, 2020; Shapira, 2013). The newly elected Labour administration’s faith in political and economic planning spilt over into the belief that principles from psychiatry and psychology could be mobilised to plan a healthier society, a phenomenon that has been labelled the ‘therapeutic state’, the ‘intimate state’, and ‘psychological socialism’ by historians (Chettiar, 2023; Hayward, 2012b: 294; Nuttall, 2006).

Unlike in interwar industrial medicine, which focussed on a few unhealthy occupations, at Roffey Park, all employment was believed to leave one vulnerable to industrial neurosis. Despite the ‘industrial’ in ‘industrial neurosis’, Roffey Park treated people from a wide range of professions, not just those in manufacturing. The *Lancet* claimed that ‘patients are drawn from among managers, secretaries, and accountants, as well as those who earn their living with their hands’ (‘A Rest From Industry’, 1945: 608). The centre’s medical staff defined industrial neurosis as ‘neurosis in which employment seems a relevant factor’ (Ling, Purser, and Rees, 1950: 160). It was no longer the specifics of the work itself but the conditions under which all jobs operated that created the opportunity for mental breakdown. The strain of modern, industrial tempo had infected all mid-century occupations, whether they were in manufacturing, commerce, or service.<sup>8</sup>

A Central Office of Information film depicting the rehabilitation centre, *Rehabilitation at Roffey Park* (1946), blamed workplace neurosis on the pace and alienation of modern labour. The character of Mary Redman broke down during her job as a senior typist in a large invoicing department, sobbing over her typewriter. The director, Patrick Brunner, who acted as the film’s narrator, explained that Mary’s distress stemmed partly from her obsession ‘with the time element in her work’: ‘How can I possibly cope with this ceaseless mass of detail in the time at my disposal, is her constant, unspoken query’ (Brunner, 1946). Mary is shown flitting distractedly between her different tasks; cutaway shots of her wristwatch and the wall clock indicate time’s constant, insistent presence. Mary Redman’s breakdown was rooted in the time pressures of 20th-century work, which demanded a state of sustained stimulation that was impossible to maintain (Rosenberg, 1998).

Industrial neurosis as an understandable response to the strain of modern work was paralleled in other material about Roffey Park. An article by the *Lancet* covering the ‘model reablement centre’ began with a description of the ‘common patterns’ of breakdown among workers (‘A Rest From Industry’, 1945: 607).

The quiet sensible man, after twenty years of steady service, may become depressed, bewildered, unable to concentrate or to complete his ordinary day’s work; the young man or woman beginning to take responsibility may be overwhelmed by domestic or emotional

disasters; the energetic methodical middle-aged secretary may develop obsessional fears; and for others life is spoiled by morbid anxiety. (ibid.)

The *Lancet* article refused to position nervous breakdown as a sign of a deeper personality flaw or a subconscious escape into idleness.<sup>9</sup> It could happen to ‘steady’, ‘sensible’ workers; mental illness could lay low even an ‘energetic’ and ‘methodical’ individual. The diagnosis of industrial neurosis blamed the conditions of modern work for putting workers at risk of nervous breakdown. Social conditions, not congenital weakness or personal inadequacy, was the predominant aetiological factor behind mental illness. Roffey Park was influenced by a growing number of psychiatrists and clinicians, including Aubrey Lewis, James Halliday, Alexander Macbeth Wilson, and George Morrison Carstairs, who held that social factors caused some psychological illness (Carstairs, 1959; Hayward, 2012a; Lewis, 1951; Miller, 2011: 108–10). Ling echoed Halliday and Carstairs’s belief that sociocultural factors determined the incidence of psychological illness. In his later work on LSD and Ritalin as a treatment for neurosis, Ling wrote that ‘we are living in an age of anxiety, and anxiety-producing factors in our culture grow progressively more numerous and intense’, referencing Carstairs’s proposed link between British child-rearing practices and the national tendency towards ‘pessimism’ (Ling and Buckman, 1963: 7, 11). Ling’s belief in the role of external factors in engendering neurosis led him to place special emphasis on work as the primary aetiological cause of industrial neurosis. He argued that ‘the incidence of neurosis in industry is influenced by working environment, both physical and psychological’ (Ling, Purser, and Rees, 1950: 159).<sup>10</sup>

By attending to environmental factors, the medical staff at Roffey Park saw themselves as continuing Victorian innovations in public health through the work of the rehabilitation centre. They declared,

A hundred years ago this country was faced with serious epidemics of disease, a high infant mortality rate, and a high death rate among low-income groups – interrelated problems produced by rapid urbanization and industrialization. To-day the country is faced with a similar challenge in the field of mental health, and once again emphasis must be placed on prevention and public education rather than *ad hoc* treatment of the casualties. (Ling, Purser, and Rees, 1950: 160)

In this passage, the authors positioned mental health as *the* health crisis of the age. Just as the economic and social changes of the 19th century blighted the population’s physical health, 20th-century society had generated a crisis of psychological illness. Roffey Park’s staff saw themselves as pioneering a public health revolution, in which medicine, industry, and the state would unite to provide health care that addressed a modern industrialised nation.<sup>11</sup> The belief that modern occupational conditions put British workers at risk of industrial neurosis influenced the rehabilitation centre’s belief in the therapeutic potential of practices from business management and industrial relations.

## Rehabilitation

Patients stayed at Roffey Park for six to eight weeks. Roffey Park's focus on short-term treatment complemented by physical activity, dietetics, and occupational therapy combined the principles of a disability rehabilitation centre with those of a psychiatric hospital. Ling placed Roffey Park within 'contemporary practice during and since the war', which had 'carried the concept [of rehabilitation] very much further' than before, when 'rehabilitation [was] somewhat loosely applied to the physical treatment of a local disability' (Ling, 1948: 35). The war proved instrumental in the expansion of institutions for disability rehabilitation. Many new rehabilitation centres, such as the Egham Industrial Rehabilitation Centre, were initially founded to serve disabled ex-servicemen, but opened their doors to civilians with the cessation of hostilities.

Roffey Park was directly inspired by military efforts to manage the psychological strain of war. Thomas Ling declared the Armed Services 'far ahead of civilian practice' in rehabilitation techniques. His vision for Roffey Park was informed by the 'neurosis centres' set up by the armed services during the war, where the emphasis was placed on 'early return to duty where possible' and 'full use of various social techniques in addition to individual treatment' (Ling, Purser, and Rees, 1950: 160). In his reference to 'social techniques', Ling was undoubtedly thinking of Northfield Military Hospital. Psychoanalysts Wilfred Bion and John Rickman initiated an explosive experiment in what would later be known as 'therapeutic community' at Northfield, a psychiatric hospital for invalided servicemen, in 1942. Bion and Rickman handed over the therapeutic programme of Northfield Hospital to the patients. Patients were left to organise social, occupational, and educational groups, and to take responsibility for ward cleaning and organisation (Bion, 2001[1961]: 16–18). Bion radically absconded from taking a leadership role, determined 'not to attempt solution of any problem'. In this way he hoped to force patients to take responsibility for their own collective neurosis out of sheer impatience with the chaos caused by the inevitable disintegration of discipline on the ward (*ibid.*: 19). The Northfield Experiment was based on a notion of 'military citizenship', in which patients would willingly submit themselves to an *esprit de corps* once they discovered that apathy was symptomatic of their neuroticism (*ibid.*: 20; Thalassis, 2007: 353).

Although Bion believed that the ward's disintegration as the group worked through their 'wild, neurotic impulses' was a temporary phase on the way towards successful and responsible self-organisation, the experiment was terminated after only six weeks (Bion, 2001[1961]: 20). Bion and Rickman were hurriedly expelled after the War Office found the hospital in a state of disarray, the cinema hall strewn with condoms (Shephard, 2000: 260). Regardless of Northfield's ignominious origins, Bion and Rickman's experiments in 'therapeutic community' influenced post-war efforts to resettle prisoners of war (POWs). Civil Resettlement Units (CRUs) were established in requisitioned country estates from 1945 and, like Northfield and Roffey Park, believed that former POWs' active participation in the democratic management of the unit would prove rehabilitative after prisoners' experience in authoritarian camps (Makepeace, 2017: 218–19; White, 2016).

Northfield, CRUs, and Roffey Park were part of a network of institutions emerging in the 1930s and 1940s that cast psychiatry as a tool of democracy and citizenship-making.

The Hawkspur Experiment (1936–41) anticipated several key features of the Sussex rehabilitation centre. Founded as a residential camp in the Essex countryside for anti-social young men, it laid the foundations for the ‘therapeutic community’ movement in Britain. As at Roffey Park, the camp mobilised ‘participative democracy as a fundamental therapeutic principle’: in Hawkspur, the campers were encouraged to play an active role in organising work and leisure activities in the camp, readying the young men for their citizenship duties in the wider world (Jones and Fees, 2023: 73; Tomcic, 2024). Thomas Ling would have also been aware of the effort syndrome unit in Mill Hill hospital, run by Maxwell Jones. As at Roffey Park, hierarchies between patients and staff were diminished, admissions stayed on average between six to eight weeks, and patients were treated with group discussion, exercise, and occupational therapy (Jones, 2003: 29). However, Roffey Park differed from these other experiments in social psychiatry. The rehabilitation centre was imbricated with business interests and management studies. At Roffey Park, citizenship was associated with patients’ duties as productive members of the workforce, and, as I will show later, the institution’s commitment to democratic participation was undercut by the need for patients to accept their place within the workplace hierarchy.

As much as Roffey Park’s definition of industrial neurosis marshalled a critique of work as a potential psychic risk, the category also framed rehabilitation around employment. In follow-up studies, the centre collected data not just on which patients were ‘symptom free’ one year after treatment, but also on whether they were in employment. The significant minority who still experienced symptoms after their stay were divided into those still able to work and those who had become ‘unemployable’ (Ling, 1952: 120). Roffey Park focussed its resources on those who could be usefully restored to their productive capacities. Only those aged between 18 and 50 were admitted to the centre. Roffey Park was reluctant to treat patients with severe neurosis, choosing to prioritise those with ‘fundamentally good personalities’ (Ling, Purser, and Rees, 1950: 161). The rehabilitation centre’s admission policy was in contrast to the industrial neurosis unit at Belmont Hospital, which treated the ‘chronic ... neurotic’ facing long-term unemployment (Jones, 1952: 25). Roffey Park was unique in the extent to which it understood mental illness as a temporary, common, and understandable response to working conditions that could be solved through a combined effort of rehabilitation inside the centre and adjustments to the workplace on patients’ return.

## Treatment

Roffey Park was a unique site of psychiatric intervention. The rehabilitation centre made use of seemingly all available technologies to treat psychological illness deriving from work. The variety of therapeutic techniques, including electroconvulsive therapy, art therapy, occupational therapy, insulin treatment, dietetics, exercise, counselling, and narcoanalysis, makes it difficult to generalise about patients’ experience. Like Mill Hill, another wartime experiment in treating the civilian population, Roffey Park united social and physical therapies, although the Horsham rehabilitation centre was unusual in its debt to industrial and management practices in treatment.

Roffey Park understood modern work as a psychic risk. However, occupational therapy within the centre formed a key part of patients' re-socialisation and adjustment to work. Patients worked daily at handicrafts and in wood and metal workshops. Occupational therapy also had a practical use for the centre. Patients worked in the kitchen garden, keeping the centre supplied with fresh fruit and vegetables, and in the kitchens themselves, where they worked with a dietician to ensure patients' diets proved a hearty and nutritious basis for their recovery (Ling, 1945: 112).<sup>12</sup> Here Roffey Park inherited a long tradition of patient work as a method of patient control, mode of training, and enactment of civic duty that had taken root in psychiatric hospitals and disability rehabilitation centres (Eastoe, 2019; Ernst, 2016).

At Roffey Park, the therapeutic power of occupational therapy derived from its distance from modern industrial life. Patrick Brunner declared, in a scene from *Rehabilitation* where male patients sawed trees in the centre's lush grounds, that the emotional satisfaction resulting from woodworking was 'common knowledge'. 'The sound of planing or sawing does not jar like the noise of a hacksaw on metal.' Brunner acknowledged the tactile benefits of carpentry, as well as the beneficial exercise and fresh air woodworking provided. But it was the organisation of the labour process that provided 'deeper causes' of this occupation's 'therapeutic value' (Brunner, 1946). The men are shown deep in concentration, working energetically and with purpose. This purpose filled the 'psychological vacuum' left by modern industry. Brunner blamed industrial neurosis on the alienation of modern labour processes. In the modern workplace 'it is difficult to establish contact between the individual and the finished article.... Few men now can say I made this' (Brunner, 1946). Through occupational therapy, Roffey Park clung to the idea that craft labour could reverse the alienation of modern work.

The vision of modern work as without psychological satisfaction relied on an imagined past of fulfilling and meaningful labour. This narrative rested on a narrow image of work that was both symptom and cause of the overdetermination of the male industrial worker. Feminised labour fell outside this narrative, leaving Roffey Park without a framework to understand the intersecting stress of unpaid reproductive labour and waged work. Supposedly emotionally fulfilling physical and skilled labour was not available to women, who busied themselves with handicrafts. Needlework hardly provided the diversion of 'the other's fellow's job', not to mention the opportunity to learn a new trade.<sup>13</sup> There was little to distinguish occupational therapy from domestic work outside of the rehabilitation centre. The task of re-socialising patients required the re-inscription of sexual difference, resolving the crisis of gender that mental illness provoked (Bourke, 1996). However, maintaining a strict gender division of labour within the therapeutic space of Roffey Park required disregarding the reality of women's emotional lives.

The centre had an on-site nursery that served the nursing staff and daily workers, and women patients were encouraged to help with childcare as part of their treatment. *Rehabilitation* shows Mary Redman cheerfully playing with the pink-smocked nurse children, pulling one timid girl into an affectionate hug. Brunner spoke for Mary in his claim that her work at the creche 'was a potent factor in her recovery'. Viewers were assured that 'looking after this gang would not allow much time for introspective brooding over one's sorrows' (Brunner, 1946). *Rehabilitation* framed the constant mental occupation that childcare demanded as therapeutic. In so doing, it dismissed reproductive

labour as the cause of psychic trouble, echoing Halliday's conclusions from his study of unemployment and psychoneurosis that, for women, 'to be engaged at work is more productive of mental stress than to be at home' (Halliday, 1935: 100). However, even the film's narrative couldn't disguise the inconsistencies of this position. Mary's breakdown was prompted by the strain of managing her busy job with her caregiving duties: her family of three is 'always on her mind'. Brunner acknowledged that Mary Redman's experience was not unique. In fact her 'double load' was a burden shared 'with many other women in modern industrial life' (Brunner, 1946). Although managing the combined burden of domestic and waged labour had caused Mary Redman's difficulties, childcare at the centre was framed as therapeutically busy: not having a moment to oneself prevented one from focussing on one's own worries. Despite acknowledging the strain caused by the double load, Roffey Park could not marshal a critique of the emotional work of the home.

Thomas Ling proclaimed his disdain for 'authoritarian' hospitals, where patients were expected to be 'acquiescent and grateful' (Ling, 1952: 119). Instead, Roffey Park cultivated a 'democratic atmosphere' using techniques borrowed from industrial relations and the centre's declared goal of rebuilding patients' self-confidence ('A Rest From Industry', 1945: 608). Although Roffey Park's 'democratic atmosphere' exerted strong influence over the rhetoric and the social life of the centre, it was particularly superficial when it came to medical interventions. Patients' days operated according to a rigid timetable, which included a compulsory 45-minute nap after lunch (Brunner, 1946). Treatments could be extreme: in the first three years of the centre, at least four patients were sent to Sussex General Hospital for a frontal leucotomy ('A Rest From Industry', 1945: 608). Evidence from psychiatric hospitals indicates that patients found physical treatments distressing.<sup>14</sup> Although patients were admitted to Roffey Park voluntarily, the fact that their stay was being funded by their employer would have increased the likelihood of patients accepting treatment in the hopes of returning to their old job. The extreme physical treatments at the rehabilitation centre are especially troubling in light of Roffey Park's ill-defined diagnostic category of 'industrial neurosis', which suggested mild mood and personality disorders, and the centre's policy of short-term admission.

## **Industrial democracy and morale management**

Both the rehabilitation centre and training institute expected private industry's active participation in the task of creating a healthy workforce. This was because industrial neurosis was understood to be at least partially the employer's responsibility, arising as it did from the unhealthy working conditions of the modern economy. Ling, Purser, and Rees argued that treatment could provide only temporary relief unless it was accompanied by 'appropriate modification of [the worker's] environment' (Ling, Purser, and Rees, 1950: 160). Roffey Park did intervene to adapt unfavourable working conditions for patients post-rehabilitation. For example, May, another typist referred to the centre, was found to be suffering from depression and insomnia resulting from overwork. Discussions with the personnel department of her firm revealed that her supervisor was 'irrational, difficult and liable to have favourites'.<sup>15</sup> As a result, this department struggled with staffing problems and May took on the burden of the extra work. Roffey Park encouraged May's firm

to move the supervisor to 'alternative employment where she was not in charge of other people', and following treatment, May returned to work. The emphasis on healthy personalities could sometimes be mobilised to critique the behaviour of those in authority.

As noted earlier, the rehabilitation centre drew on techniques from the military and industrial democracy to treat patients. Thomas Ling and the medical staff at Roffey Park frequently stressed morale's importance as a key metric of successful operation of the centre. Ling declared the centre's 'morale-structure' to be 'an important therapeutic weapon' against neurosis, the metaphor underlining morale's military roots (Ling, Purser, and Rees, 1950: 160). As Daniel Ussishkin has argued, morale's diffusion from the military into civil society was linked to the emotional, economic, and political demands of post-war reconstruction (Ussishkin, 2017).

At Roffey Park, morale management applied techniques from industrial democracy to a psychiatric setting. An elected patients' committee liaised between patients and medical staff. They planned leisure activities and suggested improvements to the centre, 'one of the finest methods of maintaining group morale' (Brunner, 1946). The patients' committee was informed by the 'principles of joint consultation', which had been 'well developed in industry' (Ling, 1952: 119). Joint Production Committees had been established amid fears of a wartime production crisis in 1942. They allowed for workers to be consulted on management decisions, in the belief that workers would be more likely to exert more effort at work if they felt part of the firm. After the numbers of committees waned at the end of the war, they were relaunched in the late 1940s with the enthusiastic support of the TUC (Tomlinson and Tiratsoo, 1993: 95). Cooperation with management through joint consultation, trades unionists declared, was part of their mission to 'keep industry up-to-date and efficient' to ensure that 'the age of automation and atomic power can be made a time of prosperity for everybody'.<sup>16</sup>

Morale management formed part of the centre's belief in the therapeutic power of social contact.<sup>17</sup> Patients were left 'desocialized' by their condition, and it was the aim of rehabilitation to harmoniously reintegrate them into work and society (Ling, Purser, and Rees, 1950: 160). Group leisure activities therefore played a special role in emotional rehabilitation. The patients' committee was tasked with organising discussion groups and lectures, film showings and concerts, dances and variety shows, anything that would 'break down social antipathies and restore self confidence' (Brunner, 1946). These activities not only gave patients 'valid, permanent interests in life', but also increased 'their sense of responsibility as citizens' (ibid.). Roffey Park's goal for rehabilitation was to inculcate a democratic, sociable, and industrious affect necessary for healthy and productive democratic citizens.

Both joint consultation in British industry and the patients' committee at Roffey Park contained participation within a limited framework. British industrial democracy was less radical than power-sharing schemes in German and French industry (Carew, 1991: 52; Tomlinson and Tiratsoo, 1993: 106). Managerial prerogative was protected, and self-government by industrial workers was seen as incompatible with economic productivity. As industrial relations researcher Hugh Clegg put it, joint consultation was meant to institutionalise trade unions as a check and balance on managerial authority, acting like a parliamentary opposition 'which can never become a government' (Jackson, 2012: 115).

Industrial democratic therapy in the rehabilitation centre paralleled these limitations. The patients' committee also had little power to challenge medical and managerial authority. By teaching patients to accept their limited sphere of influence over social events, the centre prepared them to accept the uneven distribution of power in the workplace.

Although Roffey Park did intervene to create healthier working environments for rehabilitated patients, patients were also expected to become more accepting of potential psychic harms. May the typist, for example, was also encouraged to take a 'dispassionate view' of the difficulties that had compounded her depression.<sup>18</sup> Patients' neuroses were 'characterized by a failure to adapt to the environment' and treatment should focus on restoring their capacity for 'adjustment' (Ling, Purser, and Rees, 1950: 160). Occupational psychiatry was preoccupied with workers' adjustment to their work tasks and environment, seeing adjustment as often both symptom of and cause of mental illness: a tautology that Aubrey Lewis and his MRC unit criticised as a key weakness of the field (Lewis, 1951; Markowe, 1953). In the first two decades of Roffey Park, occupational psychiatry's insistence on individuals' capacity for adjustment was met by both an industrial welfarist tradition and an industrial democratic context that obliged employers to provide for their employees, while accepting the uneven distribution of power within the workplace.

## Training centre

In 1947, Roffey Park opened its residential training school, offering courses of two to four weeks in the principles of industrial mental health. The institute aimed to attract a broad audience, welcoming 'doctors, works managers, personnel managers, trade union officials, and social workers'.<sup>19</sup> The resident staff of four exemplified Roffey Park's combination of management and psychiatric science. Dr Ling, the medical director, was joined by Jerome F. Scott, research member of the British Institute of Management; social worker J. Kirby; and R. F. Tredgold, psychiatrist and son of the mental deficiency expert and eugenicist A. F. Tredgold. Visiting lecturers also testified to the unifying power of Roffey Park. Guest instructors included medical directors from the Cassel Hospital and the National Association for Mental Health; medical officers from the Ministry of Supply, Boots, ICI, and Unilever; various personnel officers; members of the National Institute of Industrial Psychology and the Industrial Welfare Society; and the general secretary of the PO Engineering Union.<sup>20</sup>

Trade union involvement in management education was not unusual. Papers from the TUC's Production Committee demonstrate regular contact with management organisations, such as the Management Consultants Association (who spoke of their 'cordial relations' with the TUC), and prominent management theorists, such as Lyndall Urwick.<sup>21</sup> Delegates from the TUC attended management training courses and spoke alongside personnel and business managers at conferences; they were regular speakers at the Institute for Personnel Managers Annual Conference.<sup>22</sup> Between the 1940s and the 1960s, the TUC collaborated with management efforts to raise productivity, with the expectation that more efficient workplaces would guarantee a rising standard of living for their members (Carew, 1991: 62).

The training institute syllabus combined psychiatric and management science. Attendees took classes on work supervision and problems of the group, including a discussion of morale, group consultation, and participation. The second part of the course introduced them to the 'daily work of the Centre' in rehabilitating and resettling patients, including classes on physical disabilities and the different types of 'neurosis cases'.<sup>23</sup> The course guided attendees through an eclectic mix of knowledge accrued from over 30 years of industrial health research: Elton Mayo's study of the social organisation and psychic needs of workers at the Hawthorne plant of Western Electric were discussed alongside the role of diet and the influence of fatigue.<sup>24</sup> In Roffey Park, human relations management met physiology, psychiatry, industrial welfarism, disability rehabilitation, and industrial democracy.

Roffey Park's twin institutions materialised a decades-long relationship between the psy-sciences and management thought. Labour management and psychology had been intertwined in bodies such as the Industrial Fatigue Research Board, founded in 1918 on the basis of wartime investigations into munitions workers, and the National Institute for Industrial Psychology, established in 1921 (Kreis, 1995). At Roffey Park, however, it was psychiatry that management thinkers drew on for answers to questions about workers' motivations, incentives, productive capacities, and well-being. Furthermore, the exchange went both ways, with psychiatrists at the rehabilitation centre looking to management as a tool for improving public mental health. The training institute operated on the assumption that management held a psychiatric function in British society. Education in good management practice at Roffey Park, or so their advertising claimed, would prevent the vast 'wastage' caused by those invalided with industrial neurosis.<sup>25</sup> While Edwardian interwar efforts to prevent fatigue and mental strain at work had drawn on a mechanistic model of the body and mind, Roffey Park drew on psychodynamic theory to frame the central task of management as creating a healthy interpersonal environment (Blayney, 2019; Rabinbach, 1992).

The diversity of expertise present within both the rehabilitation centre and the training institute created a novel approach to mental illness. Practical advice about management for mental health framed mental breakdown as avoidable and situational: the result of poor management rather than weak individuals. Tredgold, in a book based on his Roffey Park lectures, instructed readers on providing everyday mental health support at work. Tredgold discussed what he called 'mental first aid' as a simple matter of good social skills, a 'trivial' intervention that could have great effect (Tredgold, 1949: 146). He emphasised the importance of sympathetic listening, offering distraction and reassurance, and remaining tolerant even in the face of misdirected anger or petty grievance (ibid.: 140–51). Using approachable, vernacular language such as *bottling up* and *getting the hump*, Tredgold guided readers through therapeutic interventions, introducing them to the 'more complicated technique' of counselling that had emerged in the United States from psychotherapists like Carl Rogers (ibid.: 146–7).

'Mental first aid', and the principle of management for mental health more broadly, shifted responsibility for mental breakdown away from the individual and onto the group. Industrial neurosis was seen as a failure of a social and industrial system, rather than a personal weakness. Tredgold educated his audience of medical staff, trade unionists, and personnel managers against the idea that 'weak stock' was to blame for nervous

breakdowns. Rather, he argued, although people possessed differing amounts of resilience in the face of strain, 'we probably all have our breaking point' (Tredgold, 1949: 121). He elaborated that the 'early signs of mental disorder' were 'merely mildly abnormal reactions', just an exaggerated version of 'normal' behaviour 'which we use ourselves every day', instructing personnel managers to spot signs of mental illness among their workforce (ibid.: 126). In this way, Tredgold emphasised employers' responsibility for their workforce's mental well-being: both to monitor for early signs of psychic distress hidden among mostly normal behaviour, and to avoid workers' 'breaking point' by organising the labour process to avoid mental strain. However, normalising mental illness as a reasonable response to working conditions operated in tension with a continued psychiatric impulse to categorise a stigmatised population. Tredgold singled out 'particular individuals' for special attention, including the disabled ex-serviceman, the 'dullard', and the 'social misfit' or psychopath (ibid.: 161).

The training institute courted heterogeneous expertise and interests, mimicking the pluralism of the post-war political settlement. Ben Jackson has argued that mid-century corporatism was a 'pluralist doctrine' that advocated for the inclusion of trade unions in the political system, on the premise that they would create a more authentic democracy by constraining the autocratic potential of capital (Jackson, 2012: 107, 115). Roffey Park's training institute exemplified this principle. It attempted to create the conditions for sociability and harmonious cooperation among 'doctors and laymen, men and women, employers and trades unionists, personnel managers and social workers', who 'work and play and talk together' during their stay (Ling, 1947: 223). Through the 'companionable social life' created at the centre, misunderstanding would turn into friendship and the diverse range of experts could work together for a 'sound understanding ... regarding the most important problems of our contemporary civilization' (ibid.). All sides of the labour question were invited to come together, regardless of difference in ideology or interest.

Industrial democracy proved a powerful framework for theorising healthy social relations. At the beginning of the course, the class was invited to express their own training needs and direct the course accordingly. The emphasis on group discussion and friendly exchange of different views combined industrial and psychiatric techniques from joint consultation in industry and group analysis from psychotherapy. Roffey Park's training institute not only taught the importance of managing interpersonal relationships through its course content, but also instituted a democratic praxis that aimed to enact harmonious and genial cooperation.

## Endings and afterlives

Starting in 1948, Roffey Park was slowly absorbed into the National Health Service. In the process, the centre was forced to relinquish its specialism as an industrial neurosis centre. Occupational health, historians have shown, did not find a place in the post-war nationalised health care system, despite the war having appeared to prove its usefulness (Johnston and McIvor, 2000; Long 2011). Occupational medicine's neglect stemmed partly from the lack of clarity regarding who should take responsibility for such a venture. Should private enterprise foot the bill for health risks its employees encountered at work, or should the state provide an independent occupational health

service alongside the NHS? Moreover, as the psychiatrist Henry B. M. Murphy observed, industrial psychiatry was doubly sidelined, being often neglected within the field of occupational medicine itself (Murphy, 1973: 407).

After nationalisation, Ling and the other senior staff at Roffey Park pushed for the rehabilitation centre and training institute to become part of St Thomas' Hospital. It seems they hoped that a prestigious teaching hospital would secure Roffey Park's unique combination of psychiatry and management training. Unfortunately, they overlooked the fact that the consultant psychiatrist at St Thomas' was William Walters Sargant. Sargant was a notoriously aggressive advocate of biological approaches to mental illness.<sup>26</sup> His dogmatic approach to dangerous physical treatments such as psychosurgery, insulin shock therapy, and deep sleep therapy, as well as his distaste for psychotherapy, put him particularly at odds with Roffey Park's eclectic treatment regime. Although Roffey Park practised physical treatments, the centre's emphasis on the therapeutic role of social contacts could not have been more at odds with Sargant's philosophy. Sargant found Roffey Park's request to be incorporated into the teaching hospital perplexing. He questioned why they should be allowed to remain an industrial neurosis centre when general psychiatric beds were in short supply. Sargant scoffed, 'It is well recognised in psychiatry that so called "industrial" neuroses differ little from other neuroses and that all neurosis centres in England admit practically the same sort of patients.'<sup>27</sup> Sargant rejected the idea that individuals' psychological distress could be caused predominantly by their work. For him, most psychiatric conditions were explained through genetic predisposition; the patient's environment was no more than a precipitating factor (Sargant and Slater, 1964: 7–8).

Incorporation into the welfare state gradually foreclosed Roffey Park's vision of joint medical and industrial responsibility for workers' mental health. Like the Peckham Pioneer Health Centre, another experimental site of preventative medicine, which shuttered in 1950, Roffey Park struggled to find a place in the institutional landscape of the new National Health Service (Conford, 2016). In 1950, the Minister for Health, Aneurin Bevan, formally separated the rehabilitation centre from the training institute. Without the training institute, the centre was fully integrated into the South-West Metropolitan Regional Hospital Board (Giles, 1988: 23). Workers continued to be sent by their employers for rehabilitation, but now treatment was state-funded, relieving firms of their financial responsibility for workers' well-being.<sup>28</sup> In 1974, Roffey Park stopped receiving patients referred from subscribing firms and became a general psychiatric hospital serving Crawley.

Roffey Park's specific vision of industrial and psychiatric collaboration slowly unravelled in the 20 years after 1950. Following the training institute's split from the rehabilitation centre, the institute lost its previous focus on employee mental health. The course was renamed 'Human Relations in Industry', removing 'mental health' from the title (Giles, 1988: 24). In 1971, the training institute was renamed Roffey Park Management College (*ibid.*: 58). Their courses were now aimed exclusively at managers, rather than bringing together medical experts, trade unionists, and social workers under a democratic spirit.

The slow detangling of Roffey Park's twin institutions mirrored the frosting over of relations between trade unions and management. The beginning of the end of industrial

democracy came with the Wilson administration's 1969 white paper 'In Place of Strife'. Antipathy solidified after the 1974 Industrial Relations Act, which drew on many of the recommendations of the 1969 white paper. The collegial relationship the TUC had maintained with management science and occupational psychiatry withered: in 1971, the TUC's general secretary withdrew from the National Institute of Industrial Psychology's jubilee conference over the 'offensive' programming that had placed his speech after a talk by the chairman of the government's Commission on Industrial Relations.<sup>29</sup>

The 1970s also marked the end of the industrial democratic moment at Roffey Park. The final separation of the training institute and rehabilitation centre came in 1978, when the management school and psychiatric facility stopped sharing the original canteen (Giles, 1988: 70). In December 1983, the hospital closed, a victim of the accelerating policy of deinstitutionalisation fuelled by the Thatcher administration's appetite for reducing the financial burden on the state and promoting independence and consumer choice within psychiatric care (ibid.: 30; Kritsotaki, Long, and Smith, 2016). While the psychiatric hospital withered in the early 1980s, the training institute blossomed. The divergent fortunes of these two, formerly integrated institutions materialised the shift away from an industrial democratic framework, which understood employee mental health to be an issue of both medical and managerial concern. Roffey Park started on its path towards an emergent neoliberalism, marked by a minimal commitment to worker welfare, hostility to trade union involvement, and a management culture that prioritised entrepreneurialism, flexibility, and wealth creation over corporatism, loyalty, and security.

The memories of one former patient who was in and out of Roffey Park between 1969 and when the centre closed in 1983 indicate how little was left of Ling's vision of short-term rehabilitation. Getting patients quickly back to work was no longer a priority after the era of full employment ended in the early 1970s. Firms no longer needed to invest in their current workers if they could easily find replacements for those who were ill or frequently absent. Brian recalled that he usually stayed at Roffey Park for several months before being discharged: 'I used to be in for three, four, five, six seven months.... You wouldn't be out after just a week or two if you had gone to Roffey Park, I mean, the least you would be in for you'd be there about three months' (Potter, 2013). By the late 1960s, it appeared Roffey Park had become part of what was described by Henry Rollin as the 'revolving-door' problem; it would soon become a common concern that psychiatric hospitals created dependence and readmission rather than recovery (Rollin, 1969: 5).

Brian's memories suggest how the 'morale-structure' at Roffey Park disintegrated through the final decades of the centre's life. Although some elements remained, the prominent role afforded to pharmacological management of psychiatric symptoms replaced the therapeutic power of the social. Brian recalled the range of activities on offer: tennis courts, a 'fully equipped gym', and 'all sorts of occupations like arts and crafts and pottery' (Potter, 2013). The woodwork shop was still there, although the metal workshop had been closed following concerns about accidents. Although Brian remembered Roffey Park as 'a lovely place ... a bit like a hotel really', he determined that the centre 'wasn't very rehabilitative'. Although 'the occupations and activities and the grounds were nice ... you was really drugged, you know you were completely

comatose'. Pharmaceuticals replaced the patients' committee as a means of structuring relationships between patients: the 'main aim' of heavily medicating patients, was that 'there wouldn't be any scraps or fights'. Brian himself was on 30 to 50 tablets a day and felt himself to be 'completely zonked' (*ibid.*). The pharmacological revolution in psychiatric care profoundly changed the emotional valence of the centre.<sup>30</sup> Although since the beginning Roffey Park had treated patients using physical treatments and medication, Ling claimed the centre preferred to rely on 'common-sense' techniques, such as improving the patient's physical health and helping them 'adjust' to their troubles (Ling, 1945: 112).

## Conclusion

Brian's memories of Roffey Park were profoundly ambivalent. 'I loved it and I hated it... I missed the place, really missed the place and at the same time being told I'm going back there, gave me a feeling of dread. But at the same time I actually miss it now' (Potter, 2013). Brian remembered the hospital as 'a sad place', frequent instances of patients taking their own lives had a 'heart breaking' effect on him (*ibid.*). Patients experienced deep emotional suffering at Roffey Park, in tension with the founders' optimistic vision of a harmonious and productive society.

In tracing the life cycle of one unique institution, this article demonstrates the dense, but fragile web of influences at play within the rehabilitation centre. It shows a lost industrial democratic vision in which psychiatry, private industry, the state, and organised labour mobilised around mental health in the workplace. All four groups were spurred on by concerns about wartime industrial efficiency and the project of post-war economic and emotional reconstruction to see the workplace as an important site of psychiatric intervention. While industrial psychology was not new at Roffey Park's founding, previous appraisals of mental health and work had tended to foreground the impact of specific occupations and personality types in the development of neurosis. The rehabilitation centre's definition of industrial neurosis, however, was unique in claiming a much broader connection between modern working conditions and mental illness.

Industrial neurosis, then, allowed for a critique of working conditions, suggesting that mental illness was an understandable response to the mental strain of modern work. Roffey Park thus implicated private industry in the twin projects of national efficiency and national health: if modern working conditions posed psychic risk, then managers had a responsibility to ensure management practices guarded against mental breakdowns at work. However, the alliance between psychiatry and management science ultimately proved fragile, particularly once nationalisation appeared to render private industry's financial responsibility for the mental well-being of its workforce unnecessary.

Roffey Park was one of several institutions to emerge in the middle decades of the 20th century that mobilised democratic participation as a therapeutic treatment, linking active citizenship and psychic recovery. The Sussex rehabilitation centre was unique, however, in utilising democratic techniques from industrial relations, such as joint consultation, to re-socialise patients back into the workforce. Roffey Park's application of industrial democratic praxis had both progressive and disciplining tendencies, which were initially contained in mutual tension during the early years of the centre and training institute's existence. The training institute emphasised the importance of humane and sensitive

management practices, and invited organised labour to participate in the joint effort to raise national productivity. However, the democratic organisation of the centre was limited in scope, without any material redistribution of power, echoing the limitations of similar schemes in the industrial workplace. Moreover, the category of industrial neurosis also left the rehabilitation centre without a language to understand how the gendered division of labour created psychological distress. The binary created between psychologically risky modern work and its symbolic opposite, therapeutic craft labour, framed feminised care work as a healing practice, despite growing awareness of the double role's impact on women's psychological well-being.

Furthermore, the practice of rehabilitation also contained the expectation that to recover, patients would have to adapt to the inevitable stresses of modern work. This latent neoliberal emphasis on individual management of psychiatric risks was activated unevenly as the training institute gradually disentangled itself from the rehabilitation centre (Boucher, 2019). With the separation of Roffey Park's twin functions, the heterogeneous influences and interests fell apart. Incorporation into Sargent's fiefdom at St Thomas' marked the death of Roffey Park's aetiology of occupational mental illness. The therapeutic power of the social, encapsulated in the language of morale management, was replaced by pharmaceutical interventions that did the work of managing relations between patients. Short-term rehabilitation funded by employers was no longer a practical investment or moral norm, with the end of the era of full employment and the shattering of the industrial democratic consensus.

In a striking reminder of the inequities of funding, the only contemporary remnant of Roffey Park is the training institute. Despite the centre's origins as a psychiatric facility, its promise of a revolution in occupational mental health failed to arrive and Roffey Park was forced to languish as a curiosity of mental health provision until its closure in 1983. In contrast, the training institute has proved itself adaptable and resilient to new management cultures and economic fortunes, continuing to operate as a business consultancy and education institute to this day ('Why Roffey Park Institute', n.d.). The contemporary Roffey Park has travelled far from its mid-century origins. Uncovering the fragile alliance of psychiatric science and management provides a position from which to critique today's occupational mental health provision. The mid-century alliance of psychiatric science and management involved a typically social democratic compromise, where workers and managers accepted their unequal responsibilities to each other without a significant challenge to existing power relations. However, in the light of today's unsatisfactory workplace mental health initiatives, Roffey Park's unrealised vision of occupational psychiatry provides both warning and inspiration to those wanting to address the relationship between working conditions and mental illness.

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1. Roffey Park makes a passing appearance in Julie Anderson's book on wartime disability rehabilitation, although she mistakenly claims that Roffey Park did not provide much psychiatric treatment. The centre appears more fully in Jill Kirby's cultural history of stress in Britain. However, neither author fully addresses Roffey Park's management institute (Anderson, 2011; Kirby, 2019).
2. For how British eugenics interacted with social psychiatry in this period, see Swanson (2007).
3. 'Health and Human Relations in Industry: The Courses at Roffey Park', 1947, Wellcome Library, London, Roffey Park Institute, P3359.
4. National Council for the Rehabilitation of Industrial Workers, 'Roffey Park Rehabilitation Centre: A Record of Two Years' Progress, 1944–1946', 1946, Wellcome Library, WB320 1946R72r.
5. Report of the Social Insurance and Industrial Welfare Committee of the Trades Union Congress on Work and Health, 10 January 1968, Modern Records Centre, Warwick, TUC Collection, MSS.292B/136/4.
6. 'Health and Human Relations in Industry'.
7. National Council for the Rehabilitation of Industrial Workers, 'Record of Two Years' Progress'.
8. For an example of how modern tempo was somatised in a specific occupational setting in inter-war industrial medicine, see Hayward (2017).
9. Sir Daniel Thomson, Chief Medical Advisor to the Civil Service between 1968 and 1976, undertook a study of sickness absence, in which he claimed that illness was a subconscious escape from the stresses of work at the service (Palmer, 2015).
10. Greater appreciation of external factors causing emotional distress resulted in wartime technologies for monitoring population well-being, which could not account for biographical reasons behind breakdowns. See Hayward (2014).
11. On the relationship between Victorian public medicine and 20th-century industrial medicine, see Long (2011: 13).
12. The importance of diet was an established part of industrial medicine by the mid 20th century. See Long (2011: 32).
13. 'Health and Human Relations in Industry'.
14. 'Group Discussion with Senior Assistant Nurses 27/6/57', Napsbury Hospital field notes, Wellcome Library, Tavistock Institute collection, SA/TIH/B/2/6/1; 'Interview With Group of Student Nurses, 3/7/1957', Banstead Hospital field notes, Wellcome Library, Tavistock Institute collection, SA/TIH/B/2/5/1.
15. 'Health and Human Relations in Industry'.

16. *Trade Unionists and Productivity*, May 1956, Modern Records Centre, TUC Collection, MSS.292/PUB/4/3/151.
17. Hayward (2012a: 6) argued that the conflation of mind and society involved in the psychosocial imaginary ‘extended the possibility of therapy’ as ‘social psychologists and anthropologists insisted that individual personality could be remade through the creation of new forms of social organisation’.
18. ‘Health and Human Relations in Industry’.
19. *Ibid.*
20. *Ibid.*
21. F. S. Tuffin to Sir Vincent Tewson, 11 October 1956, Modern Records Centre, TUC Collection, MSS.292C/570.1/1; E. Fletcher’s secretary to E. Cross, 3 October 1957, Modern Records Centre, TUC Collection, MSS.292C/570.1/1.
22. Programme for the Institute of Personnel Management London and South-East Region’s Annual Conference, 10–12 March 1967, Modern Records Centre, TUC Collection, MSS.292B/570.919/3.
23. ‘Health and Human Relations in Industry’.
24. *Ibid.*
25. *Ibid.*
26. Sargent was remembered for his bullying and inappropriate behaviour by junior colleagues, who in 2020 likened him to Donald Trump and Nigel Farage (Hilton and Stephenson, 2020).
27. Comments by William Walters Sargent on a memorandum from C. Harold Vernon to Hon. Arthur Howard, 1949, Wellcome Library, Papers of William Walters Sargent, PP/WWS/B/2/7.
28. This was also during a period when state mental health care suffered from a funding shortage (Welshman, 1999: 208).
29. Victor Feather to R. B. Buzzard, 8 October 1971, Modern Records Centre, TUC Collection, MSS.292D/570.8/1.
30. Phillip Conford’s history of the Pioneer Health Centre finds that pharmacological innovations played a similar role in the Peckham Centre’s closure in 1950. With drugs touted as the solution for many more maladies, the creation of a healthy social environment as a tool of preventative medicine lost its importance (Conford, 2016).

## References

- ‘A Rest From Industry’ (1945) *The Lancet* 246(6376): 607–8.
- Alexander, S. (2012) ‘Primary Maternal Preoccupation: D.W. Winnicott and Social Democracy in Mid-Twentieth-Century Britain’, in S. Alexander and B. Taylor (eds) *History and Psyche: Culture, Psychoanalysis, and the Past*. Basingstoke: Palgrave Macmillan, pp. 149–72.
- Alexander, S. (2016) ‘D. W. Winnicott and the Social Democratic Vision’, in M. ffytche and D. Pick (eds) *Psychoanalysis in the Age of Totalitarianism*. Oxford: Routledge, pp. 114–30.
- Anderson, J. (2011) *War, Disability and Rehabilitation in Britain: ‘Soul of a Nation’*. Manchester: Manchester University Press.
- Berrios, G. E. (1996) *The History of Mental Symptoms: Descriptive Psychopathology Since the Nineteenth Century*. Cambridge: Cambridge University Press.
- Bion, W. R. (2001[1961]) *Experiences in Groups: And Other Papers*. Hove: Brunner-Routledge.
- Blayney, S. (2019) ‘Industrial Fatigue and the Productive Body: The Science of Work in Britain, c. 1900–1918’, *Social History of Medicine* 32(2): 310–28.

- Blayney, S. (2022) *Health and Efficiency: Fatigue, the Science of Work, and the Making of the Working Class Body*. Amherst, MA: University of Massachusetts Press.
- Boucher, E. (2019) 'Anticipating Armageddon: Nuclear Risk and the Neoliberal Sensibility in Thatcher's Britain', *American Historical Review* 124(4): 1221–45.
- Bourke, J. (1996) *Dismembering the Male: Men's Bodies, Britain and the Great War*. London: Reaktion Books.
- Brunner, P., dir. (1946) *Rehabilitation at Roffey Park* [Film]. Central Office of Information, available at: <https://player.bfi.org.uk/free/film/watch-rehabilitation-at-roffey-park-1946-online>.
- Carew, A. (1991) 'The Anglo-American Council on Productivity (1948–52): The Ideological Roots of the Post-war Debate on Productivity in Britain', *Journal of Contemporary History* 26(1): 49–69.
- Carstairs, G. M. (1959) 'Social Factors in the Outcome of Mental Illness', *Proceedings of the Royal Society of Medicine* 52(4): 279–80.
- Chettiar, T. (2012) 'Democratizing Mental Health: Motherhood, Therapeutic Community and the Emergence of the Psychiatric Family at the Cassel Hospital in Post-Second World War Britain', *History of the Human Sciences* 25(5): 107–22.
- Chettiar, T. (2023) *The Intimate State: How Emotional Life Became Political in Welfare-State Britain*. Oxford: Oxford University Press.
- Conford, P. (2016) "'Smashed by the National Health"? A Closer Look at the Demise of the Pioneer Health Centre, Peckham', *Medical History* 60(2): 250–69.
- Eastoe, S. (2019) 'Playing Cards, Cricket and Carpentry: Amusement, Recreation and Occupation in Caterham Imbecile Asylum', *Journal of Victorian Culture* 24(1): 72–87.
- Ernst, W., ed. (2016) *Work, Psychiatry and Society, c.1750–2015*. Manchester: Manchester University Press.
- Evans, B. (2013) 'How Autism Became Autism: The Radical Transformation of a Central Concept of Child Development in Britain', *History of the Human Sciences* 26(3): 3–31.
- Fraser, R. (1947) *The Incidence of Neurosis among Factory Workers*. London: H. M. Stationery Office.
- Giles, J. (1988) *The First Forty: Roffey Park Institute, 1946–1987*. Horsham: Roffey Park Institute.
- Halliday, J. L. (1935) 'Psychoneurosis as a Cause of Incapacity Among Insured Persons: A Preliminary Inquiry', *British Medical Journal* 1(3871): 99–102.
- Hayward, R. (2012a) 'The Invention of the Psychosocial: An Introduction', *History of the Human Sciences* 25(5): 3–12.
- Hayward, R. (2012b) 'The Pursuit of Serenity: Psychological Knowledge and the Making of the British Welfare State', in S. Alexander and B. Taylor (eds) *History and Psyche: Culture, Psychoanalysis, and the Past*. Hampshire: Palgrave Macmillan, pp. 283–304.
- Hayward, R. (2014) 'Sadness in Camberwell: Imagining Stress and Constructing History in Postwar Britain', in D. Cantor and E. Ramsden (eds) *Stress, Shock and Adaptation in the Twentieth Century*. Rochester, NY: University of Rochester Press, pp. 320–42.
- Hayward, R. (2017) 'Busman's Stomach and the Embodiment of Modernity', *Contemporary British History* 31(1): 1–23.
- Hilton, C. and Stephenson, T., eds (2020) *Psychiatric Hospitals in the UK in the 1960s (Witness Seminar)*. London: Royal College of Psychiatrists.

- Jackson, B. (2012) 'Corporatism and Its Discontents: Pluralism, Anti-pluralism and Anglo-American Industrial Relations, c. 1930–80', in M. Bevir (ed.) *Modern Pluralism; Anglo-American Debates Since 1880*. Cambridge: Cambridge University Press, pp. 105–28.
- Jackson, L. and Bartie, A. (2014) *Policing Youth: Britain, 1945–70*. Manchester: Manchester University Press.
- Johnston, R. and McIvor, A. (2000) 'Whatever Happened to the Occupational Health Service? The NHS, the OHS and the Asbestos Tragedy on Clydeside', in C. Nottingham (ed.) *The NHS in Scotland: The Legacy of the Past and the Prospect of the Future*. Aldershot: Ashgate, pp. 79–105.
- Joice, K. (2021) 'Mothering in the Frame: Cinematic Microanalysis and the Pathogenic Mother, 1945–67', *History of the Human Sciences* 34(5): 105–31.
- Jones, M. (1952) *Social Psychiatry: A Study of Therapeutic Community*. London: Tavistock Publications.
- Jones, H. (1983) 'Employers' Welfare Schemes and Industrial Relations in Inter-war Britain', *Business History* 25(1): 61–75.
- Jones, E. (2003) 'Aubrey Lewis, Edward Mapother and the Maudsley', *Medical History* 47(S22): 3–38.
- Jones, D. W. and Fees, C. (2023) 'Necessary Conjunctions: Hawkspur Camp and the Transdisciplinary Roots of Therapeutic Community', *Therapeutic Communities* 44(4): 73–86.
- Kirby, J. (2019) *Feeling the Strain: A Cultural History of Stress in Twentieth-Century Britain*. Manchester: Manchester University Press.
- Kreis, S. (1995) 'Early Experiments in British Scientific Management: The Health of Munitions Workers' Committee, 1915–1920', *Journal of Management History* 1(2): 65–78.
- Kritsotaki, D., Long, V., and Smith, M., eds (2016) *Deinstitutionalisation and After: Post-war Psychiatry in the Western World*. Cham: Springer International.
- Langhamer, C. (2020) "'Astray in a Dark Forest"? The Emotional Politics of Reconstruction Britain', in L. Noakes, C. Langhamer, and C. Siebrecht (eds) *Total War: An Emotional History*. Oxford: Oxford University Press, pp. 137–56.
- Lewis, A. (1951) 'Social Aspects of Psychiatry: Part Two', *Edinburgh Medical Journal* 58(5): 231–47.
- Ling, T. M. (1945) 'Medical Aspects of Rehabilitation', *Health Education Journal* 3(3): 110–13.
- Ling, T. M. (1947) 'Roffey Park Rehabilitation Centre: An Interesting Social Experiment', *Occupational Therapy and Rehabilitation* 26(4): 222–4.
- Ling, T. M. (1948) 'Recent Advances in Medical Rehabilitation', *Postgraduate Medical Journal* 24(267): 35–7.
- Ling, T. M. (1952) 'Roffey Park Rehabilitation Centre and Its Relation to British Industrial Medicine', *Occupational Medicine* 2(3): 118–20.
- Ling, T. M. and Buckman, J. (1963) *Lysergic Acid (LSD 25) & Ritalin in the Treatment of Neurosis*. London: Lambarde Press.
- Ling, T. M., Purser, J. A., and Rees, E. W. (1950) 'Incidence and Treatment of Neurosis in Industry', *British Medical Journal* 2(4671): 159–61.
- Long, V. (2011) *The Rise and Fall of the Healthy Factory: The Politics of Industrial Health in Britain, 1914–1960*. Basingstoke: Palgrave Macmillan.
- Maier, C. S. (1984) 'The Factory as Society: Ideologies of Industrial Management in the Twentieth Century', in R. J. Bullen, H. Pogge Von Strandmann, and A. B. Polonsky (eds) *Ideas Into Politics: Aspects of European History, 1880–1950*. London: Croom Helm, pp. 147–63.

- Makepeace, C. (2017) *Captives of War: British Prisoners of War in Europe in the Second World War*. Cambridge: Cambridge University Press.
- Markowe, M. (1953) 'Occupational Psychiatry: An Historical Survey and Some Recent Researches', *Journal of Mental Science* 99(414): 92–102.
- Micale, M. S. and Porter, R., eds (1994) *Discovering the History of Psychiatry*. Oxford: Oxford University Press.
- Miller, I. (2011) *A Modern History of the Stomach: Gastric Illness, Medicine and British Society, 1800–1950*. London: Pickering & Chatto.
- Murphy, H. B. M. (1973) 'The Decline of Industrial Psychiatry', *Psychological Medicine* 3(4): 405–10.
- Nuttall, J. (2006) *Psychological Socialism: The Labour Party and Qualities of Mind and Character, 1931 to the Present*. Manchester: Manchester University Press.
- Palmer, D. (2015) 'Cultural Change, Stress and Civil Servants' Occupational Health, c.1967–85', in M. Jackson (ed.) *Stress in Post-war Britain: 1945–85*. Abingdon: Routledge, pp. 95–109.
- Porter, R. and Gijswijt-Hofstra, M., eds (1998) *Cultures of Psychiatry and Mental Health Care in Postwar Britain and the Netherlands*. Amsterdam: Rodopi.
- Potter, J. (2013, 1 July) 'Roffey Park, Horsham' [Interview], *Transformations Oral History*, available at: [http://www.companyparadiso.co.uk/int\\_roffey\\_park\\_horsham.html](http://www.companyparadiso.co.uk/int_roffey_park_horsham.html).
- Rabinbach, A. (1992) *The Human Motor: Energy, Fatigue and the Origins of Modernity*. Berkeley, CA: University of California Press.
- Rollin, H. R. (1969) *The Mentally Abnormal Offender and the Law: An Inquiry Into the Working of the Relevant Parts of the Mental Health Act, 1959*. Oxford: Pergamon Press.
- Rose, N. and Miller, P. (2008) *Governing the Present: Administering Economic, Social and Personal Life*. Cambridge: Polity Press.
- Rosenberg, C. E. (1998) 'Pathologies of Progress: The Idea of Civilization as Risk', *Bulletin of the History of Medicine* 72(4): 714–30.
- Sargant, W. and Slater, E. (1964) *An Introduction to Physical Methods of Treatment in Psychiatry* (4th ed.). Edinburgh: E. & S. Livingstone.
- Scott, P. and Walker, J. T. (2017) 'Large-Scale Retailing, Mass-Market Strategies and the Blurring of Class Demarcations in Interwar Britain', in P. di Martino, A. Popp, and P. Scott (eds) *People, Places and Business Cultures: Essays in Honour of Francesca Carnevali*. Woodbridge: Boydell Press, pp. 99–125.
- Shapira, M. (2013) *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Modern Self in Postwar Britain*. Cambridge: Cambridge University Press.
- Shephard, B. (2000) *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*. London: Jonathan Cape.
- Shorter, E. (1997) *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York, NY: John Wiley & Sons.
- Swanson, G. (2007) 'Serenity, Self-Regard and the Genetic Sequence: Social Psychiatry and Preventive Eugenics in Britain, 1930s–1950s', *New Formations* 60: 50–65.
- Thalassis, N. (2007) 'Soldiers in Psychiatric Therapy: The Case of Northfield Military Hospital 1942–1946', *Social History of Medicine* 20(2): 315–68.
- Thomson, M. (2006) *Psychological Subjects: Identity, Culture and Health in Twentieth-Century Britain*. Oxford: Oxford University Press.

- Thomson, M. (2013) *Lost Freedom: The Landscape of the Child and the British Post-war Settlement*. Oxford: Oxford University Press.
- Tomcic, A. (2024) 'Psychoanalysis at Hawkspur Camp and Other Therapeutic Communities for Antisocial Children and Young People', *Psychoanalysis and History* 26(2): 187–208.
- Tomlinson, J. and Tiratsoo, N. (1993) *Industrial Efficiency and State Intervention: Labour, 1939–1951*. London: Routledge.
- Tredgold, R. F. (1949) *Human Relations in Modern Industry*. London: Gerald Duckworth.
- Ussishkin, D. (2013) 'Morale and the Postwar Politics of Consensus', *Journal of British Studies* 52(3): 722–43.
- Ussishkin, D. (2017) *Morale: A Modern British History*. Oxford: Oxford University Press.
- Weber, M. M., Berrios, G. E., and Engstrom, E. J. (2012) 'Psychiatry and Neuroscience – History', in M. J. Aminoff, F. Boller, and D. F. Swaab (eds) *Handbook of Clinical Neurology: Vol. 106*. Amsterdam: Elsevier, pp. 1–7.
- Welshman, J. (1999) 'Rhetoric and Reality: Community Care in England and Wales', in P. Bartlett and D. Wright (eds) *Outside the Walls of the Asylum: The History of Care in the Community, 1750–2000*. London: Athlone Press, pp. 204–26.
- White, A. (2016) 'From the Science of Selection to Psychologising Civvy Street: The Tavistock Group, 1939–1948', PhD thesis, University of Kent.
- 'Why Roffey Park Institute' (n.d.) Roffey Park Institute, available at: <https://www.roffeypark.ac.uk/about-us/>.
- Wills, A. (2005) 'Delinquency, Masculinity and Citizenship in England, 1950–1970', *Past & Present* 187(1): 157–85.

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