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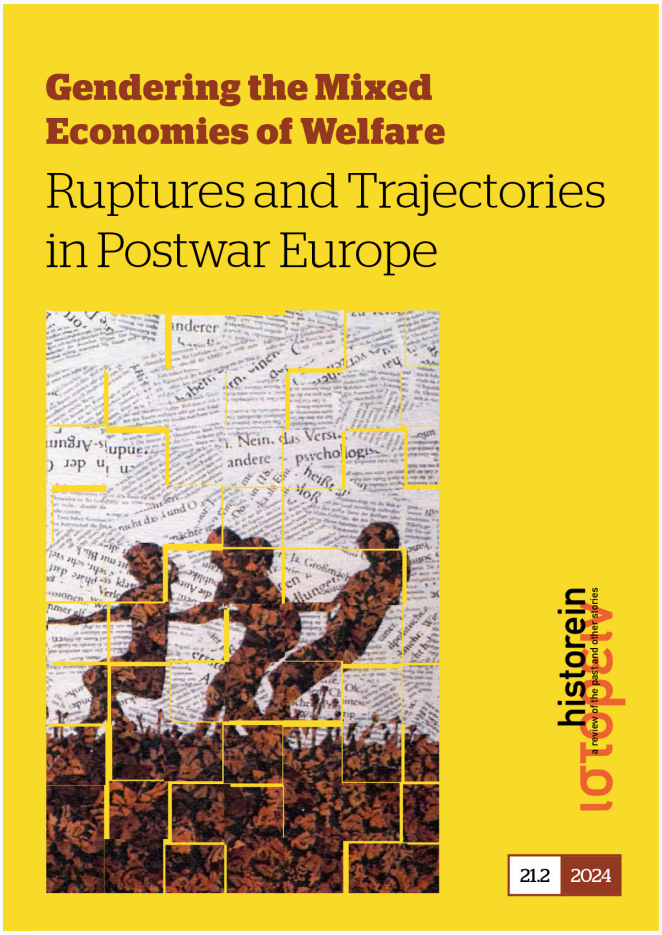
Gendering the Mixed Economies of Welfare: Ruptures and Trajectories in Postwar Europe



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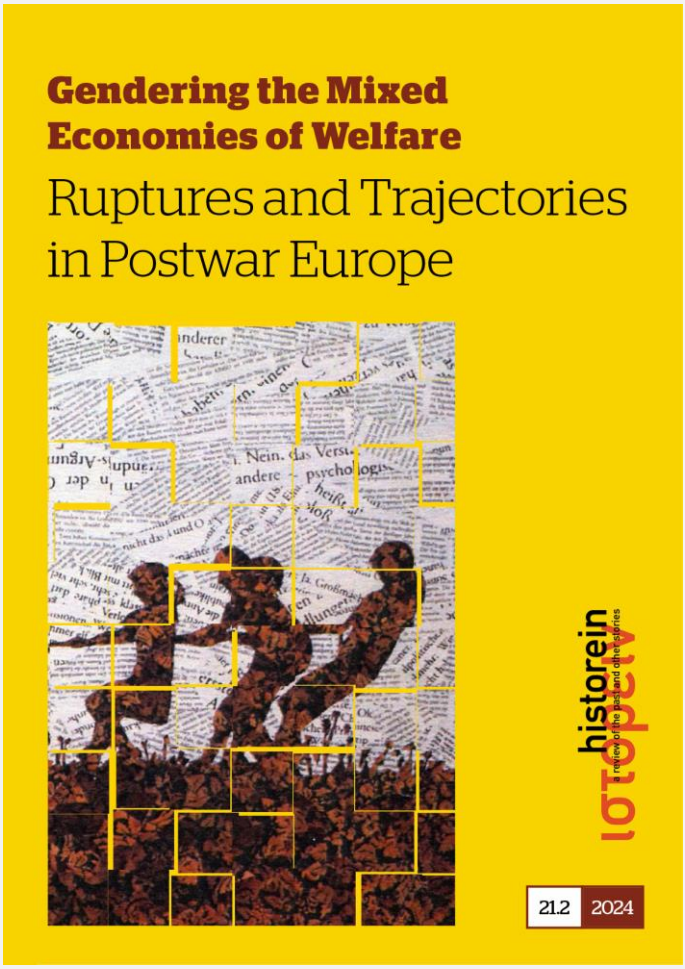

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Gender and Expertise in the Mixed Economy of Mental Welfare in Greece: The Case of the Society of Social Psychiatry and Mental Health (1980s)*

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> The psychiatrists are a minority within a system of Social Psychiatry. The social group takes a great load of the exercise of prevention and treatment. It is a pleasure for the experts of mental health to work under these circumstances. They do not feel alone. An active role belongs in parallel to many more.[1]

So said psychiatrist and psychoanalyst Panayotis Sakellaropoulos (1926–2018) at a public event at the European Cultural Centre of Delphi, in the rural prefecture of Fokida in central Greece, in 1984. The statement, made in front of a mixed professional and lay audience, represented an innovative approach that, since the late 1970s, had been challenging long-established boundaries in mental healthcare between experts and nonexperts but also those between male and female mental healthcare workers. As this article will show, expertise (grounded on the possession of formal qualifications) and gender had always been interwoven in mental healthcare, and thus to redefine the role of the one meant necessarily to refine the role of the other, and to create new spaces and responsibilities for each.

With the help of published and archival material, mainly professional publications and documents (letters and reports) kept in Sakellaropoulos' private archive, and oral history interviews by mental healthcare providers, the article focuses on the initiatives undertaken by Sakellaropoulos and the Society of Social Psychiatry and Mental Health, the scientific, nonprofit association he founded in 1981. By placing their work within the international context of postwar mental healthcare, and within the national postdictatorship framework, it attempts to bring out the gendered hierarchies among healthcare providers in the mixed economy of mental welfare in 1980s Greece. The concept of the "mixed economy of welfare" highlights the dynamic interplay of private and public agents of welfare, an interplay exemplified in this article by Sakellaropoulos and his society: their activities originated in the private sector but were financed by the public sector, and covered areas in which the latter was lacking.[2]

Postdictatorship Greece and mental welfare

The mixed economy of welfare was being reworked in the late 1970s and in the 1980s in Greece. This was a time of political and social change, as the seven-year military dictatorship fell and democracy was established in 1974, followed by the legalisation of the Communist Party of Greece and of all political parties, the new constitution of 1975, the formation of a government by the socialist Pasok party, and the full accession of Greece to the European Economic Community (EEC) in 1981.[3] At the same time, new, or renewed, social movements developed, such as the feminist, homosexual, ecological, disabled and even mental patients' movements.[4] Expressing and following these changes, a set of social and economic measures were implemented, including income redistribution policies, the reform of family law and the redefinition of the legal position of women. In regards to healthcare, the state expanded its remit through the establishment of a unified and decentralised National Health System, aiming to provide services to all citizens irrespective of their economic, social and professional status. By the end of the 1980s, national health and insurance, higher education, and public sector employment had become accessible to a larger part of the population, and the middle classes had been expanded.[5]

The reform spirit of the "Metapolitefsi", as the period after the fall of the dictatorship is termed, also affected mental welfare. Since 1862, when the first Greek psychiatric law was enacted, and for most of the twentieth century, mental hospitals had been the principal loci of mental healthcare. Despite some attempts to introduce the postwar trends of Western psychiatry, namely the prevention, treatment and rehabilitation in community, outpatient services, Greek mental healthcare policy until the late 1970s mainly focused on increasing hospital beds.[6] In addition, conditions in the asylums – especially the large ones of Athens, Thessaloniki and Leros – were inhuman, and in sharp contrast to the liberation ethos of the Metapolitefsi, and had triggered a number of scandals from the late 1970s.[7] Thus, the climate was favourable to mental healthcare reform. A few professionals, some of whom had studied abroad and were influenced by alternative and radical psychiatry, attempted a number of innovations, which, in some instances, were initiated within or were endorsed by the public sector.[8]

In 1983, the National Health System law (1397/1983) encompassed mental health and instituted mental health centres, attaching them to general hospitals. In this way, an official effort was made to bring psychiatry into the community. The following year, the EEC enacted Regulation 815/84 for the reform of the Greek psychiatric system. A five-year plan was set in place to downsize and reform the large public psychiatric hospitals, establish community services and promote social rehabilitation. Outpatient, community care remained limited during the 1980s and the situation in mental hospitals proved very hard to change, with new scandals emerging.[9] At the same time, however, new programmes and services were introduced.[10]

The Society of Social Psychiatry and Mental Health

The Society of Social Psychiatry and Mental Health, founded in 1981 (officially in 1986), was one of the recipients of funding to develop such programmes and services. It was a private, voluntary, nonprofit scientific organisation engaged in therapeutic and educational activities. It provided mental healthcare through office consultation and home treatment in Athens and through mobile units in rural areas – first in Fokida in Central Greece from 1981, and then in Thrace in northern Greece from 1985.[11] It also established boarding houses for deinstitutionalised patients in Amfissa, the capital of Fokida (1984), and in Alexandroupoli, in Thrace (1985), and progressively more services, such as vocational cooperatives and child psychiatry institutes.

Private and public synergy

The society was based on the synergy between the private and the public: the first (the society) was to provide flexibility and scientific readiness, and the second (the state) legal coverage and funding from national and European funds. Panayotis Sakellaropoulos, the society's founder, had been acting as a consultant for the Ministry of Health since the late 1970s and was in favour of the close collaboration of scientists with state officials.[12] Before the formal establishment of Society, he had founded two private services, the Institute of Social Psychiatry (1978) and the Fokida Mobile Unit for Rural Psychiatric Care (1981), which were attached to a large public general hospital in Athens (Evangelismos), in order to receive funding from the Ministry of Health and, since 1984, the EEC. The two units combined mental healthcare with research and education and were designed as model units or "pilots", whose experimental operation was meant to be standardised and generalised within the National Health System.[13]

With the official establishment of the society in 1986, the collaboration with the public sector was strengthened. Sakellaropoulos' work was recognised by the Ministry of Health, and the state adopted the mobile unit model.[14] The society's services received public funding, mainly through support programmes of the state (chiefly the Ministry of Health, but also the Greek Manpower Employment Organization [OAED]) and the EEC, while adapting this funding to its needs and having a flexible relationship with the state. As one of Sakellaropoulos' close collaborator underlined, while depending on public money, the society was independent from the state, as it was its services, not the society itself (its administration board and members) that received public funding. Thus, the society was perceived and represented as an autonomous scientific association that did not hesitate to criticise the state and its mental healthcare policies,[15] and remained untouched by the bureaucracy of the National Health System.[16] It must be noted, though, that professionals outside the society who had been working since the 1980s in the private sector, without any financial support from the state, were sceptical of the extent to which an organisation

subsidised by the state could be truly independent.[17]

In any case, the relationship of the society to the state was close and complex, and problems were not unusual. Indicatively, in 1987, in a letter to the EEC's Committee of Experts, who were supervising the progress of the mental healthcare reform in Greece, Sakellaropoulos complained about the mistrust shown to the Institute of Social Psychiatry by the state and local authorities. He noted that, while the World Health Organisation had recognised the institute as a model service, the Greek state kept rejecting the institute's proposals to develop its services as initially planned.[18] Soon, despite Sakellaropoulos' reactions, and to his great disappointment, the institute lost its autonomy and was converted to an annex of Evangelismos Hospital. On the contrary, the Fokida Mobile Unit remained a service run by the society, sponsored by public funds.

All in all, the society embodied the mixed model of mental welfare, a model that became standard practice from the late 1980s and the 1990s, when nongovernmental organisations increased and became partners of the state in the implementation of the mental healthcare reform.

Gender and expertise

Within the mixed welfare frame, the society retained a flexibility that allowed a greater degree of diversity in recruitment, both in terms of gender and expertise. In what follows, the article examines how concepts of gender were embedded in and were shaped by the work of the society in the 1980s, in connection to the expertise status of its personnel. It argues that, while the society reproduced the established gender hierarchy of the mental health field, it reworked to some degree the balance between men and women mental healthcare providers, through reworking the balance between psychiatrists and other professionals and between experts and nonexperts.

Starting with the established gender hierarchy, gender and expertise had been long interwoven in mental healthcare. At least since the interwar period, when psychologists hesitantly started to appear in mental healthcare, and since the 1950s, when social workers and other professionals (mainly speech and occupational therapists) made their entrance to the field, the majority of psychiatrists were men and the rest were predominately women. Psychiatrists – on the basis of their medical degree, but also of their gender – had a higher status. These trends were international and were perpetuated in the "psychiatric team", namely the interdisciplinary group in which different professionals worked together, supposedly on equal terms, in order to diagnose and treat the patients. The psychiatric team was increasingly esteemed and practiced in the postwar period, but the pre-eminence of the psychiatrist – as a male physician – was proving hard to challenge, especially in countries like Greece, where patriarchy was firmly grounded and the biological/medical

understandings of mental illness dominated.[19] It is telling that in Greece psychiatric reform was based on psychiatrists more than in other countries, with most, if not all, the new services of the late 1970s and early 1980s being created and headed by male psychiatrists. This was the case with the society, which was headed by Sakellaropoulos until he died, aged 92, in 2018.

Still, Sakellaropoulos had experienced and was inspired by the way the psychiatric team developed within the context of institutional psychotherapy and sector psychiatry in postwar France. In these reform experiments, and mostly in the Association for Mental Health and the Struggle against Alcoholism in the 13th arrondissement of Paris (ASM 13), founded in 1958, the psychiatric team included the complete staff of the mental health units, from the director and the most specialised professionals, who had expert knowledge, to the support staff, who had everyday contact with the patients. This inclusiveness of the psychiatric team was based on the "democratic" use of specialised knowledge – indicatively, psychoanalytical tools were appropriated in ways that allowed all categories of staff to develop a psychotherapeutic role – and on the acknowledgement that the information brought by the support staff was important. Thus, the role of the nurses and support staff was strengthened.[20] These lower-status experts or nonexperts were to a great extent women, but there were also men. It is indicative that in the ASM 13 since the 1960s, the psychiatric team included the craftsmen who were employed in its therapeutic workshops, and who were trained by the ASM 13 as occupational therapists, and saw themselves as caregivers.[21]

Sakellaropoulos was inspired by this democratic and psychoanalytical model of the psychiatric team, with which he had been acquainted while he was studying and working in France in the 1950s. He also acknowledged that his approach had been influenced by a woman psychologist, Themis Kali, with whom he worked as a junior psychiatrist (*επιμελητής*) in the University of Athens Psychiatric Clinic from 1964 to 1967. There, they included nonspecialised volunteers, namely social workers (predominately women) and medical students (mostly men) as occupational therapists or psychotherapists, who organised activities with the patients in and out of the hospital. The volunteers did not have experience and some not even qualifications, but they were represented as cultivated, eager, full of energy, and efficient under the supervision of an experienced and psychoanalytically orientated "leader", namely Sakellaropoulos.[22] Subsequently, in the 1970s, Sakellaropoulos created teams of medical students, psychiatry interns and social workers for treating patients in their home. In the initial team, most members, eight out of ten, were men, while the two women were a social worker and a medical student. The latter was once told by a patient that he could not imagine a woman being a psychiatrist.[23]

Although these teams created new opportunities for women in the 1960s and 1970s, their main attribute was not gender but age. Young men and women, who were not yet fully qualified, were enlisted, trained and supervised by Sakellaropoulos,[24] who inspired them to commit to the reform effort.[25] Sakellaropoulos deemed the enthusiasm of these young

people “a necessity” for mental healthcare in times of radical transformation, as in Greece in late 1970s, while stressing that the diversity of the team helped diffuse the “omnipotence” of the therapist for many people.[26] In practice, one might add, the diversity of the team, and the inclusion of less-trained or untrained members was dictated by the lack of trained professionals.

With the establishment of the Institute of Social Psychiatry, the Fokida Mobile Unit and the Society of Social Psychiatry and Mental Health, psychiatric teams became a stable feature of the services led by Sakellaropoulos, and gradually became more diverse, with the addition of speech and occupational therapists, as interdisciplinarity was seen as providing the supportive environment and network that patients and their families needed.[27] In the 1980s, the psychiatric team practice of the society was grounded on social and community psychiatry, two terms often used combined or interchangeably during this period.[28] They designated a psychiatric practice in and with the community, and focused on the social dimensions of mental illness and the patients’ social rehabilitation.[29] Social psychiatry was attributed with the potential to give different disciplines and supposedly lower-status members a place in the team, structuring the latter not in a pyramidical but in a horizontal and collective fashion.[30] It is indicative that in the society’s services the psychiatrist did not remain in his office, only seeing patients who came to him, but went out into the community, implementing community education activities, a task traditionally assigned to social workers.[31]

A major means for making different disciplines equal was the “psychoanalytical prism”, namely a modification of psychoanalysis to fit the treatment of psychotic patients in the National Health System. In a nutshell, psychoanalysis – which along with social and community psychiatry formed the basis of the society’s work – was used not as a treatment method but as an interpretation framework: although no actual analysis of patients took place, team members of all specialties were meant to understand and approach psychoanalytically the symptoms and treatment of the patients, after a short training and under constant supervision but without having to have formal psychoanalytic training.[32]

Taken to an extreme, the egalitarianism of the team meant that nonexperts, even people with no degree at all, could participate on equal terms in the provision of mental welfare. The rest of the article briefly considers the role of nonexperts in modern psychiatry and then focuses on the example of the “lady of the home” (*οικοδέσποινα*), “hostess” or “mom of the home” (*μαμά του σπιτιού*), a woman employed in “general duties”, who since the 1980s has been in charge of the everyday life in the society’s boarding houses.

Nonexperts in mental healthcare

Before the development of psychiatry in the late eighteenth and early nineteenth century,

the care for the mentally ill was mostly nonmedical, consisting mainly in family care or care in nonmedical (lay or religious) homes. As such establishments were progressively medicalised, the role of lay men and women, a role initially acknowledged and valued by the emergent psychiatric discipline, became less prominent.[33] However, families remained active in caring for their mentally ill,[34] while nonmedical caregivers continued to feature in medical facilities, especially in private ones. For example, in nineteenth-century French *maisons de santé* it was usual for the physician's wife or daughter to actively participate in the day-to-day management of the institution and the care of the patients.[35]

In the twentieth century the role of nonexperts gained new prominence. The staff of the Fokida Mobile Unit made reference to two World Health Organisation (WHO) reports of 1968 and 1971, that suggested that "helpers", namely nonexperts, without much training but under expert supervision, were necessary members of the mental health team. The experts of the Mobile Unit went on to argue that, in special cases, such as in rural areas, where the number of trained staff was insufficient, helpers may not just complement but even substitute the expert under the latter's supervision.[36] Similar arguments were voiced earlier, in the 1960s and 1970s, in developing countries, due to the lack of funds and specialised personnel.[37] During the same period, in the developed world, the incorporation of nonexperts in mental healthcare was mobilised by ideological, not economic, considerations. Within the liberational and participatory climate of the 1960s and 1970s, and as medicine's monopoly in knowledge and expertise was increasingly criticised,[38] mental health committees were introduced in neighbourhoods, with the aim to involve the whole of the community to the handling of mental health problems, and to minimise the role of the specialists.[39] Along less extreme lines, social psychiatry in the USA, sector psychiatry in France and democratic psychiatry in Italy, all three highly influential internationally and in Greece, included in their interdisciplinary teams in the 1960s and 1970s nonexperts.[40] In the 1980s, while radical approaches had ebbed to a great extent, the importance of community action was adopted by official discourses, most notably by the WHO, which to this day views "community health workers" as a solution to health workforce shortages and maldistribution, and also as potential employment, in particular for women.[41]

In Greece, nonexpert women had been sporadically included in mental healthcare already in the late 1950s and late 1960s, but as volunteers, not as employees.[42] The idea of community involvement and nonexpert participation in mental healthcare was reinforced in the late 1970s and the 1980s, partly due to the reform and liberation spirit of the Metapolitefsi, and partly following the aforementioned international trends in mental healthcare. In any case, contact and cooperation with the communities where new services were founded was highly valued. The Fokida Mobile Unit was one of the agents that tried to enhance the participation of the community through information, education and "sensitisation" activities, and through discussing and making decisions, such as the creation of services, with the community.[43] In addition, the team allotted "allies" or "co-therapists" in the family and community, so that the patients would not feel isolated.[44] The team noticed

that the “natural system of support” of the people with psychological difficulties was stronger in rural areas, and “made good use” “of these ‘natural helpers’”, educating them to increase their efficiency.[45] Probably due to the special character of the Mobile Unit, whose staff was not continuously present on site, it was nonexperts – relatives, friends, neighbours, or the priest, midwife, nurse, police officer or even president of the community – who were meant to intervene when a patient was in crisis. A mental health committee was formed to collaborate with the psychiatric team, the patient, the family and the community, in order to protect the patients and cover their material and welfare needs, to indicate the individuals who had problems and to refer them to the psychiatric team. More generally, the whole of the community was to assume its responsibilities in relation to mental illness and the mentally ill. The psychiatric team was there to offer support and decrease the community’s stress from mental illness, but “from a point, the whole effort would be their own issue. We would only provide the scientific part of the whole effort,” according to a Mobile Unit social worker.[46]

While the extent, particulars, problems and results of such nonexpert involvement practices have not been documented, these discourses have led recent research to argue that psychiatric reform in Greece, and community care in particular, can be perceived as a “democratic experiment”, as responsibility was being dispersed across multiple subjects (patients, therapists, friends, family, community members).[47] Indeed, the society frequently used the term “responsibilisation” (of patients, families, communities), which expressed the effort to incorporate nonexperts.[48] This was certainly a new and radical approach, and as such it disturbed not only some experts, who thought it limited their professional power, but also some politicians, who thought that this kind of action went beyond specific (psychiatric) limits towards issues of political and social change.[49] However, the dispersal of responsibility was, as we have already noted, a mainstream international trend in the 1980s. What was rather unique in the society, on the national and international level, was the post of “mom of the home”. To this we will now turn, in order to understand better the dynamics between gender and expertise in mental healthcare.

The “lady” or “mom of the home”

The first “mom of the home” was employed in the first boarding house (BH) of the society, which was founded by the Fokida Mobile Unit, in Amfissa, in 1984, for chronic psychotic patients, men and women, who originated from Fokida or had been living there before they became long-term inmates of public asylums. A few BH patients did not come from asylums, but they had serious socialisation and occupational rehabilitation problems. The daily programme of the BH consisted in therapeutic, educational and entertainment activities aiming at the rehabilitation and the cultivation of the autonomy of the patients.

They were trained in personal skills (self-care, household chores, shopping and handling of money, using public transport and the mass media), social skills (improving their self-image and social relationships), and occupational skills (working mostly in agriculture, and less in carpentry and car repairs).[50]

The BH staff consisted in a psychiatrist and a psychologist, who visited the home once a week, and a nurse, a social worker, and the "lady of the home", all women, who spent much more time with the patients. The occupational education was carried out by farmers, who had taken "a seminar of sensitivisation on the mentally ill".[51] One of them, the husband of the "lady of the home" acted as the "host". These two posts, the hostess and host, were in line with the perception of the BH as "first of all a home". Building a "homely atmosphere" was deemed a precondition for the reduction of the patients' symptoms and psychic pain, but also for a quality of life similar to that of life in the Greek family. All the therapists needed to have an affectionate, humane relationship and do activities with the patients, but it was mostly the hostess and the host, usually a married couple, who incarnated the family roles in the BH, as "father and mother".[52] Their tasks were evidently gendered, as this account from the second BH of the society, in Alexandroupoli, shows: "We wanted, for therapeutic reasons, to have in the home's operation the fatherly and motherly figure." The hostess "cares for the home as a mother, directs all that has to do with the operation of the household. She is a nurse and a seamstress." The host, who was the husband of the hostess, was a builder, painter and farmer. In other words, he was in charge of all the occupational activities outside the home.[53]

Going back to Fokida, and to the first lady of the home, she was a "simple woman of the village", who worked in a bakery. Like her successors, she did not have a university degree. She had come into contact with the Mobile Unit when her child was having speech therapy, but after the completion of the treatment, she stayed in cooperation with it, being active and having "a great perception of what was happening". When, three years later, the BH was established, Sakellaropoulos invited her to be the "lady of the home". Her role was very demanding, but she was trained by the "professor" in order not to be afraid of the "mad", whom she would take care of, and she was included in the staff education programmes. In this way, she developed an "impressive natural talent" to calm patients who were having a psychotic crisis, and became an "equal member" of the team who dealt with crisis emergencies.[54] She was, according to Sakellaropoulos, the soul of the BH.[55]

Although her training was deemed necessary, her main asset was a "natural talent" and, more generally, her human approach, the interest and love for the mentally ill. As Sakellaropoulos' widow, speech therapist Athina Fragkouli, who was working at the Fokida Mobile Unit at the time, recalls, the "mom of the home" had the "knowledge of the everyday person". Thus she was close to the patients, whereas well-educated professionals, who understood things better, always kept a distance, even a small one, from the patients. For the people who had been in asylums for years, even decades, the emotional bond with this "simple person" was considered extremely helpful especially in terms of rehabilitation – and

the boarding houses were predominately rehabilitation units.[56] Within this context, all team members valued and recognised the role of the "mom of the home".[57]

Nevertheless, the prospect of a nonexpert women being equal to (male) experts was not without critique within the society. As a woman psychologist and current collaborator of the society said, psychiatrists always had difficulties in understanding and sharing the philosophy of equality of the different team members.[58] Indeed, some of the society's male psychiatrists found it hard to accept the "mom of the home" as an equal member of the team. Miltos Livaditis, Sakellaropoulos' main collaborating psychiatrist in Thrace in the 1990s, recalled his surprise at a meeting of the Alexandroupoli BH after he asked a scientific question as Sakellaropoulos asked the "lady of the home" to answer. Livaditis said she was a "totally uneducated lady", whom Sakellaropoulos had made a nurse and administrative director of the BH. Livaditis, while stressing the positive elements of Sakellaropoulos' approach, still found it hard to accept that such a person had been given so much authority, and interpreted this as a negative element, an exaggeration of Sakellaropoulos' avant-gardism.[59]

Another male psychiatrist, Grigoris Ampatzoglou, who was working in the Fokida BH in the 1980s, also voiced a similar criticism, highlighting that the well-meant activism and faith in social psychiatry compromised the scientific rigor of some of the society's endeavours.[60] It was a criticism he had also expressed during the 1980s. In a report he wrote in 1986, he objected to the blurring of boundaries in the psychiatric team. He stressed that, although there was a feeling of therapeutic warmth in the BH, and the staff had a strong sense of responsibility, there was a lack of professionalism and of limits between what was private and emotional and what was professional and scientific. Ampatzoglou believed that there was a need for more training of the unqualified staff and for more support and supervision by specialised professionals. In addition, staff and patients should have been more clearly differentiated, and staff members should have had clearly defined roles. He argued that the first "heroic" period, when everyone was working with a common aim, was over, and that a new setup was needed, based more on professionalism than on militancy; problems needed to be understood on technical rather than on emotional terms. In this way, the tiredness and conflicts among the staff would have decreased.[61] Some of these problems would soon be addressed with an educational programme aiming at "homogenising" the team, contributing to the "equal operation of the different specialties", and increasing supervision, in order to assist the processing of the emotions created by the close relationship with the chronic psychotic patients.[62]

Although some psychiatrists objected to it, the society's egalitarian approach, namely the idea that through social psychiatry and the psychoanalytical prism nonmedical and nonspecialised staff, who were predominately women, could occupy a more active role and an equal place in the therapeutic team, remained central to the its work. As Konstantinos

Prountzopoulos, a male dietitian who worked as a therapist in the society's sheltered apartments from 2018 to 2021, an important and constant feature of the society is that all collaborators are important: they are all heard and what they think counts.[63] Moreover, the "mom of the home" is still a position in the society's BHs: a woman who might not have a degree and who, after a short, but ongoing, training by the society, organises the everyday life in the BH, taking care of day-to-day issues and ensuring the quality of life, while also being in charge of some therapeutic groups, such as art groups. While they did not explicitly claim an "expert" role, these women, especially when they have long experience in the society, appear very confident in their work and position within the team.[64]

Conclusions

The reforms in mental healthcare in Greece presented in this article were part of international postwar trends in mental healthcare – the interdisciplinary team and the increased involvement of communities and nonexperts – and of the national reformatory and participatory climate of the Metapolitefsi. Within this double context, the balance among professionals and between experts and nonexperts was being reworked, constantly in close connection to gender.

Regarding professionals, the role of women, who were still, to a greater extent, psychologists, social workers and speech therapists than psychiatrists, was strengthened within the model of the psychiatric team. Women professionals and women who had no qualifications, had a chance to be trained and work with male professionals, initially as volunteers and later, in the 1980s, as employees. Rather than formal qualifications, it was their enthusiasm, talent and eagerness that mattered most, while the horizontal organisation of teams, grounded on social and community psychiatry and on the psychoanalytical prism, flattened the highest peaks of expertise and gender differentiation, although not its more subtle connotations and dimensions.

Things proved more complex in the case of the nonexpert women who started to be employed in the society's boarding houses in the 1980s. Not everyone was willing to accept the "uneducated" "mom of the home" as an equal member of the psychiatric team, as she simultaneously challenged the established gender hierarchies and the divide between expert and nonexpert. Furthermore, this challenge was implemented on the basis of traditional gender roles: the mother and homemaker, the person who created a new family for the patients, who were thus being conceptualised as children.

Similar to the wives and daughters of the physicians in the nineteenth-century French *maisons de santé*, the "moms" of Greek twentieth-century boarding houses "simultaneously upheld and undermined prevailing notions about domesticity and femininity".[65] This ambivalence does not come as a surprise. As in other historical periods and national contexts, women's involvement in the public sphere and the carving of new professional niches for themselves was based on their ability to bring "private, feminine

virtues into the public realm".[66] What is more in this case, the public realm – a psychiatric institution – was fashioned as, and was indeed turned into, a private one – a "family home". Within this context, and as long as they remained "silent partner[s]", these women were not seen as a threat to gender and professional hierarchies.[67] Nevertheless, they could raise opposition when they proved too assertive of their female, lay expertise, or when they blurred too much the boundaries between private and public, female and male, and emotional and logical.

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[1] Panayotis Sakellaropoulos, "Εισαγωγική παρουσίαση" [Introductory presentation], *Tetramina* 27 (1984): 1729.

[2] For a discussion of the concept of the mixed economy of welfare, see Fabio Giomi, Célia Keren and Morgane Labbé, "Productive Entanglements: The Dynamics of Public-Private Interactions in the History of Social Protection," in *Public and Private Welfare in Modern Europe: Productive Entanglements*, ed. Fabio Giomi, Célia Keren and Morgane Labbé (London: Taylor & Francis, 2022), 1–15, https://doi.org/10.4324/9781003275459-1. For a recent discussion on how public-private and formal-informal caregivers shared and negotiated their responsibilities, see Joris Vandendriessche, Peter Heyrman and Kim Christiaens, eds., "The Shared Responsibility of Care: Debates over Health and Social Care Provision during the Nineteenth and Twentieth Centuries," special issue, *European Journal for the History of Medicine and Health* 79, no. 2 (2022).

[3] Yannis Voulgaris, *Η Ελλάδα της Μεταπολίτευσης, 1974–1990* [Post-dictatorship Greece, 1974–1990] (Athens: Themelio, 2002), 17, 20, 54, 43–47; Thomas Gallant, *Modern Greece from the War of Independence to the Present* (London: Bloomsbury, 2016), 275–98.

[4] Despo Kritsotaki, "Changing Psychiatry or Changing Society? The Motion for the Rights of the 'Mentally Ill' in Greece, 1980–1990," *Journal for the History of Medicine and Allied Sciences* 76, no. 4 (2021): 440–61, https://doi.org/10.1093/jhmas/jrab020.

[5] Vasilis Vamvakas and Panayis Panagiotopoulos, "Η Ελλάδα στη δεκαετία του '80: Κοινωνικός εκσυγχρονισμός, πολιτικός αρχαϊσμός, πολιτισμικός πλουραλισμός" [Greece in the 1980s: Social modernisation, political archaism, cultural pluralism], in *Η Ελλάδα στη δεκαετία του '80: Κοινωνικό, πολιτικό και πολιτισμικό λεξικό* [Greece in the 1980s: Social, political and cultural dictionary], ed. Vasilis Vamvakas and Panayis Panagiotopoulos (Athens: Epikentro, 2014), xxxi–lxxi; Manos Avgeridis, Efi Gazi, and Kostis Kornetis, "Εισαγωγή" [Introduction], in *Μεταπολίτευση: Η Ελλάδα στο μεταίχμιο δύο αιώνων* [Metapolitefsi: Greece between two centuries] ed. Manos Avgeridis, Efi Gazi, and Kostis Kornetis (Athens: Themelio, 2015), 9–26.

[6] Despo Kritsotaki, "Mental Healthcare in Postwar Greece, c. 1950–1970," *Historical Review/La Revue Historique* 17 (2020): 91–114, https://doi.org/10.12681/hr.27068.

[7] The focal point of the scandals was Leros Psychiatric Hospital, which had been founded in 1957 on the remote island. The hospital received many of the chronic patients of the public asylums of Athens and Thessaloniki, with the patient population constantly increasing, surpassing 2,700 in 1974. Even though the initial revelations of the conditions in the hospital dated in the late 1970s, the hospital was first reformed in the early 1990s and closed in 1997. Maria Mitrosyli, *Ψυχιατρείο Λέρου και μεταρρύθμιση: Δημόσιες*

πολιτικές, ίδρυμα, ασθενείς, κοινότητα [Leros Psychiatric Hospital and reform: Public politics, institution, patients, community] (Athens: Papazisis, 2015).

[8] Examples of the new services were the Community Mental Hygiene Centre of Vyronas-Kaisariani (Athens), founded in 1978 by the University of Athens Psychiatric Clinic, and Alexandroupoli General Hospital Psychiatric Clinic in Thrace, founded in the same year by the psychiatrist Charalambos Ierodiakonou, who also instituted a mobile psychiatric unit in Thrace in 1981.

[9] Kostas Bairaktaris, *Ψυχική υγεία και κοινωνική παρέμβαση: Εμπειρίες, συστήματα, πολιτικές* [Mental health and social intervention: Experiences, systems, policies] (Athens: Enallaktikes Ekdoseis, 1994), 127–28.

[10] Panayotis Sakellaropoulos, *"*Όψεις της σύγχρονης ψυχιατρικής" [Aspects of contemporary psychiatry], *Deltio tis Etaireias Spoudon Neoellinikou Politismou kai Genikis Paideias* 9 (1986): 17–24.

[11] Fokida was chosen for the first mobile unit, because it was the birthplace of Sakellaropoulos' mother. This meant that the psychiatrist knew people in the area, who could help with the establishment and reception of the unit. The second mobile unit was founded in Thrace, as Sakellaropoulos was elected professor of psychiatry and child psychiatry of the University of Thrace in 1985.

[12] Panayotis Sakellaropoulos, "Σχετικά με το μετασχηματισμό ψυχιατρικής περίθαλψης στην Ελλάδα: Υπόμνημα προς τους αρμόδιους για τα θέματα ψυχικής υγείας ενός μεγάλου πολιτικού φορέα" [On the reform of mental healthcare in Greece: Memo to the mental health officials of a large political agent] [1979], private archive of Panayotis Sakellaropoulos; Panayotis Sakellaropoulos, "Διοικητικά και οργανωτικά προβλήματα στη νέα οργάνωση των υπηρεσιών ψυχικής υγείας" [Administrative and organizational problems in the new organisation of mental health services], *Πρακτικά 10ου Πανελλήνιου Συνεδρίου Νευρολογίας και Ψυχιατρικής* [Proceedings of the 10th National Conference of Neurology and Psychiatry] (Thessaloniki: 1983), 1:373–79.

[13] Panayotis Sakellaropoulos, Athina Fragkouli, Nikos Haberis, Xenia Apostola and Maria Aliferi, "Κινητή Μονάδα Ψυχιατρικής Περίθαλψης Υπαίθρου (ΚΜΨΠΥ)" [Mobile Unit of Rural Psychiatric Care], in *Ελληνογαλλικό συμπόσιο κοινωνικής ψυχιατρικής* [Greek-French Symposium of Social Psychiatry] (Athens: Kastaniotis, 1989), 241–45; Panayotis Sakellaropoulos, Georges Papanikolaou and Vassilis Kapsambelis, "À propos de l'hospitalisation à domicile," *Information psychiatrique* 60, no. 3 (1984): 237–45.

[14] Mobile units, as well as other mental health units, such as boarding homes, were officially recognised in 1999 under Law 2716. I would like to thank Dimitris Ploumpidis for this information.

[15] Panayota Fitsiou, interview by author, 30 October 2020.

[16] Stelios Stylianidis, interview by author, 31 December 2020. Psychiatrist Stelios Stylianidis, a collaborator of Sakellaropoulos in Fokida (1987–1989), went on to found the Society for Regional Development and Mental Health (EPAPSY) in 1988 and to work in Halkida Public General Hospital, Evia (1989–1997), where EPAPSY collaborated with the National Health System to provide community mental health services.

[17] Athanasia Kakouri, interview by author, 8 February 2020. Athanasia Kakouri is a psychiatrist who has worked since the 1980s in the Open Psychotherapy Center (OPC), a nonprofit society founded in Athens in 1980. For the OPC, see Despo Kritsotaki, "Η ιστορία της ομαδικής ψυχοθεραπείας στην Ελλάδα (1960–1980)" [The history of group psychotherapy in Greece], *Mnimon* 38 (2021): 181–202.

[18] "Προς την επιτροπή εμπειρογνωμόνων της ΕΟΚ" [Letter to the Committee of Experts of the European Economic Community], 6 October 1987, Sakellaropoulos private archive.

[19] Despo Kritsotaki, *"Ψυχική υγιεινή", κοινωνική πρόνοια και ψυχιατρική μεταρρύθμιση στη μεταπολεμική Ελλάδα: Το Κέντρο Ψυχικής Υγιεινής και Ερευνών, 1956–1978* ["Mental hygiene", social welfare and psychiatric reform in postwar Greece: The Centre for Mental Health and Research, 1956–1978] (Athens: Pedio, 2016), 68–80. The Centre for Mental Health and Research, where Sakellaropoulos also worked for a couple of years in the early 1960s, introduced the psychiatric team in Greece in the late 1950s, being influenced, to a great extent, by the practice of the "équipe" in the Association of Mental Health and Fight against the Alcoholism in the 13th arrondissement of Paris (ASM 13). As we will see, the ASM 13 was a major source of inspiration for the society as well.

[20] Grigoris Ampatzoglou and Dimitris Ploumpidis, “Το πλαίσιο της φροντίδας των ασθενών: Η κοινοτική ψυχιατρική σήμερα” [The framework of patient care: Community psychiatry today], *Synapsis* 16 (58) 2020: 38–42.

[21] Nicolas Henckes, “Learning Constraint: Exploring Nurses’ Narratives of Psychiatric Work in the Early Years of French Community Psychiatry,” *Culture, Medicine, Psychiatry* 38 (2014): 594–617, https://doi.org/10.1007/s11013-014-9399-2.

[22] Panayotis Sakellaropoulos, “Θεραπεία περιβάλλοντος και νοσοκομείο ημέρας” [Milieu therapy and day hospital], *Materia Medica Greca* 4 (1976): 319–22; Sakellaropoulos, “Ψυχιατρική περίθαλψη στο σπίτι (με την ευκαιρία ενός σεμιναρίου)” [Psychiatric home care (with the opportunity of a seminar)], *Materia Medica Greca* 3 (1981): 347–60.

[23] Sakellaropoulos, “Ψυχιατρική περίθαλψη στο σπίτι”. Indeed, there were few women psychiatrists until the 1980s in Greece.

[24] Vassilis Kapsambelis, interview by author, 2 November 2021. When Kapsambelis was a student at the Athens Medical School in the late 1970s, he participated in the first teams created by Sakellaropoulos. Then he moved in Paris, where he trained as a psychiatrist and psychoanalyst and worked in the ASM 13, where he is currently director of the Centre de psychanalyse Évelyne et Jean Kestemberg.

[25] Miltos Livaditis, interview by author, 2 October 2020. Livaditis, a psychiatrist, was Sakellaropoulos’ main collaborator in Thrace.

[26] Panayotis Sakellaropoulos, speech in the Third Symposium of the Greek Society of Psychoanalytic Psychotherapy, 4 November 1979, typed document, Sakellaropoulos private archive.

[27] Athina Fragkouli, interview by author, 1 October 2020.

[28] Social psychiatry had indeed a “protean quality”, signifying a multitude of approaches in the second half of the twentieth century, including community psychiatry. Matt Smith, “A Fine Balance: Individualism, Society and the Prevention of Mental Illness in the United States, 1945–1968,” *Palgrave Communications* 2 (2016): 4, https://doi.org/10.1057/palcomms.2016.24. On social psychiatry in the United States, a major source of influence in mental healthcare worldwide and in Greece during the postwar period, see Matt Smith, *The First Resort: The History of Social Psychiatry in the United States* (New York: Columbia University Press, 2022).

[29] Dimitris Tataridis, Athina Fragkouli and Panayotis Sakellaropoulos, “Μια οργανωτική ψυχοδυναμική παρουσίαση της φιλοσοφίας της Εταιρίας Κοινωνικής Ψυχιατρικής και Ψυχικής Υγείας” [An organisational psychodynamic presentation of the philosophy of the Society of Social Psychiatry and Mental Health], in *Θεμέλιο της ψυχιατρικής ο συναισθηματικός δεσμός θεραπευτή-θεραπευόμενου* [Foundation of psychiatry the emotional bond of therapist-patient], ed. Panagiota Fitsiou (Athens: Papazisis, 2010), 709–22.

[30] Panayotis Sakellaropoulos, Nikos Zikos, Athina Fragkouli and Parsenia Papanikolaou, “Οργάνωση υπηρεσιών ψυχικής υγείας σε αγροτική περιοχή” [Organization of mental health services in a rural area], in *Πρακτικά 10ου Πανελλήνιου Συνεδρίου*, 399–405. On the participation of different professionals (psychologists, social workers and nurses) within social psychiatric practice in the United States, in the Community Mental Health Centres, see Smith, “A Fine Balance.”

[31] Fitsiou, interview. It must be noted, though, that in the 1980s the identification of social workers with the female sex had become less strong, as male social workers were becoming more common. The Fokida Mobile Unit had at least one male social worker.

[32] Panayotis Sakellaropoulos, “Οιδιπόδειος πατέρας και αρχαϊκή μητέρα” [Oedipean father and archaic mother], in Fitsiou, *Θεμέλιο της ψυχιατρικής* [Foundation of psychiatry], 311–20; Fragkouli, interview.

[33] Marcel Gauchet and Gladys Swain, *La pratique de l’esprit humain, l’institution asilaire et la révolution démocratique* (Paris: Gallimard, 1980), 273; Jack Juchet and Jacques Postel, “Le ‘surveillant’ Jean-Baptiste Pussin à la Salpêtrière,” *Histoire des Sciences Médicales* 30 (1996): 189–98.

[34] There is a substantial literature on the roles of family in the care and management of mentally ill members. For instance, Akihito Suzuki, *Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820–1860* (Berkeley: University of California Press, 2006).

[35] Jessie Hewitt, *Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth-Century France* (Ithaca: Cornell University Press, 2020), 67–91.

[36] Nikos Zikos, "Εκπαίδευση αδελφών νοσοκόμων στην ψυχιατρική" [Training nurses in psychiatry], *Tetramina* 27 (1984): 1819–27.

[37] Yolana Pringle, *Psychiatry and Decolonisation in Uganda* (London: Palgrave Macmillan, 2019), 19 and 120.

[38] Among the patients' groups and social movements that challenged medical authority in the 1970s were the feminist health movement and the mental patients' movement, while in the 1980s Aids activists claimed and to a great extent achieved the status of "experts". Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley: University of California Press, 1996), 7–13.

[39] Spiros Tzivaras, "Πρόληψη, ευαισθητοποίηση στο νομό Φωκίδας από την ΚΜΨΠΥ" [Prevention, sensitisation in the prefecture of Fokida by the Mobile Unit], *Deltio tis Etaireias Spoudon Neoellinikou Politismou kai Genikis Paideias* 9 (1986): 32–35; Bairaktaris, *Ψυχική υγεία και κοινωνική παρέμβαση* [Mental health and social intervention], 178–91.

[40] Smith, *The First Resort*; Nicolas Henckes, "Réformer la psychiatrie, organiser les pratiques de secteur: La construction de la psychiatrie de secteur dans 'l'expérience du treizième arrondissement'" (Paris: Centre de Recherche Médecine, Sciences, Société, Santé, 2005); Vassilis Kapsambelis, "Psychoanalysis in the Community in France," *International Journal of Psychoanalysis* 103 (2022): 191–210, https://doi.org/10.1080/00207578.2021.1978294; John Foot, *The Man who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care* (London: Verso, 2015).

[41] World Health Organization, *Milestones in Health Promotion Statements from Global Conferences* (Geneva: WHO, 2009); World Health Organization, *Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes* (Geneva: WHO, 2018), 12.

[42] Most notably, in the Social Aid Centres, which offered welfare and mental healthcare services, women volunteers worked on cases under the supervision of social workers. Efstathios Liberakis and Anna Triantafyllou, *Orienting and Preparing Greek Volunteers for Contribution in a Social Agency* (Athens: Centre for Mental Health and Research, 1965). For the Social Aid Centres, see Despo Kritsotaki, "From 'Social Aid' to 'Social Psychiatry': Mental Health and Social Welfare in Post-War Greece (1950s–1960s)," *Palgrave Communications* 4 (2018), https://doi.org/10.1057/s41599-018-0064-1.

[43] Ioannis Papavasileiou and Panayotis Sakellaropoulos, "Πρόγραμμα κοινωνικής επανένταξης και επαγγελματικής αποκατάστασης ψυχικά πασχόντων: Η πρώτη πραγμάτωση της αποασυλοποίησης" [Programme of social reintegration and professional rehabilitation of the mentally ill: The first realization of deinstitutionalization], in Fitsiou, *Θεμέλιο της ψυχιατρικής* [Foundation of psychiatry], 117–27; Dimokritos Sarantidis, "Ψυχιατρική κάλυψη του νομού" [Psychiatric coverage of the prefecture], *Deltio tis Etaireias Spoudon Neoellinikou Politismou kai Genikis Paideias* 9 (1986): 30–31.

[44] Vasilis Alexandris, "Ψυχιατρική περίθαλψη στο σπίτι του αρρώστου (Ψ.Π.Σ.Α.)" [Psychiatric care in the patient's home], *Deltio tis Etaireias Spoudon Neoellinikou Politismou kai Genikis Paideias* 9 (1986): 27–29.

[45] Nikos Zikos, "Οργάνωση των υπηρεσιών περίθαλψης στον νομό Φωκίδας" [Organization of care services in the prefecture of Fokida], *Tetramina* 27 (1984): 1743.

[46] Tzivaras, "Πρόληψη, ευαισθητοποίηση στο νομό Φωκίδας από την ΚΜΨΠΥ." The "helpers", "allies" and members of the mental health committee were envisioned by the Mobile Unit as both women and men, but I have not detected documents recoding the actual roles and level of participation of nonexperts in mental healthcare in Fokida during this period.

[47] Elizabeth-Ann Davis, *Bad Souls: Madness and Responsibility in Modern Greece* (Durham: Duke University Press, 2012), 4.

[48] For example, Papavasileiou and Sakellaropoulos, “Πρόγραμμα κοινωνικής επανένταξης.”

[49] Charalampos Poulopoulos, “Παρουσίαση αφιερωμένη στο έργο του Π. Σακελλαρόπουλου: Γειτονιά, κοινότητα, κοινωνία” [Presentation on the work of P. Sakellaropoulos: Neighborhood, community, society], *Eksartiseis* 22 (2014), https://doi.org/10.57160/FVTR6420.

[50] Sarantidis, “Ψυχιατρική κάλυψη του νομού”; Papavasileiou and Sakellaropoulos, “Πρόγραμμα κοινωνικής επανένταξης.”

[51] Sarantidis, “Ψυχιατρική κάλυψη του νομού.”

[52] Vasilis Alexandris, “Οικοτροφείο-ξενώνας: θεωρητική υποδομή και προηγούμενες εμπειρίες” [Boarding home-guesthouse: theoretical infrastructure and previous experiences], in *Επικινδυνότητα και κοινωνική ψυχιατρική: Κείμενα από δύο συμπόσια για την ψυχιατρική* [Dangerousness and social psychiatry: Texts from two symposia for psychiatry], ed. Panayotis Sakellaropoulos and Miltos Livaditis (Athens: Papazisis, 1990), 257.

[53] Christodoulia Tantalaki, “Η λειτουργία του οικοτροφείου” [The function of the boarding home], in Sakellaropoulos and Livaditis, *Επικινδυνότητα και Κοινωνική Ψυχιατρική*, 264.

[54] Maria Biquet, “Η ιστορία της Νίτσας από τη Φωκίδα: Diversity & Inclusion στην πράξη. Ποιος έχει το κουράγιο να ακολουθήσει αυτό το παράδειγμα;” [The story of Nitsa from Fokida: Diversity and inclusion in practice. Who has the courage to follow this example?], *Maria Biquet* (blog), 16 March 2021, https://mariabiquet.com/2021/03/16/%ce%b7-%ce%b9%cf%83%cf%84%ce%bf%cf%81%ce%af%ce%b1-%cf%84%ce%b7%cf%82-%ce%bd%ce%af%cf%84%cf%83%ce%b1%cf%82-%ce%b1%cf%80%cf%8c-%cf%84%ce%b7-%cf%86%cf%89%ce%ba%ce%af%ce%b4%ce%b1-diversity-inclusio/. This account was based on Athina Fragkouli, interview by Maria Biquet.

[55] Grigoris Ampatzoglou, interview by author, 25 January 2021.

[56] Fragkouli, interview.

[57] Biquet, “Η ιστορία της Νίτσας”, and Grigoris Ampatzoglou, “Παρατηρήσεις σχετικά με το οικοτροφείο της Άμφισσας (κοινοτική ψυχιατρική Νομού Φωκίδας), Δεκέμβρης 1986. Περίοδος παρατήρησης 25/10-30/11/1986” [Observations on the boarding home of Amfissa (community psychiatry of the prefecture of Fokida), December 1986. Period of observation 25 October–30 November 1986], Grigoris Ampatzoglou private archive.

[58] Fitsiou, interview. Similar problems had been reported since the late 1960s in the Community Mental Health Centres in the United States, where psychiatrists and in some cases other professionals proved reluctant to share their power and expertise with “paraprofessionals” or “nonprofessionals” recruited from the communities. Smith, “A Fine Balance.”

[59] Livaditis, interview.

[60] Ampatzoglou, interview. From 1986 to 1987, Ampatzoglou provided support to the team of the BH with supervisory meetings and a form of participatory observation.

[61] Ampatzoglou, “Παρατηρήσεις σχετικά με το οικοτροφείο της Άμφισσας.”

[62] Papavasileiou and Sakellaropoulos, “Πρόγραμμα κοινωνικής επανένταξης,” 120 and 122.

[63] Konstantinos Broutzopoulos, interview by author, 29 December 2020.

[64] Stavroula Bekiou, interview by author, 14 January 2021. Bekiou has been working for the past 20 years as the “mom of the home” in the BH of the society’s Psychosocial Rehabilitation Unit in Fthiotida. All in all, the

BH model has proved resistant over time, and today the society has six of them (in Attica, Thrace, Fokida and Fthiotida).

[65] Hewitt, *Institutionalizing Gender*, 67.

[66] Leonore Davidoff, "Gender and the 'Great Divide': Public and Private in British Gender History," *Journal of Women's History* 15 (2003): 21, https://doi.org/10.1353/jowh.2003.0020.

[67] Hewitt, *Institutionalizing Gender*, 77.