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Mistrust of numbers: the difficult development of psychiatric epidemiology in France, 1940–80

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Abstract

This article uses archival as well as published materials to trace the development of psychiatric epidemiology in France from 1945 to 1980. Although a research programme in this field was launched in the early 1960s at the National Institute of Medical Research (INH, later renamed INSERM), psychiatric epidemiology remained an embryonic field in France during the next two decades. French researchers in this field were hampered by limited resources, but their work was primarily characterized by a deep engagement with the epistemological challenges of psychiatric epidemiology. The history of French psychiatric epidemiology in the 1960s and 1970s can be seen as an attempt to create a specifically French way of doing psychiatric epidemiology research. In the first part of this article, the author relates this unique history to internal professional dynamics during the development of psychiatric research and, more broadly, to the biomedical institutional context in which epidemiological work was being done. The next part of this article examines the conditions under which the INH research team framed epidemiological research in psychiatry in the 1960s. The last part focuses on INH's flagship psychiatric epidemiology programme, developed in cooperation with pioneers of French community psychiatry in Paris's 13th arrondissement in the 1960s.

Key words: France, History of psychiatric epidemiology, Community psychiatry, Psychiatry and psychoanalysis

Key Messages

- Shows how psychiatric epidemiology was conceived of and practiced in France from 1945 to 1980.
- Explores the attempt by French psychiatrists to develop a specifically French way of doing psychiatric epidemiology.
- Explains why psychiatric epidemiology did not emerge as a discipline in this country during this period.

Introduction

The development of psychiatric epidemiology in France has evolved along a rather convoluted path. Its origins can be traced back at least to the immediate post-World War II period, when psychiatrist Paul Sivadon appealed for research on the 'geography of mental disorders' at the 1948

Annual Congress of French-speaking Alienists and Neurologists (Congrès Annuel des Médecins Aliénistes et Neurologistes de Langue Française).[1] Shortly thereafter, the newly created National Institute of Hygiene (Institut National d'Hygiène, INH) began funding a series of small-scale research projects in 'social psychiatry'. By the 1960s, a research unit dedicated solely to psychiatric epidemiology was established at the INH, which in 1964 would become the National Institute of Health and Medical Research (Institut National de la Santé et de la Recherche Médicale, INSERM). In the following years, INSERM researchers conducted a handful of studies in collaboration with clinicians in community services.

In spite of these initiatives, French psychiatric epidemiology research remained poorly financed, attracted few followers among French psychiatrists and French health authorities and even fewer abroad. Beyond a lack of resources, however, what characterized these studies was a deep engagement with the epistemological challenges of doing psychiatric epidemiology. In fact, the history of that discipline in France in the 1960s and 1970s constituted an attempt to create a specifically French way of doing psychiatric epidemiology. This article traces the history of that intellectual project from 1945 to 1980.

The analysis that follows is based on archives of the Section Psychiatrie et Santé Mentale of the INSERM, kept at the Centre des Archives Contemporaines in Fontainebleau, France (CAC), record number: 19890675; and on archives of the Association de Santé Mentale et de Lutte contre l'Alcoolisme dans le 13e Arrondissement de Paris, stored in the Association's offices. In what follows, CAC archives are referenced with the record number followed by the item number.

French hospital psychiatry and epidemiology: a brief background

Without a doubt, the development of French psychiatric epidemiology after World War II mirrored that of French public health and epidemiology more generally. As has been widely shown, neither the medical profession nor the State in 20th-century France considered public health to be a priority. Not only was it poorly organized at the State level; it also failed to stimulate strong research endeavours in the medical world.[2,3] In fact, epidemiology developed after World War II under the impetus of a small group of INSERM-based statisticians and engineers, who maintained only a loose connection with the rest of the medical world, thus limiting the expansion of the discipline for decades.[4] In this article, however, I argue that the development of psychiatric epidemiology was primarily affected by a factor specific to the field of French psychiatry, namely the unique role that psychiatrists in public psychiatric hospitals (hereafter: hospital psychiatrists) had begun to play in the 1950s within the larger discipline.[5] Hospital psychiatrists have constituted a unique segment of French medicine in the 20th century.[5] During the first half of the 20th century, changes in the career tracks of psychiatrists had separated them from physicians working in general hospitals and even more so from university hospital physicians, who dominated medical research. Within a French medical world generally dominated by hostility toward organized medical practice and by a sense of contempt toward colleagues who chose this form of practice,[6,7] the status of hospital psychiatrists as civil servants and full-time hospital employees, as well as the fact that they functioned in both clinical and administrative roles, led to their relative marginalization. After World War II, hospital psychiatrists nevertheless managed to establish leadership within the psychiatric field and to shape the evolution of their discipline in decisive ways. The group also played a leading role in organizing and implementing epidemiological research within psychiatry. With the exception of a small number of researchers who were full-time employees of INSERM, all researchers in psychiatric epidemiology were hospital psychiatrists, and both the full-time and the part-time researchers had been trained as interns in psychiatric hospitals, mostly Parisian.

In developing epidemiological research, these psychiatrists were inspired by a distinctive set of principles that reflected their unique professional situation. All were committed to making psychiatric healthcare available to everyone in France. If they saw this mission as central to their discipline, for them it could only be fulfilled within a system organized by the State. In the immediate post-war period, they applied this perspective to the project of reforming psychiatric institutions, which in turn entailed a profound reorganization of the psychiatric system and its relation to society at large. Despite its political nature, the project also relied strongly on the idea that psychiatric phenomena were fundamentally clinical in nature. For these psychiatrists, only a practitioner engaged in everyday clinical work could provide the experience and knowledge necessary to the efficient organization of psychiatric services and the advancement of mental health policy. Undoubtedly, psychiatry could contribute to changing society. But to do so it would have to rely on interventions that were necessarily clinical in nature. Rather than adopting a preventive approach to population health, the French hospital psychiatrists sought to devise a healthcare delivery system based on psychiatric hospitals and run by clinicians. In many ways, what was at stake was nothing less than the attempt to develop a clinical approach to public health, in a spirit close to the that of the experimental programmes

described by historian John Burnham,[8] which the psychoanalytically-oriented psychiatrists Karl and Will Menninger developed at the Topeka State Hospital in Kansas. Like their American counterparts studied by sociologist Anselm Strauss and his collaborators in the 1960s,[9] French psychiatrists developed this perspective by drawing on a variety of perspectives, each of which was based on a divergent 'ideology' or set of ideas concerning mental illness, its aetiology and treatment. These were in turn influenced by broader philosophical systems such as Marxism, existentialism and psychoanalysis. Regardless of their ideological perspectives, however, these French psychiatrists shared a deep commitment to the profound philosophical humanism that dominated post-war French intellectual life.

These perspectives are necessary to understanding both the interest these psychiatrists expressed in epidemiological research and the specific ways in which they understood it. As was true for many sectors of post-war French society more generally,[10] and post-war French biomedicine specifically,[11] French psychiatrists who were engaged in epidemiological research first turned to the USA for both inspiration and, at times, a counter-model. Although they adapted some elements, they essentially developed their own model, infusing it with distinctively French elements. First, they included in their research endeavours what British epidemiologist Michael Shepherd once characterized as the 'humanitarian element' of social medicine: that is, the 'attempts to link mental disorders with a variety of social factors […] with the aim of improving conditions by means of social reform'.[12] Second, most French epidemiological research undertaken during the 60s remained tightly interwoven with both clinical work and the planning of psychiatric services. This characteristic probably explained the third feature of these research endeavours, namely the distance that separated researchers in psychiatric epidemiology from those involved in other currents of psychiatric research, including the neurosciences, psychopharmacology and, with one exception to be discussed below, sociology.

However, the most striking feature of French psychiatric epidemiology in the 1960s and 1970s concerned what can be broadly characterized as a mistrust of numbers. Epidemiological surveys launched during this period relied on limited quantification; researchers were reluctant to use standardized diagnostic tools, interview schedules or even classificatory schema; analyses were based only on elementary statistical calculation; and scepticism dominated commentaries about quantitative results. This limited confidence in both quantitative reasoning and classificatory thinking, I will argue, indicated the strong commitment of these psychiatrists to clinical work. Not only did it reflect their work conditions and their ideological positions; it also responded to a series of deep epistemological questions that the practice of psychiatric epidemiology raised about the position of the researcher doing psychiatric epidemiology and the nature of the phenomena observed. Eventually, this mistrust of numbers also explained the growing dissatisfaction that was evident in publications. As French psychiatrists did not develop a methodology to support their ambition, their work failed to produce the results they expected from it. As a result, most psychiatrists who had shown an interest in this research early on eventually returned to their clinical work without developing psychiatric epidemiology any further.

The INH and later the INSERM were the main agencies funding and organizing psychiatric epidemiological research in France, a situation that certainly contrasted with the diversity of institutions and actors involved in this field in other countries. Among the few projects in psychiatric epidemiology conducted without INH funding were those of an isolated researcher, Paul-Marie Brunetti, at the National Centre for Scientific Research (CNRS), which in many ways were also the closest to the research done in the USA at the time. Brunetti carried out two prevalence studies of mental illness in the general population, one in a southern French town and the other in an area of Paris.[13,14] Both were atypical of French epidemiology at the time, as we shall see,[13,14] and were the only studies of this type until the 1980s.

This is why, in the following sections, this article follows the thread of the INH and INSERM research endeavours. First, it examines the conditions in which INH and INSERM researchers framed epidemiological research in psychiatry in the 1950s and 1960s. In order to shed light on how researchers actually developed their research, it then focuses specifically on what emerged in the 1960s as INSERM's flagship psychiatric epidemiology programme: the unique research and service model established in the 13th arrondissement of Paris, in cooperation with the pioneers of French community psychiatry.

Psychiatric epidemiology at INH and INSERM, 1950s–70s: devising a research programme

If the first psychiatric epidemiology research programme in France was officially launched in 1961 by the psychiatry department of the Institut National d'Hygiène (INH), this programme, in fact, was continuing work that had been initiated at the Institut in the late 1940s. The INH had been created during World War II, with the mandate of developing research in public health and, to a lesser extent, in medicine.[15,16] To meet this goal, the Institute relied on two types of structures. The first, its intramural

departments, or sections, played the dual role of providing information to the Ministry of Health on the health situation of the country and of organizing research through the allocation of grants to researchers for short-term projects. The second, a series of extramural research units, were located in university hospitals and staffed by both INH and non-INH personnel. The INH psychiatry department, which was an outgrowth of a pre-existing one focused on alcoholism, had been founded in the early 1950s. It was directed at that time by a hospital psychiatrist, Henri Duchêne, who held that position while also heading up the mental hygiene services of the Paris region's local government, the Préfecture de la Seine, with only a secretary to assist him. In this position he supervised the network of mental health centres created by the Prefecture de la Seine. He also played a major role in organizing the transformation of the Parisian psychiatric system in the 1950s. At the INH, Duchêne developed a series of studies based on psychiatric hospital statistics, from which he projected patient population growth and which eventually influenced the planning of psychiatric facilities in France up to the end of the 1960s. He also used INH grants to support research in what was called social psychiatry. In post-war France, as in other Western countries, this widely used but somewhat loose label referred to a broad array of approaches to mental disorders and psychiatric practice, ranging from group psychodynamics to Marxist psychiatry. These included the study of group dynamics within psychiatric wards, the development of mental hygiene consultations and more ideologically-driven projects involving a Marxist analysis of psychopathology.[17] These shared a vague idea that psychopathological phenomena could be shaped by social factors. The research funded by INH consisted mostly of clinical studies of specific patterns of mental disorder among diverse social groups. Some, however, were conducted by social scientists, notably under the impetus of a sociologist from the National Centre of Scientific Research (Centre National de la Recherche Scientifique, CNRS), Paul-Henry Chombart de Lauwe, a pioneer in French urban sociology, who was doing influential research on Paris.[18]

The principal result of this work was the 1955 publication of a volume edited by Duchêne and entitled *Etude de socio-psychiatrie* [Studies in socio-psychiatry].[19] It opened with a short preface by Duchêne, followed by a long article in which Chombart de Lauwe developed, though without explicitly saying so, the first real research programme in French psychiatric epidemiology. Reflecting on the role of the environment on mental health, Chombard de Lauwe wrote: 'In order to understand mental illness as it presents in a patient or in a group of patients, one must study the illnesses of society, of which these patients present the mirror image.'[20] He also established a list of methods that could stimulate research, especially 'population studies' that 'should be supported by a solid statistical base, the only guarantee [of good research]'. In addition, Duchêne's volume included clinical studies and a study based on hospital statistics, conducted by one of Chombart de Lauwe's assistants. The latter showed the distribution of cases of chronic delusion (délire chronique) in the Paris area, thanks to an ecological approach borrowed from the pre-war Chicago school of sociology.[21]

This innovative cooperation between psychiatrists and sociologists, however, turned out to be short lived. In the late 1950s, Duchêne retired from his position at the INH, and the Psychiatry Department experienced a period of limited activity. Chombart de Lauwe, meanwhile, did not pursue his research on environmental effects on mental disorders. Thus this collaboration between social scientists and psychiatrists working on epidemiological problems turned out to be an isolated example.

In 1961, the appointment of Raymond Sadoun as head of the INH Department of Psychiatry and his involvement in the research programme mentioned above gave a new impetus to psychiatric epidemiological research at the INH. Sadoun had been trained as a psychiatrist in the early 1950s in the Paris psychiatric hospitals before being hired as the first full-time researcher in psychiatry at the INH in 1955. His arrival at the Department of Psychiatry coincided with two important, yet somewhat contradictory changes in the Institute's organization, which would affect what he could do. In 1962, the Ministry of Health entrusted the INH with the task of collecting and analysing psychiatric hospital statistics that had previously been provided by the French National Institute of Statistics and Economic Studies (Institut National de la Statistique et des Etudes Economiques, INSEE). From then on, this data collection function comprised the main activity of Sadoun's research staff, and hence limited their ability to engage in other projects, even as Institute resources increased. Then, in 1964, the INH was reorganized and renamed INSERM, with the mission of strengthening its research capabilities and reorienting its priorities towards biomedical research.[11,22] This reorganization created difficulties for public health and clinical research, especially in psychiatry, where INSERM was shifting its research focus to brain physiology and pharmacology. In 1971, as part of a broader movement which would ultimately lead to the demise of all INSERM intramural research, Sadoun's Department of Psychiatry became an extramural research unit in psychiatric epidemiology.[16] Although this meant, at least theoretically, that it now had to focus on research, Sadoun's unit continued collecting routine hospital statistics, which contributed to its marginalization within the

now fundamental research orientation of INSERM, up to the unit's demise in the 1980s.

During the 1960s and 1970s, because he controlled access to financing at INSERM and also represented France at relevant meetings at the international level, Sadoun was able to position himself as the gatekeeper of psychiatric epidemiology research in France; but the limited resources available to him may explain why, instead of engaging his team in epidemiological research per se, he oriented his research programme towards the development of 'survey methods'. By this, he meant the development of tools for researchers, namely a standardized form for gathering individual diagnostic data and a classification scheme for mental disorders (Activity Report 1961, section on psychiatry and mental health, CAC 19890675-6). In 1961, Sadoun was appointed as consultant to the World Health Organization (WHO) for the Eighth Revision of the Mental Disorders section of the International Classification of Diseases (ICD-8). He began to think about adapting the classification scheme discussed in WHO expert groups for use in France. In 1965, under his initiative, INSERM created a 'Commission on Psychiatric Morbidity' to continue this area of work, to broaden its impact and more generally to supervise the collection of morbidity data in the field of psychiatry. The Commission brought together the leading figures in French psychiatry as well as statisticians from the Epidemiology Unit of INSERM headed by epidemiologist Daniel Schwartz, the founder of biostatistics in France. [4] Schwartz, an engineer by training, had acquired renown for his work on the role of tobacco in cancer in the early 1950s. He had also played a major role in the introduction of randomized clinical trials in France.

This initiative resulted primarily in the *French Classification of Mental Disorders,* published by INSERM in 1969.[23] Based on the ICD's architecture, the French system contained 20 main categories with wo digits (as opposed to 26 categories in the psychiatric chapter of the ICD-8), each subdivided into 3 to 10 sub-categories with three digits. It also introduced some variation into how certain categories should be interpreted. Moreover, the INSERM commission was interested in methods for standardizing diagnoses. However, aside from criteria describing the entities used for classification purposes, few traces of this work can be found in publications.[24] The Classification itself elicited little response from French psychiatrists. No important debates on classification or diagnostic problems took place in France during the 1960s and 1970s, and only a handful of psychiatrists became truly involved in this area. Among them, the most notable was the psychiatrist Pierre Pichot, Professor at the Paris Medical School, a pioneer of psychiatric tests in France and the future translator of DSM III into French.[25]

In effect, use of the INSERM classification system was essentially limited to the collection of hospital statistics. One reason for this was certainly the critical stance taken by most French psychiatrists toward diagnosis. For instance, the only article on classification during the 1960s and 1970s in the journal *Evolution Psychiatrique*, certainly the most influential journal in French psychiatry at the time, was a piece entitled 'The illusions of psychiatric classification' and authored by Henri Ellenberger, known today as a historian of dynamic psychiatry, who was working in the USA at the Menninger Clinic and played an important role as a guide to American for his French colleagues.[26] The article contained a long analysis, inspired by the French philosopher of science, Gaston Bachelard, of 'the irrational factors [and] the unconscious motivations' which 'interfered in the choice and the development of [psychiatric] classifications'. Ellenberger highlighted three kinds of error made by the authors of psychiatric classifications. Reporting on an analysis of more than a hundred classificatory schemes, he observed that the authors: (i) had an 'incomplete concept of the role and nature of a classification'; (ii) were influenced by 'an unconscious scheme' which served as a framework for their classification; and (iii) were under 'the influence of unconscious personal and affective motivations'. These arguments clearly illustrated the specific psychoanalytic stance that by that time dominated French psychiatry.

In fact, with the exception of research in the 13th arrondissement of Paris (see below), most studies carried out until the middle of the 1970s under the auspices of the INSERM Psychiatry Department were based on hospital morbidity data. In addition to analysing statistics furnished by the totality of the French psychiatric hospitals,[27,28] the department began a series of studies in 1963 in a small number of hospitals, with the help of the heads of the psychiatric units (chefs de service). The most ambitious project consisted of a series of cohort studies, directed by a former INSERM trainee at the Sotteville-lès-Rouen psychiatric hospital in Normandy, for the purpose of identifying the factors that contributed to chronicity among hospitalized mental patients (Sadoun R. *Activity Report for 1965*. CAC 19890675-1). One of these studies relied on a cohort of all 918 male patients admitted to the hospital in 1961 and examined their pattern of hospital stays during the 3 years of follow-up. Significantly, the indicator used for chronicity was the number of days of hospitalization. The research, which remained descriptive, contributed to an improved understanding of the composition of psychiatric hospital populations, but yielded only limited results concerning the factors involved in chronicity.[29] For instance, in a 1968 article, the authors made a series of observations on the contribution of factors such as marital status,

occupation and initial course of treatment to the length of hospital stay, but these observations relied only on elementary statistical calculations, leading to conclusions like: 'there is a direct relationship between being single, having had several psychiatric hospitalizations, having received initial psychiatric services at a younger age, and in all probability, having a more severe mental disorder'. No significance tests were reported.[29] Institute researchers continued to work with these data until the 1980s.

Given the interest in population studies evident in early INH publications in the 1950s, the question arises as to why its researchers went on to focus on hospital data rather than developing research on general populations or even gathering data on other treatment modalities. One explanation, of course, was the involvement of hospital psychiatrists in this research and, more generally, the important place of the hospital in French psychiatric care until the 1970s. This tendency held despite the launching of a community psychiatry policy, the politique de secteur, by the Ministry of Health in the early 1960s. The secteur policy entailed the introduction of care or catchment area zoning (the so-called secteurs) and it encouraged the development of extra-hospital care under the coordination of pluridisciplinary teams. However, these teams consisted of psychiatric hospital personnel, and psychiatric hospitals were in charge of administering the whole system.

However, such an explanation is insufficient. Indeed, by the early 1960s, the INSERM researchers had clearly recognized the limitation of hospital statistics as a tool for understanding the extent of psychiatric morbidity.[30] An examination of discussions about this question reveals other rationales that led interested parties to continue to work on hospital data alone. For example, at a meeting of the INSERM Commission on Psychiatric Morbidity in December 1966, the possibility was raised of halting work on psychiatric hospital statistics in favour of instituting intensive community studies in the secteurs (Institut National de la Santé et de la Recherche Médicale. Groupe de travail I. Commission de la morbidité psychiatrique. Procès-verbal de la séance du 19 décembre 1966. CAC 19890675-6).

Although the discussion emphasized the importance of expanding current statistics to include non-hospitalized populations, the Commission decided not to abandon hospital statistics. Members stated that abandonment would amount to a 'regression', given the comprehensiveness of those statistics, which covered all of France. On the other hand, they argued that population-based studies presented methodological difficulties that INSERM researchers might not have the means of overcoming. In the end, the Commission decided to maintain the hospital statistics system rather than to commit the Institute to a genuine programme of population-based epidemiological research. That decision demonstrated very clearly that the Institute's ambitions regarding its psychiatric epidemiology programme were quite narrow.

Psychiatric epidemiology in the 13th arrondissement of Paris: between social and epistemological critique

Further clues to understanding how French researchers approached psychiatric epidemiology can be gleaned from the history of the research programme developed in Paris's 13th arrondissement by psychiatrists Philippe Paumelle, Serge Lebovici and René Diatkine, in collaboration with Sadoun's team. The '13th Arrondissement', as the programme was commonly called, became the model for political and social experimentation in psychiatry in France during the 1960s. As such, its national importance for public psychiatry can be compared to that of the Stirling County and Midtown studies[31] for North American psychiatric epidemiology. The history of this programme illustrates the attempt to develop a specifically French way of doing epidemiology, based on the critique of American epidemiological research. However, as 13th arrondissement psychiatrists developed a stronger commitment to a psychoanalytically-oriented clinical practice in the late 1960s, this endeavour turned out to be short-lived.

In the early 1960s, the 13th Arrondissement of Paris, a neighbourhood located in the south of the city, was a declining industrial district, destined to become the site of some of the most ambitious urban renovation projects in the city's post-war history. In 1958, the psychiatrist Philippe Paumelle had founded the Association for Mental Health and Against Alcoholism in the 13th Arrondissement (ASM13). Like Sadoun, Paumelle had been trained in the Parisian psychiatric hospitals and, like Duchêne, he was employed by the mental hygiene services of the Préfecture de la Seine. ASM13's mission was to develop a pilot psychiatric system in the arrondissement that would cover psychiatric service needs of adults and children in the area and serve as a model for reorganizing psychiatry in the Paris region as a whole. Later on, the ASM13 would also serve as a showcase for the secteur policy. Paumelle's leadership proved to be particularly efficient. He had obtained the Préfecture's support, as well as that of the Ministry of Health, the National and Regional Social Security Funds and the National Committee against Alcoholism. In the end, he managed to collect an unprecedented amount of funding for a psychiatric organization. As a result, the ASM13 developed rapidly, transforming

Paris's 13th arrondissement into the best-equipped area in France in terms of psychiatric facilities.

The ASM13 split into two departments, one for adults and the other for children, both of which managed a range of part-time care facilities located in the community, such as day hospitals, workshops and therapeutic social clubs, as well as an elaborate array of specialized psychiatric consultations (e.g. adult and child psychiatry, psychotherapy) and numerous socio-medical services (e.g. social work, physiotherapy and relaxation techniques)—a unique array of services for French psychiatry for that era. The ASM13 also owned its own psychiatric hospital, founded in Soisy-sur-Seine, a rural city located 30 km south of Paris and, following the principles of the secteur policy, reserved exclusively for adults from the 13th arrondissement. At the same time, it set up a research department to highlight the work of its clinicians. Under the leadership of ASM13's directors and Raymond Sadoun, the department had a prestigious scientific advisory committee that included: Henri Duchêne; Paul-Claude Racamier, one of the most brilliant psychoanalysts of his generation; Paul Sivadon, Professor at the University of Brussels and a leading figure in social psychiatry, who had participated in the WHO Expert Committee that first considered the use of psychiatric epidemiology in international studies (1959);[32] Julian de Ajuriaguerra, Professor at the University of Geneva, a pioneer in neuropsychology and future Professor at the prestigious Collège de France; as well as Donald Buckle and Morris Carstairs from WHO's regional office.

How ASM13 psychiatrists envisioned epidemiological research reflected their approach to the ideas of 'community' and 'community psychiatry'. Indeed, ASM13's community psychiatry should be understood as psychiatry practiced in the community rather than as a practice aimed at the community's needs. Thirteenth Arrondissement's psychiatrists emphasized in particular the importance of the community care team's acceptance by patients and by the local population in general. ASM13 publications waxed lyrical in their descriptions of encounters between caregivers and arrondissement residents in the sparsely furnished community mental health centre, without the reinforcement of the coercive apparatus of the asylum.[33] Coming from reformers deeply committed to promoting a new way of organizing psychiatric work, this discourse should be understood as a critique of traditional psychiatric hospitals, rather than as a true depiction of the conditions and style of working at the ASM13 mental health centre. However, it also conveyed a vision at once political, moral and intellectual of psychiatry's ideal relationship to society.

This vision also shaped the psychiatrists' specific understanding of psychiatric epidemiological research. In 1964, Serge Lebovici, co-director of the ASM13 and head of its Child Psychiatry Department, published an extensive literature review on the 'ecological approach' in child psychiatry, one of the rare reviews of English-language psychiatric epidemiology research to appear in France in the 1960s.[34] Lebovici figured prominently in French child psychiatry and psychoanalysis at the time. His interest in the issues raised by his review derived from his concern with how to facilitate the integration of psychiatric workers into communities. In particular, he sought after the type of knowledge needed to facilitate such integration. Discussing the Midtown Manhattan study, he noted:

> One remains amazed and even sceptical about the importance of mental disorders in this community. And if one accepts uncritically the reported morbidity rate, it is difficult to imagine the immense psychiatric resources that have to be developed [to respond to it] … Within the perspective of the scientific study of population needs, one must remember that in spite of being over-equipped, the Midtown community is incapable of providing the psychiatric care undoubtedly necessary for certain segments of its population.

For him, one solution to avoiding this disparity between psychiatric services and population needs was for mental health professionals to develop an awareness of the relevant changes they could create in the social structure of the communities in which they worked. Psychiatric teams in charge of treatment had to develop what Lebovici called 'mediate action', that is an action aimed at developing mental health initiatives among lay community members. It was precisely the role of 'ecological studies' to highlight this action. For not only were epidemiological studies too expensive, they were also useless to achieving this goal, if all they could yield were prevalence rates. In conclusion, Lebovici called for the development of a comprehensive ecological approach to mental disorders inspired by biological thinking as well as cultural anthropology, which would highlight the concrete influence of environmental ('milieu' in French) factors such as the organization of the family constellation or even the density of population on psychiatric pathology. However, he remained elusive as to how to organize such research.

This orientation was also reflected in research methodologies chosen by ASM13 researchers, which can be illustrated by two research projects initiated during the 1960s. The first was a cohort study launched in 1963, aimed at estimating the predictive value of speech or affective disorders observed at a young age on the development of behavioural problems at a later age. The cohort initially included 56 children from two first-grade classes, one boys, the other girls, in an arrondissement state school.

Another class was added in 1965, bringing the total to 66 children. The study methods centred on: open-ended interviews which social workers conducted with parents about their social conditions and family structure; intelligence and language tests; and a clinical examination by a psychiatrist.[35] In a 1968 article on the 'difficulties of the epidemiological approach', the psychiatrist in charge of the study, René Diatkine, emphasized that 'any survey, if it aims at collecting data that can be studied, requires a detailed clinical examination of children' and that this examination could not just be 'carried out as part of a series and according to selected items'.[36] Continued until the mid 1970s, the research revealed widespread symptoms—a result that was compared to the high prevalence of maladjustment symptoms in the Manhattan study—but found a relatively poor predictive value of such symptoms for the development of mental disorders during adolescence. Instead, the investigators emphasized both the sociocultural determinism of student school performance and the non-adaptive nature of the educational system when faced with difficulties among children from disadvantaged backgrounds: with the same level of intellectual proficiency, these would more often fail at school, and their intellectual quotient would also never increase by the end of their school years.[37] The study thus conveyed both the clinical preoccupations and the political conscience of the Association's practitioners, who emphasized the risks of turning social problems into psychiatric ones.

The second research project was conducted in 1968 by Jean Cournut, an ASM13 psychiatrist and psychoanalyst, in a slum district of the arrondissement, which he characterized as a 'socially marginal district' (îlot asocial).[35,36] This designation alluded to the pre-World War II category of 'unhealthy districts' (îlots insalubres), coined by Parisian authorities to target buildings needing rehabilitation.[38] Like most of the Association's clinical work and research, this project began in reaction to the problems posed to clinicians by a segment of the arrondissement's population. The study aimed to shed light on the psychological processes at work in the creation of new forms of urban marginality. The research design claimed to follow the 'methodological and conceptual model of studies of morbidity, and especially of the epidemiology of mental health'.[39] In fact, juxtaposed and analysed a variety of materials, including an investigation of the use of social services by district residents, a retrospective study of their estate housing files, a retrospective record study of residents who had consulted psychiatric services in the arrondissement, a school survey and interviews with residents. The last, conducted by physicians and social workers, were purposely unstructured and took the form of what Cournut called 'psychoanalytic listening'. Cournut explained:

> We did not psychoanalyse anyone in the slum area … In the end we conducted medical consultations and interviews with the social worker or the psychologist … but we also gave priority to listening and making associations, to thinking and reacting by taking into account mainly the words of the person in front of us, what he said, how he said it and what this discourse could reveal about the fantasies and unconscious psychic processes of this individual.[39]

This motley combination of methods and data gave the study a hybrid quality, situated somewhere between the social investigations of social workers, ethnography and group psychoanalysis. In the introduction to his research report, Cournut justified this choice of methodology through a critique of what he called the 'psychiatric model' dominant in North American epidemiological studies. He wrote: 'What bothers us about the psychiatric model is its medical texture, its obligatory epistemological desire to provide a diagnosis by referring to a nosology and to differentiate, in practice as well as conceptually, a normal person from a pathological one'.[39] Cournut also criticized the impasse evident in such research, contending that although it emphasized the extent to which maladjustment existed in the general population, it was unable to reach any conclusions.[39]

> Can we say, for example, that children from a given city block are 'maladjusted (inadaptés) when … they uniformly exhibit overall delayed development in educational achievement? … Are they maladjusted to the outside [world] or adjusted to their inner [world]?

Similarly, the ASM13 psychiatrists criticized not only the tools of what they understood to be North American epidemiological research, but also the possibility of gaining meaningful results with such tools. Such criticism was at the basis of their choice of new research methods.

The ASM13 clinicians' scepticism concerning statistical studies in epidemiology may have contributed to shifts in their research focus. From the mid 1960s on, ASM13 efforts turned to health economics analyses. ASM13 terminated its collaboration with INSERM at the end of the decade, initiating instead a collaboration with an organization, the Centre for Research and Documentation on Consuming (Centre de Recherche et de Documentation sur la Consommation, CREDOC), which had developed an expertise in cost-effectiveness studies of medical services. These changes reflected both transformations in working conditions, which left less time for clinicians to engage in research and, especially, the ASM13's accountability to its financial backers.

Loss of interest in its earlier research was furthered by the ASM13 practitioners' increasing involvement with psychoanalysis and the specific pathway taken by this discipline after 1968 under Jacques Lacan's influence, which appeared less and less compatible with statistical and population-based research.[40]

Conclusion

Drawing on archival research, this article has argued that, in France, obstacles to the development of psychiatric epidemiology as a discipline not only arose from the limited financial resources available to researchers, but also were rooted in decisive structural factors. Psychiatric epidemiology was marginalized both by the ways in which public health was organized and by the priority given in biomedical research to biological research, whereas psychiatry itself was embedded in French institutions and ideologies that fed the mistrust of numbers, which in turn obstructed the practice of a psychiatric epidemiology.

The epistemological and political critique developed by ASM13 clinicians and researchers is especially representative of a certain idea of psychiatry that was predominant in France during the 1960s and was influenced by a combination of political ideas, psychoanalysis and humanism. This explains to a large extent the modest development of psychiatric epidemiology at the time. During the 1960s and 1970s, other psychiatrists engaged in researches that were close in spirit to those led at the ASM13 in the early 1960s, notably in Lyon, where a team led by psychiatrists Jean Guyotat and Jacques Hochman developed a series of projects to explore the psychiatric morbidity of a disadvantaged suburb. However it was not until the late 1970s and early 1980s that more ambitious studies emerged, using diagnostic tools developed by North American researchers and a more sophisticated statistical apparatus.[41] Although French psychiatric epidemiology continued to expand, by the early 2000s it was still limited to a relatively small group of researchers. This may be attributed in part to the early history presented here. The author received no funding for this research.

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