

Health, Balance, and Women's 'Dual Role' in Britain, 1945-1963

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Abstract

This thesis examines the role and currency of medical and psychological languages and anxieties in discussions of women's work, housework, marriage and motherhood in Britain between 1945 and 1963. More specifically, it traces the emergence of the 'dual role', a life balanced between work and home, as the product of competing and colliding concerns over childhood and adult illness. Arguing for a granular and contingent approach to historical knowledge and experience, it analyses a series of conversations and transformations, each of which contributed to shifts in ideals of appropriate, ethical, and healthy behaviour. In moving beyond existing histories of women, work, and home, this thesis takes a complex look at the medical politics of post-war feminism and counter-feminism. It identifies and explores important sites of contestation and collision, in which new orthodoxies and compromises were formed.

Through close review of disregarded post-war literatures on motherhood, male health, housework, fatigue, loneliness, selfhood, ageing, the therapeutics and prophylaxis of productivity, overstrain, caring, morbidity, psychological conflict, and the relationship between medicine and political transformation, this thesis provides a methodical and nuanced account of the ideas and experiences which framed and bounded changing patterns of combination between work and home. It offers scholars of women's history a more sophisticated understanding of the diversity and importance of knowledge about the mind and body – as well as the thoughts, words and actions of medical professionals – in shaping historical processes which have been widely described but insufficiently understood. For historians of medicine, it explores the political context and consequences of discourses on health, using questions over work, domesticity, marriage and motherhood to interrogate the collaborative and antagonistic convergences between feminist activism, curative therapy, and public health.

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Abbreviations

BMA: British Medical Association

ECOSOC: United Nations Economic and Social Council

ELMH: European League for Mental Hygiene

ICSDW: international Council of Social Democratic Women

ILO: International Labour Organisation

MLNS: Ministry of Labour and National Service

MWF: Medical Women's Federation

MWIA: Medical Women's International Association

NAMH: National Association for Mental Health

NMGC: National Marriage Guidance Council

NSCN: National Society of Children's Nurseries

OMR: Office of the Minister of Reconstruction

UNESCO: United Nations Educational, Scientific and Cultural Organisation

WFMH: World Federation for Mental Health

WGPW: Women's Group on Public Welfare

WHO: World Health Organisation

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Introduction

In 1963, over a thousand married graduates responded to a questionnaire circulated by a feminist social scientist, Viola Klein. Klein asked her subjects to return details of their working histories; she was interested in the gaps married women took between jobs, their reasons for starting or stopping, and the factors which helped or hindered the complicated process of managing work and home. In hundreds of cases, the replies overflowed the rigid boundaries of her questioning. Women scribbled pages of unprompted notes, typed out letters, drew charts, and told their stories. The imprint of fears and feelings of illness and health in these stories is remarkable. Work, family, and home were loaded with medical meaning. One botanical physiologist remarked that she could ‘write a book on this – a very angry frustrated book of anger for the WASTE I see all around me – waste of trained minds – and frustrated women unavoidably taking it out on their children.’ Women who gave up work on marriage, she wrote, damaged both themselves and society:

‘They appal the rest of the “balanced” members of the community, they exhaust us all, they leave us tired out and resentful. But the cause... which few of us bother to think out, or are able to... is just that: minds trained for use and now limited to sink and nappies and the chatter of the very young. These women need help.’¹

In the aftermath of the Second World War, medical and cultural attitudes to paid employment for married women underwent a profound renegotiation.² Anxieties about the emotional and physical health of housewives were politicised in new ways, moving beyond critiques of urban or suburban living and suggesting more radical solutions than cosmetic improvements to domestic environments or the cultivation of hobbies and pastimes.³ They had become, as the feminist sociologists Alva Myrdal

¹ Testimony 685, 1963, Papers of Viola Klein (henceforth PVK), University of Reading Special Collections (henceforth URSC), MS 1215/28/1

² Alfreda P. Iglehart, ‘Wives, Work, and Social Change: What about the Housewives?’, *Social Service Review* 54:3 (1980), 317-330; Angela Davis, ‘Women’s Experiences of Combining Childcare and Careers in Post-war Oxfordshire, c.1940-1990’, *The Local Historian* 43: 1 (2013), 14-25, 15

³ Maggie Andrews, *Domesticating the Airwaves* (London, 2012); Allison Hepler, *Women in Labor: Mothers, Medicine, and Occupational Health in the United States, 1890-1980* (Athens, OH, 2000); Fiona Hackney, ‘Use Your Hands for Happiness:

and Viola Klein put it, a 'discontented class.'⁴ Work, in this context, took on a therapeutic and prophylactic identity intended to complement and deliver relief from marriage and motherhood, rather than simply provide young women with a healthy outlet for energy or compensate for the supposedly stifled urges of spinsters, widows, and women left with empty nests.⁵ Blurring the emotional and the economic, the nascent behavioural imperative to work joined a pantheon of gendered social prescriptions, complicating lives which were already framed by apprehensions and experiences of illness. It was a pragmatic need to navigate and reconcile these social prescriptions, organised around salutogenic motherhood and the practise of marital hygiene, which shaped the emergence of the 'dual role', a life divided between work and family. Working married women, dissected as subjects by a growing number of professionals and commentators, inhabited a new, ambiguous, and fragile space between pathology and aspiration.⁶ The boundary between health and illness for these women and their families was relocated to the individual and structural practicalities of success or failure, of making it work or becoming overwhelmed.⁷ By the early 1950s, balance was being used as a principle to govern healthy combinations of work and non-work, and as a metaphor to naturalise them and give them meaning.

Today, balance and imbalance continue to frame discourses and experiences at the intersections between work and 'life', the latter signifying a composite of the things we do without remuneration: unpaid labour, education, relationships, parenthood, leisure, consumption. One sociologist attempting to conduct an overview of academic research investigating work and family, Gary Hansen, found

Home Craft and Make-Do-and-Mend in British Women's Magazines in the 1920s and 1930s', *Journal of Design History* 19:1 (2006), 23-38

⁴ Alva Myrdal and Viola Klein, *Women's Two Roles* (London, 1956), p. 10

⁵ Vicky Long and Hilary Marland, 'From Danger and Motherhood to Health and Beauty: Health Advice for the Factory Girl in Early Twentieth-Century Britain', *Twentieth Century British History* 20: 4 (2009), 454-481; Sheila Jeffreys, *The Spinster and Her Enemies* (London, 1985); Claire Langhamer, 'Feelings, Women and Work in the Long 1950s', *Women's History Review* (2016), DOI: 10.1080/09612025.2015.1123025, p. 7

⁶ Magdalena Sokółowska, *The Working Woman: A Socio-Medical Appraisal of Women's Work* (Warsaw, 1963), p. 222; Anon., 'Health At Work', *British Medical Journal* 2: 5406 (Aug. 15th, 1964), 399-400

⁷ Barbara Thompson and Angela Finlayson, 'Married Women Who Work in Early Motherhood', *The British Journal of Sociology* 14:2 (1963), 150-168, 165

the literature so extensive as to be 'impossible to review' in 1991.⁸ Studies in the field have further proliferated in the twenty-first century.⁹ Employers signpost their ability to provide a fulfilling work/life balance, even as working hours increase, technologies enable 24-hour connectivity, and workplace cultures reward employees who allow their time and attention to be diverted away from other concerns and pleasures.¹⁰ Doctors endorse balanced lifestyles, cautious of too much work or too much 'life', and accept and perpetuate a straightforward division between the two.¹¹ The self-help industry, selling health through personal improvement, offers coping strategies and techniques for attaining balance to workers who hope to avoid becoming patients.¹² Critics have problematized the depoliticised approach that the model promotes, arguing that emphasis on individual responsibility and self-management minimises the structural components of distress and leaves broader questions about health and productivity unanswered.¹³ Feminist writers, working alongside these concerns, have further drawn attention to gendered inconsistencies

⁸ Gary L. Hansen, 'Balancing Work and Family: A Literature and Resource Review', *Family Relations* 40:3 (1991), 348-353, 349

⁹ Angela Hattery, *Women, Work and Family: Balancing and Weaving* (London, 2001); Deborah L. Rhode, 'Balanced Lives', *Columbia Law Review* 102:3 (2002), 834-847; Joseph G. Grzywacz and Brenda L. Bass, 'Work, Family, and Mental Health: Testing Different Models of Work-Family Fit', *Journal of Marriage and Family* 65:1 (2003), 248-261; Patricia Voydanoff, 'Toward a Conceptualization of Perceived Work-Family Fit and Balance: A Demands and Resources Approach' *Journal of Marriage and Family* 67:4 (Nov., 2005), pp. 822-836; Richenda Gambles, Suzan Lewis and Rhona Rapoport, *The Myth of Work-Life Balance: The Challenge of Our Time for Men, Women and Societies* (Oxford, 2006); Boris B. Baltes, Malissa A. Clark and Madhura Chakrabarti, 'Work-Life Balance: The Roles of Work-Family Conflict and Work-Family Facilitation' in P. Alex Linley, Susan Harrington and Nicola Garcea (eds.), *Oxford Handbook of Positive Psychology and Work* (Oxford, 2010), pp. 201-212

¹⁰ Paula J. Caproni, 'Work/Life Balance: You Can't Get There From Here', *The Journal of Applied Behavioral Science* 40:2 (2004), 208-218, 209

¹¹ Joseph G. Grzywacz and Dawn S. Carlson, 'Conceptualizing Work-Family Balance: Implications for Practice and Research', *Advances in Developing Human Resources* 9:4 (2007), 455-471

¹² Ken Blanchard, *The One Minute Manager Balances Work and Life Paperback* (New York, 1999); Deborah Tom, *Find the Balance: Essential Steps to Fulfilment in Your Work and Life* (Harlow, 2004); A. Roger and Rebecca Merrill, *Life Matters: Creating a Dynamic Balance of Work, Family, Time, & Money* (New York, 2004); Claire Fox, *Work/life Symbiosis: the Model for Happiness and Balance* (London, 2015)

¹³ James Davies, 'Back to Balance: Labour Therapeutics and the Depoliticisation of Workplace Distress', *Palgrave Communications* 2:16027 (2016)

and inequalities. Women, they argue, have been particularly ill-served by work/life balance, both in theory and practice. Masquerading as neutral, balance in fact works to privilege men's health and success at women's expense.¹⁴ Equally, explanations of work/life balance as a culturally contingent response to oppressive working patterns, a periodic capitalist corrective to capitalist excesses, have privileged male histories.¹⁵ For women, the notion of a balanced life emerged from contrasting concerns about the psychological cost of under-occupation, a narrowing of distance with production which preserved the integrity of their function rearing and ministering to healthy workers.¹⁶

This thesis turns to the eighteen years after 1945, tracing medical expertise and language through discussions of women's shifting relationships with work and family. Due to the innovation of feminist scholars, the cultural, social, and political dimensions of these relationships have been widely explored and documented.¹⁷

¹⁴ Betty Friedan, *The Second Stage* (New York, 1981); Penny Summerfield, 'Women in Britain Since 1945: Companionate Marriage and the Double Burden' in James Obelkevich and Peter Catterall (eds.), *Understanding Post-War British Society* (London, 1994), pp. 58-72; Arlie Russell Hochschild, *The Second Shift: Working Parents and The Revolution at Home* (London, 1989), p. 11; Jane Lewis, *Women in Britain Since 1945: Women, Family, Work and the State in the Post-War Years* (Oxford, 1988), p. 69

¹⁵ Hugh Cunningham, *Leisure in the Industrial Revolution* (London, 1980); Penny Tinkler, 'Cause for Concern: Young Women and Leisure, 1930-50', *Women's History Review* 12:2 (2003), 233-262, 237

¹⁶ Doris Odlum, Speech to the Medical Women's International Association (henceforth MWIA) in Burgenstock, 1956, p. 25: Papers of the Medical Women's Federation (henceforth PMWF), Wellcome Library (henceforth WL), SA/MWF/K.9/1

¹⁷ Denise Riley, 'The Free Mothers: Pronatalism and Working Women in Industry at the End of the Last War in Britain', *History Workshop* 11 (1981), 58-118; Denise Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain' in Margaret Randolph Higonet, Jane Jenson, Sonya Michel and Margaret Collins Weisz (eds.), *Behind the Lines: Gender and the Two World Wars* (New Haven, 1987), pp. 260-271; Anne Showstack Sassoon (ed.), *Women and the State: The Shifting Boundaries of Public and Private* (London, 1987); Angela Holdsworth, *Out of the Doll's House: The Story of Women in the Twentieth Century* (London, 1988); Lewis, *Women in Britain Since 1945*; ; Caitríona Beaumont, 'What is a Wife? Reconstructing Domesticity in Postwar Britain before *The Feminine Mystique*', *History of Women in the Americas* 3 (2015), 61-76; Sheila Rowbotham, *A Century of Women: The History of Women in Britain and the United States* (London, 1997); Gerry Holloway, *Women and Work in Britain Since 1840* (London, 2005); Stephanie Spencer, *Gender, Work and Education in Britain in the 1950s* (Basingstoke, 2005); Caitriona Beaumont, *Housewives and Citizens: Domesticity and the Women's Movement in England, 1928-64* (Manchester, 2013); Helen

The parts played in debate by psychiatric, psychological, and physiological narratives, however, have hitherto been reductively portrayed. In mapping their patterns, the aim is to enrich existing understandings of post-war medicine, feminism, and society. Moving beyond assertions that researchers and practitioners before 1965 ‘segregated’ work and family into analytical and disciplinary ghettos, or were ideologically wedded to a static image of traditional femininity, the research presented here explores a shifting and diverse set of debates between individuals and organisations who frequently treated women’s identities and discursive borders as porous and fluid.¹⁸ New knowledge about the social contours of the female psyche was constructed in the collisions and convergences between aetiological stories, and in the compromises made by synthesists attempting to make sense of conflicting claims to truth. Feminists and non-feminists anticipated Second Wave connections between the political and the personal, articulating medicalised languages of attrition and liberation which were dependent on meanings generated in specific intellectual contexts.¹⁹ In deconstructing the ‘dual role’, demonstrating and examining its medical components, and investigating how balance was central to its working, this thesis offers a new perspective on the complex interplay of gender and medicine in structuring women’s lives.

The purpose of this introduction is to lay the historical and intellectual groundwork for the four thematic chapters which form the greater part of the thesis. It begins by drawing together a series of strands in medical and moral representations of women at home and work across the first half of the twentieth century. Post-war

McCarthy, ‘Women, Marriage and Paid Work in Post-war Britain’, *Women’s History Review* (2016), DOI: 10.1080/09612025.2015.1123023; Langhamer, ‘Feelings, Women and Work in the Long 1950s’; Davis, ‘Women’s Experiences of Combining Childcare and Careers in Post-War Oxfordshire’, 14-25

¹⁸ Robert and Rhona Rapoport, ‘Work and Family in Contemporary Society’, *American Sociological Review* 30:3 (1965), 381-394, 381; Rosabeth Moss Kanter, *Work and Family in the United States: A Critical Review and Agenda for Research and Policy* (New York, 1977), p. 19; Russel W. Clayton and Harry Barton, ‘Rhona Rapoport: A Critical Biography of a Pioneering Work-Family Researcher’, *Journal of Applied Management and Entrepreneurship* 16:3 (2011), 23-33; Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (London, 1999), p. 98; Vicky Long, *The Rise and Fall of the Healthy Factory: The Politics of Industrial Health in Britain, 1914-60* (Basingstoke, 2011), p. 134

¹⁹ Ann Taylor Allen, *Feminism and Motherhood in Western Europe, 1890–1970: The Maternal Dilemma* (New York, 2005)

discussions of physical and mental morbidity, occupational risk, pathogenic motherhood, and the development of personality had important roots in preceding ideas; divergences and continuities across changing clinical and social landscapes conditioned the form that later discourses took. By opening a window into the preoccupations of earlier doctors, reformers, and feminists, a foundation is built from which to contest the widespread historiographical impression that medicalised opposition to working motherhood flourished after 1945 while conflicting anxieties fell into headlong retreat. The second introductory section explores neglected areas and misconceptions in existing scholarship, making the substantive case for a textured re-examination of the politics of medical discourse in post-war iterations of what Barbara Ehrenreich and Deirdre English termed the 'woman question.'²⁰ Mobilising insights from historians of medicine, gender, and women's experiences, as well as from feminist critics of psychology and psychiatry, it shows the ways in which this thesis deepens, diversifies and unsettles the work that has come before. It does so, as the third part of the introduction describes, by asking new questions of traditional medical and social scientific sources, both well-travelled and under-explored, and by contrasting elite narratives with the stories that women told about their own lives.²¹ Finally, the arguments made across the four central chapters of the thesis are outlined in detail. They each address specific but interconnected themes: the scope and currency of anxieties about absent motherhood, the politicisation of domestic distress, the connection of health with productive work, and the psychological and practical contradictions of the 'dual role.'

Framing the Forties: Strands in Women's Work, Home and Health Before 1945

Fixed starting points are rarely convincing. The period we think of as 'post-war' is defined explicitly by conflict, by the reverberations of global and national trauma. As Margaret and Patrice Higonnet have argued, the reframing of war into the social and the emotional leaves institutional understandings of public temporality behind, turning instead to longer impressions on the 'private domain and the landscape of

²⁰ Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 years of the Experts' Advice to Women* (London, 1979), p. 160

²¹ Judy Giles, *Women, Identity and Private Life in Britain, 1900-50* (New York, 1995), p. 10, 93

the mind.²² Widely portrayed as a crucible in which both medicine and gender have been reconstructed, it has nonetheless been unclear as to whether war forged lasting intellectual traditions, practices, identities, or forms of resistance which were ever wholly divergent from pre-existing histories.²³ Critical approaches which juxtapose continuity with disjunction have been the most fertile.²⁴ For example, Michael Roper's account of the life and thought of the psychoanalyst Wilfred Bion, beginning with Bion's experiences in the First World War, followed his theories through three turbulent decades. The 'maternal turn' in post-1945 psychoanalysis, Roper argued, rather than representing a direct response to the immediate disruption of the previous six years, had roots in inter-war conceptions of motherhood and child welfare which were themselves related to memories and feelings of 1914-1918.²⁵ The intention of the present thesis is not to provide extensive genealogies of the themes it addresses, but to examine their interaction and significance during two decades of rapid change. Divorced from these longer histories, however, they lose much of their meaning.

The psychological and emotional importance of paid work for married women entered mainstream consideration in the twenty years after 1945. By the late 1940s, wives and mothers represented the only substantial pools of labour left for industry to exploit.²⁶ They were also the final significant enclaves to remain resistant to a long,

²² Margaret and Patrice Higonnet, 'The Double Helix' in Margaret Higonnet, Jane Jenson, Sonya Michel and Margaret Collins Weisz (eds.), *Behind the Lines: Gender and the Two World Wars* (New Haven, 1987), pp. 31-47, p. 47

²³ Maggie Andrews, 'Nationalising Hundreds and Thousands of Women': A Domestic Response to a National Problem', *Women's History Review* (2014): DOI: 10.1080/09612025.2014.920670, 2; Harriet Bradley, *Men's Work, Women's Work* (Cambridge, 1989), p. 47; Long, *The Rise and Fall of the Healthy Factory*, p. 17; Penny Summerfield, *Women Workers in the Second World War: Production and Patriarchy in Conflict* (Beckenham, 1984)

²⁴ Mark Jackson, *The Age of Stress: Science and the Search for Stability* (Oxford, 2013), p. 53

²⁵ Michael Roper, 'Beyond Containing: World War I and the Psychoanalytic Theories of Wilfred Bion' in Sally Alexander and Barbara Taylor (eds.), *History and Psyche: Culture, Psychoanalysis, and the Past* (Basingstoke, 2012), pp. 129-148, p. 143; See also Rose J. Cleary, 'Bowlby's Theory of Attachment and Loss: A Feminist Reconsideration', *Feminism & Psychology* 9: 32 (1999), 32-42

²⁶ Dolly Smith Wilson, 'A New Look at the Affluent Worker: The Good Working Mother in Post-War Britain', *Twentieth Century British History* 17 (2006), 206-229; Anon., 'Working Wives – And Their Children', *The Lancet* (Nov. 19th, 1960), 1128-

expansionist conflation of health with productivity.²⁷ Hilary Marland has described how ideas of female physiological fragility and emotional weakness, dating from at least 1700, were consolidated in the mid-nineteenth century by the 'emerging specialisms of gynaecology and psychiatry and the adoption of a more overtly political stance by individual doctors who invested in ideas of gender difference, as women, challenging traditional roles, campaigned to enter public life and higher education.'²⁸ Hardened in response to perceived transgressions of feminine behaviour, medical narratives framed and guided perceptions of women as workers. As Denise Riley has argued, by naming working women 'as a sex' policymakers saturated their identities with maternity, ambiguity, and alterity.²⁹ Barbara Harrison, writing on understandings and experiences of female occupational health between 1880 and 1914, has shown how this saturation ensured that women's employment was represented as a 'social problem'. Discussions were bounded by concerns about the potential loss of future reproductive function, whether through exposure to industrial hazards or the strain of physical exertion, and about the threat posed both to and by continued 'care and responsibility for men and children within the domestic domain'.³⁰ Health, therefore, whether biologically, environmentally, or culturally determined, 'had a constituting role in gendered social relations.'³¹

In her 1911 study of married working women, a London settlement worker, Anna Martin, aired her conviction that 'woman's absence during the greater part of

1129; J.W.B. Douglas and J.M. Blomfield, *Children Under Five* (London, 1958), p. 117

²⁷ Peter Miller, 'Psychotherapy of Work and Unemployment' in Peter Miller and Nikolas Rose (eds.), *The Power of Psychiatry* (Oxford, 1986), pp. 143-176; Tom Lutz, 'Sweat or Die: The Hedonization of the Work Ethic in the 1920s', *American Literary History* 8 (1996): 259-83

²⁸ Hilary Marland, 'Women, Health, and Medicine', in Mark Jackson (ed.), *The Oxford Handbook of The History of Medicine* (Oxford, 2011), pp. 484-502, p. 489; Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder* (Basingstoke, 1996), p. 14

²⁹ Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', pp. 260-261; Juliet Mitchell, *Psychoanalysis and Feminism* (London, 1974), p. 307

³⁰ Barbara Harrison, '*Not Only The Dangerous Trades*': *Women's Work and Health in Britain, 1880-1914* (London, 1996), p. 80; Elizabeth Roberts, 'Working Wives and Their Families' in Theo Barker and Michael Drake (eds.), *Population and Society in Britain, 1850-1980* (London, 1982), pp. 140-171, p. 147

³¹ Harrison, '*Not Only the Dangerous Trades*', p. 101; Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (New York, 1987), p. 73

the day demoralises and disorganises the entire home'.³² Over the following decades, social workers, marriage counsellors, family psychiatrists, and members of the child guidance movement invested these broad moralistic complaints with specific psychological meanings.³³ Martin's work represented an embryonic version of the cellular approach to the family adopted by mental hygienists and health pioneers in the inter-war period.³⁴ Women, being at the centre of the home, were uniquely able to disrupt its proper function; as the basic unit of organisation, the threat posed by women to the health and happiness of family life was national in scope.³⁵ Martin was clear, however, that the women she discussed were necessarily detached from individual blame. In common with contemporary reformers, she viewed her subjects through the dual prism of class and gender.³⁶ The economically deprived women she described were victimised by – but had not entirely allowed themselves to become victims of – the 'blind forces of society'.³⁷ Their relative stoicism in the face of 'the nervous fears natural to the situation', she argued, was 'worthy of a student of Eastern occultism'.³⁸

The deeply ambivalent language of courage and resilience in the face of externally imposed strain which arose around the women of the working poor underwent reformulation during the First World War, amplifying connotations of racial danger and introducing new narratives of national sacrifice. Vicky Long, in her exemplary history of industrial medicine and health, has demonstrated how concerns about permanent damage to women's reproductive systems began to recede in the

³² Anna Martin, *The Married Working Woman: A Study* (London, 1911), p. 39

³³ Mathew Thomson, *Lost Freedom: The Landscape of the Child and the British Post-War Settlement* (Oxford, 2013), p. 81

³⁴ Jonathan Toms, *Mental Hygiene and Psychiatry in Modern Britain* (Basingstoke, 2013), p. 41; Rhodri Hayward, *The Transformation of the Psyche in British Primary Care, 1880-1970* (London, 2014), p. 72

³⁵ Martin, *The Married Working Woman*, p. 26, 36

³⁶ Emma Liggins, *George Gissing, the Working Woman, and Urban Culture* (Aldershot, 2006), p. 43; Carl Chinn, *They Worked All Their Lives: Women of the Urban Poor in England, 1880-1939* (Manchester, 1988), p. 97; Laura Oren, 'The Welfare of Women in Laboring Families: England, 1860-1950', *Feminist Studies* 1:3/4 (1973), 107-125

³⁷ Martin, *The Married Working Woman*, p. 9

³⁸ *Ibid.*, p. 23

wake of the armistice.³⁹ Emphasising the psychological politics of individual difference, industrial welfare experts turned their attention to the role of double duties at home and factory in the causation of short- or mid-term ill health, a problem rendered more visible by long wartime working hours.⁴⁰ Measures intended to ameliorate the pressure on married women by taking over some of their domestic responsibilities, Long argues, were hesitant and partial. Caught up in anxieties about the ill-effects of factory work on married women and their families, decision-makers often had little appetite to put facilitative frameworks in place.⁴¹ Work remained economically or patriotically motivated; necessary, but regrettable. When the war ended, a return to the 'normality of established gender roles' was a crucial ideological component of reconstruction.⁴² According to Neal Ferguson, wartime employment gains quickly evaporated. Having 'abandoned hearth and home, punched the time clock, worked nights, functioned under adverse conditions, and endangered their health', women were expected to return to domesticities newly configured as relief and reward.⁴³

Writing with Hilary Marland on health advice to young female workers in the 1920s and 1930s, Long has disrupted a straightforward narrative of wartime gain and peacetime regression.⁴⁴ In shedding their preoccupation with damaged fertility, industrial practitioners enabled a therapeutics of work to emerge around young women and girls, emphasising the role it could play in promoting and maintaining health, fitness and beauty and dispersing energy which might otherwise be put to improper use.⁴⁵ Medical stories were still very much engaged in the production of

³⁹ Long, *The Rise and Fall of the Healthy Factory*, p. 147, 152; Myrdal and Klein, *Women's Two Roles*, p. 121

⁴⁰ Long, *The Rise and Fall of the Healthy Factory*, p. 148

⁴¹ *Ibid.*, p. 149; Holdsworth, *Out of the Doll's House*, p. 77

⁴² Giles, *Women, Identity and Private Life in Britain*, p. 4; Higonnet and Higonnet, 'The Double Helix', pp. 31-47; Andrews, 'Nationalising Hundreds and Thousands of Women', 11

⁴³ Neal Ferguson, 'Women's Work: Employment Opportunities and Economic Roles, 1918-1939', *Albion* 7:1 (1975), 55-68, 56

⁴⁴ See also Diana Gittins, 'Married Life and Birth Control between the Wars', *Oral History*, Vol. 3, No. 2, Family History Issue (Autumn, 1975), pp. 53-64

⁴⁵ Long and Marland, 'From Danger and Motherhood to Health and Beauty', 477-478; Long, *The Rise and Fall of the Healthy Factory*, p. 150; see also Penny Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War* (Manchester, 1998), p. 203

gender. According to Long and Marland, experiences and representations of male joblessness during the Depression reinforced associations between work and health for young women.⁴⁶ Peter Miller, Sally Alexander, and Mathew Thomson have each explored the ways in which men's distress was politicised through connection with unemployment, constructing work as a psychological right.⁴⁷ In tandem with concerns about poorly designed work which surfaced in negotiations between workers and national insurance boards, illness was increasingly situated as a symptom of social evil.⁴⁸ For Rhodri Hayward, individual suffering was reconfigured as a critique of national life; the psyche became the 'touchstone for political justice.'⁴⁹ While young women may have benefitted from an increased general emphasis on the health-giving properties of work, the scarcity of jobs also deepened hostility to workers who were thought of as liminal.⁵⁰ As Long and Marland acknowledged, work was constructed as appropriate and desirable for women on the blurred edge of adult life, but was never intended to replace or even complement traditional roles.⁵¹ Although contested by inter-war feminists who were able to subvert sexological principles and vocabularies to offer a progressive, political vision of spinsterhood, a

⁴⁶ Long and Marland, 'From Danger and Motherhood to Health and Beauty', 479

⁴⁷ Miller, 'Psychotherapy of Work and Unemployment', pp. 143-176; Sally Alexander, 'Men's Fears and Women's Work: Responses to Unemployment in London between the Wars', *Gender and History*, 12:2 (2000), 401-425; Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford, 2006), pp. 164-166; Male unemployment was also the context of resistance to women's work: Jean Mann, 'Should Married Women go out to Work?', *Marriage Guidance* 1:4 (1955), 3-5, 3

⁴⁸ Vicky Long, 'Industrial Homes, Domestic Factories: The Convergence of Public and Private Space in Interwar Britain', *The Journal of British Studies* 50:2 (2011), 434-464; Jackson, *The Age of Stress*, p. 24

⁴⁹ Rhodri Hayward, 'The Pursuit of Serenity: Psychological Knowledge and the Making of British Welfare State' in Sally Alexander and Barbara Taylor (eds.), *History and Psyche: Culture, Psychoanalysis, and the Past* (Basingstoke, 2012), pp. 283-304, 291

⁵⁰ Holdsworth, *Out of the Doll's House*, p. 73

⁵¹ Long and Marland, 'From Danger and Motherhood to Health and Beauty', 481; Giles, *Women, Identity and Private Life in Britain*, p. 7; for a post-war example of this attitude, see Grace A. Rees, *Careers for Women* (London, 1946)

discourse of pathology around older single women presented marriage and motherhood as the only legitimate sources and signifiers of psychological maturity.⁵²

Inter-war domesticities, however, were by no means untroubled. As Mark Jackson and others have argued, this was a period in which 'domestic space came to be seen as a promising site for intervention by medical experts and the state.'⁵³ The psychiatrist Stephen Taylor's 1938 *Lancet* polemic on the existential angst of frustrated middle-class housewives, 'The Suburban Neurosis', has been much-discussed by historians. The most extensive explorations of Taylor's work have been undertaken by Judy Giles, in her discussion of his discordant combination of misogyny and proto-feminism, and Rhodri Hayward, in his interpretation of 'The Suburban Neurosis' as helping to lay the foundations for a post-war politics built on psychiatric technocracy and the alleviation of psychological distress through structural intervention.⁵⁴ The core of Taylor's thesis was that new, alienating forms of housing development, built as a solution to the problems faced by families in urban tenements, were causing a different kind of illness among the suburban wives who inhabited them. The 'slum which stunted the body' had been replaced by the 'slum which stunts the mind'. The women he described were plagued by ennui and disconnection, with 'nothing to look forward to, nothing to look up to, and little to live for.'⁵⁵ Taylor's approach drew in part on a holistic and eclectic environmental turn in social medicine, emphasising the role that boredom and isolation had in activating psychodynamic traumas and insecurities.⁵⁶ The 'unjustifiable anxiety' that women felt

⁵² Jeffreys, *The Spinster and Her Enemies*; Alison Oram, 'Repressed and Thwarted, or Bearer of the New World? The Spinster in Inter-War Feminist Discourses', *Women's History Review* 1:3 (1992), 413-433

⁵³ Mark Jackson, 'Home Sweet Home: Historical Perspectives on Health and the Home', Mark Jackson (Ed.), *Health and the Modern Home* (Oxford, 2007), pp. 1-18, p. 2; Joanna Bourke, *Working-Class Cultures in Britain, 1890-1960: Gender, Class and Ethnicity* (London, 1994), p. 93; Long, 'Industrial Homes, Domestic Factories', 461; Andrews, *Domesticating the Airwaves*, p. 38

⁵⁴ Giles, *Women, Identity and Private Life in Britain*, pp. 80-85; Rhodri Hayward, 'Desperate Housewives and Model Amoebae: The Invention of Suburban Neurosis in Inter-War Britain' in Mark Jackson (ed.), *Health and the Modern Home* (Oxford, 2007), pp. 42-62; Hayward, *The Transformation of the Psyche in British Primary Care*, p. 62; Hayward, 'The Pursuit of Serenity', p. 293

⁵⁵ Stephen Taylor, 'The Suburban Neurosis', *The Lancet* (March 26th, 1938), 759-761, 761

⁵⁶ Hayward, *The Transformation of the Psyche in British Primary Care*, p. 47, 65; Hayward, 'Desperate Housewives and Model Amoebae', p. 47; Oram, 'Repressed

manifested as a series of psychosomatic complaints, filling waiting rooms with housewives whose symptoms had no underlying physical cause.⁵⁷ While Taylor charged women's suffering with reformative political potential, his target was suburbanism, not gender roles. According to Giles, his analysis 'renders visible the ideological fissure in constructions of domesticity', and yet 'fails to confront the contradictions' of his own diagnosis.⁵⁸

Another study, Margery Spring Rice's 1939 *Working Class Wives*, has mostly received attention from scholars of inter-war poverty and gender.⁵⁹ A social reformer, eugenicist, lifelong advocate of birth control, and niece of the prominent feminists Millicent Fawcett and Elizabeth Garrett Anderson, Spring Rice undertook a concerted investigation into the lives and health of 1,250 working-class housewives in unreconstructed inner-city areas. In contrast to the psychically fabricated complaints of the women Taylor treated, Spring Rice echoed the conclusion of the Pioneer Health Centre in Peckham that many poorer mothers had little conception of how it felt to be fully 'well.'⁶⁰ Environmentally constructed subjectivities, in this instance, were a barrier to the diagnosis and treatment of 'real' illness rather than a site for neurotic acting out.⁶¹ Repeated pregnancy, poor housing, insufficient nutrition, and onerous domestic labour combined to foster a 'stealthy and sinister deterioration of health and happiness'.⁶² Spring Rice's survey punctured Taylor's

and Thwarted, or Bearer of the New World?', 415; Toms, *Mental Hygiene and Psychiatry in Modern Britain*, p. 35; Ali Haggett, *Desperate Housewives, Neuroses and the Domestic Environment, 1945-1970* (London, 2012); p. 14; these causes, Taylor argued, were 'buried deep in a heap of infantile and adolescent manure.' Taylor, 'The Suburban Neurosis', 759-761

⁵⁷ Taylor, 'The Suburban Neurosis', 761

⁵⁸ Giles, *Women, Identity and Private Life in Britain*, p. 80

⁵⁹ Ian Gazeley, *Poverty in Britain, 1900-1965* (Basingstoke, 2003); Laura Tabili, 'Women of a Very Low Type: Crossing Racial Boundaries in Late Imperial Britain', in Laura Levine Frader and Sonya O. Rose (eds.), *Gender and Class in Modern Europe* (New York, 1996), pp. 165-190

⁶⁰ Innes H. Pearse and G. Scott Williamson, *The Case for Action: A Survey of Everyday Life Under Modern Industrial Conditions, With Special Reference to the Question of Health* (London, 1931); Innes H. Pearse and Lucy H. Crocker, *The Peckham Experiment: A Study in The Living Structure of Society* (London, 1943)

⁶¹ Margery Spring Rice, *Working Class Wives: Their Health and Conditions* (London, 1939), p. 30-35

⁶² *Ibid.*, pp. 17-18; Rowbotham, *A Century of Women*, p. 187; Holdsworth, *Out of the Doll's House*, pp. 86-108; Deirdre Beddoe, *Back to Home and Duty: Women Between The Wars, 1918-1939* (London, 1989), pp. 89-113

neat division of physical and mental degeneration, showing that 'intense loneliness' was never simply a product of geographical and social dislocations fostered by new forms of town planning.⁶³ It also went further in disrupting the psychological basis of sexually divided labour. The 'unrelieved drabness' of 'monotony, loneliness, discouragement, and sordid hard work' uncovered in *Working Class Wives*, Spring Rice made clear, was explicitly gendered.⁶⁴ 'Whatever the emotional compensations,' she argued, 'her family creates her labour, and tightens the bonds that tie her to the lonely and narrow sphere of "home." The happiness that she often finds in her relationship of wife and mother is as miraculous as it is compensatory.'⁶⁵

Writing in the mid-1950s, Alva Myrdal and Viola Klein bemoaned the cultural sway of two seemingly contrary domestic archetypes. 'Even today,' they argued, 'the twin ideals of the hard-working housewife and of the leisured lady exist in an unholy (and as a rule unrecognized) alliance, jointly circumscribing woman's role as one to be acted out within the home.'⁶⁶ Taylor and Spring Rice had each shown their readers the morbid underbelly of these aspirational models. Taken together, 'The Suburban Neurosis' and *Working Class Wives* both revealed an impulse to find a pace of life for married women which challenged and refreshed them without pushing them beyond their physiological and emotional limits.⁶⁷

The scope and depth of reported suffering towards the middle of the century, Rhodri Hayward argued, 'undid traditional ideas of the normal and pathological, with health emerging as simply a more effective position along a spectrum of behaviour.'⁶⁸ Conducted through community centres between 1926-1929 and 1935-1950, the Peckham Experiment provided important physical and intellectual space for health to acquire meaning and currency as a measurable and governable state.⁶⁹ Concerned with the early dynamics of married and family life, the mission of the

⁶³ Spring Rice, *Working Class Wives*, p. 17; Taylor, 'The Suburban Neurosis', p. 760

⁶⁴ *Ibid.*, p. 94, 104

⁶⁵ *Ibid.*, p. 106

⁶⁶ Myrdal and Klein, *Women's Two Roles*, p. 6

⁶⁷ For a more complete understanding of tensions between over- and under-occupation in discourses of stress, see Jackson, *The Age of Stress*.

⁶⁸ Hayward, *The Transformation of the Psyche in British Primary Care*, pp. 69-71

⁶⁹ Long, *The Rise and Fall of the Healthy Factory*, p. 56; Jane Lewis and Barbara Brookes, 'A Reassessment of the Work of the Peckham Health Centre, 1926-1951', *The Milbank Memorial Fund Quarterly* 61: 2 (1983), 307-350

experiment was to ‘do all that modern knowledge can suggest to give us as a starting-point the healthiest parents in the healthiest home.’⁷⁰ Isolated wives were soon identified as a serious problem. Reporting on the work of the first centre in 1931, the directors of the project, Innes Pearse and G. Scott Williamson, remarked on the case of a young mother who suffered from severe depression. With no friends, an indifferent, absent husband and three unmanageable children in ‘her small room of all work’, she was frequently driven to contemplate suicide.⁷¹ Pearse, writing with Lucy Crocker in 1943, gave another instance of the ‘social encystment’ of ‘loneliness and starvation’ which led a second young wife to physically flee from any human interaction.⁷² Men, the authors stressed, were saved from this fate by the protective function of work; for women, marriage made ‘social stagnation and inaction... almost unavoidable.’⁷³ The consequences for motherhood were stark. ‘In devitalisation and dread of the emptiness of her life she clings to the child, and in the habituation of its debility and thralldom it clings to her. Neither develops; both become distorted.’⁷⁴ Pearse and Crocker were positing a fundamentally sociological causative explanation for one of the most urgent preoccupations of contemporary psychoanalytic discourse, the all-encompassing, smothering mother.⁷⁵ Their description of the sympathetic atrophy between mother and child bears repeating in full:

‘For the mother the danger of fixation is even greater than for the child. In her growth up to marriage she may not have been as a uni-directional tree, but grown straight and in balance. But, if as a result of her marriage all other winds die down – if she loses what friends she had and is without chance of making

⁷⁰ Pearse and Williamson, *The Case For Action*, p. 44

⁷¹ *Ibid.*, p. 32

⁷² Pearse and Crocker, *The Peckham Experiment*, p. 248

⁷³ *Ibid.*, p. 254

⁷⁴ *Ibid.*, p. 260

⁷⁵ Elizabeth Lunbeck, ‘The Narcissistic Homosexual: Geneology of a Myth’ in Sally Alexander and Barbara Taylor (eds.), *History and Psyche: Culture, Psychoanalysis, and the Past* (Basingstoke, 2012), pp. 49-70; Anne Harrington, ‘Mother Love and Mental Illness: An Emotional History’, *Osiris* 31 (2016), 94-115; John Stewart, ‘I Thought You Would Want to Come and See His Home’: Child Guidance and Psychiatric Social Work in Inter-War Britain’ in Mark Jackson (ed.), *Health and the Modern Home* (Oxford, 2007), pp. 111-127, p. 119; Sarah Hayes, ‘Rabbits and Rebels: The Medicalisation of Maladjusted Children in Mid-Twentieth Century Britain’ in Mark Jackson (ed.), *Health and the Modern Home* (Oxford, 2007), pp. 128-152

new ones, if she is socially isolated, cut off from all work, sports and interests, and devitalised to boot, then when there comes the prevailing wind of motherhood, the only one to blow and gather as the years go by, all her subsequent growth must be onesided. She will become misshapen, and contact with her will deflect the growth of the child at each of its successive appetitive phases. Mother and child, then, each to the other becomes a constant in the environment and as a result each grows onesided. None of the buds to windward ever develop and those that grow in the lee of the wind grow in its path and in the shadow formed by the tree away from the sun.⁷⁶

The winds in this metaphor were not unknowable elemental forces but unremarkable, immanent aspects of everyday life, subject to manipulation and control; as, therefore, were the symmetry, balance and growth of the tree. The stated ideal, a mother 'in balance', had diverse conscious and unconscious needs which could only be met through contrasting activities and experiences.⁷⁷ An Anglo-American Jungian analyst who shared Pearse and Crocker's concerns about 'crippling mother-fixation', M. Esther Harding similarly affirmed the need for women to cultivate a 'conscious and mature personality.'⁷⁸ The 'participation mystique' that a mother entered with her child required her to 'put her own psychological house in order if she is not to jeopardise his soul.'⁷⁹ For Harding, the innate masculine qualities that every woman harboured had to be brought to full consciousness. Work, 'essentially a world of competition', could force this necessary maturation of the ego.⁸⁰ Nevertheless, her approach to work was indecisive. She reproduced, as caveat, the doubts of her mentor, Carl Jung: 'no one can evade the fact, that in taking up a masculine calling, studying, and working in a man's way, woman is doing something not wholly in agreement with, if not directly injurious to, her feminine nature.'⁸¹

⁷⁶ Pearse and Crocker, *The Peckham Experiment*, p. 261

⁷⁷ Roper, 'Beyond Containing', p. 134; Holdsworth, *Out of the Doll's House*, p. 118; Stewart, 'I Thought You Would Want to Come and See His Home', p. 123

⁷⁸ M. Esther Harding, *The Way of All Women* (London, 1933), p. 214

⁷⁹ Harding, *The Way of All Women*, pp. 213-214

⁸⁰ *Ibid.*, pp. 84-85

⁸¹ Carl Jung, *Contributions to Analytical Psychology* (Oxford, 1928), p. 169

In patterns which recalled discourses of sacrifice in the First World War, married women's war work between 1939 and 1945 continued to be portrayed as abnormal and conditional.⁸² One 1944 novel published by Diana Murray Hill, *Ladies May Now Leave Their Machines*, followed the protagonist through mobilisation for munitions work to eventual medical discharge. Despite the blurred boundaries of domestic and industrial spaces, Hill constructed a clear dichotomy between hostile factories and welcoming homes.⁸³ The ways in which the protagonist's health deteriorated, through a mounting cacophony of tiredness, disaffection, 'petty illnesses and factory disturbances', illustrated the extent to which psychological causative stories were overtaking purely physiological narratives.⁸⁴ This was a shift in language and perception rather than focus; as Vicky Long has demonstrated, 'interest in the same environmental factors persisted, but their effects were understood through a psychological rubric.'⁸⁵ In a self-help manual published for worried women in 1941, Amber Bianco White described the 'misconception' that anxiety was due to the 'physical state of our nerves' as the first obstacle to understanding and overcoming the true mental causes.⁸⁶ Widespread trepidation and fear, she argued, were the 'symptoms of an anxious age.'⁸⁷

White's formulation of wartime anxiety was overlaid with cues and concerns taken from decades of conflicting medical and cultural discourses surrounding work and domesticity. Penny Summerfield, in a long historiographical look at interpretations of the effects of the Second World War on the process of female emancipation, identified two seemingly discordant readings; 'In one, the war hastened women towards modernity. In the other, it stimulated a return to traditional

⁸² Summerfield, *Women Workers in the Second World War*, p. 186; Summerfield, *Reconstructing Women's Wartime Lives*, p. 81; Andrews, 'Nationalising Hundreds and Thousands of Women', 15; Julia Swindells, 'Coming Home to Heaven: Manpower and Myth in 1944 Britain', *Women's History Review* 4: 2 (1995), 223-234; Mitchell, *Psychoanalysis and Feminism*, pp. 227-228

⁸³ Diana Murray Hill, *Ladies May Now Leave Their Machines* (London, 1944); Long, 'Industrial Homes, Domestic Factories', 434-64

⁸⁴ Hill, *Ladies May Now Leave Their Machines*, p. 50; Jackson, *The Age of Stress*, p. 54

⁸⁵ Long, *The Rise and Fall of the Healthy Factory*, p. 27

⁸⁶ Amber Bianco White, *Worry in Women: Its Causes and Consequences* (London, 1941), p. 23

⁸⁷ *Ibid.*, p. 62

feminine lifestyles.⁸⁸ The complexity and ambivalence of White's positioning of war work in women's inner lives shows how stories could be constructed which fed both processes at once. Despite the official emphasis placed on 'the importance of the housewife and her contribution to the national effort', she explained, domestic labour had come to be regarded by women as 'work for the stupid and unenterprising and unattractive', an 'unworthy, inferior, miserable sort of occupation'.⁸⁹ The contrast between the sociability and conviviality of college or work as a younger woman and the isolation and restriction of married life left them disinclined to believe the doctors who reminded them that domesticity was meant to be 'wholesome', even when the care of evacuees brought national duty directly into their homes.⁹⁰

Drawing explicitly on connections made during the Depression between male neurosis and unemployment, White articulated a therapeutic vision of work in which manual occupation insulated wives and mothers from the terror of war.⁹¹ It was 'precisely because work has such curative effects that women's part in war used to be considered even more terrible than men's, for though they did not risk their lives they had to sit at home doing nothing, and in continual suspense.' Routine, rhythm, and the feeling of usefulness drove old worries away and prevented new ones from taking hold. Thousands of women, benefiting from the protective power of work for the first time, had already begun to 'dread a return to ordinary feminine life'.⁹² Rather than mobilising women's positive experiences of work as a radical instrument to reshape the boundaries of 'ordinary feminine life', however, White intentionally blunted the implications of her own argument. Returning to a gendered essentialism 'centred on love, husbands and children', she made it clear that work served a purpose that would not be required by mature personalities outside of the abnormal pressures of war.⁹³ 'Healthy girls', she emphasised,

'Want to be attractive and they want to marry, and if they cannot admit this to themselves their education is at fault. They may want a career as well, and at

⁸⁸ Summerfield, *Reconstructing Women's Wartime Lives*, p. 253

⁸⁹ White, *Worry in Women*, pp. 80-81, 19, 93

⁹⁰ *Ibid.*, p. 18, 93, 97; Andrews, 'Nationalising Hundreds and Thousands of Women', 3

⁹¹ White, *Worry in Women*, p. 96, 32

⁹² *Ibid.*, p. 55

⁹³ *Ibid.*, p. 297

certain stages of their development they may think that they prefer a career to marriage. But in most cases this is either an adolescent desire for self-expression and getting one's own way; or due to prejudices absorbed at school, or economic pressure; or it is the result of fear either of sex or of marriage... it is little more than camouflage.'⁹⁴

Although the health-giving properties of work were 'real', the new consciousness that they fostered was predicated on a flawed and unviable subjectivity. The seeds of two oppositional post-war ideologies, each combining medicine and politics, can be seen at work here. On the one hand, White was chronicling a phenomenon later feminists would describe as liberation, in which war opened women's eyes to a world beyond the home.⁹⁵ On the other, she was undermining the veracity of their feelings, building a narrative which emphasised transience and trauma and legitimised a peacetime return to the sexual status quo.⁹⁶ While the two decades after 1945 have frequently been represented as an 'era... in which the domestic was privileged', the number of married women going out to work mounted steadily in the late 1940s and 1950s, moving from 16% of the total female workforce in 1931 to 40% in 1951 and 52% in 1961.⁹⁷ The pace and breadth of change forced older hopes and anxieties into new conformations, as women, their doctors and discussants constructed and contested medical stories which configured feminine frailty as either biologically static or politically negotiable.

⁹⁴ White, *Worry in Women*, p. 298

⁹⁵ Summerfield, *Reconstructing Women's Wartime Lives*, p. 253

⁹⁶ Langhamer, 'Feelings, Women and Work in the Long 1950s', 2

⁹⁷ Claire Langhamer, 'The Meanings of Home in Postwar Britain', *Journal of Contemporary History* 40: 2, (2005), 341-362, 359; Bourke, *Working-Class Cultures in Britain*, p. 100; R. K. Kelsall and Sheila Mitchell, 'Married Women and Employment in England and Wales', *Population Studies* 13: 1 (1959), 19-33; Mary Smieton, 'Some Trends in the Employment of Women', *Journal of the Royal Society of Arts* 112: 5097 (1964), 672-686; C. E. V. Leser, 'Trends in Women's Work Participation', *Population Studies* 12: 2 (1958), 100-110; Kathleen E. Gales and P. H. Marks, 'Twentieth Century Trends in The Work of Women in England and Wales', *Journal of the Royal Statistical Society* 137: 1 (1974), 60-74; Helen McCarthy, 'Social Science and Married Women's Employment in Post-War Britain', *Past and Present* 233 (2016), 269-305, 269; Elizabeth Roberts, *Women and Families: An Oral History, 1940-1970* (Oxford, 1995), p. 115

Medicine, Feminism, and the Uses of History

Discourses on health and illness are both cultural and political artefacts and cultural and political objects; they stem from, interact with and shape lived experiences and claims to truth in the societies in which they emerge.⁹⁸ Particularly in their critiques of psychiatry and psychology, feminist scholars have shown how medical knowledge has worked to enforce and produce structural inequalities and sexism. Drawing on the radical reinterpretations of psychiatric power formulated by ‘anti-psychiatrists’ and critical sociologists in the 1960s and 1970s, Phyllis Chesler used labelling theory and the emerging concept of social control to argue that psychiatry was fundamentally an enterprise of policing gender norms, pathologising – for both men and women – ‘either the acting out of the devalued female role or the total or partial rejection of one’s sex role stereotype.’⁹⁹ Clinical evidence came in Inge and Donald Broverman’s deeply significant study in the *Journal of Consulting and Clinical Psychology* in 1970. From their sample of around three hundred professionals, both male and female respondents consistently aligned healthy adult behaviour with healthy male behaviour and unhealthy adult behaviour with healthy female behaviour. Psychologists and psychiatrists, Broverman and Broverman warned, needed to examine their own reactions and prejudices and challenge the contemporary emphasis on adjustment to predetermined norms over the realisation of individual potential.¹⁰⁰ As Joan Busfield observed, conformity to and deviance from prescribed behaviour were understood by Chesler as equally apt to result in psychiatric diagnosis. Women were caught in the double bind of cultivating a femininity which shared a fluid border with malady or breaking free in ways which

⁹⁸ Rhodri Hayward, ‘Medicine and the Mind’ in Mark Jackson (ed.), *The Oxford Handbook of The History of Medicine* (Oxford, 2011), pp. 524-542, p. 537

⁹⁹ Phyllis Chesler, *Women and Madness* (New York, 1972), p. 56; Agnes Miles, *Women and Mental Illness: the Social Context of Female Neurosis* (Brighton, 1988), p. 5, 64; Showalter, *The Female Malady*, p. 222; Susan Brownmiller, *Femininity* (London, 1986), p. 161; Thomas J. Scheff, *Being Mentally Ill: A Sociological Theory* (Chicago, 1966); Chiara Saraceno, ‘Division of Family Labour and Gender Identity’ in Anne Showstack Sassoon (ed.), *Women and the State: The shifting Boundaries of Public and Private* (London, 1987), pp. 191-206, p. 197

¹⁰⁰ Inge K. Broverman, Donald M. Broverman, and Frank E. Carson, ‘Sex-role Stereotypes and Clinical Judgments of Mental Health’, *Journal of Consulting and Clinical Psychology* 34:1 (1970), 1-7, 7

threatened male power and were consequently portrayed as unstable and insane.¹⁰¹ The oppression that ‘male dissenters’ such as Erving Goffman, Michel Foucault, David Cooper, R.D. Laing and Thomas Szasz read into the workings of psychiatric authority, comprehended as a malign means of regulating social order, was reformulated as a malign means of regulating patriarchal order.¹⁰²

In her 1986 reaction to Chesler’s arguments, Hilary Allen contested the depiction of psychiatry as primarily a means of governing gender; elements of psychiatric discourse and practice could and did work in that way, she explained, but had purpose and value beyond creating and disseminating messages about the differences between men and women.¹⁰³ Writing for a volume compiled by Peter Miller and Nikolas Rose, Allen situated her revisionist interpretation alongside their call to approach psychiatry as epistemologically porous and functionally and conceptually diverse.¹⁰⁴ The notion that ‘psychiatry’ could be doing any one thing at once was reductionist; the occurrence of medical misogyny could be ascribed to the soft borders between clinical and cultural knowledge.¹⁰⁵ As society was often sexist,

¹⁰¹ Busfield, *Men, Women and Madness*, pp. 101-102; Jane E. Kromm, ‘The Feminization of Madness in Visual Representation’, *Feminist Studies* 20: 3 (1994), 507-535; Maggie Scarf, *Unfinished Business: Pressure Points in the Lives of Women* (Glasgow, 1980), pp. 297-306

¹⁰² Marland, ‘Women, Health, and Medicine’, p. 487; Jane Ussher, *Women’s Madness: Misogyny or Mental Illness?* (Hemel Hempstead, 1991), p. 167; Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York, 1961); Michel Foucault, *Psychiatric Power: Lectures at the College de France, 1973-74* (London, 2006); David Cooper, *The Grammar of Living* (Harmondsworth, 1976); R.D. Laing, *The Politics of Experience and The Bird of Paradise* (Harmondsworth, 1967); Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York, 1961)

¹⁰³ Hilary Allen, ‘Psychiatry and the Construction of the Feminine’ in Peter Miller and Nikolas Rose (eds.), *The Power of Psychiatry* (Oxford, 1986), pp. 85-111, p. 97

¹⁰⁴ Miller, ‘Psychotherapy of Work and Unemployment’, p. 144; Nikolas Rose, ‘Psychiatry: The Discipline of Mental Health’ in Peter Miller and Nikolas Rose (eds.), *The Power of Psychiatry* (Oxford, 1986), pp. 43-84, p. 67, 70

¹⁰⁵ Peter Miller, ‘Critiques of Psychiatry and Critical Sociologies of Madness’ in Peter Miller and Nikolas Rose (eds.), *The Power of Psychiatry* (Oxford, 1986), pp. 12-42, p. 32; Andrew Scull, *The Insanity of Place/ The Place of Insanity: Essays on the History of Psychiatry* (Oxford, 2006), p. 127; Mathew Thomson, ‘The Psychological Sciences and the “Scientization” and “Engineering” of Society in Twentieth-Century Britain’, in Kerstin Bruckweh et al (eds.), *Engineering Society; The Role of the Human and Social Sciences in Modern Societies, 1880-1980* (Basingstoke, 2012), pp. 141-158, p. 145

Allen argued, it would be surprising if psychiatry was not.¹⁰⁶ Women's overrepresentation in psychiatric statistics, instead, reflected conscious or unconscious responses to wider experiences of subjugation, exploitation, and inequality.¹⁰⁷ For Busfield, these experiences constituted 'the domain of the stressful', a gendered matrix of social and environmental stimuli which made women more likely to become ill.¹⁰⁸ The double bind between conformity and deviance in the feminist theory of role regulation was translated here into a causative rather than a diagnostic phenomenon. Women who stayed at home risked illness through the stagnation of domestic life and women who went out to work risked illness through the pressure of doing two jobs at once.¹⁰⁹ Feminists followed inter-war workers and unemployed men in connecting distress explicitly with justice.¹¹⁰ As Jane Ussher put it:

'Women's position in society can have a sepulchral effect; burial under the burden of boredom and isolation. It may be the absence of a meaningful role outside the home which marks women as mad. It may be the effect of being tied to the frustrating, boring, low-status, unpaid role of housewife. Or the fact that women's work is deemed second-rate, supplementary to that of her man. We educate women to expect equality in many cases, and then we expect them to be happy with the crumbs from the table. It is no wonder we feel mad.'¹¹¹

The injured psyche of the female patient, therefore, could be read not simply as a culturally loaded diagnostic conceit but as a tablet on which the abstract forces of patriarchal oppression had inscribed an interpretable mark. The socialist activist and author Peter Sedgwick, taking aim at psychiatric radicalism in his 1982 book, *PsychoPolitics*, criticised the duality of 'having one's cake in the form of stress-theory as well as eating it in the substance of labelling or antipsychiatry theory', a position

¹⁰⁶ Allen, 'Psychiatry and the Construction of the Feminine', p. 97

¹⁰⁷ Ibid., p. 111; Miles, *Women and Mental Illness*, p. 10

¹⁰⁸ Busfield, *Men, Women and Madness*, p. 191

¹⁰⁹ Ibid., p. 205; Showalter, *The Female Malady*, p. 64; Summerfield, 'Women in Britain Since 1945', pp. 58-72; Hochschild, *The Second Shift*, p. 11

¹¹⁰ Hayward, 'The Pursuit of Serenity', 291; Thomson, *Psychological Subjects*, p. 163

¹¹¹ Ussher, *Women's Madness*, p. 261

rejected by feminist writers unenthusiastic at having the scope of their arguments demarcated.¹¹²

The interconnection of psychiatric knowledge and power with mid-late twentieth century domesticities has been one area in which feminists have been able to make interlinking criticisms of both diagnostic systems and environmental pressures. Reimagining nineteenth century cultural images of feminine madness for the 1980s, Elaine Showalter pictured the subject of art by Richard Dadd and poetry by William Nicholson, 'Crazy Jane', as a 'depressed young mother in a housing project in Camberwell. She has an illegitimate child, no work outside her home, and no friends. She cries a lot and takes tranquilisers.'¹¹³ Showalter was juxtaposing the psychological pain of a desperate situation with the personal and political inadequacy of an individualised chemical solution. As Ali Haggett, Joanna Bourke, and Judy Giles have argued, feminists have often been unable to accept that women 'chose' to become housewives, assuming the potentially pathological internalisation of ideological constraints manufactured in the interests of men.¹¹⁴ Ambivalence about the validity of domestic identity and consciousness has been a recurring tension in modern feminist thought.¹¹⁵

Second Wave examinations of post-war domesticity implicated coercive psychological theories in the promulgation of a powerful cult of motherhood, which tied women to their homes by representing outside interests as harmful to child development.¹¹⁶ Two popular and influential child psychoanalysts, John Bowlby and

¹¹² Peter Sedgwick, *PsychoPolitics* (London, 1982), p. 237; Ussher, *Women's Madness*, p. 247; for a full discussion of whether feminist critics of psychiatry can reconcile these tensions (they can), see Joan Busfield, 'Mental illness as Social Product or Social Construct: a Contradiction in Feminists' Arguments?', *Sociology of Health and Illness* 10: 4 (1988) 521–542

¹¹³ Showalter, *The Female Malady*, p. 259

¹¹⁴ Haggett, *Desperate Housewives*, p. 10; Bourke, *Working-Class Cultures in Britain*, p. 63; Giles, *Women, Identity and Private Life in Britain*, p. 6

¹¹⁵ Germaine Greer, *The Female Eunuch* (London, 1970); Ann Oakley, *Woman's Work: the Housewife, Past and Present* (New York, 1976); Sally Alexander, 'Primary Maternal Preoccupation: D.W. Winnicott and Social Democracy in Mid-Twentieth-Century Britain' in Sally Alexander and Barbara Taylor (eds.), *History and Psyche: Culture, Psychoanalysis, and the Past* (Basingstoke, 2012), pp. 149-172, p. 154; Lesley Johnson and Justine Lloyd, *Sentenced to Everyday Life: Feminism and the Housewife* (Oxford, 2004)

¹¹⁶ Rowbotham, *A Century of Women*, p. 292

Donald Winnicott, emerged as the particular ‘bogeymen of British feminism’.¹¹⁷ While Bowlby and Winnicott differed significantly on important questions such as the provision of state nurseries, both contributed to a potent mystification of the mother-child bond which authorised reactionary political and cultural postures.¹¹⁸ Although she presented a more favourable view of Winnicott than earlier scholars, Sally Alexander agreed that his work ‘undoubtedly helped shut tight the Pandora’s box of women’s desire and aspiration in the 1950s and 1960s.’¹¹⁹ Bowlby’s research into ‘maternal deprivation’, developed in response to extreme instances of separation between mother and child in wartime, crystallised and intensified a growing emphasis on ever-present, instinctual motherhood.¹²⁰ Dissecting his influence on gender politics in post-war America, Marga Vicedo explained that although ‘Bowlby was not the only scientist moving towards a deterministic view of mother love, his views epitomize its strongest instantiation and he became its most visible advocate’.¹²¹ Positioning maladjustment in children as a product of maternal behaviour, according to feminist scholars, extended the disciplinary scope of diagnosis, regulating women’s actions through guilt, through parental anxiety, through the manipulation of good intentions, and through the ‘fear of being hauled

¹¹⁷ Elizabeth Wilson, *Only Halfway to Paradise* (London, 1980), p. 189; Joanne Meyerowitz, ‘Beyond the Feminine Mystique: A Reassessment of Postwar Mass Culture, 1946-1958’, *The Journal of American History* 79: 4 (1993), 1455-1482

¹¹⁸ Denise Riley, ‘War in the Nursery’, *Feminist Review* 2 (1979), pp. 82-108, p. 99; Alexander, ‘Primary Maternal Preoccupation’, p. 153

¹¹⁹ Alexander, ‘Primary Maternal Preoccupation’, p. 154; Holdsworth, *Out of the Doll’s House*, p. 125

¹²⁰ John Bowlby, *Forty-Four Juvenile Thieves: Their Characters and Home-life* (London, 1946); John Bowlby, *Maternal Care and Mental Health* (Geneva, 1951); John Bowlby, *Child Care and the Growth of Love* (London, 1953); Mitchell, *Psychoanalysis and Feminism*, p. 228; Jane Lewis, ‘Anxieties About the Family and the Relationship Between Parents, Children and the State in Twentieth-century England’ in Martin Richards and Paul Light (eds.), *Children of Social Worlds: Development in a Social Context* (Cambridge, 1986), pp. 31-54, p. 41; McCarthy, ‘Women, Marriage and Paid Work in Post-war Britain’, 5; For a thorough exploration of the development of Bowlby’s ideas and his interaction with his contemporaries, see Frank C. P. van der Horst, *John Bowlby - From Psychoanalysis to Ethology: Unravelling the Roots of Attachment Theory* (Chichester, 2011); Michal Shapira, *The War Inside: Psychoanalysis, Total War and the Making of the Democratic Self in Post-War Britain* (Cambridge, 2013).

¹²¹ Marga Vicedo, ‘The Social Nature of the Mother’s Tie to Her Child: John Bowlby’s Theory of Attachment in Post-War America’, *The British Journal for the History of Science* 44: 3 (2011), 401-426, 409; Hayes, ‘Rabbits and Rebels’, p. 138

before the diagnostic court.¹²² Mothers were implicated in the development of a number of problems, including delinquency, asthma, schizophrenia, anorexia, neurosis, and heightened reactions to stress.¹²³ 'Exploited for ideological purposes', Juliet Mitchell concluded, psychoanalytic ideas 'contributed to creating a stultifying status quo.'¹²⁴ Jane Lewis noted the currency maternal deprivation had amongst magistrates, social workers and guidance counsellors, claiming that the theory 'achieved the status of essential truth' during the 1950s and early 1960s.¹²⁵ According to Angela Holdsworth, it was a truth that women accepted and allowed to influence their feelings and motivations. A 'conscientious mother was now afraid to leave her child at all.'¹²⁶

Following this reasoning, childcare experts provided a scientific gloss to the sexual division of labour, guiding women into situations which caused them to become ill. Rather than recognising women's distress for what it was – a submerged reaction against patriarchal control – general practitioners and psychiatric specialists who came into contact with neurotic or fatigued housewives 'privatised' their complaints, treating them as though they were 'compressed into the psyche of each individual woman.'¹²⁷ Charting her own emotional and intellectual journey from depressed young wife and mother to politically conscious feminist, the pioneering sociologist Ann Oakley situated her individual experience within wider patterns of 'guilt, anger, loneliness, frustration, the dehumanization of women, our forfeited selves'. The 'techniques of adjustment' offered by medicine, 'antidepressants,

¹²² Ussher, *Women's Madness*, p. 185; Molly Ladd-Taylor and Lauri Umansky, *'Bad' Mothers: The Politics of Blame in Twentieth-Century America* (New York, 1998); Harrington, 'Mother Love and Mental Illness', 94–115; Toms, *Mental Hygiene and Psychiatry in Modern Britain*, p. 114; Allen, *Feminism and Motherhood in Western Europe, 1890-1970*, p. 223

¹²³ Ehrenreich and English, *For Her Own Good*, p. 226; Mark Jackson, 'Allergy Con Amore': Psychosomatic Medicine and the 'Asthmogenic Home in the Mid-Twentieth Century' in Mark Jackson (ed.), *Health and the Modern Home* (Oxford, 2007), pp. 153-174, p. 162, 168; Holdsworth, *Out of the Doll's House*, p. 127; J.L. Halliday, 'Social Health in the Twentieth Century' (speech), *Mental Health and the Family: Proceedings of a Conference on Mental Health* (London, 1950), pp. 8-17, p. 12

¹²⁴ Mitchell, *Psychoanalysis and Feminism*, p. 229

¹²⁵ Lewis, *Women in Britain Since 1945*, p. 22; see also Hayes, 'Rabbits and Rebels', p. 139

¹²⁶ Holdsworth, *Out of the Doll's House*, p. 122

¹²⁷ Ehrenreich and English, *For Her Own Good*, p. 160; Ruth Elizabeth, 'De-Privatising Depression', *Spare Rib* 130 (1983), pp. 18-20

tranquillisers, obscurantist psychoanalysts and busy GPs', were accepted by women as reasonable 'because we thought individual adjustment was just exactly what was needed'.¹²⁸ Following a series of studies conducted by Ruth Cooperstock in the late 1970s and early 1980s, historians have taken a particular interest in the use of drugs to medicate housewives; a powerful image of control because it represented the extension of medical anti-feminism directly into women's bodies.¹²⁹ Cooperstock found that doctors prescribed Valium in order to nullify the pain of a role that women found uncomfortable or impossible.¹³⁰ For Jonathan Metzl, pharmaceutical technologies were used in 1950s and 1960s America to depoliticise illness and pathologise women's need to move beyond the home.¹³¹ The construction of domestic disaffection as an intrapersonal question requiring a pharmaceutical answer, in turn, gave confirmation to the ingrained conflation of femininity with emotional lability which feminists discerned at the root of psychiatric patriarchy.¹³²

Historians of medicine have pushed back against the image of women as passive consumers of either psychoactive medication or psychological expertise, joining writers of women's cultural and social histories in presenting a more ambivalent and sensitive view of the post-war decades. Ali Haggett's multi-layered research into the lived experiences of housewives and their representation in pharmaceutical advertising has been particularly effective in troubling the assumption that domestic life necessarily fostered neurotic illness and that doctors

¹²⁸ Ann Oakley, *Taking it Like a Woman* (London, 1984), p. 70

¹²⁹ R. Cooperstock, 'Sex Difference in Psychotropic Drug Use', *Social Science and Medicine* 12: 3B (1978), 179-86; R. Cooperstock and H. L. Lennard, 'Some Social Meanings of Tranquilizer Use', *Sociology of Health and Illness* 1: 3 (1979), 331-347; Miles, *Women and Mental Illness*, p. 11; David Herzberg, *Happy Pills in America: From Miltown to Prozac* (Baltimore, 2009), p. 81; Elizabeth Ettore and Elianne Riska, *Gendered Moods: Psychotropics and Society* (New York, 1995); Laura Hirshbein, *American Melancholy: Constructions of Depression in the Twentieth Century*, (New Brunswick, 2009), p. 94

¹³⁰ R. Cooperstock and P. Parnell, 'Research on Psychotropic Drug Use', *Social Science and Medicine* 16 (1982), 1179-1196

¹³¹ Jonathan Metzl, *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* (Durham, NC, 2003), p. 17, 74

¹³² Chesler, *Women and Madness*, p. 56; Showalter, *The Female Malady*, p. 10; Hirshbein, *American Melancholy*, p. 6; Mark Jackson, 'Men and Women Under Stress: Neuropsychiatric Models of Resilience During and After the Second World War' in Mark Jackson (ed.), *Stress in Post-War Britain, 1945-85* (London, 2015), pp. 111-129, p.125; Busfield, *Men, Women and Madness*, p. 14

singled married women out for chemical readjustment. Instead, in congruence with scholars as diverse as Judy Giles, Martin Halliwell, and Jo Gill, Haggett argued for a revised vision of domesticity in which anguish and resentment could certainly be felt, but so could security and joy.¹³³ In the process, she demonstrated that pharmaceutical companies utilised a wide range of gender stereotypes in order to confer their products with the broadest possible appeal, and that psychoactive drugs could sometimes provide suffering women with the clarity to rearrange their own lives.¹³⁴ David Herzberg, too, has complicated the supposition that pharmaceutical technologies always worked against women's agency, citing the example of a married female patient who ignored her doctor's advice to give up her work and instead 'made the decision to use Miltown to handle her challenging responsibilities.'¹³⁵ Adding a further layer to debate, he argued compellingly that the depiction of housewives in pharmaceutical advertising inadvertently highlighted the conflicts that some women were undergoing. In representing their subjects as suffering within the specific confines of the home and requiring drugs to cope, adverts actively contributed to cultural discomfort around the domestic role, rather than maintaining the complacent illusion of satisfaction.¹³⁶

Haggett's oral interviews with members of the Housewives' League also disrupted the uncomplicated line drawn between psychological doctrine and women's behaviour. Although coming into contact with a watered-down version of Bowlbyism through indirect cues from television, radio and popular culture, Haggett's interviewees neither experienced these messages as 'a deliberate plan to limit women's opportunities', nor were afraid to ignore expert opinion and popular wisdom in favour of their own instincts.¹³⁷ The importance of lay systems of knowledge and individual discernment in resisting or reshaping medical didacticism has also been

¹³³ Haggett, *Desperate Housewives*, pp. 49-74; Martin Halliwell, *Therapeutic Revolutions: Medicine, Psychiatry, and American Culture, 1945-1970* (New Brunswick, 2013), p. 147; Jo Gill, 'Anne Sexton's Poetics of the Suburbs' in Mark Jackson (ed.), *Health and the Modern Home* (Oxford, 2007), pp. 63-83

¹³⁴ Haggett, *Desperate Housewives*, pp. 129-170; Ali Haggett, 'Housewives, Neuroses, and the Domestic Environment in Britain, 1945-70' in Mark Jackson (ed.), *Health and the Modern Home* (Oxford, 2007), pp. 84-110, p. 98

¹³⁵ Herzberg, *Happy Pills in America*, p. 45

¹³⁶ *Ibid.*, p. 81

¹³⁷ Haggett, 'Housewives, Neuroses, and the Domestic Environment in Britain, 1945-70', p. 93; Haggett, *Desperate Housewives*, p. 70

emphasised by Angela Davis, Sheila Rowbotham and Dolly Smith Wilson in their histories of motherhood, work, and feminism.¹³⁸ If most contemporary women differed from the American anthropologist Margaret Mead in perceiving a 'subtle antifeminism' in psychoanalytic childcare theories, then what were their intentions?¹³⁹ Elizabeth Wilson, Sally Alexander and Mathew Thomson have situated Bowlby and Winnicott not as 'bogeymen' but as central figures in the twentieth century liberalisation of childhood.¹⁴⁰ Although, as Barbara Ehrenreich and Deirdre English have argued, it did not occur to them to 'be alarmed at the terrible solitude in which most women were now attempting to raise their children', they promoted a model of child-rearing which was progressive, radical, and tolerant.¹⁴¹ Thomson's refined engagement with Bowlby's work charted the 1962 reconsideration of maternal deprivation sponsored by the World Health Organisation (WHO), a decade after its publication of *Maternal Care and Mental Health*.¹⁴² In another sophisticated body of scholarship, Denise Riley has debunked the myth that psychoanalytic theories underpinned the mass closure of nurseries in the immediate aftermath of the Second World War.¹⁴³ The process that feminists had hitherto believed to be a 'collusion of Science and State at the expense of women' had a banal logistical genesis in the devolution of financial responsibility for nurseries to local authorities.¹⁴⁴

While histories contesting the substance, motivation, and reach of maternal deprivation theory have given much-needed depth to uncomplicated connections between medicine and patriarchy in feminist critiques, they have largely neglected to

¹³⁸ Angela Davis, *Modern Motherhood: Women and Family in England, c.1945-2000* (Manchester, 2012); Davis, 'Women's Experiences of Combining Childcare and Careers in Post-war Oxfordshire', 15; Rowbotham, *A Century of Women*, p. 293; Wilson, 'A New Look at the Affluent Worker', 208

¹³⁹ Margaret Mead, 'Some Theoretical Considerations on the Problem of Mother-Child Separation', *American Journal of Orthopsychiatry* 24: 3 (1954), 471-483, 477; Myrdal and Klein, *Women's Two Roles*, p. 129

¹⁴⁰ Wilson, *Only Halfway to Paradise*, p. 189; Alexander, 'Primary Maternal Preoccupation', pp. 149-172; Thomson, *Lost Freedom*, p. 104

¹⁴¹ Ehrenreich and English, *For Her Own Good*, p. 203; Harrington, 'Mother Love and Mental Illness', 94-115

¹⁴² Thomson, *Lost Freedom*, pp. 93-97

¹⁴³ Riley, 'War in the Nursery', 82-108; Riley, 'The Free Mothers', 58-118; Denise Riley, *War in the Nursery* (London, 1983)

¹⁴⁴ Denise Riley, 'The Free Mothers', 110

go in search of competing discourses. A 2016 special issue of the *Women's History Review* curated by Penny Tinkler, Stephanie Spencer and Claire Langhamer has set out specifically to challenge popular assumptions 'about the 1950s as the quiet patch when women returned to the home and domestic duty before the "problem that had no name" emerged and led to the excitement of the 1960s.'¹⁴⁵ Coined by Betty Friedan in her seminal 1963 work, *The Feminine Mystique*, the 'problem that has no name' described the psychic malaise supposedly afflicting lonely and frustrated housewives in post-war America.¹⁴⁶ Although Friedan's impact on feminist consciousness and scholarship has been extensive, her depiction of a society in thrall to a cloying, monolithic, all-encompassing ideology of gender conservatism had restrictive consequences for women's histories; a frustration which can be detected in Tinkler, Spencer and Langhamer's caustic parody of crude historical causation.¹⁴⁷ Feminist historians and critics have overwhelmingly credited Friedan and, in the British case, the sociologists Hannah Gavron and Ann Oakley with 'uncovering' women's 'thwarted unhappiness', setting in motion the long feminist critique of domestic oppression on psychiatric grounds.¹⁴⁸ As Lynn Abrams observed in 2014, 'the observations, memoirs and autobiographies of "those who were there" in the early years of women's liberation fuelled a portrayal of stagnation in the preceding years, painting women's political and social activity of the 1950s and early 1960s as ineffective, non-political and insufficiently conscious of women's oppression.'¹⁴⁹ Writing in 1980 on the history of British feminism, Elizabeth Wilson crystallised the

¹⁴⁵ Penny Tinkler, Stephanie Spencer & Claire Langhamer, 'Revisioning the History of Girls and Women in Britain in the Long 1950s', *Women's History Review* (2016), DOI: 10.1080/09612025.2015.1123020, 1

¹⁴⁶ Betty Friedan, *The Feminine Mystique* (New York, 1963)

¹⁴⁷ Meyerowitz, 'Beyond the Feminine Mystique', 1456; for a good example of the historical currency of this flawed and misleading interpretation, see Martin Pugh, 'Domesticity and the Decline of Feminism, 1930-1950' in Harold L. Smith (ed.), *British Feminism in the Twentieth Century* (London, 1990), pp. 144-164

¹⁴⁸ Rowbotham, *A Century of Women*, p. 367; Hannah Gavron, *The Captive Wife: Conflicts of Housebound Mothers* (London, 1966); See for example Busfield, *Men, Women and Madness*, p. 201; Ussher, *Women's Madness*, p. 257; Oakley, *Taking it Like a Woman*, p. 70; Giles, *Women, Identity and Private Life in Britain*, p. 19; Alexander, 'Primary Maternal Preoccupation', p. 154

¹⁴⁹ Lynn Abrams, 'Liberating the Female Self: Epiphanies, Conflict and Coherence in the Life Stories of Post-War British Women', *Social History* 39:1 (2014), 14-35, 15; an observation also made by Barbara Caine, *English Feminism, 1780-1980* (Oxford, 1997), p. 222

problem; women's liberationists, in common with the other radical movements of the sixties, 'saw themselves as above all *new*.'¹⁵⁰

Intended to evoke a repressive culture of silence, the symbolism of the 'problem that has no name' effectively overlooked and marginalised earlier attempts to describe and understand women's distress. In a particularly reductive analysis, Angela Holdsworth passed directly from Stephen Taylor's 1938 identification of the 'suburban neurosis' to Friedan's *The Feminine Mystique* in 1963: 'The diagnosis that many women needed an identity beyond family life was not articulated for another twenty-five years when its blinding obviousness swept another generation of women to militancy.'¹⁵¹ Historians of psychiatry who have taken discourses of domestic pathology as an object of study have, to some degree, internalised and perpetuated the impression that no systematic and politicised way of speaking about women's ill-health in the home gained ground in the decades immediately following the Second World War. Although he recognised 'the isolation and sadness noted by sociologists of post-war suburbia', Rhodri Hayward's exploration of Taylor's research has been at heart an analysis of a failed epidemiological story which progressed 'from medical category via social critique to cultural icon', contributing to new political and social configurations of the 'therapeutic state' in the process.¹⁵² Taylor, working in the 1960s with the public health practitioner Sidney Chave, conducted a survey of psychological morbidity in Harlow, a new town designed to avoid the 'suburban neurosis' he described in 1938.¹⁵³ The results of their investigation called 'both the psychological claims of new town design and the idea of suburban neurosis' into question, causing Taylor and Chave to retreat to a psychodynamic position and retract their connection between neurosis and adult environment.¹⁵⁴ Clinically defunct, the suburban neurosis 're-emerged' in 1960s feminism, invested with

¹⁵⁰ Wilson, *Only Halfway to Paradise*, p. 202

¹⁵¹ Holdsworth, *Out of the Doll's House*, p. 23

¹⁵² Hayward, 'Desperate Housewives and Model Amoebae', p. 44; Hayward, *The Transformation of the Psyche in British Primary Care*, p. 84, 82

¹⁵³ Stephen Taylor and Sidney Chave, *Mental Health and Environment* (London, 1964)

¹⁵⁴ Hayward, 'Desperate Housewives and Model Amoebae', p. 55; Hayward, *The Transformation of the Psyche in British Primary Care*, p. 85; Jackson, *The Age Of Stress*, p. 190

concerns about pharmaceutical addiction and a broader indictment of male power.¹⁵⁵ The loose parameters of the present thesis – 1945 and 1963 – reflect the intention to trouble the impression that the intervening years represented a fallow patch in the history of feminism. In fact, much of the change attributed to later decades was already well underway.

Ali Haggett's revisionist history of household pathology has come no closer to unravelling the strands of medical thought which lay in tension with prescriptive psychoanalytic anxieties about 'maternal deprivation'. Haggett neatly punctured the longstanding feminist association between domesticity and illness, showing that educated housewives – precisely the expected readership for works such as *The Feminine Mystique* – were far more likely to locate their problems in unhappy personal relationships or traumatic experiences in younger years than in the supposed stagnation of domestic life.¹⁵⁶ Women's self-interpretation of neurosis and unhappiness, she argued, largely matched a contemporary emphasis amongst practitioners on the importance of healthy human connections across the lifecycle.¹⁵⁷ In contrast, the pathogenic potentialities of domesticity were rarely discussed.¹⁵⁸ Post-war feminist sociologists such as Viola Klein and Judith Hubback who 'identified a level of confusion surrounding acceptable roles for women' were writing from a privileged and ideologically loaded standpoint far removed from the everyday lives they examined.¹⁵⁹ While Haggett's research stands as a cautionary tonic to the elitism, reductionism, and condescension to which progressive movements have never been immune, she may have been premature in overlooking the body of medical work which raised serious concerns about housebound isolation and

¹⁵⁵ Hayward, 'Desperate Housewives and Model Amoebae', p. 56; Jackson, 'Men and Women Under Stress', pp. 112-113

¹⁵⁶ Haggett, *Desperate Housewives*, p. 167

¹⁵⁷ A narrative which itself reproduced psychiatric and cultural sexism; see Hirshbein, *American Melancholy*, p. 112

¹⁵⁸ Haggett, *Desperate Housewives*, p. 87

¹⁵⁹ Haggett, 'Housewives, Neuroses, and the Domestic Environment in Britain, 1945-70', p. 84, 105; Haggett, *Desperate Housewives*, p. 61; a problem noted by the sociologist Ena Brown in 1948; although she criticised domesticity in similar terms, she believed that such criticisms should originate with housewives themselves: Ena Brown, 'Can Women Be Emancipated?', 1948, PVK, URSC, MS 1215/19/2

boredom.¹⁶⁰ Writers in these decades were disentangling women's distress from suburbia.

Indeed, the history of post-war sociology and feminism is undergoing its own revision.¹⁶¹ Of the generation of feminists writing in the 1970s and 1980s, Jane Lewis in particular dismissed the work of Alva Myrdal and Viola Klein as a passive product of 'the major anxieties being expressed about the family... rooted more in the interests of state and nation than in the needs of women as individuals.'¹⁶² In 2016, scholars working in the histories of social science, gender, work, and emotion have shown how a small but significant cadre of sociologists – including Myrdal and Klein – 'took women seriously' as a subject of knowledge, paid attention to their 'psychic needs', and 'conceptualized their interests as distinct from those of children and husbands'.¹⁶³ Their work builds on the research of historians such as Stephanie Spencer, Lynn Abrams, Caitriona Beaumont, and Gerry Holloway, each of whom have followed Elizabeth Wilson in identifying 'more than one "society" and many moods in Britain' after 1945.¹⁶⁴ In her incisive exploration of emotional labour, Claire Langhamer has traced the journey of female nurture from economies of feeling in post-war homes through to the commodification of women's emotion in the workplace, in turn shaping 'the female self in the public world.' Campaigns to attract women into the labour market in the 1940s made use of a 'distinctive emotional register' to emphasise the 'emotional benefit of work to individual women', a theme taken up in the 1950s by Klein and by the economist and sociologist of work and productivity, Ferdinand Zweig.¹⁶⁵ Transformations in post-war debate at the

¹⁶⁰ Jackson, *The Age Of Stress*, p. 143, 203

¹⁶¹ Tinkler, Spencer and Langhamer, 'Revisioning the History of Girls and Women in Britain in the Long 1950s', 1-8

¹⁶² Lewis, *Women in Britain Since 1945*, p. 25; Jane Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960' in Harold L. Smith (ed.), *British Feminism in the Twentieth Century* (London, 1990), pp. 167-188; Roberts, *Women and Families*, p. 125; Allen, *Feminism and Motherhood in Western Europe*, p. 224; Penny Summerfield, 'Women in Britain Since 1945', p. 64

¹⁶³ McCarthy, 'Social Science and Married Women's Employment in Post-War Britain', 273-274

¹⁶⁴ Wilson, *Only Halfway to Paradise*, p. 2; Spencer, *Gender, Work and Education in Britain in the 1950s*; Abrams, 'Liberating the Female Self', 14-35; Beaumont, *Housewives and Citizens*, p. 46; Beaumont, 'What is a wife?' 61-76; Holloway, *Women and Work in Britain Since 1840*, p. 25

¹⁶⁵ Langhamer, 'Feelings, Women and Work in the Long 1950s', 2, 6

intersection between emotion, health, and occupational experience, Langhamer's work makes clear, offer a rich resource for developing our understanding of present-day inequalities.¹⁶⁶

Contributing to the special issue of the *Women's History Review* edited by Langhamer, Helen McCarthy's sensitive reappraisal of women's work and post-war marriage demonstrated that sociologists were able to position the expansion of women's interests as a boon for marital relationships, alleviating the stress of economic insecurity and opening up opportunities for companionship on a basis which came closer to equality. McCarthy rightly observes the importance of the recognition 'that advocates of married women's employment had challenged the functionalist orthodoxy regarding gender role specialisation... as early as the mid-1950s'.¹⁶⁷ Her history of social science and married women's work, appearing in *Past and Present* late in 2016, took these advocates and the public and political reception of their ideas as its primary focus. The research that they produced, she argued, normalised their subjects, transforming 'the working mother from a social problem produced by individual pathology or a dysfunctional male labour market into an unassailable sociological fact'.¹⁶⁸ The anxiety and prejudice fed by psychoanalysts, through this mechanism, was defogged by rational empiricism.¹⁶⁹ Although the intellectuals McCarthy discussed varied significantly by social class and geographical location in their focus and scope, they came to a shared conclusion about 'the psychic needs that paid work now met'. The fulfilment that wives and mothers found in employment stood in stark contrast to the loneliness, boredom, fatigue and frustration of women immersed in domestic life.¹⁷⁰

¹⁶⁶ Langhamer, 'Feelings, Women and Work in the Long 1950s', 13

¹⁶⁷ McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 13

¹⁶⁸ McCarthy, 'Social Science and Married Women's Employment in Post-War Britain', 286

¹⁶⁹ Ibid., 295; Myrdal and Klein, *Women's Two Roles*, p. xi; Simon Yudkin and Anthea Holme, *Working Mothers and Their Children: A Study for the Council for Children's Welfare* (London, 1963), p. 7

¹⁷⁰ McCarthy, 'Social Science and Married Women's Employment in Post-War Britain', 283

The Collision of Discourse

This thesis joins Helen McCarthy and Claire Langhamer in their revised appraisal of post-war work advocacy for married women, but contributes an original and significant perspective on the medical dimensions of debate. While acknowledgement of the psychological texture of feminist argument is timely, it is clear from this new wave of histories that an effective framework for understanding the generative collisions between reactionary or transformative sociological and medical discourses has yet to be found. It is notable that McCarthy and Langhamer's representation of clinical expertise, embodied again in the work of John Bowlby and Donald Winnicott, had little to add to previous interpretations of post-war women's history.¹⁷¹ The marked contrast between the sophistication of their scholarship on social science and their relatively unreconstructed approach to psychiatric and psychological thought illustrates the pressing requirement to think beyond the obvious subjects bequeathed to us by earlier generations of writers. The medical history of work and gender politics needs rewriting too.

On close examination, a broad plurality of responses to married women's work was articulated by diverse practitioners; as Elizabeth Wilson argued, the 'orchestration of consensus on the position of women in post-war Britain was the achievement of a deceptive harmony out of a variety of noisy voices.'¹⁷² While maternal deprivation theory certainly had considerable discursive purchase in the mid-1950s, it was by no means the only causative story for childhood maladjustment or adult neurosis that contemporaries were able to reach for.¹⁷³ Changing employment patterns were viewed through multiple prisms, and their impact was plotted against a range of pathways to illness or health.¹⁷⁴ The first objective of this thesis is to demonstrate the messiness of overlapping and competing claims to truth. Although the social researcher Richard Titmuss observed in 1962 that the 'remarkable changes' in women's relationship with work 'seem to have taken place

¹⁷¹ Langhamer, 'Feelings, Women and Work in the Long 1950s', 5, 8; McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 4; McCarthy, 'Social Science and Married Women's Employment in Post-War Britain', 274, 287

¹⁷² Wilson, *Only Halfway to Paradise*, p. 3

¹⁷³ Hayes, 'Rabbits and Rebels', pp. 128-152; Haggett, *Desperate Housewives*, p. 105

¹⁷⁴ Caine, *English Feminism*, p. 226, 240

without any obvious and immediate signs of social stress', they generated discussion not just between childcare experts and sociologists, but between general practitioners, mental hygienists, working wives and mothers, marital therapists and guidance counsellors, psychiatrists, social reformers, epidemiologists, housewives, politicians, industrial psychologists, experts on juvenile delinquency, journalists, obstetricians, and social workers.¹⁷⁵ In casting a wide net over the roots and products of their thinking, through written publications and archival artefacts, it becomes possible to analyse the systems of knowledge within which the merits and demerits of paid work for married women were articulated, weighed, and contested. The acknowledgement that medical stories were produced and adapted in eclectic and disparate sites necessitates a movement away from seminal figures, texts or bodies of work, towards a granular interrogation of the meaning and currency of ideas in less well-travelled places.¹⁷⁶

Underused historical sources such as the lay magazine of the British Medical Association (BMA), *Family Doctor*, the journal of the marriage guidance movement, *Marriage Guidance*, proceedings of the many and varied conferences addressing the medical and political implications of married women's work, journalistic campaigns and controversies, and generalised literatures of psychological self-management and regulation suggest a complicated nexus of hygienist narratives, each with historically contingent values and connotations. As Rhodri Hayward noted in reference to Stephen Taylor's formulation of the 'desperate housewife', subsequent representations in cultural production and feminist criticism disguised the 'medical labour that underlay her construction'.¹⁷⁷ One passage taken from Helen McCarthy's exploration of post-war social science, in which she described an intellectual position taken by Viola Klein, is instructive:

'Klein's explanation in *Britain's Married Women Workers* was that women, like men, had come to regard work as "a means of self-expression and a condition of personal fulfilment" which corresponded to "a psychological need". Here she

¹⁷⁵ Richard Titmuss, 'Foreword', Pearl Jephcott, Nancy Seear and John Smith, *Married Women Working* (London, 1962)

¹⁷⁶ Miller, 'Critiques of Psychiatry and Critical Sociologies of Madness', p. 34; Rose, 'Psychiatry: The Discipline of Mental Health', p. 45

¹⁷⁷ Hayward, 'Desperate Housewives and Model Amoebae', p. 45

built on the observation, first made in *Women's Two Roles*, that society had thought too little about the “psychology of non-participation”.¹⁷⁸

Every component of Klein's argument – and the overlying argument about the change in women's experience and consciousness made by McCarthy – relied upon constructed understandings of work and self which were fashioned, in part, by ‘medical labour.’¹⁷⁹ When sociologists (amongst others) argued that women were lonely, frustrated, and fatigued, and that work could occupy their minds and develop their personalities, the medical and cultural freight of the words they used mattered. For example, a psychosomatic aetiology of fatigue adapted from industrial medicine allowed domestic exhaustion to be configured as political rather than technical, as related to gendered frustration rather than poor household design. Understood no longer as a matter of purely physical attrition, it became intellectually plausible that increased labour – taking a job beyond the home – could dissipate fatigue, not exacerbate it; as long as productive work was read as a psychological act which conferred specific therapeutic and preventive advantages.¹⁸⁰ Equally, the recurring concern that full-time housewives were emotionally and socially isolated gathered momentum amid a broader moral panic about loneliness and social fragmentation in the late 1950s and early 1960s. In turning to journalistic representations of lonely women, as well as the reformist work of the Women's Group for Public Welfare (WGPW), significant complexities emerge. Loneliness was charged with symbolism; as a precursor to suicide, as an ethical failure of modern society, and as a product of political tensions between communalism and individuality.¹⁸¹ Housewives were depicted as members of a post-war lonely crowd, shaping their discursive identity as pathological figures and challenging feminists to demonstrate that they were suffering *as women*.

The emergence of the dual role as a medico-political model for health was framed and guided by the collision and conjunction of complicated, contextual, and meaningful anxieties. In her history of post-war feminism, Wilson remarked that ‘reactionary ideologies took over the progressive ground’, creating ‘what was

¹⁷⁸ McCarthy, ‘Social Science and Married Women's Employment in Post-War Britain’, 284

¹⁷⁹ *Ibid.*, 284-285

¹⁸⁰ See Chapter Two and Three of the present thesis.

¹⁸¹ Paul Halmos, *Solitude and Privacy* (London, 1952)

objectively a conservative consensus' and transmuting the 'progressive forces' that they came into contact with. 'Caught up in the liberal illusion' that the dual role 'represented "choice" for women', feminists 'presented this as a solution rather than the problem it actually was.'¹⁸² Wilson's dialectical image of forces in contest is of less use than her notion of transmutation. However, this thesis contends that the colonisation of language and theory she described was far more nuanced and mutual. The most rewarding histories of gender, feminism, and medicine have emphasised convergence as well as conflict, demonstrating how constructions of womanhood have been worked and reworked in the creative frictions and harmonies between discourses.¹⁸³ Of these histories, Alison Oram's 1992 study of inter-war feminist representations of spinsterhood provides the closest intellectual blueprint for the present work. Responding to Sheila Jeffreys' 1985 monograph *The Spinster and Her Enemies*, which argued that inter-war feminism was stifled by contemporary psychology and sexology, Oram was able to show that feminist doctors in fact refuted and reconfigured psychological theories. The 'feminist appropriation of psycho-sexual ideas' enabled the writers she discussed to 'assert that spinsters could lead a complete and happy life through work and female friendships.'¹⁸⁴ Women, therefore, were 'not simply victims of the psychological stigmatising of spinsters, but were actively engaged in resisting and redefining these meanings, at a time when these were not fixed but shifting and often confused'.¹⁸⁵

Juliet Mitchell's feminist rehabilitation of psychoanalysis argued that practitioners had 'bequeathed to the women's movement a vocabulary of protest'.¹⁸⁶ The same was certainly true of post-war social psychiatry, occupational medicine, and child developmental psychology. In each instance, the bequest was ambivalent; as Denise Riley recognised, the expression of women's needs through patriarchal

¹⁸² Wilson, *Only Halfway to Paradise*, pp. 3-4, 205; Shira Tarrant, *When Sex Became Gender* (London, 2006), p. 42

¹⁸³ Haggett, *Desperate Housewives*; Herzberg, *Happy Pills in America*; Halliwell, *Therapeutic Revolutions*, ; Hirshbein, *American Melancholy*; Allen, 'Psychiatry and the Construction of the Feminine'; Jackson, 'Men and Women Under Stress'; Judith Houck, *Hot and Bothered: Women, Medicine, & Menopause in Modern America* (Cambridge, MA, 2006)

¹⁸⁴ Jeffreys, *The Spinster and Her Enemies*, p. 7; Oram, 'Repressed and Thwarted, or Bearer of the New World?', 413

¹⁸⁵ Oram, 'Repressed and Thwarted, or Bearer of the New World?', 428

¹⁸⁶ Mitchell, *Psychoanalysis and Feminism*, p. xix

languages and forms of knowledge imposed new discursive constraints.¹⁸⁷ For Riley, linguistic conventions masked 'profound dissent'. When feminists and antifeminists used the same categories to discuss and define women - 'the mother, the woman worker' - the cracks and divisions in meaning were smoothed over.¹⁸⁸ One challenge for scholars was to show how that language could 'work back on the consciousness of its ostensible subjects.'¹⁸⁹ The traditional artefacts of medical investigation and care have largely silenced women's voices, although the work of women in producing these artefacts complicates this picture.¹⁹⁰ Medical historians have consequently looked to oral testimony to 'uncover lay conceptions of illness', shifting the locus of investigation from 'the narrow perspective of the doctor and patient to the larger cultural and social sphere in which health is maintained or ill-health managed.'¹⁹¹

The questionnaires returned by married women to Viola Klein in 1963 offer a similar glimpse of what Jane Ussher termed 'the world of the real'; 'women who are more than representations of discursive practice: women who bleed when they are pricked; women who scream.'¹⁹² While the responses Klein received were shaped by the themes she introduced, she did not otherwise curate or adulterate them. Experiences and ideas strongly at variance with the arguments she made in public forums sit alongside those which confirmed her impression of work as healthy and emancipatory.¹⁹³ Klein did not ask about illness; her respondents chose to write

¹⁸⁷ Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', 269

¹⁸⁸ *Ibid.*, 269

¹⁸⁹ *Ibid.*, 270; Davis, *Modern Motherhood: Women and Family in England*; Summerfield, *Reconstructing Women's Wartime Lives*, p. 7

¹⁹⁰ Showalter, *The Female Malady*, p. 6; June Purvis, 'Using Primary Sources When Researching Women's History from a Feminist Perspective', *Women's History Review* 1:2 (1992), 273-306; Frederick Cooper, 'Medical Feminism, Working Mothers, and the Limits of Home: Finding a Balance between Self-Care and Other-Care in Cross-Cultural Debates about Health and Lifestyle, 1952-1956', *Palgrave Communications* 2:16042 (2016)

¹⁹¹ Kate Fisher, 'Oral Testimony and the History of Medicine' in Mark Jackson (ed.), *The Oxford Handbook of The History of Medicine* (Oxford, 2011), pp. 598-616, p. 602; Kerry Davies, 'Silent and Censured Travellers? Patients' Narratives and Patients' Voices: Perspectives on the History of Mental Illness Since 1948', *Social History of Medicine* 14:2 (2001), 267-292

¹⁹² Ussher, *Women's Madness*, p. 297

¹⁹³ Collected Testimonies, 1963, PVK, URSC, MS 1215/26-31

about it. In most cases, their accounts lacked the politically conscious self-analysis common to the reflections on working lives compiled by feminists after the 1970s.¹⁹⁴ While their words provide imperfect reckonings and flawed memories, representing human stories rather than precise truths, they have the merit of being products solely of their time. Preserved in 1963, they lack the veils and filters common to the reminiscences of subjects asked to recall the events and emotions of twenty or thirty years ago, through the artificial and anachronistic film of subsequent ideas and experiences.

Klein's questionnaires were also the products of university educations, although this in no way presupposed the tensions with domestic life that feminists often assumed.¹⁹⁵ Despite privileged beginnings, downward mobility was common, as the ingrained prejudices women faced, the techniques they used to keep work from intruding on family, and the lack of latitude given by employers sharply curtailed opportunities to work in the field of their choice or training.¹⁹⁶ Much-discussed in contemporary journalism and popular medicine, both workers and housewives imbibed sociological and medical ways of speaking about women and the challenges they faced. Their engagement in the manufacture of these discourses, however, should not be overlooked.¹⁹⁷ When we think of women's health activism, we think of *Our Bodies, Ourselves*, or confessional agitation in *Spare Rib*.¹⁹⁸ Returning narratives of illness and health to a stolid post-war sociological survey was, in its own way, a politically charged process. Women described problems which were

¹⁹⁴ Jo Stanley (ed.), *To Make Ends Meet: Women Over 60 Write about Their Working Lives* (London, 1989); Michelene Wandor (ed.), *On Gender and Writing* (London, 1983); Hera Cook, 'From Controlling Emotion to Expressing Feelings in Mid-Twentieth-Century England', *Journal of Social History* 47:3 (2014), 627–646

¹⁹⁵ Judith Hubback, *Wives Who Went to College* (London, 1957); see also Giles, *Women, Identity and Private Life in Britain*, p. 6; Haggett, *Desperate Housewives*, pp. 16-17

¹⁹⁶ Myrdal and Klein, *Women's Two Roles*, pp. 74-75; Miles, *Women and Mental Illness*, p. 62; Sue Sharpe, *Double Identity: The Lives of Working Mothers* (Harmondsworth, 1984), p. 51

¹⁹⁷ Hayward, 'Medicine and the Mind', p. 526; McCarthy, 'Social Science and Married Women's Employment in Post-War Britain'; Davis, 'Women's Experiences of Combining Childcare and Careers in Post-war Oxfordshire', 17; Roberts, *Women and Families*, p. 8

¹⁹⁸ Marland, 'Women, Health, and Medicine', p. 296; Boston Women's Health Book Collective, *Our Bodies, Ourselves* (Boston, 1970); Sue O'Sullivan (ed.), *Women's Health: A Spare Rib Reader* (King's Lynn, 1988)

profoundly political, but the act of describing was also meaningful. The shared assumption that their stories mattered, written in their own words, resisted the devaluation of women's voices in a cultural context where they were more often marginalised or fetishized.¹⁹⁹

Alongside making a distinct contribution to historical knowledge, this thesis follows a clear strain of public health criticism in arguing for a renewed political approach to morbidity prevention which places feminist objectives at the heart of social and cultural reconfiguration.²⁰⁰ Public discussions of health in which women are constructed as subjects or actors help to condition individual and collective identities, social and employment policy, economic behaviour, gender performances, and subjective experiences of illness; all too often, these operate against women's interests.²⁰¹ Deep contradictions in the homogenising discourse of work/life balance illuminate gendered pathways to illness in the present day. In dissecting the roots of these contradictions, this thesis works towards and within a transformative politics of distress in which women's discontent is neither colonised nor subordinated.²⁰² As Denise Riley argued, the use of gender as a guiding category for historical and political criticism raises important analytical challenges; these are further pronounced for male writers, whose contributions to feminist discourses are rightly on sufferance. For Riley, the formula was 'never to overlook or misread gender in its manifestations while also not allowing it to hang like a veil to filter every glimpse of the world; as if

¹⁹⁹ Kristin Skoog, 'Focus on the Housewife: The BBC and the Post-war Woman, 1945-1955', *Networking Knowledge: Journal of the MeCCSA Postgraduate Network* 2:1 (2009), 1-12; Judith Hubback, *Wives Who Went to College*, p. 81; Ashley Montagu, *The Natural Superiority of Women* (London, 1954); Ferdinand Zweig, *Women's Life and Labour* (London, 1952), pp. 8-9; E. Stina Lyon, 'Viola Klein: Forgotten Émigré Intellectual, Public Sociologist and Advocate of Women', *Sociology* 41:5 (2007), 829-842

²⁰⁰ Busfield, *Men, Women and Madness*, p. 240; Allen, 'Psychiatry and the Construction of the Feminine', p. 108; Christopher Hamlin, 'Public Health' in Mark Jackson (ed.), *The Oxford Handbook of The History of Medicine* (Oxford, 2011), pp. 411-428, p. 411

²⁰¹ Alice Kessler-Harris, *Out to Work: A History of Wage-Earning Women in the United States* (Oxford, 1982), p. 322; Mitchell, *Psychoanalysis and Feminism*, p. 307; Busfield, *Men, Women and Madness*, p. 7; Giles, *Women, Identity and Private Life in Britain*, p. 93

²⁰² Giles, *Women, Identity and Private Life in Britain*, p. 10; Busfield, *Men, Women and Madness*, pp. 237-240; James Davies, *The Importance of Suffering: The Value and Meaning of Emotional Discontent* (London, 2011)

we perceived all of it in advance; as if being women or being men produced, out of that very distinction itself, exhaustively distinctive lives.'²⁰³ The manufacture of new forms of determinism is another means of imposing silence.²⁰⁴

The first chapter of this thesis explores post-war anxieties about the pathogenesis of motherhood, marriage, and family life. It begins with a review of the content and currency of maternal deprivation theory, tracing clinical advocacy of uninterrupted, instinctual motherhood from child developmental psychology through to the pages of self-help books and lay medical information. While overwhelming emphasis was placed on the maternal bond, however, the belief that mothers were wholly fulfilled by their relationships with their children was indulged by a limited number of contemporaries. Advocates of nurseries, amongst others, joined John Bowlby in moving towards an affectionate and libidinal model of motherhood, but stressed that women needed time away from their children, and that feelings towards them could be ambivalent and complex. The chapter also considers the ways in which medical representations of men's health sought to exert control over women by implicating them in the triggering of stress, neurotic illness, and heart disease. Women's emotional and physical labour in the home was positioned as a corrective to executive stress, encouraging housewives to sublimate their interests into supporting the careers of their husbands. The rise of companionate marriage, too, provoked concerns about the male psychiatric cost of relinquished authority. Despite the recurrence of aetiological concerns which valued women's function in the family over their individual health and fulfilment, a focus on disordered marital and parental relationships drew attention to the need for healthy connections between healthy individuals. Distressed mothers or wives – whatever the cause – were depicted as unable to discharge their responsibilities to the psychosocial systems which kept the family well.

Critiques of domesticity which centred on the complaints of housewives, therefore, held serious implications for family dynamics. The second chapter addresses contemporary apprehensions about the effect of household work on health and self, charting the development of an epidemiological politics of gender,

²⁰³ Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', p. 269

²⁰⁴ Haggett, *Desperate Housewives*, p. 28

illness and lifestyle. Writers who voiced concerns with the pace, organisation and status of housework acknowledged an important psychological component to fatigue and pain. Their criticism had hitherto been guided, however, by the belief that the subjective status of housework could be raised and that positive health outcomes could be achieved by the redesign and improvement of domestic conditions. By the early 1950s, feminists working in medicine and the social sciences were moving towards the conclusion that full-time domesticity under any guise was directly damaging to women. They juxtaposed the activity and independence of students and young workers with the entropic image of stifled minds running to waste. In this context, commentators were reconfiguring discourses of feminine emotional lability as a matter of culture rather than biology, of gender rather than sex. Women living unbalanced domestic lives found themselves vulnerable to amplified worry and strain, unable to cope with inevitable biological and social changes, and excluded from complete and fulfilling personhood. The crises of housewives undergoing the menopause or struggling to adjust to the growth of their children shone a light not on their own inherent frailty, but on the inadequacy and fragility of the identities they performed and inhabited. Intertwined with apprehensions about loneliness, domestic frustration and alienation began to be uncoupled from specific topographical critiques of suburban life.

In the context of faltering clinical and cultural faith in domesticity, connections between work and male wellness were adapted to suggest pathways to psychological resilience and restoration for married women without disrupting the delicate networks of their maternal and marital labour. Chapter three analyses the configuration of outside employment as a curative technology for damaged and interrupted selves. To begin with, it explores the positioning of work in narratives of individual fulfilment and growth. Moving beyond notions of psychological or pharmaceutical adjustment, contemporaries identified prerequisites for health which, while remaining profoundly gendered, narrowed the distance between perceptions of discrete male or female psychic need. In the stories women told and the stories that were woven around them, work brought the social self to fruition. Emerging from observations about the part employment played in easing the worry and trauma of global conflict, post-war discussions also centred on the therapeutic value of taking a job. As one survey put it, work could be a 'measure of anodyne' for women

undergoing serious emotional difficulties.²⁰⁵ In construing paid labour as a means of occupying troubled minds, researchers and practitioners helped to shape discourses on the psychology and identity of married workers. Studies of gendered reactions to industrial monotony and boredom queried the metaphorical location of women's thoughts, invoking daydreams and anxieties about home and family to underline the fragility of their status and justify their ghettoization into routine and mechanistic occupations. Although therapeutic visualisations of work contested these narratives, they also provided a fresh rationale for inattention to the specific conditions of labour.²⁰⁶ Finally, this chapter charts the representation of working women as better able to fulfil their roles as healthy mothers and wives. In subverting concerns about the impact of work on familial ecosystems, feminists made a case for rethinking married women's employment which resonated with workers in marital and parental hygiene. Rather than destabilising the medical assumption that women in particular would and should act as facilitators of the health of others, however, the image of the balanced wife and mother bound it into a renascent symbol of progressive modernity.

Second wave feminist critics reframed the dual role as the 'double burden' or the 'second shift', emphasising the competing demands on time, energy, identity and emotion it imposed upon women. Although the dual role was, as Elizabeth Wilson identified, presented 'as a solution' to psychological torpor, post-war advocates were only rarely guilty of sanitising the difficulties entailed in striking a vitalising balance between work and home.²⁰⁷ The fourth and final chapter turns to the problem of management. At the same time as commentators envisaged paid employment as a tonic and a complement for marriage and family, it was widely acknowledged that the experience of combination was fraught with medical hazards. Studies of women's absenteeism from work through sickness noted significantly higher proportions of fatigue and neurosis amongst married employees, framing ill-health as a product of the aggregated strain of long working days and onerous domestic responsibilities.

²⁰⁵ Pearl Jephcott, Nancy Seear and John Smith, *Married Women Working* (London, 1962), p. 108

²⁰⁶ Sheila Rowbotham, *Woman's Consciousness, Man's World* (London, 1973); Allen, *Feminism and Motherhood in Western Europe, 1890-1970*, p. 226

²⁰⁷ Wilson, *Only Halfway to Paradise*, p. 205; Lewis, 'Myrdal, Klein, Women's Two Roles and Postwar Feminism 1945-1960', p. 172

Where conservative voices had assumed that work placed undue pressure on married women and their families with little hope of benefit to either, an ultimately optimistic ideological commitment to balance reconstituted their reservations as conditional, not inevitable. In women's accounts of their own histories, too, failure to reconcile work and home was traced to a variety of sources. Intimate accounts of illness and debility were juxtaposed with political critiques of childcare availability, preclusive taxation, and unsympathetic employment practice. Concern with the personal and structural mechanics of coping was intertwined with anxieties about the psychopathology of discordant and contradictory identities; changing employment patterns left women vulnerable to role conflict and confusion.²⁰⁸ The more rewarding question is not how doctors conspired to keep women at home, but how they operated within nuanced intellectual and pragmatic systems to govern and mediate the process and effects of cultural change. Through the medical politics of discourse and experience, the social and psychological parameters of gender were unsettled and redefined.

²⁰⁸ Henry V. Dicks, 'The Predicament of the Family in the Modern World', *The Lancet* (Feb. 5th, 1955), 295-297, 296

Chapter One: The Fragile Family

It has become axiomatic to think of post-war Britain as shaped by a return to family values. A broad political, cultural, and medical commitment to security and nurture was framed by the horror and dislocation of war, compensating for widening cracks in familial ideologies and responding to perceived crises in marriage, sexuality, childhood, and adult neurotic illness.²⁰⁹ International anxieties over moral decay coalesced around visible signifiers; illegitimacy, homosexuality, abortion, venereal disease, working motherhood, childhood delinquency and neglect, and divorce.²¹⁰ Domestically, a royal commission on marriage reporting in 1956 acknowledged the rise in divorce rates which had preoccupied psychiatrists, social workers and priests for decades.²¹¹ As the medical statistician Ian Sutherland observed, the collation of information to determine patterns in yearly mortality figures could just as easily be

²⁰⁹ Mitchell, *Psychoanalysis and Feminism*, p. 231; Haggett, 'Housewives, Neuroses, and the Domestic Environment in Britain, 1945-70', p. 84; Roberts, *Women and Families*, p. 125; Allen, *Feminism and Motherhood in Western Europe*, p. 224; Lewis, 'Anxieties About the Family', p. 44; Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960', p. 178, 181; Chris Harris, 'The Family in Post-War Britain' in James Obelkevich and Peter Catterall (eds.), *Understanding Post-War British Society* (London, 1994), pp. 45-57; David Kynaston, *Family Britain, 1951-1957* (London, 2009); John Bowlby, 'Special Problems: Problem Families, Neglectful Parents, the Broken Home, Illegitimacy' (speech), *The Family: Report of the British National Conference on Social Work at Bedford College for Women, London* (London, 1953), pp. 21-19, p. 24; Willoughby Clark, W. H. Edgar and G. C. Pether, 'The Extent of Neurosis', *The British Medical Journal* 2: 4531 (Nov. 8th, 1947), 746-747; Caine, *English Feminism*, p. 225; Beaumont, *Housewives and Citizens*, p. 166

²¹⁰ Patrick Moran, 'International Congress on Mental Health (Continued)', *The British Medical Journal* 2: 4573 (Aug. 28th, 1948), 433-437; Ferdinand Knobloch, Speech to the World Health Organisation (henceforth WHO) in Athens, 1962, p. 5: Papers of Rudolph Karl Freudenberg (henceforth PRKF), WL, PP/RKF/E/9/4

²¹¹ In an unpublished paper on mental hygiene in marriage, Henry Dicks described the rising divorce rate as 'one of the most serious epidemiological problems of the body politic': Henry V. Dicks, 'Mental Hygiene in Marriage' (unpublished paper, 1960), 4: Papers of Henry V. Dicks (henceforth PHVD), WL, PP/HVD/D/1/4; Henry V. Dicks, 'The Prevention of Divorce', *The Medical Press* (Dec. 12th, 1956), 558-562; Richard Titmuss, 'The Family as a Social Institution' (speech), *The Family: Report of the British National Conference on Social Work at Bedford College for Women, London* (London, 1953), pp. 7-16, p. 16; Anon., 'Royal Commission on Marriage and Divorce: Oral Evidence on Behalf of BMA', *The British Medical Journal* (June 7th, 1952), 1242-1244; Memorandum by the National Association for Mental Health for submission to the Royal Commission on Marriage and Divorce (1951), PHVD, WL, PP/HVD/G/1/4; see also Summerfield, 'Women in Britain Since 1945', p. 67

applied to the death of marriage.²¹² In a 1959 correspondence with the National Marriage Guidance Council (NMGC)'s A.J. Brayshaw, a researcher for the Population Investigation Committee, Griselda Rowntree, described what she referred to as 'divorce-mindedness', a trend towards the perception of marriage as potentially transitory.²¹³ For Brayshaw's former colleague, David Mace, modern couples had little patience to work through their difficulties. Seeking divorce was the metaphorical equivalent of rushing 'the sick straight to the mortuary.'²¹⁴ In his tellingly named 1948 book *Marriage Crisis*, Mace described the threat to 'the most precious things we've got – love, family, and home.' Leaving statistics aside, he appealed directly to the emotional knowledge of his readers. Unless they had their 'eyes tight shut', they could not help but sense that 'queer things are happening to marriage.'²¹⁵ Children, he stressed, were the biggest victims of family failure.²¹⁶ A steep rise in adolescent delinquency from 1940 suggested that some families – broken, breaking, or dysfunctional – were unable to produce well-adjusted, responsible citizens.²¹⁷ Reporting on 'the adolescent delinquent boy' in 1951, a Joint Committee on Psychiatry and the Law held between the BMA and the Magistrates Association implicated a 'decline in the standards of family life and parental example.' Accelerated by war, Britain was undergoing a 'lowering of the standard of integrity', a 'lessening of appreciation of moral, social, and spiritual values.'²¹⁸

Homes and families were central to the rhetoric and ideology of emotional and material reconstruction, forming spaces where child and adult psychological requirements could be satisfied on the one hand, but could be thwarted or subverted

²¹² Ian Sutherland, 'A Century of Divorce', *Marriage Guidance* 4:8 (1958), 315-317, 315

²¹³ Griselda Rowntree to A.J. Brayshaw, 28th July, 1959, Papers of the Population Investigation Committee, WL, SA/PIC/F/14/13

²¹⁴ David R. Mace, 'Marriage Guidance in England: A New Social Service', *Social Forces* 25: 3 (1947), 309-31, 310

²¹⁵ David Mace, *Marriage Crisis* (London, 1948), p. 7

²¹⁶ *Ibid.*, p. 83

²¹⁷ Anon., 'The Adolescent Delinquent Boy', *The British Medical Journal* 1: 4717 (June 2nd, 1951), 1256-1260, 1256; Harvey Graham, 'Profile of a Problem', *Family Doctor* 4:2 (1954), 76-78; National Society of Children's Nurseries (NSCN), 'Memorandum submitted to the Departmental Committee set up to inquire into the law relating to Children and Young Persons', p. 2: PVK, URSC, MS 1215/3/6; Claud Mullins, *Marriage Failures and the Children* (London, 1954), p. 39

²¹⁸ Anon., 'The Adolescent Delinquent Boy', 1256

on the other.²¹⁹ Equally, fulfilling private lives were understood to mediate against the stresses of modern existence; when families failed, external strains were liable to be amplified and intensified.²²⁰ Amid a shift towards psychosocial understandings of individual and collective health, the regulation and management of family relationships became a key object of psychiatric prevention.²²¹ Identifying himself as ‘a doctor who also aspires to be a social scientist’, John Bowlby exemplified the hope that ‘sociatry’ would act as a transformative political force, both locally and internationally.²²² Inter-war medics and mental hygienists had looked beyond domestic borders and formed congresses, leagues and federations which sought to address common challenges through the cross-cultural exchange of knowledge and juxtaposition of national experience.²²³ What Penny Tinkler, Stephanie Spencer and Claire Langhamer referred to as ‘transnational mobilities and encounters’ retained and renewed their significance between 1945 and the early 1960s, as the WHO, the European League for Mental Hygiene (ELMH), the Medical Women’s International Association (MWIA) and the World Federation for Mental Health (WFMH) convened important conversations and initiatives on family health and pathology.²²⁴

²¹⁹ Anon., ‘Medical Women’s International Association: Congress At Amsterdam’, *The British Medical Journal* 2: 4519 (Aug. 16th, 1947), 263-264; Pamela Richardson, ‘From War to Peace: Families Adapting to Change’ in Mark Jackson (ed.), *Stress in Post-War Britain, 1945-85* (London, 2015), pp. 17-29; Wilson, *Only Halfway to Paradise*, pp. 43-44; Mark, Health and the modern home; F. R. C. Casson, *It’s Healthy to be Human* (London, 1959) p. 137; John Bowlby, ‘The Study and Reduction of Group Tensions in the Family’, *Human Relations* 2 (1949), 123-128

²²⁰ Doris Odlum, ‘Why No Rocking?’, *The British Medical Journal* 2: 4789 (Oct. 18th, 1952), 881

²²¹ Teri Chettiar, ‘More than a Contract: The Emergence of a State-Supported Marriage Welfare Service and the Politics of Emotional Life in Post-1945 Britain’, *Journal of British Studies* 55 (July 2016), 566–591, 575; Chris Millard, ‘“The Social”, Stress and Attempted Suicide’ in Mark Jackson (ed.), *Stress in Post-War Britain, 1945-85* (London, 2015), pp. 177-92; Rhodri Hayward, ‘The Invention of the Psychosocial: An Introduction’, *History of the Human Sciences* 25:5 (2012), 3-12

²²² John Bowlby, ‘The Therapeutic Approach in Sociology’, *The Sociological Review* 39:1 (1947) 39-49, 49

²²³ David Stafford-Clark, *Psychiatry To-day* (Harmondsworth, 1952), p. 214

²²⁴ Tinkler, Spencer and Langhamer, ‘Revisioning the History of Girls and Women in Britain in the Long 1950s’, 1; See also Cooper, ‘Medical Feminism, Working Mothers, and the Limits of Home’, 1-11; Anon., ‘Medical Women’s International Association: Congress at Amsterdam’, 263-264; Anon., ‘Mental Hygiene’, *The British Medical Journal* 2: 5046 (Sep. 21st, 1957), 698-699

Historical analysis has focused on specific but interconnected concerns over marriage, sexuality and motherhood, forming a bedrock of primarily feminist research and criticism.²²⁵ The consensus in existing scholarship has been that discourses on familial deterioration and breakdown operated to stifle and control women, militating against individual and communal emancipation.²²⁶ This was a tension identified by disseminators of pro-family ideology. For example, the deputy director of the Tavistock Clinic, Henry Dicks, warned in 1955 that wives and mothers were being caught 'between care and independence', a contradiction to be resolved according to the principles of mental hygiene, not feminism.²²⁷ As later chapters of this thesis explore, contemporary feminists subverted family anxieties by emphasising the benefits of working motherhood to children and husbands, but strengthened rather than challenged oppressive constructions of women's emotional instrumentality. The recognition that medical and moral explorations of family pathology were by no means monolithic is significant, but a concerted understanding of how these apprehensions operated – and how certain strands within them were able to be exploited – has so far been elusive.²²⁸ John Bowlby's research into maternal deprivation presented a formidable check to advocates of work for mothers, as did a retrenchment of traditional gender roles in discourses on male stress, heart disease, and the psychology of domestic power. Post-war fixations with familial health, however, also provoked critiques of the wisdom of uninterrupted mothering, and narratives which emphasised the importance of women's wellness and fulfilment for marital and maternal relationships. No less saturated with hygienist ideals, alternative literatures offered ground for negotiation with supposedly competing concerns about the frustration and isolation of domesticity.

To begin with, this chapter explores the censorious positions taken by opponents of married women's work. The historiographical shadow cast by the

²²⁵ Jane Lewis, 'Public Institution and Private Relationship: Marriage and Marriage Guidance, 1920-1968', *Twentieth Century British History* 1:3 (1990), 233-263, 253; Vicedo, 'The Social Nature of the Mother's Tie to Her Child', 410; Riley, 'War in the Nursery', 82-108

²²⁶ Langhamer, 'Feelings, Women and Work in the Long 1950s', 5

²²⁷ Dicks, 'The Predicament of the Family in the Modern World', 297

²²⁸ Toms, *Mental Hygiene and Psychiatry in Modern Britain*, p. 106; Andrews, 'Nationalising Hundreds and Thousands of Women', 15; Kanter, *Work and Family in the United States*, pp. 2-3; Halliwell, *Therapeutic Revolutions*, p. 139

interventions of prominent child psychoanalysts has been long. As the introduction to this thesis argues, the work of John Bowlby has been cited in almost every study of post-war women's history as a characteristic example of the patriarchal power of medicine.²²⁹ Studies of psychoanalysis and childhood have accompanied biographies of Bowlby in discussing his research in greater depth, but have only sometimes intersected satisfyingly with political and social histories of gender.²³⁰ It is necessary, therefore, to deepen understanding further. Aside from scattered vignettes intended to demonstrate the multiplicity of opposition to working mothers, attempts to trace maternal deprivation theory beyond Bowlby's core texts have been rare.²³¹ Historians have also largely overlooked the ways in which men – and the doctors who constructed them as medical subjects – imposed complex emotional constraints on women's behaviour. One response to Viola Klein's 1963 study of women's working patterns contained an imposing pastiche of preclusive messages:

'Husband would like to add that emancipation of women has not brought them greater happiness. Husband does not want me to tire myself by accepting regular paid work even part time. Does not mind what I do on a voluntary basis but family must come first. A teacher at a conference last week reported on the frightening growth in the number of 'key children' – children with a key literally tied round their necks. They let themselves into the house after school, clear the breakfast table, light the fire, and do what they can to prepare a meal before mother comes home from work. Of course the married graduate with young children has the intelligence to be aware of these social dangers and to organise accordingly. But I do know graduates who work full time, and whose children come home to an empty house. It appears to work very well it is said to make the children 'self-reliant.' But the child of one such graduate I know still

²²⁹ Holdsworth, *Out of the Doll's House*, p. 122; Davis, 'Women's Experiences of Combining Childcare and Careers in Post-war Oxfordshire', 15; McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 4; Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960', p. 181

²³⁰ Van der Horst, *John Bowlby - From Psychoanalysis to Ethology*; Jeremy Holmes, *John Bowlby and Attachment Theory* (London, 1993); Cleary, 'Bowlby's Theory of Attachment and Loss', 32; exceptions include Vicedo, 'The Social Nature of the Mother's Tie to Her Child', 82-108; Thomson, *Lost Freedom*, pp. 81-91

²³¹ Celia Briar, *Working for Women? Gendered Work and Welfare Policies in Twentieth-Century Britain* (London, 1997), p. 112; Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960', p. 181

sucks a thumb at nine years old, and her teen-age sister is admittedly 'difficult.' It all comes back to the fact that you cannot do two jobs well. Even with part-time aid work, there is a divided duty which in time creates a tension, the thin end of a wedge which will in time undermine our social structures, the strength of which can only be in the stability of the home.'²³²

Thinly veiled as practical objection, male antifeminist opinion framed appeals to expert knowledge and personal experience, concluding with an articulate conservative nexus of moral carelessness, intrapersonal conflict, family breakdown, and social disorder. In spite of early work on conformity and psychosis by the radical countercultural psychiatrist R.D. Laing, 'the stability of the home' remained a relatively uncontroversial prophylactic objective in 1963.²³³ While causative connections between women's work and family pathology were deeply significant, this chapter argues for their contextualisation in a complex network of competing and coagulating concerns. The variety of discipline, outlook and focus amongst family-oriented practitioners and researchers is by no means a new discovery.²³⁴ The persistent implication that a post-war preoccupation with maternal absence replaced or overrode older apprehensions, however, imposes an artificial neatness over systems of thought which were varied, complicated, and disordered.²³⁵ The two most extensive analyses of the content and reception of Bowlby's thought, Denise Riley's *War in the Nursery* and Mathew Thomson's *Lost Freedom*, effectively bookend the apex of his influence. The comparative traction of maternal deprivation amongst a constellation of anxieties, therefore, has been difficult to situate.²³⁶ A move towards emotional over material and physical security in ideals of childhood never fully obviated concerns over poorer 'problem families'; indeed, as Dolly Smith Wilson has argued, working mothers were able to present the extra money they earned for their children as evidence of commitment and responsibility.²³⁷ Similarly, although

²³² Testimony 694, 1963, PVK, URSC, MS 1215/28/1

²³³ Mitchell, *Psychoanalysis and Feminism*, p. 231; Showalter, *The Female Malady*, p. 220; Wilson, *Only Halfway to Paradise*, p. 121

²³⁴ Hayes, 'Rabbits and Rebels', p. 129

²³⁵ Harrington, 'Mother Love and Mental Illness', 96

²³⁶ Riley, *War in the Nursery*, p.6; Thomson, *Lost Freedom*, pp. 93-97

²³⁷ Holdsworth, *Out of the Doll's House*, p. 124; Holmes, *John Bowlby and Attachment Theory*, p. 39; Vicedo, 'The Social Nature of the Mother's Tie to Her Child', 405; John Welshman, 'In Search of the 'Problem Family': Public Health and

'rejecting' mothers occupied extensive space in contemporary imaginations, the spectre of the overbearing maternal presence who warped her children – the 'misshapen tree' described in 1943 by Innes Pearse and Lucy Crocker – continued to suggest a dark underside to constant devotion.²³⁸ The weight that post-war mental health experts placed on women often objectified, negated, manipulated and silenced their subjects. The rarefication of motherhood as a mystified state within the protective chrysalis of a private family, however, left little space for maternal neurosis and distress.²³⁹ For their conspicuous antifeminism, functionalist visualisations of family pathology set a high premium on women's emotional health.

The Predicament of the Family in the Modern World

Post-war commentators drew on and contributed to a shared understanding of families as uniquely significant psychosocial systems with intricate reciprocal connections to intrapersonal experiences of pathology and broad socio-political shifts and pressures. Henry Dicks described the family as the 'social atom' in a *Lancet* essay of 1955, 'The predicament of the family in the modern world'. Although necessarily self-contained in their provision of private emotional and physical functions, families formed the 'irreducible unit of social organisation.'²⁴⁰ A recurring theme in Dicks' work from the late 1940s, the imagery and language of nuclear fission provoked comparison between the social, medical, and physical sciences.²⁴¹ Analogous metaphors had been a central component of the rhetoric used in 1946 by a well-known paediatrician and chair in child health at Durham University, James Calvert Spence. Forming the first in a series of convocation lectures for the workers of the National Children's Home, Spence's infamous pronouncements on 'the purpose of the family' have been interpreted as setting the tone for post-war gender

Social Work in England and Wales 1940-70', *Social History of Medicine* 9:3 (1996), 447-465; Pat Starkey, 'The Feckless Mother: Women, Poverty and Social Workers in Wartime and Post-war England,' *Women's History Review* 9:3 (2000), 539-557; Wilson, 'A New Look at the Affluent Worker', 206-229; See for example C. P. Blacker, 'Disruption of Marriage: Some Possibilities of Prevention', *The Lancet* (March 15th, 1958) 578-581

²³⁸ Pearse and Crocker, *The Peckham Experiment*, p. 261

²³⁹ Alexander, 'Primary Maternal Preoccupation', p. 166; Riley, 'War in the Nursery', 99

²⁴⁰ Dicks, 'The Predicament of the Family in the Modern World', 295

²⁴¹ Toms, *Mental Hygiene and Psychiatry in Modern Britain*, p. 110

conservatism.²⁴² Tapping into anxieties over a perceived decline in communal values, Spence equated human welfare with a rejection of 'excessive individualism', an evolutionary blind alley which resulted in serious social and psychiatric disorder. The basic 'unit of human existence' was not the isolated individual but the family, a distinct but porous biological and social cell. Civilisation, in effect, was an amalgamation of family units.²⁴³

Speaking at the British National Conference on Social Work at Bedford College for Women in 1953, Richard Titmuss described the reciprocal exchange of emotional bonds and securities which accompanied biological reproduction. It was these, he argued, which ensured that the family functioned as the 'primary psychological agent in society.'²⁴⁴ A similar observation was offered in 1955 by a consultant at the department of child and adolescent psychiatry at University College Hospital, Kenneth Soddy. Soddy attributed the unique psychological environment of the family to the 'strong instinctual forces' which surrounded the experience of making sacrifices and adjustments for the sake of the young.²⁴⁵ Influential writers on love, sex and marriage joined Henry Dicks in blurring the boundaries between the determinism of hard science and the conditional meanings that people attached to their own customs and practices. For David Mace, families were an immovable and incontrovertible racial fact; they transcended the artificiality of the things 'human beings have just set up, like towns and laws and sanitation.'²⁴⁶ Writing psychology for a popular audience, Eustace Chesser described how becoming 'carriers of life in an evolutionary process, the end of which is quite beyond our vision' enabled men and women to 'stretch out into the world' and access an emotional landscape of

²⁴² Lewis, *Women in Britain Since 1945*, p. 18; Lewis, 'Public Institution and Private Relationship', 245

²⁴³ J.C. Spence, *The Purpose of the Family: a Guide to the Care of Children* (London, 1946), p. 15; Knobloch, Speech to the WHO in Athens, 1962, p. 1; Harris, 'The Family in Post-War Britain', p. 45

²⁴⁴ Titmuss, 'The Family as a Social Institution' p. 11; see also Moran, 'International Congress on Mental Health (Continued)', 436; David Mace, *Marriage Crisis*, p. 14

²⁴⁵ Kenneth Soddy, 'Mental Health and the Upbringing of Small Children' (speech), *Family Mental Health and the State: Proceedings of the 8th Annual Meeting of the World Federation for Mental Health, Istanbul, August 1955* (London, 1955), pp. 22-31, p. 27

²⁴⁶ Mace, *Marriage Crisis*, p. 20

significance and humility unobtainable elsewhere.²⁴⁷ The heterosexual, monogamous family was the means by which humanity replenished itself, biologically, socially, culturally, and psychologically.²⁴⁸ The everyday rewards that adults derived from becoming links in the racial chain Mace argued, were the 'jam around the pill.' His work in the marriage guidance movement, superficially aimed at allowing wives and husbands to maximise these rewards and minimise their attendant risks, had at its heart the cultivation of physical and mental health and resilience in childhood, and the generational transmission of pro-marital values which enabled the continuation of this cycle.²⁴⁹

Familial disarray degraded and undermined the generative and protective effects of intimate emotional relationships, altering them from nourishment to pathogen.²⁵⁰ Practitioners traced aetiological stories through bonds and networks of feeling between family members, placing emphasis on the psychological tenor of the atmosphere they promoted; a causative interpretation of affective disorders that women often shared.²⁵¹ The author of *Psychosocial Medicine: A Study of the Sick Society*, J. L. Halliday, drew out the importance of intimate psychic connections in his address to a National Association for Mental Health (NAMH) conference on mental health and the family in 1950.²⁵² People related to and experienced one another 'predominantly through feelings and emotions' of which they were 'often unaware.'

²⁴⁷ Eustace Chesser, *The Psychology of Everyday Living* (London, 1959), p. 83

²⁴⁸ Gordon S. Bessey, 'Forum on Family Relationships: Children', *The Family: Report of the British National Conference on Social Work at Bedford College for Women, London* (London, 1953), pp. 34-38, p. 35; Henry V. Dicks, 'Experiences With Marital Tensions Seen in the Psychological Clinic', *The British Journal of Medical Psychology* 26:3/4 (1953), 181-196; Lewis, 'Anxieties About the Family', p. 40

²⁴⁹ Mace, *Marriage Crisis*, p. 22; J.A. Waycott, 'Leaving Your Child', *Family Doctor* 12:2 (1962), 92

²⁵⁰ Kathleen Bliss, 'Forum on Family Relationships: Husband/Wife', *The Family: Report of the British National Conference on Social Work at Bedford College for Women, London* (London, 1953), pp. 30-34, p. 32

²⁵¹ Judy Dunn, 'Growing up in a Family World: Issues in the Study of Social Development in Young Children' in Martin Richards and Paul Light (eds.), *Children of Social Worlds: Development in a Social Context* (Cambridge, 1986), pp. 98-115, p. 99; Haggett, *Desperate Housewives*, p. 103

²⁵² Halliday, 'Social Health in the Twentieth Century', pp. 8-17

The effects these had on health, he argued, were the ‘heart of our problem.’²⁵³ Summarising his field of study for doctors in general practice, Henry Dicks cautioned that disturbances in human relations were not simply reflected in mild neurosis, depression, and anxiety, but could foreshadow acute or chronic distress. In their joint pursuit of effective psychiatric prophylaxis, non-specialists had to be able to recognise and navigate deteriorating interpersonal connections.²⁵⁴

While family ecosystems were set apart through biological essentialism and psychosocial exceptionalism, their interconnectivity with social health and stability was understood to justify public concern and medical intervention.²⁵⁵ In his history of the psyche in British primary care, Rhodri Hayward demonstrated how a post-war convergence of psychological and statistical approaches replaced the ‘oedipal drama of the Freudian family’ with ‘a global picture in which the individual’s illnesses and repressions reflected their relationship with every level of society.’²⁵⁶ Writing in the *British Journal of Medical Sociology* in 1953, Dicks imagined the family as a bulwark ‘on which the waves of all social disturbance break.’ Shaped by his earlier research into pathological authoritarianism – he had been involved in treating the incarcerated Nazi, Rudolph Hess – Dicks cast the internal world of the family in psychic participation with historical events, thoughts and moods. External toxic influences, he argued, could be absorbed and regurgitated by subsequent generations, spreading outwards in new and threatening configurations.²⁵⁷ The establishment of comprehensive, technically competent family counselling services, therefore, was a matter of ‘national self-preservation.’²⁵⁸ His conflation of mental hygiene with democracy echoed late-wartime anxieties about the practicalities of peace.²⁵⁹ One

²⁵³ Halliday, ‘Social Health in the Twentieth Century’, p. 8; see also Henry Dicks, Speech to the International Congress on Mental Health (henceforth ICMH) in Paris, 1961, p. 217: PHVD, WL, PP/HVD/D/1/16

²⁵⁴ Henry V. Dicks, Speech to the British Medical Association (henceforth BMA), Cardiff, 1953, p. 1: PHVD, WL, PP/HVD/D/1/13

²⁵⁵ Titmuss, ‘The Family as a Social Institution’, p. 8; R.E. Prestwood, ‘Response to J.L. Halliday’, *Mental Health and the Family: Proceedings of a Conference on Mental Health* (London, 1950), p. 25; Deborah Weinstein, *The Pathological Family: Post-War America and the Rise of Family Therapy* (New York, 2013), p. 72

²⁵⁶ Hayward, *The Transformation of the Psyche in British Primary Care*, p. 77

²⁵⁷ Dicks, ‘Experiences With Marital Tensions Seen in the Psychological Clinic’, 181

²⁵⁸ Henry V. Dicks, Speech to the National Association for Mental Health (henceforth NAMH), London, 1954, p. 10: PHVD, WL, PP/HVD/D/1/9

²⁵⁹ Harvey Flack, ‘The Hand That Rocks the Cradle’, *Family Doctor* 4:6 (1954) 343

outspoken practitioner of family law, Claud Mullins, predicted a 'situation pregnant with appalling possibilities.' Addressing a day conference of the NMGC in 1944, he warned that unstable emotional relations had the potential to 'sabotage the whole work of post-war reconstruction. Domestic discord is a potent source of social unrest: and it is certain that, if we fail to recover harmonious family life after the war, we shall fail in everything else.'²⁶⁰

The invocation of recovery implied a lost ideal, with some commentators directing their criticism at nonconformity to gendered norms or Christian principles.²⁶¹ Others, such as Chesser and Titmuss, acknowledged that the family had never been 'static'; the reactive conservation of any single structure or dogmatic set of values, therefore, was nonsensical.²⁶² Most contemporaries occupied a spectrum of positions between ossification and relativism, wary of the impact of unfamiliar trends on family life but also able to discern positives in change and harm in continuity. Drawing on anthropological evidence of the constancy of identifiable family groups across cultures, Dicks located the 'preservation and adaptation to changing conditions of this universal institution' as the 'prime consideration of all of us concerned with mental and communal health.'²⁶³ His juxtaposition of preservation and adaptation encapsulated a far wider tension between the destructive and transformative possibilities of social change. To interpret all caution over paid employment for married women and mothers as straightforwardly patriarchal is to misread the tenor of post-war medical and cultural anxieties.²⁶⁴

²⁶⁰ Claud Mullins, Speech to the Marriage Guidance Council (henceforth MGC), Westminster, 1944: Papers of the Family Planning Association (henceforth PFPA), WL, SA/FPA/A13/69/1

²⁶¹ Swindells, 'Coming Home to Heaven', 223-234; Riley, 'The Free Mothers', 60; David Kynaston, *Austerity Britain: 1945-1951* (London, 2007), p. 417; see Mullins, *Marriage Failures and the Children*, p. 37

²⁶² Titmuss, 'The Family as a Social Institution', p. 17; Titmuss, 'Foreword', *Married Women Working*; Chesser, *The Psychology of Everyday Living*, p. 73

²⁶³ Dicks, 'The Predicament of the Family in the Modern World', 295

²⁶⁴ Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', 270

The Deprivation of Maternal Love

Describing a 'restoration of conservative social forms' after 1945, Juliet Mitchell has reflected that mothers and children were 'trapped at the centre' of family ideology.²⁶⁵ Defending Bowlby from characterisation as an architect of patriarchal authority, Jeremy Holmes suggested that 'he could rather be seen as arguing for a much greater valuation by society of motherhood.'²⁶⁶ The point missed by Holmes in his cursory reading of feminist criticism is that valuation of motherhood has always been double-edged, an ambivalent valorisation with serious practical and emotional consequences for women.²⁶⁷ Writing in the *American Journal of Orthopsychiatry* in 1954, Margaret Mead was among the first to detect a 'new and subtle form of antifeminism' in a heightened, clinically-condoned 'accentuation of the tie between mother and child', advocated 'under the guise of exalting the importance of maternity.'²⁶⁸ Subsequent feminists have followed her lead.²⁶⁹ For Denise Riley, invoking 'the mother' deployed 'a rhetoric of function and static position' which fixed 'sexual-social differences... under the appearance of eternity.'²⁷⁰

Speaking at a WHO seminar on mental health and the family in Athens in 1962, the lead psychiatrist at the Copenhagen Mother's Aid Society, Henrick Hoffmeyer, explained how biological purpose and cultural construction were closely intertwined. The immediate dependency of new-born children on their mothers established them as 'the emotional nucleus of the family', on whom the 'other

²⁶⁵ Mitchell, *Psychoanalysis and Feminism*, p. 227, 231

²⁶⁶ Holmes, *John Bowlby and Attachment Theory*, p. 41

²⁶⁷ Cleary, 'Bowlby's Theory of Attachment and Loss', 34; Jay S. Kleinberg, 'The No-Win Mom: Motherland in Twentieth-Century America', *Women's History Review* 8:2, (1999) 387-395, 390; Alexander, 'Primary Maternal Preoccupation', p. 154; Allen, *Feminism and Motherhood in Western Europe, 1890-1970*, p. 212; 'The "Blame the Mother" Ideology', *International Journal of Mental Health* 11: 1/2, (1982), 95-107

²⁶⁸ Mead, 'Some Theoretical Considerations on the Problem of Mother-Child Separation', 477

²⁶⁹ Myrdal and Klein, *Women's Two Roles*, p. 116; Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution* (London, 1977); Ann Oakley, *From Here to Maternity: Becoming a Mother* (Harmondsworth, 1981); Judith Arcana, *Our Mother's Daughters* (London, 1981); Rebecca Kukla, *Mass Hysteria: Medicine, Culture and Mothers' Bodies* (Lanham, 2005); Alison Stone, *Feminism, Psychoanalysis, and Maternal Subjectivity* (London, 2012)

²⁷⁰ Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', 268

members are dependent, while still remaining the one who is dependent on them.'²⁷¹ In Britain, discussions of both 'ordinary' and 'problem' families mirrored his emphasis on maternal exceptionalism.²⁷² In their wide-ranging study of post-war neglect, the Women's Group on Public Welfare (WGPW) concluded that 'it is she (the mother) who stands out pre-eminently as the person who gives the 'temper' to the household. It is her calibre which matters.'²⁷³ Families could survive absent and unsatisfactory fathers, they reported, but rarely an incapable or uncaring mother; in the allegorical structure of post-war homes, women were expected to be the 'coping stone.'²⁷⁴ Conversely, familial inadequacy and failure were given urgency both by a post-war crisis in institutional psychiatric care and an estimated rise in untreated neurosis.²⁷⁵ A physician at the department for psychological medicine at Great Ormond Street Hospital for Sick Children, Mildred Creak, placed defective motherhood at the heart of the 'creeping crushing emergency' of swelling patient numbers across the country.²⁷⁶

Writing on mother love and mental illness in 2016, Anne Harrington described a paradigmatic tendency for dominant ideals of motherhood to react against and supersede one another.²⁷⁷ Although anxieties about mothering were complex and multifarious, muddying any sense of an easy transition, the emotional and physical distance advised by interwar exponents of scientific motherhood had certainly lost

²⁷¹ Henrik Hoffmeyer, Speech to the WHO in Athens, 1962, p. 1: PRKF, WL, PP/RKF/E/9/4

²⁷² Starkey, 'The Feckless Mother', 539-557; Welshman, 'In Search of the "Problem Family"', 447-465; Casson, *It's Healthy to be Human*, p. 136; D.E.M. Gardner, 'Mental Health in Young Children' (speech), *Mental Health and the Family: Proceedings of a Conference on Mental Health* (London, 1950), pp. 27-33, p. 27; David Morris, 'Response to Viola Klein' (speech), *The National Society of Children's Nurseries One-Day Conference: Working Wives – What of the Children?* (London, 1960), pp. 41-45, p. 44; Waycott, 'Leaving Your Child', 92; Mace, *Marriage Crisis*, p. 20

²⁷³ Women's Group on Public Welfare (WGPW), *The Neglected Child and His Family* (Oxford, 1948), p. 22

²⁷⁴ *Ibid.*, p. 22

²⁷⁵ Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, 1988), p. 138; Mick Carpenter, *Working For Health: The History of COHSE* (London, 1988), p. 288; L. C. Cook, 'Shortage of Mental Nurses', *The Lancet* (Feb. 6th, 1954), 317-318; Stafford-Clark, *Psychiatry Today*, p. 215

²⁷⁶ Anon., 'Research and Mental Health', *The Lancet* (Feb. 14th, 1953), 340-341, 340

²⁷⁷ Harrington, 'Mother Love and Mental Illness', p. 96

favour.²⁷⁸ Ann Oakley and Mathew Thomson each interpreted Bowlby's research as a rejection of upper-class models of child-rearing, of nannies and boarding schools and parental aloofness.²⁷⁹ Just as Bowlby's ideas were shaped by his early life, women formed attitudes in response to their own childhoods; as one respondent told Viola Klein, 'having been brought up almost entirely in charge of a nurse and having rarely seen my parents, although we were all in the same house, I have, as deliberate policy, devoted myself to my children until both are away at school.'²⁸⁰ Although advice literatures had shifted towards promoting models of nurturing, instinctive, and affectionate motherhood, they remained didactic.²⁸¹ Rima Apple's histories of scientific motherhood have shown how expert instruction 'positioned mothers as both responsible for their families and incapable of that responsibility.'²⁸² Women were encouraged to ignore their own intuition and the advice of their mothers in favour of (overwhelmingly male) specialists, without whose knowledge they were doomed to failure.²⁸³ The paradox of advising women to act instinctually – of mediating and managing 'natural' emotion – caused understandable confusion.²⁸⁴ In a 1953 address to social workers, Richard Titmuss warned that parenthood was becoming a 'highly self-conscious, self-regarding affair', with mixed consequences. What mothers gained in reflection and regulation they lost in anxiety.²⁸⁵

John Bowlby and Childhood Separation

In a 1951 essay reviewing Bowlby's WHO survey, *Maternal Care and Mental Health* alongside the child developmental psychologist Rene Spitz's emotive and affecting film, *Grief: a Peril of Childhood*, the editors of the *Lancet* applauded the lucidity that

²⁷⁸ Doris Odlum, 'Bringing up Baby the Modern Way', *Family Doctor* 3:8 (1953), 445-446, 445; Hubback, *Wives Who Went to College*, p. 153

²⁷⁹ Thomson, *Lost Freedom*, p. 85; Ann Oakley, *A Critical Woman: Barbara Wootton, Social Science and Public Policy in the Twentieth Century* (London, 2011), p. 221

²⁸⁰ Testimony 5, 1963, PVK, URSC, MS 1215/31/1; see Mary Essberger, 'Your Opinion on a Family Matter', *Family Doctor* 4: 7 (1954) 416

²⁸¹ Harrington, 'Mother Love and Mental Illness', 99; Vicedo, 'The Social Nature of the Mother's Tie to Her Child', 405; Holdsworth, *Out of the Doll's House*, p. 15

²⁸² Rima Apple, 'Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries', *Social History of Medicine* 8:2 (1995) 161-178, 161; Rima Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, 2006)

²⁸³ Apple, 'Constructing Mothers', 172

²⁸⁴ Caine, *English Feminism*, p. 244

²⁸⁵ Titmuss, 'The Family as a Social Institution', p. 9

deprivation theory brought to worried parents. Mothers who were taught by modern psychiatry that everybody ‘makes a hash of it’ had their responsibilities clarified by the knowledge that ‘deprivation - of parental love - and even deprivation of the love of bad or incompetent parents - makes a super-hash, a kind of witches’ brew.’²⁸⁶ Citing wartime studies into enforced separation by Anna Freud and Dorothy Burlingame, Bowlby’s research focused on children experiencing exceptional circumstances of total deprivation.²⁸⁷ He first drew connections between absent motherhood and childhood pathology in a 1944 article for the *International Journal of Psychoanalysis*, ‘Forty-Four Juvenile Thieves.’²⁸⁸ Rewritten as a monograph in 1946, his research contrasted two groups of children; a control sample with uninterrupted maternal relationships, and a second cohort with a history of considerable disturbance. A few of the former – but a substantial proportion of the latter – were found to be ‘affectionless.’ Their undeveloped super-egos arrested their ability to form stable emotional attachments.²⁸⁹ In his 1951 WHO report and subsequent popular summary, *Child Care and the Growth of Love*, Bowlby made a resounding case for continual mothering as an urgent and decisive matter of psychiatric public health.²⁹⁰ In a chapter entitled ‘what observation has shown’, he argued that his own research, alongside the studies he synthesised, presented a body of evidence which ‘leaves no room for doubt... that the prolonged deprivation on the part of the young child of maternal care may have grave and far-reaching effects on his character and so on the whole of his life.’ Nevertheless, he discerned a ‘curious resistance to accepting it.’²⁹¹ Despite the often-repeated point that ‘child psychoanalysis contributed very neatly to the political demands of the epoch’ – the words are Juliet

²⁸⁶ Anon., ‘Mental Health and the Mother’, *The Lancet* (May 26th, 1951), 1165-1166, 1165

²⁸⁷ Anna Freud and Dorothy Burlingame, *Young Children in Wartime* (London, 1942); Anna Freud and Dorothy Burlingame, *Infants Without Families* (London, 1943); Bowlby, *Child Care and the Growth of Love*, pp. 26-27

²⁸⁸ John Bowlby, ‘Forty-Four Juvenile Thieves: Their Characters and Home life’, *International Journal of Psychoanalysis* 25 (1944), 107-127

²⁸⁹ Bowlby, *Forty-Four Juvenile Thieves*, p. 16

²⁹⁰ Bowlby, *Maternal Care and Mental Health*; Bowlby, *Child Care and the Growth of Love*

²⁹¹ Bowlby, *Child Care and the Growth of Love*, p. 50

Mitchell's – advocates presented themselves at times as speakers of an inconvenient truth.²⁹²

Contrary to the conclusions of the editors of the *Lancet*, critics observed that maternal deprivation was also an indistinct truth.²⁹³ In *Child Care and the Growth of Love*, Bowlby reassured his readers that the 'terrible damage' observed occurred in children who had experienced long and traumatic breaks in their relationships with their mothers.²⁹⁴ He was at his most convincing in his attempts to influence hospital visiting policies, or when questioning the decisions of medical officers, magistrates and social workers who sought to remove children from outwardly unsatisfactory homes.²⁹⁵ Despite his attempts at comfort, Bowlby's warnings were deliberately emotive and stark, emphasising the ambiguity and volatility of children's subjective responses to absence.²⁹⁶ When a child *felt* abandoned and betrayed, hostility mounted towards parents who 'have become hated people.' Entertaining fantasies of violence alongside a heightened need for love and security, they were plunged into 'acute conflict, anxiety, and depression.' This became the basis for juvenile and adolescent delinquency, but Bowlby stressed that it could eventually lead to suicide; this was imagined as 'the same conflict being fought out between different parts of a person's self.'²⁹⁷ Both Denise Riley and Mathew Thomson have drawn attention to disjunctions between Bowlby's ideas and research and 'Bowlbyism', a less fixed system of anxieties and stereotypes over which he exerted limited and uncertain

²⁹² Mitchell, *Psychoanalysis and Feminism*, p. 229; Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 212; McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 3; John Bowlby, 'The Mother who Stays at Home Gives Her Children a Better Chance', *News Chronicle* (April 23rd, 1952); John Bowlby, *Child Care and the Growth of Love*, p. 181; Bowlby, 'Special Problems', p. 26; Lois Heiger, 'The Effect on the Family of the Mother Working', *Marriage Guidance* 1:4 (1955), 5-7, 5

²⁹³ Myrdal and Klein, *Women's Two Roles*, p. 126; Barbara Wootton, 'A Social Scientist's Approach' in WHO, *Deprivation of Maternal Care: A Reassessment of its Effects* (Geneva, 1962), pp. 63-73

²⁹⁴ Bowlby, *Child Care and the Growth of Love*, p. 14

²⁹⁵ Thomson, *Lost Freedom*, p. 86; Bowlby, 'Special Problems', pp. 22-29; Anon., 'Mental Health and the Mother', 1166; Gwen Douglas, 'Psychotic Mothers', *The Lancet* (Jan. 21st, 1956), 124-125; Casson, *It's Healthy to be Human*, p. 136; Robina Addis, 'Family Relationships: Work and Leisure' (speech), *The Family: Report of the British National Conference on Social Work at Bedford College for Women* (London, 1953), pp. 61-64, p. 61

²⁹⁶ Bowlby, *Child Care and the Growth of Love*, p. 76

²⁹⁷ *Ibid.*, p. 62

control.²⁹⁸ He was, however, a practised contributor to this imprecise legacy. His popular writing was clear that the lessons drawn from children who had been abandoned, adopted, orphaned, or boarded could also be applied to the episodic deprivation suffered by the children of mothers who worked.

Writing in the *News Chronicle* in 1952, Bowlby argued that ‘the mother who stays at home gives her children a better chance.’ Rejecting connotations between increased affluence and childhood health, he insisted that a full-time mother was ‘giving her children a surer foundation for mental health than costly equipment and an expensive education can provide.’²⁹⁹ In common with other critics of work for mothers – from which he discerned no salutogenic effect – he dichotomised psychological security and tawdry materialism, implicating acquisitiveness and ambition in the creation of a pathological generation.³⁰⁰ Concluding the article, Bowlby emphasised that women who neglected their children in the selfish pursuit of money made for ‘trouble afterwards...research shows that the deprived children of today are the delinquents and neurotics of tomorrow.’³⁰¹ Although he guardedly admitted in a 1958 NAMH pamphlet, *Can I Leave My Baby?*, that brief separations from employed mothers ‘may work out alright’ if a comprehensive set of preconditions were observed, he warned that all other substitutes came a poor second and that the exacting task of motherhood was ‘scamped at one’s peril.’³⁰² His contributions to debate in America carried similar messages. In the same year, a transcribed discussion with senators, psychologists, sociologists and captains of industry for *Ladies’ Home Journal* allowed Bowlby to make the case against maternal absence in a psychoanalytic climate conditioned by concerns over ‘momism’, the smothering tendencies of overbearing mothers.³⁰³ Titled ‘Should Mothers of Young Children Work?’, the article cautioned that ‘unless a woman

²⁹⁸ Riley, ‘War in the Nursery’, 98; Thomson, *Lost Freedom*, p. 84

²⁹⁹ Bowlby, ‘The Mother who Stays at Home Gives Her Children a Better Chance’

³⁰⁰ Anon., ‘The Mother at Work’, *The Lancet* (Aug. 1st, 1953), 240-241, 241; Holdsworth, *Out of the Doll’s House*, p. 124; Rowbotham, *A Century of Women*, p. 292

³⁰¹ Bowlby, ‘The Mother who Stays at Home Gives Her Children a Better Chance’

³⁰² John Bowlby, *Can I Leave my Baby?* NAMH Pamphlet, 1958: WL, Papers of John Bowlby (hereafter, PJB), PP/BOW/K/11/51

³⁰³ Vicedo, ‘The Social Nature of the Mother’s Tie to Her Child’, 401-426; Ehrenreich and English, *For Her Own Good*, p. 232; Weinstein, *The Pathological Family*, p. 15

understands her role, she creates havoc amongst those she loves.³⁰⁴ Countering pro-work arguments from feminists and industrialists, Bowlby spoke eloquently of children for whom pathological individualism masked a profound, learned dread of emotional isolation: 'lone wolves and lost souls, they are.' Working mothers risked bringing their children up to be 'full of hate and mistrust', showing an inability for sincere human connection which revealed itself in adolescent promiscuity and theft.³⁰⁵

Maternal Deprivation beyond Bowlby

Collecting women's oral histories in 2013, Angela Davis noted that only two of her interviewees, Hannah and Phoebe, expressed familiarity with Bowlby's research. Both practising medical professionals, they employed au pairs to help with childcare but remained anxious about the effects of their work.³⁰⁶ Similarly, of over a thousand women who returned questionnaires to Viola Klein, only one mentioned maternal deprivation outright.³⁰⁷ However, many educated mothers made specific reference to the desirability or necessity of staying at home, rather than the personal and political practicalities of balance. For some, opposition to working motherhood was voiced in generalised terms: 'I am definitely not in favour of the mother being away from home while the children are young'; 'My own and husband's conviction is that while children are young a mother's place is at home'; 'I feel a mother ought to look after her own child until he, or she, is about 3 years old, in a normal family.'³⁰⁸ Others made use of language which implied familiarity with medical or social scientific conventions.³⁰⁹ Phrases such as 'young children need the security of their mother's continual presence' hinted at the traction that psychoanalytic vocabularies had in

³⁰⁴ Anon., 'Should Mothers of Young Children Work?', *Ladies' Home Journal* (November, 1958), 58-60, 153-161, 153

³⁰⁵ *Ibid.*, 154

³⁰⁶ Davis, 'Women's Experiences of Combining Childcare and Careers in Post-war Oxfordshire', 19

³⁰⁷ Testimony 811, 1963, PVK, URSC, MS 1215/29/1

³⁰⁸ Testimony 630, 1963, PVK, URSC, MS 1215/28/1; Testimony 170, 1963, PVK, URSC, MS 1215/26/1; Testimony 411, 1963, PVK, URSC, MS 1215/27/1; see also Testimony 815, 1963, PVK, URSC, MS 1215/29/1; Testimony 271, 1963, PVK, URSC, MS 1215/26/1; Testimony 182, 1963, PVK, URSC, MS 1215/26/1; Testimony 235, 1963, PVK, URSC, MS 1215/26/1; Testimony 404, 1963, PVK, URSC, MS 1215/27/1

³⁰⁹ Testimony 282, 1963, PVK, URSC, MS 1215/26/1; Testimony 331, 1963, PVK, URSC, MS 1215/26/1; Thomson, *Psychological Subjects*, p. 4

shaping self-expression.³¹⁰ Women wrote about the care they provided in ways which connected it closely with identity, responding that the ‘unity of the family and the happiness of the home depends on the mother being there’, or ‘I can do more for them than any other substitute both intellectually and emotionally.’³¹¹ Awareness that housewives were drawing attention as a vulnerable psychiatric population alternately prompted resistance and ambivalence. Troubling the individualistic narrative of personal achievement, one woman asserted that ‘it is only because I am always at home and available that the other five members of the family can do their best. I do not regard this as any personal deprivation – to the contrary – it could be called my career.’³¹² In an extensive essay to Klein on the ‘Intellectual Desert’ of domestic life, another crystallised the anxieties of women who were ‘liberated for a time’: ‘Usually I am sure at the (psychological) expense of the family if young. The young child, like the young chick, needs its mother – like the broody hen – to be just there. No-one else anyway is conditioned by Dame Nature at that time to respond as its mother has to, to the child’s small needs.’³¹³

Bowlby connected directly with mothers through his popular writing and radio appearances, but his publications in clinical forums were widely digested by his contemporaries in social work, practical psychology and mental hygiene. Diffused and adapted, maternal deprivation filtered through interlinking esoteric and public dialogues on healthy motherhood. Citing Bowlby’s *Maternal Care and Mental Health*, Henry Dicks alerted general practitioners to the signs of potentially permanent ‘physical, intellectual and social retardation of development’ which accompanied the withdrawal of motherly affection.³¹⁴ In common with other medical literatures, Dicks emphasised that the earlier in life deprivation was experienced, and the longer and more severe the episode, the more likely it was to have effects which were deep-

³¹⁰ Testimony 191, 1963, PVK, URSC, MS 1215/26/1

³¹¹ Testimony 461, 1963, PVK, URSC, MS 1215/27/1; Testimony 627, 1963, PVK, URSC, MS 1215/28/1; see Simon Szreter and Kate Fisher, ‘Love and Authority in Mid-Twentieth-Century Marriages: Sharing and Caring’, in Lucy Delap, Ben Griffin and Abigail Wills (eds.), *The Politics of Domestic Authority in Britain Since 1800* (Basingstoke, 2009), pp. 132-154, p. 142

³¹² Testimony 862, 1963, PVK, URSC, MS 1215/29/1

³¹³ Testimony 685, 1963, PVK, URSC, MS 1215/28/1

³¹⁴ Dicks, Speech to the BMA, Cardiff, 1953, p. 8

seated and irreversible.³¹⁵ Women who crafted prohibitive narratives on maternal absence, conversely, seemed to share little coherent sense of the time of greatest danger. Replying to Klein's survey, mothers registered their refusal to leave their children before the ages of three, four, five, six, seven, eleven, and, in one instance, between the ages of seven and seventeen.³¹⁶ Dicks advised that children who suffered from maternal deprivation failed to develop a mature and healthy capacity for love, and became incapable of internalising social values. In adulthood, psychic wounds manifested as depressive behaviour 'or its smothering by restless, over-active pseudo-cheerfulness.' As Dicks found in his casework at the Tavistock, these were precisely the kind of psychodynamic disturbances which proved resistant – and sometimes impervious – to remedial therapy later on.³¹⁷ Addressing the National Society of Children's Nurseries (NSCN) in 1958, a professor of child health at Bristol University, A. V. Neale, made similar contrasts between childhood plasticity and intractable pathology in adulthood. Deprived of love, pre-school children exhibited an 'environmental amentia', the alleviation of which was the 'very essence of action for preventive methods of mental health.'³¹⁸ Neale recommended 'co-ordinated attacks upon parental inadequacy' in order to break a vicious generational cycle of deprivation and damage.³¹⁹

Practical, accessible advice for health-conscious, educated mothers lay at the soft end of the 'attacks upon parental inadequacy' that Neale described. Directed at that precise readership, a monograph series and monthly periodical, *Family Doctor*, was published by the BMA between 1950 and 1966. A regular contributor to the

³¹⁵ Anon., 'Mental Health and the Mother', 1165; Anon., 'The Adolescent Delinquent Boy', p. 1257; G.K. Selborne, 'A Child Needs Both Parents', *Family Doctor* 4:1 (1954) 39-40, 39; Mann, 'Should Married Women go out to Work?', 3; Anon., 'Research and Mental Health', 340; Gardner, 'Mental Health in Young Children', p. 39; Janet K. Aitken, 'Modern Mothers', *Medical World* 84:6 (June, 1956), 522-527, 525; Douglas and Blomfield, *Children Under Five*, p. 33; Heiger, 'The Effect on the Family of the Mother Working', 5-7

³¹⁶ Testimony 411, 1963, PVK, URSC, MS 1215/27/1; Testimony 331, 1963, PVK, URSC, MS 1215/26/1; Testimony 182, 1963, PVK, URSC, MS 1215/26/1; Testimony 907, 1963, PVK, URSC, MS 1215/29/1; Testimony 255, 1963, PVK, URSC, MS 1215/26/1; Testimony 757, 1963, PVK, URSC, MS 1215/29/1; Testimony 404, 1963, PVK, URSC, MS 1215/27/1; Testimony 459, 1963, PVK, URSC, MS 1215/27/1

³¹⁷ Dicks, Speech to the BMA, Cardiff, 1953, p. 8

³¹⁸ A.V. Neale, Speech to the NSCN, 1958, p. 3: PVK, URSC, MS 1215/3/6

³¹⁹ *Ibid.*, p. 4; Anon., 'Mental Health and the Mother', 1166

magazine, the psychologist Frederick Casson, authored a 1959 manual for popular hygiene, *It's Healthy to Be Human*.³²⁰ Translating clinical research into the language of everyday life, Casson explained that Bowlby's concept of maternal deprivation could best be understood as a matter of confidence and broken faith. When children were unable to feel loved in their first important relationship, they resolved unconsciously to never fully trust other sources of safety and happiness. Cynical, unfeeling, and aloof adults had been 'left in the lurch' by the object of their affection; each subsequent incarnation of psychopathology could be traced back to this 'childish grief'.³²¹ Drawing on Bowlby's depiction of delinquent 'lone wolves', Casson reminded his readers of Pinkie Brown, the antagonist of Graham Greene's 1938 novel and John Boulting's 1947 film of the same name, *Brighton Rock*.³²² Pinkie was an 'excellent character study' of the 'loneliness and essential misery' wrought by childhood insecurity.³²³ Carrying a razor and a small vial of acid, he had become a 'frighteningly callous and inhuman youth, hellish and hell-bent'.³²⁴ Tapping into late-1950s anxieties about social and emotional isolation, Casson identified the 'lonely heart' as a feminised victim of the same traumata.³²⁵ In contrast with the warped bitterness of the delinquent criminal, the lonely heart was 'the sensitive, shrinking sort of person who suffers consciously from a feeling of loneliness'.³²⁶ Each, he warned, 'need to grow up. They have both stopped at the childish stage of development.' The lone wolf was like a 'small boy who boasts to conceal his terror', while the lonely heart was a 'frightened child who runs to mother for protection from the rough little next-door kids'.³²⁷

³²⁰ F.R.C. Casson, 'Bad Temper', *Family Doctor* 10:8 (1960), 496-497; Frederick Casson, 'Down in the Doldrums', *Family Doctor* 13:2 (1963), 90-91; F.R.C. Casson, 'Never a Dull Moment', *Family Doctor* 11:3 (1961), 166-167

³²¹ Casson, *It's Healthy to Be Human*, p. 119

³²² Graham Greene, *Brighton Rock* (London, 1938)

³²³ Casson, *It's Healthy to Be Human*, p. 119

³²⁴ *Ibid.*, p. 120; For a discussion of Pinkie Brown amongst other representations of delinquency, see Andrew Spicer, *Typical Men: The Representation of Masculinity in Popular British Culture* (New York, 2001), p. 130.

³²⁵ Anon., 'What Can Be Done for Lonely Hearts in Luton', *Luton Pictorial* (Jan. 10th, 1957); Eric Sewell, 'The Girl Who Lives on a Razor's Edge', *Hampstead News* (Nov. 23rd, 1958)

³²⁶ Casson, *It's Healthy to Be Human*, p. 120

³²⁷ *Ibid.*, p. 122

Although he contradicted himself in his later work on the need for regular respite from maternity, Casson argued that the healthy expression of maternal affection enriched both child and mother, offering 'full scope to a woman's creative abilities.'³²⁸ In their history of male expertise on motherhood, Barbara Ehrenreich and Deirdre English astutely observed that psychologists were most guilty of negating women's identities when they conflated their needs entirely with those of their children, a conceit underpinned by a comprehensive failure to understand that mothering could be frustrating and that many women needed more.³²⁹ J. C. Spence had explained in 1946 that the 'philoprogenitive' impulses experienced by all healthy adults were amplified in women, eclipsing and obscuring conflicting drives.³³⁰ In an article on sex and personality for the *World Review* in the late 1940s, the author of *The Psychology of Sex*, Oswald Schwarz, contrasted male and female attitudes to reproduction. While the importance of children to the male psyche was 'sociological', for women, having a baby was an 'instinctive urge.'³³¹ Writing in 1986, Susan Brownmiller emphasised the effect this discourse had on constructions of feminine difference:

'Love of babies, any baby and all babies, not only one's own, is a celebrated and anticipated feminine emotion... Evidence of a maternal nature, of a certain innate competence when handling a baby or at least some indication of maternal longing, becomes a requirement of gender... The entire weight of women's place in the biological division of labour, not to mention the glorification of motherhood as woman's greatest and only truly satisfactory role, has kept alive the belief that all women yearn to fulfil their biological destiny out of a deep emotional need.'³³²

Readers of *Family Doctor* encountered deterministic assumptions of natural sexual psychology in articles which lingered on the pathogenesis of maternal absence. Contributing to the February edition in 1954, Ellice Rooker stressed the

³²⁸ Casson, *It's Healthy to Be Human*, p. 159

³²⁹ Ehrenreich and English, *For Her Own Good*, p. 203; Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960', p. 181; Alexander, 'Primary Maternal Preoccupation', pp. 149-172

³³⁰ Spence, *The Purpose of the Family*, p. 9

³³¹ Oswald Schwarz, 'Sex and Personality', *World Review* (1947), 47-52, 49

³³² Brownmiller, *Femininity*, p. 167; see also Caine, *English Feminism*, p. 243

importance of the 'unhurried contact' full-time mothering provided. Babies, she wrote, were ignorant of time. When women imposed restrictions on their physical and emotional availability, the damage caused by separation was compounded by a qualitative deterioration of the time they spent with their children. The bustle of rapid feeding, bathing and dressing militated against the emotional security necessary for healthy psychological development. Women with competing responsibilities who rushed significant psychic interactions replaced 'contentment and complete satisfaction' with 'deprivation and frustration.' Motherhood, Rooker admitted, could be a highly demanding occupation; 'but what mother would be deprived of this age of dependency?'³³³ The unique reciprocity of breastfeeding formed the subject of another piece submitted in 1954 by a London practitioner, G.K. Selborne. In common with Bowlby, Selborne argued that milk imbibed directly from the breast provided as much emotional as nutritional enrichment.³³⁴ Rejecting environmental concerns about the pace of modern life, he argued that the 'Age of Anxiety' could be traced to the insecurity of 'those who were bottle-fed three or four decades ago.'³³⁵ The mother's continual presence was rewarded by the primitive fulfilment of suckling the child; this, he instructed, was the 'natural culmination of a woman's emotional and sexual life.'³³⁶

The form of motherhood that Rooker and Selborne endorsed in the early 1950s was both infantilised and atavistic. In 1962, another reiteration of the dangers of maternal deprivation in *Family Doctor* reflected recognition that women's needs often sat in competition with those of their children. Exploring the implications of separation for children's emotional lives, J.A. Waycott detailed the irrational sensations of abandonment and loss which arose when mothers left even for short amounts of time. The emotional bond between mother and baby created in the first months of life meant that her love and acceptance became as 'necessary to inner development as food and protection are to his physical growth.' Absent mothers caused intense unhappiness in the immediate term, but worked cumulatively to trap their children in a self-reinforcing spiral of anxiety in which each subsequent

³³³ Ellice N. Rooker, 'Babies Must Be Loved', *Family Doctor* 4:2 (1954), 97

³³⁴ Mitchell, *Psychoanalysis and Feminism*, p. 228

³³⁵ G.K. Selborne, 'The Psychology of Breast-Feeding', *Family Doctor* 4:3 (1954), 171-173, 172

³³⁶ *Ibid.*, 171

departure became construed as a further betrayal. 'When looked at in this light', he concluded, 'many people agree that it is quite wrong for parents to build their happiness at the expense of their children in this way... Only unavoidable necessity should be allowed to deprive him of one of his fundamental needs.'³³⁷ The language used represented a subtle departure from the nullifying image of the enriched, natural, satisfied mother. Selfishness implied a distinct sense of self.³³⁸

The Hearts of Men

Writing about twentieth-century America in 1978, Barbara Ehrenreich and Deirdre English framed prescriptive visions of motherhood in the context of a 'century of the child', in which children replaced patriarchal fathers as the central lode of the family.³³⁹ A later book by Ehrenreich, *The Hearts of Men*, argued that the 1950s set in motion an imaginative and psychological flight from domestic constraint on the part of husbands and fathers ill at ease with post-war masculinities.³⁴⁰ Subsequent scholars of gender and psychiatry have explored cultural and pharmacological constructions of male crisis, highlighting tensions between ingrained fantasies of restless machismo on one hand and alienation and conformity at work and home on the other.³⁴¹ Promoted increasingly by marital counsellors and mental hygienists, the 'companionate' ideal of marriage emphasised a domesticated vision of mutual interests, shared responsibilities, and softened patriarchal authority.³⁴² Despite broad

³³⁷ Waycott, 'Leaving Your Child', 92

³³⁸ Abrams, 'Liberating the Female Self', 35

³³⁹ Ehrenreich and English, *For Her Own Good*, pp. 165-189; a phrase used by Richard Titmuss in 1953: Titmuss, 'The Family as a Social Institution', p. 8

³⁴⁰ Barbara Ehrenreich, *The Hearts of Men: American Dreams and the Flight from Commitment* (New York, 1983)

³⁴¹ Ali Haggatt, *A History of Male Psychological Disorders in Britain, 1945-1980* (Basingstoke, 2015); Herzberg, *Happy Pills in America*, p. 66; Martin Francis, 'The Domestication of the Male? Recent Research on Nineteenth and Twentieth-Century British Masculinity', *The Historical Journal* 45:3 (2002), 637-652; Halliwell, *Therapeutic Revolutions*, p. 151

³⁴² McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 2; Francis, 'The Domestication of the Male?', 644; Summerfield, 'Women in Britain Since 1945', p. 62; Marcus Collins, *Modern Love: An Intimate History of Men and Women in Twentieth Century Britain* (London, 2003); Janet Finch and Penny Summerfield, 'Social Reconstruction and the Emergence of Companionate Marriage, 1945-59', David Clark (ed.), *Marriage, Domestic Life and Social Change: Writings for Jaqueline*

integration into post-war imaginings of family health, however, companionate marriage was not without considerable practical and ideological tensions; nor did it go uncontested.³⁴³ In this context, aetiological readings of men's stress, neurosis, and heart disease were used by some doctors as a means of controlling women's behaviour, looking backwards to the salutogenic benefits of male power. Although pathogenic motherhood certainly received more clinical and moral attention, women were consistently held accountable for their perceived impact on men's health.³⁴⁴

Companionate marriage was a fragile edifice. A seminal figure in the popularisation and growth of marriage guidance in Britain and America, David Mace interpreted changes in marital relationships in the aftermath of the Second World War as a positive transfiguration, a shedding of old skin. According to his 1948 study, *Marriage Crisis*, 'The kind of family in which Father was Big Boss' was dying.³⁴⁵ From uncertainty and disorder came opportunity; 'something is being born, too.' In overturning ingrained patterns of authority and obedience, couples and their counsellors were discovering a 'new kind of family life' which was 'more worthwhile', increasing health and happiness in wives and husbands.³⁴⁶ The NMGC had been founded in 1938 by Mace and Herbert Gray, with an explicitly medicalised ethos; words such as 'clinic', 'diagnosis' and 'disorder' conflated ailing relationships with individual pathology.³⁴⁷ Marital therapists justified external interference in the private politics of romantic and sexual intimacy by invoking the difficulty of navigating

Burgoyne (London, 1991), pp. 6-27; Roberts, *Women and Families*, pp. 94-114; R. Macdonald Ladell, 'The Extent of Neurosis', *The British Medical Journal* 2: 4526 (Oct. 4th, 1947), 549; Eileen Younghusband, 'Report on Discussion Groups' (speech), *The Family: Report of the British National Conference on Social Work at Bedford College for Women, London* (London, 1953), pp. 69-71, p. 71; Chesser, *The Psychology of Everyday Living*, p. 68; Hubback, *Wives Who Went to College*, p. 91; Conference of the Six Point Group, 'Equal Partnership in Marriage', (Sept. 22-24, 1950): Papers of the Six Point Group (henceforth PSPG), Women's Library, London School of Economics (henceforth LSE), SPG/G1/6

³⁴³ Szreter and Fisher, 'Love and Authority in Mid-Twentieth-Century Marriages', p. 149

³⁴⁴ Jackson, 'Men and Women under Stress', p. 112

³⁴⁵ Mace, *Marriage Crisis*, p. 25

³⁴⁶ *Ibid.*, p. 26; David Mace, 'Bride Asks – Am I Selfish?', *The Star* (Aug. 24th, 1948), 6

³⁴⁷ J.H. Wallis, *Someone to Turn To* (London, 1961), p. 9; Edward Griffith, Speech to the Royal Medico-Psychological Association (henceforth RMPA), London, 1956: Papers of Edward Fyfe Griffith (henceforth PEFG), WL, EFG/A/16

complex and serious challenges without trained guidance.³⁴⁸ As Marcus Collins has suggested, generationally transmitted patterns of 'traditional' behaviour were hard for men and women to unlearn, recurring at points of marital or psychiatric emergency or when gendered boundaries were thought to have been pushed too far.³⁴⁹

Male Stress and Heart Disease

Hopeful images of shared conjugal journeys rooted in the equality of difference were disrupted by the visibility of public dissections of post-war gender politics. In response to a 1946 letter from a reader, Mary Bolton, who had been barred from entering medical school, the *News Chronicle* invited contributions on whether 'it is better today to be a man or a woman.'³⁵⁰ Although the majority of responses concluded that 'it's a man's world', opposing views crystallised around the pressures of paid employment. Free from work, one correspondent argued, women were relieved of the mental and moral suffering caused by the male duty to provide.³⁵¹ Another agreed; away from the 'grim' existence of life under post-war labour control, the 'better, freer, fuller life is with the women of today.'³⁵² In light-hearted acknowledgements of their own privilege, other men wrote about the long days and heavy labour their wives put in. Medical corroboration came in the form of a letter from a general practitioner, writing as 'Country Doctor.' Contrasting his busy schedule with that of his wife, he concluded that she 'undoubtedly works longer hours at an occupation very much less attractive than my own.' The number of families he encountered on his daily rounds in which women were seriously overworked was, he wrote, a cause for alarm.³⁵³

The most comprehensive response came from a housewife from Harrogate, Jean Nettleton. 'To be a man is to be free,' she began; 'to be a woman is to be a slave.' Men's freedom, she made clear, was bought with women's servitude.

³⁴⁸ Lewis, 'Public Institution and Private Relationship', 233-263; Anon., 'Marriage Guidance: Special Article from *The Times*', *The Times* (Dec. 7th, 1956); Eustace Chesser, 'Marriage Counselling', *Family Doctor* 9:5 (1959), 278-279

³⁴⁹ Collins, *Modern Love*, p. 91; Mace, *Marriage Crisis*, p. 27; Henry V. Dicks, *Marital Tensions: Clinical Studies towards a Psychological Theory of Interaction* (London, 1967), p. 20

³⁵⁰ Anon., 'It's a Man's World', *News Chronicle* (Oct. 15th, 1946)

³⁵¹ John Peel, 'It's a Man's World', *News Chronicle* (Oct. 15th, 1946)

³⁵² L.F. Taylor, 'It's a Man's World', *News Chronicle* (Oct. 15th, 1946)

³⁵³ 'Country Doctor', 'It's a Man's World', *News Chronicle* (Oct. 15th, 1946)

Inequality was a matter of causative interrelation, not coincidence or accident. The burden of breadwinning that other contributors described was a 'brave new world', glimpsed by most women only through the conversations of their husbands. Women, Nettleton wrote, 'would like to be part of that world, to go forth and help make it, but home and children need us... all day and every day.'³⁵⁴ Trapped indoors by never-ending responsibilities, they began to see themselves as 'pieces of machinery existing to make the world a safe and a good place for men to live in.' The brave new world was there for men to conquer precisely because women cooked their meals, looked after their children, and salved their emotional wounds.³⁵⁵ In 1956, Alva Myrdal and Viola Klein explained in *Women's Two Roles* that 'too many [men] still feel their self-respect demands that they should be the sole providers of their families; too many rely on female labour for the routine jobs their private lives require.'³⁵⁶ Nettleton's radicalism a decade before demonstrates that housewives could be conscious, articulate feminists. In common with other testimonies, however, her feelings toward caring were complex.³⁵⁷ Rational awareness of exploitation skirted the complexities of individual emotion, taught or otherwise: 'woman's last word always comes from her heart, and her heart says; it is better to be a woman, to be the mother of sons, the maker of homes, and the comforter of man.'³⁵⁸

Describing a long twentieth-century conflation between productivity and health, Peter Miller noted the contradiction at the centre of representations of the effect of work on male psychology. Connections between mass unemployment and neurosis during the Depression had helped to construct work as a psychological necessity for men, at the same time as conditions and experiences of work were understood to contribute to psychic distress.³⁵⁹ In his 1952 review of contemporary psychiatric practice and thought, David Stafford-Clark summarised the broad objective of preventive psychiatry in industry: 'work will become a contribution to

³⁵⁴ Jean Nettleton, 'It's a Man's World', *News Chronicle* (Oct.15th, 1946)

³⁵⁵ Ibid.

³⁵⁶ Myrdal and Klein, *Women's Two Roles*, p. 161

³⁵⁷ Szreter and Fisher, 'Love and Authority in Mid-Twentieth-Century Marriages', pp. 142-143

³⁵⁸ Nettleton, 'It's a Man's World'

³⁵⁹ Miller, 'Psychotherapy of Work and Unemployment', p. 145; J.A.C. Brown, *The Social Psychology of Industry* (London, 1954), p. 187; Jill Kirby, 'Working Too Hard: Experiences of Worry and Stress in Post-War Britain' in Mark Jackson (ed.), *Stress in Post-War Britain, 1945-85* (London, 2015), pp. 59-74

health, as it should be, rather than a source of conflict or frustration which undermines both health and happiness.³⁶⁰ In the meantime, domestic comfort underwritten by women's physical and emotional work was portrayed as a crucial counterbalance to male occupational stress.³⁶¹ In their 1951 comparison of 'normal' and 'neurotic' marriages, the genetic psychiatrist Eliot Slater and the psychiatric social worker Moya Woodside tapped into Neo-Marxist narratives of estrangement and depersonalisation in industry. According to Slater and Woodside, men found in marriage a 'refuge from a mechanized and impersonal existence.' Home was 'the one place where individual likes and dislikes, even if they be only whims, can receive full consideration, and where a man can exercise power, and even domination, denied elsewhere.'³⁶² Men's consequent conceptions of ideal feminine behaviour were shaped by their experiences of exploitation at work. Husbands, Slater and Woodside concluded, 'like attention, comfort and obedience: "she always does what I want her to do", "she does everything in her power to keep me happy", "I'm sort of the boss of the house, I admit."³⁶³

Inter-war discourses on single male workers described them as 'toxic robots', emphasising that marriage and parenthood both civilised them and relieved them from pressure.³⁶⁴ Although bachelors were never pathologised to the same degree as unemployed men or single women, anxieties surrounding men's alienation suggested an emerging preoccupation with balanced lifestyles.³⁶⁵ Founded as a retreat for overstrained industrial workers in 1943, Roffey Park rehabilitation centre was an important site for the development of post-war understandings of work stress. The medical director in 1952, T.M. Ling, emphasised the importance of contrasting work with periods of leisure or the pursuit of other interests. The neurotic patients he worked with, he explained, derived 'greater satisfaction' from life when they attained an 'appropriate balance' between employment and their 'extra-work

³⁶⁰ Stafford-Clark, *Psychiatry To-day*, p. 225

³⁶¹ Langhamer, 'Feelings, Women and Work in the Long 1950s', 10; Talcott Parsons and Robert F. Bales, *Family Socialisation and Interaction Process* (Glencoe, 1955); Bowlby, 'The Study and Reduction of Group Tensions in the Family', 123-128

³⁶² Eliot Slater and Moya Woodside, *Patterns of Marriage: A Study of Marriage Relationships in the Urban Working Classes* (London, 1951), p. 118

³⁶³ *Ibid.*, p. 146

³⁶⁴ Hugh Crichton-Miller, 'Reports of Societies', *The British Medical Journal* 2: 3940 (Jul. 11th, 1936), 90-95, 94

³⁶⁵ H. Beric Wright, 'Taking the Strain Out of Stress', *Family Doctor* 13:8 (1963), 48

situation.³⁶⁶ Explorations of male health aimed at popular readerships at the turn of the decade were organised around the same principles. Frederick Casson's 1959 monograph *It's Healthy to be Human* located psychological health and maturity in the harmonisation of two supposedly competing instincts, the sexual – realised through marriage and fatherhood – and the self-assertive, realised through work. The 'happier sort of man' was able to find 'balance between his two main instinctual drives.' His 'home life and his family benefit from his daily contacts with a widening range of persons and experiences in the outside world, and his public life is humanised and enriched.'³⁶⁷ Psychoanalytic abstractions were translated into the immanent substance of the everyday.

In her study of the gendered construction of depression in America, Laura Hirshbein argued that guardianship of familial emotionality placed women 'in the position of being held responsible for that rare beast, male depression.'³⁶⁸ On the pages of *Family Doctor*, women's duty to nurture and curate men's balance, health and productivity was recurrently made clear. Contributing to a 'housewife special issue' of the magazine in 1961, J.F. Morris painted a picture of male executive stress, offering women instruction on how to behave 'when the manager comes home.' The most successful husbands were 'those who achieve a personally satisfying balance between home and work. And in achieving this balance wives are of the very greatest importance.'³⁶⁹ While model working-class wives were called upon to facilitate relaxation and enable feelings of control unable to be expressed at work, the 'emotionally exhausting' labour of high-status jobs required an added degree of spousal support.³⁷⁰ For Morris, the problems of managers were chiefly of success and sophistication. Accustomed to power in their public personas, managerial husbands had difficulty adjusting to the 'shifts and complexities in [their] use of authority at home.' In this analysis, companionate marriage introduced new tensions into family life, subverting men's physical and emotional renewal.³⁷¹ The

³⁶⁶ T. M. Ling and V. W. Wilson, 'A Survey of Occupational Problems in a Neurosis Centre', *British Medical Journal* 2: 4783 (Sept. 6th, 1952), 558-560, 560

³⁶⁷ Casson, *It's Healthy to be Human*, p. 59

³⁶⁸ Hirshbein, *American Melancholy*, p. 115

³⁶⁹ J.F. Morris, 'When the Manager Comes Home', *Family Doctor* 11: 3 (1961), 162-163, 163

³⁷⁰ *Ibid.*, 162; H. Beric Wright, 'Stress at the Top', *Family Doctor* 10:10 (1960), 629

³⁷¹ Morris, 'When the Manager Comes Home', 162

competitiveness, ambition, and command expected of high-functioning men sat in awkward contrast with domestic masculinities, inciting restlessness, detachment, and impatience at home. As remedy, Morris suggested that women resolved male psychological tension through a closer identification with their husband's career. Borrowing from rising anxieties about pathological domesticity, he argued that maintaining interests beyond housework robbed middle age of 'many terrors.' The 'cultivated wife' could better 'understand his difficulties', providing the sympathetic environment that refined and important men needed to recharge.³⁷²

While taking superficial cues from medical and feminist expressions of unease over the health of housewives, the advice that Morris gave intensified women's dependence and submerged their identity further into that of their husband's. Masquerading as shared interest, unequal collaboration in a man's profession allowed exploitation and sublimation to seem companionate.³⁷³ Writing to Viola Klein, women described the barrier male ambition placed on their own, albeit in neutral terms: 'my husband's position as a development director with his firm entails a considerable amount of home entertaining so this along with family duties occupies my time fully'; 'my husband had political ambitions and we took it for granted that I should help him in any way that might present itself.'³⁷⁴ As Claire Langhamer has recently explored, post-war gender politics at home and work were suffused with what Arlie Russell Hochschild usefully termed 'emotional labour', the perpetual burden of caring positivity – or of being felt to care and be positive – even in contradiction with interior moods.³⁷⁵ Another contributor to *Family Doctor* and resident medical officer at a large department store, Amy Cohen stressed the importance of repressing negative emotions around men. When husbands fell ill,

³⁷² Morris, 'When the Manager Comes Home', 163

³⁷³ Kanter, *Work and Family in the United States*, p. 33; Anon., 'She Put Success on the Menu in No Time', *Family Doctor* 10:5 (1960), 310; Anne Statham Macke, George W. Bohrnstedt and Ilene N. Bernstein, 'Housewives' Self-Esteem and Their Husbands' Success: The Myth of Vicarious Involvement', *Journal of Marriage and Family* 41: 1 (1979), 51-57

³⁷⁴ Testimony 242, 1963, PVK, URSC, MS 1215/26/1; Testimony 382, 1963, PVK, URSC, MS 1215/27/1; see also Testimony 259, 1963, PVK, URSC, MS 1215/26/1; Testimony 409, 1963, PVK, URSC, MS 1215/27/1

³⁷⁵ Langhamer, 'Feelings, Women and Work in the Long 1950s', 2; Arlie Russell Hochschild, *The Managed Heart: Commercialisation of Human Feeling* (Berkeley, 1979); See for example Zweig, *Women's Life and Labour*, p. 149

keeping 'subconscious irritation' in check was paramount to the process of healing. Housewives who were themselves unable to 'lay down [their] burden if feeling off colour' were likely to nurture involuntary hostility to sick husbands who complicated their busy routines.³⁷⁶ Without understanding the complex interrelation of psychological factors with physical illness, women let their 'unconscious fears and resentments' degrade the tenderness of their nursing. Performing 'bright and cheerful' femininity improved men's experiences of morbidity and, the author implied, hastened convalescence.³⁷⁷

The implication of women's emotional and domestic conduct in triggering or averting male pathology found exhaustive expression in the work of the medical author Kenneth Hutchin, who published extensively on ageing, diet, diabetes and heart disease. Cardiovascular difficulties were increasingly connected with workplace pressure, as stress gained ground as an important framework for interpreting the problems of middle-aged men.³⁷⁸ Hutchin published a short article on the prevention of coronary artery disease in *Family Doctor* in 1960, titled 'How to Keep your Husband Alive', and an extended 1962 monograph, *How Not to Kill Your Husband*. His piece in *Family Doctor* began with a provocation: 'the number of women who set out to kill their husbands is surprisingly small. On the other hand a great many wives could not polish them off better if they tried.'³⁷⁹ Drawing the eye downwards to the title, a large illustration depicted a content-looking businessman relaxing in a comfortable armchair while his wife crouched just out of sight, brandishing a revolver and a bottle of poison.³⁸⁰ A second illustration showed another businessman, eyebrows furrowed in an air of worry and harassment,

³⁷⁶ See also Peter Willmott and Michael Young, *Family and Kinship in East London* (London, 1957), p. 139

³⁷⁷ Amy Cohen, 'Nursing a Sick Husband', *Family Doctor* 10:8 (1960), 522

³⁷⁸ Elizabeth Siegel Watkins, 'Medicine, Masculinity, and the Disappearance of Male Menopause in the 1950s', *Social History of Medicine* 21:2 (2008), 329–344, 341; Heneage Ogilvie, 'In Praise of Idleness', *The British Medical Journal* 1:4606 (Apr. 16th, 1949), 645-651, p. 647; R. S. F. Schilling, 'Assessing the Health of the Industrial Worker', *British Journal of Industrial Medicine* 14: 3 (1957), 145-149, 145; Wright, 'Stress at the Top', 629

³⁷⁹ Kenneth C. Hutchin, 'How to Keep Your Husband Alive', *Family Doctor* 10:3 (1960), 154-155, 154

³⁸⁰ *Ibid.*, 154

standing inside a glass case marked 'fragile'.³⁸¹ *How Not to Kill Your Husband* argued that, for all their bravado, men were 'the weaker sex'.³⁸² Much like John Bowlby, Hutchin presented his message as a matter of public health, on the justification that 'the way of life of a business executive is itself a disease.'³⁸³ The imperative to disrupt this way of life was comparable with inter-war slum clearances in importance and urgency.³⁸⁴ His approach was to 'promote a code of hygiene for businessmen', but male obstinacy and inattention to warning signs made them poor targets for prophylactic advice.³⁸⁵ An executive's wife, he warned, should not 'feel diffident about pushing herself forward as the custodian of her husband's health, because that is what she is there for.'³⁸⁶

The difference in emphasis between Hutchin's two titles underlined the dualism in his perception of women. The injunction to 'keep your husband alive' pitted wives in a temporal struggle against external stressors and morbid behaviour, reproducing well-travelled expectations of nurturing femininity:

'Over-stress, over-smoking, over-eating, over-working and over-drinking all add up to an attempt at over-living. But although a man may over-live, in the sense that he crams too much in a given time, he will reach the stage when time is no longer given, for in the long run he under-lives. The object of a wife will be to loosen the knot before the catastrophe.'³⁸⁷

Conversely, 'not to kill' connoted the reversal of malign agency, presenting women's antagonistic actions as collusion in manslaughter. Hutchin's particular vision of conjugal pathogenesis set companionate marriage in direct conflict with male cardiovascular health. Women who left household chores unfinished as a 'reproach and a menace to the tired master of the house' risked provoking coronary thrombosis

³⁸¹ Hutchin, 'How to Keep Your Husband Alive', 155

³⁸² Kenneth Hutchin, *How Not to Kill Your Husband* (London, 1962), pp. 15-18

³⁸³ Hutchin, *How Not to Kill Your Husband*, p. 84

³⁸⁴ *Ibid.*, p. 99

³⁸⁵ *Ibid.*, p. 100; see Haggett, *A History of Male Psychological Disorders in Britain, 1945-1980*

³⁸⁶ Hutchin, *How Not to Kill Your Husband*, p. 14

³⁸⁷ *Ibid.*, p. 105

in exhausted, overfed husbands unused to physical exercise.³⁸⁸ When comprehension dawned that executives and professionals were exposed to greater occupational danger than manual workers – such as sailors or miners – who operated in unpredictable and prejudicial physical environments, ‘the modern woman’ would ‘rejoice when her husband returns from the city and meet him with a pair of slippers instead of a dishcloth.’³⁸⁹ Although the entirety of Hutchin’s advice presupposed a straightforward division of labour by gender, his brief discussion of women’s paid employment in *How Not to Kill Your Husband* was particularly pointed. Working women had to consider that the consequence of their actions was a greater familial and domestic burden for men. Ultimately, he concluded, a wife ‘has no right to increase [her husband’s] energy overdraft.’³⁹⁰

On the other hand, business executives had ‘a right to placid, restful lives’ when they returned home from the rush and commotion of work.³⁹¹ For Hutchin, placid, regenerative homes were those unmarked by ‘matrimonial warfare’, itself a component of modern relaxations of male power.³⁹² As Jane Lewis has noted, similar causations between companionate marriage and domestic strife were made in the 1950s by conservative figures in the marriage guidance movement.³⁹³ ‘How to Keep your Husband Alive’ suggested that Victorian women who submitted to their husband’s ‘law and wisdom’ were ‘probably happier than the modern wife’ who distrusted him and disputed his authority. Anger and frustration were ‘dangerous emotions’ for middle-aged men with poor coronary circulation.³⁹⁴ Titled ‘my wife doesn’t understand me’, a chapter in *How Not to Kill Your Husband* elaborated the theme of marital antagonism and estrangement, situating heart failure and mid-life adultery in a nexus of responses to women’s emotional provocation. Even with just cause, wives who picked fights risked elevating their husband’s blood pressure to hazardous levels or prompting him to seek solace and lost youth in infidelity. ‘Suppose it is not merely that she drives him into a fury. Suppose she drives him into

³⁸⁸ Hutchin, ‘How to Keep Your Husband Alive’, 155; Hutchin, *How Not to Kill Your Husband*, p. 122

³⁸⁹ Hutchin, *How Not to Kill Your Husband*, p. 126

³⁹⁰ *Ibid.*, p. 107

³⁹¹ *Ibid.*, p. 237

³⁹² *Ibid.*, p. 152

³⁹³ Lewis, ‘Public Institution and Private Relationship’, 261

³⁹⁴ Hutchin, ‘How to Keep Your Husband Alive’, 155

a coronary. Suppose she drives him into the arms of a sexy ‘understanding’ woman.’³⁹⁵

Hutchin offered his readers a complex and ambiguous subjectivity. The authorial voice he used was conspiratorial, establishing a compact between the writer and the reader; husbands, however, were absent, passive, and liable to be manipulated. Men, he confided, liked to think that they knew best. Maintaining the illusion was ‘not a very high price to pay for peace and security and good health.’³⁹⁶ His approach drew a sharp distinction between two discrete worlds; the authentic, inhabited by the wife and the expert, and the performative, constructed by the wife for her husband. The decision women made in the former to enact a submissive femininity in the latter was sleight of hand, control masked as compliance for male consumption. Through this conceit, Hutchin effectively sold women compliance repackaged as control. In the ‘century of the child’, he infantilised men to justify a retrenchment of patriarchal power, reproducing the ‘fiction that women push the buttons and call the shots.’³⁹⁷ In a context where even politically conscious feminists such as Jean Nettleton internalised gendered expectations of nurture, guilt was a powerful emotional tool.³⁹⁸

The Psychiatric Cost of Companionate Marriage

For other practitioners, lost authority had a comparable psychiatric cost.³⁹⁹ In her 2016 analysis of women’s work and post-war marriage, Helen McCarthy explored the views of a young married journalist, Sally Vincent. Writing in the *Daily Express* in 1960, Vincent painted a disquieting picture of mutual resentment and scorn in

³⁹⁵ Hutchin, *How Not to Kill Your Husband*, p. 129; implicating women in the adultery of their husbands was a common conceit in contemporary marriage guidance; Jane Lewis, David Clark and David Morgan, *Whom God Hath Joined Together: The Work of Marriage Guidance* (London, 1991), p. 108

³⁹⁶ Hutchin, ‘How to Keep Your Husband Alive’, 155

³⁹⁷ Showalter, *The Female Malady*, p. 219

³⁹⁸ Viola Klein, *The Feminine Character: History of an Ideology* (London, 1946); Mace, ‘Bride Asks – Am I Selfish?’, 6; Jephcott, Seear and Smith, *Married Women Working*, p. 19; Vicedo, ‘The Social Nature of the Mother’s tie to her Child’, 401-426

³⁹⁹ The threat working women posed to male authority was also implicated in juvenile delinquency by two American criminologists: Sheldon and Eleanor Glueck, *Unravelling Juvenile Delinquency* (New York, 1950); Vicedo, ‘The Social Nature of the Mother’s Tie to Her Child’, 415-416

marriages where ‘the masculine–feminine ratio of the couple gets mixed up.’⁴⁰⁰ McCarthy described the ill-effects that paid work for women were assumed to have on ‘marital harmony’, as ‘men’s “traditional” identity as providers’ was undermined.⁴⁰¹ Contemporary representations of male distress dissected the sensitive relationship between threatened masculinity, unhappy marriage, and individual neurosis and anguish. Speaking at Bedford College for Women in 1953, the principal of University College, Swansea, and Vice-Chancellor of the University of Wales, John Fulton, convened a round table discussion on the psychological and social interrelation of work and family. Introducing debate, he situated the growing tendency for married women to take outside work as part of a longer history of challenges to the emotional security of male breadwinners. For a man to be financially dependent on his children – as unemployed fathers were in the 1930s and miners were in wartime when their daughters brought home higher wages from munitions work – had the ‘most adverse effect upon his state of mind, his self-esteem, and the pattern of authority in the family.’⁴⁰² His concerns were echoed in Athens in 1962 by the Czech-born pioneer of integrated psychotherapy, Ferdinand Knobloch. Introducing proceedings at a WHO symposium, Knobloch cast men’s struggle to acclimatise to new social realities as a problem of role transmission. A patient educated in a family with an autocratic father, he explained, ‘needs for his mental stability to dominate his wife.’ Women’s capability and independence at work proved difficult to adjust to: ‘this may affect his self-esteem so strongly that it may become one of the reasons for neurotic disorder.’⁴⁰³

Case studies of pathological marriages demonstrated the complexity of therapists’ responses to damaged masculinity. A 1960 paper authored by a psychoanalyst whose later research would be seminal in shaping the work-family field of social science, Rhona Rapoport, scrutinised the morbid interactions between a psychiatric in-patient, ‘Don’, and his wife, ‘Joan.’ Rapoport detailed Don’s descent into illness; revealed by fear of his father and reliance on his mother, an immature

⁴⁰⁰ McCarthy, *Women, Marriage and Paid Work in Post-war Britain*, 11

⁴⁰¹ *Ibid.*, 3; See also Heiger, ‘The Effect on the Family of the Mother Working’, 7; Marjorie Proops, ‘Lectures on the Love Life of a Female Egg-Head’, *Daily Mirror* (Feb. 26th, 1957)

⁴⁰² John S. Fulton, ‘The Family and Work’ (introduction to round table), *The Family: Report of the British National Conference on Social Work at Bedford College for Women, London* (London, 1953), p. 48

⁴⁰³ Knobloch, Speech to the WHO in Athens, 1962, p. 1

inability to move beyond the oedipal developmental stage had left him unprepared to cope with a precipitating trauma, the sudden death of a co-worker. In the aftermath of bereavement, Don 'displayed a syndrome of stereotypically non-masculine attributes', being 'dependent, having to stay close to his mother or his wife, easily frightened, indecisive, and unable to take appropriate action and initiative.'⁴⁰⁴ During a course of psychotherapy, his deep-seated resentment towards Joan's employment emerged. Her absence during the day entailed his taking a share of domestic work, as well as playing a more active role in the upbringing of their son, Garry. Rapoport noted that this also formed a source of friction for Joan, who felt that Don had 'usurped her motherly functions.'⁴⁰⁵ Following his discharge from hospital, Don returned home 'determined not to be "sat on" by his wife.' He ceased his involvement with household activities on the basis that they were 'women's work.' In so doing, wrote Rapoport, 'he thus behaved in a way expected of him as husband and father.'⁴⁰⁶ When feminist critics pointed to the synonymy between femininity and pathology in psychiatric thought and practice, they could scarcely have found a more compelling example. Don was understood to be 'well' when he recovered his male social role, satisfying his wife's submerged desire to be fathered by him and retreating from the implicit emasculation of domesticity.⁴⁰⁷

Presiding over the marital unit at the Tavistock Clinic, Henry Dicks observed the recurrence of patriarchal attitudes in a partnership built on superficially promising egalitarian foundations. His 1953 article in the *British Journal of Medical Psychology* explored the breakdown of a marriage between two 'modern democratic left-wing intellectuals.'⁴⁰⁸ For Dicks, marital dysfunction was coloured by the 'power of past identifications.'⁴⁰⁹ The wife had been in 'perpetual rebellion' against a 'very dominating' father, whereas the husband suffered a 'weak and compliant' father and a controlling mother, a 'puritan martinet who spoilt her menfolk and who had rigid

⁴⁰⁴ Rhona Rapoport, 'The Family and Psychiatric Treatment: A Conceptual Approach', *Psychiatry* 23:1 (1960), 1-22, 9

⁴⁰⁵ *Ibid.*, 13; As Kate Fisher and Simon Szreter observed, both men and women were apt to resist incursion into their 'conventional' roles: Szreter and Fisher, 'Love and Authority in Mid-Twentieth-Century Marriages', p. 141

⁴⁰⁶ Rapoport, 'The Family and Psychiatric Treatment', 19-20

⁴⁰⁷ *Ibid.*, 21

⁴⁰⁸ Dicks, 'Experiences With Marital Tensions Seen in the Psychological Clinic', 188

⁴⁰⁹ *Ibid.*, 190; Dicks, Speech to the ICMH in Paris, 1961, p. 216; Dicks, Speech to the BMA, Cardiff, 1953, p. 11

ideas on the role of mothers and wives as pillars of home and kitchen.’ The initial mutual attraction between the couple had been based on a superficial rejection of parental characteristics. Both subscribed to the view that marriage should be rooted in ‘absolute equality’, with housework and care of children shared alike and with equal freedom for both to pursue their social, political and economic interests.⁴¹⁰ In practice, however, the husband experienced a rising sense of anger at his wife for neglecting her domestic duties, leaving him to look after their baby and to cook for himself and sometimes for her. Long sulks became violent outbursts against a woman he no longer viewed to be emancipated and exciting but bossy, self-involved, unpleasant, and domineering.⁴¹¹ Each, Dicks inferred, had come to resemble the resented parent in the imagination of their partner. Repelled and confused by the recurrence of the authoritarian behaviour she was ‘no doubt secretly attracted to’ in her father, the ‘hysterical’ wife denied her husband ‘even the semblance of dominance’ over her.⁴¹²

In parallel with Kenneth Hutchin’s work on heart disease, Dicks understood performative obedience as a prophylactic for the psychopathology of lost privilege. Whether or not practitioners imbued male authority with salutogenic meaning, they acknowledged that patriarchal relationships with women formed a taught emotional expectation for many men. While Hutchin and Dicks’ approaches were tangibly misogynistic, Rapoport’s reproduction of similar conclusions in her therapy with Don and Joan illustrated the ethical tension between individualised treatment and the use of psychology as a language of political change. In collaboration with her husband, Robert, Rapoport’s later work dismissed traditional divisions of labour and advocated for the dissolution of gendered patterns of marital authority.⁴¹³ If male discontent with changing norms was interpreted as an emotional fact with real repercussions for health, however, a return to rigid gender hierarchies could be presented as a practical solution to the immediate crisis.

⁴¹⁰ Dicks, ‘Experiences With Marital Tensions Seen in the Psychological Clinic’, 188

⁴¹¹ A view of immature female personality shared by some medics: Blacker, ‘Disruption of Marriage’, 579

⁴¹² Dicks, ‘Experiences With Marital Tensions Seen in the Psychological Clinic’, 188

⁴¹³ Rapoport and Rapoport, ‘Work and Family in Contemporary Society’, 381-394; Robert and Rhona Rapoport, *Dual Career Families* (Harmondsworth, 1971)

A second *Family Doctor* article penned in 1963 by Amy Cohen explored the nervous headaches of one 'Mrs. White.' After sustained questioning, Mrs. White revealed that her headaches were brought on by arguments with her husband; although never seeming to centre on any one thing, they followed in the wake of a substantial promotion. In conversation with the husband, Cohen unearthed his 'unconscious resentment' that his wife now contributed more to the family finances than he did. Conscientious employers, Cohen argued, should seek men's agreement before elevating their wives to positions with increased salary or responsibility.⁴¹⁴ Cohen's conclusion formalised the assumption that men's emotional rights entitled them to act as gatekeepers to women's paid employment. Undertaking a 1959 study of working wives in collaboration with the social research organisation Mass Observation, Viola Klein found that the majority of women acted in ways which were tolerated by their husbands. Of the housewives in her sample, most had partners who objected on principle to outside labour, with the obverse true of working women.⁴¹⁵ The biggest tragedy, according to Klein, was the legion of women who would have liked to take a job but whose husbands prohibited it; as one man put it, 'if she starts, I stop.'⁴¹⁶ When she circulated questionnaires to graduate wives in 1963, too, men's opposition recurred in the stories women told.⁴¹⁷ The men that Mass Observation canvassed in 1959 made it clear that they would only offer their 'consent' as long as their needs continued to be met. One husband specified that existing domestic arrangements had to remain unchanged; another required that his wife take a job which meant that she never came home tired from work. Klein surmised that men's repeated stress on the high cost of living salved their pride by emphasising the conditionality of women's work; echoing wartime narratives, it was transient, exigent, performed on sufferance. The appeal to impersonal forces beyond

⁴¹⁴ Amy Cohen, 'Married Women at Work', *Family Doctor* 13:7 (1963), 420

⁴¹⁵ Viola Klein, *Working Wives: A Survey of Facts and Opinions Concerning the Gainful Employment of Married Women in Britain* (London, 1960); see also Hubback, *Wives Who Went to College*, p. 37

⁴¹⁶ Klein, *Working Wives*, p. 53

⁴¹⁷ Testimony 170, 1963, PVK, URSC, MS 1215/26/1; Testimony 212, 1963, PVK, URSC, MS 1215/26/1; Testimony 229, 1963, PVK, URSC, MS 1215/26/1; Testimony 406, 1963, PVK, URSC, MS 1215/27/1; Testimony 461, 1963, PVK, URSC, MS 1215/27/1; Testimony 538, 1963, PVK, URSC, MS 1215/28/1; Testimony 624, 1963, PVK, URSC, MS 1215/28/1; Testimony 627, 1963, PVK, URSC, MS 1215/28/1; Testimony 811, 1963, PVK, URSC, MS 1215/29/1; Testimony 891, 1963, PVK, URSC, MS 1215/29/1

their control, she suggested, had been used to sugar a pill that husbands might otherwise have found difficult to swallow.⁴¹⁸

The Suffocating Mother

Anxieties over sick marriage drew together cultural change, interpersonal conflict, individual neurosis, and the generational transmission of illness.⁴¹⁹ Speaking at the 1955 annual meeting of the World Federation for Mental Health in Istanbul, Kenneth Soddy explored the effect that parenthood had on marriages rooted in frustrated emotional development. For neurotic husbands and wives, children threatened ‘the precarious balance’ of their relationship.⁴²⁰ Unable to find satisfaction in one another, parents turned inwards on their children. Men who lived vicariously through their sons, Soddy explained, formed one side of this phenomenon. The obverse was the mother who had ‘found in her helpless baby an object for her pent-up affections that did not threaten her with rivalry.’ Faced with their child’s growing autonomy, emotionally starved women employed ‘every possible device to keep it dependent and to prolong its babyhood.’⁴²¹ Particularly in America, smothering mothers were implicated in the widespread neurosis reported by army psychologists during the Second World War.⁴²² The assumption that preoccupations with suffocating motherhood were a primarily American phenomenon – advanced, for example, by Mathew Thomson – has left a rich vein of dissent from anxieties over maternal deprivation largely untapped.⁴²³ As Juliet Mitchell has implied, the spectre of the ‘castrating Mom’ had traction in Britain too.⁴²⁴

⁴¹⁸ Klein, *Working Wives*, p. 54; McCarthy, ‘Women, Marriage and Paid Work in Post-war Britain’, 9

⁴¹⁹ Haggett, ‘Housewives, Neuroses, and the Domestic Environment in Britain, 1945-70’, p. 85

⁴²⁰ Soddy, ‘Mental Health and the Upbringing of Small Children’, p. 28

⁴²¹ *Ibid.*, p. 29

⁴²² Harrington, ‘Mother Love and Mental Illness’, 101-102

⁴²³ Thomson, *Lost Freedom*, p. 84

⁴²⁴ Mitchell, *Psychoanalysis and Feminism*, p. 228; see also Lunbeck, ‘The Narcissistic Homosexual’, p. 55; Bessey, ‘Forum on Family Relationships: Children’, p. 36

For feminist critics, 'momism' has been yet another way of controlling women, of disempowering them and policing their behaviour.⁴²⁵ In her analysis of the ideological construction of femininity, Susan Brownmiller noted that the "domineering" or "suffocating" or "over-protective" mother was held responsible for humankind's problems as much as the "rejecting" mother who refused to accept her feminine role.⁴²⁶ Although they incorporated aspects of each concern into their study of women's changing responsibilities, Alva Myrdal and Viola Klein observed that conscientious mothers were caught 'between the Scylla of "rejection" and the Charybdis of "over-protection"', a point repeated by Soddy in 1960.⁴²⁷ In her history of family therapy in America, Deborah Weinstein has argued that the two anxieties 'worked together' to 'shore up traditional gender roles.'⁴²⁸ The problem of rejection bound women to a static and deterministic vision of instinctual motherhood, presenting feminists with barren discursive ground. However, the pathology and pathogenesis of maternal suffocation offered a more radical language, a means of troubling gender rather than confirming sex.⁴²⁹ The flawed personalities that prompted women to spoil their children were culturally and socially conditioned; therefore, they were vulnerable to political intercession.⁴³⁰ Acknowledging their own simplification, Myrdal and Klein suggested that 'rejection' and 'over-protection' could be said to 'correspond roughly to the type of error which working and homestayng mothers, respectively, are more prone to commit.'⁴³¹ Widening women's horizons, under this interpretation, could be presented as a means of dissipating the harmful intensity of devouring mother-love. In spite of Sheila Rowbotham's argument that a post-war preoccupation with maternal deprivation made it 'well-nigh impossible' to argue in favour of good nursery provision or after-school classes, some childcare experts made a case for the managed separation of child and mother on the grounds of shared mental hygiene.⁴³² Maternal depression, anxiety, and lack of fulfilment sat

⁴²⁵ Kleinberg, 'The No-Win Mom', 387-395

⁴²⁶ Brownmiller, *Femininity*, p. 178

⁴²⁷ Myrdal and Klein, *Women's Two Roles*, p. 132; Kenneth Soddy, *Clinical Child Psychiatry* (London, 1960), p. 460

⁴²⁸ Weinstein, *The Pathological Family*, p. 22

⁴²⁹ Jackson, 'Allergy Con Amore', p. 169

⁴³⁰ Holdsworth, *Out of the Doll's House*, p. 127

⁴³¹ Myrdal and Klein, *Women's Two Roles*, p. 131

⁴³² Rowbotham, *A Century of Women*, p. 293

in confluence with destructive overprotection; the mother who suffocated her child was sweltering herself in the emotional hothouse of the narrow home.⁴³³

Contesting Maternal Deprivation

Over the last fifteen years, some scholars have emphasised that aspects of Bowlby's ideas were subject to resistance and renegotiation in the late 1950s and early 1960s. Ann Oakley and Mathew Thomson have each explored the ways in which the criminologist Barbara Wootton's 1959 work *Social Science and Social Pathology* – and the 1962 reassessment of maternal deprivation issued by the WHO, to which she contributed – underscored the limits of what it was evidentially plausible to claim.⁴³⁴ Exposing careless methodology in a series of contemporary criminological theories, *Social Science and Social Pathology* devoted an entire chapter to Bowlby, based largely on the research of Wootton's assistant, Vera Seal.⁴³⁵ The conclusions were scathing; Bowlby had used statistics poorly, had left important questions about how children grew to be 'normal' unanswered, had been careless in his use of language, had extrapolated results from esoteric studies far beyond their purpose, and had indulged in ideological assumptions which were unsupported by his evidential base.⁴³⁶ Writing for the WHO in 1962, Wootton joined the anthropologist Margaret Mead and a psychologist who had worked with Bowlby on the development of attachment theory, Mary Ainsworth, in an interdisciplinary reinterpretation of maternal deprivation as an observable social phenomenon.⁴³⁷ The intention of the project was not to discredit the underlying clinical work on the effects of severe and traumatic withdrawals of mother-love, but to clarify terminology, differentiate between deprivation and physical separation, and mitigate the deterministic conclusions arrived at in *Maternal Care and Mental Health* a decade earlier.⁴³⁸ In her appraisal,

⁴³³ Casson, *It's Healthy to be Human*, p. 114; see also Dicks, Speech to the NAMH, London, 1954, p. 10; Jackson, 'Allergy Con Amore', pp. 153-174; Saraceno, 'Division of Family Labour and Gender Identity', p. 197

⁴³⁴ Oakley, *A Critical Woman*, p. 222; Mathew Thomson, *Lost Freedom*, p. 94

⁴³⁵ Barbara Wootton, Vera G. Seal, and Rosalind Chambers, *Social Science and Social Pathology* (London, 1959), pp. 136-156

⁴³⁶ Wootton, Seal, and Chambers, *Social Science and Social Pathology* Oakley, p. 147; *A Critical Woman*, p. 222; Caine, *English Feminism*, p. 243

⁴³⁷ World Health Organisation, *Deprivation of Maternal Care: A Reassessment of its Effects* (Geneva, 1962)

⁴³⁸ Margaret Mead, 'A Cultural Anthropologist's Approach' in WHO, *Deprivation of Maternal Care: A Reassessment of its Effects* (Geneva, 1962), pp. 45-62

Wootton cleaved closely to her original objections. No new evidence had come to light to move Bowlby's connections between maternal absence, criminality, and 'lifelong or irreversible' damage any further away from unproven hypotheses.⁴³⁹

Endorsing *Maternal Care and Mental Health*, the editors of *The Lancet* had repeated Bowlby's caution that 'evidence is never complete, that knowledge of truth is always partial, and that to await certainty is to await eternity.'⁴⁴⁰ In this instance, they added, 'to await certainty may well be to await a spreading of our present social sickness until it is beyond all cure.'⁴⁴¹ Contemporaries were unconvinced. Curating a 1955 issue of *Marriage Guidance* dedicated to working mothers, John Crowlesmith emphasised that 'should I keep on my job after marriage?' was a question for which 'no standard reply is possible.' That his contributors came to 'no united or unanimous conclusion' was to be expected from a problem of such complexity and circumstantial diversity.⁴⁴² One of the essays collected by the issue, authored by a lecturer in social study at the University of Birmingham, W.E. Cavanagh, also reserved judgement. With so little concrete evidence from either advocates or opponents of working motherhood, any claim to certainty had to be grounded in an 'element of irrationality.'⁴⁴³ Reviewing *Social Science and Social Pathology* in 1959, the philosopher Peter Winch concurred that the observation of maternal deprivation in clinical populations who had undergone extreme experiences of disruption represented an inadequate basis for argument. What was lacking was 'inquiry into the incidence of such deprivation *in the population at large* (his emphasis).⁴⁴⁴

Indeed, post-war social scientists who took 'the population at large' as their focus of research offered a series of negative or inconclusive results.⁴⁴⁵ In his 1952 study of working women, Ferdinand Zweig had described the supposedly compromised capacity for love on the part of children in day and factory nurseries –

⁴³⁹ Wootton, 'A Social Scientist's Approach', p. 73

⁴⁴⁰ See also Bowlby, *Child Care and the Growth of Love*, p. 182

⁴⁴¹ Anon., 'Mental Health and the Mother', 1166

⁴⁴² John Crowlesmith, 'A Special Issue', *Marriage Guidance* 1:4 (1955), 2

⁴⁴³ W.E. Cavanagh, 'Do the Children of a Working Mother Suffer Harm?', *Marriage Guidance* 1:4 (1955), 8-10, 10

⁴⁴⁴ Peter Winch, 'Review: *Social Science and Social Pathology* by Barbara Wootton; Vera G. Seal; Rosalind Chambers', *Il Politico* 24: 3 (1959), 539-542, 539

⁴⁴⁵ McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 5; Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 230; Roberts, *Women and Families*, p. 138

‘and how this might affect their life and mental make-up later on’ – as ‘an imponderable which eludes both the mother and the social investigator.’⁴⁴⁶ Although Jane Lewis portrayed Myrdal and Klein’s 1956 book *Women’s Two Roles* as overly influenced by Bowlby’s thought, the authors stressed that evidence taken from cases of deprivation involving death, illness, abandonment, or cruelty was ‘scientifically inadmissible’ when applied to regular and expected absence from a stable and happy home.⁴⁴⁷ 1958 marked the publication of two further surveys, J.W.B. Douglas and J.M. Blomfield’s *Children Under Five* and Ann Cartwright and Margot Jefferys’ ‘Married women who work: their own and their children’s health.’ Recording signifiers of emotional instability such as nightmares, bad habits, physical tics, bedwetting, and poor educational performance, each study found little statistical inequality between the children of housewives and the children of mothers who worked, often in contrast with the assumptions of the teachers and health visitors who came into contact with them.⁴⁴⁸ Despite ‘widespread uneasiness’ about the damage working women inflicted on their children, Douglas and Blomfield discerned a ‘new attitude’ towards paid employment, rooted in pragmatism and supported by empirical research.⁴⁴⁹ They concluded that ‘a balance has to be struck between economic (or even cultural) pressures and the availability of alternative care for the family’, reflecting on the importance of effective nursery services. While little government provision remained, employers were stepping in to fill the demand.⁴⁵⁰

A Little Healthy Neglect

For advocates of nurseries, relationships which were consistent but pathogenic posed a greater threat than the interrupted contact which sat at the heart of anxieties over emotional deprivation.⁴⁵¹ Submitting a memorandum to a departmental committee on juvenile law in 1957, the NSCN outlined a comprehensive list of causes of neglect for children in their own homes. Ill-health, low mental capacity, low

⁴⁴⁶ Zweig, *Women’s Life and Labour*, p. 79

⁴⁴⁷ Lewis, ‘Myrdal, Klein, *Women’s Two Roles* and Postwar Feminism 1945-1960’, pp. 180-181; Myrdal and Klein, *Women’s Two Roles*, p. 126

⁴⁴⁸ Douglas and Blomfield, *Children Under Five*, p. 122, 126; Ann Cartwright and Margot Jefferys, ‘Married Women Who Work: Their Own and Their Children’s Health’, *British Journal of Preventive and Social Medicine* 12: 4 (1958), 159-171, 171

⁴⁴⁹ Douglas and Blomfield, *Children Under Five*, p. 117

⁴⁵⁰ *Ibid.*, pp. 123-124; Zweig, *Women’s Life and Labour*, pp. 76-80

⁴⁵¹ Alexander, ‘Primary Maternal Preoccupation’, p. 153

income due to sickness and unemployment, inadequate spending, unmanageable family size, lack of play facilities, the presence of 'physically handicapped' children, maladjustment, conscious or unconscious rejection due to illegitimacy, anti-social behaviour, drunkenness, and overcrowding all placed considerable strain on mothers.⁴⁵² The memorandum recommended a combination of complementary services. In triangulation with parental education and psychiatric care, nurseries interrupted the downward spiral of neglect before 'passive cruelty' was 'translated into active cruelty.' Admitting young children for short periods of time allowed overburdened mothers to be 'helped to cope with (their) difficulties before they became insuperable.'⁴⁵³ The need for nurseries was amplified, the NSCN suggested, in new towns and overspill housing estates where women were 'tied even more closely to the home.' Childcare services were not intended to replace mothers, but to fill the gap left when geographically mobile couples moved away from supportive kinship networks.⁴⁵⁴

Attended by Viola Klein, a 1960 day conference of the NSCN drew out medical and social scientific resistance to maternal deprivation as an explanatory framework for understanding the emotional experiences of children of working mothers. Opening proceedings, a lecturer in sociology at Bedford College, Ronald Fletcher, emphasised that a 'thorough and adequate knowledge' of the occurrence and degree of child neglect involved in the employment of women remained elusive.⁴⁵⁵ A summary of her research into the beneficial effects of work, the paper given by Klein at this conference is discussed in chapter three of this thesis.⁴⁵⁶ In the subsequent questions, the panel chair and paediatric consultant at the British Hospital for Mothers and Babies, David Morris, reported that he had attended one of John Bowlby's lectures the previous evening and thought that he had been 'grossly misunderstood' by the nursery movement. The value of Bowlby's research, Morris

⁴⁵² NSCN, 'Memorandum submitted to the Departmental Committee', pp. 3-7

⁴⁵³ *Ibid.*, p. 9

⁴⁵⁴ *Ibid.*, p. 12; Although Helen McCarthy argued that women's use of kinship networks was used to justify nursery closure.

⁴⁵⁵ Ronald Fletcher, 'Introduction to First Panel' (speech), *The National Society of Children's Nurseries One-Day Conference: Working Wives – What of the Children?* (London, 1960), pp. 2-4, p. 3

⁴⁵⁶ Viola Klein, 'Working Wives' (speech), *The National Society of Children's Nurseries One-Day Conference: Working Wives – What of the Children?* (London, 1960), pp. 34-40

argued, lay in evaluating the consequences when the ‘mother goes out of the child’s life like a candle which is snuffed out.’⁴⁵⁷ Klein replied to Morris, a doctor preoccupied throughout his career with the emotional integrity of the maternal bond, with a query of her own:

‘Dr. Viola Klein: I should like to ask Dr. Morris a question... a child which is deprived of its mother for a couple of hours, or four hours, or even eight hours a day, where the home is still there secure, and the child knows every evening when it goes home that there will be a home and family – would you agree this is a different situation?’

‘Dr. David Morris: Absolutely an entirely different situation. On a twenty-four hour service, which every mother is expected to be, the mother and child get sick of each other. They need a period of rest from each other. I cannot believe any child suffers from being away from its mother two or three hours a day; it appreciates its mother all the more.’⁴⁵⁸

Morris’ normalisation of maternal ambivalence reflected a turn towards realism in some expert visualisations of motherhood, in which exasperation, tiredness, and even hostility were anticipated.⁴⁵⁹ Speaking at a NAMH conference on mental health and the family in 1950, the head of the Department of Child Development at the University of London Institute of Education, D.E.M. Gardner, extolled the importance of nurseries in maintaining healthy maternal relationships. Children benefitted from the stimulation of a change in environment, as well as from the rejuvenated attention of mothers who were ‘fresh and not nagging or cross.’⁴⁶⁰ Rather than incubating pathology, small, clean nurseries with consistent, caring staff facilitated healthy psychological development by allowing children to expand and diversify their

⁴⁵⁷ Morris, ‘Response to Viola Klein’, p. 44

⁴⁵⁸ Exchange between Klein and Morris, *The National Society of Children’s Nurseries One-Day Conference: Working Wives – What of the Children?* (London, 1960), p. 45; For a biography of David Morris, see H.R. Gamsu, ‘David Morris - a Paediatrician Remembered’, *Archives of Disease in Childhood* 64 (1989), 1510-1512

⁴⁵⁹ Shirley Nelson Garner, ‘Constructing the Mother: Psychoanalysis and Women Autobiographers’ in Brenda O’Daly and Maureen T. Reddy (eds.), *Narrating Mothers: Theorizing Maternal Subjectivities* (Knoxville, 1991), pp. 76-93, p. 77; Chesser, *The Psychology of Everyday Living*, p. 49; Anne Cuthbert, ‘Love and Laughter’, *Family Doctor* 4:6 (1954), 381

⁴⁶⁰ Gardner, ‘Mental Health in Young Children’, p. 32

affections.⁴⁶¹ It was ‘something quite unnatural’, argued Gardner, ‘if love cannot at first be centred in one person and gradually go out and embrace more people.’⁴⁶²

Anxieties over childhood in the immediate post-war years were veined with the figure of the ever-present, overpowering mother. In their wide-ranging report on neglect in 1948, the WGPW made the imaginative association between physical negligence and emotional suffocation. Although neglect carried connotations of disregard, ‘excessive emotional demands’ on the part of mothers also caused ‘neglect in the sense that the children are not allowed to develop as individuals.’⁴⁶³ Summarising the proceedings of the 1948 International Congress on Mental Health for an article in the *Lancet*, one attendee related concern that the cradle was a ‘dangerous refuge in which to lurk too long.’⁴⁶⁴ Insecure mothers who prolonged the emotional dependence of their children set pathological processes with long-reaching and insidious psychological effects in motion.⁴⁶⁵ As Mark Jackson has explored, the metaphorical smothering and asphyxiation of children in psychoanalytic discourses was somatised in transatlantic visualisations of allergy and asthma.⁴⁶⁶ The New York psychoanalyst Helen Flanders Dunbar and the director of the allergy clinic at St. Mary’s Hospital in London, John Freeman, each conceptualised physical symptoms as outward signifiers of disordered maternal relationships. Writing in 1947, Dunbar positioned ‘smother-love’ in aetiologies of asthma, eczema, and migraine.⁴⁶⁷ Similarly, Freeman’s research on allergy in 1950 noted that sufferers demonstrated a childhood ‘emotional infantilism’ habituated by ‘excessive parental attention.’⁴⁶⁸

⁴⁶¹ Anon., ‘Research and Mental Health’, 340; Morris, ‘Response to Viola Klein’, p. 45; Zweig, *Women’s Life and Labour*, p. 78

⁴⁶² Gardner, ‘Mental Health in Young Children’, p. 33

⁴⁶³ WGPW, *The Neglected Child and His Family*, p. 67, 70

⁴⁶⁴ Anon., ‘Mental Health: International and Domestic’, *The Lancet* (Aug. 28th, 1948), 335-336, 336

⁴⁶⁵ C. A. H. Watts, ‘Treatment of Anxiety States in General Practice’, *The British Medical Journal* 2: 4568 (July 24th, 1948), 214-216, 215-216

⁴⁶⁶ Jackson, ‘Allergy Con Amore’, pp. 153-174

⁴⁶⁷ *Ibid.*, p. 162; Helen Flanders Dunbar, *Mind and Body: Psychosomatic Medicine* (New York, 1947)

⁴⁶⁸ Jackson, ‘Allergy Con Amore’, p. 165; John Freeman, *Hay Fever - A Key to the Allergic Disorders* (London, 1950)

Increased attention to the effects of maternal absence from the early 1950s by no means disrupted the recurrence of stifling motherhood in interpretations of neurotic illness.⁴⁶⁹ In his numerous discussions of marital casework at the Tavistock, Henry Dicks implicated women in the toxic marriages of their sons. When a man married with an 'unresolved dependence' on his mother, his expectation of similar emotional work on the part of his wife led to deep inward resentments, and poisoned sex with fear.⁴⁷⁰ Discussed in a symposium on clinical methodologies in 1953, one patient 'typical of a mother-tied boy' extracted a 'sadistic (emotional) revenge' from women who were unable to match his mother's pathological over-indulgence.⁴⁷¹ In common with the work of Innes Pearse and Lucy Crocker in Peckham in the 1930s and early 1940s, Dicks politicised maternal suffocation by relating maternal pathogenesis to the pathology of domestic existence. Writing on the 'mental hygiene of married life', he observed that 'a child or two is all that matters in the world to a bored, isolated mother. The children are over-protected, or hated, or made into the parents' sole targets of all their love, aspiration for success and ambition.'⁴⁷² Soon to be elected as the first president of the American Academy of Psychoanalysis, Janet Rioch pushed the connection further. Addressing a transnational audience of medics in Istanbul in 1955, she described how mothers who were denied 'new sources of satisfaction in fuller and more productive living' fed emotionally on their children, 'greatly reducing their independence and individual self-assurance.'⁴⁷³ Her convergence of prevention and emancipation in averting 'smother-love' particularly impressed one British doctor, childcare expert, and medical internationalist, Doris Odlum.⁴⁷⁴

⁴⁶⁹ Myrdal and Klein, *Women's Two Roles*, p. 131

⁴⁷⁰ Dicks, Speech to the BMA, Cardiff, 1953, p. 11

⁴⁷¹ Dicks, 'Experiences With Marital Tensions Seen in the Psychological Clinic', 187

⁴⁷² Henry V. Dicks, 'The Mental Hygiene of Married Life' (unpublished paper, 1950), 3: PHVD, WL, PP/HVD/D/1/2

⁴⁷³ Janet Rioch, 'Consideration of Certain Aspects of the Dynamics of Family Life in the United States of America' (speech), *Family Mental Health and the State: Proceedings of the 8th Annual Meeting of the World Federation for Mental Health, Istanbul, August 1955* (London, 1955), pp. 48-53, p. 53

⁴⁷⁴ Doris Odlum, 'Response to Janet Rioch', *Family Mental Health and the State: Proceedings of the 8th Annual Meeting of the World Federation for Mental Health, Istanbul, August 1955* (London, 1955), p. 54; As following chapters in this thesis show, Odlum's role in making a case for internationalist, feminist medicine through organisations such as the ELMH and the MWIA in the 1950s cannot be understated.

Writing in *Family Doctor* in 1953, Odlum articulated a self-consciously modern vision of motherhood centred on finding a balance between the differing emotional requirements of mothers and children. Women, she emphasised, were not transfigured into selfless providers of love when they became mothers; they retained their own identities and feelings, although these naturally underwent a process of change. Rejecting psychologies which were overly child-centric, she reminded her readers that the mother 'also has some claim to consideration, and the wishes, and even to some extent the needs, of the baby must be modified to fit in with her needs too.'⁴⁷⁵ In a textbook on adolescence in 1957, she prescribed 'a little healthy neglect' as an antidote to parental interference.⁴⁷⁶ Influential voices in marital hygiene and popular psychology reiterated Odlum's warning throughout the 1950s. Speaking to the Royal Medico-Psychological Association in 1956, the marriage guidance expert Edward Griffith described how marriages became 'semi-moribund' when women's needs were submerged under those of husbands and children; although the opposite situation, in which wives became 'dominant and animus-ridden', was also to be avoided.⁴⁷⁷ Similarly, the author of *The Psychology of Everyday Living*, Eustace Chesser, argued that 'too much emphasis has been laid on the needs of the child and too little on those of the mother.' In a short section titled 'Mother's Burden', Chesser set maternal tiredness in conflict with maternal competence, and queried the developmental impact of 'too much parental sacrifice.'⁴⁷⁸ When children carried excessive feelings of debt to their mothers, he argued, the result could be overdependence in adulthood or, 'in revolt', a drive for independence before they were emotionally prepared.⁴⁷⁹ In his intimation of adolescent rebellion, Chesser suggested an alternative cause of delinquency; not absent mothers, but the overly attentive women who put the children's needs first and forgot to live for themselves. John Bowlby's maternal solution was reimagined as another maternal problem.

The concern that specific psychological advice promoted unhealthy behaviour was coupled with a broader questioning of didactic medical interference in motherhood. Invited to deliver the John Reith memorial radio lectures for 1962, the

⁴⁷⁵ Odlum, 'Bringing up Baby the Modern Way', p. 446

⁴⁷⁶ Doris Odlum, *Adolescence* (London, 1957), p. 38

⁴⁷⁷ Griffith, Speech to the RMPA, London, 1956: PEFG, WL, PP/EFG/A/16

⁴⁷⁸ Chesser, *The Psychology of Everyday Living*, p. 49

⁴⁷⁹ *Ibid.*, p. 50

professor of psychological medicine at the University of Edinburgh, G.M. Carstairs, wondered if the 'warm, intimate and continuous relationship' between mother and child, 'in which both find satisfaction and enjoyment', had ever found any realistic existence beyond the expectations of contemporary child psychologists.⁴⁸⁰ Having previously queried the public reception of Bowlby's work in a study of written responses to a 1957 BBC series on psychiatry, *The Hurt Mind*, Carstairs argued that the standard set was too high even for comparatively privileged families.⁴⁸¹ His criticism swelled a current of pluralist dissent which ran counterpoint to prescriptive childcare theories in the 1950s. In her address to the NAMH at the beginning of the decade, D.E.M. Gardner explored the delicate balancing act necessitated by the provision of expert advice to mothers. Although 'access to a wise and understanding person in moments of real perplexity' could contribute to a healthy serenity, instruction which took little or no notice of women's own feelings was more likely to increase than allay agitation and distress.⁴⁸² Speaking at Bedford College for Women in 1953, Richard Titmuss echoed Gardner's apprehensions. The ways in which intervention by mental health workers altered subjective experiences of motherhood, he stressed, had been the subject of a 'curious lack of interest.' 'Socially induced anxiety' had been 'thoughtlessly cultivated' by a 'new absolutism,' causing sufferers to deteriorate into states of 'inert irresponsibility.'⁴⁸³ The cost of women's distress was measured by their reduced ability to mother.

For Mildred Creak, the long history of medical advice to parents held important lessons for practice in the 1950s. In a 1954 *Lancet* article which traced childcare provision and expertise forward from Tacitus and Trajan to William Buchan and Hugh Smith in the late eighteenth century, she troubled the 'dangerous assumption' that 'there exists an expert method, with a guaranteed result.' Pursuit of a singular truth prompted guilt and dissuasion in modern parents encouraged to be

⁴⁸⁰ G. M. Carstairs, 'This Island Now', *The British Medical Journal* 1:5324 (Jan. 19th, 1963), 141-146, 143

⁴⁸¹ G. M. Carstairs and J. K. Wing, 'Attitudes Of The General Public To Mental Illness', *The British Medical Journal* 2:5096 (Sept. 6th, 1958), 594-597; Carstairs, 'This Island Now', 143

⁴⁸² Gardner, 'Mental Health in Young Children', p. 28

⁴⁸³ Titmuss, 'The Family as a Social Institution', p. 10

'acutely conscious' of the possible effects of family tensions.⁴⁸⁴ Six years later, the celebrated child and adolescent psychiatrist, William Lumsden Walker, likewise discerned needless harm in rigid precepts which acted to negate the unknowable diversity of mothering and childhood. His 1960 paper to the NSCN conference attended by David Morris and Viola Klein reminded the audience that it was 'extraordinarily difficult to do something well if all the time somebody is telling you you are not doing it very well.'⁴⁸⁵ The 'mass of popular psychological teaching' ignored the infinite variety of human relationships, and overlooked a detail rarely remarked upon; that children could often be resilient and tough.⁴⁸⁶ Mothers, Lumsden Walker explained, 'read the articles and get anxiety about separation anxiety; they get terrified about leaving their children at all. It takes some time, generally, to ruin little Willie's psyche, you cannot do it generally in five minutes, not unless you do throw him in the river.'⁴⁸⁷ Sustained maternal anxiety, conversely, offered a form of drowning. Writing in *Family Doctor* in 1962, a pioneer of the Rorschach method in Britain, Theodora Alcock, took aim at 'that guilty-without-due-cause feeling which is at the root of so much parental unhappiness,' and which contributed by degrees to childhood neurosis.⁴⁸⁸ Expectations of perfection could all too easily 'spoil the job' that doctors sought to regulate.⁴⁸⁹

As Jonathan Toms observed, post-war mental hygienists wrote often of 'illness having been "projected" onto children.'⁴⁹⁰ In their 1951 comparison of neurotic and healthy marriage, Eliot Slater and Moya Woodside averred that when 'the parents have eaten sour grapes, the children's teeth are set on edge. A malignant fate, inherent in environment and heredity, pursues them.'⁴⁹¹ Although

⁴⁸⁴ Mildred Creak, 'Parents and Children Yesterday and Today', *The Lancet* (July 31st, 1954), 236-238, 238

⁴⁸⁵ William Lumsden Walker, 'Mothers and Children in a Modern Society' (speech), *The National Society of Children's Nurseries One-Day Conference: Working Wives – What of the Children?* (London, 1960), pp. 4-17, p. 9

⁴⁸⁶ *Ibid.*, p. 12; see also Slater and Woodside, *Patterns of Marriage*, p. 43

⁴⁸⁷ Lumsden Walker, 'Mothers and Children in a Modern Society', p. 12

⁴⁸⁸ Theodora Alcock, 'Parents Are Only Human', *Family Doctor* 12:12 (1962), 760-761, 761

⁴⁸⁹ *Ibid.*, 761; see also Roberts, *Women and Families*, p. 143

⁴⁹⁰ Toms, *Mental Hygiene and Psychiatry in Modern Britain*, p. 114; see for example Anon., 'Ill-Used or Neglected Children', *The British Medical Journal* 1: 4978 (Jun. 2nd, 1956), 327-328

⁴⁹¹ Slater and Woodside, *Patterns of Marriage*, p. 157

other commentators placed less emphasis on biological inheritance, concern over the generational transmission of pathology recurred in discourses on neurotic motherhood.⁴⁹² Contributing to a 1954 debate on child guidance clinics in the letters pages of the BMJ, the family psychiatrist J. G. Howells summarised the findings of practitioners who worked with adult neurotic patients. Psychiatry had discovered that ‘the genesis of adult neurosis lay in childhood, that the first five years were all-important, that the emotional stress on the child emanated from the parents and, more recently, that parents emanating such stress were themselves neurotic.’⁴⁹³ Speaking to the NSCN in 1958, A.V. Neale noted that ‘fear and anxiety is almost infectious’ to young children; a point also made by the prominent psychoanalyst Melanie Klein in her 1957 essay *Envy and Gratitude*.⁴⁹⁴ A student of Klein, John Bowlby spoke at the ICMH in 1948 on ‘the vicious circle of insecure parents creating insecure children.’⁴⁹⁵ In *Child Care and the Growth of Love*, he turned his attention briefly to the ‘passing conditions of anxiety and depression’ which could cause ‘loving feelings for the children’ to ‘cease or become infused with impatience and bitterness.’⁴⁹⁶

Conclusion

Two articles published in *Family Doctor* in the early 1960s suggest that childcare advice was coloured in turn by domestic critiques, combining attentiveness to women’s health with a positive image of separation. A 1960 essay by a paediatrician, R.S. Illingsworth, ‘Give parents a break’ argued that mothers were worn out by children who were ‘always on the go, always noisy, dirty, untidy, fighting, wailing, snivelling, or demanding her time.’ When women became ‘tired, irritable and depressed’, they were unable to function to the extent that their children required. ‘Any improvement in her emotional state’ gained by periods of respite, consequently, improved a mother’s relationship with her children.⁴⁹⁷ The following year, Frederick

⁴⁹² Anon., ‘Mental Health and Public Health’, *The Lancet* (Jan. 15th, 1955), 135-136; Selborne, ‘A Child Needs Both Parents’, 40

⁴⁹³ J. G. Howells, ‘Child Guidance Clinic’, *The British Medical Journal* 2: 4887 (Sept. 4th, 1954), 592-593, 592

⁴⁹⁴ Neale, Speech to the NSCN, 1958, p. 3; Klein, *Envy and Gratitude*, p. 186

⁴⁹⁵ Bowlby, ‘The Study and Reduction of Group Tensions in the Family’, 128; Wilson, *Only Halfway to Paradise*, p. 117

⁴⁹⁶ Bowlby, *Child Care and the Growth of Love*, p. 90

⁴⁹⁷ R.S. Illingsworth, ‘Give Parents a Break’, *Family Doctor* 10:10 (1960), 651

Casson's 'Never a Dull Moment' detailed the 'blessed freedom from why's and wails and sticky fingers' which made the 'agonies of boredom and frustration from slavery to their young children' bearable.⁴⁹⁸ Although his 1959 book *It's Healthy to be Human* closely duplicated Bowlby's assessment of maternal deprivation, Casson acknowledged that 'looking after young children, day in, day out, for most of the twenty-four hours of the day, is a severe strain on any woman.'⁴⁹⁹ Rather than betraying unnatural and dangerous emotions, feelings of antipathy were ordinary facets of everyday parenting.⁵⁰⁰ 'The average mother' did not always 'find it easy to withstand the chronic fatigue and the monotony' of constant childcare. Particularly when women's lives before marriage and childbirth were active and social, maternal resentment required healthy relief. 'Given a break', Casson advised, 'a jaded mother will find herself once more wholeheartedly devoted to her little terrors.'⁵⁰¹

Health workers and theorists concerned with the fragile family in post-war Britain often questioned whether women were well. This was rarely a feminist act, and frequently far from it. However, medical anxieties over marriage and motherhood did not simply offer oppression. Although the majority of voices assumed a domestic context for women and were sceptical of social changes to the contrary, a therapeutic case for managed maternal absence ran counter to the stories told by psychologists preoccupied with deprivation. Not only did nursery advocates and critics of smother-love trouble assumptions about maternal happiness, they also directed focus towards women's anxiety and fatigue as a factor in producing distorted childhoods. As the next chapter of this thesis argues, a crisis in domesticity was visible to and acknowledged by doctors throughout the two decades after 1945. Writers such as Bowlby and Kenneth Hutchin did nakedly patriarchal work in their narration and construction of crises in motherhood and marriage, but even some of the most conservative medical discourses gave feminists room to move. Mothers did not simply have to be present, they had to be happy.⁵⁰²

⁴⁹⁸ Casson, 'Never a Dull Moment', 167

⁴⁹⁹ Casson, *It's Healthy to be Human*, p. 60

⁵⁰⁰ Casson, 'Bad Temper', 496-497

⁵⁰¹ Casson, 'Never a Dull Moment', 167

⁵⁰² Bowlby, *Child Care and the Growth of Love*, pp. 75-76

Chapter Two: The Pathology and Hygiene of Housework

Despite an overt and visible cultural privileging of domestic life, the physical and psychological health of housewives provoked extensive medical, sociological, and journalistic discussion and anxiety in the two decades after 1945.⁵⁰³ Writing on American society in 1980, the sociologist Alfreda Iglehart argued that ‘emerging egalitarian ideologies’ had substituted one version of pathological womanhood for another, transferring a nexus of pity, ethical apprehension and clinical concern from working mothers to homemakers. The two had effectively traded places, leaving housewives just as stigmatised as their labouring sisters, mothers and friends had been in the family-centred post-war years. Although remaining marginal in many respects, second wave feminists had largely succeeded in transmitting the message that women ‘need gainful employment to achieve self-actualization, ward off depression, and guard against boredom.’⁵⁰⁴ As categories for medical and social scientific observation and description, housewife and worker were increasingly placed in tension with one another. Visualisations of women’s labour at home shaped discourses on outside work, and were shaped by them in turn. The third chapter of this thesis explores the representation of work as therapeutic and prophylactic, observing that feminists in the 1960s and 1970s were treading ground broken by their more cautious foremothers and by comparatively conservative medical figures in the 1940s and 1950s. Correspondingly, the present chapter locates the origin of a profound disquiet over domesticity not with Betty Friedan’s 1963 book *The Feminine Mystique* but with a diverse array of earlier commentators; and, importantly, with women themselves, supposedly yet to become conscious.⁵⁰⁵

Although revisionist historians have emphasised that Friedan rode a wave of discontent, the extent to which second wave connections between the political and the personal were presaged by deep fractures in the domestic façade of post-war Britain has yet to be adequately interrogated.⁵⁰⁶ Writing in the *New Statesman and*

⁵⁰³ Langhamer, ‘The Meanings of Home in Post-War Britain’, 359

⁵⁰⁴ Iglehart, ‘Wives, Work, and Social Change’, 317; see also Betty Friedan, *The Second Stage* (London, 1982); Rowbotham, *A Century of Women*, p. 367

⁵⁰⁵ Oakley, *Taking it Like a Woman*, p. 70

⁵⁰⁶ Meyerowitz, ‘Beyond the Feminine Mystique’, 1482; Stephen Brooke, ‘Gender and Working Class Identity in Britain during the 1950s’, *Journal of Social History* 34:4 (2001), 773-795, 774; Beaumont, ‘What is a Wife?’, 61-76

Nation in 1956, the moral philosopher Mary Scrutton argued that ‘civilisation is moving out of the home.’ If working women and housewives had to be compared, she argued, ‘the first is at present the healthier’; the distress of the latter was audible in the ‘dreadful drip of tears into a thousand sinks.’⁵⁰⁷ Nor have literatures discussing sociological and medical critiques of housework in the 1940s and 1950s been fully absorbed.⁵⁰⁸ For example, the following passage recently appeared in an otherwise admirable history of stress and self-help:

‘Contemporary ideas about the effects of both work and unemployment on mental health referred, without exception, to male experiences of work outside the home. In the immediate post-war decades any notion that work could create mental ill-health was tied specifically to the masculine experience of work. It was only much later, with the emergence of second-wave feminism, that women’s domestic activities began to be conceptualised similarly as ‘work’ and the psychological effects of those activities were revealed.’⁵⁰⁹

Self-help literatures have certainly been deeply gendered, often assuming that their readers performed normative roles. The most visible discourses on working stress, consequently, presumed a male subject. Beyond the sources developed by the author, however, significant and varied exceptions documented and explored the medical implications of women’s working experiences, both in and – as the final chapters of the present thesis investigate – away from the home. In a crisis of identity yet to be resolved, domestic labour occupied an ambiguous and liminal space which shared observable characteristics with ‘work’ but remained set apart from it.⁵¹⁰ Nevertheless, housewives from the 1920s onwards were scrutinised as a distinct occupational class, subject to evolving techniques and languages in the

⁵⁰⁷ Mary Scrutton, ‘The Push-me, Pull-you Woman’, *The New Statesman and Nation* (Aug. 25th, 1956)

⁵⁰⁸ Langhamer, ‘Feelings, Women and Work in the Long 1950s’, 3; McCarthy, ‘Social Science and Married Women’s Employment in Post-War Britain’; Spencer, *Gender, Work and Education in Britain in the 1950s*; Johnson and Lloyd, *Sentenced to Everyday Life*, p. 17

⁵⁰⁹ Kirby, ‘Working Too Hard’, p. 62

⁵¹⁰ Giles, *Women, Identity and Private Life in Britain*, p. 19

theory and practice of industrial medicine.⁵¹¹ When these transplanted vocabularies failed to account for the much-discussed psychological effects of housework, a gendered politics of emotional isolation and frustrated potential budded through the gaps.

As Ali Haggett, Rhodri Hayward and Judy Giles have observed, there was a wealth of difference between Stephen Taylor's 1938 analysis of 'suburban neurosis' in bored and lonely housewives and feminist cartographies of distress and dissatisfaction after 1963.⁵¹² Narratives of suburban alienation were not simply rediscovered in the 1960s and given a feminist gloss. Rather, they shifted in emphasis over the intervening years, privileging gender over geography. An author of domestic manuals, Kay Smallshaw, warned of 'housebounditis' in *Family Doctor* in 1954; for one GP, Peter Eckersley, 'suburb sickness' continued to plague Liverpudlian housewives in 1958. Smallshaw's houses were generic and indistinct, connected only by the common thread of women's claustrophobia.⁵¹³ Eckersley situated the suffering of discontented wives in a familiar suburban context, but his focus lay in unravelling the ways in which a pervasive ideology of privacy worked to contract the already narrow worlds of isolated mothers.⁵¹⁴ Like Taylor, Smallshaw and Eckersley named the problem they described, constructing a diagnostic object to render disordered bodies and minds explicable. Their analyses sat amongst wide and varied attempts to interpret and alleviate housewives' fatigue, pain, boredom, loneliness, and existential doubt. By the 1950s, the poorly designed kitchen or housing estate had become an insufficient conceit to explain the psychological costs of domesticity.⁵¹⁵ Women's distress was not simply compartmentalised, whether by psychodynamic visions of childhood trauma, by recourse to explanations of inherent feminine emotionality, or by the assumption that bad homes or bad town planning

⁵¹¹ Andrews, *Domesticating the Airwaves*, pp. 37-46; Long, 'Industrial Homes, Domestic Factories', 460; see for example Winifred Spielman, 'The Problem of Household Fatigue', *The Listener* (May 8th, 1929), 647

⁵¹² Taylor, 'The Suburban Neurosis'; Haggett, *Desperate Housewives*, p. 14; Hayward, *The Transformation of the Psyche in British Primary Care*, p. 62; Giles, *Women, Identity and Private Life in Britain*, p. 93

⁵¹³ Kay Smallshaw, 'Lopsided Living', *Family Doctor* 4:1 (1954), 50-51

⁵¹⁴ Peter Eckersley, 'Wives Can Fight Back Against the Ache of Suburban Wilderness', *Liverpool Daily Post* (Oct. 7th, 1958)

⁵¹⁵ Jackson, *The Age Of Stress*, p. 143, 185

were wholly to blame.⁵¹⁶ In his 1962 Reith lectures, G.M. Carstairs argued that ‘the so-called suburban neurosis’ was a matter of ‘society’s having failed to provide a constructive role for mothers with their families growing up.’ Although he implicated individual vulnerability in the onset of severe symptoms, Carstairs stressed that women’s ‘sense of uselessness, of having no worthwhile contribution to make, is the precipitating factor in their illness.’⁵¹⁷

In the voice of a respected psychiatrist pronouncing on the state of early-1960s Britain, the image of societal failure was succinct and powerful.⁵¹⁸ A rigid sexual division of labour could no longer keep women well, if indeed it ever had. Nor, implied Carstairs, were housewives really pulling their weight; the difficulties they experienced were a consequence of their diminished citizenship. Rebalancing women’s responsibilities, accordingly, could rebalance their minds. As Helen McCarthy and Claire Langhamer have noted, feminist sociologists throughout the 1940s and 1950s wrangled with what Alva Myrdal and Viola Klein termed ‘the psychology of non-participation.’⁵¹⁹ In his recent history of stress, Mark Jackson observed that research into the stress of traumatic life events was ‘increasingly challenged by blossoming interest in the mundane or trivial.’⁵²⁰ In common with other writers exploring health and self in the context of women’s everyday lives, sociologists were doing work on gender, approaching femininity – including feminine vulnerability – as conditioned and conditional.⁵²¹ ‘Participation’ carried multiple

⁵¹⁶ Marland, ‘Women, Health, and Medicine’, p. 491; Jackson, *The Age of Stress*, p. 203

⁵¹⁷ Carstairs, ‘This Island Now’, 145

⁵¹⁸ As Janet Sayers observed in her foreword to the 1971 reissue of Viola Klein’s 1946 book *The Feminine Character*, established male commentators often had the privilege of putting their arguments in more forceful terms than marginalised and precarious academic women: Janet Sayers, ‘Introduction’ in Viola Klein, *The Feminine Character: History of an Ideology* (London, 1989), pp. ix-xxxi, p. xviii

⁵¹⁹ McCarthy, ‘Social Science and Married Women’s Employment in Post-War Britain’, 284; Langhamer, ‘Feelings, Women and Work in the Long 1950s’, 6; Myrdal and Klein, *Women’s Two Roles*, p. 31;

⁵²⁰ Jackson, *The Age of Stress*, p. 195; Nicole Baur, ‘Families, Stress and Mental Illness in Devon, 1940s-1970s’ in Mark Jackson (ed.), *Stress in Post-War Britain, 1945-85* (London, 2015), pp. 31-44, p. 36

⁵²¹ Klein, *The Feminine Character*, p. 168

connotations which went straight to the heart of post-war psychosocial anxieties.⁵²² Troubling narratives of predetermined emotional difference, Myrdal and Klein argued that women shared the need to experience a 'sense of social purpose.'⁵²³ Like Carstairs, they shifted deftly from rights to duties, bemoaning the 'gap in our democratic ideology' which allowed women to 'claim exemption on account of birth from comparisons of their social contribution with that of others.'⁵²⁴ Perhaps more subtly, a language of national contribution also suggested community, the shared satisfaction of working towards a common goal. Labouring in isolation, housewives were denied the psychological maturity of the social self.⁵²⁵

In their 2004 collaboration on feminist critiques of domesticity in post-war Australia, *Sentenced to Everyday Life*, Lesley Johnson and Justine Lloyd drew attention to the porous boundaries between concern and contempt.⁵²⁶ In Britain, medicalised narratives of stagnated, damaged, or incomplete selfhood represented housewives as objects of pity.⁵²⁷ Women's subjugation was rendered visible by their psychiatric vulnerability, but they were also dehumanised by discourses which mobilised their distress for political change.⁵²⁸ Responding to Viola Klein's survey on womanpower in 1963, one working mother professed exhaustion at the 'awful verbal incontinence, verbal diarrhoea' of housebound women.⁵²⁹ The preceding year had seen the psychiatrist Henrick Hoffmeyer question whether increasing automation in the home would 'leave the woman as a useless detail in the household – charming luxury or boring plague, you can choose which you prefer.'⁵³⁰ Post-war and second

⁵²² Hayward, 'The Pursuit of Serenity', 295; Alexander, 'Primary Maternal Preoccupation', p. 154; Alva Myrdal, *Nation and Family: The Swedish Experiment in Democratic Family and Population Policy* (London, 1945)

⁵²³ Myrdal and Klein, *Women's Two Roles*, p. 11

⁵²⁴ *Ibid.*, pp. 88-89

⁵²⁵ Hayward, 'Medicine and the Mind', p. 532; Barbara Taylor, 'Historical Subjectivity' in Sally Alexander and Barbara Taylor (eds.), *History and Psyche: Culture, Psychoanalysis, and the Past* (Basingstoke, 2012), pp. 195-210, p. 195; Spencer, *Gender, Work and Education in Britain in the 1950s*, p. 84

⁵²⁶ Johnson and Lloyd, *Sentenced to Everyday Life*, pp. 7-18; see also Glenna Matthews, *'Just a Housewife': The Rise and Fall of Domesticity in America* (New York, 1987)

⁵²⁷ Bourke, *Working-Class Cultures in Britain*, p. 63

⁵²⁸ Haggett, *Desperate Housewives*, p. 10; Giles, *Women, Identity and Private Life in Britain*, p. 6

⁵²⁹ Testimony 685, 1963, PVK, URSC, MS 1215/28/1

⁵³⁰ Hoffmeyer, Speech to the WHO in Athens, 1962, p. 4

wave feminists emphasised that homemakers and mothers were often difficult to be around; repulsion at the processes which repressed women bled through to the victims of repression. For Judith Hubback in 1957, immersion in maternity had a 'narrowing' effect on women, creating 'one of the well-known types of bore.'⁵³¹ Thirty years later, the sociologist Chiara Saraceno explored the effects of domestic suffocation 'both for the women themselves and for the others, especially when an over-identification with the role reveals all of its grotesque one-sidedness and compulsion.' Readers, argued Saraceno, could readily call to mind 'the caricature of the frenetic housewife, or the anxious mother, or the chiding wife.'⁵³²

This chapter makes a series of interlinking arguments, bridging gaps between revisionist histories of domesticity and morbid psychology and feminist scholarship which approached women's discontent as a tangible object to be uncovered. It echoes Ali Haggett and Alfreda Iglehart in problematizing discussions of women which, with emancipatory intentions, nevertheless silenced and spoke over their own thoughts and feelings. However, the chapter also follows Sheila Rowbotham in contending that there was 'real substance' to the 'thwarted unhappiness' of some women, and differs meaningfully with Haggett on the subject of recognition by post-war doctors.⁵³³ It argues that medical women – and the MWIA in particular, through two conferences on housework and the menopause in 1952 and 1954 – played a significant part in constructing a post-war epidemiology of domestic life and labour.⁵³⁴ In the process, this chapter intersects with Hilary Allen's argument that a feminist recasting of feminine emotionality from a biological to a sociocultural phenomenon 'takes up the explanation of women's psychopathology in precisely the same terms.'⁵³⁵ Allen's point – that gender could be just as deterministic a language as sex – is not supported by a close examination of discourses on the distress of women at home. Although feminists colluded with antifeminists in strengthening a conceptual link between femininity and illness, the important coda that political transformation could remake the self placed renewal and resilience at least nominally within women's reach.

⁵³¹ Hubback, *Wives Who Went to College*, p. 40

⁵³² Saraceno, 'Division of Family Labour and Gender Identity', p. 197

⁵³³ Rowbotham, *A Century of Women*, p. 367

⁵³⁴ Cooper, 'Medical Feminism, Working Mothers, and the Limits of Home', 5-7

⁵³⁵ Allen, 'Psychiatry and the Construction of the Feminine', p. 90

The chapter begins by analysing representations of household fatigue and physical complaint in the 1940s and 1950s. Approaching homes as workplaces to be rationalised, doctors and social scientists focused their attention on the environmental conditions in which women laboured, their ergonomic interactions with domestic technologies, and the pace and nature of the tasks they performed. As Vicky Long observed, discussions of fatigue during the Second World War had shifted away from purely physiological understandings and towards interest in psychological causes.⁵³⁶ Housework was represented as intrinsically and symbolically demoralising, as critics juxtaposed the unstructured and unending tenor of domestic chores with their perceived lack of prestige. In drawing focus from physical strain to moods and emotions, it became possible to envisage paid work as a solution, not a problem. Particularly in the context of debates over women's postgraduate education, conversations turned to the damaging and limiting effects of domestic frustration and wasted potential. The second section explores the notion of the interrupted self, arguing that domesticity was portrayed as arresting the emotional maturity of women who relinquished active, social, and demanding lives for the pabulum of keeping house. Viewed through the double lens of the menopause and the empty nest, even contented housewives were construed as unable to withstand the particular challenges of middle age.⁵³⁷ No longer apt to be comprehended as straightforward problems of job design, pathologies of housework awakened contemporaries to the need for a fundamentally new social settlement.

Finally, the chapter traces the 'essential loneliness of the housewife' – the words are those of a WGPW member, E.J.D Morrison – through contemporary anxieties about isolation, housing, and privacy.⁵³⁸ While frustration was usually – not always – understood as a mark of sophistication and learning, loneliness was a more democratic concern. It was also highly visible in the work of physicians, journalists and reformers throughout the post-war decades. Discourses on housewives routinely referred to domestic seclusion, carrying a weight of meaning conditioned by overlapping medical and cultural discussions. This section argues that married

⁵³⁶ Long, *The Rise and Fall of the Healthy Factory*, p. 27, 35

⁵³⁷ Summerfield, *Reconstructing Women's Wartime Lives*, p. 202

⁵³⁸ E.J.D Morrison, 'Conditions Which May Give Rise to Loneliness', p. 1: Papers of the Women's Forum and its Predecessors (henceforth PWFP), LSE, 5WFM/D/33

women's loneliness and alienation was at least partially disassociated from suburbia, as recognition of the diverse geographical and economic circumstances of sufferers brought shared roles into sharp relief. Framed as emotions and feelings at the hinterland of psychiatric classification, the ill-effects of domesticity were really problems of balance.⁵³⁹ Women at home were developing the private side of their personalities, but had allowed their public selves – rooted in stimulation, contribution and sociability – to waste away. For Kay Smallshaw, their lives had become 'lopsided.'⁵⁴⁰ Engaging with the world outside could dissipate housewives' psychological lassitude and mental stagnation, transforming homes from places of illness to sources of renewed fulfilment and health.

The Politics of Domestic Fatigue

Although Alva Myrdal and Viola Klein wrote in 1956 of two contrasting ideals, the busy housewife and the woman of leisure, their exploration of domestic distress effectively homogenised the two.⁵⁴¹ Under their treatment, the complaints of women were uncoupled from the toil of poverty or the ennui of suburban respectability and related, fundamentally, to the western cultural casting of women as mothers and homemakers and nothing else. In common with other post-war medics and social scientists who wrote about household fatigue, they privileged a psychological explanation; the key to women's overtiredness was their neurosis and unhappiness – here a product of political and social exclusion, if not oppression – rather than the measurable scope of their physical load. The housewife who was ill simply because she did too much had practically vanished from public discourse by the mid-1950s. As Rhodri Hayward recognised in his study of inter-war representations of domestic alienation, however, assumptions made by elite observers about the uptake and use of labour-saving devices went frequently wide of the mark.⁵⁴² A generation of sociologists writing on drudgery in Britain in the late 1940s emphasised that many

⁵³⁹ Hattery, *Women, Work and Family*, p. 9; Anne Showstack Sassoon, 'Women's New Social Role: Contradictions of the Welfare State' in Anne Showstack Sassoon (ed.), *Women and the State: The Shifting Boundaries of Public and Private* (London, 1987), pp. 158-188, p. 172

⁵⁴⁰ Smallshaw, 'Lopsided Living', 50-51

⁵⁴¹ Myrdal and Klein, *Women's Two Roles*, p. 6

⁵⁴² Hayward, 'Desperate Housewives and Model Amoebae', p. 51

tasks remained which job design and household technologies were unable to reduce or simplify.⁵⁴³ Mirroring their representation in industrial medicine, pain and fatigue were politicised objects. They called attention to unreconstructed workplaces and recalcitrant workers, but also to dissonance between the substance and experience of work and individual emotional and intellectual temperament.⁵⁴⁴ In approaching housework and health through the rubric of scientific management, reformers were forced to confront the spatial, temporal, and psychological differences between domestic labour and paid employment.

The initial language of post-war reconstruction papered over feminist visions of liberation, offering a sanitised discourse of domestic improvement and valorisation. In her 1945 sociological study, *Women and Work*, Gertrude Williams celebrated 'one of the happiest innovations of the Beveridge Report', the 'emergence of the housewife as a separate and honoured category of the population.'⁵⁴⁵ Instrumental in the establishment of the welfare state, the 1942 report on social insurance compiled under the chairmanship of the economist William Beveridge drew mixed responses from women. On the one hand, the report recognised the 'vital though unpaid' work that many performed; on the other, feminists argued that labelling housewives as a special insurance class worked against the dual aims of egalitarianism and independence.⁵⁴⁶ Addressing the 'small minority of women' undertaking paid employment after marriage, Beveridge assumed that their work would be 'intermittent' and should therefore be exempt from the usual equation of contribution and benefit.⁵⁴⁷ As Susan Pedersen observed, although the 'unconscious fairness to women' that Janet Beveridge detected in her husband's work was primarily a rhetorical flourish, he 'did also attempt to identify and plan for the special "needs" and "risks" of the unwaged wife.'⁵⁴⁸ Elizabeth Wilson and Penny Summerfield have each drawn attention to Beveridge's concern for the 'tired

⁵⁴³ Charlotte Luetkens, *Women and a New Society* (London, 1946), p. 39; Brown, 'Can Women Be Emancipated?', 10-11

⁵⁴⁴ Long, *The Rise and Fall of the Healthy Factory*, p. 84

⁵⁴⁵ Gertrude Williams, *Women and Work* (London, 1945), p. 126

⁵⁴⁶ William Beveridge, *Social Insurance and Allied Services* (London, 1942), p. 49; Jennifer Dale and Peggy Foster, *Feminists and State Welfare* (London, 1986), p. 17; Briar, *Working for Women?*, p. 106

⁵⁴⁷ William Beveridge, *Social Insurance and Allied Services*, p. 49

⁵⁴⁸ Susan Pedersen, *Family, Dependence, and the Origins of the Welfare State: Britain and France 1914-1945* (Cambridge, 1993), p. 339

housewife', and his belief that household drudgery could be alleviated by improvements to the home environment.⁵⁴⁹ The vision of welfare promoted by the report aimed to enhance the lives of married women, but saw little need to trouble peacetime gender roles.⁵⁵⁰

The Rhythm and Pace of Labour

The Beveridge Report both contained and cohered women's identities. It bound them rhetorically to a static social and economic role, and yet drew them together as a specific group with shared problems and shared purpose. Doctors who discussed housewives saw their labour as ripe for intervention and management, constructing them as a vulnerable epidemiological population in the process.⁵⁵¹ For example, the deputy Medical Officer of Health for Hampstead and Assistant Principal Medical Officer for London County Council, M.D. Warren, argued for equivalence between industrial and domestic pathologies. Analysing data from over a thousand medical certificates in a 1954 article on illness and housing published in the *British Medical Journal*, Warren concluded that housewives were the most sorely affected by poor living conditions: 'in the same way that adverse environmental conditions in factories and workshops have been shown to affect the health of the employees, so bad working conditions in the home might affect the housewife.'⁵⁵² Curating a 'housewife special issue' of *Family Doctor* in 1961, Harvey Flack echoed the comparison. 'Just as every job creates medical problems', he suggested, 'there are a whole group of problems, known to every general practitioner, that arise more often in housewives than in sales-girls, receptionists or secretaries.'⁵⁵³

British morbidity surveys in the late 1940s painted a bleak picture. A 1948 *Lancet* article penned by a physician at the New Sussex Hospital, Stella Instone, set out to 'assess the welfare of housewives, their health, any disorders peculiar to or

⁵⁴⁹ Wilson, *Only Halfway to Paradise*, p. 19; Summerfield, 'Women in Britain Since 1945', p. 60

⁵⁵⁰ Riley, 'The Free Mothers', 58-118; Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', 260-271

⁵⁵¹ Jackson, 'Home Sweet Home', p. 7

⁵⁵² M. D. Warren, 'Housing And Illness: An Analysis Of 1,000 Medical Certificates', *The British Medical Journal* 2:4892 (Oct. 9th, 1954), 861-863, 861

⁵⁵³ Harvey Flack, 'A Woman's Work', *Family Doctor* 11:3 (1961), 137

prevalent among them, and the important causes and results of fatigue in them.’⁵⁵⁴ Their health, she warned, was ‘not good enough for the lives which they have to lead,’ exacting a heavy toll from the ‘strained tired worried-looking women’ that she observed in her interviews.⁵⁵⁵ By far the most common ‘condition’ that Instone reported was a vaguely defined look of overstrain and premature age, which showed itself in harassed, ill-at-ease, and sometimes bewildered facial expressions, ‘slow laboured movements and lack of muscle tone’, erratic conversation, and a general air of dejection and defeat. Of a sample of 61 housewives, she found only twelve who said that they had no worries, 45 with ‘some significant anxiety’ and four who said they were ‘anxious about everything.’⁵⁵⁶ 1949 saw the publication of similar findings in *The Journal of Hygiene* by a nutritional expert at the Institute of Social Medicine in Oxford, Dagmar Wilson. Building on her wartime investigations into women’s dietetic intake, Wilson reiterated concerns that wives and mothers neglected their own nourishment in favour of their husbands and children.⁵⁵⁷ Nutritional self-sacrifice, she argued, left women even more vulnerable to the physiological impact of domestic strain.⁵⁵⁸ Of 194 subjects, 156 reported ‘vague symptoms of tiredness, anxiety and depression,’ twelve of whom were referred by Wilson for urgent medical treatment.⁵⁵⁹

Discussing the implications of Instone and Wilson’s studies, a 1949 annotation in the *Lancet* observed that ‘the housewife is the freelance of the labour market.’ Although women’s domestic work rotated around fixed events such as meals and bedtimes, it was otherwise comprised of jobs which could be done ‘in any odd moment.’ According to the author, this left them at the mercy of persistent demands from their husband and children: ‘everybody borrows time from the one

⁵⁵⁴ Stella Instone, ‘The Welfare of the Housewife’, *The Lancet* (Dec. 4th, 1948), 899

⁵⁵⁵ *Ibid.*, 901

⁵⁵⁶ *Ibid.*, 900

⁵⁵⁷ Dagmar Wilson, ‘Note on the War-Time Health of Women in Industry and at Home: A Comparative Survey’, *The Journal of Hygiene* 44: 3 (1945), 221-225; Anon., ‘Women, Sickness and Fatigue’, *The Lancet* (April 14th, 1945), 474; see also Steven Thompson, *Unemployment, Poverty and Health in Interwar South Wales*, (Cardiff, 2006), pp. 84-85

⁵⁵⁸ Dagmar Wilson, ‘Surveying the Housewife’, *Public Health* (April, 1949), 139-142, 140; just one component of the ‘domestic martyrdom’ identified in Johnson and Lloyd, *Sentenced to Everyday Life*, p. 27

⁵⁵⁹ Wilson, ‘Surveying the Housewife’, 139

member of the family whose time is not sold in neat sections, pegged down with a whistle at either end.⁵⁶⁰ The uneven tempo of housework formed a recurring motif in sociological explanations of women's disorientation and tiredness. While education and the labour market added a healthy degree of structure to women's lives and could be defined and delimited in relatively clear terms, housewives inhabited a grey occupational space which sat at the blurred juncture between work and leisure but offered the salutogenic benefits of neither. Charlotte Luetkens' 1946 study, *Women and a New Society*, portrayed housework as 'domestic salvage... an endless, if thinly-spread repetition of tasks which had lost much of their inherent dignity.'⁵⁶¹ Women undertook chores 'as uninspired, often dirtier, even as repetitive and strenuous as most factory work'; this, she wrote, was the 'price of home.'⁵⁶² Even as Luetkens emphasised commonalities with factory work, she brought out important differences in management of time and feelings of subjective self-worth. Her argument that domestic routines mimicked and surpassed the worst aspects of industry sat in tension with the wartime discourse of women 'coming home to heaven' from inhospitable, masculine factories.⁵⁶³

Writing in 1948, the sociologist Ena Brown situated the organisation, status, and rhythm of domestic work as direct causes of housewives' fatigue, despondency, and 'passive role in social affairs.' Much like Luetkens, Brown wrote about monotony and repetition, but also the disjuncting and unsettling effects of interruption and deferment. Taking women's emancipation as her central problem, she drew a vicious circle between lethargy and pathology. The overtiredness and confusion that housework provoked worked to stifle the agency – whether political or individual – that women needed to improve or escape pathogenic environments.⁵⁶⁴ For Ferdinand Zweig, fragmented tasks reshaped women's thought processes, causing their minds to resemble the disordered domestic atmospheres which framed their labour. One poignant and elaborate metaphor in his 1952 text *Women's Life and Labour* connected mental function directly with physical toil:

⁵⁶⁰ Anon., 'Housewife's Load', *The Lancet* (July 30th, 1949), 2014

⁵⁶¹ Luetkens, *Women and a New Society*, p. 39

⁵⁶² Ibid., p. 111, 109

⁵⁶³ Swindells, 'Coming Home to Heaven', 223-234; Hill, *Ladies May Now Leave Their Machines*, p. 73

⁵⁶⁴ Brown, 'Can Women Be Emancipated?', 4

‘Woman also has the worst jobs at home, the job of fighting constantly with dirt, filth and dust, the job of carrying excessive loads in her shopping, of pinching and scraping. The most menial jobs are again allotted to her. Is it to be wondered that her mind becomes a rubbish heap full of bits and pieces here and there, unable to concentrate and think consecutively?’⁵⁶⁵

Alongside causing illness, housework was brutalising. Consumed with a battle for cleanliness which ‘never ends in a lasting victory’, women forgot that they were ‘dealing with the most significant facts of human existence, with birth, love and death, food, shelter and health.’⁵⁶⁶ Published in the same year, Olwen Campbell’s short book, *The Feminine Point of View*, condensed discussions held across five years by 28 feminists in education, journalism, and politics. In much the same terms as Zweig, Campbell described women’s work in the home as ‘obviously of incalculable importance for human happiness and well-being’, but worried that its ‘pottering nature... trivialities and constant interruptions’ left women too confused and exhausted to offer their unique perspective on social and political issues.⁵⁶⁷ ‘These’, Campbell stressed, ‘are formidable discontents.’⁵⁶⁸ Reducing the burden of drudgery would free women to ‘help shape a society which will not so often *undo* their work’ [her emphasis].⁵⁶⁹ One contributor to the volume, the suffragist Eva Hubback, died in 1949; her unfinished research into the lives of educated women was subsequently taken up by her daughter in law, Judith, whose 1957 book *Wives Who Went to College* repeated the anxiety ‘that the soul does not go out of family life because of pottering, impermanent, trivial, interrupted repetitions.’⁵⁷⁰ Reformist attempts at rationalisation, Hubback argued, were too often stymied by women’s resentment and mistrust of external intrusion. Strategies to manage and economise working times could be provided by experts, but their use was ultimately down to individual discretion.⁵⁷¹ The previous year, the sociologist of family and neighbourhood J.M. Mogeey wrote that domestic work was an ‘activity that keeps in being’; Myrdal and Klein noted that it ‘lends itself like no other occupation to a

⁵⁶⁵ Zweig, *Women’s Life and Labour*, p. 154-155

⁵⁶⁶ *Ibid.*, p. 154-151

⁵⁶⁷ Olwen Campbell, *The Feminine Point of View* (London, 1952), p. 31

⁵⁶⁸ *Ibid.*, p. 46

⁵⁶⁹ *Ibid.*, p. 31

⁵⁷⁰ Hubback, *Wives Who Went to College*, p. 150

⁵⁷¹ *Ibid.*, p. 60

dissipation of time and energy.⁵⁷² Even in modern kitchens, women's time was fractured, their work stretching to fit the day; apt to be put down, but never finished.⁵⁷³

The Psychology of Housework

Reviewing *Women's Two Roles* in 1956, *The Women's Bulletin* - the mouthpiece of the Women's Freedom League - lingered on housework's 'depressed status.' The 'old spell', domestic ideology, no longer 'cast its magic over unpaid drudgery.'⁵⁷⁴ Where women at home had previously been encouraged to look on domestic maintenance and cleanliness as important and valued tasks, the subjective standing of their occupation had fallen into sharp decline.⁵⁷⁵ As Amber Bianco White predicted in her 1944 textbook on anxiety, housewives' low estimation of the labour they performed – in contrast to emergency work in manufacturing or munitions – added psychological complications to the jarring physiological effects of the work itself.⁵⁷⁶ Echoing White's observation that women's experiences of war work rebounded onto perceptions of household labour, Ena Brown construed housewives' fatigue as the product of a historically contingent tension between the stolid realities of post-war domesticity and economic and social emancipation, fleetingly glimpsed.⁵⁷⁷ Mark Jackson and Natasha Feiner have each drawn attention to the complex diagnostic identity inhabited by fatigue, in strict distinction with common tiredness. While tiredness was a natural phase of the cyclical expenditure and renewal of energy, fatigue signified a prolonged distortion of physiological rhythms. It arose when energy was insufficiently replenished, but also when it was insufficiently dispersed.⁵⁷⁸ Using 'overtiredness' as a proxy, Hubback explained that the 'person in question

⁵⁷² J.M. Moge, *Family and Neighbourhood: Two Studies in Oxford* (Oxford, 1956), p. 56; Myrdal and Klein, *Women's Two Roles*, p. 176

⁵⁷³ Elizabeth Maddock, 'Letter to the Editor', *Manchester Guardian* (Nov. 5th, 1954)

⁵⁷⁴ M.M., 'Women's Two Roles' (review article), *The Women's Bulletin* 18 (Oct. 19th, 1956)

⁵⁷⁵ Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, Mass., 1998); Flack, 'A Woman's Work', 137

⁵⁷⁶ White, *Worry in Women*, pp. 80-81, 19, 93

⁵⁷⁷ Brown, 'Can Women Be Emancipated?', 5

⁵⁷⁸ Jackson, *The Age of Stress*, pp. 60-61; Jephcott, Seear and Smith, *Married Women Working*, p. 109; Wright, 'Taking the Strain Out of Stress', 48; Natasha Feiner, *Flying Fatigue in Twentieth-Century Britain: An Uncertain Zone* (Unpublished PhD Thesis, University of Exeter, 2017)

enjoys life much less than she usually does, wakes up tired or grows irritable early in the day, and looks and feels in every way far older than she is.'⁵⁷⁹ The Canadian doctor and popular writer on women's health, Marion Hilliard, described fatigue as the 'greatest enemy a woman ever faces'; carried to extremes, it lowered life expectancy and immunological resistance, set women on a course towards psychiatric breakdown, and robbed them of the 'joy and vitality without which life is grey and meaningless.'⁵⁸⁰

The attribution of a psychological genesis to domestic fatigue had far-reaching consequences for feminist criticisms of the sexual division of labour. Hubback worked from an aetiological model of fatigue grounded in 'feelings and emotions.'⁵⁸¹ Wartime analyses of women's absenteeism, neurosis, and perceptions of work emphasised the deleterious effect that low mood and morale had on productivity and health.⁵⁸² One study authored by two industrial psychiatrists, S. Wyatt and R. Marriott, observed that 'feelings and attitudes' of 'boredom and discontent' produced physiological results which were 'often indistinguishable from the effects of true fatigue', even if 'the facts do not always justify them.'⁵⁸³ Wyatt and Marriott's mistrust of subjectivity played upon assumptions of feminine irrationality, constructing an implicit hierarchy of suffering. In contrast, Hubback gave empathetic parity to a spectrum of causative stories. 'Domestic worries', 'frustration' and 'mental boredom' sat alongside 'defects of health', 'too little sleep', 'lack of leisure' and 'overwork.'⁵⁸⁴ Summarising *Wives Who Went to College* for the *New Statesman*, Mary Scrutton noted that 'the real point is not whether they *should* feel so, but whether they do.'⁵⁸⁵

⁵⁷⁹ Hubback, *Wives Who Went to College*, p. 58; Language is important, and this is not to suggest that overtiredness and fatigue carried the same set of meanings. However, Hubback wrote about 'overtiredness' in terms precisely analogous to contemporary discussions of fatigue. It is unclear as to why she chose to frame her analysis in this way, but I would suggest that this is an idiosyncrasy of expression rather than an exploration of a different phenomenon.

⁵⁸⁰ Marion Hilliard, *A Woman Doctor Looks at Love and Life* (London, 1958), p. 134

⁵⁸¹ Hubback, *Wives Who Went to College*, p. 59

⁵⁸² D. Elizabeth Bunbury, 'Psychiatric Advice in Industry', *British Journal of Industrial Medicine* 2:1 (1945), 45-46, 45

⁵⁸³ S. Wyatt and R. Marriott, *Why is She Away?: The Problem of Sickness Among Women in Industry* (London, 1945), p. 14

⁵⁸⁴ Hubback, *Wives Who Went to College*, pp. 62-63

⁵⁸⁵ Mary Scrutton, 'Review: Judith Hubback, *Wives Who Went to College*', *New Statesman* (Sept. 28th, 1957)

Indeed, Myrdal and Klein surmised that housewives valued their work in inverse proportion to a measurable rise in domestic standards across the western world. The problem of 'drudgery', they argued, was 'a psychological one, at least in part.'⁵⁸⁶ Drawing on the American sociologist David Riesman's 1950 work, *The Lonely Crowd*, they reproduced a passage which placed women's distress in the context of housework's exclusion from the visible economy. For Riesman, housewives produced a 'social-work product', but their labour was never recognised as an 'hour-product' or a 'dollar-product', either in the national census or in public opinion. It was their ambiguous occupational status which caused women to be 'exhausted at the end of the day without feeling any right to be, insult thus being added to injury.'⁵⁸⁷ Understanding housewives' psychological disquiet at their seeming inferiority to paid workers, Myrdal and Klein suggested, also held the key to unravelling the frenetic working patterns which baffled and frustrated domestic reformers. Faced with irrelevance, women unconsciously expanded their workloads, allaying 'their feelings of frustration by providing evidence that they are fully occupied and indispensable.'⁵⁸⁸ Housewives were analysed as a coherent occupational group, but their specific challenges and vulnerabilities were rooted in their exclusion from the structure and worth conferred by culturally defined work.⁵⁸⁹

Housewives' pain and fatigue also attracted concerted attention from medical women. Turning their attention to housework in the late 1940s, the MWIA initially traced out a global project of domestic rationalisation. Envisioned as a means of facilitating discussion, solidarity, and shared research between doctors of differing nationalities, the organisation had taken shape late in 1919 from a number of scattered groups, including the British Medical Women's Federation (MWF).⁵⁹⁰ Successive presidents enunciated an ethos of medical feminism which, in common with other post-war feminisms, played readily on constructed ideas of gendered difference to emphasise women's exceptionalism and justify their contribution to

⁵⁸⁶ Myrdal and Klein, *Women's Two Roles*, p. 38

⁵⁸⁷ *Ibid.*, p. 190; David Riesman, *The Lonely Crowd* (London, 1950), p. 300

⁵⁸⁸ Myrdal and Klein, *Women's Two Roles*, p. 38; Roberts, *Women and Families*, p. 32

⁵⁸⁹ Vera M. Campbell, 'Letter to the Editor', *Manchester Guardian* (5th November, 1954)

⁵⁹⁰ Dorothy Ward, *They Cure in a Motherly Spirit: History of the Medical Women's International Association* (Glasgow, 2010), p. 1

public works.⁵⁹¹ Speaking at a congress on post-war reconstruction in 1947, the then president, celebrated bacteriologist, and recipient of the Order of the Lion of the Netherlands for her activities in the Dutch Resistance, Anna Charlotte Ruys, explained that medical women had to learn to act as workers in and upon the body politic. 'By the very fact that we are women', she reasoned, 'it is our duty to fit ourselves to take part in all the activities which regulate the life and future of our nation and mankind.'⁵⁹² Ruys' successor, Yolanda Tosoni-Dalai, emphasised that members' 'sensitivity and femininity' afforded 'special insight' into medical problems, particularly the specific challenges of women. In her first address to the organisation in 1955, she expressed the hope that the council would endorse the official adoption of a hitherto informal motto, *matris animo curant*; 'they cure in a motherly spirit.'⁵⁹³ By the early 1950s, the MWIA boasted 2,300 doctors in Britain alone, each in receipt of a quarterly journal.⁵⁹⁴ Their histories disrupt depictions of post-war medicine as working to construct femininity from an exclusively male perspective, and as necessarily running counter to feminist discourses on gender, home and work in the implicitly more radical social sciences.

Pressure to investigate the health of housewives had been building within the MWIA since 1948, when the problem had been raised during a meeting of their inner council. Regional symposia in Lillehammer in the same year and Aulanko in 1949 had culminated in a scientific session on the 'pathology and hygiene of housework' at the yearly caucus in Philadelphia in 1950, with delegates appropriating methodologies from industrial medicine to describe and assess the potential hazards of domestic environments.⁵⁹⁵ As Allison Hepler observed in her history of motherhood and occupational health in America, *Women in Labor*, attendees at the Philadelphia workshop defined housework as intrinsically important and necessary work, and set out to improve the physical conditions in which women laboured. The co-chairs of the planning committee, Maria Teresa Casassa and Gerda Seidelin Wegener, had made a conscious decision to focus on the work, not the worker.

⁵⁹¹ Birmingham Feminist History Group (BFHG), 'Feminism as Femininity in the Nineteen-Fifties?', *Feminist Review* 80 (2005), 6-23

⁵⁹² Anon., 'Medical Women's International Association: Congress at Amsterdam', 264

⁵⁹³ Yolanda Tosoni-Dalai, 'President's Address', *Medical Women's International Journal* 18 (1955), 4-5, 4

⁵⁹⁴ Ward, *They Cure in a Motherly Spirit*, p. 74

⁵⁹⁵ *Ibid.*, p. 68

Discussions, consequently, lingered on the disordering effects of irregular, unpredictable, and patchwork tasks.⁵⁹⁶ Meeting in Vichy in 1952, the MWIA convened a second conference, similarly focused on 'medical aspects of housework.' Summarising British research, Doris Odlum drew on Dagmar Wilson's identification of domestic tiredness, neurosis, and low morale, as well as ongoing research by Judith Hubback.⁵⁹⁷ In her talk to the association, Odlum argued that scientific enquiry into housework was 'long overdue.' It was well known, she told her audience, 'that in practically all countries women are still working under most unsuitable conditions, which in many cases are having unfavourable effects on their health from both the psychological and the physical point of view.'⁵⁹⁸ The problem was compounded by women who had 'rigidly clung to outworn and unsatisfactory methods and conditions even when they were given the opportunity to improve them', and had rarely taken steps to ameliorate their own circumstances.⁵⁹⁹ Her language shifted emphasis away from inherently exhausting workloads, centring instead on housewives' perceived tendency to complicate and prolong work which could be performed more efficiently.⁶⁰⁰

Another speaker at Vichy, the Finnish paediatrician and chair of the MWIA working group on housework, Zaida Ericksson-Lihr, also stressed the scope and severity of the medical crisis motivating the conference. 'Women doctors' consulting rooms', she claimed, 'are filled with distraught and confused housewives, seeking help.'⁶⁰¹ She began her address to the association with a description of a familiar patient, a middle-aged housewife who presented with symptoms of back pain but tested negatively for nephritis, cystitis, gynaecological problems, and slipped discs. In order to eliminate the possibility of an obvious cause to their patient's complaints, doctors needed to take thorough inventories of physical routines and domestic

⁵⁹⁶ Hepler, *Women in Labor*, pp. 106-107

⁵⁹⁷ Doris Odlum, 'Some Special Surveys in Great Britain' (speech), *Journal of the American Medical Women's Association* 8: 11 (1953), 61-62, 62

⁵⁹⁸ *Ibid.*, 62

⁵⁹⁹ *Ibid.*, 61

⁶⁰⁰ See also W.C. Alvarez, 'How to Live with Your Nerves', *Family Doctor* 4:1 (1954), 28-30; Casson, 'Down in the Doldrums', 90-91

⁶⁰¹ Zaida Ericksson-Lihr, 'Symposium from Austria, France, Italy and Finland' (speech), *Journal of the American Medical Women's Association* 8: 11 (1953), 54-58, 54

technologies. 'It may be poor equipment in the home; it may be poor arrangement of the household facilities; it may simply be too many backbreaking hours of intensive, hurried work for the family for too many years.'⁶⁰² In the course of a few words, Ericksson-Lihr juxtaposed the seemingly banal science of household organisation with the ethical tragedy of lifelong, gruelling labour.

Although she demonstrated faith in the potential advantages of industrial techniques, Ericksson-Lihr also recognised an interrelated aspect of women's discontent which drew sharper distinctions between housework and outside employment, highlighting tensions which delegates at Philadelphia had been unable to convincingly reconcile.⁶⁰³ 'How about the psychic troubles of the housewife', she wondered. 'Are they real or only imaginary? Did the long working hours by day and night, the hectic hurry, the economic difficulties, the loneliness and lack of appreciation, upset her balance?' Her approach, taking a parallel psychological inventory to detect signs of social isolation, restlessness, poor sleep, 'monotony of life' or symptoms of an 'inferiority complex', hinted at existential difficulties which evaded resolution even by successful attempts at job design. The seclusion in which many women worked, in part a result of rising geographical mobility, but also attributable to spreading middle-class associations between privacy and respectability, carried psychiatric connotations which were just beginning to be seriously explored.⁶⁰⁴ This was a world, fundamentally, that Ericksson-Lihr suspected had 'grown too narrow.' Housework alone, she concluded, 'is not enough to make most women happy.'⁶⁰⁵ Improving the conditions and status of domestic labour, therefore, could only take housewives so far.

In speaking about 'most' women, Ericksson-Lihr shifted the parameters of debate. No longer referring to individual, technological, or environmental adjustments, she deployed a language of universal psychological requirement which moved beyond social and national contexts. Her colleague, a leading French writer on youth, sex and motherhood, Germaine Montreuil-Straus, set out a similar argument in her corresponding paper on the 'psychosomatic aspects of housework.'

⁶⁰² Ericksson-Lihr, 'Symposium from Austria, France, Italy and Finland', 54

⁶⁰³ Ibid., 55; Hepler, *Women in Labor*, p. 107

⁶⁰⁴ Ericksson-Lihr, 'Symposium from Austria, France, Italy and Finland', 55

⁶⁰⁵ Ibid., 54

Married women's overstrain, she explained, was grounded in an 'emotional, psychic, and mental disequilibrium.' Work 'which is neither defined in time, nor in space, nor by economic status' intensified any fatigue caused by its physical performance.⁶⁰⁶ In common with Ena Brown – but also with critics of feminism such as Ferdinand Lundberg and Marynia Farnham – Montreuil-Straus argued that domestic distress was the product of a particular convergence of raised educational and socioeconomic expectations and lowered valuations of traditional behaviour.⁶⁰⁷ 'Women who are growing more and more conscious of their own personalities and aptitudes and possibilities,' she argued, 'feel very strongly that their standard of living has been drastically lowered and their inability to make the necessary adjustments results in a more or less permanent loss of physiologic and nervous stability.'⁶⁰⁸ Rather than implying the need for a retrenchment of conservative values, the connections she made between women's illness and cultural transformation were fundamentally positive. Itself a by-product of social and political progress only half-realised, the disordered psyche could provide the impetus to push forward to a fairer world.

Post-war interpretations of housewives' physiological complaints were by no means fully imbued with feminist or proto-feminist politics. Some women connected their exhaustion with domestic incompetence, and asked experts for help.⁶⁰⁹ Doctors who wrote on housewives' chronic pain in the early 1960s told women with backache to 'just bend your knees, honey', or suggested that they had a 'skeleton in the cupboard', a hidden sexual secret which manifested itself in psychosomatically produced symptoms.⁶¹⁰ But it was commonplace for medical and sociological explorations of fatigue and pain to criticise and question the healthiness of domesticity *as a mode of life*, not simply the changeable characteristics of housework. If women's problems were purely physical, then household

⁶⁰⁶ Germaine Montreuil-Straus, 'The Psychosomatic Aspect of Housework', *Journal of the American Medical Women's Association* 8:11 (1953), 59-61, 60

⁶⁰⁷ Ferdinand Lundberg and Marynia Farnham, *Modern Woman: The Lost Sex* (New York, 1947); Halliwell, *Therapeutic Revolutions*, p. 147

⁶⁰⁸ Montreuil-Straus, 'The Psychosomatic Aspect of Housework', 60-61

⁶⁰⁹ Testimony 263, 1963, PVK, URSC, MS 1215/26/1

⁶¹⁰ John Earle, 'Just Bend Your Knees, Honey', *Family Doctor* 11:3 (1961) 160-161, 160; Michael O'Donnell, 'Skeleton in the Cupboard', *Family Doctor* 12:4 (1962), 205-206

modernisation and domestic education could be presented as a plausible answer. The psychological impact of women's perceptions of their work and status, and the circular picture of psychosomatic distress which emerged from post-war analyses, however, underscored the limitations of straightforward occupational methods. Visualising fatigue as a product of disordered mood allowed feminists to privilege psychological solutions, even when they necessitated additional time and effort. As Joanne Meyerowitz has argued, second wave feminists occupied such a pivotal role in the renegotiation of women's identities not because they offered a radical new interpretation of oppression, but because they tapped a wellspring of anger that had been building in western societies for a number of years.⁶¹¹ The exposure of injustice has been central to feminist self-narratives. Injustice, however, was historically and culturally contingent, and relied upon women themselves – amidst economic shifts which, arguably, had little to do with empowerment – to articulate an alternative vision.⁶¹² Feminists were not simply narrating women's discontent, they were fuelling it.⁶¹³ By the 1950s, fatigued housewives found their health compared unfavourably with working women. Denied the opportunity to flourish, they were diminished versions of their own potential selves. Their tiredness, illness, and conventionality stood in telling contrast to the happiness of the younger girls they had been and the assertive, alert, fulfilled women they still could be.⁶¹⁴

The Interrupted Self

In a 1971 interview for the *Paris Review*, the American housewife-turned-poet Anne Sexton reflected that she 'had a kind of buried self' before she turned 28. Not yet aware of her creative depths, she sought conventionality in the 'bourgeois, middle-class dream.' When 'the surface cracked' in 1954, she underwent a psychotic breakdown and suicide attempt, and was eventually convinced by her therapist to

⁶¹¹ Meyerowitz, 'Beyond the Feminine Mystique', 1455-1482

⁶¹² Kessler-Harris, *Out to Work*, p. 299

⁶¹³ Margaret Springbett, 'Letter to the Editor', *Manchester Guardian* (Nov. 5th, 1954); Wilson, *Only Halfway to Paradise*, p. 194

⁶¹⁴ Casson, 'Down in the Doldrums', 90-91

write poetry.⁶¹⁵ Sexton's difficulties were complex – she committed suicide in 1975 – and this was no simple narrative of conformity, crisis, awakening, and cure.⁶¹⁶ But the theme of submergence and stagnation, of interrupted selfhood, had echoes in the confessional stories of other elite, articulate women, and in explorations of domestic frustration from journalistic, social scientific, and medical perspectives. In Britain in the late 1960s and early 1970s, Hannah Gavron and Ann Oakley wrote between the borders of personal experience and sociological scholarship; the poet Judith Kazantzis was also 'aching from the ill of the feminine mystique.'⁶¹⁷ Although many mothers ignored or resisted the injunctions of some childcare experts to 'forget about your intellect', post-war domesticities were frequently described as stiflingly pathogenic, especially – but not exclusively – for women of high education.⁶¹⁸ In her recent reconsideration of long-cherished feminist assumptions about the psychological cost of boredom and frustration, Ali Haggett drew a sharp distinction between the arguments made by critics of domesticity and the 'average suburban' housewives they wrote about; her own oral history interviews found that women remembered being troubled chiefly by problems in romantic or familial relationships.⁶¹⁹ Instead, this section argues that feminist anxieties had a substantial basis in women's reported experiences, and were often mirrored in contemporary medical discourses, not ignored or negated by them.

For feminist sociologists writing in the mid-to-late 1950s, the problem of overburdened working-class housewives had all but receded.⁶²⁰ In discerning a common psychological cause for fatigue, concern settled around the women thought to be undergoing the most pronounced personal conflicts. Undertaking a study of the

⁶¹⁵ Barbara Kevles, 'The Art of Poetry No. 15: Interview with Anne Sexton', *The Paris Review* 52 (1971)

⁶¹⁶ Gill, 'Anne Sexton's Poetics of the Suburbs', pp. 63-83; Matthews, *Just a Housewife*, pp. 214-215; Samuel Maio, *Creating Another Self: Voice in Modern American Personal Poetry* (Lanham, 1995), p. 78

⁶¹⁷ Gavron, *The Captive Wife*; Ann Oakley, *Taking it Like a Woman*, p. 70; Judith Kazantzis, 'The Errant Unicorn' in Michelene Wandor (ed.), *On Gender and Writing* (London, 1983), pp. 24-30, p. 26; Giles, *Women, Identity and Private Life in Britain*, p. 19

⁶¹⁸ Holdsworth, *Out of the Doll's House*, p. 125

⁶¹⁹ Haggett, 'Housewives, Neuroses, and the Domestic Environment in Britain, 1945-70', p. 105; Baur, 'Families, Stress and Mental Illness in Devon', p. 37

⁶²⁰ Hubback, *Wives Who Went to College*, p. 58; Roberts, *Women and Families*, pp. 29-30

effects of working motherhood on child and adolescent health for the Council for Children's Welfare in 1963, the paediatrician Simon Yudkin and the social researcher Anthea Holme identified two types of women at particular risk of illness, by then long-established in tabulations of domestic distress. There were 'those who find household duties and child rearing frustrating and limiting', and 'those who find fulfilment in the bringing up of their children and are then suddenly faced with their children's adolescent independence.'⁶²¹ Even when housework and motherhood sufficed to keep women well in the earlier phases of their adult lives, they were inadequate foundations for resilience and maturity in later life.

Although marriage was consistently promoted as a biological and emotional necessity, it therefore took on an ambivalent identity in the female life course.⁶²² Writing in the 1950s, the American psychoanalyst Erik Erikson divided psychosocial crises into distinct developmental phases. The first two decades of adulthood – from around 18 to 40 – were primarily given over to the working out of tensions between romantic intimacy and isolation. The former, explicitly, was the healthier of the two directions. Yet, critics of domesticity noted that housewives continued to be subject to conflicts and confusions over role and identity – for Erikson, associated with adolescence – and anxieties over stagnation and generativity more common to the mid-life.⁶²³ Rather than representing a positive stage of lifelong growth, the early years of marriage could act to arrest and stultify women's personalities. Young adulthood, in contrast, could be active and vibrant; in 1945, Gertrude Williams predicted that the 'stay-at-home girl...will soon be as extinct as the dodo.' Idle young women had 'become an object of social scorn.'⁶²⁴ As Vicky Long and Hilary Marland argued, concerns about the improper use of energy during adolescence and early adulthood framed a view of work and education as healthy preparations for the responsibilities of citizenship and childcare.⁶²⁵ While there was little doubt in the 1940s that most women and girls looked forward to marriage, Charlotte Luetkens hoped that young soon-to-be-brides had the courage to 'admit that even in a modern

⁶²¹ Yudkin and Holme, *Working Mothers and Their Children*, p. 180

⁶²² Campbell, *The Feminine Point of View*, p. 41

⁶²³ E. H. Erikson, 'Identity and the Life Cycle: Selected Papers', *Psychological Issues* 1:1 (1959), 1-171

⁶²⁴ Williams, *Women and Work*, p. 62

⁶²⁵ Long and Marland, 'From Danger and Motherhood to Health and Beauty', 477-478

cottage or flat married life may demand many bitter adjustments.⁶²⁶ Domesticity represented a different way of being, an ambivalent form of self turned inward to home but outward to family; hard to take up, and hard to set down when care and housework no longer occupied the mind and body.⁶²⁷

Lopsided Living

The problem of women's psychological adjustment to marriage posed a particular interpretive challenge. Judith Hubback's work on educated wives offered a feminist diagnosis, depicting domestic life as a source of frustration and decay for trained minds.⁶²⁸ The journalistic reception of her research, however, underscored deep ideological fissures between radical and conservative approaches to women's education.⁶²⁹ Hubback presented evidence that graduate homemakers felt fatigued and overwrought in support of her argument that their intellect had to be 'allowed its full outlet, once education has fostered it.'⁶³⁰ Working from the unshakeable position that a challenging education for women and girls was a universal good, her identification of dissonance between experiences of college and home cast post-war domesticity in a pallid light. Although most reviewers accepted the central premise of her analysis, reporting on the individual and economic consequences of wasted talent, others reversed the equation.⁶³¹ For Cynthia Rhodes, *Wives Who Went to College* was a cautionary tale for parents 'planning to spend £400 a year to give your daughter a university education.' Rhodes claimed that the 'richer, fuller life' enjoyed by 'leaving material gain on one side' was poisoned by women's day-dreams of putting their skills to use. 'She wants to be in a laboratory changing test-tubes – and she's stuck changing nappies. She'd like to be at the drawing-board, but she's at the

⁶²⁶ Pearl Jephcott, *Rising Twenty* (London, 1948); Luetkens, *Women and a New Society*, p. 115

⁶²⁷ Simone de Beauvoir, *The Second Sex*, trans. by Howard M. Parshley (London, 1953), p. 467

⁶²⁸ Hubback, *Wives Who Went to College*, p. 69

⁶²⁹ Proops, 'Lectures on the Love Life of a Female Egg-Head'; Sheila Lynd, 'Educated Wives – But They're So Silly!', *Daily Worker* (June 2nd, 1954)

⁶³⁰ Hubback, *Wives Who Went to College*, p. 68

⁶³¹ Honor Croome, 'Honours Degrees in the Kitchen', *Daily Telegraph* (Sept. 28th, 1957); Peggie Phillips, 'Graduating to the Kitchen Sink', *The Scotsman* (Sept. 28th, 1957); Molly Walsh, 'Cures for the Tired', *Catholic Herald* (Nov. 29th, 1957)

sink.⁶³² If education and domesticity were in tension, it was the former which had to be questioned. Parents were effectively paying to introduce dangerous and unnecessary conflicts into their daughters' lives.⁶³³

Viewed through the prism of contemporary psychiatric discourses on adjustment, housewives' frustration betrayed a personal failure to adapt to their changed circumstances.⁶³⁴ Writing in *The Lancet* in 1950, a psychiatrist at the West Middlesex Hospital, F.P. Haldane, dissected the case histories of three of his patients, two of whom were educated wives. His first example was a married woman of thirty who complained of attacks of extreme breathlessness, in which she felt that she could get no air into her lungs and was seized by the fear that she was about to die. Finding sex 'completely pleasureless and distasteful', she flew into violent rages against her husband. Meaningfully, she also reported an 'inability to settle down contentedly to the role of housewife', a complaint which Haldane explored in particular depth. Well-educated, inquisitive, and intelligent, his patient had been employed on intelligence and propaganda duties during the war, incubating her wish to pursue a career in broadcasting. Childhood memories of a domineering father and a 'quiet depressive submissive' mother conditioned her view of the 'more feminine position' as 'not merely inferior but terrifyingly dangerous', an impression cemented by a sexual assault at 17. According to Haldane, her character had been 'moulded from an early age... along lines that make it excessively difficult for her now to adjust adequately to the role of housewife, wife, and mother.'⁶³⁵ His second case, another 'intellectually ambitious' woman, had been spoiled and coddled by her family in early life, and expected to perform a passive femininity. Although she suffered from a duodenal ulcer, a number of her symptoms were thought to be 'hysterical.' The

⁶³² Cynthia Rhodes, 'Is College Wasted on Your Daughter?', *Sunday Express* (22nd Sept., 1957)

⁶³³ Anon., 'College Girls Would do Better Learning Typing', *The Royal Gazette* (Sept. 23rd, 1957)

⁶³⁴ R. Leys. and R. Evans (eds.), *Defining American Psychology: The Correspondence between Adolf Meyer and Edward Bradford Titchener* (Baltimore, 1990), p. 40

⁶³⁵ F.P. Haldane, 'Some Limitations of Psychiatry', *The Lancet* (April 29th, 1950), 793-796, 794

subject, he explained, ‘chafes at not having a career and dreams of taking various courses of training, if her health permits and if she can find enough spare time.’⁶³⁶

Writing on post-war British psychiatry, Elizabeth Wilson argued that psychotherapists who approached domestic neurosis as a question of adjustment ‘shunned the moral problems raised by issues of deviance and conformity’, ignoring the dynamics of male domination and relating women’s problems back to the ‘dark shadow’ of the mother.⁶³⁷ Haldane wrote of the ‘long and painstaking and difficult work’ involved in character readjustment.⁶³⁸ Representing health as the product of psychological compromise depoliticised women’s distress, locating both cause and salvation within the individual psyche. The gendered constraints which framed his patients’ illnesses, consequently, were left unexamined. Pharmacological solutions mirrored this process, offering adjustment by chemical means. In a 1962 article for the *BMJ*, the head of the department of psychological medicine at St Thomas’ teaching hospital, William Sargant, and his research registrar, Peter Dally, discussed one patient, a 36 year-old woman who had felt ‘strung-up’ since her marriage at the age of 18. She recounted feelings of tiredness and depression, sweating and trembling, and became unable to swallow; following an argument with her husband, she had overdosed on chloral hydrate.⁶³⁹ When psychotherapy failed – as Haldane warned it often could – Sargant and Dally administered a series of drugs, settling finally on ‘large doses of amylobarbitone.’⁶⁴⁰ Ali Haggett rightly observed that pharmaceutical prescription privatised the emotional difficulties of a wide range of consumers, and that many housewives reported a real and positive difference.⁶⁴¹ Nevertheless, it elided the social and sexual politics of women’s suffering. As the president of the Society of Medical Officers of Health, J. D. Kershaw, observed in 1957, ‘to return a patient to the social environment which had helped to make him ill

⁶³⁶ Haldane, ‘Some Limitations of Psychiatry’, 794

⁶³⁷ Wilson, *Only Halfway to Paradise*, p. 117

⁶³⁸ Haldane, ‘Some Limitations of Psychiatry’, 796

⁶³⁹ For more on self-poisoning, see Millard, “‘The Social’, Stress and Attempted Suicide’, pp. 177-192; Chris Millard, *A History of Self-Harm in Britain: A Genealogy of Cutting and Overdosing* (London, 2015)

⁶⁴⁰ William Sargant and Peter Dally, ‘Treatment of Anxiety States by Antidepressant Drugs’, *The British Medical Journal* 1:5270 (Jan. 6th, 1962), 6-9, 8

⁶⁴¹ Haggett, *Desperate Housewives*, pp. 129-170

was as stupid as to dress the burns of a child and throw it back into the fire which had burned it.⁶⁴²

Both techniques of adjustment placed emphasis on everyday coping, on individual over political transformation. For the chair of the Institute of Psychiatry, Aubrey Lewis, too many practitioners mishandled their patients' problems through reliance on socially and culturally constructed assumptions about appropriate roles, emotions and experiences.⁶⁴³ In a wide-ranging 1953 article for *The British Journal of Sociology*, he moved discussion towards the merits of a universal criterion for health. Citing the neurologist and psychoanalyst Ernest Jones, Lewis argued that the characteristics of a healthy mind could be defined and measured as follows: 'The "internal freedom" of feelings of friendliness and affection towards others; secondly, mental efficiency, i.e. "the fullest use of the given individual's powers and talents"; and finally, happiness which is "probably the most important of the three" - a combination of the capacity for enjoyment with self-content.'⁶⁴⁴ Although the model that Lewis suggested was similarly steeped in constructed ethical and cultural judgements, it provided a set of standards against which women's experiences in the home could effectively be measured.⁶⁴⁵ Significantly, his egalitarian focus on 'mental efficiency' also worked to erode the myth of sexually distinct psychological requirements, mirroring Ena Brown's rejection of the assertion that 'every type of woman ought to find within the home satisfaction for all her needs, mental, physical, and emotional.'⁶⁴⁶ Praising the contributions of forward-thinking psychiatrists in 1957, Judith Hubback observed that 'reasonable people now think that the frontiers between masculine and feminine interests are not so definite.'⁶⁴⁷ Women were no exempted case: 'if one side of them is unused, it atrophies.'⁶⁴⁸ While narratives of psychic difference between women and men prolonged and justified divergent roles,

⁶⁴² Anon., 'Royal Society Of Health: Congress At Folkestone', *The British Medical Journal* 1:5027 (May 11th, 1957), 1114-1116, 1115

⁶⁴³ Aubrey Lewis, 'Health as a Social Concept', *The British Journal of Sociology* 4:2 (1953), 109-124, 116

⁶⁴⁴ *Ibid.*, 121

⁶⁴⁵ Anon., 'Mental Health: International and Domestic', 336

⁶⁴⁶ Brown, 'Can Women Be Emancipated?', 5

⁶⁴⁷ Hubback, *Wives Who Went to College*, p. 127

⁶⁴⁸ *Ibid.*, pp. 1-2

behaviour, and experiences, visualising social health in terms of a common standard rendered women's vulnerability more visible.

Ferdinand Zweig wrestled with corresponding questions in *Women's Life and Labour*. Although he pointedly disavowed psychological theories, he was particularly troubled by women's 'sense of inferiority' (not, as he stressed, inferiority complex).⁶⁴⁹ Women internalised feelings of inadequacy from childhood, conflicting with 'our three basic needs' for 'mental health and balance', love, security, and significance. All three, Zweig argued, 'closely linked with each other and intertwined, come out very closely in women's pronouncements about happiness, which is a constant preoccupation of their mind.'⁶⁵⁰ Tellingly, the most space was given over to women's 'quest for significance', which he understood to be 'the direct outcome of their sense of inferiority.' The cultural conditioning that women underwent enhanced their need to be active in the world, rather than dimming and containing their aspirations. If significance was an ingrained imperative for men, women sought it in response to 'the littleness of their sphere of action.' The female proclivity for nursing, welfare work, and social action had roots not in biologically determined feelings of nurture, but in a gendered revolt against irrelevance.⁶⁵¹

For many feminists, women's emancipation from the home was inseparable from the broader aims of social democracy.⁶⁵² As Stephanie Spencer underlined in her history of work, education and gender in the 1950s, advocacy of women's employment was married to parallel arguments over citizenship and economic responsibility.⁶⁵³ Jane Lewis interpreted a post-war emphasis on national contribution as a negation of selfhood, arguing that Alva Myrdal and Viola Klein's framing of the dual role as a means of freeing untapped reserves of womanpower

⁶⁴⁹ Zweig, *Women's Life and Labour*, p. 18

⁶⁵⁰ *Ibid.*, p. 150

⁶⁵¹ *Ibid.*, p. 151

⁶⁵² Caine, *English Feminism*, p. 236, 247; Hubback, *Wives Who Went to College*, p. 79; Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 224; The widespread supposition that the housewives' vote had cost Clement Atlee's Labour government a second term in office in 1951 may have gone some way towards hardening left-wing impressions of domesticity as reactionary and outdated in Britain: see Ina Zweiniger-Bargilewska, 'Rationing, Austerity and the Conservative Party Recovery after 1945', *Historical Journal* 37:1 (1994), 173-97

⁶⁵³ Spencer, *Gender, Work and Education in Britain in the 1950s*, p. 80; Wilson, *Only Halfway to Paradise*, p. 23

pushed individual health to the margins of debate.⁶⁵⁴ Preoccupied with 'state and nation', the more confident and successful Myrdal encouraged Klein to shift the tenor of their collaboration away from individual rights, emotional requirements, and the social construction of gender.⁶⁵⁵ A close reading of *Women's Two Roles*, conversely, demonstrates that the authors sought to fuse and balance individual and communal imperatives. Introducing their study, Myrdal and Klein professed 'an interest both in women's individual well-being and in the welfare of society.'⁶⁵⁶ Their findings had relevance 'not only for reasons of the national economy but at least equally so for the sake of women's personal satisfaction and psychological equilibrium.'⁶⁵⁷ No less than men, women required a 'sense of social purpose'; they became ill when they forewent the psychological satisfaction of putting their skills to use in service of a greater good.⁶⁵⁸

Their focus on the psychopathology of democratic exclusion conjoined medical and sociological criticisms of domesticity, drawing from and shaping political discourses on the ethics of emancipation. *Women's Two Roles* looked outwards to North America and Western Europe, collecting evidence from native collaborators and offering prescriptions for problems held by women in common.⁶⁵⁹ Interventions from Finnish and Swedish feminists in the early 1960s offered a similarly complex positioning of emotional health as a facet of social participation. Drawing on an Anglophone literature, Anna-Liisa Sysiharju's 1960 survey of students in Helsinki set out to measure the conjuncture of 'simultaneous expectations of the old, traditional, subordinated, passive and dependent role and the new equal, active and independent role.'⁶⁶⁰ While Pearl Jephcott's *Rising Twenty* found that young women in the late 1940s anticipated married life with delight, the scholars interviewed by

⁶⁵⁴ Lewis, *Women in Britain Since 1945*, p. 24; Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960', p. 170; see also Roberts, *Women and Families*, p. 125

⁶⁵⁵ Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960', p. 169

⁶⁵⁶ Myrdal and Klein, *Women's Two Roles*, p. xi

⁶⁵⁷ *Ibid.*, p. xii

⁶⁵⁸ *Ibid.*, p. 11, 31

⁶⁵⁹ Correspondence between Alva Myrdal and Viola Klein, 1952-1962: PVK, URSC, MS1215/15/2

⁶⁶⁰ Anna-Liisa Sysiharju, *Equality, Home, and Work: A Socio-Psychological Study on Finnish Student Women's Attitudes Towards the Woman's Role in Society* (Helsinki, 1960), p. 32

Sysiharju had a clear preconception of housework and motherhood as limiting and frustrating.⁶⁶¹ Equally, when the International Council of Social Democratic Women (ICSDW) debated the impact of working motherhood on family life in Rome in the October of 1961, they depicted the process of freeing women from ‘household slavery’ as a matter of social justice.⁶⁶² One speaker, the politician and diplomat Inga Thorsson, described the ‘pair of opposites’ confronting modern women: ‘the feeling of being able to develop one’s potential abilities as against the feeling of aimlessness caused by unused potentialities.’⁶⁶³ In order to disperse this shared aimlessness, Thorsson proposed making ‘full use of the abundant will of women to work and be useful.’⁶⁶⁴ The alignment of feminist and social democratic objectives relied on the elaboration of a politics of personal wellness, not a technocratic disinterest in the subjective self.

Indeed, the evidential foundations for much of the sociological and journalistic research which questioned the myth of the happy housewife in 1940s, 1950s and 1960s Britain were made up of women’s individual testimonies. Judith Hubback, for example, reproduced the frustration of one respondent who felt that she was ‘rotting away on a Kentish hillside’; housewives, another explained, were ‘secretly a little discontented because the chances of exercising our true ability are limited by these domestic ties – and are sometimes entirely nil.’⁶⁶⁵ Historians have followed suit, looking to contemporary accounts of domestic distress and taking new oral histories, juxtaposing women’s own words with those written about them. Post-war testimony, consequently, has performed new work in late twentieth and early twenty-first century discourses on gender. Elizabeth Wilson cited a 1946 letter to *The Listener* in which one middle-class housewife complained that ‘your brain becomes stagnant when you do nothing but housework’; Elizabeth Roberts’ interviews with working-class men and women unearthed a ‘vegetating’ mother who had been made to feel like a ‘nonentity’ after the birth of her son.⁶⁶⁶ More recently, Ali Hagggett’s interviews

⁶⁶¹ Sysiharju, *Equality, Home, and Work*, p. 100

⁶⁶² *Bulletin of the International Council of Social Democratic Women* (henceforth ICSDW), Circular XVI/62 (18th August, 1962), p. 3: PVK, URSC, MS1215/16/1

⁶⁶³ Inga Thorsson, Speech to the ICSDW in Rome, 1961, p. 15: PVK, URSC, MS1215/16/1

⁶⁶⁴ *Ibid.*, p. 17

⁶⁶⁵ Hubback, *Wives Who Went to College*, p. 69

⁶⁶⁶ Wilson, *Only Halfway to Paradise*, p. 21; Roberts, *Women and Families*, p. 153

with members of the National Housewives' Register found little evidence of 'domestic neurosis', although the women in her sample had specifically sought stimulation in the pursuit of outside interests.⁶⁶⁷ Away from the elite discussions of exceptional women, David Kynaston argued, there was considerable doubt as to whether housewives themselves were so reflective. The editor of the *Guardian's* women's page from 1957 to 1972, Mary Stott, recalled that letters expressing disillusionment with traditional roles never found their way to her office.⁶⁶⁸

Nevertheless, newspaper journalism provided a forum for women to articulate their feelings and anxieties. Pathologies of domestic life were visible in print, if not to Stott or, later, to Kynaston. The year before Stott took up her editorship, 1956, the *Guardian* – then the *Manchester Guardian* – had run an article on 'discontented wives', prompting replies from a number of readers. Although the initial piece had been ambivalent, erring in favour of supporting women's choices but querying the pervasiveness of the problem and the toxicity of home, the ensuing debate demonstrated a considerable degree of disaffection.⁶⁶⁹ 'No doubt there are contented housewives', wrote one, 'though the conversation of women together suggests there are few of them.' The most discontented, she argued, were those with the 'most ability, most energy, and the most ardent longing to be useful to their fellow men – and women.' Missing their work, such women 'reflect in secret that the world is badly planned.' She signed the letter 'intellectual housewife.'⁶⁷⁰ Another correspondent, G.G.R. Russell, recounted dismay that 'a woman, maybe a highly intelligent woman, is to waste her talents and live a life entirely subordinate to the convenience and desires of people who are probably no more use to the world than she herself.'⁶⁷¹ Responding to an article on 'suburban neurosis' in *Family Doctor* in 1961, S.A. Rogers admitted that the author's description of boredom and loneliness had 'struck right home.' While she had longed to give up her job when she was a young office worker, she soon began to feel that she was 'just a woman without a

⁶⁶⁷ Haggett, *Desperate Housewives*, pp. 105-128

⁶⁶⁸ David Kynaston, *Modernity Britain: A Shake of the Dice, 1959-62* (London, 2014) p. 206

⁶⁶⁹ Anon., 'Discontented Wives', *The Manchester Guardian* (June 22nd, 1956)

⁶⁷⁰ Intellectual Housewife, 'Letter to the Editor', *The Manchester Guardian* (June 29th, 1956)

⁶⁷¹ G.G.R. Russell, 'Letter to the Editor', *The Manchester Guardian* (June 29th, 1956)

working mind.⁶⁷² Testimony and public discourse were caught in cyclical motion, as women identified their own low moods with the critiques of domesticity they read and heard.

Nowhere was a circular dynamic between narrative and experience more in evidence than the production and aftermath of a four-part 1961 edition of the BBC programme *Family Affairs*. Assessing the effects of social change on married women, the opening episode concentrated on the 'housewife at home.' The renowned Canadian interviewer, Elaine Grand, asked housewives – and one psychiatrist – whether women in the home were bored, lonely, and lacking in public spirit.⁶⁷³ While the documentary appealed to medical authority, it also gave women the opportunity to speak directly about their own problems. In the weeks after transmission, Grand was inundated with correspondence. The letters she received formed the basis for a series of articles in *The Observer*, with the first, 'Miserable married women: the bored', primarily a litany of women's own words:

'I am wondering more and more if I would be happier now if I had never been educated to need mental stimulation as much as I need bodily food. I am haunted by a sense of wasted time.'

'I would like to see some figures on the mental disturbance of women who are temperamentally unsuited to an exclusively housebound existence.'

'Only those who have been through it can understand the torture and the strain.'

'One's mind goes round and round trying to escape.'

'I have almost lost all hope of ever feeling normal again.'

'There are many like us, please help us save our reason.'⁶⁷⁴

This was not a survey representing a cross-section of opinion, Grand reminded. It was a spontaneous response from women who formed a self-selecting sample. If,

⁶⁷² S.A. Rogers, 'Bored at Home', *Family Doctor* 11:2 (1961), 238

⁶⁷³ *Family Affairs*, BBC (19th Jan., 1961)

⁶⁷⁴ Elaine Grand, 'Miserable Married Women: The Bored', *The Observer* (May 7th, 1961)

however, these sentiments were ‘at all representative of many young mothers’ emotional attitudes’, then the ‘pillar of the home looked pretty shaky.’⁶⁷⁵

When Viola Klein circulated her questionnaire on married graduates’ working patterns in 1963, a considerable volume of replies included experiences and observations of housebound boredom and frustration unprompted by the wording of the survey.⁶⁷⁶ Re-affirming the nuanced and ambivalent view of post-war domesticity emphasised by Ali Haggett, Judy Giles, Martin Halliwell and Jo Gill, some women highlighted their happiness, busyness, and fulfilment at home.⁶⁷⁷ Most did so, however, in terms which either pushed back against the notion of domestic dissatisfaction – again, a subject which Klein had not introduced into this specific discussion – or established themselves as exceptions to an acknowledged problem. One woman reported that she was ‘happy and well adjusted, without the frustrations which are complained of by very educated women who find themselves tied to the kitchen sink.’⁶⁷⁸ Another contrasted her own experience with those of ‘some graduates and professional women’; unlike others, she had ‘never felt at all frustrated in having a largely domestic life.’⁶⁷⁹ Even when proud housewives implied that their discontented neighbours were the architects of their own low mood, they recognised their suffering as a psychological fact. When one busy mother confessed to an inability to understand ‘married women who complain of boredom’, she confirmed the veracity of the group that she criticised.⁶⁸⁰ Similarly, the observation of a volunteer leader that educated housewives could ‘feel neither wasted nor thwarted’ by devoting themselves to community action spoke directly to the experiences of unhappy women who were yet to transform their lives.⁶⁸¹ Whether they subscribed to them or not, Klein’s subjects worked from pre-existing stereotypes which conditioned the ways they presented their feelings and storied their pasts.

⁶⁷⁵ Grand, ‘Miserable Married Women: The Bored’

⁶⁷⁶ Perhaps, as some admitted, because they followed her work; Testimony 629, 1963, PVK, URSC, MS 1215/28/1

⁶⁷⁷ Testimony 409, 1963, PVK, URSC, MS 1215/27/1; Testimony 630, 1963, PVK, URSC, MS 1215/28/1

⁶⁷⁸ Testimony 357, 1963, PVK, URSC, MS 1215/27/1

⁶⁷⁹ Testimony 16, 1963, PVK, URSC, MS 1215/31/1; see also Testimony 755, 1963, PVK, URSC, MS 1215/29/1

⁶⁸⁰ Testimony 735, 1963, PVK, URSC, MS 1215/29/1

⁶⁸¹ Testimony 31, 1963, PVK, URSC, MS 1215/31/1

Other written testimonies in Klein's possession revealed women who identified as frustrated housewives; mental inertia governed and restricted their sense of self, it was no empty sociological imagining. Respondents wrote of their desperation to 'make more practical use of my mind', or to exercise their 'intellectual capacities', ambitions held in check by the responsibilities of motherhood.⁶⁸² A number of women felt unsettled and demoralised by their unused potential, situating their distress as a product of the limitations of marriage and parenthood. For one full-time mother, the regret that she had never taken a job was amplified by a 'deep and abiding feeling of inferiority', which became more pronounced in the company of friends and acquaintances who had stimulating work.⁶⁸³ For another, a comparable sense of remorse 'that I was not doing anything more than look after my family' caused her to defer and delay the completion of the questionnaire.⁶⁸⁴ Klein's questioning did not simply measure and record women's opinions and emotions. Rather, it provoked, guided, and inflamed them in ways she had not been able to predict. Stark contrasts and compromises emerged, as women compared lives and selves younger and older, wished for and lived. Having given up work on marriage, a former publisher reflected that she had been 'exceedingly happy' at her Glasgow firm. Particularly as her step-children became more independent, she reported the accumulation of a 'certain amount of discontent' with her existence as a suburban housewife.⁶⁸⁵ In other instances, domesticity was a last resort for married women who attempted to work, but had been confounded by personal and structural challenges. Foreseeing the descent of her educated mind into domestic lassitude, one mother had initially 'hoped to combine marriage' with her career as an economic analyst, only to find that her 'environment' was 'against it.' Finding stability 'proved impossible as I had no one to second for me. One of my children had a great deal of ear trouble, the other was most demanding. It was a choice between the happiness of 3 against 1.'⁶⁸⁶

⁶⁸² Testimony 226, 1963, PVK, URSC, MS 1215/26/1; Testimony 627, 1963, PVK, URSC, MS 1215/28/1

⁶⁸³ Testimony 558, 1963, PVK, URSC, MS 1215/28/1

⁶⁸⁴ Testimony 407, 1963, PVK, URSC, MS 1215/27/1

⁶⁸⁵ Testimony 555, 1963, PVK, URSC, MS 1215/28/1

⁶⁸⁶ Testimony 652, 1963, PVK, URSC, MS 1215/28/1

In each of the cases cited above, the women who wrote to Klein had a lived understanding of the limits of home, holding gendered roles – chosen or imposed – responsible for their mental and emotional unease. These testimonies offer a subtly different picture to Ann Oakley's description of a generation of women convinced that their 'guilt, anger, loneliness, frustration' was singular, fragmented, and decontextualized, apt only to be treated by medical technologies.⁶⁸⁷ Klein's respondents demonstrated a consciousness which was contemporaneously shaped, not filtered with hindsight through the lenses of subsequent feminisms. But it was primarily an individualistic diagnosis, reflecting the questioner's preoccupation with personal histories. The few who offered broader ethnographic observations about domestic dissatisfaction set married life in explicit tension with education, narrowing the scope of their conclusions to an exceptional elite: 'graduate women, in my experience, are very frustrated if they do not work'; 'appears as though boredom of domestic existence the worst enemy of "professional" women.'⁶⁸⁸ The lengthiest and most articulate argument came in the form of a typed letter seven pages long, stapled to Klein's questionnaire by a botanical physiologist in post-hysterectomy convalescence. Fertility, the author made clear, came a distant second to health; 'the female womb, when it gives such trouble, should share the fate of the Amazon's breast.' Although claiming to have trouble marshalling her thoughts, she returned an extraordinarily sensitive and refined essay on feminism, motherhood, domesticity, and work. Educated wives, she reasoned, suffered 'The Intellectual Desert':

'The woman of trained muscle, the swimmer, the tennis player, would be expected to carry on, for her own pleasure and relief. We intellectuals are expected to retreat from the lecture theatre or laboratory to the nursery and the kitchen sink, with never a backward look... It is not enough for the trained mind, any more than the trained athlete would be expected to content herself with the few paces of the newly walking child.'⁶⁸⁹

There was an implicit disdain at work here, a suggestion that less gifted women had little to fear from 'the nursery and the kitchen sink.' The women who responded to

⁶⁸⁷ Ann Oakley, *Taking it Like a Woman*, p. 70

⁶⁸⁸ Testimony 212, 1963, PVK, URSC, MS 1215/26/1; Testimony 449, 1963, PVK, URSC, MS 1215/27/1

⁶⁸⁹ Testimony 685, 1963, PVK, URSC, MS 1215/28/1; underlined words and phrases reflect the author's own emphasis.

Klein had been chosen specifically on grounds of university education, and those who contributed to the letters pages of *The Guardian* and *The Observer* were more likely to be middle-class housewives with time on their hands. Although each identified a significant tension in women's lives, elite testimonies informed and colluded with sociological depictions of domestic anxiety as a disease of sophistication, at least in part.

While doubtless many women in the 1950s and early 1960s felt disconnected from any sense of collective discontent, writers in medical reporting and health education joined feminist authors in making pathologies of home increasingly visible to their readers. For consumers of post-war self-help literature and newspaper journalism, the nervous, neurotic, and depressed housewife was present both as a subject of specific concern and enquiry and as a recurring trope in generalised pronouncements on the dangers of the underused mind. In a 1951 improvement manual published on both sides of the Atlantic, the American popular nutritionist Gayelord Hauser situated 'women who have concerned themselves chiefly with domesticity' as psychological equivalents of the idle rich: 'they have become passengers, not drivers; dreamers, not doers; spectators, not participators in the competitive struggle of life.'⁶⁹⁰ Articles in *Family Doctor*, the *Women's Sunday Mirror* and the *Liverpool Daily Post* traced out the causes, signifiers and consequences of women's thwarted self-realisation, exploring domestic frustration and alienation both as a distinct form of sickness and as a causative factor in the development of acute disorder.

Writing in *Family Doctor* in 1953, Dr. T. Traherne used the image of the neurotic housewife as a character study in obsessive compulsion. His piece, 'Step on a Crack Break Your Grandmother's Back', looked 'past a child avoiding cracks in the pavement and sees the kind of wife a husband wants to strangle.' Harmless compulsions in pre-adolescent children sometimes hardened into 'a very definite kind of personality', socially useful but wasteful of physical and emotional energy.⁶⁹¹ For men, this neurosis manifested as overblown fastidiousness in their place of work; a woman who suffered from the same complex was liable to become a 'houseproud

⁶⁹⁰ Gayelord Hauser, *Look Younger, Live Longer* (London, 1951), p. 189

⁶⁹¹ T. Traherne, 'Step on a Crack Break Your Grandmother's Back', *Family Doctor* 3:9 (1953), 482-484, 482

perfectionist' with a 'kitchen like a scientific laboratory.'⁶⁹² Traherne's approach was more psychodynamic than environmental, comparing women's 'phobia for dirt' with the 'compulsive hand-washer forever cleansing himself of dirt and guilt.' The 'similar sense of moral guilt' that obsessive housewives displayed, he argued, hinted at deeper difficulties with the sexual aspect of married life. His conclusion, however, called for changes in lifestyle, not psychotherapy. 'We need to balance our way of living, so that hands and emotions as well as brains are given scope. If the job cannot meet these requirements, then our leisure time can be made to.'⁶⁹³ Domestic spaces, he made clear, were places of work. A perfectionist preoccupation with either the office or the kitchen – to the exclusion of other experiences and activities – was fundamentally morbid, whatever the provenance.

The stress that Traherne placed on balance was replicated in a 1954 article for the same magazine, penned by an author of domestic manuals, Kay Smallshaw. Smallshaw introduced 'Mrs. Beech', an apocryphal mother whose case of common 'housebounditis' had developed into something more serious: 'her way of living has grown lopsided.' Unlike 'lopsided living', 'housebounditis' was suffered by most full-time homemakers, women whose necessary physical ties to their young children had resulted in their falling out of practice in making new contacts or cultivating outside interests. Having moved to a new neighbourhood with no friends nearby, Mrs. Beech felt 'strangely less lively than before... the days seem not just longer, but drearier.' She had become 'wrapped up in her family to the exclusion of all else...she's become too much of a wife and a mother, and not enough of an individual person in her own right.'⁶⁹⁴ In a familiar conceit of the medical morality tale, she was able to break her self-defeating cycle of enervation, emotional suffocation and shyness, taking a voluntary role at her local townswomen's guild. 'Instead of being another lonely, not-too-fit middle aged woman', Smallshaw concluded, Mrs. Beech had 'got the balance right in her life by using all her abilities.'⁶⁹⁵ Although it confronted domestic disaffection in stark terms, this narrative effectively isolated the protagonist, sealing her away from her cultural and political setting. Mrs. Beech was trapped in a situation of her own making, which only required her individual action to resolve.

⁶⁹² Traherne, 'Step on a Crack Break Your Grandmother's Back', 483

⁶⁹³ Ibid., 484

⁶⁹⁴ Smallshaw, 'Lopsided Living', 50

⁶⁹⁵ Ibid., 51

Getting ‘the balance right’, implicitly, was her responsibility; a misleading representation of choice in a context where women’s behaviour was rigorously policed, moderated, and bounded by externally imposed obligations.⁶⁹⁶ As a forum for self-help, medical advice, and popular psychology, *Family Doctor* emphasised the agency of its readership, promoting mental and physical hygiene and privileging simple personal solutions over complex political criticism. Nevertheless, Traherne and Smallshaw forged important imaginative links between illness and home.

Authored by the journalist Hilde Marchant, another essay appearing in 1958 in the *Women’s Sunday Mirror* outlined an additional expression of domestic unhappiness: alcoholism. An early precursor to late-1960s and 1970s debates on housewives’ self-medication, ‘Women who drink too much’ moved beyond predictable moral censure of mothers from problem families, focusing instead on middle-class women with good housing, domestic help, television, gardens, and ‘long stretches of boredom... nothing, nothing to do but parade at the local.’⁶⁹⁷ Alcoholic women who were treated as objects of amusement and scorn, Marchant warned, were battling a serious disease, a product of their boredom and existential angst. ‘These women go down fast’, she told her readers. When ‘everything disintegrates’, they became the ‘most difficult of all to help.’⁶⁹⁸ Marchant’s depiction of domestic boredom as the emotional context for serious addiction carried a powerful message. As David Herzberg observed in his history of gender and the pharmaceutical industry, homemakers’ reliance on prescription drugs to cope with their everyday lives cast domesticity in a sinister light.⁶⁹⁹

Illness and the Ageing Body

Equally, the narrative potency of framing women’s illness as the root cause of a recognised social problem held true for discussions of older housewives’ criminal

⁶⁹⁶ Wilson, *Only Halfway to Paradise*, p. 205; William G. Rothstein, *Public Health and the Risk Factor: A History of an Uneven Medical Revolution* (Rochester, 2003), p. 3

⁶⁹⁷ Ali Hagggett, ‘Gender, Stress and Alcohol Abuse in Post-War Britain’ in Mark Jackson (ed.), *Stress in Post-War Britain, 1945-85* (London, 2015), pp. 45-58, p. 57; Rowbotham, *A Century of Women*, p. 367

⁶⁹⁸ Hilde Marchant, ‘Women Who Drink Too Much’, *Women’s Sunday Mirror* (June 1st, 1958)

⁶⁹⁹ Herzberg, *Happy Pills in America*, p. 81; see Ann Mullins, ‘Are You a Drug Addict?’, *Family Doctor* 5:12 (1962), 605-606; Halliday, ‘Social Health in the Twentieth Century’, p. 12

behaviour. Writing in *Family Doctor* in 1963, T.C.N. Gibbens set out to explain ‘why women help themselves’; in other words, why such a large proportion of shoplifters seemed to be menopausal women.⁷⁰⁰ Then president of the British Society of Criminology and senior lecturer in forensic psychiatry at the Institute of Psychiatry, Gibbens interpreted women’s criminality as a facet of mid-life depression. Most would not have stolen at all, he suggested, ‘if there had not been other motives of which they were not fully conscious.’⁷⁰¹ Arguing that their ‘anxieties and illnesses’ were socially rather than biologically produced, he blamed the ‘typical middle-aged feeling that life is not going to fulfil their hopes’:

‘That their husbands take them for granted, and their children demand attention but show no gratitude, or are growing away from them. They feel that life is all giving and no receiving, and is likely to remain so. In this mood, they suddenly get the idea of shop-lifting. Some of them undoubtedly half intend to get caught, and many go on recklessly for several days until they are caught. When they are, it draws attention to their unhappiness like an attempted suicide does.’⁷⁰²

For Chris Millard, the post-war phenomenon of the ‘cry for help’ was explicitly gendered; younger women’s attempted suicide through self-poisoning was bound inextricably with domestic stress.⁷⁰³ Psychiatrists and psychiatric social workers interpreted women’s behaviour ‘not as a genuine suicide attempt, but as a communication with an environment’, an environment which was specifically coded as feminine. Self-poisoning was, Millard writes, a ‘female pathology.’⁷⁰⁴ Gibbens’ representation of shoplifting as a comparable manifestation of women’s unhappiness shared much with psychosocial discourses on attempted suicide. Each understood that the seeming object of the act – death, a book, some groceries – was a distraction, and that the ‘real’ object was understanding, appreciation, and change. Each too centred on a subversion of consumption. In Gibbens’ hands, mid-life criminality was reconstituted as a *social* pathology not just of femininity, but of

⁷⁰⁰ T.C.N. Gibbens, ‘Why Women Help Themselves’, *Family Doctor* 13:4 (1963), 207-209, 208

⁷⁰¹ *Ibid.*, 209

⁷⁰² *Ibid.*, 208

⁷⁰³ Millard, “‘The Social’”, *Stress and Attempted Suicide*, pp. 187-188

⁷⁰⁴ *Ibid.*, p. 178

ageing.⁷⁰⁵ While he implied that the ‘typical middle-aged feeling’ of lost opportunity and wasted time spanned gender boundaries, his close depiction of women’s martyrdom and devaluation in their forties and fifties took cues from feminist critiques of contemporary sexual politics.⁷⁰⁶

As Julie-Marie Strange identified in 2012, medical women – particularly in the MWF – had worked tirelessly from the 1920s and 1930s onwards to gain recognition for evidence which disrupted depictions of the menopause as inevitably disabling.⁷⁰⁷ Some writers on the challenges of middle age - such as Kenneth Hutchin - continued to ascribe severe shifts in mood and temperament to hormonal changes, arguing that women’s poor management of their fluid emotions put marital harmony at risk.⁷⁰⁸ Nevertheless, hopeful studies of middle age with titles such as ‘Life is Good for Women Over Forty’ and ‘Looking Happily Ahead’ appeared on the pages of *Family Doctor* in the early 1960s. The ‘change of life’, these articles emphasised, did not have to set in motion a psychological or bodily crisis, or prefigure a sharp decline in health.⁷⁰⁹ Exploring the effects of divergent interpretations of the menopause in shaping and contesting wider assumptions about women in modern America, Judith Houck’s study *Hot and Bothered* constructed 1963 as a watershed between traditionalism and radicalism, in part corresponding to the publication of Betty Friedan’s *The Feminine Mystique*.⁷¹⁰ Turning her attention to supposedly liberating pre-1960s narratives, Houck rightly contended that writers who portrayed middle age as an opportunity for personal renaissance often left gender roles during women’s fertile years implicitly uncontested.⁷¹¹ This was true, for example, of arguments in favour of the wartime mobilisation of menopausal housewives which emphasised the

⁷⁰⁵ Busfield, *Men, Women and Madness*, pp. 161-162

⁷⁰⁶ Gibbens, ‘Why Women Help Themselves’, 208

⁷⁰⁷ Julie-Marie Strange, ‘In Full Possession of Her Powers: Researching and Rethinking Menopause in early Twentieth-Century England and Scotland’, *Social History of Medicine* 25:3 (2012), 685-700, 697

⁷⁰⁸ Hutchin, *How Not to Kill your Husband*, p. 126, 236; Kenneth Hutchin, *The Change of Life* (London, 1963), p. 61, 67-70

⁷⁰⁹ Margaret P. Huppert, ‘Life is Good for Women Over Forty’, *Family Doctor* 11:12 (1961), 830-831; M.E. Landau, ‘Looking Happily Ahead’, *Family Doctor* 12:5 (1962), 346-347

⁷¹⁰ Houck, *Hot and Bothered*, p. 209

⁷¹¹ *Ibid.*, p. 90

psychological worth of new responsibilities.⁷¹² Beyond sanitised visions of rebirth and revival, however, conversations on middle age and the menopause were imbued with deep criticisms of gender roles by feminists, doctors, and women whose identities and agendas sat at the crossroads where feminism and medicine converged. In using older women's experiences as a yardstick for learned emotional health and resilience, post-war writers and practitioners shone a critical light into housewives' younger lives.

The idea of atrophy – of the mind, of the psyche, of the personality, of the self – is key to understanding how reflections on the unique challenges of middle age were able to act as incisive deconstructions of broader notions of gendered behaviour. Contemporaries observed that housewives were not simply debilitated by domesticity on a day-to-day basis, but could be permanently damaged and diminished by the cumulative attrition of repetition, deferment, and frustration.⁷¹³ More threatening by far than bodily changes, women in their forties and fifties faced culturally manufactured crises in purpose; crises which traditional femininities had worked to create, and had simultaneously failed to provide the resilience necessary to weather. While a decline and loss of reproductive function, the adolescent independence of children and negative valuations of ageing female bodies presented women with daunting obstacles, their effects were felt all the more keenly when the identities of wife and mother were all that remained as sources of confidence and pleasure. For Ena Brown in 1948, keeping in contact with the wider world lessened the impact of the feeling that usefulness had ended with the growing up of children. In contrast, 'too much domesticity' left older women vulnerable and unable to cope. In addition to performing ethically regressive, patriarchal work, restricting women's interests to home and family lacked medical and social foresight.⁷¹⁴ As Olwen Campbell reported in her summary of feminist dialogues on femininity between 1947 and 1951, even the most perfect marriages were unlikely to 'absorb all the energies of an intelligent and educated woman for a lifetime.' The outward-looking optimism

⁷¹² 'The Menopause and After', *The Lancet* (Oct. 23rd, 1943), 511-512, 512; Lewis, *Women in Britain Since 1945*, p. 170

⁷¹³ Williams, *Women and Work*, p. 97; Brown, 'Can Women Be Emancipated?', 14; Hubback, *Wives Who Went to College*, pp. 1-2; Testimony 226, 1963, PVK, URSC, MS 1215/26/1; Testimony 636, 1963, PVK, URSC, MS 1215/28/1

⁷¹⁴ Brown, 'Can Women Be Emancipated?', 14

that transformed an empty nest into a new lease of life was wholly contingent on the housewife 'having kept her mind' in the intervening years.⁷¹⁵

Lesser-known feminists such as Brown and Campbell laid the ground for the later sociological publications of the mid-1950s, rehearsing anxieties explored at greater length in Judith Hubback's *Wives Who Went to College* and Alva Myrdal and Viola Klein's *Women's Two Roles*. Each can be read as ruminations on ageing and time, plotting women's lives from early adulthood to old age and tracing attenuation and trauma in the conflicts and tensions between younger selves and present feelings. Myrdal and Klein's central calculation that middle-aged women had decades to spare framed their interpretation of housewives' 'widespread discontent'; housework and motherhood may not have filled the day, and certainly did not fill a life.⁷¹⁶ As their children moved towards independence, women risked passing through a 'phase of acute emotional crisis.' Seized by 'a feeling of emptiness and lack of purpose', temperament and disposition dictated whether they underwent a full nervous breakdown or simply became 'nagging and discontented.'⁷¹⁷ Mothers who 'make no plans outside the family for their future', the authors warned, 'play havoc with their own lives.'⁷¹⁸ As Sheila Rowbotham wrote of Betty Friedan, their rhetoric turned prejudices against working mothers on their heads; it was the women at home who were making irresponsible psychological choices.⁷¹⁹ While Myrdal and Klein's tripartite sequence of education, motherhood and work pivoted on the availability of accessible retraining schemes for women returning to full-time employment, Hubback emphasised that graduates needed to find some way of keeping their professional interests alive, even in the most arduous stages of motherhood.⁷²⁰ A young mother 'at present content with a life of unmixed domesticity', one correspondent feared that she 'may become enmeshed in a vicious circle', surrendering her confidence and courage, 'vegetating', and 'ceasing to be equal to the intellectual demands of husband and daughter.' Interpreting her comments, Hubback concluded that she had ceased to view herself as 'an individual, with her

⁷¹⁵ Campbell, *The Feminine Point of View*, p. 39

⁷¹⁶ Myrdal and Klein, *Women's Two Roles*, pp. 11-12

⁷¹⁷ *Ibid.*, p. 39

⁷¹⁸ *Ibid.*, p. 24

⁷¹⁹ Rowbotham, *A Century of Women*, p. 367

⁷²⁰ Myrdal and Klein, *Women's Two Roles*, p. 38-39; Hubback, *Wives Who Went to College*, p. 7, 94

own intellectual needs.’ Readers who had not experienced that abnegation of selfhood, she noted, were rarely able to ‘appreciate its full significance and corrosive power.’⁷²¹

When the MWIA used their 1954 annual meeting on the shores of Lake Garda to explore and debate the menopause, it was clear that discussions of domestic pathology from conferences in the first years of the decade were still weighing heavily on the minds of some of the delegates. Speaking on the subject of ‘mother and housewife in the climacteric’, the neurologist and child developmental expert Olga Van Andel-Ripke took particular exception to the assumption that menopausal housewives could simply take on unfamiliar roles when they were no longer able to be active mothers. Juxtaposing the physical changes that women underwent with the psychological difficulties they faced in mid-life, she explained the consequences of tying self-worth to reproduction:

‘She is afraid of the coming years and dreads her own decline and inadequacy. Everything seems drab and gloomy, and even the realisation that she makes her family share her misery drives her more deeply into the narrow circle of self-pity and self-abasement in which she turns round and round without finding relief... In this atmosphere of false notions, mental distress, and feeling ill, the woman gets into a *circulus vitiosus* which involves the whole psychosomatic field.’⁷²²

In contrast, employed women, ‘sometimes after a brief period of imbalance’, usually found ‘a healthy stimulant to recovery in the love for or necessity of their work.’ The dichotomy Van Andel-Ripke constructed transcended debates about the healthiest use of time for women undergoing the menopause, exposing deep contradictions in the organisation of women’s lives around femininity and fertility. The employed women she referred to were not those who had taken a job in middle-age to compensate for their children’s absence, but who had built up an inner resourcefulness and strength through a lifetime of work.⁷²³ Housewives experienced a ‘standstill in the development of personality in and through marriage’, reducing

⁷²¹ Hubback, *Wives Who Went to College*, p. 96

⁷²² Olga van Andel-Ripke, Speech to the MWIA in Gardone, 1954, pp. 93-98, p. 96: PMWF, WL, SA/MWF/K.8.8

⁷²³ *Ibid.*, p. 93

their self-assurance and ability to adjust to fulfilling work at the exact moment when they needed it most.⁷²⁴ Indeed, she emphasised, ‘the menopausal complaints of those who do not feel at home in their work are often remarkably intense.’⁷²⁵

Confirming the importance of work to menopausal women, a second speaker argued that the greatest hazard posed by bodily change was to a woman’s career. An obstetrician, gynaecologist, and popular essayist on women’s health, Marion Hilliard described three ‘common complications’; sudden haemorrhage, blood loss through excessive menstruation, and fatigue after amenorrhea. Working women, she argued, required particular help in overcoming these difficulties: ‘they are not serious. They are physiological dislocations but they may cost her job and ruin her future.’⁷²⁶ Although housewives were likely to undergo more distressing episodes which could even lead to institutional care, workers were placed in a precarious position by well-worn associations between hormonal imbalance and irrationality, and by the stigma surrounding the uncontrollable female body. The consequences of demotion or redundancy at this stage were catastrophic, and lay behind the development of far more serious problems in their aftermath. ‘We are born equipped’, Hilliard told her audience, ‘with a certain type of nervous system and emotional balance and must learn to live with it. At the menopause we find that we cannot control the depth of our reactions.’ Careful medical supervision, therefore, was required to manage fluctuations in mood and to mitigate the galling effects of hot flushes and irregular bleeding. In her own practice, Hilliard prescribed small doses of sedatives such as amytal and phenobarbital, given during the day alongside relaxants such as transentin. These were intended to complement psychotherapeutic techniques, as well as adjustments to oestrogen levels. Nothing could be tolerated, she argued, which undermined the perception of efficiency or self-confidence.⁷²⁷

The close medical management of menopausal symptoms was reconfigured as a feminist technique, therefore, to safeguard women’s careers during a critical

⁷²⁴ van Andel-Ripke, Speech to the MWIA in Gardone, 1954, p. 96-97

⁷²⁵ Ibid., p. 94; for a wider discussion of menopause, culture, environment, and embodiment, see Margaret Lock, *Encounters with Aging: Mythologies of Menopause in Japan and North America* (Berkeley, 1993)

⁷²⁶ Marion Hilliard, Speech to the MWIA in Gardone, 1954, pp. 102-108, p. 104: PMWF, WL, SA/MWF/K.8.8

⁷²⁷ Ibid., p. 106

psychological and sociological phase. Widely expected to take up presidency of the MWIA but for her early retirement in 1956 and untimely death in 1958, Hilliard presents a complex figure for historians to interpret. Judith Houck presented her as a reactionary figure who depicted menopausal women as manipulative and self-indulgent, compared them to adolescents, and encouraged them to maintain physical relationships with their husbands even in the event of severely diminished sexual urges.⁷²⁸ Conversely, her collection of essays in *Chatelaine*, a Canadian women's magazine, have been construed as prescient and provocative warnings about the fragility of women's health in traditional roles.⁷²⁹ Published in Britain as *A Woman Doctor Looks at Love and Life*, Hilliard asked a number of searching questions of menopausal wives and mothers. 'Does she know what life is about, I think to myself. Does she have a core of serenity, derived from the knowledge that she is a capable, coherent human being?' According to her analysis, this was exactly what housewives were missing.⁷³⁰ Without it, their 'current mood of nameless longing' could spiral downwards into alcoholism, drug use, or severe mental illness.⁷³¹ With it, and with 'some consuming occupation, whether it is a study of fourteenth-century Chinese art or an office to manage, she isn't in much danger of being shattered by what is happening to her physiology.'⁷³² The loss of fertility, not as a biological fact but as the basis for social identity, was the 'deep dark water under the thin ice of a married woman's composure.'⁷³³ Although few contemporaries wrote as strikingly, serenity was absent from each depiction of housewives' emotional states, no matter what their specific circumstances. Housework, love and motherhood alone were unable to guarantee the balanced, poised personhood conducive to psychological resilience and health.

Van Andel-Ripke and Hilliard's arguments represented a subversion of usual narratives about the menopause, endocrinology, and the pathological female body. The severity of symptoms was reconfigured as a litmus test for the emotional stability or lability of the woman in question, an equation connected explicitly with lifestyle.

⁷²⁸ Houck, *Hot and Bothered*, p. 117; pp. 122-123

⁷²⁹ Kaitlynn Mendes, 'Reading *Chatelaine*: Dr. Marion Hilliard and 1950s Women's Health Advice', *Canadian Journal of Communication* 35 (2010), 515-531

⁷³⁰ Hilliard, *A Woman Doctor Looks at Love and Life*, p. 109

⁷³¹ *Ibid.*, p. 103

⁷³² *Ibid.*, p. 112

⁷³³ *Ibid.*, p. 103

The conclusion that serious ill-health during the menopause was a consequence of the inability of traditional femininities to provide women with a coherent emotional foundation across the lifecycle formed a powerful argument against complacency in medical understandings of the female psyche. It also suggested that opportunities outside of the home offered an alternative way of thinking about bodily change in relation to social expectations. The menopause was a traumatic process because women had been persuaded to value the characteristics it seemed to undermine, and to reject work as a source of protection and resilience. For Hilliard, conformity to static feminine ideals was a 'house of cards.' If gender was culturally negotiable rather than biologically fixed, and was created and bounded by the social roles that gendered bodies inhabited, then many of the problems associated with the menopause could potentially be eliminated.⁷³⁴

Feminist medicine and feminist sociology were no outlying enclaves in post-war work on health, lifestyle, environment and culture. By the turn of the 1960s, prominent male psychiatrists were making a feminist case for deep-seated structural changes to gendered behavioural norms, presenting their existing configuration as a barrier to good mental hygiene and a matter of psychiatric public health. Speaking alongside Viola Klein at an NSCN day conference on working motherhood in 1960, William Lumsden Walker described older women who were 'depressed and unhappy because the interests they had in the children are no longer there to be fulfilled, the children just are not there.' Feeling neither wanted nor needed, he emphasised, was an 'extraordinarily depressing combination... to a greater and greater extent I find myself preaching that the mother should preserve her interests outside the home.'⁷³⁵ Mirroring the scepticism towards simplistic narratives of mid-life revival voiced by feminists in the MWIA and the social sciences, the *Lancet* review of his contribution noted the 'insuperable psychological block' experienced by women who had been 'tied to the household for many years.' Those most likely to be afflicted, the author argued, were those who 'seem most frustrated by the isolation and semi-idleness of their home lives, and therefore might gain most from work.'⁷³⁶ A similar strain of thought surfaced in G.M. Carstairs' 1962 Reith lecture on the 'changing role of

⁷³⁴ Hilliard, *A Woman Doctor Looks at Love and Life*, p. 103

⁷³⁵ Lumsden Walker, 'Mothers and Children in a Modern Society', p. 12

⁷³⁶ Anon., 'Working Wives – And Their Children', 1128

women.’ Disconnecting housewives’ depression and hypochondriasis from suburbia, Carstairs hypothesised that the ‘suburban neurosis’ was primarily a problem of gender.⁷³⁷ It signified a social and cultural inability to provide for women’s psychological needs; their illness was an ‘unmistakable vote of no confidence’ in society.⁷³⁸ Making a clear distinction between the ‘biological facts’ of sex and childbirth and what he termed ‘social expectations’, he informed his listeners that women shared much with men in ‘physical strength, aptitudes, temperament, and interests.’ When Victorian stereotypes ‘totally unsuited to present-day realities’ prevented them from realising aspects of their nature which were traditionally coded as masculine, they were left vulnerable to serious psychiatric upset.⁷³⁹

Olga Van Andel-Ripke’s 1954 reflection that housebound women underwent a ‘standstill in the development of personality in and through marriage’ is vital to understanding the complexities of post-war discourses on domestic frustration and mental immobility.⁷⁴⁰ In common with other critics of domesticity, she framed unhappy housewives as incomplete or damaged selves.⁷⁴¹ The historic continuum between femininity and malady mapped out by Elaine Showalter, Phyllis Chesler, Barbara Ehrenreich and Inge Broverman was brought firmly into the world of the social; women were disordered and diminished by the parts they were conditioned to play.⁷⁴² The architects of this transformation, however, committed themselves in the process to a specific and contingent form of selfhood. In her 1946 work *Women and a New Society*, Charlotte Luetkens questioned whether married women retained their ‘integrity as an individual’; Olwen Campbell thought not, arguing in 1952 that ‘they tend to accept an ideal of feminine duty which involves the destruction of that proper degree of self-awareness inseparable from creative individuality.’⁷⁴³ Citing Campbell in 1957, Judith Hubback added that ‘their daily lives destroy them as

⁷³⁷ Carstairs, ‘This Island Now’, 144-145

⁷³⁸ Ibid., 142; see Halliday, ‘Social Health in the Twentieth Century’, p. 10

⁷³⁹ Carstairs, ‘This Island Now’, 145

⁷⁴⁰ van Andel-Ripke, Speech to the MWIA in Gardone, 1954, pp. 96-97

⁷⁴¹ Johnson and Lloyd, *Sentenced to Everyday Life*, p. 27

⁷⁴² Showalter, *The Female Malady*; Chesler, *Women and Madness*; Miles, *Women and Mental Illness*, Ussher, *Women’s Madness*; Appignanesi, *Mad, Bad and Sad*; Broverman, Broverman, and Carson, ‘Sex-role Stereotypes and Clinical Judgments of Mental Health’

⁷⁴³ Campbell, *The Feminine Point of View*, p. 33

individuals, leaving them only as wives and mothers.⁷⁴⁴ Barbara Taylor has stressed that modern subjectivity – the ‘unitary’ or ‘deep’ self – has been a comparatively recent phenomenon, superseding an ‘extensive’ or ‘relational’ self ‘rooted in communal identity.’⁷⁴⁵ For Nikolas Rose, this ‘private self’ was shaped and bounded by modern forms of evaluation and governance, transforming our interpersonal interactions, our techniques for managing emotion, and ‘our very sense of ourselves.’⁷⁴⁶ As Judy Giles suggests, the ‘unitary’, individualistic self has functioned as a male norm, while the ‘relational’ self – ‘organised around and within a constant awareness of others’ – has been understood as a distinctly female accomplishment.⁷⁴⁷ It is difficult, for example, to imagine a male voice confiding that their decision to leave one side of their life unexplored was a ‘choice between the happiness of 3 against 1.’⁷⁴⁸ Mired in patriarchal exploitation, the relational self was disowned and pathologised by post-war doctors and feminists; in living for others, housewives were fragmented and fractured by the slow violence of domestic oppression.⁷⁴⁹ It was through attainment of the individualised self – the masculinised self – that a woman could ‘shift the proportions of her life and evolve from exclusive femaleness towards the fulfilment of a wider personality.’⁷⁵⁰

The Lonely Crowd

By 1961, housewives’ loneliness was being used to sell milk. The October edition of *Family Doctor* carried a full-page photograph of two women deep in conversation over a garden fence, glass of milk in hand. ‘First we were lonely’, a caption explained: ‘then we started a friendship over a pinta.’⁷⁵¹ An iteration of the Milk Marketing Board’s 1958 ‘drinka pinta milka day’ campaign, the advert established a connection between the woman pictured in the centre and the reader, as the subject

⁷⁴⁴ Hubback, *Wives Who Went to College*, p. 151

⁷⁴⁵ Barbara Taylor, ‘Historical Subjectivity’, p. 195

⁷⁴⁶ Rose, *Governing the Soul*, p. 3

⁷⁴⁷ Giles, *Women, Identity and Private Life in Britain*, p. 99

⁷⁴⁸ Testimony 652, 1963, PVK, URSC, MS 1215/28/1

⁷⁴⁹ Abrams, ‘Liberating the Female Self’, 16

⁷⁵⁰ Hubback, *Wives Who Went to College*, p. 87; Wilson, *Only Halfway to Paradise*, p. 200

⁷⁵¹ Milk Marketing Board, ‘First We Were Lonely: Then We Started a Friendship Over a Pinta’, *Family Doctor* 11:10 (1961), 684

spoke directly through the text below.⁷⁵² While initially standoffish – ‘you know how it is. You move to a new estate, and everything’s strange’ – the protagonist had noted that her neighbour shared her habit of a morning pint of milk. ‘I see you drink milk straight, I said. Like me. She didn’t snub me or anything.’ A connection now forged, her new friend informed her that everyone on the estate seemed to ‘go in for a daily pinta... calms you down somehow. Relaxes you. I’ve heard it said milk’s the most complete food there is.’ The complexity of the messages this advert carried can hardly be overstated. To begin with, it juxtaposed environmental and social causes of isolation. The central character found new housing developments alienating and galling, but had also put up her own barriers to connection with her superficially ‘toffee-nosed’ neighbour. In their mutual consumption of the product on show, the two women had found common ground, casting their initial reticence as mistaken and harmful – a problem to be overcome. Promising relaxation and calm, milk offered a further nutritional solution to the anxiety waiting just below the surface. With hands resting on the fence which bisected their private worlds, both women troubled the constraints of domestic partition. Tufts of grass went uncut, a child played in the corner, a wheelbarrow sat askew – this may have been a new estate, but this was working-class Britain.⁷⁵³

Unlike discussions of educated housewives’ frustration and monotony, loneliness offered a way of speaking about women’s discontent which transcended – but never wholly escaped – problems of class. Privileged feminists found it easier to write about talented minds losing their acuity than talented hands losing their deftness, but they acknowledged that working-class mothers missed the camaraderie and companionship of their younger days in the office, shop, or factory floor. As Elaine Grand observed in 1961, boredom and loneliness could sometimes be separated. Housewives who had plenty to do still felt isolated when the chores and hobbies which occupied their time failed to ‘fill the gap of human discussion.’⁷⁵⁴ It was more common by far, however, for post-war critics of domesticity to entwine

⁷⁵² John Empson, ‘The History of the Milk Marketing Board, 1933-1994: British Farmers’ Greatest Commercial Enterprise’, *International Journal of Dairy Technology* 51: 3 (1998), 77-85, 82

⁷⁵³ Milk Marketing Board, ‘First We Were Lonely’, 684

⁷⁵⁴ Elaine Grand, ‘Miserable Married Women: The Lonely’, *The Observer* (May 14th, 1961)

loneliness with other feelings of angst or distress, each with their own medical and cultural heft. Performed in solitude by disconnected women, housework and motherhood had moved from communal to private undertakings over the course of the century. Social and emotional isolation intensified experiences of frustration, fatigue, worthlessness and estrangement, all of which were even harder to bear alone.⁷⁵⁵ The complicated and messy nexus of women's domestic despair, in this sense, is impossible to neatly divide. That discourses on housewives' loneliness require a separate history to discourses on housewives' lack of fulfilment and growth is justified by the specific and distinct place that loneliness occupied in contemporary medical, sociological, and cultural imaginations. Then as now, loneliness was a politicised object; it mediated between the world and the self, binding intrapersonal habits and processes to external ideologies and structures.⁷⁵⁶ The often sensationalist 'uncovering' of the lonely crowd was intended to hold up a mirror to a cold and uncaring society, transforming individual sufferers into collective victims of vast, impersonal forces.

While a deeper history of loneliness in the tradition of Joanna Bourke's careful studies of fear and pain or Barbara Taylor's research into early modern solitude is beyond the scope of this thesis, post-war concerns over women's housebound isolation were voiced in the context of a far wider preoccupation with the psychopathology of seclusion.⁷⁵⁷ The German social psychologist Elfriede Hohn's work on radio listening, for example, suggests that a perceived crisis in connection was not limited by national borders. Addressing a 1956 WFMH congress on health at home and school, Hohn argued that 'modern man' was 'largely cut off from human contacts in a deplorable way, and the fear of loneliness had become the most common pattern of insecurity in our age of anxiety.' The most consistent radio audiences, consequently, were 'housewives, city dwellers, and old people', each looking for a simulacrum of personal contact.⁷⁵⁸ As Myrdal and Klein noted in

⁷⁵⁵ Brown, 'Can Women be Emancipated?', 3

⁷⁵⁶ Hayward, 'Medicine and the Mind', p. 525

⁷⁵⁷ Joanna Bourke, *Fear: A Cultural History* (London, 2005); Joanna Bourke, *The Story of Pain: From Prayer to Painkillers* (Oxford, 2014); Barbara Taylor, 'Separations of Soul: Solitude, Biography, History', *The American Historical Review* 114: 3 (2009), 640-651

⁷⁵⁸ Anon., 'Mental Health: Conferences in Berlin', *The British Medical Journal* 2: 4992 (Sep. 8th, 1956), 599-600, 599

Women's Two Roles, the facsimile they found was 'impersonal and devoid of reciprocity.'⁷⁵⁹ In Britain, sociologists, reformers, journalists and doctors noted the 'dark tuberculosis of the spirit' which transfused lonely mothers, new arrivals on modern estates, single workers in cramped flats and dormitory suburbs, widows and widowers, the divorced or never-married, and the disabled or chronically ill.⁷⁶⁰ In writing on housewives' loneliness, contemporaries made a political association between women's solitary labour and hidden epidemics of depression and suicide. A feminist case for social change, however, relied on the assertion that gendered behavioural expectations – not simply unfamiliar relationships with the built environment, or a pervasive ideology of individualism – sat at the root of domestic isolation.

The Meaning of Loneliness in Post-War Britain

It is essential to understand how loneliness was approached and described in the 1950s and 1960s; how membership of the lonely crowd affected the ways in which lonely housewives were portrayed and construed, and how a critique of gender relations emerged from critiques of new types of housing, rising geographical mobility, the increased valuation of privacy, the disintegration of communal networks, and the alienation caused by compartmental urban life.⁷⁶¹ Grounded in sociological research undertaken in the late 1940s, Paul Halmos' 1952 study *Solitude and Privacy* argued that the 'socio-cultural organisation of society' increasingly frustrated 'man's need of experiencing a reassuring unity with his fellows.'⁷⁶² For Halmos, isolation could be self-imposed; solitude was a healthy component of human existence, willingly sought and able to be relinquished.⁷⁶³ Problems arose when solitude was unwanted, resulting from shyness and awkwardness reflective of neurotic childhood development, or from constraints placed on the emotionally healthy by a pathogenic, hyper-competitive culture. This causative ambivalence, he explained, brought loneliness under the aegis of the 'two dominant ideologies of our

⁷⁵⁹ Myrdal and Klein, *Women's Two Roles*, p. 149

⁷⁶⁰ Susan Cooper, 'Loneliness', *The Sunday Times* (May 27th, 1962)

⁷⁶¹ Roberts, *Women and Families*, p. 222, 238

⁷⁶² Halmos, *Solitude and Privacy*, p. xvi

⁷⁶³ *Ibid.*, p. 102; Few of Viola Klein's respondents reported any need for solitude: see however Testimony 240, 1963, PVK, URSC, MS 1215/26/1

age, socialist reformism and psycho-analytical therapism.⁷⁶⁴ Of these wildly divergent perspectives, only the former is of interest at present. As the first chapter of this thesis has explored, a psychodynamic concern with childhood loneliness in discourses on delinquency and maternal deprivation often acted to restrict women's sphere of movement, contributing to the culturally enacted isolation which incubated neurosis in later life. Where questions on innate introversion tended to linger over single workers, lonely housewives were understood as suffering from a form of exclusion derived from their adult experiences, not their psychosexual histories.⁷⁶⁵

Writing in *Family Doctor* in 1953, T. Traherne reasoned that 'all potential suicides are essentially lonely people.'⁷⁶⁶ Death by suicide was easily preventable; many could avoid that 'savage irrevocable paroxysm of self-destruction' if they had only been 'helped to feel themselves part of the social picture.'⁷⁶⁷ In 1955, the WGPW commissioned a special enquiry to gather evidence and advice on the causes and effects of social isolation, and to report on potential solutions. Two studies conducted by the group in 1939-1942 and 1946-1947, *Our Towns: a Close Up*, and *The Neglected Child and His Family*, had previously interrogated the connections between women's problems, health, and home.⁷⁶⁸ Under the direction of Viscountess Falmouth, the new committee purported to speak for the untold thousands with 'no voice, no organisation, no policy, save, too often, that of despair.'⁷⁶⁹ In the following years, journalists and activists framed loneliness in the guise of a moral and social panic. 'In tightly packed London', *Picture Post* reported in 1956, 'thousands of men and women are lonely, skeletal beings of despair and defeat.'⁷⁷⁰ Drawing on Halmos' research and a series of personal testimonies, the article argued that social reform and 'an individual attempt to break through barriers' needed to go side by side in order to ameliorate the chronic unhappiness of

⁷⁶⁴ Halmos, *Solitude and Privacy*, p. xv

⁷⁶⁵ *Ibid.*, p. xv; this was not necessarily true of *neurotic* housewives, whose symptoms were often ascribed a psychoanalytic genesis.

⁷⁶⁶ T. Traherne, 'Need These Lives be Lost?', *Family Doctor* 3:8 (1953), 423-424, 424

⁷⁶⁷ *Ibid.*, 423-424

⁷⁶⁸ Women's Group on Public Welfare, *Our Towns: A Close Up* (London, 1943); WGPW, *The Neglected Child and His Family*

⁷⁶⁹ Anon., 'Group to Investigate Loneliness', *Municipal Journal* (Nov. 18th, 1955), 3107

⁷⁷⁰ Anon., 'Loneliness in London', *Picture Post* (March 3rd, 1956)

thousands of sufferers and, it implied, to reduce staggering rates of suicide.⁷⁷¹ In posing loneliness as a social pathology, a sickness *from* society and *of* society, intervention took on a particular urgency. Describing it as a ‘modern scourge... a threat to our mental health no less than disease is to our physical’, the *Manchester Evening News* demanded that it be ‘cut out at last from the social life of our country, like the cancer which it is.’⁷⁷²

Beginning their investigation, the WGPW invited the medical director of Roffey Park rehabilitation centre, T.M. Ling, to deliver a lecture to the committee. Focusing attention on young couples in new towns who found themselves cut off from extended kinship networks, he explained how the built environment could condition the psychological responses of inhabitants, magnifying a tendency towards isolation which was already pervasive. Semi-detached homes, he argued, resulted in their occupiers feeling ‘semi-detached.’ The fences and hedges which partitioned physical space also partitioned emotional space; wide roads sapped interest in neighbours and fostered unfriendliness. Interpreted as expressions of a national psyche, city spaces reinforced divisive social rhythms.⁷⁷³ After two further consultations with an officer for community and neighbourhood work for the London Council of Social Service, Mrs. Smith, and the assistant secretary of the National Association of Women’s Clubs, Mrs. Phillips, the ‘impersonal life’ of large towns and cities became a central component of the committee’s agenda.⁷⁷⁴ Whether in the ‘grey hinterland of bed-sitting rooms and boarding-houses’ inhabited by single workers, or the suburban family houses and secluded high-rises of isolated housewives, experience and emotion were linked securely with place.⁷⁷⁵ ‘Vast urban communities’ made it ‘all too easy for the individual to sink into isolation and insignificance in the face of the monster impersonal machine they have created.’ Rather than signifying progress, large conurbations seemed to offer a departure from patterns of empathy which were

⁷⁷¹ Anon., ‘Loneliness in London’

⁷⁷² Dorothy Critchlow, ‘They’ll Say Good-bye to Loneliness’, *Manchester Evening News* (Jan. 17th, 1957)

⁷⁷³ T.M. Ling, ‘The Social Problem of Loneliness’, speech to the WGPW, London, 1954: PWFP, LSE, 5WFM/D/33

⁷⁷⁴ National Council of Social Service, ‘A Report on Loneliness’: PWFP, LSE, 5WFM/D/34; ‘Discussion with Mrs. Smith’: PWFP, LSE, 5WFM/D/33; Mrs. Phillips, ‘The Housewife’s Needs on New Housing Estates’, speech to the WGPW, London, 1955: PWFP, LSE, 5WFM/D/33

⁷⁷⁵ Critchlow, ‘They’ll Say Good-bye to Loneliness’

crucial in fostering psychological security and health.⁷⁷⁶ As the *News Chronicle* put it in 1956, loneliness was not simply a problem of housing, but a symptom of something more sinister; a ‘hardening of our moral arteries’, a national loss of communication and conscience.⁷⁷⁷

Gradually and unevenly, housewives’ loneliness was disengaged from suburbia; or, at least, from male experiences of new towns and estates. Although they placed a particular emphasis on the geographical and emotional displacement of young suburban mothers, the work of the WGPW was marked from the outset by a feminist attentiveness to the broader challenges faced by homemakers. Summarising populations deemed most afflicted by loneliness, M.W. Curtin of the National Association of Local Government Officers drew attention to the women who had given up employment on marriage and whose ‘loss of independence must be coupled with a loss of companionship.’ Arguing that early womanhood proved too strong a contrast with marriage for women to fully adapt, Curtin brought the social advantages of education and work to the foreground. Each gave women an irrevocable taste of ‘a world considerably wider than that bound by the walls of domesticity, a world where the opportunities for companionship are many.’⁷⁷⁸ Her colleague, E.J.D. Morrison, emphasised that the ‘essential loneliness of the housewife’, derived from her solitary labour in the home, was exacerbated by the sharpness of this lost sociability.⁷⁷⁹ Numbers of women, the committee recorded, ‘visit doctor’s surgeries with sicknesses which have little physical foundation, at least in the early stages, and could easily be *made whole* [my emphasis] provided they were introduced to new interests or causes of an absorbing kind.’⁷⁸⁰ In the generality of their pronouncements, Curtin and Morrison anticipated the decontextualized language of isolation favoured by Alva Myrdal and Viola Klein in 1956. While Myrdal and Klein made some specific allusions to suburban mothers, the housewife they

⁷⁷⁶ M. R. Tabor, ‘Resettlement of Families and Management Problems’, speech to the WGPW, London, 1955: PWF, LSE, 5WFM/D/33

⁷⁷⁷ Anon., ‘Loneliness’, *News Chronicle* (Nov. 10th, 1956)

⁷⁷⁸ M. W. Curtin, ‘Causes of Loneliness’: PWF, LSE, 5WFM/D/33

⁷⁷⁹ Morrison, ‘Conditions Which May Give Rise to Loneliness’, p. 1

⁷⁸⁰ Working Group on the Social Aspects of Loneliness, Minutes and Agenda: PWF, LSE, 5WFM/D/33

invoked was an indistinct everywoman, able to resonate across lines of class, city, town and village.⁷⁸¹

As Rhodri Hayward observed, post-war sociologists of suburbia kept Stephen Taylor's 'suburban neurosis' alive, noting the 'isolation and sadness' of lonely housewives on new estates.⁷⁸² Interviewing one man about the effects of isolation, Peter Willmott and Michael Young were surprised when his wife interjected: 'it's all right for you. What about all the time I have to spend here on my own?'⁷⁸³ Their celebrated sociological treatise, *Family and Kinship in East London*, contrasted male and female experiences of geographical removal from traditional communities and extended families. Women, they argued, felt this withdrawal 'more keenly than their menfolk.' Those who remained excluded from 'the society of the workplace' were forced to spend their days alone – a common motivation, they remarked, for following their husbands into paid employment.⁷⁸⁴ Manifestly, the problems encountered by suburban wives were not held in common by men. Willmott and Young had not interviewed a couple facing shared challenges in a new and frigid environment, but two gendered individuals with qualitatively different experiences and claims to truth.⁷⁸⁵ Correspondingly, medical commentary on suburbia focused overwhelmingly on women. Frederick Casson, Henry Dicks, J.D. Radcliff and Hugh Freeman each represented suburban unhappiness as a specifically feminine condition.⁷⁸⁶

Paraphrasing Taylor's famous diagnosis, the Liverpoolian GP Peter Eckersley emphasised the part that domestic isolation played in the 'suburb sickness' borne from women's frustration and boredom. Writing in 1958, he described the intense existential distress experienced by the suburban wife who was 'pinioned in her up-to-date home by small children, hardly knowing another person in the endless, anonymous street where she lives.' The narrowing of social horizons involved in motherhood, one of his patients reported, was made unbearable by 'everyone's

⁷⁸¹ Myrdal and Klein, *Women's Two Roles*, pp. 147-149

⁷⁸² Hayward, 'Desperate Housewives and Model Amoebae', p. 44

⁷⁸³ Willmott and Young, *Family and Kinship in East London*, p. 150

⁷⁸⁴ *Ibid.*, p. 149

⁷⁸⁵ Harris, 'The Family in Post-War Britain', p. 55

⁷⁸⁶ Casson, *It's Healthy to be Human*, p. 167; Dicks, 'The Mental Hygiene of Married Life', 3; J.D. Ratcliff, 'Are You a Hypochondriac?' *Family Doctor* 13:4 (1963), 216-217; Hugh Freeman, 'Neurosis', *Family Doctor* 12:2 (1962), 79-80, 80

obsession with privacy.’ ‘This aspect of the national character’, Eckersley wrote, ‘can be a very cold thing.’ Housewives’ ‘crippling loneliness’ lurked beneath a veneer of suburban respectability, often erupting onto medical radars only when it was too late; when women had attempted or accomplished suicide, had fallen subject to ‘tremendous depressions which exclude any thought of caring for their families or themselves’ or a ‘simple inability to cope with anything’, or who had abused their children.⁷⁸⁷ The author left his final observation unexplored and undefined. As the first and third chapters of this thesis explore, the spectre of child abuse added to the sense among many psychologists of childhood that mothers who felt ‘not needed, not wanted and useless’ – the words are the adolescent psychiatrist William Lumsden Walker’s – presented far more pressing a danger to their children than those who sometimes left them alone to pursue other interests.⁷⁸⁸ The assumptions that framed his diagnosis, Eckersley claimed, were widely shared by other suburban practitioners and social workers. Cementing his causal link between suburbia, domesticity, loneliness, and suicide, he referred to a 1938 story from the *News Chronicle* entitled ‘Grave problem of lonely wives in London suburbs.’ Also cited in Paul Halmos’ research, the article described an inquest in Barnet, in the course of which a coroner heard evidence on the ‘loneliness of wives in suburban London.’⁷⁸⁹ While Eckersley intentionally sought to follow Taylor in constructing a specifically suburban pathology, he also emphasised factors such as privacy and motherhood which could never be mapped cleanly onto physical space.

Gender and Suburbia

For Rhodri Hayward, the suburban neurosis began and ended with Stephen Taylor. Following his involvement in the design and planning of Harlow, Taylor’s investigation of new town morbidity with Sidney Chave in the early 1960s found little evidence of divergence between rates of neurosis in old and new communities. Taylor and Chave’s consequent shift in emphasis to childhood trauma, therefore, ‘would ultimately prove to be the concept’s undoing.’ Hayward argued that suburban neurosis was a diagnostic dead-end, but that it brought a particular form of discourse

⁷⁸⁷ Eckersley, ‘Wives Can Fight Back Against the Ache of Suburban Wilderness’

⁷⁸⁸ Lumsden Walker, ‘Mothers and Children in a Modern Society’, p. 12

⁷⁸⁹ Anon., ‘Grave Problem of Lonely Wives in London Suburbs’, *News Chronicle* (July 9th, 1938)

into play in post-war Britain in which psychiatric problems were comprehended as soluble through political intervention.⁷⁹⁰ It helped to frame, therefore, the guiding principles of feminist health agitation, but the unravelling of the idea also left an aetiological vacuum for women's suburban suffering. Chave's earlier research with F.M. Martin and J. H. F. Brotherston had helped to confirm the frequency of women's neurosis, even if he later renounced any causative connection with suburbia. Collaborating with Martin and Brotherston on a morbidity study of a Hertfordshire estate in 1957, Chave suggested that an erosion of kinship networks and a tendency for each family to 'keep itself to itself' produced 'a degree of loneliness and social isolation inconsistent with positive mental health.'⁷⁹¹ Cross-referencing hospital admissions, referrals to psychiatric outpatient clinics, general-practitioner consultations, and the results of a direct-interview survey, the three researchers showed that 'neurotic reactive depression among females' predominated; where the expected rate for anxiety neurosis (per thousand) was 11.8, they found it to be 23.4. Disturbances of sleep were at 25.6 (over 6.3), anorexia at 9.7 (over 2.1), 'debility and undue fatigue' at 50.9 (over 13.3), depression at 7.0 (over 3.3) and headache at 29.6 (over 10.0).⁷⁹²

Conducting a similar survey of psychiatric incidence in Crawley in 1962, Ivan Clout explained that men's morale remained high as a result of the organised games and clubs provided by their factories; it was the wives who had 'severed their ties with mum and grandma, and had lost their familiar grocer and deliveryman.'⁷⁹³ In contrast to Martin, Brotherston and Chave, who identified housewives as the main – but by no means only – casualties of relocation, Clout's comparison of old and new towns yielded only negligible differences in rates of male and female illness. The only notable exception in his findings was the incidence of depression in women 'of reproductive age'; 15.6% presented with serious symptoms, compared with 9.5% in

⁷⁹⁰ Hayward, *The Transformation of the Psyche in British Primary Care*, p. 82, 85; see also Mark Clapson, 'Working-class Women's Experiences of Moving to New Housing Estates in England Since 1919', *Twentieth Century British History* 10:3 (1999), 345-365, 350; Taylor and Chave, *Mental Health and Environment*, p. 175

⁷⁹¹ F. M. Martin, J. H. F. Brotherston and S. P. W. Chave, 'Incidence of Neurosis in a New Housing Estate', *British Journal of Preventive and Social Medicine* 11:4 (1957), 196-202, 202

⁷⁹² Anon., 'Suburban Neurosis Up to Date', *The Lancet* (Jan. 18th, 1958), 146

⁷⁹³ Ivan Clout, 'Psychiatric Incidence in a New Town Practice', *The Lancet*, (March 31st, 1962), 683

the old town. The publicity given to 'New Town Blues', he thought, was misplaced.⁷⁹⁴ Although some commentators – such as Elaine Grand in 1961 – wrote about the 'vast and unhappy brigade' of housewives living 'isolated and self-destructive lives' in 'alien and lonely' suburbs, other journalistic reports into suicide and self-medication overlooked or rejected suburbia as the default context for domestic loneliness.⁷⁹⁵ One study of suicide in Hampstead in 1958 made no distinction between traditional areas and the garden suburb which had been created before the war. Of 89 recent deaths, 27 of whom were housewives, widows or spinsters, the women who had been 'perched perilously on the razor's edge of suicide' were connected by their silent desperation, not their housing.⁷⁹⁶ Likewise, a 1961 survey conducted by the Christian Economic and Social Research Foundation found that lonely young housewives in London, Leeds and Birmingham resorted to alcoholism, repetitious television-watching and narcotic consumption whatever their surroundings. Their dependency on psychological crutches to offset their deeper problems, the report concluded, was at best ineffectual and at worst acutely self-destructive.⁷⁹⁷ The old critiques of suburban conformity were wearing thin; a different vocabulary was needed to explain the complexities of women's experiences.

Indeed, the early 1960s witnessed an increased interest in loneliness in traditional working-class communities. Writing in the *Evening Chronicle* in 1960, Barbara McGrath followed the grassroots efforts of young wives to establish social clubs in two contrasting areas of Greater Manchester, Wythenshawe and Hulme. Suggesting that these projects could help to 'cure' social isolation if properly conceived and supported, she set out to destabilise the implicit assumption that suffering in suburban Wythenshawe was necessarily more acute. 'Strange though it may seem', McGrath concluded, 'the housewives of an old-established community like Hulme are more in need of companionship and friends than those who were completely transplanted to a new garden estate.'⁷⁹⁸ Her findings were replicated in 1961 by Jill Jeffery, whose *Guardian* article on the 'habit of loneliness' focused on women in an unreconstructed working-class district in London. In the course of her

⁷⁹⁴ Clout, 'Psychiatric Incidence in a New Town Practice', 684

⁷⁹⁵ Grand, 'Miserable Married Women: The Lonely'

⁷⁹⁶ Sewell, 'The Girl Who Lives on a Razor's Edge'

⁷⁹⁷ Anon., 'Worried Wives who Smoke and Drink', *The Times* (Sept. 17th, 1961)

⁷⁹⁸ Barbara McGrath, 'Cure for Loneliness', *Evening Chronicle* (Oct. 24th, 1960)

investigation, Jeffery was greeted in 'house after house' by 'great outpourings of pent-up loneliness.' Prolonged isolation, she explained, stifled women's ability to make human connections precisely when intervention was most necessary. The adjustment of expectations, internalisation of solitude and erosion of social skills that she encountered suggested that loneliness possessed an addictive quality which had to be fully understood before the habit could be broken.⁷⁹⁹ Taking advice from the psychiatrist and expert on attempted suicide Erwin Stengel, the WGPW had previously emphasised the difficulties of those who 'drifted into loneliness and are unable to find their way out', being 'too tired physically or mentally to make the effort.'⁸⁰⁰ Susan Cooper's 1962 *Sunday Times* investigation, 'the trap of fear', put it in starker terms; self-pity accompanied 'tortured inaction, the penalty for a life which has tightened into a hopeless circle.'⁸⁰¹

Conclusion

Long before Betty Friedan or Hannah Gavron, the category of 'housewife' was constructed as a redundant, unstable, and unhealthy identity to inhabit. This was achieved – by feminists and non-feminists alike – through the connection and relation of experience, the unpicking of a shared thread in women's diverse suffering and distress. Sick housewives were visible in psychiatric discourses, but they were often visible in guises which elided their common occupation; as victims of town planning or lost communality, of maladaptation or childhood trauma. The doctor and diagnostician Lord Horder, for example, wrote extensively on the self-produced asthma of a neglected and lonely housewife for his 1950 *Modern Woman's Medical Guide*. Detailing a convoluted case of domestic exclusion, intimate oppression and unconscious refuge in illness, Horder attributed her difficulties to what he assumed were 'intolerable tensions' in her childhood, which he admitted he had not had the opportunity to trace.⁸⁰² Similarly, the psychoanalyst and congregational minister Harry Guntrip wrote in 1956 of a married mother of two who felt – in her own words –

⁷⁹⁹ Jill Jeffery, 'The Habit of Loneliness', *The Guardian* (Nov. 15th, 1961)

⁸⁰⁰ Erwin Stengel, 'The Social Aspects of Loneliness', speech to the WGPW, London, 1955: PWF, LSE, 5WFM/D/33

⁸⁰¹ Susan Cooper, 'Loneliness 2: The Trap of Fear', *The Sunday Times* (June 3rd, 1962)

⁸⁰² Lord Horder, Joan Malleon and Gladys Cox, *The Modern Woman's Medical Guide* (London, 1950), pp. 364-365

that she was a 'shell of conformities to other people with no active "me" inside.' When patients described themselves as 'hollow, empty, unreal, or feeling a vacuum inside', he argued, it indicated that they had not been loved for their own sake in their younger lives.⁸⁰³ In comprehending individual psychological stories such as these as interwoven in a broader mesh, the discourses explored in this chapter laid the tensions at the heart of post-war gender structures emphatically bare. As Ena Brown put it in 1948, the 'partial revelations' of women's dehumanisation and hopelessness had to be 'drawn together into a complete picture.'⁸⁰⁴

When the WGPW published their findings in 1957, working married women were conspicuously absent from their taxonomy of the isolated and vulnerable.⁸⁰⁵ Denied the deep intimacy of marriage and parenthood, single women were consistently depicted as thwarted, lonely, and bitter.⁸⁰⁶ On the other hand, women who devoted themselves solely to the personal were portrayed as developing only as mothers and wives, risking illness and forfeiting the wholeness of the fully realised self. While loneliness was interpreted as a product of the uncertainty and disconnection of eroding values and structures, the compensatory effects that work had on male health underlined the precariousness of women's traditional roles. In seeming to offer an outlet for the 'masculine' side of women's personalities, paid work beyond the home hinted at a means of attaining full personhood.⁸⁰⁷ Critics of domesticity walked the line between preventative medicine and the peculiarly post-1945 'cosmetic psychiatry' described by Rhodri Hayward, Mathew Thomson and Nikolas Rose. Breaking away from the home – but never entirely – could lead to the 'recovery of the lost healthy self'; it also offered women a new lifestyle model which

⁸⁰³ H. Guntrip, *Mental Pain and the Cure of Souls* (London, 1956), p. 137

⁸⁰⁴ Brown, 'Can Women be Emancipated?', 3

⁸⁰⁵ Women's Group on Public Welfare, *Loneliness: An Enquiry into Causes and Possible Remedies* (London, 1957)

⁸⁰⁶ Zweig, *Women's Life and Labour*, p. 64; Daphne Boutwood, 'Women on Their Own', *Sunday Times* (Jan. 8th, 1956); Cooper, 'Loneliness 2: The Trap of Fear'; Horder, Malleon and Cox, *The Modern Woman's Medical Guide*, p. 376; Hubback, *Wives Who Went to College*, p. 80

⁸⁰⁷ Myrdal and Klein, *Women's Two Roles*, p. 147-148; Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 225

promised a brighter, sharper, fulfilled and resilient existence.⁸⁰⁸ The answer – as the following chapters explore – was balance.

⁸⁰⁸ Hayward, 'Medicine and the Mind', p. 537; Thomson, 'The Psychological Sciences and the "Scientization" and "Engineering" of Society in Twentieth-Century Britain', p. 152; Rose, 'Psychiatry: The Discipline of Mental Health', p. 82

Chapter Three: Working for Health

Published in 1989, an anthology of oral interviews collected and curated by the historian Jo Stanley chronicled the working lives of older women. The age of her contributors placed many of their experiences in the 1950s and early 1960s, although their memories revealed the influence of later feminisms, as well as the cues and preoccupations of the questioner. The aim of the collection was to tell the stories of women at work, asserting the fact of their lives as a feminist challenge to histories of work which have overwhelmingly been male.⁸⁰⁹ One interview in particular – with a woman named Hilda – drew together a series of deeply significant themes. Demobilised from war work in the mid-1940s, Hilda believed that men returning from active duty had every right to dislocate the women who had taken their places.⁸¹⁰ In 1955, however, she developed post-natal depression; her doctor suggested ‘6 months working with people, shop work pref.’ Leaving her new-born son with her mother, she found that her work allowed her to feel needed and useful.⁸¹¹ After recovery, she took occasional casual work in department stores, moving to part-time work when her son started school. Her husband’s work always ‘came first’, and she took it for granted that the primary responsibility for her ‘son’s well being, housework, shopping and meals’ lay with her. Often tired, she had little time for leisure and little money to spend on herself.⁸¹² Nevertheless, she reflected, ‘what wove the bright threads through every job I did was the contact with other people. I felt, I learned, I served, I taught, I laughed, I cried, I took part in it all and I felt I was a part of it.’⁸¹³

For Hilda, work was a curative technology, a therapeutic response to an acute psychiatric crisis. In her own words, it was also a vital part of her emotional life, of the person she was – those ‘bright threads’ gave her meaning and joy, even if she put them behind her husband and son. Her story touched upon a practice which disrupts long-held preconceptions of the relationship between motherhood and medicine in the 1950s, doctors prescribing work to depressed and anxious

⁸⁰⁹ See Chinn, *They Worked All Their Lives*, p. 4; Alice Kessler-Harris, *Women Have Always Worked: A Historical Overview* (New York, 1981)

⁸¹⁰ Stanley (ed.), *To Make Ends Meet*, p. 102

⁸¹¹ *Ibid.*, p. 105

⁸¹² *Ibid.*, p. 107

⁸¹³ *Ibid.*, p. 109

housewives. It also gave some sense of the parallel identity of work as a form of psychiatric prevention, a necessary component in the development of healthy, mature, and resilient personalities. In an assumption widely shared by post-war women and the experts who wrote about them, Hilda's enjoyment of her job was conditional on her maintenance of a happy home life; male work took precedence, and she retained her obligation for parental and domestic labour.⁸¹⁴

This thesis has worked to demonstrate that post-war doctors, journalists, sociologists and housewives each cast domesticity as a source of psychological risk. As Charlotte Luetkens predicted in 1946, women heading into the second half of the century would have to find new sources of 'the satisfaction which former women found in keeping house.'⁸¹⁵ Writing in 2005 on feminism and motherhood across the twentieth century, Ann Taylor Allen observed that 'considering the monotonous and unrewarding character of most waged work – especially of the jobs open to women – it is surprising that feminists should have seen employment in itself as the road to emancipation.'⁸¹⁶ Other scholars of work have noted that there was rarely room for self-realisation and introspection in the underpaid and undervalued livings that women have often been forced to make.⁸¹⁷ This was acknowledged by at least some contemporaries. Summarising discussions from a WHO seminar on working women, a 1962 report concluded that 'the exchange of a kitchen floor for a factory floor was not necessarily an increased freedom for the woman nor a broadening of her horizons.' Either way, it recommended, women needed to engage in 'social and community activities' and 'other intellectual pursuits.'⁸¹⁸ While many critiques of full-time housework and motherhood were explicit in their advocacy of work, still others

⁸¹⁴ Roberts, *Women and Families*, p. 53

⁸¹⁵ Luetkens, *Women and a New Society*, p. 110

⁸¹⁶ Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 236

⁸¹⁷ Rowbotham, *Woman's Consciousness, Man's World*, pp. 67-80; Rowbotham, *A Century of Women*, p. 367; Bradley, *Men's Work, Women's Work*, pp. 9-26; Anna Pollert, *Girls, Wives, Factory Lives* (London, 1981), p. 94; Carol Buswell, 'Training Girls to be Low-Paid Women' in Caroline Glendinning and Jane Millar (eds.), *Women and Poverty in Britain in the 1990s* (Hemel Hempstead, 1992), pp. 79-94; Lewis, *Women in Britain Since 1945*, p. 3; Catherine Hakim, 'Grateful Slaves and Self-Made Women: Fact and Fantasy in Women's Work Orientations', *European Sociological Review* 7:2 (1991), 101-121

⁸¹⁸ WHO, *Women Who Work: Report of Seminar Discussions*, Athens, 1962, p. 5: PRKF, WL, PP/RKF/E/9/4

offered indistinct encouragements to volunteer, or to take up hobbies.⁸¹⁹ Such appeals certainly resonated with their intended audience. One respondent to Viola Klein, for example, insisted that her ability to bring pleasure through her piano playing meant far more to her than any opportunity to return to teaching mathematics.⁸²⁰ In spite of the existence of alternatives, one aim of this chapter is to argue that feminist connections between liberation and work were not surprising at all. Indeed, while representing a seeming paradox, emancipation and monotony were intrinsically linked.

Helen McCarthy's recent historical research into paid work and marriage offers part of the answer: that wage-earning held real 'meaning and significance' for married women in the 1940s, 1950s and 1960s.⁸²¹ Equally, the second chapter of this thesis argues that domesticity was specifically pathologised as a malign inversion of remunerative, collective, productive work. Addressed as a form of labour, housework was seen to lack status, psychological reward, social contact, and mental stimulation. Implicitly and explicitly, outside employment was the benchmark against which work in the home was measured.⁸²² Most importantly, however, the post-war connection of married women's work with emancipation and health has to be understood as a facet of the longer relationship between productivity and health in western psychiatry. In his important article 'Sweat or Die', Tom Lutz has described the 'hedonization' of work in America during the 1920s, in which sickness was linked with unrelieved leisure and health with the rigour and structure of gainful employment.⁸²³ The history that Lutz traced was specifically masculine. As the pioneering scholar of work and family Rosabeth Moss Kanter noted in 1977, knowledge on the psychopathology of unemployment represented a compelling example of 'sexual asymmetry.' The obverse of the unemployed man was the working mother, 'seen as a social problem, likely to have disturbed marital relations and likely to produce delinquent children.'⁸²⁴ Feminist psychologists such as Lorine Pruette drew comparisons between unemployed men and housebound women in the

⁸¹⁹ Beaumont, *Housewives and Citizens*, p. 46; Hackney, 'Use Your Hands for Happiness', 23-38

⁸²⁰ Testimony 461, 1963, PVK, URSC, MS 1215/27/1

⁸²¹ McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 8

⁸²² Scrutton, 'The Push-me, Pull-you Woman'

⁸²³ Lutz, 'Sweat or Die', 259-83

⁸²⁴ Kanter, *Work and Family in the United States*, p. 61

late 1920s, but such interventions were remarkable and rare.⁸²⁵ Writing in the *Annals of the American Academy of Political and Social Science* in 1929, Pruette suggested that housewives were subject to the ‘various neurotic trends that appear among the semi-idle’, becoming ‘permanently damaged as persons’ by the ‘demoralizing influence of home.’ While the ‘nervous housewife’ was a familiar psychiatric patient, the ‘therapeutic value of getting jobs for discontented wives’ had yet to be afforded sufficient recognition.⁸²⁶

Exploring the history of psychosurgery and industry in America, Mical Raz has argued that an ‘emphasis on employment and its moral value... was not as prominent in European countries.’⁸²⁷ According to the management theorist Peter Miller, however, inter-war Britain underwent an analogous process to the ‘hedonization’ described by Lutz. Steffan Blayney has recently shown that health was ‘reduced to an index of productive capacity’ still earlier, in discourses on industrial physiology between the turn of the century and the end of the First World War.⁸²⁸ In Miller’s analysis, a therapeutics of work and a therapeutics of unemployment emerged within a decade of one another, the first in response to concerns about fatigue, monotony, and morale in the 1920s, and the second accompanying mass joblessness amongst adult men in the depression of the 1930s.⁸²⁹ While poorly designed jobs were understood to have harmful effects, exclusion from work altogether imposed an ‘irreplaceable psychological deprivation’, resulting in distinct emotional phases of shock, optimism, pessimism, and fatalism.⁸³⁰ As practitioners in a discipline with a ‘weak epistemological threshold’, psychiatrists

⁸²⁵ Elaine Showalter, *These Modern Women: Autobiographical Essays from the Twenties* (New York, 1989), p. 68

⁸²⁶ Lorine Pruette, ‘The Married Woman and the Part-Time Job’, *Annals of the American Academy of Political and Social Science* 143:1 (1929), 301-314, 302

⁸²⁷ Mical Raz, ‘Psychosurgery, Industry and Personal Responsibility, 1940–1965’, *Social History of Medicine* 23:1 (2009), 116-133, 130

⁸²⁸ Steffan Blayney, ‘Industrial Fatigue and the Productive Body: The Science of Work in Britain, c. 1900-1918’, *Social History of Medicine* 0:0 (2017), 1-19

⁸²⁹ Miller, ‘Psychotherapy of Work and Unemployment’, pp. 143-176; see also Ross McKibbin, *The Ideologies of Class: Social Relations in Britain 1880–1950* (London, 1991)

⁸³⁰ Miller, ‘Psychotherapy of Work and Unemployment’, pp. 155-159; a process faithfully reproduced in Walter Greenwood’s novel *Love on the Dole* (London, 1933).

absorbed and regurgitated cultural and political anxieties about idleness.⁸³¹ 'In a series of moves', wrote Miller, 'the avoidance of neurosis, the attainment of full mental health and, finally, the maximal fulfilment of the self, have come to be regarded as inseparable from the activity of production.'⁸³² The ability to work was certainly pivotal to psychiatric criteria for psychosurgical success in Britain.⁸³³ Appearing on the 1957 BBC programme *The Hurt Mind*, the director of the department of psychological medicine at St Thomas' Hospital, William Sargent, interviewed a former patient and subject of psychosurgery, a man in his fifties who had been previously diagnosed with psychosomatic loss of breath. Sargent and the presenter cast renewed productivity as a counterweight to the reduced personality and mental function caused by the procedure:

Presenter: 'You working?'

Former Patient: 'Yes sir.'

Presenter: 'You've been working since the operation?'

Former Patient: 'Oh yes, sir. Regular work, bricklaying, sir.'

Sargent: 'Can you do really hard work now, you remember how you used to pant about the place.'

Former Patient: 'Oh yes sir I do hard work now, in fact I done a bit of navvying, trench digging, everything in general.'⁸³⁴

For Aubrey Lewis in 1943, occupational success was also central to the rehabilitation of neurotic soldiers.⁸³⁵ Writing a decade later on the social concept of

⁸³¹ Miller, 'Psychotherapy of Work and Unemployment', p. 144; However, Mathew Thomson has subsequently shown that unemployed men made articulate use of the same psychologised vocabularies to politicise their own distress: Thomson, *Psychological Subjects*, p. 163

⁸³² Miller, 'Psychotherapy of Work and Unemployment', 143; see also Anon., 'Work and the Man', *The British Medical Journal* 2: 4580 (Oct. 16th, 1948), 716-718, 718

⁸³³ Maurice Partridge, *Pre-Frontal Leucotomy: A Survey of 300 Cases Personally Followed Over 1 ½ - 3 Years* (Oxford, 1950), p. 41, 472; R. Strom-Olsen and P. Macdonald Tow, 'Late Social Results of Prefrontal Leucotomy', *The Lancet* (Jan. 15th, 1949), 87-90, 88

⁸³⁴ BBC, *The Hurt Mind*: Episode Five: Physical Treatment (Jan. 29th, 1957)

health, he constructed lost productivity as a route to psychiatric diagnosis: 'Disturbance in capacity to meet social demands, e.g. ability to work, may provoke the question: is this man ill?'⁸³⁶ Vicky Long, Jennifer Laws and Pamela Dale have collectively mapped the gendered landscape of post-war occupational therapy and institutional training, showing how work was framed as a curative or adaptive technology for chronic long-stay patients and residents in facilities for the mentally deficient.⁸³⁷ In particular, the research of Long and Laws has overlapped with renewed interest in work and psychiatry in the last few years, with the publication of an edited volume by Waltraud Ernst in 2016.⁸³⁸ Despite the temporal scope of Miller's thesis – he described an ever-closer union between work and health into the late twentieth century – he noted simply in passing that unemployed women were subject to less stigma, as a result of the consolations of motherhood and marriage.⁸³⁹ All but invisible in his account, wives and mothers were the last generally able-bodied group to fall subject to the colonisation of health and morality he worked to trouble.⁸⁴⁰ As Alva Myrdal and Viola Klein put it in *Women's Two Roles*, 'while men have no alternative but to work and are considered asocial if they refuse to do so, this same ethical rule has not been widely applied to women.'⁸⁴¹ Their exclusion, post-war politicians suggested, was rooted in the same reaction to the

⁸³⁵ Aubrey Lewis, 'Social Effects of Neurosis', *The Lancet* (Feb. 6th, 1943) 167-170, 167

⁸³⁶ *Ibid.*, 117

⁸³⁷ Vicky Long, 'A Satisfactory Job is the Best Psychotherapist: Employment and Mental Health, 1939-60' in Pamela Dale and Jo Melling (eds.), *Mental Illness and Learning Disability Since 1850: Finding a Place for Mental Disorder in the United Kingdom* (London, 2006), pp. 179-199; Vicky Long, 'Rethinking Post-war Mental Health Care: Industrial Therapy and the Chronic Mental Patient in Britain', *Social History of Medicine* 26: 4 (2013), 738–758; Jennifer Laws, 'Crackpots and Basket-Cases: A History of Therapeutic Work and Occupation', *History of the Human Sciences* 24:2 (2011), 65-81; Pamela Dale, 'Training for Work: Domestic Service as a Route out of Long-stay Institutions Before 1959', *Women's History Review* 13:3, (2004), 387-405

⁸³⁸ Vicky Long, 'Work is Therapy? The Function of Employment in British Psychiatric Care after 1959' in Waltraud Ernst (ed.), *Work, Psychiatry and Society, c. 1750–2015* (Manchester, 2016), pp. 334-350; Jennifer Laws, 'The Hollow Gardener and Other Stories: Reason and Relation in the Work Cure' in Waltraud Ernst (ed.), *Work, Psychiatry and Society, c. 1750–2015* (Manchester, 2016), pp. 351-367

⁸³⁹ Miller, 'Psychotherapy of Work and Unemployment', p. 160

⁸⁴⁰ Wilson, 'A New Look at the Affluent Worker', 207; 'Working Wives – And Their Children', 1128-1129; Douglas and Blomfield, *Children Under Five*, p. 117

⁸⁴¹ Myrdal and Klein, *Women's Two Roles*, p. 88

'hungry thirties' which formed indelible links between unemployment and male neurosis. Jean Mann and Mary Sutherland each noted the taboo around married women taking work while men went idle and unpaid.⁸⁴²

From the mid-1940s, nascent attention to the pathogenicity of domestic life allowed for an ambivalent and conditional extension of existing knowledge about work and the male psyche to married women and mothers.⁸⁴³ Inter-war depictions of work as a constructive outlet for youthful energy and a consolation and distraction for the unmarried set down important principles, even if they spoke solely to the grey areas around and beyond a conformist domestic ideal.⁸⁴⁴ The first section of this chapter explores the post-war identity of work as crucial to lifelong emotional development and maturity, and as a guard against pathological solitude. The anxiety that domesticity could arrest the growth of the female personality – leaving women with compromised, vulnerable, and incomplete selves – dovetailed into narratives of work as an intrinsically improving act, which supplied women with the resilience to weather the stresses and crises of life. In the testimonies of women on war work, the satisfactions they found sat alongside the gruelling hours and the pressures of combining industrial labour with their lives outside of the factory. While structural support for married workers seemed to evaporate with the coming of peace, the war left a legacy of empirical study into women's working attitudes. This research highlighted the difficulties of the double burden, but also stressed the companionship and sense of achievement women that reported, in direct contrast with stagnation and loneliness at home. As William Crofts and Claire Langhamer have each observed, government recruitment campaigns in the late 1940s made subsequent use of this convenient rhetoric of emotional gain.⁸⁴⁵ Over the next decade and a half, discourses on women at work formed a vital part of British occupational research. Increasing emphasis was placed on working women's fulfilment and self-realisation, subverting – but never discarding – conventional gender norms in favour of a continuum of balance and imbalance between work and home.

⁸⁴² Mann, 'Should Married Women go out to Work?', 3; Mary Sutherland, Speech to the ICSDW in Rome, 1961, p. 23: PVK, URSC, MS1215/16/1

⁸⁴³ Viola Klein, *Britain's Married Women Workers* (London, 1965), p. xii

⁸⁴⁴ Long and Marland, 'From Danger and Motherhood to Health and Beauty', 477-478

⁸⁴⁵ William Crofts, 'The Attlee Government's Pursuit of Women', *History Today* 36:8 (1986), 29-35; Langhamer, 'Feelings, Women and Work in the Long 1950s', 2

The second section of this chapter analyses contemporary understandings of work as *occupation*, a means of diverting and healing the wounded mind from trouble or trauma. Asking wives and mothers about their motives for taking employment, sociologists found that a number acted on specific advice from their doctors. As with Hilda, work had been prescribed as a social treatment for psychiatric distress and disorder.⁸⁴⁶ Far from medicalising a political issue, some practitioners offered nervous, lonely, and frustrated housewives a pathway from neurosis which had nothing to do with adjustment, psychotherapy, or palliative drugs. Work could be therapeutic, contemporaries argued, because it gave women less time to dwell on their problems. In these discourses and the ways women defined their own relationships with their jobs, work took on connotations of relaxation and leisure. It refreshed and soothed, deriving a tonic power from the starkness of contrast with motherhood and housework. While domestic labour had been the focus of concerted anxieties over boredom, repetition and monotony, these characteristics were often ignored – and sometimes lauded – in the types of work that women used to retreat and recover from their homes. Conversely, inter-war assumptions endured that women were ‘remarkably resilient to the numbing effects of repetitive work’, in part because they daydreamed about their domestic lives. The married worker was understood to be present but not present, required to perform work unfit for men but subject to institutional mistrust over emotional commitment and reliability.⁸⁴⁷

Finally, this chapter turns to the construction of the healthy working mother. Dolly Smith Wilson’s 2006 article on women and post-war affluence noted the incidence of ‘good working mothers’, who justified their nonconformity to Bowlbian ideals of parenthood by appeal to the financial benefits their wages had for their families. Keeping hold of older principles about the malign effects of economic privation, these women recast those who neglected to take the opportunity to raise

⁸⁴⁶ Stanley (ed.), *To Make Ends Meet*, p. 105

⁸⁴⁷ Long, *The Rise and Fall of the Healthy Factory*, p. 138, 147; Riley, ‘Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain’, 260; especially important in a context where psychological investment has been increasingly expected by employers. See Hochschild, *The Managed Heart*; Barbara Ehrenreich, *Smile or Die: How Positive Thinking Fooled America and the World* (London, 2009)

their children's standards of living as the 'bad mothers.'⁸⁴⁸ While they may have convinced their neighbours, their reworked narrative had little to say to child psychologists with a stated preference for wholesome poverty.⁸⁴⁹ Recognising that the health and growth of children represented an insurmountable social and medical requirement, pro-work doctors and sociologists shifted the tenor of their arguments to take in the mental and psychological inadequacies of the mother/housewife, and extol the developmental and familial benefits of the mother/worker. Working women were described as mature and balanced mothers, conferring intelligence and independence on children who no longer had to contend with the short tempers and low moods of the frustrated and lonely 'mom.' Similarly, men were told that work could transform their sullen and boring wives into new women, recharging their flagging marriages with the energy and companionship of equality and shared interests. In meeting the criteria that mental hygienists placed on social change – that it should strengthen and enliven the family, not undermine or threaten it – such arguments were remarkably successful at shifting debates on working motherhood away from reactionary assertions of harm. They failed, however, to contest the real substance of post-war discourses on motherhood and marriage; which, after all, had never uniformly been about the emotional dangers of maternal absence. Women's right to work, here, was conditional on the promise it held for husbands and children. The worth and legitimacy of their actions remained defined by their consequences for the lives of others.

The Right to Full Development

Writing on the 'foundation of mental health' in 1951, Donald Winnicott drew an important distinction between mental hygiene and other public health work. Although the two were closely related, Winnicott argued that the former went 'further, in that it

⁸⁴⁸ Wilson, 'A New Look at the Affluent Worker', 206-229; Roberts, *Women and Families*, p. 114; see Zweig, *Women's Life and Labour*, p. 22; LSE Social Science Department, *Woman, Wife and Worker* (London, 1960), p. 23; Jephcott, Seear and Smith, *Married Women Working*, p. 171

⁸⁴⁹ Bowlby, 'The Mother Who Stays at Home Gives Her Children a Better Chance'

alters the kind of people that compose the world.⁸⁵⁰ Referring to what he hoped would be a widespread acceptance of John Bowlby's research into maternal deprivation, he considered that 'such a result would be a great achievement of preventive medicine, even without taking into account the deeper aspects of emotional development, such as richness of personality, strength of character, and the capacity for full, free, and mature self-expression.'⁸⁵¹ Over the course of the next decade, the immersed, constant, libidinal mothering that the two men thought so crucial in fostering these attributes was implicated instead in their adult arrestment. Full-time motherhood perhaps provided children with the early psychological security needed to thrive – although, as critics noted, it could undermine their independence and turn them into mother-centred neurotics – but it often seemed to extract a heavy cost from their mothers. For the WHO discussion group on working women in 1962, a 'solid foundation' conferred 'a sense of inner poise, which makes it possible to meet the demands met by life and not to be submerged by them.'⁸⁵² Some women demonstrated an 'absolute need, in order to achieve a sense of poise', for work which gave them 'their own horizon where they are considered to be themselves and not a reflection of their husband.'⁸⁵³ If one aim of mental hygiene was to promote personality, maturity and character, then tying women ever-closer to home and family had the effect of unmaking much of the good work achieved in early childhood.⁸⁵⁴

Across post-war Britain, psychologists and psychiatrists such as Alastair Heron, Steven Folkard, Bertram Mandelbrote and May Monro charted the borderlands between 'normal' and 'neurotic' personalities.⁸⁵⁵ Folkard, Mandelbrote and Monro's 1962 study of 105 women and 45 men revealed a higher incidence of

⁸⁵⁰ Donald Winnicott, 'The Foundation of Mental Health', *British Medical Journal* 1:4719 (June 16th, 1951), 1373–1374, 1373

⁸⁵¹ *Ibid.*, 1374

⁸⁵² WHO, *Women Who Work: Report of Seminar Discussions*, p. 8

⁸⁵³ *Ibid.*, p. 9

⁸⁵⁴ Odlum, *Adolescence*, p. 51

⁸⁵⁵ Alastair Heron, 'The Objective Assessment of Personality among Factory Workers', *The Journal of Social Psychology* 39:2 (1954), 161-185; Alastair Heron, 'The Objective Assessment of Personality among Female Unskilled Workers', *Educational and Psychological Measurement* 15 (1955), 117-126, 123; Steven Folkard, Bertram Mandelbrote and May Monro, 'Personal Problems Associated with Mental Health and Mental Illness', *British Journal of Preventive and Social Medicine* 16:2 (1962), 69-75

'personal problems' amongst female respondents in both healthy and ill diagnostic samples.⁸⁵⁶ As Inge and Donald Broverman noted in 1970, the languages and categories that practitioners used to assess morbid personalities have been profoundly gendered.⁸⁵⁷ A normalisation of behaviour traditionally typed as masculine – while supposedly feminine characteristics shared a porous boundary with neurosis – was certainly at work in Folkard, Mandelbrote and Monro's discussion of traits such as 'lacking self-confidence', 'too easily moved to tears', and 'feelings too easily hurt.' Unlike the psychologists surveyed by the Brovermans, however, the authors pathologised excessive sensitivity and emotionality in women, but did not figure their absence as a problematic rejection of femininity. Scoring highly for 'feeling blue and moody' or 'nervous and highly-strung', the women they studied also expressed a more pronounced need for 'self-improvement', in categories such as 'wanting to improve my mind' or develop a more fulfilling social life.⁸⁵⁸ This was a psychiatric expertise which, in the words of Nikolas Rose, promised to 'reshape subjectivity in desired directions.' In acting as gatekeepers to 'technologies of the self', Rose has argued, psychiatrists 'work by instrumentalising and elaborating our phantasies of happiness, pleasure and achievement, promoting an ideal of what we might be and working in the space that is thus opened between our wishes and our lives.'⁸⁵⁹ As post-war women used waged work to sample the 'new medicines of self-exploration and self-discovery', they went in search of subjectivities which were neither thwarted nor buried.⁸⁶⁰ Ena Brown's 1948 essay on women's emancipation emphasised that the psychological impact of domesticity had to be assessed 'before we say that any feminine characteristics are innate and permanent.'⁸⁶¹ By the mid-to-late 1950s, a view of these characteristics as learned and imposed had emerged in the work of sociologists of women. This was one mechanism through which, as Shira Tarrant has written of Viola Klein's early work on

⁸⁵⁶ Folkard, Mandelbrote and Monro, 'Personal Problems Associated with Mental Health and Mental Illness', 71-72

⁸⁵⁷ Broverman, Broverman, and Carson, 'Sex-role Stereotypes and Clinical Judgments of Mental Health', 1-7

⁸⁵⁸ Folkard, Mandelbrote and Monro, 'Personal Problems Associated with Mental Health and Mental Illness', 73

⁸⁵⁹ Rose, 'Psychiatry: The Discipline of Mental Health', p. 81

⁸⁶⁰ Kazantzis, 'The Errant Unicorn', p. 26

⁸⁶¹ Brown, 'Can Women be Emancipated', 1

femininity, 'sex became gender.'⁸⁶² By changing the cultural messages and environmental stimuli which shaped women's sense of themselves, 'feminine characteristics' became negotiable and, implicitly, improvable. Hitherto domesticated women, the journalist, biographer and novelist Marghanita Laski stressed, had 'the right to full development.'⁸⁶³

Work and Personality

Psychiatric studies of women on war work in the 1940s were primarily concerned with untangling the problem of absenteeism, seeking to maximise productive output through the identification and management of structural causes of neurosis and stress. While these were complex and many, researchers also noted the positive working experiences that many women reported, as attention to the principle that 'the satisfied worker does better than the dissatisfied worker' increased.⁸⁶⁴ Commissioned by the Office of the Minister of Reconstruction (OMR) in 1943 to undertake a survey of women's feelings about work, Geoffrey Thomas questioned 1015 informants about the advantages they found in their occupation. Of the women he interviewed, 43% specified that they were 'never lonely', 16% that they had 'more independence', 10% gained more 'social experience', and 7% observed that 'home becomes monotonous.' Of the few responses that he quoted, one woman noted that 'you don't get melancholy at work, as at home'; another recounted that 'days are long when husband and children are out all day.'⁸⁶⁵ S. Wyatt and R. Marriott's research into the wartime populations of four factories returned similar results. The testimonies they reproduced demonstrated the emotional rewards that their interviewees derived from work, as well as minor frustrations over their relationship with the final product:

'I like it very much indeed; it's like making sausages, you put bars in and they come out finished.'

⁸⁶² Tarrant, *When Sex Became Gender*, pp. 41-42

⁸⁶³ Marghanita Laski, 'Frustrations of the Graduate Housewife', *The Observer* (Oct. 27th, 1957)

⁸⁶⁴ Anon., 'The Happy Worker', *The Lancet* (Sept. 29th, 1945), 407-408, 408

⁸⁶⁵ Geoffrey Thomas, *Women at Work: The Attitudes of Working Women Towards Post-War Employment and Some Related Problems* (Office of the Minister of Reconstruction: London, 1944), p. 21

‘The work is interesting. But I’d like to make something you can see, like a tank.’

‘I like the job and the company of the girls. I am interested in the work, but it would be better if we saw the job from beginning to end.’

‘I like the job and feel better at work than when I was at home all the time.’⁸⁶⁶

Reflecting on the comments of their subjects, Wyatt and Marriott emphasised the ‘social opportunities and varied mode of life’ which women ‘formerly engaged on housework’ found on the factory floor. ‘To be with congenial companions’, they wrote, was ‘a very agreeable change.’⁸⁶⁷ At the close of war and in the years directly after, the Ministry of Labour and National Service (MLNS) bartered knowledge about women’s emotional investment in work into a language of psychological incentive, using the promise of fulfilment as an effective means of mobilising female labour.⁸⁶⁸ Its 1945 book *Women in Industry* portrayed work as an opportunity for women to ‘find scope for their own particular gifts.’ As individuals, they would be ‘the happier in developing these and, in doing as good a job as possible, they will contribute as great a share as possible to the well-being of the community.’ Thus converged, personal and national needs could be satisfied ‘through progressive efficiency in production, and a progressive opportunity to enjoy the fruits of increased well-being.’⁸⁶⁹ Working for the MLNS in 1947, Thomas prepared a second enquiry focused on obstacles and inducements to the recruitment of women. Published in 1948 as *Women and Industry*, his report demonstrated that 82% of the women canvassed acknowledged psychological benefits to work which transcended the

⁸⁶⁶ S. Wyatt and R. Marriott, *A Study of Women on War Work in Four Factories* (London, 1945), p. 26

⁸⁶⁷ *Ibid.*, p. 28

⁸⁶⁸ Donald Stewart, ‘Psychiatry as Applied to Occupational Health’, *The Lancet* (May 15th, 1948), 737-740; Langhamer, ‘Feelings, Women and Work in the Long 1950s’, 2, 6; Denise Riley has explored in detail the ambiguous messages transmitted about women’s labour in the immediate post-war period, interrogating the tensions between pronatalist ideology and an increasing need to make use of latent pools of womanpower: Riley, *War in the Nursery*; Riley, ‘The Free Mothers’, p. 74

⁸⁶⁹ Ministry of Labour and National Service, *Women in Industry* (London, 1945), p. 234

exchange of labour for wages.⁸⁷⁰ 30% spoke of their need for company, 27% of the 'pleasure of working in itself', and 26% thought that work broadened their outlook.⁸⁷¹ In contrast with the worrying signs of premature aging detected by Stella Instone in her work with housewives, a further 9% stated explicitly that it 'helps one to keep youthful.'⁸⁷² On the pages of these studies, the healthy self was constituted as a facet of economic production.

Away from the self-interested context of industrial recruitment, the development of personality through work was championed in the late 1940s by the United Nations Economic and Social Council (ECOSOC), and in early research undertaken by Viola Klein. In place of national productivity, ECOSOC put democracy and peace. Reporting in 1948 to the organisation's commission on human rights, a sub-commission on the status of women affirmed 'their resolution to work in the service of world peace with all their heart, mind and will.'⁸⁷³ Summarising their findings in a pamphlet titled *What the United Nations is doing for the Status of Women*, the report argued that 'well-being and progress of society depend on the extent to which both men and women are able to develop their full personality.' Every woman, consequently, had a 'definite role to play in the building of a healthy, prosperous and moral society, and she can fulfil this obligation only as a free and responsible member.' As the report explained, freedom and responsibility could be found only through equality of enterprise.⁸⁷⁴ While Klein had yet to encounter ECOSOC's suggestions – she read copies posted to her by Alva Myrdal in the early 1950s – she articulated women's right to self-development in strikingly similar terms. The 1946 publication based on her second PhD thesis, *The Feminine Character*, had

⁸⁷⁰ Contradicting narratives about female workers only being interested in money for the home: Wilson, 'A New Look at the Affluent Worker', 208

⁸⁷¹ Geoffrey Thomas, *Women and Industry: An Inquiry into the Problem of Recruiting Women to Industry* (London, 1948), p. 18

⁸⁷² Instone, 'The Welfare of the Housewife', 900; Thomas, *Women and Industry*, p. 18

⁸⁷³ United Nations Economic and Social Council (henceforth ECOSOC), Declaration of Principles on the Earnings of Female Labour (1948), p. 3: PVK, URSC, MS1215/18/3

⁸⁷⁴ United Nations (henceforth UN), *What the United Nations is Doing for the Status of Women* (New York, 1948), p. 6

detailed women's struggle to become 'fully-fledged individuals.'⁸⁷⁵ Although she emphasised that 'the present time is a period of transition', it was already clear that:

'The more of the formerly masculine functions women fulfil the more of those traits previously thought "masculine" they generally develop. It therefore becomes more and more obvious that those traits are not the effect of innate sex characters but of the social role and are changing with it.'⁸⁷⁶

Invited to contribute to a feature in *The Listener* on women's emancipation two years later, she related this transformation directly to work. The 'Woman's Cause' depended on a 'new type of woman: the woman to whom competent work had given self-confidence and strength and whose claims to be treated as a full-grown person, regardless of her sex, could no longer easily be dismissed.'⁸⁷⁷ In each understanding, the growth of personality was bounded by political and cultural contingencies. Both Klein and ECOSOC contrasted existing and potential subjectivities, implying that women's 'full' promise had yet to be unlocked.

Perhaps as a result of her time-consuming collaboration with Myrdal and her exhausting search for stability in her own career, Klein had little public presence until the publication of *Women's Two Roles* in 1956.⁸⁷⁸ Under the mentorship of her tutor, the sociologist of knowledge Karl Mannheim, *The Feminine Character* had explored the context and implications of theoretical constructions of femininity in the work of a series of prominent scholars, such as Havelock Ellis, Margaret Mead, and Sigmund Freud.⁸⁷⁹ Writing the foreword, Mannheim made clear his antipathy to the ethnographic research which Klein increasingly turned to after his death in 1947.⁸⁸⁰ It was in practical sociologies of working women, however, that the psychological case for work was reiterated in the first years of the 1950s. A researcher in labour mobility

⁸⁷⁵ Klein, *The Feminine Character*, p. 36

⁸⁷⁶ *Ibid.*, p. 170

⁸⁷⁷ Viola Klein, 'Emancipation of Women: Two Views', *The Listener* (April 22nd, 1948), 658-659, 659

⁸⁷⁸ Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960'; Correspondence between Alva Myrdal and Viola Klein, 1952-1962: PVK, URSC, MS1215/15/2; Sayers, 'Introduction', p. xiv

⁸⁷⁹ Klein, *The Feminine Character*, pp. 1-5

⁸⁸⁰ Karl Mannheim, 'Foreword', Viola Klein, *The Feminine Character* (London, 1946), pp. xxxv-xlii; see also Karl Mannheim, *Diagnosis of Our Time: Wartime Essays of a Sociologist* (London, 1943)

at Bedford College, Margot Jefferys, published a short article in the *British Journal of Sociology* on the subject of married women in the civil service. Roughly a fifth, she discovered, worked through any real financial necessity; for the rest, pursuing a career was a matter of genuine choice. For these educated and ambitious women, the incentive to increase their family income was matched by their 'interest in the work' and 'frustration with a limited domestic horizon.'⁸⁸¹ Also published in 1952, Ferdinand Zweig's monograph on working-class women, *Women's Life and Labour*, has only recently gained recognition as a substantial contribution to feminist discourses.⁸⁸² A thick veneer of casual sexism and lazy stereotyping in his work had previously caused historians to define him as a reactionary voice, even when they acknowledged the importance of the connections he made between housework and isolation.⁸⁸³

Many of Zweig's ideas were disorganised and inconsistent, and could often be counter-productive. In introducing his study, he emphasised the essential feminine nature of his interviewees, a statement entirely at odds with his critical analysis of the social construction of gender.⁸⁸⁴ Amidst his confusions and hypocrisies, however, his conclusions could be egalitarian and radical. His initial expectation, he explained, was to find 'the unhappy woman dragged from her home to work, the little slave doing a monotonous and uncongenial job, the victim of industrial civilisation.'⁸⁸⁵ While he maintained the view that industry could be a 'man's world' which 'baffles and puzzles and repels them', his interviews with 244 female workers, 47 housewives, and 152 supervisors, industrial nurses and child guidance doctors convinced him that work had an irreplaceable part to play in women's inner lives.⁸⁸⁶ With the zeal of the convert who had 'never realised that independence could be such a joy', Zweig detailed the 'emotional pressure of loneliness and boredom' that rivalled crushing poverty in drawing women out to the factory, quoting former

⁸⁸¹ Margot Jefferys, 'Married Women in the Higher Grades of the Civil Service and Government Sponsored Research Organizations', *The British Journal of Sociology* 3:4 (1952), 361-364, 362

⁸⁸² McCarthy, 'Social Science and Married Women's Employment in Post-War Britain', 280; Langhamer, 'Feelings, Women and Work in the Long 1950s', 6

⁸⁸³ Spencer, *Gender, Work and Education in Britain in the 1950s*, p. 84; Wilson, *Only Halfway to Paradise*, p. 50

⁸⁸⁴ Zweig, *Women's Life and Labour*, p. 7, 18

⁸⁸⁵ *Ibid.*, p. 22

⁸⁸⁶ *Ibid.*, p. 16

housewives who felt, as one put it, 'shut in four walls and isolated from the world.'⁸⁸⁷ In addition to providing company, gossip, knowledge of the latest fashions, and conversation on national and world affairs, work became 'the basis of their independence and dignity.'⁸⁸⁸ It also, he suggested, reshaped the female psyche for the better. Each worker that Zweig interviewed had developed 'a mentality of her own, distinct from that of women at home.'⁸⁸⁹ Offering no easy distinction between 'what is inborn and what is acquired by education, upbringing, conditions and situations, by the unconscious process of identification with mothers and elders, by the values and standards inhaled and absorbed from society', he nevertheless observed that 'the *specific female* in attitudes and behaviour in many respects tends to disappear' [my emphasis].⁸⁹⁰ While his choice of words was idiosyncratic, he seemed to refer to a gendered change in experiences of self, 'permeating to the far distant corners of the women's whole personality.'⁸⁹¹ Implicitly, however, work brought women closer to a male ideal.

For the industrial psychiatrist James A.C. Brown, Zweig's work on motivation supported his own conception of the factory as 'a social centre.' Brown's 1954 book, *The Social Psychology of Industry*, described one firm which retired female workers at 55; while receiving a generous pension, many former employees could be seen waiting at the gates for their younger friends to appear.⁸⁹² Although he avoided any discussion of women as a specific group with collective difficulties, there was a levelling instinct at work in Brown's analysis. Throughout his study, passages on workplace fulfilment and satisfaction referred even-handedly to women and men without justification or commentary.⁸⁹³ Similarly, Zweig's reckoning of the varied and overlapping incentives which governed women's working behaviour was extensively cited by Myrdal and Klein in 1956.⁸⁹⁴ Echoing his admonition to give emotional and economic influences equal weight, the authors described a 'complex psychological situation in which the desire for a higher standard of life, the need of company, the

⁸⁸⁷ Zweig, *Women's Life and Labour*, p. 18, 15, 38

⁸⁸⁸ *Ibid.*, p. 153

⁸⁸⁹ *Ibid.*, p. 20

⁸⁹⁰ *Ibid.*, p. 94

⁸⁹¹ *Ibid.*, p. 155

⁸⁹² Brown, *The Social Psychology of Industry*, p. 188

⁸⁹³ *Ibid.*, p. 187, 192, 278

⁸⁹⁴ Myrdal and Klein, *Women's Two Roles*, p. 83

preference for more congenial types of work and the wish to be financially independent, are some of the constituent factors.⁸⁹⁵ The loneliness and discontent experienced by modern housewives, they noted, often led them to perceive offices and workshops as ‘alluring places, full of interest and human contacts.’⁸⁹⁶ Jane Lewis’ critical reading of *Women’s Two Roles* in the late 1980s and early 1990s rested on what she saw as Myrdal’s preoccupation with ‘the needs of state and nation.’ In an often unequal collaboration, Myrdal’s instincts as a ‘social engineer’ overrode the psychological and ethical interests of the younger and less experienced Klein.⁸⁹⁷ Lewis’ depiction of Myrdal as unconcerned with individual subjectivity is mistaken. For one, Myrdal’s daughter Sissela recalled her mother’s ‘desperate powerlessness’ as a housewife and hostess in the late 1940s.⁸⁹⁸ If *Women’s Two Roles* was a work of social engineering, then it was a work of emotional engineering in equal measure.⁸⁹⁹ The two authors hoped that the changes they sought to bring would alter the ‘whole mental climate of our society’, marking a shift from the ‘insecurity and mutual estrangement’ they discerned at its heart.⁹⁰⁰ In their own way, Myrdal and Klein were engaged in the difficult labour of psychiatric public health.

The vision of the two authors had far more in common with the aims of the UN’s commission on the status of women than with psychologised recruitment campaigns intended to benefit the economic output of one specific nation. Myrdal’s chairing of the United Nations Educational, Scientific and Cultural Organization (UNESCO)’s social science section between 1950 and 1955 brought her into contact with the work of the commission, and she shared their materials widely with Klein.⁹⁰¹ The latter’s collected papers included material from the late 1940s, as well as ECOSOC’s 1954 report on the benefits of part-time work. Drawing findings together from Canada, America, Denmark, Sweden, and New Zealand, ECOSOC had ‘a word

⁸⁹⁵ Myrdal and Klein, *Women’s Two Roles*, p. 86; see Roberts, *Women and Families*, p. 127

⁸⁹⁶ Myrdal and Klein, *Women’s Two Roles*, p. 149

⁸⁹⁷ Lewis, ‘Myrdal, Klein, *Women’s Two Roles* and Postwar Feminism 1945-1960’, p. 169; Caine, *English Feminism*, p. 246

⁸⁹⁸ Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 222

⁸⁹⁹ See Thomson, ‘The Psychological Sciences and the “Scientization” and “Engineering” of Society in Twentieth-Century Britain’, p. 152

⁹⁰⁰ Myrdal and Klein, *Women’s Two Roles*, p. 189

⁹⁰¹ Correspondence between Alva Myrdal and Viola Klein, 1952-1962: PVK, URSC, MS1215/15/2

of advice for wives and mothers; try a part time job.⁹⁰² Citing Lorine Pruette's 1929 article on part-time work for married women, the report emphasised the 'appalling economic risk taken by every woman who today marries and devotes herself to the traditional role of wife. There is no security in domesticity.' Conversely, taking a job raised morale, instilled confidence, and cultivated a closer attentiveness to 'appearance, deportment and speech.'⁹⁰³ Work acted, the commission concluded, 'to improve the individual concerned.'⁹⁰⁴ In taking outward appearance as a signifier of feeling, their observations on the importance of work for women joined those of the chair of human ecology at Cambridge University, Arthur Leslie Banks. In his 1953 book, *Social Aspects of Disease*, Banks turned briefly to a recent decline in visceroptosis, a condition in which 'poor physique produced a characteristic drooping posture with prominence of the lower part of the abdomen.' Primarily a psychological problem found in the 'unhappy, neurotic woman', the 'freedom of women in work' had contributed to a reduction in reported cases.⁹⁰⁵ As with the war workers who told Geoffrey Thomas that their jobs kept them young, a contrast was drawn between housewives and working women which took in psychology, physicality, and self-esteem. The idea that work *improved* women – not simply their health, or their resilience – had moralising connotations. As Ali Haggett has detected, some critical discourses on domesticity rested on a not-so-subtle devaluation of the women their authors sought to liberate.⁹⁰⁶

Until her retirement and death in 1973, Viola Klein worked, spoke and published on married women's work, stressing the reciprocal benefit to individual and society. Writing in 1959, she underlined the importance of the 'social isolation of the average housewife' in amplifying the appeal of outside work, even when it entailed 'additional work and nervous strain.'⁹⁰⁷ Klein had spent the last years of the 1950s in partnership with Mass Observation, gathering the attitudes of women – and some

⁹⁰² ECOSOC, Part-Time Employment (1954), p. 6: PVK, URSC, MS1215/18/3

⁹⁰³ *Ibid.*, p. 24

⁹⁰⁴ *Ibid.*, p. 25; see also M. Markowe, W. L. Tonge and L. E. D. Barber, 'Psychiatric Disability and Employment I: A Survey of 222 Registered Disabled Persons', *British Journal of Preventive and Social Medicine* 9:1 (1955), 39-45

⁹⁰⁵ Arthur Leslie Banks, *Social Aspects of Disease* (London, 1953), p. 150

⁹⁰⁶ Haggett, *Desperate Housewives*, p. 2; Kaeth Strobel, Speech to the ICSDW in Rome, 1961, p. 15: PVK, URSC, MS1215/16/1

⁹⁰⁷ Viola Klein, paper for *University Women's Review* (1959): PVK, URSC, MS1215/4/2

husbands – to work, marriage and housework. These testimonies provided the evidential basis for her 1960 book *Working Wives*. The women who responded to Mass Observation's call for contributions were sorted by Klein into two groups. The first, married workers, were asked to describe their main reasons for working. Further subdivided by class, the results showed that 43% of the most privileged (groups A and B) worked primarily for financial reasons, as did 67% of the middling (C), and 79% of the lower (D and E). 57% of women in the AB category worked for 'mental stimulus', 'enjoyment', 'need of social stimulus (not so lonely)', 'sense of achievement', 'keeps me healthy' and 'keeps me young', as did 48% of C and 28% of DE (some women gave multiple or dual answers).⁹⁰⁸ Summarising her results, she noted that 'the monotony of unrelieved housework and the social isolation felt by so many' were 'often contributory and sometimes the main' reasons for married women to seek work.⁹⁰⁹ The second group, housewives who wanted work but were unable to get it, had been presumed rather than demonstrated in *Women's Two Roles*. Klein's shift from a conceptual review of research to a practical methodology in which she set the questions allowed her to focus directly on disaffected would-be-workers; women thwarted by poor physical health, their husband's disapproval, or the choice between a full-time job and no job at all.

That a greater percentage of housewives wrote of their need for mental stimulus and their desire for company, Klein suggested, could be explained by the urgency of their feeling. For women whose boredom and loneliness had already driven them to take employment, the emotional pressure of domesticity was only half-remembered.⁹¹⁰ Housewives 'from all ages and classes' returned answers 'in the nature of a *Cri de Coeur* [cry from the heart].' One respondent in class DE got 'fed up and morbid spending nearly all day alone', and felt that a job would keep her younger. Young mothers in AB and DE remarked that getting away from their families would be 'so refreshing' and 'like heaven', and other women wrote of their need to 'break the monotony', 'get taken out of myself', and find 'an extra interest in life. As one gets older, life seems to get emptier.'⁹¹¹ In contrast with the modest reception of *Women's Two Roles*, journalists seized quickly onto Klein's message.

⁹⁰⁸ Klein, *Working Wives*, p. 25

⁹⁰⁹ *Ibid.*, p. 30

⁹¹⁰ *Ibid.*, p. 34

⁹¹¹ *Ibid.*, p. 35

The woman who got 'fed up and morbid' found herself quoted by *The Times*, and *The Daily Herald* and *The Sunday Dispatch* focused their pieces on women's 'escape from the loneliness of the home' and 'search for happiness and companionship.'⁹¹² Addressing unspoken anxieties about the strain of combining roles, *The Daily Mirror* reported that the 'Double Burden of home and job did NOT make most of them discontented.' The headline was unequivocal: 'Wives who work: they are happier.'⁹¹³ Klein's findings even prompted a long study of changes in British post-war culture in a Tasmanian newspaper, *The Mercury*. The author, Keith Cronshaw, followed Klein in imagining work as a catalyst for women's attainment of full personhood. 'Bored by years of monotonous chores, they emerge as real people with new ideas, a new-found independence and sparkle.'⁹¹⁴

Women, Klein emphasised, were discovering the benefits of work for themselves.⁹¹⁵ Her repeated surveys in the early 1960s produced testimonies from educated wives and mothers who found happiness, achievement, and self-realisation in their working lives, even when they had not expected to.⁹¹⁶ While Klein gravitated increasingly towards the study of graduate women, perhaps because their conflicts seemed more pronounced, other research replicated her findings amongst

⁹¹² Anon., 'Nearly a Third of Wives Have Job', *The Times* (Jan. 4th, 1960); Anon., 'Why Married Women Go Out to Work', *Daily Herald* (Jan. 4th, 1960); Anon., 'Why a Wife Goes Out to Work', *Sunday Dispatch* (Jan. 3rd, 1960)

⁹¹³ Anon., 'Wives Who Work: They Are Happier, So Are Most Husbands', *Daily Mirror* (Jan. 4th, 1960); Variations on this theme appeared in a number of newspapers and periodicals: Anon., 'Wives Like to Take a Job – Money Not All', *The Guardian* (Jan. 4th, 1960); Anon., 'Wives Who Want to Go to Work', *News Chronicle* (Jan. 4th, 1960); Anon., 'Is Your Wife Beating You?', *Daily Express*, (Jan. 4th, 1960); Anon., 'Working Wives Said to Improve U.K. Marriages', *Paris Tribune*, (Jan. 7th, 1960); Anon., 'Two-job Wives are Happier', *Labour: The TUC Magazine*, (Jan., 1960)

⁹¹⁴ Keith Cronshaw, 'Send Your Wife to Work... And Make Her Happy!', *The Mercury* (Feb. 5th, 1960)

⁹¹⁵ Klein, *Working Wives*, p. 30; Klein, 'Working Wives' (speech), p. 36

⁹¹⁶ There are too many responses to Klein's 1963 questionnaire to sensibly list here. Some lengthier testimonies of positive experiences at work can be found in: Testimony 178, 1963, PVK, URSC, MS 1215/26/1; Testimony 206, 1963, PVK, URSC, MS 1215/26/1; Testimony 302, 1963, PVK, URSC, MS 1215/26/1; Testimony 357, 1963, PVK, URSC, MS 1215/27/1; Testimony 418, 1963, PVK, URSC, MS 1215/27/1; Testimony 429, 1963, PVK, URSC, MS 1215/27/1; Testimony 514, 1963, PVK, URSC, MS 1215/27/1; Testimony 567, 1963, PVK, URSC, MS 1215/28/1; Testimony 685, 1963, PVK, URSC, MS 1215/28/1; Testimony 707, 1963, PVK, URSC, MS 1215/28/1; Testimony 790, 1963, PVK, URSC, MS 1215/29/1

less privileged populations.⁹¹⁷ In particular, Pearl Jephcott, Nancy Seear and John Smith's study of workers at Peek Frean biscuit factory in Bermondsey made a case for married women's work which was distinctly working-class.⁹¹⁸ Noting that housewives were 'less in revolt against pots and pans than not quite sure how to fill their day', the authors contrasted 'the purposeful walk of the twos and threes of women going to and from work' with the 'bored looks of the mothers sitting about with a single child.'⁹¹⁹ In older blocks of flats, women became disconnected from their neighbours; work provided the camaraderie needed to 'dispel loneliness', as well as conferring the social status allotted to hard physical graft.⁹²⁰ Paid employment, they concluded, 'is meeting deep-seated needs which are now felt by women in general in our society.'⁹²¹

The Maximal Fulfilment of the Self

Although Jephcott, Seear and Smith never shied away from discussing the problems that housewives faced, their treatment of their subjects was grounded in respect for the 'hard-headed' women who made difficult decisions and lived with considerable compromise and sacrifice.⁹²² Viola Klein would likely have objected to Keith Cronshaw's uneasy implication that housewives were not 'real people'; there was more than a careless choice of language between his words and her 1946 suggestion that women needed outside work to become 'fully-fledged individuals.'⁹²³ Advocates of work – including feminists – walked a difficult line. Their support for married women's right to take a job was psychologically defined and justified, conditioned by connections between post-war domesticities and the interrupted and damaged selves they created. In relating pathology so securely to the growth of personality, it became possible to conceive of 'feminine' characteristics as governed by cultural education and social role. Housewives were no longer a complementary obverse to male workers, but the devalued products of uneven and inferior

⁹¹⁷ Cartwright and Jefferys, 'Married Women Who Work', 159-171; Thompson and Finlayson, 'Married Women Who Work in Early Motherhood', 150-168; Yudkin and Holme, *Working Mothers and Their Children*, pp. 47-48, 100

⁹¹⁸ Wilson, *Only Half-Way to Paradise*, p. 52

⁹¹⁹ Jephcott, Seear and Smith, *Married Women Working*, p. 106, 108

⁹²⁰ *Ibid.*, pp. 110-111, p. 108

⁹²¹ *Ibid.*, pp. 110-111, p. 101

⁹²² *Ibid.*, p. 106; Wilson, *Only Halfway to Paradise*, p. 52

⁹²³ Klein, *The Feminine Character*, p. 36

development. Judith Hubback wrote in 1957 of women's evolution from 'exclusive femaleness' to a 'wider personality', a process achieved by remedying their pathogenic exclusion from economic contribution and achievement.⁹²⁴ Her reasoning presupposed a 'true ability' which work would unlock, in part through the 'natural emotion' which accompanied being paid.⁹²⁵ 'Exclusive femaleness', tacitly, was something less than full or whole. Indeed, when Marion Hilliard insisted in 1958 that 'women must work, all women must work', one reason was 'to avoid feeling like demihumans, half woman and half sloth.'⁹²⁶ The 'good medicine' recommended by Hilliard and her contemporaries was the transformative act of production, the 'maximal fulfilment of the self' through work.⁹²⁷

Despite her wholehearted endorsement of women's work, Hilliard stressed that working just for money was 'spiritless and degrading', the 'blight of our times.' Married women who took jobs in order to pay for household luxuries had 'settled on a materialistic standard', little suspecting that 'their vitality is turning to cold ashes and their spirit is impoverished.'⁹²⁸ In this respect, she mirrored family theorists who rejected working motherhood as the ultimate triumph of base acquisition over emotional expression and mental hygiene.⁹²⁹ Identical experiences of work, she suggested, could be either toxic or invigorating, depending on their motivation. It was work as a technology for self-realisation that she prescribed, not as a venal means of monetary gain.⁹³⁰ Equally, Myrdal and Klein worked to distance themselves from any 'puritanical attitude towards work as the soul's salvation.' In *Women's Two Roles*, they disclaimed that 'we, too, abhor the ant-hill State in which the value of a person is assessed only in terms of his, or her, share in the fulfilment of a predetermined plan of production. We hold that a life of nothing but work would be too dull to be worth living.'⁹³¹ Their caveats reflected the observations of industrial psychiatrists that there was 'something singularly uninspiring about the goal of the assembly

⁹²⁴ Hubback, *Wives Who Went to College*, p. 87

⁹²⁵ *Ibid.*, p. 69, 92; Caine, *English Feminism*, p. 236

⁹²⁶ Hilliard, *A Woman Doctor Looks at Love and Life*, p. 104

⁹²⁷ *Ibid.*, p. 114; Miller, 'Psychotherapy of Work and Unemployment', p. 143

⁹²⁸ Hilliard, *A Woman Doctor Looks at Love and Life*, p. 104

⁹²⁹ Bowlby, 'The Mother who Stays at Home Gives Her Children a Better Chance'; Anon., 'The Mother at Work', 241

⁹³⁰ A sentiment echoed by Yudkin and Holme, *Working Mothers and Their Children*, p. 43

⁹³¹ Myrdal and Klein, *Women's Two Roles*, pp. 27-28

line.⁹³² The assembly line had become crucial, however, in infusing psychologies of individual development and maturity. As Klein put it in 1965, 'productive work, from being considered a necessary evil, has become a means of self-expression and a condition of personal fulfilment; hence it corresponds to a psychological need.'⁹³³ The post-war drive to convince married women to work for their health was both product and propeller of the process she described. Its architects sought to democratise knowledge about the value of productivity in bringing the self to full fruition; women's exemption had performed an oppressive function, but their assimilation confirmed work as an inescapable signifier of health and value. There was – and is – much to critique and disturb in assumptions that women could be wholly fulfilled by maternity. In fetishizing motherhood, however, contemporaries were nevertheless able to conceive the worth of a life without work.

The Occupied Mind

Interviewed by Ferdinand Zweig for *Women's Life and Labour*, one mother exclaimed that 'I couldn't and wouldn't stay at home. In a small flat there is not enough to do; I would go crazy. Remember that I have also a mind which I have to occupy.'⁹³⁴ Her anticipation of boredom and claustrophobia marked her as one of many women who used work as a form of preventive medicine, militating against an environment they knew would make them ill. In describing her job as occupying her mind, however, she touched upon an important site of contestation in post-war discussions of working women. On the one hand, the idea of occupation was central to an emergent view of work as therapy for housewives, whether for the specific pathologies of domesticity or for other stresses and trauma. For the industrial psychologist May Smith, work could be 'a drug to save oneself from one's thoughts

⁹³² Anon., 'Neurosis and Industry', *The British Medical Journal* 2: 4519 (Aug. 16th, 1947), 257-258, 258; see also T. M. Ling, J. A. Purser and E. W. Rees, 'Incidence and Treatment of Neurosis in Industry', *The British Medical Journal* 2: 4671 (Jul. 15th, 1950), 159-161; Anon., 'The Future of Work', *The Lancet* (Feb. 11th, 1956), 271-272; L. G. Norman, 'Advancing Frontiers in Industrial Health', *British Journal of Industrial Medicine* 20: 2 (1963), 73-81

⁹³³ Klein, *Britain's Married Women Workers*, p. xii

⁹³⁴ Zweig, *Women's Life and Labour*, p. 18

or from the unsupportable labour of doing nothing.⁹³⁵ On the other, a widespread view of women as particularly able to stand monotonous work revolved around their assumed daydreams of husband and home, a trope used to simultaneously cast them as untrustworthy and disloyal workers, and exploit them as a population to whom received wisdom on repetition, fatigue and alienation did not apply.⁹³⁶ Although the two interpretations competed to situate women's minds at home or at work, they colluded in a permissive vision of monotony. Writing on women's anxiety in 1944, Amber Bianco White argued that the 'unimportance and monotony' of the 'dullest and most trivial work' was a component of its therapeutic action, not a drawback.⁹³⁷ It was the distinction from domestic labour – which, as Ena Brown observed, was 'intimately bound up with [women's] deepest emotions' – that conferred its psychological potency, even when monotonous and repetitious housework had itself been a cause of distress.⁹³⁸

Denise Riley reflected in 1987 that women 'are always something more than bearers of a sex; they are wives, mothers, sometimes daughters... and as workers they are seen as saturated in this annoying sex.'⁹³⁹ Certainly, some post-war writers acknowledged that their perception of women's 'other activities' was 'inevitably shaped and coloured' by their identities and functions as mothers and homemakers.⁹⁴⁰ As the concluding section of this chapter explores, never was this truer than in representations of healthy working motherhood. Working women were certainly 'saturated' in the cultural baggage of gender. Conversations on therapy and monotony, however, troubled whether women's specific construction as workers was inevitably '*annoying*'; whether they were always understood by employers and industrial psychologists as inconvenient or difficult to manage. Claire Langhamer's recent study of feelings and work has detailed how the expectation of emotional labour followed women from home to job, establishing 'cultures of workplace

⁹³⁵ May Smith, *An Introduction to Industrial Psychology* (London, 1952), p. 199

⁹³⁶ Long, *The Rise and Fall of the Healthy Factory*, p. 84, 138, 147; Long, 'Rethinking Post-war Mental Health Care', 738

⁹³⁷ White, *Worry in Women*, p. 95; Wilson, *Only Halfway to Paradise*, p. 41

⁹³⁸ Brown, 'Can Women Be Emancipated', 11; Myrdal and Klein, *Women's Two Roles*, p. 163

⁹³⁹ Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', p. 261

⁹⁴⁰ Williams, *Women and Work*, p. 12

behaviour and gendered senses of the employed self which continue to resonate into the twenty-first century.⁹⁴¹ In Langhamer's analysis, women were understood as 'particularly well-equipped' to perform work with a 'significant emotional dimension'; their emotionality was central to their devaluation as workers, but it was also used and commodified.⁹⁴² The same ambiguity applied to women's perceived aptitude for monotonous work. The juxtaposition of two passages taken from the psychiatrist Roger Tredgold's 1949 work *Human Relations in Modern Industry* provides an instructive example:

'Certain types of drudgery are inevitable and have got to be done; they cannot in fact be abolished; and therefore the unfortunate (the dullards perhaps – or perhaps those whose parents have given them less education) will just have to do them.'⁹⁴³

'Girls, it is said, like a dull job, and the duller the better, because it is then easier to day-dream, and as day-dreams are so much more exciting and colourful than this dull world, small wonder the pastime becomes more popular daily.'⁹⁴⁴

Industry, Tredgold was clear, needed a particular type of worker to perform a particular type of task. As J.A.C. Brown noted in 1954, employees had to be found who were sufficiently intelligent to understand their work, but temperamentally unlikely to become bored and fractious.⁹⁴⁵ If women's experiences of work were shaped by thoughts of home – whether pleasant, practical, or pathological – then they could be expected to undertake jobs 'too boring for a man.'⁹⁴⁶

Prescribing Work for Nervous Disorders

Work was present in post-war discourses on married women as a distraction from strain or tragedy, as a form of leisure, and as a medically-condoned form of therapy. Wartime studies of working women under stress emphasised the part that work

⁹⁴¹ Langhamer, 'Feelings, Women and Work in the Long 1950s', 13

⁹⁴² Ibid., 2; Miriam Glucksman, *Women Workers and the New Industries in Inter-War Britain* (London, 1990), p. 3

⁹⁴³ R.F. Tredgold, *Human Relations in Modern Industry* (London, 1949), p. 41

⁹⁴⁴ Ibid., p. 56

⁹⁴⁵ Brown, *The Social Psychology of Industry*, p. 117

⁹⁴⁶ Eva Gamarnikow, David Morgan, June Purvis, and Daphne Taylorson, *Gender, Class & Work* (London, 1983), p. 103

played in distracting from legitimate anxieties over loved ones in military service or the effects of bombing; despite contributing at times to a reactionary and essentialist view of female emotional lability, they also noted that many neurotic women entered employment programmes on specific medical advice.⁹⁴⁷ Viola Klein's returned questionnaires included one such case; having become 'quite seriously ill psychologically', a doctor in Exeter suggested that the respondent try routine employment at the Ministry of War Transport.⁹⁴⁸ In the following decades, doctors and sociologists portrayed work in terms of relief, a narrative women helped to construct. In some instances, experiences of war work shaped behaviour long into the future. In an interview with Ena Brown in the late 1940s, one university-educated mother related that she still undertook 'four hours daily work of a dull, repetitive nature' in a nearby factory. Although she had expected to be bored, she was 'astonished to find that she enjoyed it!' In comparison with the 'harassments and interruptions at home', she reported, 'periods at the bench seem like interludes of peace and refreshment!'⁹⁴⁹ Other women thought of their work as 'an escape', a 'stimulant', or a 'form of recreation'; responding to Klein in 1963, one teacher wrote that she had left her profession because 'bringing up a family and teaching make too similar demands on one's energies and interests – they are not different enough to be a refreshment.'⁹⁵⁰ In portraying women's jobs as 'more like a rest than work' or 'more a relaxation than a task', commentators turned discourses on male leisure on their head.⁹⁵¹ Where the home was represented as site for men's relief from work, the shop or factory emerged as a site for women's relief from home.

Ferdinand Zweig's research into industrial labour in 1952 suggested that the restorative effects of work were by no means restricted to privileged interlopers in

⁹⁴⁷ Wyatt and Mariott, *Why is She Away*, p. 20; Jackson, 'Men and Women Under Stress', p. 125; S. I. Ballard and H. G. Miller, 'Psychiatric Casualties in a Women's Service', *British Medical Journal* 1: 4391 (Mar. 3rd, 1945), 293-295, 293

⁹⁴⁸ Testimony 189, 1963, PVK, URSC, MS 1215/26/1

⁹⁴⁹ Brown, 'Can Women be Emancipated?', 10

⁹⁵⁰ Testimony 42, 1963, PVK, URSC, MS 1215/31/1; Testimony 18, 1963, PVK, URSC, MS 1215/31/1; Testimony 517, 1963, PVK, URSC, MS 1215/28/1; Testimony 43, 1963, PVK, URSC, MS 1215/31/1

⁹⁵¹ Anon., 'Part-Time Work', *Catholic Citizen* (Jan. 15th, 1953), 5; E.M. Harris, *Married Women in Industry* (London, 1954), p. 8; R. Illsley, W. Z. Billewicz and A. M. Thomson, 'Prematurity and Paid Work During Pregnancy', *British Journal of Preventive and Social Medicine* 8: 4 (1954), 153-156, 153

working-class life. His conversations with widows and divorcees unearthed 'violent emotional trouble, breakdowns, nerves or depression', and he reproduced a litany of deeply moving testimonies to illustrate their hardship. Although most had little financial need to take a job, it was 'essential to the wellbeing of the group' that they had. One divorced mother of five, for example, had only surfaced from a three-month breakdown when her doctor had convinced her to work.⁹⁵² Anxious housewives, Zweig argued, could benefit in equal measure. The troubled and obsessive women he encountered over the course of his interviews needed a mechanism to forget their 'home worries and anxieties... here at least she has no responsibilities of her own. She has nothing to worry about.'⁹⁵³ Recounting one conversation with a mother who complained of acute cardiovascular pain, Zweig 'felt strongly... that the source of her invalidism was her worry and grief and that if she could resume her work and forget herself in it, she would probably feel better and recover from her heart trouble.'⁹⁵⁴ His insistence that her symptoms were psychosomatic fed into a long history of ascribing neurotic causes to women's reported heart problems, taking their complaints less seriously and contributing to perennial stereotypes of feminine emotionality.⁹⁵⁵ Explaining his analysis of her situation, Zweig stressed the recurrence of pathological rumination among his interviewees, and their use or experience of work as a mental diversion:

'I met a number of unhappy women who told me expressly that their health had improved since they entered a mill or a factory because they had stopped brooding over their troubles; one even told me that her doctor had advised her to go out to work on that account. When you talk to the housewives you soon realise how destructive worry can be, and everything which alleviates or drives it away greatly contributes to health and wellbeing.'⁹⁵⁶

The need to offer women a psychological escape from their problems, therefore, could take precedence over concerns about the additional burden of role

⁹⁵² Zweig, *Women's Life and Labour*, p. 83; See also Roberts, *Women and Families*, p. 127

⁹⁵³ Zweig, *Women's Life and Labour*, p. 17

⁹⁵⁴ *Ibid.*, p. 24

⁹⁵⁵ Maya Dusenberry, 'Is Medicine's Gender Bias Killing Young Women?', *Pacific Standard* (March 23rd, 2015)

⁹⁵⁶ Zweig, *Women's Life and Labour*, p. 24

combination.⁹⁵⁷ Following Zweig's lead, Myrdal and Klein argued that work could act as a 'safety-valve', dispersing the 'nervous strain produced by isolation and incessant minor worries.' Despite potential stresses, work offered women a sense of perspective, allowing domestic anxieties to assume less daunting proportions.⁹⁵⁸

Writing for audiences on both sides of the Atlantic, Marion Hilliard described a series of instances in which she had recommended work to female patients in her own practice. A neglected wife with vague and shifting psychosomatic symptoms, a recent widow with nothing to do but 'sit in our pretty little home and cry', lonely and frustrated housewives bored by domestic repetition, frightened women 'in the grip of the menopause', a woman exasperated by elderly relatives, and the distraught wife of a chronically unfaithful husband; each had followed her advice and 'soothed her ravaged emotions by going back to work.'⁹⁵⁹ In correspondence with Klein, another victim of marital infidelity confessed that she worked in part through the 'absolute necessity to make a home away from husband's home.'⁹⁶⁰ Few practitioners were as strident as Hilliard in their enthusiasm for work as a psychological panacea. Increasingly, however, post-war sociologists joined Zweig in noting that medical prescription often played a part in shaping women's decisions to work. In *Working Wives*, Klein quoted the reason one mother gave for working: 'I am bad with nerves and it helps my health. The doctor told me to take a job: I don't really need to do it.'⁹⁶¹ Speaking at a conference of the NSCN in 1960, she emphasised the frequency with which her interviewees told similar stories. Over the course of her research, she had 'heard it said many times' that women started working 'because the doctor told me to do so', and had 'never looked back since.' Clearly, she argued, 'there is a therapeutic value of work which is recognised by the medical profession.'⁹⁶² Reviewing changes to women's status and working patterns over the preceding twenty years, Klein noted in 1965 that it was 'not uncommon' for doctors to approve taking a job 'as a remedy for "housewives' neurosis."⁹⁶³

⁹⁵⁷ Spencer, *Gender, Work and Education in Britain in the 1950s*, p. 85

⁹⁵⁸ Myrdal and Klein, *Women's Two Roles*, p. 149

⁹⁵⁹ Hilliard, *A Woman Doctor Looks at Love and Life*, p. 106, 107, 146, 112

⁹⁶⁰ Testimony 762, 1963, PVK, URSC, MS 1215/29/1

⁹⁶¹ Klein, *Working Wives*, p. 30

⁹⁶² Klein, 'Working Wives' (speech), p. 38

⁹⁶³ Klein, *Married Women Working*, p. 143

Tracing the extent of this practice is unfeasible in the present study. However, other social scientists working from separate and relatively small ethnographic samples offered similar evidence. In 1962, Pearl Jephcott, Nancy Seear and John Smith reported meeting Bermondsey housewives who 'said that their doctors had recommended them to get a job as a remedy for what they called their 'nerves', and that the prescription had worked.'⁹⁶⁴ A few of the housebound women they spoke to were 'near-neurotics who made a fetish of housework', or obsessed needlessly over their family's health.⁹⁶⁵ Work, they reasoned, 'could be a genuine relief':

'A measure of anodyne for the mother who had lost her baby, or for the suddenly-emptied world of the widow... It also eased the strain on the woman who had sole care of an invalid, and helped give some perspective to the wife whose marital relations were unhappy. Even when her domestic life was contented enough, a smaller disability, the cramped size of most of these working-class homes, was relieved by getting out into another environment.'⁹⁶⁶

The following year, Barbara Thompson and Angela Finlayson's study of young working mothers in the *British Journal of Sociology* unearthed another full-time worker who 'had acted on medical advice as part of her treatment for "nerves."⁹⁶⁷ Also published in 1963, Simon Yudkin and Anthea Holme's *Working Mothers and Their Children* found more women with comparable histories. Although they gave no precise figure, a high enough proportion of their 1,209 respondents had been recommended work by their doctors to demonstrate an 'interesting recognition of the therapeutic value of an outside interest and occupation.'⁹⁶⁸ Filtered through the testimonies of ordinary women, doctors' advocacy of work became a recurring trope in feminist sociologies. Faced with scepticism and stigma, it was unsurprising that married women emphasised medical authority in the stories they told about their working behaviour. For sociologists, a second-hand appeal to clinical expertise

⁹⁶⁴ Jephcott, Seear, and Smith, *Married Women Working*, p. 109

⁹⁶⁵ *Ibid.*, p. 114, 109

⁹⁶⁶ *Ibid.*, p. 108

⁹⁶⁷ Thompson and Finlayson, 'Married Women Who Work in Early Motherhood', 158

⁹⁶⁸ Yudkin and Holme, *Working Mothers and Their Children*, pp. 46-47

worked to validate their observations, lending a medical gloss to their insistence that finding a job could be a therapeutic act.⁹⁶⁹

Monotony and Daydreaming

Women's responses to work, of course, were wholly individual. For one teacher, her role was 'enthraling', while another who had given up work on marriage reflected that 'part of my mind would undoubtedly be concerned with my husband, home and three children.'⁹⁷⁰ Particularly in relation to monotonous work, however, the content of women's thoughts was a site for profound political contestation. In her historical research into industrial automation and stress, Sarah Hayes has shown how exponents of automation envisioned technological progress as able, in the words of the industrialist Leon Bagrit, to 'free both women and society from the need for routine drudgery in factories and offices.' According to Hayes, Bagrit's assumption that female workers would sooner be in the hairdresser than the factory 'reflected and reinforced a long-standing patriarchal belief that women would "naturally" prefer to remain in the domestic sphere.'⁹⁷¹ The same supposition guided discourses which represented working women as daydreamers resistant to occupational boredom, inverting Bagrit's concern over monotony. Such representations were never monolithic. They sat in tension with therapeutic, immersive depictions of work, and with research which demonstrated that female employees were just as affected by boredom as men. Nor was the belief that women often thought of home and family when they were on the job entirely unjustified by their own testimony.⁹⁷² As several scholars have argued, however, domestic preoccupation was evidence not of innate sexual difference but of gendered reactions to cultural and environmental pressures. Juliet Mitchell wrote in 1974 of the importance of 'appeals to maternal guilt' in keeping women at home: 'at least, home in mind even if the mass of working-class mothers still in body had to go out to a job at half-pay.'⁹⁷³ On the other side of the equation, Eva Gamarnikow, David Morgan, June Purvis, and Daphne Taylorson

⁹⁶⁹ Samuel W. Bloom, *The Word as Scalpel: A History of Medical Sociology* (Oxford, 2002), p. 101

⁹⁷⁰ Testimony 296, 1963, PVK, URSC, MS 1215/26/1; Testimony 191, 1963, PVK, URSC, MS 1215/26/1

⁹⁷¹ Sarah Hayes, 'Industrial Automation and Stress, c1945-1979' in Mark Jackson (ed.), *Stress in Post-War Britain, 1945-85* (London, 2015), pp. 75-94, p. 80

⁹⁷² Viola Klein, 'Young Women and Work', 1961, p. 9: PVK, URSC, MS1215/2/2

⁹⁷³ Mitchell, *Psychoanalysis and Feminism*, p. 228

have astutely observed that 'boredom of the work itself, and continual patronisation by male co-workers and supervisors, exacerbate the already alienated nature of the work and make the world of wage labour alien to female gender identity.'⁹⁷⁴

Writing in the early 1980s, Gamarnikow and her collaborators reproduced a conversation between a questioner and three factory workers, illustrating the longevity and complexity of assumptions that women were immune from the stress of monotonous work:

'Anna: What do you think of the work?

Patti: It's boring. It drives you mad.

Anna: Some of the management here think that you're quite happy, that you're not bored.

Patti: Not bored! We tell them, every time we're there, we tell them.

Rene: They never listen, do they?

Patti: I'd like to see them here. I'd like to turn it upside down, see the manager on a weighing machine for a week.

Mary: Not a week! An hour would be enough!⁹⁷⁵

Almost in the same breath, the interviewed workers dissented and took pride from their presumed resilience. The dissonance between their grievances and what male managers and observers often heard can perhaps be attributed to this ambivalence. Writing in 1945, S. Wyatt and R. Marriott concluded that married women 'seemed to find repetitive work less irksome.' The comments they reproduced, however, indicated that their subjects found it galling, but were able to tolerate their dissatisfaction:

'It's alright, but too simple and boring. After you've been here a bit your brain goes numb and you just go on working with your hands, without thinking.'

⁹⁷⁴ Gamarnikow, Morgan, Purvis, and Taylorson, *Gender, Class & Work*, p. 103

⁹⁷⁵ *Ibid.*, p. 111

'I don't like it, it's boring. I get cross and depressed at the end of the shift, but feel all right once I get home.'⁹⁷⁶

For the first speaker, 'simple and boring' work offered an absence of thought, neither daydreaming nor dwelling on trouble. In marked similarity to the ill-defined malaise suffered by some housewives, their emotional and physiological experiences of monotonous work were languid and liminal, no longer healthy but not yet sick. As each study took responses from women who were engaged in work at the time, the experiences of workers who had left or been made ill – who could not tolerate monotony, whether consciously or unconsciously – were unavoidably elided. Borrowing a term from military slang, the industrial psychiatrist D. Elizabeth Bunbury wrote of workers in 'monotonous and boring repetitive jobs' who became 'browned-off', a state of resentment, tiredness and low mood which sat at the hinterland of serious fatigue and psychological complaint.⁹⁷⁷ When a female worker 'weeps speechlessly in the factory medical department', Bunbury explained, it could be 'because she has reached a stage of exasperated boredom through a monotonous job', because housework and a long commute had pushed her to physical exhaustion, or because a romantic relationship had gone awry.⁹⁷⁸ Later studies connected monotony with the increased likelihood of neurosis, and observed that minor illnesses and disabilities apt to be disregarded by workers engaged on absorbing tasks were 'liable to become much more obtrusive' when the job at hand was routine, repetitive, and menial.⁹⁷⁹

Stephen Taylor had written in 1938 of the 'slum which stunts the mind', the enervating and limiting suburban sprawl.⁹⁸⁰ Penned by the celebrated orthopaedic surgeon William Heneage Ogilvie, a 1949 essay titled 'in praise of idleness' configured the modern factory in directly analagous terms. Rivalling Taylor's

⁹⁷⁶ Wyatt and Marriott, *A Study of Women on War Work in Four Factories*, p. 27

⁹⁷⁷ Bunbury, 'Psychiatric Advice in Industry', 45; see Herbert J. Freudenberger, 'Staff Burn-Out', *Journal of Social Issues* 30:1 (1974) 159-165

⁹⁷⁸ Bunbury, 'Psychiatric Advice in Industry', 46

⁹⁷⁹ Ian Sutherland and G. P. B. Whitwell, 'Studies in Occupational Morbidity (2)', *British Journal of Industrial Medicine* 5: 2 (1948), 77-87, 79; Anon., 'Neurosis amongst British Factory Workers', *Monthly Labour Review* 66: 4 (1948), 403-404, 404; Brown, *The Social Psychology of Industry*, p. 72-74, 268; Hilliard, *A Woman Doctor Looks at Love and Life*, p. 104

⁹⁸⁰ Taylor, 'The Suburban Neurosis', p. 761

condescension, Ogilvie described work which was ‘no longer personal or intelligent’, but repeated ad nauseum without variation or thought. Conditioned by monotonous labour, the mind of the worker was ‘permanently idle, and to it idleness does not mean rest.’ Instead, the ‘primitive instincts of the herd – love, fear, hate, and greed – stir dimly in those caves of instinct and produce mass sentiments masquerading as thought, clichés and catchwords that form the conversation and the wit of the moron.’⁹⁸¹ Intended to mass-produce goods and components, factories were mass-producing ersatz feelings and synthetic thoughts. Ogilvie decried the gossip and small talk that many women took comfort from, and would likely have dismissed the sense of achievement they found in packing jam or making nuts and bolts. The monotonous work that he envisaged provided neither haven nor expanded horizon, merely consigning those who performed it to an unexamined life. As one commentator in *The Lancet* noted in 1945, it was factory women who ‘in general have the dullest and most monotonous jobs inflicted on them.’⁹⁸² Comparing the health of housewives and war workers in the same year, Dagmar Wilson reflected that the average working woman had come to expect monotony in her employment.⁹⁸³

With the collaboration of the psychiatrist and endocrinologist Russell Fraser, Elizabeth Bunbury’s 1947 study of neurosis in factory workers catalogued the high psychological cost of women’s concentration in low-skilled, repetitive work. Of a sample of 817 men, Fraser and Bunbury recorded that 21.7% complained of nervous or mental strain through boredom or monotony, in contrast with 37.2% of the 871 women they interviewed.⁹⁸⁴ While a task could be reckoned as objectively monotonous, the comparative intelligence of the worker determined whether this translated into subjective boredom and consequent disorder.⁹⁸⁵ Amongst 1,425 male respondents, 922 were considered to be doing work commensurate with their skill, with a further 503 of average or high intelligence engaged in lower-skilled jobs. In the case of the female group, however, the figures were reversed. Just 527 of the 1,417

⁹⁸¹ Ogilvie, ‘In Praise of Idleness’, 646

⁹⁸² Anon., ‘The Happy Worker’, 407

⁹⁸³ Wilson, ‘Note on the War-Time Health of Women in Industry and at Home’, 225

⁹⁸⁴ Russell Fraser and Elizabeth Bunbury, *The Incidence of Neurosis Among Factory Workers* (London, 1947), p. 64

⁹⁸⁵ *Ibid.*, p. 41

women tested were employed in their correct grade, with 890 undertaking work below their capacity. Compared with 423 men, only eleven of 258 women in the topmost bracket for intelligence were in jobs which required a high degree of skill.⁹⁸⁶ Citing Fraser and Bunbury's research in her 1952 enquiry into the social construction of femininity, Olwen Campbell concluded that women consistently suffered from employment in positions inferior to their mental aptitude.⁹⁸⁷ The underlying suspicion on the part of managers that women lacked loyalty and emotional investment, she warned, was 'discouraging and destructive of any intelligent ambition.'⁹⁸⁸

Two large-scale studies of factory women in the early 1950s delved deeper into the politics of monotony, imagination, and the figurative location of the mind. Simultaneously an advocate of work as a therapeutic relief for troubled housewives, Ferdinand Zweig had much to say on boredom, daydreaming, and the specific challenges of managing married workers.⁹⁸⁹ Prepared by David Cox, K. M. Dyce Sharp and D. H. Irvine for the National Institute of Industrial Psychology in 1953, a second investigation charted the attitudes of female factory employees to repetitive labour, assessing the extent of mind-wandering and attempting to discern the subject of women's attention.⁹⁹⁰ For Zweig, women were allotted the worst jobs 'because it is affirmed that they stand monotony and boredom better.' While he pointed out that this 'may be true', it was a principle that was frequently invoked as 'pretence for an unfair allocation of tasks.'⁹⁹¹ Monotonous jobs were regarded as feminine, Zweig argued, because men placed in the same kinds of work voted with their feet. Regardless of whether women could stand monotony better, their lesser bargaining power meant that they had to.⁹⁹² Nonetheless, he thought that they were generally 'more patient and long-suffering and placid', putting up with almost any job and 'more ready to be used as a cog in the wheel, performing without thinking about the

⁹⁸⁶ Fraser and Bunbury, *The Incidence of Neurosis Among Factory Workers*, p. 66; see also Brown, *The Social Psychology of Industry*, p. 266

⁹⁸⁷ Campbell, *The Feminine Point of View*, p. 49

⁹⁸⁸ *Ibid.*, p. 50

⁹⁸⁹ Zweig, *Women's Life and Labour*, p. 24

⁹⁹⁰ David Cox, K. M. Dyce Sharp and D. H. Irvine, *Women's Attitudes to Repetitive Work* (London, 1953)

⁹⁹¹ Zweig, *Women's Life and Labour*, p. 153

⁹⁹² *Ibid.*, p. 31, 36; Summerfield, *Reconstructing Women's Wartime Lives*, p. 240

whole.⁹⁹³ Although desensitised to the industrial alienation experienced by many men, they were uniquely susceptible to brooding over frigid workplace relations, particularly with male supervisors.⁹⁹⁴ As Claire Langhamer has recently observed, women were configured as a particular kind of emotional worker, animated more by the realm of the personal than by overarching anxieties about their relationship with production.⁹⁹⁵

When women's thoughts were not occupied by the trivial politics of the factory floor, Zweig explained, home presented a pleasant diversion. Female employees could bear monotony and boredom more easily than their male counterparts because the work they undertook was secondary to their real interests; a repetitive task allowed them to 'fill their minds with pictures and images.'⁹⁹⁶ Far from being undesirable, jobs which allowed for a certain amount of daydreaming were prized by married women. Such a worker had 'plenty of subjects which can occupy her mind, and her mind is always busy with small bits of everyday life.'⁹⁹⁷ Although he hinted at exploitation and marginalisation, Zweig presented women's assumed preference for monotonous work as a happy convergence between the frequently conflicting needs of labour and capital. Thoughts of home, however, had a darker side. When musings became worries, they could cause a 'temporary lapse in her common sense. "I don't know what made me do it, my mind wasn't there", she would say to the manager when she was absorbed in her home affairs.'⁹⁹⁸ All workers were apt to have their performances altered by social and familial upsets, but women were subject to 'deeper reactions' than men. In many respects a precondition for monotonous work, a useful degree of mental detachment devolved under pressure into dangerous absent-mindedness. 'If something is bothering a woman', Zweig concluded, 'not a few accidents thrive on that.'⁹⁹⁹

Putting a series of predetermined questions to the women they interviewed, David Cox and his research team made a methodical study of the mental processes

⁹⁹³ Zweig, *Women's Life and Labour*, p. 87

⁹⁹⁴ *Ibid.*, pp. 97-98

⁹⁹⁵ Langhamer, 'Feelings, Women and Work in the Long 1950s', 5

⁹⁹⁶ Zweig, *Women's Life and Labour*, p. 87

⁹⁹⁷ *Ibid.*, p. 36

⁹⁹⁸ *Ibid.*, p. 98

⁹⁹⁹ *Ibid.*, p. 89

of women on repetitive work. 'When you come in one morning feeling depressed', they asked, 'is there enough to think about in the job to make you forget your troubles?'¹⁰⁰⁰ Most respondents preferred tasks which 'occupied the mind', with only a few comments suggesting a dislike of 'mind-filling' work. Indeed, rather than necessarily inhabiting a positive identity, the authors noted that 'mind wandering' carried difficult ethical implications.¹⁰⁰¹ One woman reported that her work 'needs so little attention, I go right away; sometimes I come to and I am surprised to find myself still working.' Her response called into question whether it was 'reasonable to expect human beings to work under these conditions; does adaptation to the task in this fashion have an undesirable effect on the person's adaptation to life in general?'¹⁰⁰² Lost in a reverie, the worker may not have compromised their productivity, but moved uncomfortably close to human automation.¹⁰⁰³ Rather than simply asserting that women used monotonous work to think of home, Cox, Sharp and Irvine actively sought to map the subjects of their contemplation. Section 8C3 of their appendix, 'description of what one thinks about when doing the task', included the following observations:

'Not much demand on mind; talks and thinks of domestic things.

Task needs attention but not thought; suits her.

Occupies mind with domestic thoughts (next meal).

For young people [without domestic responsibility] would be horrible; thinks out meals, etc., herself.

O.K., got quite enough to think about with home to look after.

Often planning tomorrow's meals whilst working.'¹⁰⁰⁴

These women were not daydreaming, they were organising. In hurried lives where time to think was a valuable commodity, they made productive use of any opportunity to plan the week ahead. This was no longing for domesticity, though

¹⁰⁰⁰ Cox, Sharp and Irvine, *Women's Attitudes to Repetitive Work*, p. 5

¹⁰⁰¹ *Ibid.*, p. 54

¹⁰⁰² *Ibid.*, p. 21

¹⁰⁰³ Hayes, 'Industrial Automation and Stress', pp. 75-94

¹⁰⁰⁴ Cox, Sharp and Irvine, *Women's Attitudes to Repetitive Work*, p. 59

doubtless many occupied themselves with thoughts and worries of their homes, husbands and children. On the contrary, they were concerned with the practical logistics of role combination, particularly in a context where their right to work was framed and bounded by their continued performance of parental, marital, and domestic functions. As Magdalena Sokołowska observed in 1963, physiologists, psychologists, sociologists and industrial medics colluded in the construction of ‘the phenomena well-known in the contemporary world: the “special inclination” of women for monotonous jobs, which require no initiative or independence.’¹⁰⁰⁵ Critical voices suggested that the concentration of women in low-skilled work had little to do with inclination, and far more to do with institutionalised marginality and suspicion.¹⁰⁰⁶ Nevertheless, even feminists such as Gertrude Williams, Alva Myrdal and Viola Klein repeated conservative accusations that women took their work far less seriously than men.¹⁰⁰⁷

With the emergence of a therapeutics of productivity which rested on a privileged image of paid employment as engaging, satisfying, and immersive, two understandings of the cognitive interrelation between work and home sat in direct tension. In the first, work was marked by boredom and repetition, causing women to take solace in domestic daydreams. In the second, a home life marked by boredom and repetition drove women to seek work as an escapist, curative act. Although the latter represented an inversion of the former, each narrative deflected attention away from longstanding associations between poorly-designed work, neurosis, and fatigue.¹⁰⁰⁸ Whether they began from a sincere ideological commitment to feminism or a psychiatric imperative to ameliorate the damage wrought by domestic pathology, advocates of work for married women in post-war Britain rarely spared any serious thought on the form and substance such work might take. It was enough, as Myrdal

¹⁰⁰⁵ Sokołowska, *The Working Woman*, p. 221

¹⁰⁰⁶ Myrdal and Klein, *Women’s Two Roles*, p. 76; Yudkin and Holme, *Working Mothers and Their Children*, p. 25; Klein, *Married Women Workers*, p. 124, 133; Testimony 571, 1963, PVK, URSC, MS 1215/28/1; Riley, ‘Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain’, p. 260; Summerfield, *Reconstructing Women’s Wartime Lives*, p. 199

¹⁰⁰⁷ Williams, *Women and Work*, p. 22; Myrdal and Klein, *Women’s Two Roles*, p. 100, 105, 112; Bowlby, *Child Care and the Growth of Love*, p. 98; Kenneth Hutchin, ‘Is Your Absence Really Necessary’, *Family Doctor* 11:10 (1961), 685-686; Holloway, *Women and Work in Britain Since 1840*, p. 200

¹⁰⁰⁸ Sutherland and Whitwell, ‘Studies in Occupational Morbidity (2)’, 79-80

and Klein argued, for it to be culturally recognised, defined, and valued.¹⁰⁰⁹ Almost ten years after the publication of *Women's Two Roles*, Klein reflected that married women's enjoyment of work had just as important a bearing on their health as the simple fact of employment, and that it positively affected their ability to 'cope with the double burden.'¹⁰¹⁰ Her change in emphasis betrayed the beginning of an important shift. Contemporaries were not blind, as some historians have suggested, to the difficulties that working mothers faced in combining old and new responsibilities.¹⁰¹¹ However, their preoccupation with balance elided working experiences which were somewhat less than emancipating. Post-war feminism shared a porous boundary with preventive psychiatry, absorbing a sincere faith in the protective and restorative effects of work. Feminists – and some doctors – also shared an optimism that a fundamentally new social settlement could be reached, in which a healthy integration of roles and requirements was commonplace and easy. Central to this imagining was the proposition – put forward in contribution to hygienist discourses on marriage and motherhood – that such an outcome was not only possible, but desirable. The protective and restorative politics of liberation that work seemed to offer, it was increasingly suggested, were able to transfuse and transform marital and maternal bonds.

The Healthy Working Mother

In their 1954 report on the status of women, ECOSOC quoted the American feminist Lorine Pruette's reasoning in favour of working motherhood. Writing in 1929, Pruette had argued that 'the mother must have outside interests, preferably impersonal, if she is not to cling too fiercely to the other members of the family. She must find some place where she acts as a person rather than a mother, or there will be no freedom possible to the home.'¹⁰¹² Personhood, it seemed, could only be found in the pursuit of the impersonal. As the first chapter of this thesis demonstrates, fear over maternal deprivation competed with parallel anxieties about stifling, neurotic,

¹⁰⁰⁹ Myrdal and Klein, *Women's Two Roles*, p. 190

¹⁰¹⁰ Klein, *Married Women Workers*, p. 146

¹⁰¹¹ Lewis, *Women in Britain since 1945*, p. 24; Wilson, *Only Halfway to Paradise*, p. 205

¹⁰¹² ECOSOC, *Part-Time Employment*, p. 25

overprotective mothers. There was no discursive monopoly on pathogenic maternal behaviour in post-war Britain.¹⁰¹³ Reviewing Judith Hubback's *Wives Who Went to College* in 1957, the author and economist Honor Croome contrasted the woman who was a 'complete human being' with the threatening and subversive 'cannibalistic Mom', the mother with no outside interests who turned inwards on her family, consuming them emotionally and damaging them psychologically.¹⁰¹⁴ Experts – and mothers – were certainly worried about the effects that absence could have on the plastic psyche of the child. There was, however, a growing sense that women who were *only* wives and mothers could be ill-equipped – and actively destructive – in the performance of their functions. Such arguments were not out of step with contemporary child psychology or marital hygiene. Indeed, they affirmed the primacy of the family, and appealed to precisely the same instincts that guided practitioners who, with John Bowlby, rejected work as an impediment to healthy mothering.¹⁰¹⁵ Bowlby himself insisted that 'if a community values its children it must cherish their parents', and described the mother as the child's 'personality and conscience.'¹⁰¹⁶ Over two decades of concerns about the effects of domesticity on health and character, the idea of the mother who worked part-time seemed to offer a safe middle course between the dialectical hazards of neglect and obsession.

Informed by two psychoanalytical visions of pathogenic motherhood, smothering and rejection were translated into practical psychology through respective association with the fixated housewife and the absent career-woman.¹⁰¹⁷ Broadening women's horizons just enough to stave off neurosis – but not to unsettle their work as mothers, or threaten the sensibilities of their husbands – balanced and harmonised self-actualisation with family stability. In Hubback's words, a woman had 'every right to the maximum possible life of her own.'¹⁰¹⁸ There were considerable fault lines in post-war family life for feminists to exploit. As the Quaker and academic Adam Curle wrote in *The Listener* in 1947, the family had become an 'emotionally

¹⁰¹³ Holdsworth, *Out of the Doll's House*, p. 124

¹⁰¹⁴ Croome, 'Honours Degrees in the Kitchen'

¹⁰¹⁵ Watts, 'Treatment of Anxiety States in General Practice', 214

¹⁰¹⁶ Bowlby, *Child Care and the Growth of Love*, p. 97, 60; Toms, *Mental Hygiene and Psychiatry in Modern Britain*, p. 111

¹⁰¹⁷ Myrdal and Klein, *Women's Two Roles*, p. 131

¹⁰¹⁸ Hubback, *Wives Who Went to College*, p. 155

overloaded' space.¹⁰¹⁹ Familial and individual health, he argued, depended on the maintenance of a wide network of relationships with social groups outside of the home. These contacts did not detract from or damage the 'unique character or unity' of the family, but offered a 'release for emotional forces which otherwise become dangerously canalised.'¹⁰²⁰ Women in particular – according to otherwise conservative voices – were subject to the 'tensions of intimacy', and the 'consequent exaggeration of emotional demands.'¹⁰²¹ Myrdal and Klein seized on this anxiety in 1956, drawing inspiration from David Riesman's *The Lonely Crowd*:

'As a rule, her husband is the only source of all her emotional, intellectual and spiritual satisfaction, her one legitimate contact with the "world at large." To rely for so much on any individual human relationship means straining it as far as, and sometimes beyond, the limit of its endurance.'¹⁰²²

Men and women, they wrote, lived in different worlds, 'and the area in which the two spheres overlap has been emotionally overburdened by the social isolation of the housewife.'¹⁰²³ Women's interactions with their husbands and children came under pathological strain, perhaps suggesting a political component to their distress and desperation when relationships became difficult or broke down.¹⁰²⁴

Discussing the effects of work on family life in 1961, a working group of the ICSDW concluded that the claims that husbands and children imposed on women 'will be satisfied only by a fully developed personality.'¹⁰²⁵ One delegate, the Labour MP for Leeds South East, Alice Bacon, agreed: 'only if a woman is happy and able to follow her choice will her husband and children be happy too.'¹⁰²⁶ No radical feminist statement, her observation mirrored arguments made by family researchers and

¹⁰¹⁹ See Toms, *Mental Hygiene and Psychiatry in Modern Britain*, p. 110

¹⁰²⁰ Adam Curle, 'The Individual in Chains to Society', *The Listener* (June 19th, 1947), 951-952, 952

¹⁰²¹ Mogey, *Family and Neighbourhood*, p. 156; Dicks, 'The Predicament of the Family in the Modern World', 296; Casson, *It's Healthy to be Human*, p. 114

¹⁰²² Myrdal and Klein, *Women's Two Roles*, p. 148

¹⁰²³ *Ibid.*, p. 149

¹⁰²⁴ Haggitt, *Desperate Housewives*, pp. 111-121; Hirshbein, *American Melancholy*, p. 112

¹⁰²⁵ ICSDW: Report of Debate in Rome, October 1961, p. 12: PVK, URSC, MS1215/16/1

¹⁰²⁶ Alice Bacon, Speech to the ICSDW in Rome, 1961, p. 18: PVK, URSC, MS1215/16/1

practitioners across the 1950s and early 1960s.¹⁰²⁷ As the psychiatric social worker Lois Heiger put it in 1955, ‘interest and achievement at work may transform her from a harassed to a cheerful person... the children gain a less irritable mother, and the husband is glad that his wife has regained her vitality and drive. She is justified in taking a job, provided the family does not suffer in other respects.’¹⁰²⁸ The arguments that this chapter explores – that working women made better wives and mothers – met concerns over the integrity of the family on their own ground, providing a credible alternative to suspicion and stigma. However, Heiger’s final caveat set down a deeply significant condition. Women’s right to work was ‘justified’ by the positive effects on others, not themselves. As such, it was invalidated if those effects failed to conform to strict expectations.¹⁰²⁹ A psychiatric rhetoric of women’s functionality was co-opted by feminists as a means of expression, not troubled as an oppressive and limiting paradigm. Pondering the mass closure of wartime nurseries in the late 1940s, Denise Riley wondered whether there could ever be ‘a conservative language which when proposing progressive social policies might be innocent in its effects?’ Based on her study of gender politics in post-war Britain, she suspected not.¹⁰³⁰

Revitalising Marriage

Recent research conducted by Helen McCarthy has shown how women’s work was understood to alter experiences and practices of marriage, amidst a ‘gradual but unmistakable shift away from rigidly segregated and unequal conjugal roles.’¹⁰³¹ In popular sociological discourses on marriage and femininity, the idea of companionship rooted in equality – not just of authority, but of intelligence, worldliness, and personality – gained considerable purchase.¹⁰³² As the 1950s and 1960s progressed, it became evident that the darkest fears of mental hygienists regarding working wives and mothers –widespread divorce and a generation lost to

¹⁰²⁷ Harris, *Married Women in Industry*, p. 12; Yudkin and Holme, *Working Mothers and Their Children*, p. 151

¹⁰²⁸ Heiger, ‘The Effect on the Family of the Mother Working’, 5

¹⁰²⁹ Wilson, *Only Halfway to Paradise*, p. 61

¹⁰³⁰ Riley, ‘Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain’, p. 269

¹⁰³¹ McCarthy, ‘Women, Marriage and Paid Work in Post-war Britain’, 2

¹⁰³² *Ibid.*, 6

juvenile delinquency – had not come to pass.¹⁰³³ Writing on marital breakdown in *Population Studies* in 1964, Griselda Rowntree reported only a slight increase in separation and contemplation of separation in marriages where women went to work.¹⁰³⁴ Despite the contradictions at the heart of companionate marriage, post-war marital counsellors worked to promote and curate a more democratic relationship between husband and wife, mitigating the worst excesses of patriarchal authority and promoting the ideal of partnership, at least in name.¹⁰³⁵

For David Mace, work had a clear role in the transformation he hoped to oversee. A degree of the freshness and spark of marriage came from the difference between spouses, including their ability to pursue separate interests and hobbies.¹⁰³⁶ If either had a ‘deeply absorbing interest which the other cannot or will not share’, however, Mace warned that this could be a ‘definite danger point’ in their marriage.¹⁰³⁷ In his 1948 manual *Marriage Crisis*, he took aim at the ‘false division which shuts the married woman out of the workaday world and shuts the working woman out of home-making.’ While he conceded that any interference with motherhood would be ‘disastrous’, he argued that the average married woman could ‘be a better wife and mother if she is in real touch with the world in which her husband and her children have to live their lives.’¹⁰³⁸ Marriage with traditional sexual boundaries blurred, between working women and domesticated men, could be far more difficult; through teamwork, shared responsibility and fair play, however, they could ‘enter much more deeply into each other’s lives’, finding a ‘richer fellowship than was usual under the old regime.’¹⁰³⁹ Commentators from a variety of perspectives noted that constant watchfulness for transgression of imagined gender roles indicated an unhealthily neurotic approach to marriage. Well-adjusted husbands and wives had an instinctive preference for equality and flexibility, without

¹⁰³³ Yudkin and Holme, *Working Mothers and Their Children*, p. 104

¹⁰³⁴ Griselda Rowntree, ‘Some Aspects of Marriage Breakdown in Britain during the Last Thirty Years’, *Population Studies* 18: 2 (1964), 147-163, 157

¹⁰³⁵ Anon., ‘The Commentary: Sexual Equality and the Finer Possibilities Today’, *British Weekly* (May 5th, 1949); Schwarz, ‘Sex and Personality’, 52

¹⁰³⁶ Szreter and Fisher, ‘Love and Authority in Mid-Twentieth-Century Marriages’, p. 142

¹⁰³⁷ Mace, ‘Bride Asks – Am I Selfish?’, 6

¹⁰³⁸ Mace, *Marriage Crisis*, p. 46

¹⁰³⁹ *Ibid.*, p. 97

dwelling on the questions of power and authority which occupied the experts who wrote about their lives.¹⁰⁴⁰

In particular, the housewife's dependence on her husband – whether for housekeeping money, borrowed status, or adult conversation at the end of a tiring and lonely day – was portrayed as a distortion of married love, not the apotheosis. Ena Brown's 1948 essay on domesticity and the politics of emancipation recalled the experiences of one interviewee, a married graduate with a disquieting overreliance on her husband for social interaction. Returning from work with his own requirement for conversation sated, his preference for solitude and tranquillity left him unable to meet her pressing need to talk.¹⁰⁴¹ With time, her resentment developed into a serious source of strain, only dissipating when she began to follow her own interests and forge her own links with the outside world.¹⁰⁴² Myrdal and Klein later observed that dependence was 'more degrading than is willingly admitted', working to cause considerable marital friction and frustration.¹⁰⁴³ Rather than one partner holding a monopoly on earning power, outside contact and mental stimuli, they suggested that 'a more even balance could be struck between husband and wife.'¹⁰⁴⁴ As McCarthy has argued, Klein's 1960 study *Working Wives* framed its findings clearly in terms of men's emotional and financial benefit.¹⁰⁴⁵ The title alone put women and their work in orbit around an imagined husband, in perfect illustration of the shared languages which tethered feminist thought to normative discourses on family and marriage.¹⁰⁴⁶ Quoting a series of male interviewees, some of whose commitment to emancipation seemed to be rooted in their desire for women to be less 'narrow-minded, stodgy, uninteresting, and miserable', Klein concluded that married women's work 'needs no better advertisement.'¹⁰⁴⁷ Nevertheless, her collection of completed questionnaires three years later included testimonies from women who welcomed similar effects on

¹⁰⁴⁰ Moge, *Family and Neighbourhood*, p. 58; WHO, *Women Who Work: Report of Seminar Discussions*, p. 5; Cartwright and Jefferys, 'Married Women Who Work', 164; Jephcott, Seear and Smith, *Married Women Working*, p. 171

¹⁰⁴¹ Brown, 'Can Women be Emancipated', 8

¹⁰⁴² *Ibid.*, 9

¹⁰⁴³ Myrdal and Klein, *Women's Two Roles*, p. 147

¹⁰⁴⁴ *Ibid.*, p. 191

¹⁰⁴⁵ McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 6

¹⁰⁴⁶ Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', p. 269

¹⁰⁴⁷ Klein, *Working Wives*, pp. 55-58

their marriage. One teacher had returned to work in the face of opposition from her husband, only for him to agree that it made her a happier person.¹⁰⁴⁸ For another, work meant that ‘we are partners in a way we never could be if he alone was the breadwinner and I was the “little woman” at home.’¹⁰⁴⁹

Mothers in Balance

Work outside the home, therefore, was understood to facilitate and signify a more emotionally rewarding experience of marriage. While some marital counsellors viewed work for married women with trepidation, it fitted neatly into the egalitarian vision of a union between well-rounded equals.¹⁰⁵⁰ Despite a well-recorded emphasis on full-time motherhood in some childcare advice, contemporary writers made an overlapping case in favour of working mothers. Their arguments went beyond a simple contestation of the evidence for maternal deprivation, comprising the active assertion that women who went out to work were less harmful to their children’s development. In the 1920s and 1930s, Wilfred Bion had written of the ‘well-balanced mother’, the woman able to ‘respond therapeutically’ to infant anxiety and fear; in the decades after the Second World War, balanced motherhood took on new connotations.¹⁰⁵¹ As Judith Hubback put it in 1957, the challenge facing women was ‘to combine the needs of the emotions and of the body, which coincide with society’s need for healthy, able citizens in the next generation, with the needs of the mind, which coincide with society’s need to use all available ability.’¹⁰⁵² From the 1940s onwards, discourses on healthy working motherhood gathered momentum. Grounded in a growing recognition of domestic pathology in housebound mothers, they drew upon pro-nursery and pro-separation arguments which stressed the benefits of mother and child taking healthy, regular breaks from one another, broadening their personalities with new interests and interactions. Each, in their own

¹⁰⁴⁸ Testimony 164, 1963, PVK, URSC, MS 1215/26/1

¹⁰⁴⁹ Testimony 357, 1963, PVK, URSC, MS 1215/27/1; see also Testimony 327, 1963, PVK, URSC, MS 1215/26/1

¹⁰⁵⁰ Griffith, Speech to the RMPA, London, 1956

¹⁰⁵¹ Roper, ‘Beyond Containing’, p. 139; Ivri Kumin, *Pre-Object Relatedness: Early Attachment and the Psychoanalytic Solution* (New York, 1996), p. 39; Janet Sayers, *Boy Crazy: Remembering Adolescence, Therapies, and Dreams* (London, 1998), p. 27

¹⁰⁵² Hubback, *Wives Who Went to College*, p. 80

way, was called upon to find a balance between their relationship with one another and the world outside.

For a second student of Karl Mannheim, Charlotte Luetkens, good motherhood and active citizenship were mutually reinforcing. Writing in 1946, she suggested that the emotional dyad between child and mother ‘gained in stability and intensity’ when the former was able to view the latter as a ‘person who does more than get the meals on and off the table.’ In making the necessary transition to the ‘strange world’ beyond the family, children were heartened by the knowledge that this was a place of comfort and ease for their mother.¹⁰⁵³ Summarising a series of mid-century discussions between feminists of diverse profession and outlook, Olwen Campbell went further. It was important, she noted, that women were able to escape from their tiring and frustrating children for a few hours each day.¹⁰⁵⁴ The alternative was stark. Young girls with marriage on their minds had to be encouraged to follow their dreams, but to ‘look a little beyond them to the dangers which attend on a too restricted life in the home’:

‘How easily the woman who is too home-centred becomes a possessive and over-anxious mother, and makes her children nervous, over-dependent or selfish; how her lack of knowledge of the world may make her fail as a parent, and even cause her children as they grow older to lose some of their confidence in her and their respect; that narrowness of interest is apt to make a jealous wife – and a boring one. Affection is not enough, it needs to be backed by knowledge and understanding.’¹⁰⁵⁵

While Campbell’s plea for balanced and mature motherhood could hardly have been further from John Bowlby’s emphasis on instinctive love and constant maternal presence, each narrative made equal use of guilt and blame to convince and coerce their readers.¹⁰⁵⁶ There was evidence, however, that many women in the early 1950s subscribed to Campbell’s view.¹⁰⁵⁷ Margot Jefferys’ interviews with mothers in the civil service revealed women who had little doubt that ‘the risks could

¹⁰⁵³ Luetkens, *Women and a New Society*, p. 123

¹⁰⁵⁴ Campbell, *The Feminine Point of View*, p. 47

¹⁰⁵⁵ *Ibid.*, p. 39

¹⁰⁵⁶ Caine, *English Feminism*, p. 247

¹⁰⁵⁷ Zweig, *Women’s Life and Labour*, p. 24

be met and overcome, and that the alternative of a mother tied unwillingly to the home might be a worse one for the child.’ The ‘undoubted physical and emotional strain involved in trying to do two jobs well’ compared favourably to the effects of ‘enforced domesticity’, both for their own feelings and those of their children.¹⁰⁵⁸ As a well-known writer and mother of five children, Honor Croome concurred. Asked by the *News Chronicle* to contribute to a for-and-against feature on working mothers with John Bowlby in 1952, Croome countered the argument that stay-at-home mothers offered their children a more secure psychological environment.¹⁰⁵⁹ In contrast with Bowlby’s plea for working women to consider the rights of the child, her article contended that ‘part-time work by a mother can enrich family life.’ Agreeing that ‘a married woman’s first duty is to her family’, she rejected the corollary that no mother should take an outside job. The woman who managed to keep her career ‘just ticking over’ kept herself ‘mentally alive and supple, fit to be the wife of a civilised husband and the companion and educator of future civilised citizens.’¹⁰⁶⁰

There was no moment in post-war discourses on motherhood when dissenting from ideas about maternal deprivation was truly controversial and revolutionary.¹⁰⁶¹ The *News Chronicle* framed their enquiry as a genuine question – ‘should a woman with young children take a job’ – giving each opinion equal weight. When the MWIA met to discuss pathologies of housework in Vichy in the same year, delegates implicated housewives’ psychosomatic complaints in ‘family instability.’ The personal growth necessary to ‘bring up physically and mentally healthy children in a stable and happy family environment’ required a ‘revolutionary project’, in which the ‘life role of the woman’ was guided away from the narrow sphere of the home.¹⁰⁶² In the year that Bowlby’s WHO report on *Maternal Care and Mental Health* was reissued for a popular audience as *Child Care and the Growth of Love*, 1953, a *Family Doctor* article penned by Evelyn Ford ‘set out to disprove the pet modern theory that a mother must stand by the sink morning, noon and night unless she wants to rear psychological misfits.’ Every mother, Ford explained, was familiar with

¹⁰⁵⁸ Jefferys, ‘Married Women in the Higher Grades of the Civil Service’, 364

¹⁰⁵⁹ Bowlby, ‘The Mother who Stays at Home Gives Her Children a Better Chance’

¹⁰⁶⁰ Honor Croome, ‘Part-time Work by a Mother can Enrich Family Life’, *News Chronicle* (April 23rd, 1952)

¹⁰⁶¹ Beaumont, *Housewives and Citizens*, p. 197

¹⁰⁶² Montreuil-Straus, ‘The Psychosomatic Aspect of Housework’, 61; Ericksson-Lihr, ‘Symposium from Austria, France, Italy and Finland’, 58

the first part of her story; just over a year ago, she had ‘four keepers, and a ball and chain, and dwelt in a dungeon.’ Resentful of her marriage, she also caught herself tallying the debts she believed she was owed by her children. Finding a job, in contrast, was transformative. While sceptical at first, it took her husband a week to admit that she was a ‘changed woman.’ Far from suffering, her three children profited from the evaporation of her martyred bitterness from the atmosphere of their home. Instead, she was a ‘better mother’ who could ‘see the wood for the trees’ and ‘enjoy my family to the full.’¹⁰⁶³ Presented as light-heartedly transgressive, her account framed concern over maternal deprivation as superficial and faddish, claiming a deeper and more permanent wisdom.

Meetings of international medical networks in the mid-1950s provided another forum for practitioners to question deterministic visions of full-time motherhood. Never canonical in Britain, the traction that maternal deprivation had abroad was even more limited; transcultural conversations further disrupted the supposed universalism of prescriptive knowledge on childhood development. With Doris Odlum in attendance, a 1955 convocation of the ELMH discussed the medical difficulties faced by married workers and their families. Reporting to an extraordinary general assembly of the MWIA in Burgenstock in 1956, Odlum summarised their deliberations. ELMH delegates had emphasised the severity of domestic monotony and solitude, and had connected health with occupational emancipation. Child delinquency, they argued, was more likely to occur in ‘problem families’ whose parents were ‘too inefficient’ to go out to work. This supposition illustrated the continued purchase of inter-war connections between poverty, heredity, morality and cleanliness.¹⁰⁶⁴ In the keynote lecture, the French psychiatrist Paul Sivadon concluded that work ‘usually made it possible’ for a woman to ‘carry out both her maternal responsibilities and her role as a married woman more satisfactorily.’¹⁰⁶⁵ France had its own history of anxiety over smothering motherhood; writing in 1949, the existentialist philosopher Simone de Beauvoir had identified the ‘great danger

¹⁰⁶³ Evelyn Ford, ‘Three Children and a Job’, *Family Doctor* 3:7 (1953), 394

¹⁰⁶⁴ Odlum, Speech to the MWIA at Burgenstock, 1956, p. 26; Riley, ‘War in the Nursery’, 98; Welshman, ‘In Search of the “Problem Family”’, 447-465; Starkey, ‘The Feckless Mother’, 539-557

¹⁰⁶⁵ Anon., ‘European League for Mental Hygiene’, *The British Medical Journal* 2: 4942 (Sep. 24th, 1955), 785-786, 785; Odlum, Speech to the MWIA in Burgenstock, 1956, p. 21

which threatens the infant' as 'the fear that the mother to whom it is confided in all its helplessness is almost always a discontented woman.'¹⁰⁶⁶ For Sivadon, the quality of personal relationships between family members was the governing consideration. When these were good, then the family could weather periods of maternal absence. When they were bad, then the situation was unlikely to be improved by continuous exposure to one another, particularly if conscious or unconscious resentment towards domesticity played a part.¹⁰⁶⁷

Speaking in Burgenstock, Odlum reasoned that housewives' frustration could lead to impatience with children and recourse to systematic and arbitrary punishment, a tension relieved when mothers had 'the outlet of work.'¹⁰⁶⁸ Against any perceived clash between the psychological interests of mother and child, she noted, could be set the 'considerable evidence that the mothers who had no other interests than the home and the child were more inclined to be fussy, possessive, irritable and demanding in regard to their children.'¹⁰⁶⁹ Other members of the MWIA echoed her scepticism over the dangers of maternal absence. A fellow delegate, child psychiatrist and expert on adolescent delinquency, Suzanne Serin, drew on decades of experience in French juvenile courts to describe psychologists who conflated good motherhood with 'la femme au foyer' [the housewife] as 'zélateurs' [zealots].¹⁰⁷⁰ The connections they made between working mothers and serious emotional disturbance had no reflection in the medical and legal cases on which she had given advice. Critics of work, she maintained, were comprehensively unable to demonstrate that maternal employment had significant adverse effects 'sur sa santé, sur son équilibre, sur la santé ou l'équilibre du mari, de ses enfants ou en general sur la stabilité du couple' [on health, on balance, on the health or the balance of the husband, her children or in general on the stability of the couple].¹⁰⁷¹ Newly retired

¹⁰⁶⁶ de Beauvoir, *The Second Sex*, p. 528

¹⁰⁶⁷ Anon., 'European League for Mental Hygiene', 785; Aitken, 'Modern Mothers', 524

¹⁰⁶⁸ Odlum, Speech to the MWIA in Burgenstock, 1956, p. 22; see Zweig, *Women's Life and Labour*, p. 75; Casson, 'Bad Temper', 496

¹⁰⁶⁹ Odlum, Speech to the MWIA in Burgenstock, 1956, p. 24

¹⁰⁷⁰ For a contextual understanding of the context Serin worked in, see Sarah Fishman, *The Battle for Children; World War II, Youth Crime, and Juvenile Justice in Twentieth Century France* (Cambridge, Mass., 2002)

¹⁰⁷¹ Suzanne Serin, Speech to the MWIA in Burgenstock, 1956, pp. 32-33: PMWF, WL, SA/MWF/K.9/1

and already ill, Marion Hilliard was unable to attend in 1956. In her collected essays, however, she painted a vivid portrait of the women who, remembering ‘the conviviality of the office they left for motherhood’, turned their ‘bitter venom’ on their children. ‘She prides herself on being a good mother because she isn’t working: in her heart she must know she is a terrible mother.’¹⁰⁷²

Across the second half of the 1950s, women in medicine and social science continued to explore the relationship between domesticity and maternal pathogenesis, emphasising the importance of women’s work to childhood health. In addition to querying the application of evidence on deprivation to the children of working mothers, Alva Myrdal and Viola Klein made a psychological case against the inward-looking motherhood they believed that John Bowlby’s advice promoted.¹⁰⁷³ It was unfortunate, they argued, that the needs of children and the ‘Rights of Women’ had ever been set in conflict. Rather than competitive, they were complementary.¹⁰⁷⁴ In a logic shared with Odlum and Sivadon, they observed that ‘the neurotic, neglectful, or foolish mother is a menace to her children, probably no less if she devotes all her time to them than if she does not.’ In contrast, the ‘intelligent, sympathetic, loving mother’ could cultivate an atmosphere of emotional security which outlasted her physical presence in the home.¹⁰⁷⁵ For the sake of their children, the need for mothers to have outside interests could not be overstressed. Otherwise, housewives’ ‘occupational diseases’ manifested in a ‘proneness to over-protect or to dominate their children, or to make too high demands on their affections.’ Denied social contact and emotional stimulus from other sources, housebound mothers turned to their children for compensation. The short-term result, the authors predicted, was weakness, immaturity, and constant self-doubt; in the longer term, the smothering mother exposed her children to ‘graver disturbances’ when ‘the demands of life become more stringent.’¹⁰⁷⁶ It was the homemaker, not the working mother, who planted the seeds of pathological responses to adult stress.¹⁰⁷⁷

¹⁰⁷² Hilliard, *A Woman Doctor Looks at Love and Life*, pp. 109-110

¹⁰⁷³ Myrdal and Klein, *Women’s Two Roles*, pp. 125-126

¹⁰⁷⁴ *Ibid.*, p. 116

¹⁰⁷⁵ *Ibid.*, p. 127

¹⁰⁷⁶ *Ibid.*, p. 132

¹⁰⁷⁷ M.M., ‘Women’s Two Roles’

Equally, Judith Hubback warned her readers that ‘the mother’s overtiredness colours all family life.’¹⁰⁷⁸ In Hubback’s analysis, it was the frustration of women’s talents which caused fatigue, not their expenditure of energy in productive work. ‘Only the whole personality’, she emphasised, could integrate and manage the differing and complex requirements of marriage and motherhood.¹⁰⁷⁹ As children grew, they began to resent the demands that obsessive and thwarted mothers imposed. In contrast, ‘comparative independence from an all-engrossing state of motherhood’ aided women in finding ‘their own balance of the different sides of their lives.’¹⁰⁸⁰ Writing in *Nursery World* in 1957, a consultant urologist and chair of the National Baby Welfare Council, Gladys Sandes, stressed the importance of choice. When women’s marked preference was for domesticity, then the health of their children was less likely to be threatened. However, if their adjustment was compromised by even a grain of unhappiness and regret, then it became far more difficult to ‘maintain an atmosphere of calm and serenity.’ Reasonable women, she concluded, should decide for themselves.¹⁰⁸¹ Published in the *British Journal of Preventive and Social Medicine* in 1958, the first systematic study of children of working mothers justified Hubback and Sandes’ refusal to condemn their decisions. Authored by Anne Cartwright and Margot Jefferys, the report compared levels of alertness, cooperativeness, perseverance, and conscientiousness; the children of women on part-time work, they determined, fared better than those of either full-time housewives or full-time workers. In common with most advocates of work, Cartwright and Jefferys argued that taking a full-time job when the children were very young bordered on neglect. At the other extreme, home-staying women were more prone to take unnecessary precautions or to ‘molly-coddle’ their children.¹⁰⁸²

At a NSCN day conference on ‘working wives’ in 1960, Viola Klein’s feminist analysis of work and motherhood was indistinguishable from the positions adopted by the two paediatric psychiatrists on the panel, William Lumsden Walker and David Morris. Inviting Lumsden Walker to open the morning session, the chair of the

¹⁰⁷⁸ Hubback, *Wives Who Went to College*, p. 64

¹⁰⁷⁹ *Ibid.*, p. 132

¹⁰⁸⁰ *Ibid.*, p. 155

¹⁰⁸¹ Gladys M. Sandes, ‘Should Mother Go Out to Work’, *Nursery World* (20th June, 1957), 919

¹⁰⁸² Cartwright and Jefferys, ‘Married Women Who Work’, 165-167

Hampstead maternity and child welfare committee, F. Cayford, suggested that affection for children should not preclude the admission that ‘to be away from them for a bit would be a great asset.’¹⁰⁸³ Nurseries, Lumsden Walker began, were frequently helpful as a ‘therapeutic instrument’ for the disturbed or lonely children he dealt with in his own practice. Touching on Cayford’s remarks, he noted that his wife often envied that his profession took him away from their four young children. In a number of instances, ‘it would be better if the mother worked because she comes back in the evening feeling really fond of the family.’¹⁰⁸⁴ Some child psychiatrists, he complained, had a tendency to ‘assume too much the maternal instinct.’ Having little sense of women beyond motherhood, they failed to recognise the clear signs of domestic isolation and desperation that housewives endured.¹⁰⁸⁵ Getting out to work, in contrast, was akin to ‘re-education’, making for a happier and better-rounded mother who was ‘a more successful guide to her family.’¹⁰⁸⁶ Despite his enthusiasm, however, he conceded that the mother’s continual presence in the ‘very early years’ laid the foundation for ‘the feeling that the world is to be trusted.’¹⁰⁸⁷ Those who supported work for mothers of toddlers were on ‘much weaker ground.’¹⁰⁸⁸ Every argument eventually came up against the ‘certain biological fact’ that women produced the children, and formed ‘an almost inseparable unit’ with them in their first years of life.¹⁰⁸⁹

Speaking in the afternoon, Klein self-effacingly suggested that Lumsden Walker had ‘so well surveyed the social scene and analysed the social factors of the present situation’ that she could ‘hardly add much.’ Indeed, she found herself in ‘wholehearted agreement’ with most of what he had to say.¹⁰⁹⁰ Rehearsing arguments from *Women’s Two Roles* about the lengthened span of women’s lives, she also presented evidence published in *Working Wives* that husbands benefitted from increased partnership in marriage. An egalitarian alignment of parental

¹⁰⁸³ F. Cayford, ‘Introduction to Conference’ (speech), *The National Society of Children’s Nurseries One-Day Conference, Working Wives – What of the Children?* (London, 1960), pp. 1-2, p. 2

¹⁰⁸⁴ Lumsden Walker, ‘Mothers and Children in a Modern Society’, p. 4

¹⁰⁸⁵ *Ibid.*, p. 5

¹⁰⁸⁶ *Ibid.*, p. 8; Anon., ‘Working Wives – And their Children’, 1128-1129

¹⁰⁸⁷ Lumsden Walker, ‘Mothers and Children in a Modern Society’, p. 24

¹⁰⁸⁸ *Ibid.*, p. 22

¹⁰⁸⁹ *Ibid.*, p. 24

¹⁰⁹⁰ Klein, ‘Working Wives’ (speech), p. 34

interests, she thought, reflected ‘very favourably on the children.’ Through the prism of their mothers, outside work taught the growing child self-reliance and emotional independence.¹⁰⁹¹ Reflecting on her talk, Morris conceded that he had ‘met many mothers who are less grown up than their children are’, and that these women needed help reaching full maturity.¹⁰⁹² If a mother’s feeling was that she could be happier and more fulfilled at work, it was the role of childcare professionals to provide a psychologically secure space for her children. With their needs provided for, work could make her ‘a more effective mother than if she makes herself stay at home with her child because she feels she ought to.’¹⁰⁹³ Present through their existing interest in the nursery movement, Lumsden Walker and Morris were predisposed to be sympathetic to Klein’s ideas. These were not marginal figures, however, in post-war child psychiatry. The degree to which their principles, assumptions, and languages converged demonstrates the mutual responsiveness between medicine and feminism in the two decades after 1945.

Indeed, Klein summarised her research for the readership of *Family Doctor* in 1961. Dismissing assumptions that working mothers could produce ‘a generation of emotionally disturbed individuals’ by exposing childhood to the ‘moral hazards’ of loneliness and rejection, she suggested that the prognosis was nowhere near as ‘gloomy as the pessimists fear.’¹⁰⁹⁴ Instead, women were prompted to find work by their isolation and restlessness: ‘having no outlet for their energies other than their children may make them worse mothers than they are when they have some outside interests to occupy them.’¹⁰⁹⁵ This interpretation was strengthened by fresh testimony in 1963:

‘I have never felt my children resent my teaching – they are independent and helpful and responsible happy children.’¹⁰⁹⁶

‘Subscribe heavily to the view that it is much better for my family for me to have plenty of outside interests.’¹⁰⁹⁷

¹⁰⁹¹ Klein, ‘Working Wives’ (speech), pp. 40-41

¹⁰⁹² Morris, ‘Response to Viola Klein’, p. 45

¹⁰⁹³ *Ibid.*, p. 44

¹⁰⁹⁴ Viola Klein, ‘When Mum Goes Out to Work’, *Family Doctor* 11:3 (1961), 155-157, 155

¹⁰⁹⁵ *Ibid.*, 157

¹⁰⁹⁶ Testimony 164, 1963, PVK, URSC, MS 1215/26/1

'I have done part time work – voluntary & paid – since I was married. I have never had to sick it [take time off through illness] – and I've always enjoyed it & found that I enjoyed my family more for having done it!'¹⁰⁹⁸

'The present intelligent woman will produce intelligent families, whereas in the age of surplus women so many of them were lost as far as producing intelligent families was concerned.'¹⁰⁹⁹

'For the sake of the mother, for the sake of the child she all-too-often nags in her intellectually frustrated misery, and for the sake of the community she should be so much the better able to join and serve, the development of the child, its body and its mind, should be teaching the wise mother.'¹¹⁰⁰

For the well-educated women questioned by Klein, individual experience mingled with a broader belief in the benefits of work to maternity. By the early 1960s, writers from diverse perspectives made a positive psychological case for working motherhood.¹¹⁰¹ Frederick Casson's 1959 self-care manual, *It's Healthy to be Human*, advised that many women were healthier and happier mothers when they used work to develop their masculine qualities.¹¹⁰² Commissioned for *Family Doctor*, his advice emphasised human difference and fallibility. He presented his ideas as a revolt against ideology, eschewing hard determinism in favour of practical, solid, everyday hygiene. Without outside interests, he argued, the family could be 'a hothouse, even a sickroom.'¹¹⁰³ In addition to 'frightful loneliness', domestic isolation made young housewives uninteresting and dull. While Casson noted that a mother who took work was often criticised, he thought that she was 'less apt to be entirely wrapped up in her children, not so prone to spoil them... if her family are no longer her only source, throughout the livelong day, of human companionship, they also do not receive the concentrated force of her daily frustrations.'¹¹⁰⁴ Indeed, the

¹⁰⁹⁷ Testimony 585, 1963, PVK, URSC, MS 1215/28/1

¹⁰⁹⁸ Testimony 360, 1963, PVK, URSC, MS 1215/27/1

¹⁰⁹⁹ Testimony 246, 1963, PVK, URSC, MS 1215/26/1

¹¹⁰⁰ Testimony 685, 1963, PVK, URSC, MS 1215/28/1

¹¹⁰¹ Thompson and Finlayson, 'Married Women Who Work in Early Motherhood', 164; Yudkin and Holme, *Working Mothers and Their Children*, p. 92, 128

¹¹⁰² Casson, *It's Healthy to be Human*, p. 60

¹¹⁰³ *Ibid.*, p. 114

¹¹⁰⁴ *Ibid.*, p. 115

testimonies that Pearl Jephcott, Nancy Seear and John Smith took from the daughters of working women in Bermondsey suggested that outside work improved girls' opinions of their mothers. One fifteen-year-old, for example, wrote that working mothers 'tend to be more broad minded, more interesting people, because they are not bounded by the domestic circle. This gives the child greater confidence in its mother.' Another observed that while her mother often felt more tired and needed more help, she was 'much happier and has more interesting things to say.'¹¹⁰⁵

Young girls, it seems, were not immune from making a pragmatic valuation of their mothers' personalities. The normalisation of work as a strand of what Stephanie Spencer has termed 'the web of adult identity' could be described more specifically as a strand in the web of *maternal* identity.¹¹⁰⁶ By positioning work as a restorative agent in the psychologically-charged space of the post-war family, contemporaries – however well meaning – worked within rather than against a conservative language of female instrumentality, tying the worth of any act to the needs of husbands and children.¹¹⁰⁷ The married worker was largely not envisaged as a new kind of woman, although feminists and doctors each argued that work promised an improved subjectivity. Instead, she was a new kind of mother, a liberal symbol who had *chosen* to work, who used it as a technology not just to avert or recover from psychiatric crises but to mould a new and better self.¹¹⁰⁸ In the perfect form of this vision, there was no tension between mother and child, or individual and community; each stood to benefit in equal measure. The liberation of women through work, however, was entirely conditional on the shared benefits of that deeply personal journey. Alone, it was rarely afforded worth; when it was thought to work against the emotional or economic interests of others, the fragility of tolerance was thrown into sharp relief.¹¹⁰⁹

Understandably, working mothers who felt that their job endangered the wellbeing of their children rarely stayed in employment if they could afford to be at

¹¹⁰⁵ Jephcott, Seear and Smith, *Married Women Working*, p. 159

¹¹⁰⁶ Spencer, *Gender, Work and Education in Britain in the 1950s*, p. 86

¹¹⁰⁷ Odlum, *Adolescence*, p. 30

¹¹⁰⁸ Zweig, *Women's Life and Labour*, p. 22

¹¹⁰⁹ Wilson, *Only Half Way to Paradise*, p. 61

home.¹¹¹⁰ Male workers, of course, were never presented with the same dilemma.¹¹¹¹ Fathers were important components in the interlocking matrix of family health, but were almost never imbued with the psychological power of the mother.¹¹¹² In part, it was convergence between discourses on motherhood and a nascent therapeutics of work which fuelled an emphasis on balance in post-war Britain. Beyond the psychologists of childhood who saw working mothers as an unmitigated evil lay a vast spectrum of enquiring and adaptable contributors to conversations on health and gender. Many were often willing to write or talk about maternal deprivation or marital breakdown, but also worried about isolated or frustrated housewives and their over-dependent children. The majority of writers – including most feminists – grappled sincerely with multiple claims to truth, routes to pathology, and rights to emotional health and security. The discourse of the balanced wife and mother – a full time domestic worker and part-time employee – was not a practical compromise between economic and psychological pressures, but between different genealogies of illness.¹¹¹³ In contrast with the voices advocating work, the self-assurance of men like John Bowlby shifted debate to a false centre. Although they overcame a narrow and restrictive image of motherhood – certainly a service both to women and later generations of activists – feminists and their allies did little to contest the cultural and medical fact that women were weighed and judged as mothers, not individuals.¹¹¹⁴ They offered a settlement, therefore, which did little to disrupt the deeper division of labour between men.¹¹¹⁵

¹¹¹⁰ Roberts, *Women and Families*, p. 151; Testimony 621, 1963, PVK, URSC, MS 1215/28/1; Testimony 867, 1963, PVK, URSC, MS 1215/29/1; Testimony 584, 1963, PVK, URSC, MS 1215/28/1

¹¹¹¹ Wilson, *Only Halfway to Paradise*, p. 49

¹¹¹² Yudkin and Holme, *Working Mothers and Their Children*, p. 99

¹¹¹³ Langhamer, 'Feelings, Women and Work in the Long 1950s', 3

¹¹¹⁴ Myrdal and Klein, *Women's Two Roles*, p. 77, 12 – Hubback, *Wives Who Went to College*, p. 155; Jephcott, Seear and Smith, *Married Women Working*, pp. 168-169; Yudkin and Holme, *Working Mothers and Their Children*, p. 158

¹¹¹⁵ Katherine Holden, 'Family, Caring and Unpaid Work', Ina Zweiniger-Bargielowska (ed.), *Women in Twentieth-Century Britain* (Harlow, 2001), pp. 134-148, p. 134; Roberts, *Women and Families*, p. 144; Wilson, *Only Halfway to Paradise*, p. 52

Conclusion

The post-war construction of the balanced mother, however, was never just a product of negotiation between medical anxieties. Rather, it stemmed from and contributed to a wider commitment to balance as a form of political, psychological, and biological regulation, threaded through the theory and symbolism of illness and wellness across the twentieth century.¹¹¹⁶ In the global West, for example, balance recurred in discussions of diabetic medicine, in dietetic and nutritional science, in the philosopher and critic Ivan Illich's 'multiple balance' between education, production, and the physical environment, in the influential psychiatrist Karl Menninger's 'vital balance' of the ego under strain, in menopause endocrinology, in narratives of relaxation as a ward against stress and heart disease, and in the techniques used by pharmaceutical companies to market psychoactive compounds.¹¹¹⁷ Chapter two of the present thesis explores post-war discourses on balance between male work and leisure, arguing that women's labour in the home was configured as a crucial component of men's domestic relaxation.¹¹¹⁸ Kenneth Hutchin promoted a 'completely balanced life with the right amount of work, play, food and drink', primarily in response to the physiological impact of overwork and bad diet.¹¹¹⁹ In

¹¹¹⁶ Ali Haggett, 'On Balance: Lifestyle, Mental Health and Wellbeing', *Palgrave Communications* 2:16075 (2016)

¹¹¹⁷ Lewis, 'Health as a Social Concept', 114; Norman, 'Advancing Frontiers in Industrial Health', 75; Nadina R. Kavinoky, 'A Balanced Life for Mental Health', *Marriage and Family Living* 6:3 (1944), 41-42+58+64; Jackson, *The Age of Stress*, p. 11, 187; G. Eknoyan, 'A History of Diabetes Insipidus: Paving the Road to Internal Water Balance', *American Journal of Kidney Diseases* 56:6 (2010), 1175-1183; Ivan Illich, *Tools for Conviviality* (New York, 1973); Shane J. Lopez and Matthew W. Gallagher, 'A Case for Positive Psychology' in C.R. Snyder and Shane J. Lopez (eds.), *Oxford Handbook of Positive Psychology* (Oxford, 2009), pp. 3-11, p. 4; Karl Menninger, *The Vital Balance* (New York, 1963); Hilliard, Speech to the MWIA in Gardone, 1954, p. 106; van Andel-Ripke, Speech to the MWIA in Gardone, 1954, p. 93; Ayesha Nathoo, 'Initiating Therapeutic Relaxation in Britain: A Twentieth-Century Strategy for Health and Wellbeing', *Palgrave Communications* 2:16043 (2016); Ethel Roskies, *Stress Management For The Healthy Type A* (New York, 1987), pp. 197-205; Peter and Ginger Ross Breggin, *Talking Back To Prozac* (New York, 1994), pp. 20-40; David Healy, *Mania; A Short History of Bipolar Disorder* (Baltimore, 2008), pp. 161-197

¹¹¹⁸ Morris, 'When the Manager Comes Home', 162-163; Ogilvie, 'In Praise of Idleness', 645-651

¹¹¹⁹ Hutchin, *How Not to Kill Your Husband*, p. 108; Ling, Purser and Rees, 'Incidence and Treatment of Neurosis in Industry', 159-161; Wright, 'Taking the Strain Out of Stress', 48; Anon., 'Neurosis And Industry', 257-258

terms of psyche, personality, gender, and lifestyle, there was also a growing interest in balance between ‘masculine’ and ‘feminine’ poles and interests.¹¹²⁰ Reporting on the experiences of married graduates for the *Daily Telegraph* in 1957, Honor Croome argued for a better-rounded approach to life and work:

‘Lopsided specialism is increasingly recognised as a bad thing for anyone, male or female – bad, indeed, even for the specialty itself. Just possibly the compulsory Jill-of-all-trades, coming as best she can to terms with the feminist dilemma, may be learning an attitude to life which the masculine half of society could also, *mutatis mutandis*, adopt with profit.’¹¹²¹

Indeed, Myrdal and Klein envisaged changes in women’s working patterns as facilitating a direct reduction in the male working week. Married women’s contribution, they suggested, could result in a six-hour day for both sexes, corresponding roughly to the hours that children spent in school.¹¹²² As they framed it, their aim was a ‘fairer redistribution of work’; if women’s exclusion from the workplace was an ethical and medical problem, so too was the disproportionate strain this one-sidedness placed on men.¹¹²³ ‘Something must be wrong’, one passage in *Women’s Two Roles* emphasised, ‘in a social organisation in which men may die a premature death from coronary thrombosis, as a result of overwork and worry, while their wives and widows organise themselves to protest against their own lack of opportunities to work.’¹¹²⁴ Women’s balance between work and home represented a deeper rebalancing, a correction of gendered inequity in economic and social contribution. In turn, this process held the seeds of a ‘more stable equilibrium’ between community and the individual.¹¹²⁵

In her 1957 study *Wives Who Went to College*, Judith Hubback warned that the type of job women were able to consider was ‘limited to those which will not ask for an excessive amount of her time, loyalty, and nervous energy.’ Conceived as finite reserves, these were claimed first and foremost by her husband and children,

¹¹²⁰ Casson, *It’s Healthy to Be Human*, pp. 61-65; Mace, *Marriage Crisis*, p. 44

¹¹²¹ Croome, ‘Honours Degrees in the Kitchen’

¹¹²² Myrdal and Klein, *Women’s Two Roles*, pp. 192-193

¹¹²³ *Ibid.*, p. 28

¹¹²⁴ *Ibid.*, p. 187

¹¹²⁵ *Ibid.*, pp. 28-29

whose right to them could only be reduced so far. Hubback encouraged her readers to think of womanhood, characterised by socio-cultural obligations rather than inherent frailty, as a disability. 'It is essential', she argued, for the female worker to 'come to terms with this disability, as she would have to, for example, with deafness or blindness.'¹¹²⁶ The key to happiness and health was to 'do the right amount of outside work, the amount which will restore and not impoverish them. It is a question of finding the balance.'¹¹²⁷ Reviewers of her work seized on the metaphor; one titled their article 'balancing home against career', while another, Mary Scrutton, recommended Hubback's research to 'anyone puzzled about the balance of women's life.'¹¹²⁸ That finding balance was a subjective project, a matter of personal adjustment, was implicit in her framing of the problem. Myrdal and Klein may have understood the dual role as a means of reasserting social and sexual equilibrium, but interlocking debates on the mechanics of balance rehearsed old tensions between political and personal responsibility. Contrary to the interpretations of later feminists, post-war advocates of balanced lifestyles did not attempt to argue any conflict or difficulty out of existence.¹¹²⁹ Indeed, Myrdal and Klein emphasised that 'the emancipation of women is slow and is a process prolific of internal conflicts. The traditional norms of conduct have broken down and have not yet been replaced by new ones.'¹¹³⁰ Progressive writers were successful in contesting the conservative assumption that working motherhood *necessarily* led to breakdown, delinquency and divorce, but their spectre still lingered in the consequences of failure. As the final chapter of this thesis argues, physical and mental overload, divided loyalty and ambivalent feminine identity remained subject to considerable anxiety, even when they were presented as worthwhile risks or products of a culture still in flux. What mattered, therefore, is where contemporaries placed the burden of change.

¹¹²⁶ Hubback, *Wives Who Went to College*, p. 93

¹¹²⁷ *Ibid.*, p. 149

¹¹²⁸ E.N.A., 'Academic Wives' Problems: Balancing Home Against Career', *The Scotsman* (Sept. 23rd, 1957); Scrutton, 'Review: Judith Hubback, *Wives Who Went to College*'

¹¹²⁹ Lewis, 'Myrdal, Klein, *Women's Two Roles* and Postwar Feminism 1945-1960', p. 172, 177

¹¹³⁰ Myrdal and Klein, *Women's Two Roles*, p. 191

Chapter Four: Conflict and Resolution

In a sardonic piece for *Family Doctor* in 1961, the journalist and author Yvonne Tobitt satirised the 'Brave New Order' of married women's entry into working life. 'Before Mrs. Pankhurst', she wrote, women were kept in a state of ignorant serfdom by their domineering, superior husbands, men who 'deprived them of the right to independence, in order to preserve the legend of feminine inferiority.' The modern wife, however, was different. From the moment she caught her bus to work until the end of the day, she was a 'free woman'; provided she could find time in her lunch hour to shop and collect the laundry. On leaving her 'place of play', all she had to do was collect the baby from the nursery, feed, bathe and settle it, cook, wash up, iron, tidy, 'and be as fresh as paint with glamour in the bargain for a lovely sit down with adoring Modern Husband.' Yet, Tobitt noted, 'some women do not seem to appreciate equal rights. Vaguely, irritably, wearily, they feel that there is something wrong with the New Order':

'They slosh home through pouring rain at night, and wish they were old maids going home to Mum's dumpling stew, or even sardines on toast in narrow bedsitters, instead of to cold house, howling baby, and hungry Modern Husband. They neglect their appearance, let their nails break off, and their facial muscles and all else sag. And when Modern Husband reproachfully says "where is that fresh lovely young girl I married?" they pick things up and neurotically throw them about the place.'

Their difficulty, she concluded, was that 'now women are men, women should have a substitute for women.' With the revolution only half-fought, it was conceivable that a future generation, bloodied by struggle, would one day find such a substitute; 'and will that, could that, oh please, please, do let that substitute be men!'¹¹³¹ Adopting the complacent and incredulous persona of an observer who assumed that emancipation had already been accomplished, Tobitt highlighted the absurd contradictions that working women faced. Posed as a light-hearted look at womanhood in a new decade, her article contained a nuanced and incisive critique of gender, society, and culture. Its inclusion in *Family Doctor* demonstrated an awareness on the part of author and editors that the matters under discussion were

¹¹³¹ Yvonne Tobitt, 'It's a Woman's World', *Family Doctor* 11:3 (1961), 103

indivisibly connected to illness and health. Tellingly, Tobitt's harassed working mothers never yearned for domesticity; it was single women that they viewed as figures of envy. No casual allusion, the 'old maids' returning to 'sardines on toast in narrow bedsitters' were subject to considerable clinical and moral unease in Britain in the 1950s and 1960s.¹¹³² Nevertheless, she suggested, single women were spared the erosion of leisure, the strain of the commute, and never-ending responsibility for housework and childcare, all set against male expectations of serene and attractive femininity. Women's work had been a step forward, but the world around went unreconstructed.¹¹³³

Tobitt's questioning of the felt effects of cultural progress joined considerable post-war anxiety over the pursuit and preservation of balance in women's relationships between work and home. At heart, the writers and practitioners who condemned working motherhood represented one end of a spectrum between optimism and pessimism, although their preoccupation with instinctual maternity blinded them to the possibility that work could have a positive impact on individual and familial health. Conversely, even the most forceful exponents of work understood that immense personal and structural adjustments were required to ameliorate the pressures that role combination placed on women. In *Women's Life and Labour*, Ferdinand Zweig admitted that there were 'so many drawbacks, so many shadows.'¹¹³⁴ Unlike opponents of work, however, he had 'not recorded the shadows to make them stay there, but to disperse them by new light.'¹¹³⁵ Equally, when *Women's Two Roles* was reviewed for *The Lancet* in 1956, the author praised Myrdal and Klein's 'frank discussion' of the psychological, social, and economic complications which paid employment brought to married women.¹¹³⁶ In line with the work of scholars such as Jane Lewis and Elizabeth Wilson, Helen McCarthy has described a shift in language between post-war and second-wave feminists. While the former presented the dual role as a solution, the latter recast it as the

¹¹³² Boutwood, 'Women on Their Own'; Harold Atkins, 'Those Who Go Home to a Gas Ring', *Daily Telegraph* (July 21st, 1961)

¹¹³³ Uta Gerhardt, *Ideas about Illness: An Intellectual and Political History of Medical Sociology* (London, 1989), pp. 322-323

¹¹³⁴ Zweig, *Women's Life and Labour*, p. 43

¹¹³⁵ *Ibid.*, p. 94

¹¹³⁶ Anon., 'A New Design for Living', *The Lancet* (Oct. 20th, 1956), 793

problematic and oppressive double burden.¹¹³⁷ Instead, these identities co-existed; not just in contemporaneous discourses, but in the hopes and anxieties of individual writers. Feminists were aware that the thinnest of conditions and circumstances separated the two, and that women experienced benefits and difficulties side by side.¹¹³⁸

This chapter unpicks post-war representations of risk in married women's working behaviour, juxtaposing individual stories of conflict and strain with medical, sociological and political discussions of resolution and regulation. In her history of the healthy factory, Vicky Long has shown how improvements in transport and housing welfare were understood to 'enable women to meet their duties in the home and the factory and maintain their health.'¹¹³⁹ In the second half of the century, these arguments took on a different tenor. The inter-war reformists who sought to make work less likely to lead to a breakdown in health or function acted to mitigate the ill-effects of a perceived social evil, not support women in their pursuit of improved and resilient selfhood. What emerged in the 1920s was an intertwined understanding of home and workplace as mutually sensitive and responsive systems. For Long, Nikolas Rose's argument that the 1960s witnessed a 'growing recognition that workers had a life outside of the factory' missed the mark by roughly 40 years.¹¹⁴⁰ Instead of paying attention to what earlier industrial psychologists were doing and saying, Rose's arguments mirrored those of post-1965 researchers into work and family, most of whom – in common with second wave feminists – presented their ideas as fundamentally new. Described by later scholars as ushering in the birth of a field, Robert and Rhona Rapoport's 1965 study, 'Work and Family in Contemporary Society', claimed that the two spheres had hitherto been 'segregated' by sociological and psychiatric enquiry.¹¹⁴¹ As Rose himself has suggested, official histories have

¹¹³⁷ McCarthy, 'Women, Marriage and Paid Work in Post-war Britain', 3; McCarthy, 'Social Science and Married Women's Employment in Post-War Britain', 274

¹¹³⁸ Hattery, *Women, Work and Family*, p. 4; Kessler-Harris, *Out to Work*, p. 322

¹¹³⁹ Long, *The Rise and Fall of the Healthy Factory*, p. 149

¹¹⁴⁰ *Ibid.*, pp. 134-135

¹¹⁴¹ Rapoport and Rapoport, 'Work and Family in Contemporary Society', 381; see Kanter, *Work and Family in the United States*, p. 2-3, 19; Clayton and Barton, 'Rhona Rapoport', 23; Sara Arber, G. Nigel Gilbert, Angela Dale, 'Paid Employment and Women's Health: A Benefit or a Source of Role Strain?' *Sociology of Health and Illness* 7:3 (1985), 375-400, 369

often performed important work in policing disciplinary boundaries, defining their research – at times misleadingly – against previous systems of knowledge.¹¹⁴²

If inter-war anxieties over working women formed an unacknowledged antecedent to later studies, it was not because attention to the worker as a ‘person with a family and home life’ lost momentum or currency in the decades directly following the Second World War.¹¹⁴³ In 1945, S. Wyatt and R. Marriott explained that ‘conditions inside the factory interact with those outside it’, making it difficult to draw clear aetiological causations for illness.¹¹⁴⁴ Defining the practice of social medicine in the same year, the physician and epidemiologist John Ryle stressed that industrial medics made ‘no sharp distinction’ between occupational and social problems. The worker had to be understood holistically, both as a product of his community and his domestic environment.¹¹⁴⁵ In the same vein, Aubrey Lewis wrote that there ‘can be no sharp cleavage between intra- and extra-industrial psychiatric advice’, and Russell Fraser noted that ‘extra-factory circumstances are a common background to neurosis in women, and a frequent background in men.’¹¹⁴⁶ Writers on work and family environments as diverse as R. C. Browne, John Bowlby, Geoffrey Vickers, A. Meiklejohn and L. G. Norman emphasised equivalent principles from the late 1940s to the early 1960s.¹¹⁴⁷ Research into the effects of the double burden on women’s health was a driver of humanistic perspectives in industrial medicine, not a passive

¹¹⁴² Nikolas Rose, *Inventing Our Selves: Psychology, Power, and Personhood* (Cambridge, 1998), p. 43

¹¹⁴³ Miller, ‘Psychotherapy of Work and Unemployment’, 148; Jackson, *The Age of Stress*, p. 202; Laura Hirshbein, ‘Sex and Gender in Psychiatry: A View from History’, *Journal of Medical Humanities* 31 (2010), 155-70; G. Mora, ‘Early American Historians of Psychiatry: 1910–1960’ in Mark S. Micale and Roy Porter (eds.), *Discovering the History of Psychiatry*, (New York, 1994), pp. 53-80

¹¹⁴⁴ Wyatt and Marriott, *Why is She Away?*, p. 18

¹¹⁴⁵ John A. Ryle, ‘Social Medicine as a Discipline’, *British Journal of Industrial Medicine* 2:2 (1945), 108-110, p. 110

¹¹⁴⁶ Aubrey Lewis, E. H. Capel, D. Elizabeth Bunbury and Russell Fraser, ‘Psychiatric Advice in Industry’, *British Journal of Industrial Medicine*, Vol. 2, No. 1 (Jan., 1945), pp. 41-47, 41, 47

¹¹⁴⁷ R. C. Browne, ‘A Conception of Industrial Health’, *The British Medical Journal* 1:4510 (Jun. 14th, 1947), 838-842, 839; Bowlby, ‘The Study and Reduction of Group Tensions in the Family’, 126; Geoffrey Vickers, ‘The Family and Work’ (speech), *The Family: Report of the British National Conference on Social Work at Bedford College for Women*, London (London, 1953), pp. 48-55, p. 55; A. Meiklejohn, ‘Industrial Health: Meeting the Challenge’, *British Journal of Industrial Medicine* 16:1 (1959), 1-10, 9; Norman, ‘Advancing Frontiers in Industrial Health’, 74

product. As Myrdal and Klein put it in 1956, ‘the increasing share of women in hitherto masculine spheres of work’, and their corresponding surveillance and discussion, had made an invaluable contribution to the ‘growing awareness that people’s jobs are only one aspect of their lives.’¹¹⁴⁸

In the case of working women, complexity was constructed as simultaneously promising and dangerous. Published in 1946, Charlotte Luetkens’ *Women and a New Society* posed the following question: ‘now that a woman is faced with an almost unlimited variety of choices, since her relationships, activities, and duties have multiplied, why should we expect a woman’s life to be free of conflicts, tensions, and unsatisfied desires?’¹¹⁴⁹ Framed as liberation from domestic determinism, the liberal ideal of free choice smoothed over a different but interconnected series of mental and physiological snares and challenges.¹¹⁵⁰ The darker side to the dual role, however, did not negate its political and emotional necessity. Cited by Judith Hubback in 1957, the classicist Jean Mingay’s 1953 speech at Bradford Grammar School on ‘philosophy and apron-strings’ reasoned that the potential conflicts between the two – representing education, worldliness, work, and citizenship on the one hand, and home, family, and femininity on the other – were ‘surely less deadly than the bondage of apron-strings alone.’¹¹⁵¹ In contrast with unrelieved domesticity, the lesser dilemma of responsibilities and identities in apparent tension was presented as fundamentally soluble, able to be acted upon by individual and structural reorganisation and adaptation. Women’s conflicts could be resolved by changing workplace cultures, the increased availability of convenient work and childcare, social policy, and permissive legislation.¹¹⁵² The ways in which these problems and solutions were storied had a direct bearing on women’s ability to manage. Writing in the *World Review* in 1949, the surgeon and urologist Oswald Schwarz recounted women’s four-way struggle to be ‘an attractive woman, a wife to her husband, mother to her children, and successful in her work.’ The conflicts that

¹¹⁴⁸ Myrdal and Klein, *Women’s Two Roles*, p. 92

¹¹⁴⁹ Luetkens, *Women and a New Society*, p. 125

¹¹⁵⁰ Wilson, *Only Halfway to Paradise*, p. 205; ICSDW: Report of Debate in Rome, October 1961, p. 14

¹¹⁵¹ Hubback, *Wives Who Went to College*, p. 135

¹¹⁵² Tobitt, ‘It’s a Woman’s World’, 103

arose, he concluded, were 'not so much with her environment as within herself.'¹¹⁵³ Post-war feminists and mental hygienists were successful in destabilising a privatised vision of domestic pathology, cohering the fragmented stories of ill housewives into a medical critique of contemporary gender politics. The assumption that women's difficulties were a matter for personal responsibility and resolution, however, by no means disappeared from discourses on work and balance.¹¹⁵⁴

The first section of this chapter addresses the perceived physical and psychological ramifications of the 'double burden', exploring narratives of overload in working women's testimonies and the sociological and medical literatures which dissected their distress. Following a series of interlinking absenteeism studies authored by Wyatt and Mariott in 1945, research into illness at work took gender – and the external constraints imposed by domestic responsibilities – seriously as a causative factor. Although industrial medics highlighted disproportionate incidences of neurosis and fatigue in women who combined home and work, they also emphasised the physiological impact of anxieties about mobilised husbands and evacuated children. Despite the seeming message of their figures, they therefore provided surprisingly few easy answers. The image of the tired and harassed working mother continued to frame prohibitive discourses on maternal behaviour, but it also lent itself to constructive concerns over women's health, the pursuit of balance, and the erosion of female leisure. Just as pro-work arguments were often – but not always – organised around relatively elite women, discussions of strain and breakdown usually centred on working-class subjects. The testimonies that married graduates returned to Viola Klein in 1963 demonstrate the clear benefits of money and class, particularly in access to good private childcare. They also catalogue the lives of women whose privilege did not shield them from structural and cultural sexism, or from serious illness and breakdown in the course of trying to 'have it all.'¹¹⁵⁵

In making women's loss of balance explicable, contemporaries emphasised that tensions between home and work played out not just on overstretched and

¹¹⁵³ Schwarz, 'Sex and Personality', 52

¹¹⁵⁴ Ehrenreich and English, *For Her Own Good*, p. 160; Beaumont, *Housewives and Citizens*, p. 197

¹¹⁵⁵ Hilliard, *A Woman Doctor Looks at Love and Life*, p. 142

enervated bodies, but on the divided and disordered psyche. The second section of this chapter delves deeper into post-war discourses on femininity and the cultural production of gender, interrogating how work was understood to introduce pathogenic complexities into the inner worlds of married women. The experience of living as a publicly dissected subject of medical and ethical anxiety heightened feelings of guilt and worry, causing many women to over-analyse their behaviour and compare it unfavourably with unrealistic clinical and social expectations. Arguably, the most pervasive legacy of theories on maternal deprivation was not to restrict or prevent women's working behaviour, but to alter and condition their identities as mothers and workers. Equally, the ideal of the balanced mother was notable for those it excluded. In emphasising male approval, constitutional fitness and organisational ability, the women who lacked such advantages were consigned to their homes and blamed for their apparent failure to cope. Even in the imaginings of the most forward-looking exponents of work, too, female potential reverted to a static domesticity when children exhibited complicated needs, or when other members of the family required protracted emotional and physical care.

Although depictions of internalised conflict between working and domestic identities lent themselves easily to writers who, like Schwarz, presented women's difficulties in a depoliticised vacuum, there was also considerable acknowledgment that personal crises had deep-seated institutional and cultural catalysts. Working mothers gave instances in which inflexible and hostile workplaces made other responsibilities more difficult to shoulder, and contributed to a 'contradictory consciousness' between what they felt they 'deserved or expected as a worker and as a woman.'¹¹⁵⁶ On the other hand, positive working cultures and sympathetic managers made it possible to reconcile pressures on time and energy, as well as doubts and tensions between professional and private roles and feelings. The final section of this chapter explores the problem of political change, as post-war feminists, doctors, social scientists and politicians worked across national and geographical lines to assess and modify the external structures which governed and mediated individual experiences of combining work and home. Advocating work for educated housewives, Judith Hubback outlined the duty of family members to 'accept wholeheartedly this need for balance', aiding their wife or mother to find the

¹¹⁵⁶ Gamarnikow, Morgan, Purvis, and Taylorson, *Gender, Class & Work*, p. 110

'right relationship between her several functions and her own self.'¹¹⁵⁷ Overtures to communities, employers, and legislators traced an extended web of ethical responsibility, demanding the creation and maintenance of the best possible conditions for women to choose, succeed and thrive. Conversely, ambivalence to working motherhood in public policy – resulting, some suggested, from an unwillingness to endorse behaviour that well-respected voices characterised as damaging to women and families – increased the probability that unsupported mothers would fulfil reactionary expectations and prove unable to cope.¹¹⁵⁸

Losing Balance

With the exception of research conducted by Vicky Long into inter-war factory reform, historians of medicine have rarely approached past discourses on the physiological ill-effects of double work as a subject for serious study.¹¹⁵⁹ As Elizabeth Roberts and Gerry Holloway have argued, the image of the double burden certainly performed a patriarchal function in framing domesticity as a welcome escape, whether from work undertaken through financial necessity or the demands of an economy on a wartime footing.¹¹⁶⁰ It was commonplace for conservationists of men's rights to bemoan – as Kenneth Hutchin did in 1962 – that 'the jobs of husbands and wives have leaked out of their water-tight compartments', and that modern women had signed up for 'very often more than they are fit to do.'¹¹⁶¹ Conversations between feminists and industrial experts, however, brought similar concerns to the foreground. Addressing the 1958 annual conference of the Six Point Group, the assistant director of the Industrial Welfare Society, Elizabeth Pepperell, explained that she was 'pessimistic about leisure':

¹¹⁵⁷ Hubback, *Wives Who Went to College*, p. 151

¹¹⁵⁸ Sokołowska, *The Working Woman*, p. 221-224; WHO, *Women Who Work: Report of Seminar Discussions*, p. 3

¹¹⁵⁹ Long, *The Rise and Fall of the Healthy Factory*, pp. 147-152

¹¹⁶⁰ Roberts, *Women and Families*, p. 128; Holloway, *Women and Work in Britain Since 1840*, p. 190; see for example S. Wyatt, 'Study of Absence from Work among Women in a War Factory', *British Journal of Industrial Medicine* 2:2 (1945), 86-91, 87-88

¹¹⁶¹ Hutchin, *How Not to Kill Your Husband*, p. 123, 106

‘Men were working a 40 hour week, but women were working 100 hours. They rush from their factory work to their homes and children, and this was why they were not taking an active part in public life. They are hide-bound by their work and household tasks. Something must break. They do not use the good canteens because they must shop. Men stroll home; women rush for the bus to shop. When is she going to break?’¹¹⁶²

In much the same terms as fatigued housewives in the 1940s and 1950s, working women were excluded from participation in political and communal life by the exhaustion their lifestyles caused.¹¹⁶³ Beneath the façade of balance was a hectic and brittle striving, as work and domesticity crowded out leisure and the public self. In tandem with poor nutrition, the sheer weight of the working week – undreamt of by men – made breakdown a foregone conclusion.¹¹⁶⁴ Drawing on her background in factory welfare and personnel management, Pepperell gave a fatalistic reading of industrial knowledge on the pathologies of working married women. Having ‘found out what was in the woman-power cupboard’, studies of women on war work increased medical understanding of the effects of heavy domestic responsibilities on workers’ absenteeism and health.¹¹⁶⁵ Summarising the ‘disadvantages of work’ in his 1944 survey of working women for the OMR, Geoffrey Thomas reported that many of his subjects simply had ‘too much to do all round.’¹¹⁶⁶ While single workers experienced conflict between employment and their ‘comfort and private interests’, married women’s work became disadvantageous when it conflicted with their home and family responsibilities. ‘In that larger conflict’, Thomas observed, ‘personal comforts and interests are pushed into the background.’¹¹⁶⁷ With the close of hostilities in 1945, investigations of health and productivity at work straddled the boundaries between war and peace. Conceived and researched in the early 1940s, their conclusions provided a frame of reference for reformers and practitioners attending to the medical aspects of economic and social reconstruction.

¹¹⁶² Elizabeth Pepperell, Speech to the Six Point Group in London, 1958, p. 1: PSPG, LSE, SPG/G1/6

¹¹⁶³ Odium, Speech to the MWIA in Burgenstock, 1956, p. 23

¹¹⁶⁴ Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 224

¹¹⁶⁵ Ministry of Labour and National Service, *Women in Industry*, p. 225; Wilson, *Only Halfway to Paradise*, p. 188

¹¹⁶⁶ Thomas, *Women at Work*, p. 23

¹¹⁶⁷ *Ibid.*, p. 24

Married Women and Sickness Absenteeism

Authored by S. Wyatt and R. Marriott in 1945 for the Industrial Health Research Board of the Medical Research Council, three complementary reports engaged substantively with the problems of working women. Medically justified absenteeism, they argued, had until recently 'attracted less interest and attention than other, less important, causes.'¹¹⁶⁸ Preoccupied with reducing casual absence, managers had too often written workers' illness off as an 'unavoidable misfortune.' The measurement and comparison of conditions, working hours and absence rates across different factories, the authors suggested, allowed industrial welfare experts to rationalise and control the phenomenon.¹¹⁶⁹ The first of Wyatt and Marriott's publications, *A Study of Certified Sickness Absence Among Women in Industry*, offered a relatively pessimistic image of married women's health. While sickness rates differed between the five factories under investigation, the most striking disparities were between single and married workers.¹¹⁷⁰ The latter, their results suggested, were 65% more likely to develop respiratory, circulatory and locomotory problems, digestive trouble, nervousness, generative issues and skin complaints, and were more accident-prone inside and away from the factory.¹¹⁷¹ The figures were skewed, however, by a relatively small number of women who were repeatedly subject to varying complaints and chronic illness. Never truly healthy, this group sat on a spectrum between the majority of women who were generally well and those whose poor health had actively forced them out of work. Had turnover rates been included in the statistics, they intimated, the gulf between married and single workers' experiences of illness would have been even wider.¹¹⁷²

¹¹⁶⁸ S. Wyatt and R. Marriott, *A Study of Certified Sickness Absence among Women in Industry* (London, 1945), p. 1

¹¹⁶⁹ Wyatt and Marriott, *Why is She Away?*, p. 1

¹¹⁷⁰ As J. P. W. Hughes and R. S. F. Schilling later observed, men were never divided by marital status for the purposes of analysing absenteeism: J. P. W. Hughes, 'Sickness Absence Recording in Industry', *British Journal of Industrial Medicine* 9:4 (1952), 264-274, 269; Schilling, 'Assessing the Health of the Industrial Worker', 146

¹¹⁷¹ Wyatt and Marriott, *A Study of Certified Sickness Absence Among Women in Industry*, p. 7; Anon., 'Sickness Among Women in Industry', *The British Medical Journal* 1:4397 (Apr. 14th, 1945), 523-524, 523

¹¹⁷² Wyatt and Marriott, *A Study of Certified Sickness Absence among Women in Industry*, p. 16

Discussing their results, Wyatt and Marriott attributed increased absenteeism – and the poor health it acted as a proxy for – to the ‘additional strains and stresses’ of married life.¹¹⁷³ A second investigation, *Why Is She Away?*, was dedicated primarily to interpretation and analysis. Married women’s difficulties were separated into two interlinking categories, each contingent in their own way on the specific conditions of war.¹¹⁷⁴ In the first instance, the authors identified that women’s energy, time, and peace of mind were perpetually eroded by having to work what were effectively two arduous full-time jobs. In the circumstances, diagnoses of ‘industrial fatigue’ were entirely unsurprising.¹¹⁷⁵ While the exigencies of wartime production lengthened the working week, they highlighted concerns about pathological over-exertion which were just as valid during peace.¹¹⁷⁶ In the second instance, Wyatt and Marriott observed that married women were more likely to be traumatised by the collective break-up of families, as young men were posted abroad and children were evacuated to the countryside.¹¹⁷⁷ ‘The emotional conflicts induced by this disintegration’, they supposed, ‘must often have effects on health greater than those produced by long periods of work.’¹¹⁷⁸

For the two authors, most types of absence resulted from a confluence of psychological and physiological factors, blurring the boundaries between measurable causes of stress and subjective appraisals of observable circumstances. Whether the feelings of the worker tallied with what the expert believed it was rational for them to feel, they argued, made little or no practical difference.¹¹⁷⁹ Wyatt and Marriott’s third publication, *A Study of Women on War Work in Four Factories*, interrogated the meanings that working women attached to their own ill-health. In particular, they argued that women who testified to the harmful effects of factory work inadvertently

¹¹⁷³ Wyatt and Marriott, *A Study of Certified Sickness Absence among Women in Industry*, p. 17; Wyatt, ‘Study of Absence from Work among Women in a War Factory’, 90

¹¹⁷⁴ Summerfield, *Reconstructing Women’s Wartime Lives*, p. 238

¹¹⁷⁵ Wyatt and Marriott, *Why is She Away?*, p. 7, 19

¹¹⁷⁶ *Ibid.*, p. 2

¹¹⁷⁷ *Ibid.*, p. 19; Anon., ‘Women, Sickness and Fatigue’, 474; Luetkens, *Women And a New Society*, p. 114

¹¹⁷⁸ Wyatt and Marriott, *A Study of Certified Sickness Absence among Women in Industry*, p. 31; Wyatt and Marriott, *Why is She Away?*, p. 20

¹¹⁷⁹ Wyatt and Marriott, *Why is She Away?*, p. 14; Wyatt and Marriott, *A Study of Women on War Work in Four Factories*, p. 2

revealed domestic strains and troubles which they failed to assess or implicate. Complaints about work on the night shift, for example, referred in passing to difficult children, demanding relatives, and recalcitrant husbands.¹¹⁸⁰ It was possible, the authors argued, that ‘the mental and emotional strain caused by the conflict between night work and family life had effects which greatly exceeded the upset due to interference with bodily rhythms.’¹¹⁸¹ Of the 46% of women who felt that their health had been damaged by factory conditions, it ‘seemed fairly certain’ that there were instances in which ‘the real cause lay elsewhere.’¹¹⁸² Aside from the potential effects of night work and shift changes, and some adverse responses to lighting, ventilation, heat and noise, there was ‘little evidence that factory work itself was a cause of ill health.’¹¹⁸³ Nevertheless, Wyatt and Marriott acknowledged that conditions and volumes of labour were ‘more easily changed in the factory than in the home.’¹¹⁸⁴ Their findings made a clear case against the employment of married women in full-time posts, even in peacetime.¹¹⁸⁵

Across the late 1940s, doctors and psychologists working in industry continued to connect the long hours women laboured in paid and unpaid work with fatigue, neurosis, and heightened sickness absence.¹¹⁸⁶ In the context of industrial recruitment drives for female workers, Dagmar Wilson studied the ‘social relations which may affect well-being’ in a small factory in Oxfordshire.¹¹⁸⁷ Of her sample of 144 women, a third described their home responsibilities as ‘heavy’, some of them showing ‘clinical signs of stress.’ On examination of the factory medical records, Wilson found that ‘women thus handicapped’ had more than twice the usual rate of

¹¹⁸⁰ Wyatt and Marriott, *A Study of Women on War Work in Four Factories*, p. 36

¹¹⁸¹ *Ibid.*, p. 25

¹¹⁸² *Ibid.*, p. 36, 41

¹¹⁸³ *Ibid.*, pp. 7-12, 32, 41

¹¹⁸⁴ Wyatt and Marriott, *Why is She Away?*, p. 18

¹¹⁸⁵ *Ibid.*, p. 22; Wyatt, ‘Study of Absence from Work among Women in a War Factory’, 90

¹¹⁸⁶ Lewis, Capel, Bunbury and Fraser, ‘Psychiatric Advice in Industry’, 45; Wilson, ‘Note on the War-Time Health of Women in Industry and at Home’, 221-225; Anon., ‘Day Nurseries and Industry’, *The British Medical Journal* 1:4505 (May 10th, 1947), 644-645; Sutherland and Whitwell, ‘Studies in Occupational Morbidity (2)’, 77-87

¹¹⁸⁷ Dagmar C. Wilson, ‘Note on the Effects of Home Duties on Factory Employment of Women: A Study of Absenteeism in a Group of 144 Voluntary Factory Workers’, *The Journal of Hygiene* 45:4 (1947), 431-433, 431

absenteeism through certified illness.¹¹⁸⁸ In the same year, research carried out at the Institute of Social Medicine by John Ryle and two medical statisticians, W. T. Russell and G. P. B. Whitwell, related 'work in the mills' and 'the additional burdens of domestic responsibility' to increased mortality rates amongst married textile spinners in the cotton industry.¹¹⁸⁹ Only one survey questioned the assumption that health decreased as the burden imposed by double work grew, adding another layer of complexity to Wyatt and Mariott's distinction between the depletion of physiological energy and the psychological toll taken by chronic anxiety. Building on the authors' wartime surveys, Russell Fraser and Elizabeth Bunbury's 1947 research into rates of neurosis in factory workers revealed patterns of illness amongst married women which industry could 'ill afford to neglect.'¹¹⁹⁰ Women with 'partial' domestic duties (either housework or children) were found to have worse health than workers with 'full' obligations at home. The former, Fraser and Bunbury concluded, were more likely to have suffered the 'greatest recent distortion of their domestic circumstances', as their family lives were disrupted by wartime separation. While children to care for and a husband to clean up after doubtless contributed to physical exhaustion, they nevertheless testified to the absence of trauma.¹¹⁹¹

Fraser and Bunbury concluded that women with extensive domestic tasks but relatively stable home environments could plausibly become 'efficient and healthy factory workers' if they were allotted shorter working hours.¹¹⁹² Rates of absenteeism, they implied, did not provide an exact measurement for experiences of illness.¹¹⁹³ Writing in 1952, Ferdinand Zweig suggested an alternative explanation for married women's frequent medical absences. Where other writers used absenteeism as a signifier of ill-health and lost productivity, Zweig approached it as a complex social phenomenon. 'Just as in a drop of water we can find all the elements of the sea', he averred, 'so in women's absenteeism we can find also all the elements of

¹¹⁸⁸ Wilson, 'Note on the Effects of Home Duties on Factory Employment of Women', 432-433

¹¹⁸⁹ W. T. Russell, G. P. B. Whitwell and John A. Ryle, 'Studies in Occupational Morbidity (1)', *British Journal of Industrial Medicine* 4:1 (1947), 56-61, 57

¹¹⁹⁰ Fraser and Bunbury, *The Incidence of Neurosis Among Factory Workers*, p. 2; Anon., 'Neurosis amongst British Factory Workers', 403-404

¹¹⁹¹ Fraser and Bunbury, *The Incidence of Neurosis Among Factory Workers*, p. 37

¹¹⁹² *Ibid.*, p. 9

¹¹⁹³ *Ibid.*, p. 55

troubles which stunt their labours.¹¹⁹⁴ The static concept that most scholars worked from, he argued, was ‘a male’s invention for judging males.’ Therefore, it had little meaningful application to women’s behaviour or circumstances. Gendered systems of care, to begin with, dictated that the sickness of ‘her husband or her child or her parents or in-laws’ had equal claim to bring a woman home as her own ill-health.¹¹⁹⁵ A second purpose of absenteeism, both elective and medical, was to buy leisure.¹¹⁹⁶ Married women with children really wanted part-time work, and accepted full-time jobs only when nothing else was easily available; repeated absence, in this context, could be read as an attempt to reclaim the desired amount of effort and time.¹¹⁹⁷ Few doctors, he supposed, would deny the appropriate certification to a working mother who looked tired.¹¹⁹⁸

Despite Zweig’s complication of received wisdom on married women’s absenteeism, he remained acutely aware of the individual and familial consequences of overwork. Having expected to find the ‘little slave’, the long-suffering woman dragged from her home by financial need, a fraction of the working women he interviewed did indeed exhibit extreme signs of dejection and stress.¹¹⁹⁹ The particular difficulties of problem families in slum areas, he argued, made mothers into ‘problem workers’, trapped in an interminable cycle of starting work they had no surplus energy to do, then being ‘brought to reckoning by failing health or home troubles, taking up and leaving jobs under duress.’¹²⁰⁰ As one manager put it to him, ‘nature conquers her if she is trying to do too much, and her health breaks down with disastrous consequences for her children, for whom she is irreplaceable.’¹²⁰¹ Full-time housewives who responded to Viola Klein’s survey of educated women in the early 1960s gave a similar sense of the perceived inevitability of breakdown, registering their unwillingness to contravene the natural laws of effort and

¹¹⁹⁴ Zweig, *Women’s Life and Labour*, p. 120

¹¹⁹⁵ *Ibid.*, p. 118; Testimony 302, 1963, PVK, URSC, MS 1215/26/1; Testimony 898, 1963, PVK, URSC, MS 1215/29/1

¹¹⁹⁶ Zweig, *Women’s Life and Labour*, p. 120; see Debbie Palmer, ‘Cultural Change, Stress and Civil Servants’ Occupational Health, c.1967-86’, Mark Jackson (ed.), *Stress in Post-War Britain* (London, 2015), pp. 95-109, p. 96

¹¹⁹⁷ Zweig, *Women’s Life and Labour*, p. 119

¹¹⁹⁸ *Ibid.*, p. 118

¹¹⁹⁹ *Ibid.*, p. 22

¹²⁰⁰ *Ibid.*, p. 115, 113

¹²⁰¹ *Ibid.*, p. 103

exertion.¹²⁰² In the enviable position to refuse work, one mother admitted that ‘even much-needed money would not be sufficient incentive to turn life into a rat-race of dashing from job to home & family chores - & most important, leaving no time to enjoy extra money, and I frankly marvel at those who successfully manage to run jobs & families without either suffering.’¹²⁰³

Investigating mental health and labour turnover in 1953, the psychiatrists Morris Markowe and Leslie Barber found that 55 out of 100 women at a ‘large industrial establishment’ were ‘psychologically handicapped’, with only 21 entirely symptom-free. The 73 married women in the sample, 57 of whom had children, had a higher relative incidence of ‘somatic symptoms, hypochondriasis, over sensitive and suspicious traits, emotional instability, and inadequate personalities’ than the 27 single workers.¹²⁰⁴ Women in general, Markowe and Barber observed, left work far more frequently than men, and married women more frequently still.¹²⁰⁵ By way of explanation, the authors noted that working wives were subject to the ‘additional stresses’ of domestic and marital requirements, management of the family budget, and anxieties over substitute childcare. The mothers interviewed insisted that ‘they were not fatigued by their jobs, but were exhausted after completing their domestic chores.’¹²⁰⁶ General debility and morbidity manifested in definable neurotic complaints and characteristics, but also in deep physiological tiredness and enervation. Studies from the late 1950s to the 1960s further confirmed the view that ‘mothers tended to give some trouble.’¹²⁰⁷ P.A.B. Raffle’s research into the health of transport workers also emphasised married women’s lowered resistance to

¹²⁰² Testimony 54, 1963, PVK, URSC, MS 1215/31/1; Testimony 252, 1963, PVK, URSC, MS 1215/26/1; Testimony 554, 1963, PVK, URSC, MS 1215/28/1; Testimony 521, 1963, PVK, URSC, MS 1215/27/1; Testimony 186, 1963, PVK, URSC, MS 1215/26/1; Testimony 220, 1963, PVK, URSC, MS 1215/26/1; Testimony 390, 1963, PVK, URSC, MS 1215/27/1; Testimony 614, 1963, PVK, URSC, MS 1215/28/1

¹²⁰³ Testimony 877, 1963, PVK, URSC, MS 1215/29/1

¹²⁰⁴ Morris Markowe and Leslie E. D. Barber, ‘Mental Health in Relation to the Labour Turnover of Unskilled Workers in a Large Industrial Establishment’, *British Journal of Preventive and Social Medicine* 7:4 (1953), 205-210, 206

¹²⁰⁵ *Ibid.*, 208

¹²⁰⁶ *Ibid.*, 209

¹²⁰⁷ W.R. Lee, ‘A Survey of the Medical Needs of a Group of Small Factories’, *British Journal of Industrial Medicine* 19:3 (1962), 186-194, 188; see Palmer, ‘Cultural Change, Stress and Civil Servants’ Occupational Health’, p. 98; J. H. Smith, ‘Managers and Married Women Workers’, *The British Journal of Sociology* 12:1 (1961), 12-22

infectious diseases such as flu and bronchitis, higher incidences of circulatory complaints, and proneness to accidents when they were off duty.¹²⁰⁸ For Amy Cohen, married absentees took refuge in illness, whether from promotions which introduced new and unfamiliar stresses, or from expectations of perfection on either side.¹²⁰⁹

Storying Breakdown

The working histories that married graduates returned to Klein in 1963 included several instances of exhaustion and breakdown. Women wrote of their physical and emotional strain, persistent tiredness, depleted energy, inability to cope, and the disappearance of their social lives. Such difficulties had either forced them out of paid employment in the past, or framed ongoing experiences of work at the time of writing.¹²¹⁰ Occasionally, respondents provided more detailed case studies. One former assessor recorded 'nervous strain' under the heading of the questionnaire marked 'reasons for discontinuing employment':

'I had to leave home at 8am and did not arrive home until after 5pm. My youngest child hated coming home to find no mother and the breakfast dishes at the table. After 3 months they let me do part-time, mornings only. But I suppose I was already tired, and in March 1960 I came out in severe nervous rash and had to give the job up.'¹²¹¹

Although she made reference to her long working hours – and the cumulative fatigue which outlasted their daily impact – it seemed clear that guilt at falling short of maternal and domestic standards played a considerable part in her negative experience of work, if not the onset of her illness. Previously a television critic and

¹²⁰⁸ P. A. B. Raffle, 'The Health of the Worker', *British Journal of Industrial Medicine* 14:2 (1957), 73-80, 75; C. J. Cornwall and P. A. B. Raffle, 'Sickness Absence of Women Bus Conductors in London Transport (1953-1957)', *British Journal of Industrial Medicine* 18:3 (1961), 197-212, 200-204

¹²⁰⁹ Amy Cohen, 'Why is She Away?', *Family Doctor* 10:2 (1960), 95; Cohen, 'Married Women at Work', 420

¹²¹⁰ Testimony 243, 1963, PVK, URSC, MS 1215/26/1; Testimony 381, 1963, PVK, URSC, MS 1215/27/1; Testimony 376, 1963, PVK, URSC, MS 1215/27/1; Testimony 271, 1963, PVK, URSC, MS 1215/26/1; Testimony 280, 1963, PVK, URSC, MS 1215/26/1; Testimony 361, 1963, PVK, URSC, MS 1215/27/1; Testimony 292, 1963, PVK, URSC, MS 1215/26/1; Testimony 356, 1963, PVK, URSC, MS 1215/27/1

¹²¹¹ Testimony 189, 1963, PVK, URSC, MS 1215/26/1

freelance journalist, another housewife had until recently been able to write up to four columns a week; this output, however, was ‘too exhausting nowadays.’ With reduced child-minding help after the death of an aunt, she found that her tiredness had ‘taken the form with me of being (temporarily, I hope) devoid of ideas for articles. Imagine, too, that temporary physical drawbacks are militating against such mental and physical spriteliness as I may normally possess.’ While ‘desperately missing the money’, she was able to ‘indulge a temporary (again, I hope) retreat from double life into pure domesticity.’¹²¹² In a position to exert control over her own career, she imagined ‘pure’ domesticity as an uncomplicated respite, not a long-term alternative to work. A recurring trope in contemporary cinema, her use of the phrase ‘double life’ hinted at a wry understanding of the conflicts of loyalty that role combination could entail.¹²¹³

The most comprehensive testimony, however, was submitted by a former researcher in solar physics at the university observatory in Oxford. Her most recent interruption of employment, she wrote, occurred when the ‘cumulative effects of overwork produced severe physical breakdown in self and intolerable mental strain in self + husband. Medical opinion is that further full-time work impossible.’ What followed was a methodical interrogation of the factors which precipitated her illness, as she found it ‘impossible to isolate a single basic cause’:

‘I am clear that at a personal level my refusal to compromise the standards of professional service and filial and marital duty which I had set myself were responsible for my mental stress and eventual physical breakdown. These were, I think, accentuated by what seems to be an inherent rather low vitality coupled to an irresistible impulse to certain types of intellectual activity.’¹²¹⁴

Externally, she implicated the threatened implementation of an informal marriage bar, which was ‘withdrawn after I had demonstrated for a couple of years that intended and actual marriage produced no diminution in standard or output. The strain of working in such conditions was very great.’ Over these years, she insisted that her housekeeping expenses were paid entirely from her own salary, to

¹²¹² Testimony 263, 1963, PVK, URSC, MS 1215/26/1

¹²¹³ *Her Double Life* (J. Gordon Edwards, 1916); *A Double Life* (George Cukor, 1947)

¹²¹⁴ Testimony 588, 1963, PVK, URSC, MS 1215/28/1

compensate for the belief that 'my long working hours must have detracted to some extent from my husband's comfort.' In the summer, she worked 'up to 15 hours a day, 7 days a week for weeks on end', losing time and energy travelling to and from Oxford from a more affordable area, and spending her short holidays catching up on domestic tasks, rather than recuperating. In all, she concluded, 'one seemed to be killing oneself for less than no return in any direction.'¹²¹⁵ Her account confirmed the fears of some commentators that women with responsible jobs but unchanged domestic burdens were likely to suffer experiences of fatigue and tension which quickly outweighed the benefits of work.¹²¹⁶ Although Klein's respondent identified her 'refusal to compromise' and her 'low vitality' as central components of her distress, it is difficult not to read her story as one of exploitation and harm. Speaking at a 1961 ICSDW conference on women at work, the secretary of the PvdA (Dutch Labour Party)'s women's union, Rita De Bruyn Ouboter, cautioned that 'what we have gained in the struggle for the emancipation of women we must not lose by allowing her to be the slave of two masters – her occupation and her family.' Fortright about the role her employers played in her breakdown, the former physicist's indication that her compromised ability to keep house caused her husband 'intolerable mental strain' hinted at a more intimate manipulation at the heart of her marriage.¹²¹⁷ As the first chapter of this thesis has argued, the expression of male hurt at women's behaviour has never been politically neutral.

The Loss of Leisure

Highlighted by the reported experiences of some women, and by the research of industrial welfare workers into sickness absenteeism, the potential for the dual role to result in a loss of emotional and physiological balance did not go unnoticed by the feminists and progressive doctors who argued for and defended married women's paid employment in post-war Britain. For Olwen Campbell, women were too often presented with a toxic choice: 'poverty and lonely monotony in the home, or the

¹²¹⁵ Testimony 588, 1963, PVK, URSC, MS 1215/28/1

¹²¹⁶ Heiger, 'The Effect on the Family of the Mother Working', 5-7; Cavanagh, 'Do the Children of a Working Mother Suffer Harm?', 8-9; Yudkin and Holme, *Working Mothers and Their Children*, p. 151

¹²¹⁷ Rita De Bruyn Ouboter, Speech to the ICSDW in Rome, 1961, p. 17: PVK, URSC, MS1215/16/1

burdensome overwork of an ill-organised “double job.”¹²¹⁸ Speaking at conferences of the ELMH and the MWIA in 1955 and 1956, Paul Sivadon and Doris Odlum each acknowledged that work made a favourable contribution to women’s lives, but that they could be physically and psychologically over-burdened by excessive exertion.¹²¹⁹ Nor were Myrdal and Klein without scepticism of success, or caution for the health of working women. Indeed, the difficulties involved in the daily combination of work and family underpinned their preference for a tiered approach to the female life-cycle, in which short periods of education and full-time motherhood were followed by part- and eventually full-time work. Myrdal and Klein were less in hock to anxieties over maternal deprivation than they were to evidenced concerns about the ‘emotional strain involved in trying to do a job of work and raise a family at the same time.’¹²²⁰ In instances of pressing financial or therapeutic necessity where employment was sought ‘even without relief from home duties’, they argued, the ‘great expenditure of nervous energy’ required could easily sacrifice ‘domestic comfort and happiness.’¹²²¹ As Klein was keen to emphasise in *Working Wives*, however, the number of women taking full-time work without adequate help was relatively small. Having set out to discover whether her interviewees felt ‘discontented’ or ‘victimised’, she found that only 25 women from a sample of 259 described their work as having serious disadvantages. Of 25 unhappy workers, fourteen stressed their reduced physical and mental comfort, eight their tiredness, eight their preference for a domestic life, and five the disappearance of their leisure time resulting from the need to catch up on housework in the evenings.¹²²²

Particularly for working class-women, negative experiences of work sat in tandem with increased health, resilience, and maturity. Pearl Jephcott, Nancy Seear and John Smith’s study of factory wives in Bermondsey at the turn of the 1960s, *Married Women Working*, presented women’s employment as a means of raising the material and emotional conditions of their families. The fact remained, however, that ‘the wife who works inevitably carried a heavy load.’ The ‘real risk’, they argued, lay

¹²¹⁸ Campbell, *The Feminine Point of View*, p. 51

¹²¹⁹ Anon., ‘European League for Mental Hygiene’, 785; MWIA 1956, Odlum, Speech to the MWIA in Burgenstock, 1956, p. 22

¹²²⁰ Myrdal and Klein, *Women’s Two Roles*, p. 86

¹²²¹ *Ibid.*, p. 87

¹²²² Klein, *Working Wives*, pp. 44-46

'not so much in the occasional emergency as in the daily strain inflicted by a timetable which allows practically no slack in a routine which is arduous.'¹²²³ While the benefits of work could be high, 'the cost to the wife was heavy – for some in physical strain, for almost all in loss of leisure.'¹²²⁴ Overwork and overtiredness, they implied, were preferable to the housebound neurosis and lassitude experienced by south London housewives who were 'not quite sure how to fill their day.'¹²²⁵ Their arguments betrayed a revealing tension. Implicated in domestic pathology, free time resurfaced as a regretted casualty in the balance between work and family. Writing in 1946, Charlotte Luetkens was hopeful that the 'right to leisure' would comprise a significant part of the new, complex womanhood she worked to encourage. Leisure and relaxation, she argued, gave women space to 'collect strength, to rest and concentrate, this span of hours when we learn to listen to the delicate voices within ourselves, the overtones of our relationships with others.' The 'life-rhythm' that she promoted was 'a balance of activity and quiet', not two demanding forms of action.¹²²⁶

In Luetken's visualisation, it was neither work nor family which fostered self-knowledge and discovery, but the quiet places between the two. As advocacy of work gathered momentum, however, home and job were constructed as complementary, as places of recuperation from one another. Recasting their subjects as relaxation, discourses on therapeutic occupation and immersive motherhood crowded authentic leisure pursuits out of consideration, just as hurried attempts to combine work and family allowed them to disappear from experience.¹²²⁷ Even when the problem was identified, it could still be excused and obscured. According to Ferdinand Zweig, 'hobbies and pleasures' were a 'purely masculine conception':

'A working man is a man of leisure compared with his working wife. The whole conception of our leisured society, society gaining in leisure with the progress

¹²²³ Jephcott, Seear and Smith, *Married Women Working*, p. 132

¹²²⁴ *Ibid.*, p. 134

¹²²⁵ *Ibid.*, p. 106; See also Yudkin and Holme, *Working Mothers and Their Children*, p. 151

¹²²⁶ Luetkens, *Women and a New Society*, pp. 120-121

¹²²⁷ Margaret Mead, 'The Pattern of Leisure in Contemporary American Culture', *The Annals of the American Academy of Political and Social Science* 313 (1957), 11-15

of mechanisation and productivity, applies primarily to men, much less to women in jobs. When has a woman time to go out, if she has a job and does her household work on top of that?’

Expressed in this way, Zweig’s words could easily be read as criticism. He made it clear, however, that leisure was also a masculine privilege, but not one that needed to be democratised. Asking rhetorically whether women needed leisure as much as their husbands, he gave the following answer: ‘Generally speaking, no, because her interests in the home and the children are genuine and satisfying on the whole, and when she comes home, what she does is often as good as a hobby for her.’ Housework, he insisted, acted as a ‘natural counterbalance for the one sidedness of her outside job.’¹²²⁸ Others recognised lost leisure for the drawback that it was. As Viola Klein told a 1961 seminar in Istanbul on the role of women in a changing society, the working woman often ‘has so much to do when she returns to her home that she never gets time for silence, relaxation and joy.’¹²²⁹

These were the consequences for many married women who went out to work in post-war Britain. Intuitive solutions to their problems – part-time work, taking a few years away from employment to raise a young family – were often impractical or difficult to find. Even when they were workable and available, they strengthened the impression that women were not really serious about their careers, and that the work they performed was secondary to male breadwinning and their own maternity.¹²³⁰ Reformists were under no illusion that women could uncomplicatedly choose to work.¹²³¹ Anxieties about physiological strain and collapse continued to be expressed in literatures on sickness absenteeism, making an emphatic case for changes to patterns of labour at home and work. In another set of discourses which shared characteristics with conservative narratives, working women were depicted as setting themselves in conflict with their own femininity, whether taught or innate. Their struggles to attain balance were accordingly situated in the individual psyche, taking in factors such as role confusion, guilt, and strength of mind. They were also

¹²²⁸ Zweig, *Women’s Life and Labour*, p. 141

¹²²⁹ Klein, ‘Young Women and Work’, p. 9

¹²³⁰ Jefferys, ‘Married Women in the Higher Grades of the Civil Service’, 364; Testimony 478, 1963, PVK, URSC, MS 1215/27/1

¹²³¹ Wilson, *Only Halfway to Paradise*, p. 205; Saraceno, ‘Division of Family Labour and Gender Identity’, p. 199

dependent to a considerable degree on circumstances which were personal, but external to the unitary self; responsibilities for elder-care or sick children and husbands, and the ever-present problem of male help or hindrance. No less important to individual experience – but able to be conceptualised in broad political and cultural strokes – were the structural determinants of balance and imbalance, the institutional frameworks which governed individual success and failure. For many, the risks of balance were the product of an unfinished revolution, a global transition in which women's behaviour outpaced the social adjustments required to healthily facilitate their demands and ambitions.¹²³² The challenge – as the sociologist Magdalena Sokolowska put it in 1963 – was 'such coordination of the different elements of life that the right to work should not be an unbearable burden to half of mankind.'¹²³³

Women Divided

In the 1962 BBC Reith Lecture, the psychiatrist G.M. Carstairs related women's disproportionate share of mental disorder to the 'internal conflicts which they experience in their day-to day existence.' Victorian ideals of masculinity and femininity, he explained, were 'totally unsuited to present-day realities.' A broad reluctance to abandon defunct norms, consequently, had 'helped to prolong confusion and uncertainty... over the new roles of the sexes.' The conflicts produced by this ambiguity resulted in social pathologies, such as divorce, and individual experiences of neurotic illness. The 'satisfaction conveyed by personal achievement' and the 'satisfactions of married life and motherhood' seemed to have been brought into immediate tension. 'Caught by frustration, uncertainty, and guilt', many women doubted 'whether femininity is indeed compatible with all the variety of roles they must play.'¹²³⁴ His diagnosis of a modern malady had roots in both psychiatric and feminist discourses. In the 1950 *Modern Woman's Medical Guide*, Lord Horder had written of the 'mind divided against itself, the mind using up its energies in internal conflicts between love and hate, between instinct and the moral sense, between

¹²³² Lewis, *Women in Britain Since 1945*, p. 69

¹²³³ Sokolowska, *The Working Woman*, p. 228

¹²³⁴ Carstairs, 'This Island Now', 145

natural “badness” and the “goodness” that has become *second nature*.¹²³⁵ A decade later, R.D. Laing positioned psychosis as the product of a ‘divided self’, a conflict between internal, authentic identities and the outward, seemingly sane personas projected in front of others.¹²³⁶ Carstairs’ depiction of struggle between maternal and professional selves may have seemed more prosaic, but it drew similarly on the troubled borders between nature and artifice. Likewise, Myrdal and Klein argued in 1956 that conflicts of loyalty were the ‘endemic disease of the modern mind.’ Contradictory social cues and ideals caused ‘modern man’ to confront ‘a host of moral and psychological dilemmas.’ It was ‘against this background that we must consider the typical inner conflicts from which women to-day suffer. However specifically feminine their dilemmas may be, they are symptoms of a general contemporary malaise.’¹²³⁷

Describing the generation of women born in the 1940s and beginning to come of age in the 1960s, Lynn Abrams observed that the journey they made ‘from “home-makers” to “self-makers” was ‘not achieved seamlessly and painlessly’, often instigating ‘psychic discomfort.’¹²³⁸ Born in the 1910s, 1920s and 1930s, the mothers and older sisters of this ‘transitional generation’ grappled with strikingly similar dilemmas.¹²³⁹ In a short essay titled ‘me and my shadows’, the author Fay Weldon imagined an interview, with herself posing and answering questions:

‘Interviewer. you mean you detect various divisions in yourself?

Answer. Yes. A lives a kind of parody of an NW lady writer’s life. Telephones ringing, washing machine overflowing, children coming and going, and so on. B does the writing. B is very stern, male (I think), hard working, puritanical, obsessive and unsmiling. C is depressive, and will sit for days staring into space, inactive, eating too much bread and butter, called into action only by the

¹²³⁵ Horder, Malleson and Cox, *The Modern Woman’s Medical Guide*, p. 246

¹²³⁶ R.D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (Harmondsworth, 1960)

¹²³⁷ Myrdal and Klein, *Women’s Two Roles*, p. 136

¹²³⁸ Abrams, ‘Liberating the Female Self’, 18, 35

¹²³⁹ Mark Jackson, ‘Stress in Post-war Britain: An Introduction’ in Mark Jackson (ed.), *Stress in Post-War Britain, 1945-85* (London, 2015), pp. 1-15, p. 3; Wilson, *Only Halfway to Paradise*, p. 190

needs of children. A runs around getting B's work typed, and bringing him cups of coffee and spending his money.

Interviewer: I am beginning to get the impression that A is B's wife.¹²⁴⁰

Although she alluded to depression, Weldon gave the sense that she found these divisions more curious than onerous, more metaphorical than pathological. For Ann Taylor Allen, 'the splitting of the self' was often more harshly felt, particularly when the twin antitheses of 'subjectivity as a human being' and 'objectification as a mother' were unable to be reconciled.¹²⁴¹ Even when outright conflict was absent, the correct performance of gender was certainly subject to considerable confusion.¹²⁴²

This section explores post-war assumptions that the combination of work and home threw women into internal turmoil, within and beyond the more obvious stresses of having 'too much to do.'¹²⁴³ It begins by navigating contemporary understandings of the production of gender, addressing the belief that static or outdated constructions of femininity chimed discordantly with the more assertive and outward-looking identities required and promoted by work. In 1962, Pearl Jephcott and her co-authors suggested that working women were 'hemmed in' by 'contradictory forces'; the extent to which these were able to alter individual subjectivities, however, was harder to ascertain.¹²⁴⁴ Writers concerned about women's inner lives meditated on the problem of guilt, an important contributor to feelings of anxiety and intrusion. A focus on balance as a singular equation, too, prompted attention towards individual characteristics and circumstances in shaping women's ability to cope. Women and experts alike frequently emphasised personal energy, constitution, and capacity for organisation; the disorganised, unhealthy or frail, by implication, were doomed to fail. Bounded by broader societal cultures of masculinity – but concentrated in the behaviour, often, of a single man – the husband's sympathy or otherwise was similarly presented as crucial. If balance was

¹²⁴⁰ Fay Weldon, 'Me and My Shadows' in Michelene Wandor (ed.), *On Gender and Writing* (London, 1983), pp. 160-165, p. 162

¹²⁴¹ Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, pp. 231-232

¹²⁴² Haggett, 'Housewives, Neuroses, and the Domestic Environment in Britain, 1945-70', pp. 84-110, p. 84; Thompson and Finlayson, 'Married Women Who Work in Early Motherhood', 166

¹²⁴³ Thomas, *Women at Work*, p. 23

¹²⁴⁴ Jephcott, Seear and Smith, *Married Women Working*, p. 23

about claiming new responsibilities and identities without unsettling childhood development or male leisure, then men acted as arbiters and gatekeepers of what women were able to easily accomplish; as, in many cases, did dependent adults and children with complex needs.

Femininity, Conflict, and the Construction of Gender

Femininity was a site for considerable contestation in post-war Britain. Previous chapters of this thesis have explored how feminist thinkers advanced the argument that some facets of womanhood – specifically those which bordered on neurosis and emotional lability – were products of a submissive domesticity, subject to rejection and alteration. As the Birmingham Feminist History Group has shown, this did not mean that they found the concept of feminine difference to be inevitably useless.¹²⁴⁵ Feminists – including doctors in the MWIA – advanced a reconfigured femininity, in which biological sex and experiences of maternity justified public contribution, rather than impairing it.¹²⁴⁶ From the 1940s to the 1960s, binary distinctions between emotionality and reason recurred in medical representations of female and male feelings and behaviour. Mark Jackson's recent work on S. I. Ballard and H. G. Miller's 1945 study, 'Psychiatric Casualties in a Women's Service', has laid bare the ways in which discourses on stress relied on caricatures of women's supposed 'psychosexual immaturity.'¹²⁴⁷ Articles in *Family Doctor* in the early 1960s, such as Eustace Chesser's 'Feminine Intuition' and the endocrinologist Peter Bishop's 'What Makes a Woman a Woman' continued to frame gendered difference in terms of women's 'innate' creativity and sensitivity, or represented them as passive but disruptive slaves to their hormones.¹²⁴⁸

In the mid-1940s, feminist sociologists put femininity under intense critical scrutiny. Writing on working women in 1945, Gertrude Williams maligned 'the unconscious assumption drunk in with one's mother's milk and interwoven with the whole social atmosphere of childhood, that in all the really serious business of life it

¹²⁴⁵ BFHG, 'Feminism as Femininity in the Nineteen-Fifties?', 6-23

¹²⁴⁶ Cooper, 'Medical Feminism, Working Mothers, and the Limits of Home'

¹²⁴⁷ Jackson, 'Men and Women Under Stress', p. 125; Ballard and Miller, 'Psychiatric Casualties in a Women's Service', 294

¹²⁴⁸ Eustace Chesser, 'Feminine Intuition', *Family Doctor* 11:3 (1961), 158-159; Peter Bishop, 'What Makes a Woman a Woman?', *Family Doctor* 11:3 (1961), 164-165; see Hirshbein, 'Sex and Gender in Psychiatry', 157

is the man to whom the appeal must be made.¹²⁴⁹ Her account subverted discourses of nurturing maternity, hinting at the generational transmission of female self-devaluation. Thus, the mother was a source of conformity: the milk she offered was patriarchal pabulum.¹²⁵⁰ For Charlotte Luetkens in 1946, women had the task of devising a new and vibrant femininity. 'In an increasingly complex society', she argued, the 'Victorian type' was insufficient to contain the shifting and varied constellation of female desires. The 'woman of the future' would not be 'moulded on the lines of one type only', but would be infinitely adaptable in attitude and behaviour. Her implication was that the opposite was true of women in the present, alluding to new contradictions as their roles and opportunities expanded.¹²⁵¹ Published in the same year, Viola Klein's *The Feminine Character* described itself as a contribution 'to the clarification of the idea of femininity.'¹²⁵² On the study's 1972 re-issue by the University of Illinois press, one American political scientist and feminist, Jo Freman, believed it had 'tremendous potential for becoming one of the source books for the women's liberation movement.'¹²⁵³ Arguing that important writers such as Sigmund Freud constructed a misleading and constricting vision of femininity in their work, Klein's taxonomy of scientific knowledge on the female self set out themes familiar to early twenty-first century historians of medicine:

'Scientific knowledge, particularly in the social sciences, does not exist in splendid isolation, but is an organic part of a coherent cultural system. It shares in the development of that culture both in a passive and active sense: it expresses its total state at a given time, and it actively fosters certain trends in the general development.'¹²⁵⁴

Klein had chosen the subject of femininity to demonstrate her thesis, she explained, because its 'emotional character' made it the perfect case study to illuminate 'these unconscious, irrational influences on scientific theories.'¹²⁵⁵ There

¹²⁴⁹ Williams, *Women and Work*, p. 56

¹²⁵⁰ Brownmiller, *Femininity*, p. 161

¹²⁵¹ Luetkens, *Women and a New Society*, p. 125-126; see also Brown, 'Can Women Be Emancipated', 1

¹²⁵² Klein, *The Feminine Character*, p. 1

¹²⁵³ Jo Freman, 'Review: Viola Klein, *The Feminine Character*', *New York Review of Books* (Oct. 19th, 1973)

¹²⁵⁴ Klein, *The Feminine Character*, p. 2

¹²⁵⁵ *Ibid.*, p. 3

were, she insisted, empirical differences in character between men and women. The aim of her research was not to retreat into constructionist relativism; she never expected that, as a result of her work, 'femininity will, like a phantom, dissolve into nothing.'¹²⁵⁶ On the contrary, the 'residue of typically feminine traits, connected with women's specific constitution', would be left with more substance and validity through their separation from rumour and myth.¹²⁵⁷ Making use of the American political reporter Walter Lippman's popularisation of the word 'stereotype', she argued that a particular vision of femininity was fetishized, commodified, and transmitted to men, women, and young girls. In this latter group, it served as a 'pattern of conduct', influencing their life plans and contributing to the development of their character. Female subjectivity, in essence, was shaped by the 'various departments of social life', including education, media, and advertisement.¹²⁵⁸ The traits encouraged in women by cultural conditioning coalesced into an informal behavioural code, policed largely by male disapproval. Under these rules, women were 'expected to be pretty, sensitive, adaptable, unassertive, good-humoured, domesticated, yielding and soft and, if possible, not too intelligent.'¹²⁵⁹

Klein continued to speak and write about contemporary femininities throughout her career, most often as a framing device for broader discussions of working married women.¹²⁶⁰ *The Feminine Character* was also the first intellectual space in which she envisaged these femininities as sitting in profound conflict with the identities and behaviours valued and required by work. In contrast with what society expected of women as women, women as workers had to be efficient, courageous, determined, responsible, and independent. The psychological dilemma this contortion provoked was the 'characteristic feminine conflict of our time.'¹²⁶¹ Noting that she trod similar ground to opponents of emancipation who presented inner conflict and frustration as evidence that 'increased liberties and responsibilities

¹²⁵⁶ Klein was critical, for example, of the work of Margaret Mead.

¹²⁵⁷ Klein, *The Feminine Character*, p. 182

¹²⁵⁸ *Ibid.*, p. 163

¹²⁵⁹ *Ibid.*, p. 34; see also Erving Goffman, *The Presentation of Self in Everyday Life* (London, 1969), p. 48

¹²⁶⁰ Viola Klein, 'Some Theories on Feminine Attitudes and So-Called Character Traits: A Study in Ideologies' (unpublished paper, 1950): PVK, URSC, MS 1215/2/1; Viola Klein, 'The Status and Employment of Women' (unpublished paper, 1960): PVK, URSC, MS 1215/12/5; Klein, 'Young Women and Work', p. 1

¹²⁶¹ Klein, *The Feminine Character*, p. 33

have not added to women's happiness', she inverted their assumption of a 'natural' femininity under threat from external change.¹²⁶² In the course of women's emergence from men's patronage and protection, the exchange of certainty for confusion often masked escape from a stifling servitude. Citing the German social psychologist Erich Fromm's 1942 book *Fear of Freedom*, she argued that women's present plight was a growing pain on the journey to individual autonomy and liberty.¹²⁶³ Like Jews or 'Negroes' (Klein herself was a Jewish refugee), women were an 'out-group', a stereotyped class. As such, they absorbed and internalised negative messages scripted by the 'in-group'.¹²⁶⁴ The subjectivity of the outsider, she suggested, lay behind women's low impression of their ability and potential, and undergirded their 'instinctive' preference for the company of men. Many shirked female friendships because 'the accumulation of their own despised kind' was almost unbearable: 'it is as if they would see their own grimace reflected from a multiple distorting mirror.'¹²⁶⁵ When they were able to free their consciousness from the prison they had been complicit in building, women were alienated further by the discovery that the world they wanted to enter had been primarily made for men. The act of moving beyond the feminine, therefore, meant emulation of the masculine; the dispiriting objective for a generation of working women was simply to be 'just as good.'¹²⁶⁶

A decade later, Klein's collaboration with Alva Myrdal, *Women's Two Roles*, included a chapter on 'contemporary feminine dilemmas' which showed the clear imprint of her earlier thought.¹²⁶⁷ While the two women drafted and corresponded in the early 1950s, Olwen Campbell wrote of a 'deep inner conflict against accepted ideas of women's role and duties', outlining her own summary of idealised feminine qualities. To those listed by Klein, she added sympathy, lack of ambition, and proclivity for self-sacrifice.¹²⁶⁸ Ferdinand Zweig, too, described women who felt 'the

¹²⁶² Klein, *The Feminine Character*, p. 35; Herzberg, *Happy Pills in America*, p. 45

¹²⁶³ Erich Fromm, *Fear of Freedom* (London, 1942); Klein, *The Feminine Character*, p. 35

¹²⁶⁴ Klein, *The Feminine Character*, p. 4

¹²⁶⁵ *Ibid.*, pp. 173-174

¹²⁶⁶ *Ibid.*, p. 35

¹²⁶⁷ Myrdal and Klein, *Women's Two Roles*, pp. 135-153

¹²⁶⁸ Campbell, *The Feminine Point of View*, p. 32, 55

pull of two or more loyalties and forces all the time.¹²⁶⁹ Disavowing the ‘new androgynous type’ that he feared could result from the disappearance of femininity altogether, he nevertheless argued that the ‘self-forged chains’ which accompanied ingrained feelings of inferiority were those ‘which need breaking first and foremost.’ The modern woman he envisaged was ‘self-reliant and conscious of her dignity’, but without troubling sexual difference too subversively.¹²⁷⁰ For Myrdal and Klein, the contradictions many women experienced were a ‘temporary maladjustment’, not proof of any inherent dichotomy between working and caring.¹²⁷¹ There was ‘no overlooking the fact’, they conceded, ‘that women do not yet feel “at home” in both worlds.’¹²⁷² As some married graduates testified, working cultures had much to do with feelings of unease and imposition.¹²⁷³ Asked which facilities would better enable them to combine home responsibilities with paid employment, one working mother suggested that she would be happy with ‘some recognition that women zoologists are not visitors from outer space.’¹²⁷⁴ To a degree, Myrdal and Klein overplayed the importance of internal barriers and conflicts, implying in places that they superseded the structural obstacles that a previous generation of feminists had fought against.¹²⁷⁵ The conflicts they described, however, were quintessentially social, representing individualised reactions to external expectations and stimuli. Men, for example, wanted a girl-friend who was ‘an intelligent companion and a good sport’, but also a ‘combination of mother-image plus Venus de Milo.’ Attempting to satisfy these demands simultaneously, they concluded, could only invite failure.¹²⁷⁶

Similarly, Judith Hubback argued in 1955 that ‘the graduate wife’s great difficulty lies in adjusting the two sides of her nature.’ Writing for a special issue of *Marriage Guidance* centred on the challenge that working wives posed to marital harmony, Hubback emphasised that every woman had a right – and duty – to ‘work

¹²⁶⁹ Zweig, *Women’s Life and Labour*, p. 43

¹²⁷⁰ *Ibid.*, pp. 156-157

¹²⁷¹ Myrdal and Klein, *Women’s Two Roles*, p. 123

¹²⁷² *Ibid.*, p. 154

¹²⁷³ Testimony 261, 1963, PVK, URSC, MS 1215/26/1; Testimony 555, 1963, PVK, URSC, MS 1215/28/1

¹²⁷⁴ Testimony 750, 1963, PVK, URSC, MS 1215/29/1

¹²⁷⁵ M.M., ‘Women’s Two Roles’; Myrdal and Klein, *Women’s Two Roles*, p. 137

¹²⁷⁶ Myrdal and Klein, *Women’s Two Roles*, p. 140

out what contribution she should make to the wider world.¹²⁷⁷ In *Wives Who Went to College*, she expanded and reiterated her point. The educated wife in 1957 had to ‘steer a careful course’:

‘She must avoid both the rocks of aggressive insistence on her status and also the mud-flats of self-deprecation. She must be both feminine and masculine, but not lean too far one way or the other. She must try to combine in herself some at least of the attitudes which were once believed to be found only in men, with a liberal allowance of the qualities that marriage and motherhood engender.’¹²⁷⁸

Reviewing *Wives Who Went to College* for the *Church of England Newspaper*, the feminist author Ruth Adam described it as ‘an interim account of how the adjustment process is progressing.’¹²⁷⁹ Hubback herself was keen to stress that emancipation was by no means complete.¹²⁸⁰ As with the work of Myrdal and Klein – in which demanding visions of modern womanhood were critiqued and promoted in equal measure – her description of the precarious balance that women were required to strike had notes of both approval and cynicism. Presented in such stark terms, the dangers on each side left little safe water to navigate. The metaphor of the ship’s captain, too, was significant. On the one hand, it connoted self-determination, agency, and control. More insidiously perhaps, the jagged rocks and treacherous shallows were implicitly unchangeable; the forces of nature individual women were expected to shape themselves around.

G.M. Carstairs’ 1962 analysis of the psychiatric ramifications of femininity in flux built upon existing anxieties over women’s conflicts among doctors and psychologists, particularly those concerned with the pathological consequences of shifting norms and identities. In a wide-ranging 1955 essay on adaptability and conservation in family values, Henry Dicks wrote of the ‘conflict of sex roles’ that economic competition with men had introduced into the lives of married women.

¹²⁷⁷ Judith Hubback, ‘Graduate Wives and Work’, *Marriage Guidance* 1:4 (1955), 10-12, 12

¹²⁷⁸ Hubback, *Wives Who Went to College*, p. 159

¹²⁷⁹ Ruth Adam, ‘Problems of the Wives Who Went to College’, *Church of England Newspaper* (Oct. 25th, 1957)

¹²⁸⁰ Hubback, ‘Graduate Wives and Work’, 12

Erring on the side of caution, Dicks favoured reducing and ameliorating housewives' suburban loneliness, removing what he considered to be their only psychological impetus for work.¹²⁸¹ Two textbooks on practical psychology published by the BMA in 1959, Frederick Casson's *It's Healthy to be Human* and Eustace Chessser's *The Psychology of Everyday Living*, each touched similarly on the sense of confusion and contradiction that feminist scholars identified in women. Describing the case of 'Mrs. R', a 'very feminine woman' whose dependence on her husband for money and guidance had been abruptly ended by his hospitalisation in a sanatorium, Casson explored the difficulties she encountered as the unanticipated breadwinner for her family. Although Mrs. R. had 'always had latent business ability', she had 'been brought up to think that a pretty girl should concentrate entirely on the feminine, frivolous side of life and never betray the fact that she had a brain.'¹²⁸² For Chessser, neither sex was entirely at ease. Women hovered 'uncertainly between worlds', caught between 'complete dependence' and freedoms which were 'ever-increasing.' Their maternal instincts, resultantly, were thrown into tension with intellectual and emotional desires for a 'wider and freer life of their own.'¹²⁸³ Both Casson and Chessser had written positively on women's work, when lancing the boil of frustrated ambition made for less neurotic mothers. Their permissive approach to mental hygiene drew on feminist ideas, but manufactured new forms of determinism. The understanding that a common-sense solution existed for every psychological dilemma allowed for emancipation, but only on an individual basis. When conflicted feelings caused distress, domesticity could sometimes offer the path of least resistance.

In her oral history of women and families between 1940 and 1970, Elizabeth Roberts questioned whether elite discussions of conflict and femininity were reflected in married women's active experiences of paid work. Presented with an alternative to domestic ideology, she argued, 'it might be expected that female respondents would exhibit signs of stress and worry about which model to follow.' Only a few, however, framed their memories in terms of struggle with a psychological dilemma.¹²⁸⁴ The same was true of the women who returned questionnaires to Viola Klein in 1963. Of

¹²⁸¹ Dicks, 'The Predicament of the Family in the Modern World', 296

¹²⁸² Casson, *It's Healthy to be Human*, p. 63

¹²⁸³ Chessser, *The Psychology of Everyday Living*, p. 78

¹²⁸⁴ Roberts, *Women and Families*, p. 125, 153

over 1,000 responses, only two came close to articulating their problems in the precise language of conflict used by the experts who wrote about them. One, a botanist, wrote of the 'sheer hell of confused careers, of divided loyalties between one life and the other.'¹²⁸⁵ A second, who had '25 yrs. of full-time employment as a married woman', alongside volunteering for the British Federation of University Women, had coped only by planning both of her pregnancies to coincide with the Easter holidays. Neither her husband nor her children approved of her employment, although they did appreciate the 'additional benefits of a second income.' She found, however, that they 'demand just as much from you as "a patient wife & mother."' This can cause great strain, the need always to be bright and cheerful and not to show weariness or it will be suggested that you give up your work.'¹²⁸⁶ Rather than ushering in a new form of emancipated selfhood, going out to work intensified the pressure to maintain a distinctly gendered behavioural standard. Her family's grudging recognition of her right to work depended on her continued performance of an uncompromised maternal femininity.

More often than any rarefied conflict between dual identities, divided selves, or femininities in crisis, women mentioned guilt.¹²⁸⁷ Certainly, guilt was inextricably linked to conflicted emotion, as women suffered from the inevitable discrepancy between their behaviour and what they believed was expected of them.¹²⁸⁸ It may be that when working mothers wrote of their remorse at not being constantly available for their children and husbands, the terms they used acted as proxies for the existential battles they fought in silence.¹²⁸⁹ Writing in 1955, Judith Hubback reproduced a comment on academic study made by the suffragist Emily Davies in 1878: 'I am afraid that much of women's work of this sort is done with an uneasy

¹²⁸⁵ Testimony 685, 1963, PVK, URSC, MS 1215/28/1

¹²⁸⁶ Testimony 212, 1963, PVK, URSC, MS 1215/26/1

¹²⁸⁷ Testimony 631, 1963, PVK, URSC, MS 1215/28/1; Testimony 907, 1963, PVK, URSC, MS 1215/29/1; Testimony 526, 1963, PVK, URSC, MS 1215/27/1; Testimony 460, 1963, PVK, URSC, MS 1215/27/1; Testimony 472, 1963, PVK, URSC, MS 1215/27/1

¹²⁸⁸ Holden, 'Family, Caring and Unpaid Work', p. 140; Ehrenreich and English, *For Her Own Good*, p. 211

¹²⁸⁹ Kelly Matthews, 'Shame, Guilt, and Gender in Mary Beckett's Short Stories of the 1950s', *New Hibernia Review* 18:2 (2014), 97-109; Kathryn Keller, 'Nurture and Work in the Middle Class: Imagery from Women's Magazines', *International Journal of Politics, Culture, and Society* 5:4 (1992), 577-600, 577

mind, a haunting doubt as to whether they are not selfishly pleasing or benefiting themselves, when they ought perhaps to be doing something for other people.’¹²⁹⁰ For Simon Yudkin and Anthea Holme, maternal guilt was a relatively recent phenomenon, drummed into women by prescriptive childcare theories. Although new, they stressed, feelings of guilt were ‘widespread and deep’ in 1963.¹²⁹¹ Post-war discourses on emotional deprivation certainly caused anxiety and self-doubt for mothers, whether they went out to work or stayed at home.¹²⁹² Nevertheless, some of the working women who identified the source of their ‘strong guilt feelings’ implicated social pressure and criticism from older generations.¹²⁹³ Manifestly, guilt was not an uncomplicated facet of learned femininity. As Hubback implied, women were often conditioned to practise a submissive altruism, which led them to type individualistic behaviour as selfish and unreasonable. A gendered inclination towards self-sacrifice, however, was lessened or amplified by adult experiences of reassurance or stigma.

Men, Bodies and Families

Consequently, men’s approval figured prominently in discourses on successful role combination. Exploring married women’s experiences of industry, Ferdinand Zweig drew an intimate and evocative picture of the consequences of male dissent:

‘Not only in industry itself does woman need a fairer deal but also at home. Often in her home her spirit is crushed and her self-confidence broken... Many women stressed the point that to go out to work without the active co-operation and help of the husband “is hell”. It means not only constant squabble and bickering but it frequently leads to the breakdown of her health, and the husband who has crushed the spirit of his wife can afterwards say to her: “I told you so.”’¹²⁹⁴

¹²⁹⁰ Hubback, ‘Graduate Wives and Work’, 12

¹²⁹¹ Yudkin and Holme, *Working Mothers and Their Children*, pp. 82-83, 103, 132, 153, 163

¹²⁹² Rowbotham, *A Century of Women*, p. 292; Lumsden Walker, ‘Mothers and Children in a Modern Society’, p. 12

¹²⁹³ Testimony 433, 1963, PVK, URSC, MS 1215/27/1; Testimony 440, 1963, PVK, URSC, MS 1215/27/1

¹²⁹⁴ Zweig, *Women’s Life and Labour*, p. 154

Zweig's positioning of men as gatekeepers of female balance came with considerable disquiet, resting as it did on the uncomfortable admission that women's husbands were in a position to complicate or sabotage their attempts to cope, either through negligence or the direct application of emotional violence.¹²⁹⁵ When male support or opposition to married women's work was discussed, descriptions oscillated between stark appraisals of men's domestic power and the more acquiescent narrative that their psychological rights had to be understood and respected, even at the expense of the needs of their wives.¹²⁹⁶ As Zweig observed, emotional collaboration could be just as important as joint responsibility for childcare and domestic work. The women who wrote to Klein testified frequently to the ability of their husbands to aid and encourage or dishearten and impede their efforts. 'The whole success of a married woman going out to work', argued one mother, 'depends on the husband's attitude.'¹²⁹⁷ Women with positive experiences of marital co-operation emphasised how difficult their lives would have been without their husband's help and sympathy.¹²⁹⁸ The framing of men's parenthood and housework as 'help', nonetheless, made it clear that these responsibilities still primarily belonged to women.¹²⁹⁹ Even in liberal, forward-looking households, the idea predominated that 'man's work is more important and indispensable than any woman's.'¹³⁰⁰ Although male support could be fulsome, it was fragile and qualified, apt to be revoked and seemingly worthy of gratitude. The words of one university researcher are revealing in this respect. Her career, she explained, could not have been sustained 'without tremendous support from my husband.' As concerned as he was to ensure that she was able to keep working, she believed that he 'must find it very difficult to help as much as has been necessary in our case... however much he had my interests at heart, I don't think he could have been so sympathetic if I had, for

¹²⁹⁵ Summerfield, *Reconstructing Women's Wartime Lives*, p. 237

¹²⁹⁶ Yudkin and Holme, *Working Mothers and Their Children*, p. 152

¹²⁹⁷ Testimony 648, 1963, PVK, URSC, MS 1215/28/1

¹²⁹⁸ Testimony 226, 1963, PVK, URSC, MS 1215/26/1; Testimony 790, 1963, PVK, URSC, MS 1215/29/1

¹²⁹⁹ Jefferys, 'Married Women in the Higher Grades of the Civil Service', 363; Thompson and Finlayson, 'Married Women Who Work in Early Motherhood', 163; Yudkin and Holme, *Working Mothers and Their Children*, p. 49; Roberts, *Women and Families*, p. 37

¹³⁰⁰ Testimony 478, 1963, PVK, URSC, MS 1215/27/1; Testimony 447, 1963, PVK, URSC, MS 1215/27/1

instance, wanted to write a book about something outside his interests. As I say, I am extremely fortunate.'¹³⁰¹

Even as she acknowledged the conditionality of her husband's sympathy, she celebrated his assistance. For another, understanding was transformed to antipathy when her earnings overtook his. Were they able to live in comfort on just one salary, she admitted, she would attempt to resolve the strain on her marriage by giving up her work as a teacher.¹³⁰² Still more faced categorical opposition and disapproval, although this very often meant that they stayed at home.¹³⁰³ Describing her 'main emotional difficulties', one teacher wrote that 'all that can be said is that the fulltime professional woman worker needs her husband's cooperation continually, and this may not be forthcoming if he feels his welfare is being sacrificed to her job.'¹³⁰⁴ To succeed without fear of anxiety, strain or breakdown, it was necessary for women to navigate the sensitive politics of male grievance.¹³⁰⁵ It was also necessary, as a number of critics emphasised, for men to adapt themselves to their wives' requirements. Judith Hubback's advocacy of work for married women hinged on men's recognition that an outside job acted as a 'mental stabilizer.' Serious psychiatric distress could be averted, she argued, by the recognition that their work was of immediate and important value. This needed to 'come first from the husband, who must encourage, not belittle, such efforts of independence.'¹³⁰⁶ As G.M. Carstairs put it, an unravelling of outmoded systems of gender, in which women were 'taking the lead in re-exploring and rediscovering their own nature', afforded the opportunity for a parallel evolution in contemporary masculinities. In the course of meeting 'the need for them to help their wives to lead more active and more satisfying lives', men were discovering something new about their own constructions of self.¹³⁰⁷

¹³⁰¹ Testimony 575, 1963, PVK, URSC, MS 1215/28/1

¹³⁰² Testimony 891, 1963, PVK, URSC, MS 1215/29/1

¹³⁰³ Testimony 313, 1963, PVK, URSC, MS 1215/26/1; see chapter one of the present thesis.

¹³⁰⁴ Testimony 811, 1963, PVK, URSC, MS 1215/29/1

¹³⁰⁵ Odlum, Speech to the MWIA in Burgenstock, 1956, p. 24; Anon., 'European League for Mental Hygiene', 785

¹³⁰⁶ Hubback, 'Graduate Wives and Work', 10; Hubback, *Wives Who Went to College*, p. 159

¹³⁰⁷ Carstairs, 'This Island Now', 145

Other writers were more scathing of men's behaviour. Contributing to the journal *Marriage Guidance* in 1955, the Labour MP for Coatbridge and Airdrie, Jean Mann, argued in favour of legislation to ensure that husbands disclosed their earnings to their wives, and gave them a fair share of their wages for housekeeping. A woman could go out to work, she argued, when her husband was 'helpful and co-operative'; nothing sapped her resolve, however, like his taking advantage of her labour to escape his own obligations. Too often, 'the Brute' was responsible for 'driving her out to work' in the first place, and then offered none of the understanding required for her to cope.¹³⁰⁸ Nor was the implication that women had to tread carefully around men's psychological rights entirely uncontested. Responding to a series of case studies in male psychopathology presented at a WHO seminar on family and mental health by her husband, Ferdinand Knobloch, Jiřina Knoblochová explained that she did not view adverse emotional reactions to female independence as 'socially sound.' The men who became distressed when their wives went out to work were not taken seriously, except as examples of 'insufficient adaptation to the masculine role.' In such cases, she never advised women to give up their work for the sake of their marriage.¹³⁰⁹

Nevertheless, the published proceedings of the seminar concluded that the integrity of the marital relationship was a crucial factor in governing the success or failure of married women's work. It was equally necessary, the report observed, to 'take account of the personal make-up of the mother.'¹³¹⁰ When they wrote about balance, feminists and mental hygienists constructed an imagined subject who was healthy, driven, prepared and strong. Hubback, for example, noted that many feats of combination required a 'super-woman of wonderful physique.'¹³¹¹ Likewise, the married women in senior civil service posts examined by Margot Jefferys in 1952 were able to cope with the 'considerable strains' that the dual role imposed because their extraordinary reserves of 'energy and purpose' allowed them to overcome

¹³⁰⁸ Mann, 'Should Married Women go out to Work?', 4-5

¹³⁰⁹ Jiřina Knoblochová, Speech to the WHO in Athens, 1962, pp. 18-19: PRKF, WL, PP/RKF/E/9/4

¹³¹⁰ World Health Organisation, Seminar on Mental Health and the Family, Athens, 1962, p. 8: PRKF, WL, PP/RKF/E/9/4

¹³¹¹ Hubback, 'Graduate Wives and Work', 10; See also Yudkin and Holme, *Working Mothers and Their Children*, p. 82

obstacles which daunted and deterred the less determined and vital.¹³¹² Women themselves stressed the need for physical strength, foresight, and other forms of exceptionalism.¹³¹³ One mother put the problem as follows: ‘only the truly talented woman, with the gift of subordinating her own interests, while not killing them, & identifying herself with her husband’s & children’s’ interests, can combine her own abilities into a fundamentally happy life, and a completely integrated one.’¹³¹⁴ Far more than circumstance, management of work and home came down to character.¹³¹⁵ Others emphasised the need for organisation and efficiency alongside physical and mental stamina; the women who failed in their efforts, consequently, were victims of their own poor planning.¹³¹⁶ In dwelling on women’s supposed inadequacies, a nuanced political equation was collapsed into a purely individual reckoning.

In equal part, the balanced woman that contemporaries envisaged was able and well, as were those around her. Perhaps because he engaged more widely with mothers from large families and poor areas who may have chosen not to work had their material circumstances been different, Ferdinand Zweig often demonstrated a more realistic understanding of the messy complexity of women’s lives than other writers of his generation. Health and energy, he wrote, were the ‘condition *sine qua non* [without which, not]’ for taking lasting work.¹³¹⁷ The mothers who worked at factories for longer than short, exhausting spells were a self-selecting sample. Often, when women stayed at home, they gave the same explanation: ‘my health is poor;

¹³¹² Jefferys, ‘Married Women in the Higher Grades of the Civil Service’, 364

¹³¹³ Testimony 121, 1963, PVK, URSC, MS 1215/26/1; Testimony 387, 1963, PVK, URSC, MS 1215/28/1; Testimony 656, 1963, PVK, URSC, MS 1215/28/1

¹³¹⁴ Testimony 461, 1963, PVK, URSC, MS 1215/27/1

¹³¹⁵ Klein, ‘Young Women and Work’, p. 5; Yudkin and Holme, *Working Mothers and Their Children*, p. 30

¹³¹⁶ Campbell, *The Feminine Point of View*, p. 29; Cavanagh, ‘Do the Children of a Working Mother Suffer Harm?’, 8; Anon., ‘Working Wives – And their Children’, 1128; John Townshend, ‘Housework Made Easy’, *Manchester Guardian* (Nov. 5th, 1954);

Ann Mullins, ‘Keeping Them Out of Mischief’, *Family Doctor* 11:2 (1961), 99; Testimony 433, 1963, PVK, URSC, MS 1215/27/1; Testimony 465, 1963, PVK, URSC, MS 1215/27/1; Testimony 629, 1963, PVK, URSC, MS 1215/28/1; Testimony 669, 1963, PVK, URSC, MS 1215/28/1

¹³¹⁷ Zweig, *Women’s Life and Labour*, p. 75

not enough energy to go round.’¹³¹⁸ Similarly, a number of married graduates described struggles with chronic illness, reporting that their medical problems precluded or impeded their engagement with work. Frequently, they had devoted time to their families when they were young, but their intended return to paid employment was derailed by unforeseen complaints. Women wrote about their problems in general terms – ‘my health gave out’, ‘an unfortunately long period of ill-health’ – or referred to a specific difficulty, such as complications after surgery or ‘the onset of severe ASTHMA.’¹³¹⁹ Every woman’s ‘fund of energy’, Zweig suggested, had to be ‘judged against the background of the obstacles she has to overcome.’ These could include the condition of the home a woman had to manage, the health and helpfulness of her husband, the number of her children and whether they required special care.¹³²⁰ Expanding this latter point, he alighted on a principle which, perhaps alone in varied and competing discourses on childcare, seemed to be unquestioned:

‘If the child is sick, very delicate or an invalid, or needs special care or diet, obviously no one can adequately replace the mother’s care and her place is at home... the rule that proper arrangement can satisfactorily replace a mother’s care applies only to normal and healthy children both physically and emotionally.’¹³²¹

Speaking in 1960, William Lumsden Walker concurred. The problem of generalised statements about working motherhood, he argued, was that ‘you produce rules which do not fit everybody.’¹³²² Those who opposed work on child developmental grounds overlooked the ability of stable and happy families to endure any challenge; ‘these people can probably do almost anything they like, including going out to work,

¹³¹⁸ Zweig, *Women’s Life and Labour*, p. 16

¹³¹⁹ Testimony 662, 1963, PVK, URSC, MS 1215/26/1; Testimony 806, 1963, PVK, URSC, MS 1215/29/1; Testimony 849, 1963, PVK, URSC, MS 1215/29/1; Testimony 875, 1963, PVK, URSC, MS 1215/29/1

¹³²⁰ Zweig, *Women’s Life and Labour*, p. 41

¹³²¹ *Ibid.*, p. 75; see Stephen Thompson, ‘The Mixed Economy of Care in the South Wales Coalfield, c.1850-1950’ in D. S. Lucey and V. Crossman (eds.), *Healthcare in Ireland and Britain from 1850: Voluntary, Regional and Comparative Perspectives* (London, 2015) pp. 141-160

¹³²² Lumsden Walker, ‘Mothers and Children in a Modern Society’, p. 12

and nobody is going to suffer at all.¹³²³ On the other hand, when ‘instability or serious insecurity’ entered the picture, it was necessary to be ‘very careful indeed.’ Any blanket assumption that all women could go out to work, therefore, was equally wrong-headed. Mothers with children who were ‘sick or handicapped’ could often not ‘be spared from the home.’¹³²⁴ Following the applause at the end of the address, the chair noted that he had ‘seen heads all the time nodding here and there.’¹³²⁵

Both Zweig and Lumsden Walker advanced permissive and progressive visions of motherhood, but placed distinct limits on the freedom of choice they advocated. Within the knowledge that women’s circumstances were endlessly diverse came the caveat that there were always going to be some for whom nothing could be done; indeed, nothing *should* be done. Neither, as Pat Thane, Katherine Holden and Chris Harris have each examined, did the coming of the welfare state significantly alter women’s responsibilities for elder-care.¹³²⁶ The mixed economy of care and welfare relied overwhelmingly on female labour, both within and beyond the home.¹³²⁷ In practice, the wellness of women’s children, husbands, and older dependents had just as great a bearing as their own fitness and health on their capacity to find a rewarding balance between work and family. Relating her erratic working history to her mother’s recurring bronchitis, one teacher observed that a spell of illness turned her only helper into another source of strain.¹³²⁸ Two women were prevented from taking a job by their children’s’ asthma, and another used all of her energy helping her son recover from a bout of whooping cough and polio which affected his speech and mobility.¹³²⁹ In addition to physiotherapy and vocal rehabilitation, she noted that he benefitted from increased maternal attention; the

¹³²³ Lumsden Walker, ‘Mothers and Children in a Modern Society’, p. 17

¹³²⁴ *Ibid.*, p. 13

¹³²⁵ Ronald Fletcher, ‘Response to Lumsden Walker’ (speech), *The National Society of Children’s Nurseries One-Day Conference: Working Wives – What of the Children?* (London, 1960), pp. 17-18, p. 17

¹³²⁶ Pat Thane, *Old Age in English History: Past Experiences, Present Issues* (Oxford, 2000); Holden, ‘Family, Caring and Unpaid Work’, p. 137; Harris, ‘The Family in Post-War Britain’, p. 54

¹³²⁷ Jane Lewis, ‘Presidential Address: Family Provision of Health and Welfare in the Mixed Economy of Care in the late Nineteenth and Twentieth Centuries’, *Social History of Medicine* 8:1 (1995), 1-6

¹³²⁸ Testimony 418, 1963, PVK, URSC, MS 1215/27/1

¹³²⁹ Testimony 512, 1963, PVK, URSC, MS 1215/27/1; Testimony 20, 1963, PVK, URSC, MS 1215/31/1; Testimony 831, 1963, PVK, URSC, MS 1215/29/1

same was true of a mother of a 'backward' child, who gave up her career as a teacher to help with his literacy, and to bolster his social confidence.¹³³⁰ Still others nursed or assisted husbands with serious psychiatric disorders.¹³³¹ Perhaps the heaviest burden, however, fell on women who experienced ongoing health problems alongside the expectation to care for dependents with complex needs.¹³³² Preoccupied with what one out-of-work translator termed 'the balance at home', finding time and energy for an outside job was almost unthinkable. Arthritic, her doctor blamed 'domestic conflict of loyalties' for the onset of her difficulties. She was torn between managing her own health, the everyday needs of her family and husband, and the excessive weight imposed by her elderly mother and father-in-law:

'These old people make terrific physical, mental & emotional demands – I find I have energy left for work at home, but don't think I could really cope with a job outside, & come home to Grandma's chatter & injuries & gossip, & also have enough energy to give to my husband and family when home as well.'¹³³³

Post-war femininities had not been sufficiently troubled to change perceptions of women's nurturing instincts, and the burden of care they implied. A man's psychological right to a job was ideologically unassailable, but the gains made in configuring work as a legitimate and necessary component of women's inner lives were fragile and new, accepted with inconsistency, caution, and sufferance.¹³³⁴ It was taken as given, therefore, that specific challenges in care – as well as the 'normal' performance of housework and parenthood – could disrupt or sever women's engagement in work. If the locus of care was often the home, systems of support did not simply rely on women being naturally present; in addition, they drew in and repurposed those who might otherwise have followed a career.

¹³³⁰ Testimony 913, 1963, PVK, URSC, MS 1215/29/1

¹³³¹ Testimony 37, 1963, PVK, URSC, MS 1215/31/1; Testimony 52, 1963, PVK, URSC, MS 1215/31/1

¹³³² Testimony 170, 1963, PVK, URSC, MS 1215/26/1; Testimony 634, 1963, PVK, URSC, MS 1215/28/1; Testimony 675, 1963, PVK, URSC, MS 1215/28/1; Testimony 576, 1963, PVK, URSC, MS 1215/28/1

¹³³³ Testimony 207, 1963, PVK, URSC, MS 1215/26/1

¹³³⁴ Thomas, *Women at Work*, p. 28; Jefferys, 'Married Women in the Higher Grades of the Civil Service', 361

Beginning in childhood, the construction and governance of gender fuelled later tensions between care of the self and care of the other; nurture, in effect, was regulated by guilt as well as love.¹³³⁵ Spanning progressive and conservative discourses, the portrayal of women as divided between contrasting imperatives, identities, and versions of self at times drew focus to the real and meaningful conflicts that women experienced in political and cultural systems which were deeply ambivalent about their work, relationships, and maternity.¹³³⁶ It promoted, however, another division, casting the dual role as a problem of individual and internal reconciliation and management.¹³³⁷ Although each woman's attempts to juggle work and family were conditioned by personal attitudes, situations, relationships, feelings and bodies, framing health as an individual accomplishment disconnected them both from their political context and from the shared experiences and suffering of other women.¹³³⁸ It also encouraged a fatalistic approach to their failure, implying that the circumstances which caused them to founder were inevitable or immovable. As the final section of this chapter explores, however, some contemporaries recognised that lasting change could only be achieved by comprehensive reform of the structural aids that assisted women in their search for balance.

Making it Work

For Alva Myrdal and Viola Klein, *Women's Two Roles* was intended to spark a 'mental revolt.' The women who read it, they believed, would be better able to come to terms with the psychological obstacles which limited their ambition and narrowed their personalities, consigning them to domestic subjectivities fraught with psychiatric risk. Although the two authors emphasised women's active agency in throwing off shackles which were at least partially self-imposed, the revolt they proposed was also in the nature of a cultural and political convulsion, through which employers and

¹³³⁵ Anon., 'Joint Conference of Advisory Councils On Occupational Health', *The British Medical Journal* 1:5134 (May 30th, 1959), 248-249, 248; Klein, 'Young Women and Work', p. 3; Myrdal and Klein, *Women's Two Roles*, p. 139

¹³³⁶ WHO, *Women Who Work: Report of Seminar Discussions*, p. 1; Myrdal and Klein, *Women's Two Roles*, p. 191

¹³³⁷ Hubback, *Wives Who Went to College*, p. 144

¹³³⁸ Nona Glazer, 'Overworking the Working Woman: The Double Day in a Mass Magazine', *Women's Studies International Quarterly* 3:1 (1980), 79-93

lawmakers realised their duty to organise the social order ‘to give practical scope for both feminine roles.’¹³³⁹ It was ‘not beyond the means and ingenuity of our society’, they continued, ‘to devise techniques which will reduce the dilemma of working mothers to a tolerable minimum.’¹³⁴⁰ Writing in the *Listener* in 1948, Klein had argued that it was easier to reform institutions and legislation than to change popular opinion; in collaboration with Myrdal, she set out to influence both.¹³⁴¹ As Helen McCarthy has shown in her recent history of the reception and impact of post-war sociological studies, their research into informal networks of childcare and domestic assistance was misappropriated in practice to justify low nursery provision.¹³⁴² Nonetheless, the vision in *Women’s Two Roles* was politically transformative. Rather than simply encouraging the remaking of the self, Myrdal and Klein engaged in a broader medical, social, and political project, building the external conditions which allowed the development and diversification of women’s selfhood to flourish and thrive. Across the twentieth and into the twenty-first century, feminists have insisted that advocating for behavioural change without necessary frameworks in place has only placed women in a different type of bind.¹³⁴³ In her 1986 study, *Femininity*, Susan Brownmiller put the problem as follows:

‘Without a radical restructuring of a social order that works well enough in its present form for those extremely ambitious, competitive men whose prototypical ancestors arranged it, and who have little objective reason, just yet, to change the rules, what hope is there for a real accommodation of dual-purpose ambition?’¹³⁴⁴

Addressing the MWIA in 1952, Zaida Ericksson-Lihr warned similarly that without supportive structures to bear some of the weight of working motherhood, ‘sooner or later even the most capable woman is lost.’¹³⁴⁵ Alongside other

¹³³⁹ Myrdal and Klein, *Women’s Two Roles*, p. xiii

¹³⁴⁰ *Ibid.*, p. 117

¹³⁴¹ Klein, ‘Emancipation of Women: Two Views’, 659

¹³⁴² McCarthy, ‘Social Science and Married Women’s Employment in Post-War Britain’, 300-303

¹³⁴³ Kleinberg, ‘The No-Win Mom’, p. 390; Sara Maitland, ‘A Feminist Writer’s Progress’, Michelene Wandor (ed.), *On Gender and Writing* (London, 1983), pp. 17-23

¹³⁴⁴ Brownmiller, *Femininity*, p. 181

¹³⁴⁵ Ericksson-Lihr, ‘Symposium from Austria, France, Italy and Finland’, 58

internationalist organisations which discussed the dual role in the 1950s and early 1960s, members of the MWIA discerned danger not in the automatic neglect of children or the erosion of ‘traditional’ femininities, but in uneven legislative and practical provisions and the advanced velocity of social change.¹³⁴⁶ As Mathew Thomson has noted, attempts to use scientific knowledge to ‘engineer’ a post-war global order rooted in psychological principles had disputable levels of influence on serious policy. There was often ‘little sign of willingness to address the radical underlying message that the very planning of society needed to embrace this psychological economics.’¹³⁴⁷ The crucial leap from psychosocial critique to constructive intervention, fundamentally, was rarely made.¹³⁴⁸ Although feminists and mental hygienists collaborated on visions of what a therapeutic society might look like for women, they have scarcely been able to build one. The extent to which seemingly mundane negotiations over part-time work or childcare were charged with medical meanings, however, demonstrates a degree of reach for structural initiatives which, even if they had not originated with psychological engineers, had certainly been co-opted by them into a disruptive political language.¹³⁴⁹

Ericksson-Lihr’s marginalisation of personal competence – a factor which, as the previous section of this chapter has shown, was fetishized elsewhere – set a tension between community and individualism, but also between power and passivity.¹³⁵⁰ Juxtaposing Steven Taylor’s 1938 account of the ‘suburban neurosis’ with women’s own life narratives, Judy Giles has described how ‘Taylor’s Mrs Everyman’ was depicted as ‘powerless to change or direct her life, which is entirely dependent upon husband, education, builders, social reformers and other external agencies.’ In contrast, Giles produced the testimony of ‘Dot’, who represented herself ‘as an acting subject in her own story.’¹³⁵¹ Her criticism of Taylor’s patronising and dehumanising construction of suburban housewives is apt. It was the

¹³⁴⁶ Cooper, ‘Medical Feminism, Working Mothers, and the Limits of Home’

¹³⁴⁷ Thomson, ‘The Psychological Sciences and the “Scientization” and “Engineering” of Society in Twentieth-Century Britain’, p. 150

¹³⁴⁸ *Ibid.*, p. 152

¹³⁴⁹ Eric Trist, ‘The Need of the Social Psychiatrist to Influence Wider Social Networks and Their Environments’ (speech to the sixth international congress of psychotherapy, 1964): PHVD, WL, PP/HVD/G/4/37

¹³⁵⁰ Matt Smith, ‘A Fine Balance: Individualism, Society and the Prevention of Mental Illness in the United States, 1945–1968’, *Palgrave Communications* 2:16024 (2016)

¹³⁵¹ Giles, *Women, Identity and Private Life in Britain*, p. 93

psychologised spectacle of women disconnected from their own destinies, however, which validated his alteration of psychic distress 'into a demand' – the words are Rhodri Hayward's – 'not for psychotherapeutic explanation or understanding, but for social or political intervention.'¹³⁵² As Taylor himself put it, 'the prevention of the suburban neurosis, then, is in the hands of the social workers and politicians.'¹³⁵³ Without some understanding of responsibility for health as commonly and politically held, an emphasis on agency limited medicine – and feminism – to working only through transformation of the self.¹³⁵⁴

In her meticulous studies of the mass closure of wartime nurseries, Denise Riley has described the 'famous break' in the extent of provision for working women's needs, a technocratic development which took place against the grain of mid-1940s rhetoric on freeing mothers from unrelieved childcare.¹³⁵⁵ Concentrated in 1945 and 1946, a multiplicity of voices argued in favour of a series of supportive measures, including nurseries, after-school activities, convalescent homes for tired housewives, local babysitter's registers, communal laundries, and the rationalisation of domestic architecture.¹³⁵⁶ As the urgency of total war receded, however, the political will to help married women manage their work diminished. In 1945, Dagmar Wilson noted that 'various home difficulties which affected industrial workers, such as care of young children, family shopping, etc., had, as far as possible, been dealt with'; writing in 1962, Pearl Jephcott bemoaned that 'in peacetime little is done to help the mother who works with her domestic problems.'¹³⁵⁷ According to Riley, the post-war progressivism exemplified by the Beveridge report and the social-democratic idealism of the Attlee government 'effectively collapsed sexual difference into a brisk citizenship, trampling over the solid intricacies of both class and gender.' In relation to production, egalitarianism was taken to mean that women and men

¹³⁵² Hayward, *The Transformation of the Psyche in British Primary Care*, p. 84

¹³⁵³ Taylor, 'The Suburban Neurosis', 261

¹³⁵⁴ Kirby, 'Working Too Hard', p. 72; Busfield, *Men, Women and Madness*, p. 237

¹³⁵⁵ Riley, 'The Free Mothers', 60

¹³⁵⁶ Riley, 'Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain', p. 265

¹³⁵⁷ Wilson, 'Note on the War-Time Health of Women in Industry and at Home', 222; Ministry of Labour and National Service, *Women in Industry*, p. 228; Jephcott, Seear and Smith, *Married Women Working*, p. 174

would simply work on the same terms.¹³⁵⁸ The ‘undifferentiating tones of social democracy’, she argued, were ‘deadly’; the mother ‘who did go out to work, and who consequently had different needs, became an impossibility, regarded by no-one.’¹³⁵⁹ Her vision of working mothers as a nullity, neither seen nor heard, hardly stands up to close examination. Feminists and industrial medics ‘regarded’ working mothers, and acknowledged their specific challenges and requirements. There were certainly tensions in progressive discourses – and in the attitudes of employers – between the competing principles of equality and exceptional need. At times, however, social democracy provided a language of reform and reconstruction which promised to reshape the world in favour of working women.

Indeed, there was growing recognition in post-war Britain and mainland Europe that married women’s employment was an upward trend, an irreversible and permanent feature of modernising industrial societies.¹³⁶⁰ Like Myrdal and Klein – whose feminism was distinctly social-democratic – doctors, sociologists and politicians plotted methods to ease this transition, and to build an apparatus of assisted self-determination around women. The final section of this chapter examines the use of anxieties over women’s health as a tool for political transfiguration, tracing national and international dialogues between feminism, preventive medicine, and public planning. In the first order, it explores the vexed issue of distinct working arrangements for married employees. The availability of part-time work, factory and government nurseries, and cultures of sympathy and encouragement each played a significant part in fostering health and facilitating balance. Companies, however, could be reluctant to be seen to show favouritism to some sections of their workforce, or to voluntarily increase the sum of their administrative burden by taking on multiple personnel to fill a single full-time role. In lieu of supportive regulation or centralised policy, women’s experiences with employers were reduced to a lottery.¹³⁶¹ The direct effects of legislation – particularly on tax – were also acutely felt, as existing systems disadvantaged and

¹³⁵⁸ Riley, ‘Some Peculiarities of Social Policy Concerning Women in Wartime and Postwar Britain’, p. 268

¹³⁵⁹ Riley, ‘The Free Mothers’, 109, 61; see also Wilson, *Only Halfway to Paradise*, p. 164, Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 216

¹³⁶⁰ Harris, *Married Women in Industry*, p. 5; Wilson, *Only Halfway to Paradise*, p. 53

¹³⁶¹ Zweig, *Women’s Life and Labour*, p. 140

disincentivised married workers. Consequently, some of the keenest insights into the structural fundamentals of role combination were generated by organisations able to look beyond national boundaries in their comparison of sources of strain and relief. The working women who had broken down or abandoned their efforts, they argued, were the inevitable victims of rapid social evolution.

Restructuring the Workplace

From the 1940s onwards, advocates of balanced lifestyles agitated for a reorganisation of work to reflect the specific needs of women with external demands on their time. Ena Brown's 1948 essay on emancipation from housework referred to the 'difficulties of organisation' that companies would be called upon to work through.¹³⁶² Writing from a very different perspective in 1949, David Mace acknowledged that many modern women wanted 'some stake in both worlds', and reasoned that it was incumbent on society to 'make this possible for them.'¹³⁶³ Alongside mechanising routine domestic jobs and enlisting husbands to take a greater share of housework, it was necessary to make part-time work available to all who needed it: 'why should the ability and skill of a highly capable woman be entirely lost to the community when she marries because we're all so stuck-in-the-mud that we can't offer her special arrangements of working hours to fit in with her home responsibilities?' Intractable employers, implicitly, were a threat to women's self-actualisation. As such, their inability to adapt endangered the stability of companionate marriage.¹³⁶⁴ Across the 1950s and 1960s, a chorus of voices noted that, as Olwen Campbell wrote in 1952, the world of work had exerted little effort to 'adjust its mechanisms to women's lives, to understand their special problems, or consult them in social planning.'¹³⁶⁵ Reviewing *Women's Two Roles*, which argued in 1956 for 'greater flexibility in the organisation of industry', the sociologist of education Olive Banks observed pointedly that 'there is nothing sacrosanct about our

¹³⁶² Brown, 'Can Women be Emancipated', 13

¹³⁶³ Mace, *Marriage Crisis*, p. 45

¹³⁶⁴ *Ibid.*, p. 46

¹³⁶⁵ Campbell, *The Feminine Point of View*, p. 44; Zweig, *Women's Life and Labour*, p. 140; Richard Denman, 'Graduate Wives: Reservoir of Wasted Talent', *Liverpool Daily Post* (April 28th, 1954); Hubback, *Wives Who Went to College*, p. 78; LSE Social Science Department, *Woman, Wife and Worker*, p. 19; Yudkin and Holme, *Working Mothers and Their Children*, p. 51, 179

occupational structure.¹³⁶⁶ Reflecting what married women often claimed they wanted, industrial reform was usually shorthand for the creation of part-time work.¹³⁶⁷ Perhaps because it could be difficult to think outside of existing structures and ways of working – which, as some astute commentators argued, was precisely the problem – part-time work seemed to offer an ideal solution. Aside from low pay, security, intricacy and esteem, however, it rarely corresponded cleanly with school hours. The much-discussed problem of ‘latch-key’ children coming home to an empty house still pertained, just on odd days of the week.¹³⁶⁸

Myrdal and Klein never went as far as to question the fundamental construction of the working week, revolving as it did around masculine rhythms of labour, relaxation and leisure. Nevertheless, they predicted a ‘conflict between the interests of the sexes’ in their proposition that married women’s work could result in increased free time for both wives and husbands. If working hours could be reduced, they argued, women would choose to shorten the length of their daily shift, shaping their work around the school day. ‘Men and their trade union representatives’, on the other hand, had ‘their eye on sports events’; their instinct was to maximise leisure by decreasing the number of days worked in total.¹³⁶⁹ Forced to adapt to patterns of work – even part-time work – which presupposed a masculine freedom from other responsibilities, childcare amenities were crucial to women’s ability to manage. In the case of both public and private nurseries, however, the reach and quality of services were irregular.¹³⁷⁰ Even when good local nurseries existed, they were frequently

¹³⁶⁶ Myrdal and Klein, *Women’s Two Roles*, p. 92; Olive Banks, ‘Book Review: Women’s Two Roles’, *British Journal of Sociology* 8:1 (1957), 75-80, 80

¹³⁶⁷ Elizabeth Roberts, *Women and Families*, p. 122; Testimony 250, 1963, PVK, URSC, MS 1215/26/1; Testimony 270, 1963, PVK, URSC, MS 1215/26/1; Testimony 479, 1963, PVK, URSC, MS 1215/27/1; Testimony 624, 1963, PVK, URSC, MS 1215/28/1; Testimony 820, 1963, PVK, URSC, MS 1215/29/1; Testimony 633, 1963, PVK, URSC, MS 1215/28/1; Campbell, *The Feminine Point of View*, p. 50; Thomas, *Women and Industry*, p. 4; Harris, *Married Women in Industry*, p. 7; Myrdal and Klein, *Women’s Two Roles*, p. 163; Anon., ‘Brains at the Sink’, *The Economist* (Oct. 19th, 1957); Doris Odlum, ‘Joint Conference of Advisory Councils On Occupational Health’, *The British Medical Journal* 1:5134 (May 30th, 1959), 248-249, 249; Jephcott, Seear and Smith, *Married Women Working*, pp. 162-163

¹³⁶⁸ Yudkin and Holme, *Working Mothers and Their Children*, p. 161

¹³⁶⁹ Myrdal and Klein, *Women’s Two Roles*, pp. 194-195

¹³⁷⁰ Zweig, *Women’s Life and Labour*, pp. 76-80; Eva Zweig, ‘Visits to Children’s Nurseries’ in Ferdinand Zweig, *Women’s Life and Labour* (London, 1952), pp. 181-190; Testimony 854, 1963, PVK, URSC, MS 1215/29/1; Testimony 418, 1963, PVK,

oversubscribed, and the children of working mothers were rarely admitted to state-run facilities.¹³⁷¹ As the Labour councillor and Fabian Hilda Selwyn-Clarke informed Klein in 1960, the policy in Fulham was to accept 'Priority One' children, those in urgent need, and some 'Priority Two', whose mothers had no choice but to work. 'Priority Three', however, were only taken in on a temporary basis, on the unlikely event of a vacancy: 'and those, Dr. Klein, are [the children of] the women who want to go out to work because it fulfils them and because they can manage their children and home by doing so.'¹³⁷² With limited resources came hierarchies of need, which overlooked the subtler politics of emancipation and selfhood in favour of the alleviation of direct and pressing poverty and distress.

Researchers who canvassed employers found little evidence that they were changing their practices to fit married women's needs. Written on behalf of the Institute for Personnel Management in 1954, E.M. Harris' study *Married Women in Industry* gathered information on special measures from nine large companies. Four made no separate arrangements to assist and retain their married workers, and one of these stated explicitly that they did not believe in employing mothers of young children at all, and invariably preferred single women for promotion.¹³⁷³ A further three made slight adjustments, such as introducing an early finish on Friday for shopping, or informal release for children's illnesses.¹³⁷⁴ Only two, each with long histories of employing married women, had effective methods in place. The first, a factory for pottery, incorporated a staff laundry, canteen, and grocery, and instituted special leave for shopping. Part-time workers, however, were the first to be sacked at any sign of recession.¹³⁷⁵ The second, a Lancashire firm of cotton-spinners, employed a number of married women as 'half-day weavers', workers who came in during school hours to supplement the regular workforce. They also provided more

URSC, MS 1215/27/1; Yudkin and Holme, *Working Mothers and Their Children*, p. 141

¹³⁷¹ Mrs. Burton, 'Response to Lumsden Walker' (speech), *The National Society of Children's Nurseries One-Day Conference, Working Wives – What of the Children?* (London, 1960), pp. 22-23, p. 22

¹³⁷² Hilda Selwyn-Clarke, 'Response to Viola Klein' (speech), *The National Society of Children's Nurseries One-Day Conference, Working Wives – What of the Children?* (London, 1960), pp. 40-41, p. 40

¹³⁷³ Harris, *Married Women in Industry*, p. 16, 18, 20, 23

¹³⁷⁴ *Ibid.*, p. 19, 21, 23

¹³⁷⁵ *Ibid.*, p. 18

substantial part-time work and a nursery for children between three months and five years old.¹³⁷⁶ Almost a decade later, sixty-eight companies surveyed by Klein had no different policies for married and single workers, and a further fourteen stated that their only concession to married women was to offer part-time work. As she described, however, this did not necessarily mean that they were not given consideration for situations such as family emergencies, but that the manager's discretion was applied to cases with no regard to marital status.¹³⁷⁷ Asked whether it would be possible to increase the number of part-time employees, a third of companies gave a cautious and qualified yes, and still more replied that it was 'possible but undesirable', citing increased administrative and training commitments.¹³⁷⁸

Rather than fostering a drive for constructive solutions, the problem of sickness absenteeism seemed to convince some firms that married workers were more trouble than they were worth.¹³⁷⁹ Intermingled with fears over productivity and reliability, working mothers were subject to employers' disapproval of their decision to take a job; their maternity shaped their identities as workers, and the simple fact of their employment cast doubt on their ability to mother. Some bosses told them outright that they opposed their employment, but could not find a man or single woman to fill their place.¹³⁸⁰ Whether communicated explicitly by working cultures or tacitly by the resolution not to make adjustments for their needs, hostility to married workers underscored feelings of marginality and uncertainty, feeding a vicious circle of ambivalence on both sides.¹³⁸¹ Returning to work as their children grew, women further contended with toxic admixtures of sexism and ageism.¹³⁸² One marriage counsellor was consistently 'made to feel too old' at fifty, even though she was healthy and energetic.¹³⁸³ Universities, some women explained, could be the worst

¹³⁷⁶ Harris, *Married Women in Industry*, p. 19

¹³⁷⁷ Klein, *Britain's Married Women Workers*, p. 121

¹³⁷⁸ *Ibid.*, p. 131

¹³⁷⁹ *Ibid.*, p. 133; Hubback, 'Graduate Wives and Work', 12; Anon., 'Working Wives – And their Children', 1128

¹³⁸⁰ Testimony 201, 1963, PVK, URSC, MS 1215/26/1; Testimony 692, 1963, PVK, URSC, MS 1215/28/1

¹³⁸¹ Myrdal and Klein, *Women's Two Roles*, p. 107; Testimony 299, 1963, PVK, URSC, MS 1215/26/1; Testimony 419, 1963, PVK, URSC, MS 1215/27/1

¹³⁸² Campbell, *The Feminine Point of View*, p. 29

¹³⁸³ Testimony 629, 1963, PVK, URSC, MS 1215/28/1

offenders. Unable to find research work in her chosen field, one mother observed – from her consolatory role at the departmental administrative office – that ‘employers invariably chose the young male history graduate even when there were women candidates with comparable qualifications.’¹³⁸⁴ Equally, a language graduate who wanted to neither ‘bury my one talent’ nor ‘sacrifice my family’ found that ‘admission to univ. posts is very difficult for women to obtain. A considerable bias to appointing men appears to exist.’¹³⁸⁵ Even when overt attempts to exclude married women were unsuccessful, employers found ways to alienate them and discourage their interest. One plant physiologist told of how her employer’s ‘cold disdain’ had devolved into active victimisation:

‘When I had badgered and bought all required, lab space, lab equipment, + found the constant passing of main line trains was the last impossibility in the grudging, freezing, inaccessible room – I was met with “we thought the Dreadnought Lab would put you off quicker than anything!”¹³⁸⁶

The problem of special treatment – or in some instances, parity of treatment – for married women contained a deeper question about the means, extent, and finality of emancipation. Employers who believed that equality had come with the vote, for example, saw little need to make specific arrangements for staff they viewed as having sought and won the right to compete with men on a level playing field.¹³⁸⁷ Nor were colleagues always sympathetic, resenting the allocation of coveted shifts.¹³⁸⁸ In a 1948 report for the MWF, ‘Problem of a Married Medical Woman’, Ann Wyatt explained that she had been ‘most meticulous in not asking for concessions merely because of being married.’ When men took jobs with fewer commitments on time, they were celebrated for their dedication to their families; if a woman took a similar post, however, there was an attitude of ‘Oh! These married women.’ As was the case in ‘the pioneer days’, she concluded, simple competence was not enough for a woman to be recognised and accepted. Rather than having to work as hard as a

¹³⁸⁴ Testimony 678, 1963, PVK, URSC, MS 1215/28/1

¹³⁸⁵ Testimony 333, 1963, PVK, URSC, MS 1215/26/1

¹³⁸⁶ Testimony 685, 1963, PVK, URSC, MS 1215/28/1

¹³⁸⁷ Klein, *Britain’s Married Women Workers*, pp. 121-122; Wilson, *Only Halfway to Paradise*, pp. 61-62

¹³⁸⁸ Testimony 680, 1963, PVK, URSC, MS 1215/28/1

man, 'she must always work much harder.'¹³⁸⁹ While Wyatt walked an individual path through the politics of equality and difference, others traced the blurred boundaries between constructive protection, undue privilege, and paternalistic constraint. Speaking in Istanbul in 1961, Klein argued in favour of special legislation and provisions for married workers.¹³⁹⁰ Opinion was divided, she noted, as to whether such measures 'serve the cause of women.'¹³⁹¹ In clarification, she cited a 1950 report issued by the International Labour Organisation (ILO), *The ILO and Women*. The report set out two 'essential conditions' that any legislation on female workers had to conform to. On the one hand, they had to be adapted to the specific requirements of women; on the other, they had to enable them to take their place in the labour market on an equal footing with men. The 'basic problem of any regulations concerned with women workers', the ILO concluded, was 'the balance between these two requirements.' Too many protective measures would leave women unable to find work at all, but too few would deprive them of necessary opportunities and safeguards.¹³⁹²

Addressing a meeting of the WHO in 1962, Henrick Hoffmeyer observed similarly that many countries had been careful not to introduce employment legislation 'which might seem to run counter to emancipation.' Ethically and legally, the imperative to provide protections for mothers of small children outweighed 'the principle of total equality between man and woman', which often resulted in exploitation.¹³⁹³ Setting limits on the hours that a mother could work could be construed as a rational response to the irrefutable social fact that women spent more time cleaning, cooking, and parenting than men, but it could also prolong and entrench those divisions, placing fresh obstacles in the path of future workers.¹³⁹⁴ In 1963, Simon Yudkin and Anthea Holme described successive British governments as 'either ambivalent or without policy' in regard to working women, pointing instead

¹³⁸⁹ Ann Wyatt, 'Problem of a Married Medical Woman' (unpublished report circulated to Medical Women's Federation, 1948, pp. 28-29: PMWF, WL, SA/MWF/J/21

¹³⁹⁰ Klein, 'Young Women and Work', p. 10

¹³⁹¹ *Ibid.*, p. 12

¹³⁹² International Labour Organisation, *The ILO and Women* (Geneva, 1950), p. 29

¹³⁹³ Hoffmeyer, Speech to the WHO in Athens, 1962, p. 6

¹³⁹⁴ Anon., 'Part-Time Work', 5

to ‘a jumble of ad hoc adjustments to special needs and situations.’¹³⁹⁵ If tailored provisions were a contested subject amongst feminists and progressives, they were – as Kathleen Bliss phrased it in 1953 – ‘dangerous ground’ in broader public conversations.¹³⁹⁶ Reluctant to incentivise working motherhood, policymakers had a ‘divided state of mind’, a conflicted inertia which prevented health workers from ‘throwing in the energy needed to make the conditions of work better than they often are.’¹³⁹⁷ Writing in 1956, Myrdal and Klein wrote consonantly of the ‘divided mind’ revealed in the ‘half-hearted measures taken after the end of the war to make it easier for married women to accept outside work.’¹³⁹⁸ For Klein, the attitudes taken by opponents of women’s work were destructively hypocritical. Those who spoke the loudest about the potential harm to women and families were ‘the same who most strongly oppose the introduction or expansion of services which might alleviate the lot of working mothers.’¹³⁹⁹ Although she provided no precise examples, the responses from employers reproduced by E.M. Harris in 1954 included one perfect illustration of industrial doublethink:

‘At present no concessions are granted to married women here. The management prefers not to employ them if single women are available. With married women there is always the greater risk of absenteeism and a higher labour turnover. I think that the employment of married women in industry has a detrimental effect on married life. With no special concessions, I cannot see how a woman can possibly cope adequately with a home, husband and children.’¹⁴⁰⁰

Put forward as an excuse *not* to improve conditions, the image of married women as unhealthy and unproductive workers acted to foreshadow their stress and ill-health, sabotaging any chance they had to thrive. Although some women reported positive experiences with employers, the effects of government indecisiveness were keenly felt. Equally discouraging, taxation penalised their efforts heavily at all but the

¹³⁹⁵ Yudkin and Holme, *Working Mothers and Their Children*, p. 27

¹³⁹⁶ Bliss, ‘Forum on Family Relationships: Husband/Wife’, p. 33

¹³⁹⁷ *Ibid.*, p. 34

¹³⁹⁸ Myrdal and Klein, *Women’s Two Roles*, p. 110

¹³⁹⁹ Klein, *Britain’s Married Women Workers*, p. 142

¹⁴⁰⁰ Harris, *Married Women in Industry*, p. 18

lowest brackets of pay.¹⁴⁰¹ The combination of paying for domestic assistance and the large surtax bill imposed on their husbands often meant that women hardly contributed to their household finances at all.¹⁴⁰² As one housewife wrote, ‘whatever salary I might earn – & more – would be swallowed up by the help.’¹⁴⁰³ The least that legislators could do, a number of working married women suggested, was to treat the money they spent on cleaners and childminders as a non-deductible allowance for income tax.¹⁴⁰⁴ In all but the least sophisticated assessments of women’s reasons for working, material and psychological motives were closely intertwined. If work was poorly organised, difficult to manage alongside a family and a marriage, and – crucially – did not pay, it could seem far more galling than domestic life. Alongside narratives of therapy and fulfilment through occupation, discourses on the psychology of independence and self-realisation depended to a degree on the ability to earn, to establish their potential to support themselves, and to do something that made a difference; not just to their communities or the national economy, but to the living standards of their own families.¹⁴⁰⁵

International Feminism and Public Health

Arguments for the comprehensive renovation of British industrial and legislative practices took place within and around transcultural conversations on structural change in post-war Europe. The mass exodus of married women into paid work was approached and discussed as an international phenomenon, a shared experience given variety and complexity by the legal, practical, and cultural differences contained by national borders. From the late 1940s, the United Nations connected work with self-improvement and health, and lobbied for the institutional conditions which made it possible.¹⁴⁰⁶ In their 1948 report on equal pay, the ECOSOC

¹⁴⁰¹ Marghanita Laski, ‘Employment of Women with Children’, *Nursing Times* (Aug. 19th, 1957); Myrdal and Klein, *Women’s Two Roles*, p. 145

¹⁴⁰² Testimony 707, 1963, PVK, URSC, MS 1215/28/1; Testimony 765, 1963, PVK, URSC, MS 1215/29/1; Testimony 706, 1963, PVK, URSC, MS 1215/28/1

¹⁴⁰³ Testimony 7, 1963, PVK, URSC, MS 1215/31/1

¹⁴⁰⁴ Testimony 255, 1963, PVK, URSC, MS 1215/26/1; Testimony 629, 1963, PVK, URSC, MS 1215/28/1; Testimony 728, 1963, PVK, URSC, MS 1215/29/1; Testimony 11, 1963, PVK, URSC, MS 1215/31/1; Testimony 757, 1963, PVK, URSC, MS 1215/29/1; Testimony 357, 1963, PVK, URSC, MS 1215/27/1; Testimony 299, 1963, PVK, URSC, MS 1215/26/1

¹⁴⁰⁵ Wilson, ‘A New Look at the Affluent Worker’, 206

¹⁴⁰⁶ ECOSOC, Part-Time Employment, p. 25

commission on the status of women argued that married workers should be ‘largely freed from domestic cares’ by the implementation of workplace crèches, nurseries, laundries and canteens. The shift they envisaged was driven by trade union officials, staff representatives, and work councils, underwritten and encouraged by designated government grants.¹⁴⁰⁷ Rather than viewing women’s work as a dilution of labour, male-dominated unions had to resist the ‘present social system, in which efforts are made to keep workers of both sexes at loggerheads.’ Cynically fabricated ‘clashes of interest’ between male and female workers explained the inadequate progress made in ‘facilitating the lives of working women.’¹⁴⁰⁸ Combatting a false sense of conflict, the authors of the report suggested, required ‘active individual propaganda’ from organised working women. It was incumbent on female shop stewards to educate and inform their male counterparts, emphasising solidarity between workers, not sexes.¹⁴⁰⁹ Here was a socialistic perspective which situated feminist struggle in a broader dialectic between labour and capital, but did not act to negate the needs and differences of female workers.

As chapter three of this thesis has discussed, internationalist medical organisations held important conferences on married women’s work in the mid-1950s, contesting discourses which equated working motherhood straightforwardly with childhood and family pathology. It was the inevitability of damage to family life that practitioners questioned; women could still compromise their children’s or husband’s health if they were overwhelmed by conflicting responsibilities and identities. Positive and negative experiences of work sat across a long and complicated spectrum, mediated by structural, environmental, and individual circumstances. A meeting of the ELMH in Istanbul in 1955 witnessed an ‘extraordinary measure of agreement’ to a keynote speech which called on mental hygienists from fourteen European countries to dispense with ‘moral judgements’ and acknowledge the momentum of change.¹⁴¹⁰ Delivered by Paul Sivadon, the address argued that the best contribution doctors could make was to ‘be practical and try to assess the good and bad features of the situation and to make realistic

¹⁴⁰⁷ ECOSOC, Declaration of Principles on the Earnings of Female Labour, pp. 2-3

¹⁴⁰⁸ Ibid., p. 27, 9; UN, *What the United Nations is Doing for the Status of Women*, p. 14

¹⁴⁰⁹ ECOSOC, Declaration of Principles on the Earnings of Female Labour, p. 27

¹⁴¹⁰ Anon., ‘European League For Mental Hygiene’, 785-786

proposals for the best way of dealing with the problems it raised.’ As examples, he mooted the expansion of day-nurseries, legislation on pre-natal and post-natal absence, and a restructuring of work to allow women to spread their labour over hours compatible with their home duties.¹⁴¹¹ Despite considerable differences in levels of development between countries, their representatives met with surprisingly similar complications. Each agreed that ‘the mental health of every community’ rested on the ability of workers in mental hygiene to find urgent and effective solutions.¹⁴¹²

In the following year, an extraordinary general assembly of the MWIA addressed identical challenges. Lengthy contributions from a number of delegates brought national disparities in social support to the foreground of debate. Although the pressures of working motherhood presented serious psychiatric challenges, there was a shared sense amongst those present that the benefits outweighed the risks, and that most difficulties were surmountable by social and medical measures.¹⁴¹³ Only one speaker struck a discordant note. The founder of the Zurich Institute for Mental Health in Childhood, Marie Meierhofer, concluded that married workers placed themselves at undue risk of ‘un surmenage’ [overwork/fatigue].¹⁴¹⁴ Less than half of married workers in Switzerland, she argued, experienced good health. Instead, they suffered from headaches, circulatory disorders, back pain, guilt, tension, loss of coping, and pervasive feelings of inferiority. These self-perpetuating disorders destabilised ‘l’atmosphère familiale’ [the family atmosphere]. When her arguments were challenged in discussion by the remaining speakers, a number of delegates, and a few of her Swiss colleagues, Meierhofer explained that the ethical and medical dimensions of the question were negated by the national political context. Swiss legislative practice was presently organised around encouraging women to stay at home, raising men’s wages at the same time as providing financial incentives in the form of grants and tax relief to full-time mothers.¹⁴¹⁵ Practical measures to assist women who went to work, therefore, received little support. In

¹⁴¹¹ Anon., ‘European League For Mental Hygiene’, 785

¹⁴¹² Ibid., 786

¹⁴¹³ Serin, Speech to the MWIA in Burgenstock, 1956, p. 34; Anna Charlotte Ruys, Speech to the MWIA in Burgenstock, 1956, p. 39: PMWF, WL, SA/MWF/K.9/1

¹⁴¹⁴ Marie Meierhofer, Speech to the MWIA in Burgenstock, 1956, pp. 12-13: PMWF, WL, SA/MWF/K.9/1

¹⁴¹⁵ Ruys, Speech to the MWIA in Burgenstock, 1956, p. 37

this inhospitable atmosphere, she argued, the possible benefits of work to women were unable to be realised; they were abstract, they held no substance. Disappointed by her unwillingness to pay lip service to the worth of work in the face of what she regarded as discouragingly prohibitive circumstances, other members characterised her position as a 'negative' stance which looked on the 'darker side.'¹⁴¹⁶

In contrast with Switzerland, Scandinavian legislation was broadly supportive of women's choices. An advocate of contraception and women's health specialist in Copenhagen, Inge Jespersen, reported to the Association on innovations in Denmark, Norway, and Sweden. Women were empowered to balance work and family without negative implications for either health or family life by a series of initiatives: prohibition of night work, maternity leave, flexible working hours, job security on pregnancy or marriage, nurseries and crèches, permissive taxation, and means tested domestic help for working mothers. The problems women faced, however, could not be said to have been entirely solved. Further legislation was needed, as were increased male participation in housework and parenthood, and changes to sexist employment cultures which disadvantaged all women, married and single.¹⁴¹⁷ Although her own presentation revolved more around the importance of maternal independence and resilience, Odlum situated Britain somewhere between Switzerland and Scandinavia in terms of structural encouragement and assistance.¹⁴¹⁸ Summing up proceedings, Anna Charlotte Ruys emphasised that it was 'not so much that the woman works outside her home, which causes mental or physical breakdown of the wife, but the special circumstances of the case.'¹⁴¹⁹ Legislation, regulation and provision were not incidental to the personal and psychological balancing acts that working wives and mothers had to perform. They were the ingrained structural mechanisms which, in conjunction with important factors such as individual disposition, family health, living conditions, and marital

¹⁴¹⁶ Anon., 'Medical Women's International Association', *The British Medical Journal* 2:5004 (Dec. 1st, 1956), 1297

¹⁴¹⁷ Inge Jespersen, Speech to the MWIA in Burgenstock, 1956, pp. 3-4: PMWF, WL, SA/MWF/K.9/1

¹⁴¹⁸ Odlum, Speech to the MWIA in Burgenstock, 1956, pp. 20-22

¹⁴¹⁹ Ruys, Speech to the MWIA in Burgenstock, 1956, p. 36

relations, governed whether women thrived or floundered.¹⁴²⁰ In the arguments of each of the delegates – including, to a degree, Marie Meierhofer – the negative consequences of work were reconfigured as culturally and politically conditional, and, consequently, as potentially responsive to techniques of medical and social management.

From David Mace to the MWIA, balance between work and home was understood as a collective achievement and a collective charge, an accomplishment enabled by formal and informal networks of obligation, accountability, and care. At a WHO seminar on working women in 1962, psychotherapists from communist countries invoked the ‘duty of the state’ to intercede in the long process of emancipation.¹⁴²¹ Although they framed their demands in more consensual terms, socialist feminists in democratic Europe agreed fundamentally on the need for centralised planning to allow women to reconcile and harmonise their changing identities and responsibilities. Meeting in 1961, the ICSDW set out a radical blueprint for state feminism, including public information and consciousness-raising, equal pay, shorter daily hours of work, compulsory minimums for paid holidays, blanket nursery provision, play spaces, and the introduction of the five day week.¹⁴²² The chair of Sweden's Social Democratic Women's Federation, Inga Thorsson, spoke of the pressing need to ‘devote much more consideration and planning to the obligations this situation [married women’s entry into the workforce] places on the community.’¹⁴²³ For a British Labour MP, Alice Bacon, it was important not to tell women what to do or think; as women and as politicians, the role of the ICSDW was to ‘create the conditions which make a true choice possible for a married woman with children.’¹⁴²⁴ Behind her words, implicitly, was the false choice outlined by Olwen Campbell in 1952; domestic stagnation and loneliness or conflict and stress in the awkward space between two worlds.¹⁴²⁵ The difference between health and illness, the conference report concluded, was too often made by disparities in supportive systems and structures. No woman was an island: ‘the problems that they face and

¹⁴²⁰ Allen, *Feminism and Motherhood in Western Europe, 1890–1970*, p. 225

¹⁴²¹ WHO, *Women Who Work: Report of Seminar Discussions*, p. 12, 18

¹⁴²² ICSDW: *Report of Debate in Rome, October 1961*, p. 13

¹⁴²³ Thorsson, *Speech to the ICSDW in Rome, 1961*, p. 17

¹⁴²⁴ Bacon, *Speech to the ICSDW in Rome, 1961*, p. 18

¹⁴²⁵ Campbell, *The Feminine Point of View*, p. 51

which they are bravely seeking to master are not their personal problems but questions of the structure of society which concern the community as a whole.¹⁴²⁶

Conclusion

Between the post-war writers and practitioners who exiled women's difficulties in finding balance to the partitioned realm of the intrapersonal and those who conceived them as political and cultural failings writ large on individual bodies and minds were a gamut of commentators who understood that there were both individual and external obstacles to overcome. At their worst, individualist narratives sought to divide and fracture distress, to render it personal and private. At their most nuanced, however, they testified to the insidious colonisation of women's consciousness by values and ideals which ran counter to their psychological and political interests. The attachment of psychic injury or grief to improvable conditions allowed for a discursive use of illness as a transformative political motor. Medical conversations were increasingly suffused with feminist observations about women's internal relationships with the social world. What each way of naming and resolving disorder had in common was a shared emphasis on modernity, adjustment, and alteration. When women broke down under the strain of the double burden, they signified a pathogenic imbalance between the pace of transition and the capacity of individuals and communities to quickly adapt.

As Mark Jackson and Charles Rosenberg have explored, anxieties over rapid change recurred in discussions of nervous illness and stress across the late nineteenth and early twentieth centuries, reformulated later in discourses on technological innovation and sensory overload.¹⁴²⁷ Writing on the rediscovery – perhaps, the fabrication – of traditional working-class neighbourliness amongst post-war sociologists of community and housing, Chris Harris situated their work amidst 'a

¹⁴²⁶ ICSDW: Report of Debate in Rome, October 1961, p. 13

¹⁴²⁷ Jackson, *The Age of Stress*, p. 62, 224-227; Charles Rosenberg, 'Pathologies of Progress: The Idea of Civilization as Risk', *Bulletin of the History of Medicine* 72:4 (1998), 714-730; Alvin Toffler, *Future Shock* (New York, 1970); Margaret Mead, 'Cultural Change and Mental Health' (speech), *Family Mental Health and the State: Proceedings of the 8th Annual Meeting of the World Federation for Mental Health, Istanbul, August 1955* (London, 1955), pp. 128-131; H. Merrill Jackson, 'Social Progress and Mental Health', *The Journal of Conflict Resolution* 14: 2 (1970), 265-275

wider post-war *mentalité* which perceived there to be a sea change taking place in social life which involved loss as well as gain and which sensitised researchers to the presence of the past as well as the future in the present.¹⁴²⁸ This sense of temporality can best be read in the deliberations of the MWIA in Burgenstock in 1956. Stepping outside of the ethical and medical case for work presented by the majority of speakers, both Doris Odlum and Anna Ruys emphasised that doctors in and beyond the Association would be increasingly required to assist women in navigating the complexities of the dual role, regardless of whether they approved. According to Odlum, women's use of work as a means of escape from the isolation and dissatisfaction of full-time domesticity had become irreversible and irresistible.¹⁴²⁹ Rooted in prejudice, ideological resistance could only hinder rational debate. Outdated objections had to be put aside in order for medical women to 'devise the most satisfactory methods of adapting family life to the new situation':

'Like all rapid social change it gives birth to conflicts and could therefore be pathological. In the interests of the mental health of the family it is essential to find solutions to establish an equilibrium between the traditional demands and these changing tendencies in order to preserve the stability of the family group and the satisfactory development of the personality of the child.'¹⁴³⁰

Developing Odlum's analogy, Ruys situated the medical consequences of emancipation in 'the dynamic process of the evolution of mankind.' Female vitality, she argued, was growing with an 'astonishing rapidity' which 'cannot be arrested.' Like a river bursting from its banks, it could cause damage, but was 'also fertilising new grounds.'¹⁴³¹ The purpose of the conference was to put this damage into perspective, counteracting the deep professional and emotional impressions made on doctors who had witnessed individual women 'break down under a double task of family duties and work.' As she closed proceedings, the multiple identities of the delegates – as doctors, feminists, and women – converged. Members of the MWIA, she emphasised, 'only have the right to welcome the shift we are witnessing if we have done our utmost to relieve the strain of those on whom the burden is too

¹⁴²⁸ Harris, 'The Family in Post-War Britain', p. 50

¹⁴²⁹ Odlum, Speech to the MWIA in Burgenstock, 1956, p. 27

¹⁴³⁰ *Ibid.*, p. 25

¹⁴³¹ Ruys, Speech to the MWIA in Burgenstock, 1956, p. 36

heavy.¹⁴³² In Britain, commentators described changes in women's behaviour as an 'avalanche', a 'rapid evolution', a 'new pattern of life', and an 'age of transition.'¹⁴³³ For Myrdal and Klein, post-war women were undergoing a 'long and painful period of awakening.'¹⁴³⁴ They had intentionally characterised women's difficulties as transitory, they explained, because they were 'convinced that they result from a temporary maladjustment between family demands and changed social conditions rather than from an inherent contradiction between women's various aims in life.'¹⁴³⁵ Until society had been so remade that these contradictions were no more acute than those experienced by men, the pursuit of balance could still cause harm.

¹⁴³² Ruys, Speech to the MWIA in Burgenstock, 1956, p. 39

¹⁴³³ Morris, 'Response to Viola Klein', p. 41; Anon., 'European League For Mental Hygiene', 785; Zweig, *Women's Life and Labour*, p. 153; Jephcott, Seear and Smith, *Married Women Working*, p. 174

¹⁴³⁴ Myrdal and Klein, *Women's Two Roles*, p. 115

¹⁴³⁵ *Ibid.*, p. 123

Chapter Five: Conclusion

In existing histories of post-war women, medical knowledge has been reductively portrayed as conservative, limiting, and paternalistic. When psychologists, psychiatrists, and other practitioners have been discussed, the theories they crafted have inevitably been interpreted as performing patriarchal work, tying restive women closer to the home by emphasising a narrow and instinctual maternal identity. Likewise, medical practice has been understood to police the norms that childcare experts set down, medicalising domestic distress and supplying psychiatric answers to political problems. Based on varying degrees of engagement with the ideas of a few important – but by no means definitive – authorities, the widespread repetition and reformulation of an unsophisticated dichotomy between medics and feminists has been allowed to obscure a deeper and more complex history of negotiation, collaboration, confluence, and compromise. In the last few years, good social and cultural histories of the immediate post-war decades have taken a complicated look at mid-century sociologies of women, rescuing them – at least partially – from the condescension of feminist scholarship in the 1970s, 1980s, and 1990s. Yet, little such revision has hitherto been done on medical contributions to animated debates on gender, work, domesticity, motherhood, and lifestyle. It has been difficult, consequently, to understand how such contributions worked on post-war feminisms, and were worked on by them in turn. A critical component of the history of the dual role – that it emerged in part as a therapeutic and prophylactic artefact, bound up with medical anxieties and authority – has therefore gone unexplored.

This thesis is the first sustained examination of the medical politics of working motherhood in post-war Britain. Tracing discourses on health and illness beyond debates between medical professionals, it investigates the cultural resonance of anxieties about the consequences of women's behaviour over almost two decades of ideological and normative changes. In so doing, it offers scholars a number of new vocabularies and frames of reference. Mobilising underused and disregarded texts and testimonies alongside manuscripts such as Myrdal and Klein's *Women's Two Roles* which have been foundational sources for generations of scholars, it leaves no room for discussions of gender and medicine in the 1940s, 1950s and early 1960s that are not complex, that do not acknowledge and understand the messy variety of competing claims to truth. Within this complexity, it illuminates a series of ignored or

neglected histories: the rendering of women as pathogenic in dissections of male health, the traction of concerns over smothering maternity in Britain, domestic pathologies of frustration and fatigue, medical and moral preoccupations with social isolation, the part played by feminists in connecting productivity with personhood, therapeutic visions of work and studies of monotony and daydreaming, the emergence of the healthy working mother, the medical impact of the 'double burden', and the tension between individual and collective responsibility in narratives of balance and imbalance. Taken together, they form a granular and original interpretation of the construction and regulation of the dual role.

This thesis begins by addressing medical and cultural anxieties over motherhood, marriage, and male health. It traces ideas of maternal deprivation and instinctual motherhood beyond John Bowlby's work, building a complex picture of discourses on juvenile delinquency, childhood loneliness, and the biosocial importance of the mother-child bond. Rather than making any revisionist claims about the nature of such work – except to reassert the point that associations between employed mothers and maladjusted children were intended, not accidental – the first chapter introduces and explores writers who advanced a similarly restrictive view of gender and adult female identity, or who used, disseminated, and adapted Bowlby's theories for new audiences. It acts, therefore, to ground the thesis, taking a three-dimensional look at aetiological narratives which have often been caricatured. Although the first chapter argues ultimately for a reconsideration of Bowlby's influence, his ideas played a crucial part in shaping debates about working motherhood. When doctors and feminists struck a balance between care and independence, the shadow of the deprived child tipped the scales.

If earnest and permissive studies of childhood worked insidiously to ossify women's freedom and ambition, might concerns about male pathology operate in the same way? Medical work on men's occupational stress, heart disease, and the psychology of marital authority each encouraged the performance of a passive and domestic femininity directly at odds with the evolution that contemporary feminists sought to foster. Some male doctors and therapists fought a concerted counter-attack on modern womanhood and companionate marriage, implicating unruly and opinionated wives in chronic physiological and emotional damage. For scholars intent on chronicling the ways in which members of the medical profession have

attempted to subjugate and contain women, this research adds a new dimension to present understandings of patriarchal techniques of control and conformity.

Fundamentally, however, it reasons in favour of situating conservative discourses in a wider, more diverse context. The understanding implicit in a social constructionist approach to medicine – that it both works on and is worked on by contemporary fears, values, hopes, and prejudices – is surely not restricted to the most coercive and reactionary impulses in society at any given time. There must, therefore, have been accounts of healthy motherhood which, although oppressive in their shared blame of maternal behaviour for a gamut of social and psychological ills, could authorise rather than preclude a more fluid and liberating approach to gender, work, and womanhood. In psychoanalytical apprehensions about monstrous and smothering maternity, and practical acknowledgements of the importance of outside interests and managed separation in keeping harassed mothers sane, credible alternatives to ever-present care ensured that medical expertise – even within the field of child psychology – was never monolithic. When doctors and feminists argued that working women made healthier mothers than neurotic housewives, these were the deep fissures in conservative family life they worked to widen.

In its second thematic chapter, this thesis maps the collectivisation and gendering of domestic distress in the years after 1945. As Ali Haggett has convincingly argued, feminist scholars have all too often assumed that post-war housewives were uniformly discontented, whether openly or subconsciously.¹⁴³⁶ Her recent research, however, perhaps underestimates the extent of housebound exhaustion, frustration and loneliness, and the pull they exerted on medical, sociological, and journalistic literatures. Initially, this study explores the psychological politicisation of housewives' fatigue. From discussion as a problem of kitchen ergonomics and the rhythm of household labour, women's tiredness, aches and pains were increasingly given a psychosomatic genesis, implying common experiences of submerged unhappiness. Fatigue acted to mediate between two conflicting approaches to housework. The first conceived home conditions and women's techniques, routines, and equipment as improvable, and worked towards a domestic modernity which left gender roles untroubled but spared women from

¹⁴³⁶ Haggett, *Desperate Housewives*, p. 10

unreconstructed drudgery. The second, however, identified that many housewives were unsatisfied whatever form domesticity took. The attribution of a psychological component to their suffering, in particular, made it possible to contemplate work as a therapeutic act, even when it imposed additional exertion and strain.

How, then, were housewives' inner conflicts taxonomised, discussed, and rendered political? In depictions of frustration, boredom, and wasted potential, an important distinction was made between present, past, and possible subjectivities. In contrast with the excitement and fulfilment that young women found in work or education, critics of domesticity described an interrupted and damaged selfhood, in which lifelong emotional development and resilience were compromised and stifled by the atrophy of the personality; what Myrdal and Klein termed the 'psychology of non-participation.'¹⁴³⁷ An emphasis on democratic contribution did not negate or overwrite concerns about individual health. Rather, they mingled and cohered to form a narrative in which women derived a vital part of their wellness and identity from their public works. Deprived of this opportunity, full-time housewives were configured as unbalanced or 'lopsided', something less than whole.¹⁴³⁸ While far from providing an exhaustive account, this thesis uses published and unpublished testimonies to illustrate that such feelings and anxieties had at least some currency amongst women. Turning to discourses on ageing and the menopause, it argues that traditional femininities were framed as impractical – indeed, dangerous – across the life course, leaving older women unable to cope when the basis for their self-worth fell away. Although these debates left associations between femininity and pathology largely intact, they shifted from a biological to a sociocultural view of female vulnerability.

Additionally, this thesis situates concerns over housewives' loneliness within broader preoccupations with solitude, neighbourliness, housing, and suicide. In order to understand what contemporaries who wrote or spoke about domestic seclusion meant and how they were understood, it engages with sociological literatures on isolation, journalistic moral anxiety over pathological and fatal solitude in cities, and the reforming work of the WGPW. The cultural and medical heft that loneliness carried was crucial to its representation as a collective failing, an ethical ill which

¹⁴³⁷ Myrdal and Klein, *Women's Two Roles*, p. 31

¹⁴³⁸ Smallshaw, 'Lopsided Living', 50-51

reflected darkly on social connections and institutions. Precisely because married women were construed as members of a population of the hidden lonely in the 1950s and 1960s, the gendered context of their suffering could also be difficult to extricate from critiques of privacy, suburbia, and modern alienation. As anxieties over the 'new town blues' receded, and loneliness was uncovered in working-class communities where family networks remained intact, the solitary labour that women performed at home was constituted as the common thread, the political setting for individual disorder.

These conditions were necessary, this thesis contends, for the awkward and partial translation of existing knowledge about the salutogenic properties of paid employment for men. The post-war construction of married women's work as psychologically protective can only be comprehended in the context of two historical developments: a loss of clinical faith in domesticity as a stable and even mode of life, and a long process of conflation between health and productivity in twentieth-century medicine. For both feminists and doctors, work seemed to provide the answer to the pressing questions about resilience, fulfilment, sociability, and maturity posed in critical analyses of domestic subjectivity. Where marriage and motherhood nurtured the feminine side of the psyche, competition, action, camaraderie, and independence allowed the masculine side to bloom. Reflecting the uncomfortable ethical connotations of linking work to wellness and worth, the suggestion that taking a job improved women – psychologically, physically, emotionally, often visually – contained value judgements which shaded into distaste at those who chose to stay at home.

Work was further constructed as a remedial act, able to disperse pre-existing anxieties, relieve familial and marital stresses, and provide room for the mind to find respite or recovery from trouble and trauma. Described as an antidote to home and family, employment took on overtones of rest and relaxation usually reserved for discourses on leisure. Collating women's motives for working, sociological surveys presented evidence that doctors were advising women to take jobs as a form of social prescription; this further punctures the supposition that medical professionals were interested only in providing psychiatric or psychopharmaceutic solutions to domestic depression and anxiety. Women's thoughts at work, consequently, became a contested space. The narrative of occupation, of work as a distraction from other

worries, sat in tension with widespread assumptions that married workers daydreamed incessantly of home. Despite evidence to the contrary, industrial psychologists argued that mind-wandering protected women from the fatiguing effects of monotonous and routine labour. Each reckoning authorised a particular characterisation of women's relationship with work and domesticity; they conspired, however, in drawing focus away from the need to rethink the rhythm and conditions of factory work.

Married women's work, therefore, was imbued with prophylactic and curative properties. Interlinking with research presented in chapter one, this thesis asks how this development acted to transfigure discourses on healthy marriage and motherhood. In promoting shared interests and personality development, women's employment was described as having a tonic effect on marriage, bringing marital love closer to a companionate ideal. Equally, apprehensions over the psychiatric health of housewives dovetailed into anxieties over controlling and unstable maternity. By providing an outlet for pent-up frustration, work was conceived as a means of drawing the poison from pathogenic relationships, sparing the infant psyche from neurotic overprotection. Healthy working motherhood relied on a balance between commitments, identities, and sources of fulfilment, but also marked a practical compromise between hygienic visualisations of women dispensing care at the centre of the home, and the nascent therapeutics of work. While a feminist reconsideration of good (and bad) mothering had considerable medical and social traction, the impact of women's behaviour on children and men continued to govern debate. Emancipation was justified not on its own terms, but by its instrumental benefit to the psychological cohesion of the family. It was conditional, then, on the ability of mothers to manage their working lives without compromising the integrity of their maternal, marital, and domestic identities. It was also conditional, as a number of studies and testimonies noted, on their staying well.

Finally, this thesis explores the problem and regulation of the 'double burden.' Far from presenting an unclouded view of balance, advocates of work acknowledged that women could be physiologically and mentally overwhelmed by the pressure of combining conflicting expectations, versions of self, and demands on loyalty, energy, and time. Studies of medical absenteeism reported increased rates of fatigue and nervous illness amongst married workers, citing the joint pressure of long working

hours and unknowable domestic loads at home. Particularly amongst scholars of working-class experiences, these anxieties were taken seriously. New analysis of unpublished testimonies collected by Viola Klein in 1963 also examines the working difficulties faced by middle-class graduates, charting their journeys into illness or domesticity. From literatures on the benefits of work, a clear sense of risk – and apprehension over lost leisure – accompanied cautious optimism that the majority of complications could be alleviated or overcome.

Reflecting deeper tensions in interpretations of illness, the management of balance was conceptualised in two fundamental ways. On the one hand, it was portrayed as an individual equation, in which women took responsibility for the navigation of their own internal conflicts. Although work seemed to promise new, outward-looking subjectivities, traditional femininities died hard. Advancing a semi-constructionist interpretation of gender, feminists raised concerns that ingrained tendencies towards nurture and self-effacement could prove too stark a contrast with the public identities inhabited by workers. Trapped between working and caring, there was a danger that women might experience their dual roles not as sources of health and balance, but of psychological conflict and fragmentation. In this febrile emotional context, marital understanding, constitution and character were understood as crucial to women's ability to cope. The balanced working mother, implicitly, was able and well, with no unusual responsibilities; an unrealistic expectation even for relatively privileged women. Elder-care, chronic ill health, and husbands and children with complex needs each hampered or halted women's working lives. The individualisation of responsibility for balance – or, at least, the compartmentalisation of success or failure into a single family unit – disconnected women's lives from their wider political and structural context. If balance was about character, or the right alignment of circumstances, then shared needs such as childcare, work reorganisation, and permissive taxation were elided and ignored.

Against and alongside an emphasis on personal adjustment, however, doctors, politicians, and feminists worked to engineer a society which enabled and assisted working women. With successive governments unwilling to be seen to encourage mothers to work, supportive measures were largely deregulated. Firms with long histories of employing married workers often offered working hours and facilities tailored to women's specific requirements, but many companies refused to

make any distinct arrangements. Indeed, some demonstrated active hostility to the married women they did employ, casting them as unreliable workers and pathogenic mothers. Central to arguments in favour of work, therefore, was a plea for institutional, legislative, and cultural change. The idea of 'special' treatment, this thesis argues, was so contested because it acted as a proxy for deeper divisions over the importance, pace, and process of emancipation. The achievement of equality, some voices maintained, was endangered by the assertion of difference, and the perception that married women were in receipt of benefits denied to other employees. Lastly, it explores the role of transcultural organisations and networks of knowledge in tracing the importance of national differences, and the effects these had on women in their respective countries. An insistence on collective responsibility for health and balance implicated employers, men, communities, and governments. Drawing on narratives of modernity, stress, and cultural change, women's conflict and overload was defined as the symptom and signifier of unfinished transition and transformation.

This thesis provokes, therefore, a reconsideration of conventional historical chronologies. Intensive opposition and contestation of Bowlby's call for ever-present motherhood, sustained attention to the psychopathology of full-time domesticity, and the construction of work as a source of resilience and rejuvenation were each visible and mainstream elements of medical and feminist discourses a decade before Betty Friedan published *The Feminine Mystique* in 1963. Hard distinctions between post-war and second-wave feminisms, and indeed between feminist and medical thought, seem rightly more messy and blurred.¹⁴³⁹ As Penny Tinkler, Stephanie Spencer and Claire Langhamer have recently argued, these shifts in perception go beyond any singular appraisal of a profession, individual, or group. Instead, they frame our understandings of a decade or era.¹⁴⁴⁰ Often thought to be a product of late-twentieth century anxieties over occupational stress, this research also suggests that speaking about work and family in terms of balance has a longer and deeper history.¹⁴⁴¹ While members of both sexes were encouraged to find a balance

¹⁴³⁹ Tarrant, *When Sex Became Gender*, p. 245

¹⁴⁴⁰ Tinkler, Spencer & Langhamer, 'Revisioning the History of Girls and Women in Britain in the Long 1950s', 1

¹⁴⁴¹ Davies, 'Back to Balance'; Caproni, 'Work/Life Balance: You Can't Get There From Here', 210-211

between working and living in post-war Britain, that injunction carried wildly different meanings for women and men. When present critics of work-life balance emphasise gendered inequalities in managing jobs, homes, families, and relationships, they reflect disappointment that, contrary to the wishes and efforts of Myrdal and Klein, the ICSDW, and the MWIA, the world has not yet been remade.¹⁴⁴² Yet these inequalities were built into the discourse itself. There has been and is only rare symbiosis between male and female balance; overwhelmingly, the former is parasitic of the latter, reliant on women's domestic and maternal labour to position home and family as real sources of sanctuary. In contrast, balance for women was conceived from the beginning as a compromise between two forms of commodification. Just as Simon Yudkin and Anthea Holme traced the bitter aftertaste of Victorian controversies over working motherhood in the intellectual and emotional atmosphere of the early 1960s, post-war contortions over the medical consequences of women's behaviour help to frame present realities. They are the 'past in our present.'¹⁴⁴³

In tracing the emergence of balance between work and home as a healthy formula for living, this thesis tells a particular historical story of collision and convergence between medical requirements and apprehensions. The dual role came into being as the product of simultaneous hygienic imperatives to safeguard childhood development, male recovery from working stress, and women's urgent psychological needs for connection, creativity, and social contribution. In these specific workings, broader lessons on the production and exchange of knowledge can be determined. They provide, to begin with, a framework for understanding the complex interplay between medical and feminist systems of social diagnosis and criticism. An important contention of this thesis is that feminist anxieties over household pathology and the submergence of personality in perpetual motherhood were echoed and absorbed by prominent medical voices, not always opposed or silenced by them. Indeed, the role of feminist doctors and their organisations in contesting static visions of womanhood has been a crucial component of this account. When scholars in the 1970s and 1980s criticised post-war feminists, they failed to account for the pioneering work achieved by medical women. In turn,

¹⁴⁴² Rosemary Crompton and Clare Lyonette, 'Work-Life "Balance" in Europe', *Acta Sociologica* 49:4 (2006), 379-393

¹⁴⁴³ Yudkin and Holme, *Working Mothers and Their Children*, p. 13

feminists drew on a medical language of fractured selfhood to make domestic oppression immanent, and mobilised psychological concerns over smothering motherhood to argue for work as a technology of individual and familial revitalisation. Never hermeneutically distinct, each form of knowledge colonised the other. While post-war feminism has been characterised as overly distorted by anti-feminist constructions of maternity originating from within childhood psychoanalysis, it also drew much from preventive psychiatric discourses on distress and the adult environment. Contrary to the assumption of some historians, dissonant interpretations of female illness and responsibility did not map easily onto a binary between feminism and medicine, in which the former situated women's suffering as a politicised and collective phenomenon and the latter sought to divide and disconnect it.¹⁴⁴⁴ Rather, the conversion of individual discontent and knowledge about the self into structural discontent and knowledge about the world took place in the intersections where the two met, mingled, and transformed.

Future Directions

There are a great many things that this thesis does not do. Governed to a considerable degree by the sources, it has nothing of any value to contribute on important questions of sexuality or race. The debates it explores have, by their nature, been quintessentially heteronormative; neither were the complexities of identity, ethnicity and migration commonly discussed until later in the 1960s and 1970s.¹⁴⁴⁵ In post-war Britain, almost every visualisation of female psychological health presupposed marriage. When Olwen Campbell wrote in 1952 that 'the unmarried woman with an interesting job and plenty of friends is in the long run a much less frustrated and cramped human being' than the unhappy housewife, she was practically a lone voice.¹⁴⁴⁶ As was the case with women who experienced chronic illness or disability, discourses on the dual role had little to say to those whose lives fell outside an expected pattern; these women, not female workers, were truly invisible, 'regarded by no-one.'¹⁴⁴⁷ Responding to Viola Klein, one widow

¹⁴⁴⁴ Ehrenreich and English, *For Her Own Good*, p. 160

¹⁴⁴⁵ M.J. Morton, 'The Newcomers', *The Lancet* (Oct. 16th, 1965), 782-783; Nancy Foner, 'Women, Work, and Migration: Jamaicans in London', *Urban Anthropology* 4:3 (1975), 229-249

¹⁴⁴⁶ Campbell, *The Feminine Point of View*, p. 41

¹⁴⁴⁷ Riley, 'The Free Mothers', 61

pointed out that she had worked full-time for her entire life; briefly married, her husband had not lived long. Her future, she explained, was desolate: 'I shall not be able to live on my pension. I shall have to work until I die. I am not the subject of this enquiry and feel rather bitter about it as you can see.'¹⁴⁴⁸ Beyond the ingenuity of the present author, the voices and experiences of women who fell through the cracks in debates about what it meant to be *normal* deserve to be reclaimed.

Equally, this study has devoted little space to issues around work and pregnancy, or lifestyle and sexuality. Women, doctors and feminists fought important ideological and legal battles over the right to determine the point at which expectant and new mothers should give up and return to work, particularly in response to proposed legislation on enforced terms of maternity leave in 1963. Overwhelmingly, feminist organisations – including the MWF – lobbied for individual doctors to have the final say.¹⁴⁴⁹ Future research which maps changing sexual experiences and behaviours with changing patterns of work, too, would certainly be welcome, although medical explorations of post-war sexuality often tell us more about the authors than the women they wrote about.¹⁴⁵⁰ In addition, where men have been discussed in this thesis, they have either been present as husbands or the subjects of discourses which, in turn, have dictated particular visions of femininity and female behaviour. Hagget's recent work on male psychological disorder has made valuable inroads in taking men's distress seriously as a category of historical enquiry.¹⁴⁵¹ The present thesis offers a starting point for a critical exploration of men's work-life balance, and for research which seeks to understand the ways in which women have

¹⁴⁴⁸ Testimony 410, 1963, PVK, URSC, MS 1215/27/1

¹⁴⁴⁹ Standing Committee C: *Employment of Women Bill* (London, 1963); see also J. V. O'Sullivan and L. B. Bourne, 'Employment of the Post-Natal Woman', *British Medical Journal* 1:4388 (Feb. 10th, 1945), 185-186; Harvey Flack, 'When to Give Up Your Job', *Family Doctor* 4:9 (1954), 507; Illsley, Billewicz and Thomson, 'Prematurity and Paid Work during Pregnancy', 153-156; Alice Stewart, 'A Note on the Obstetric Effects of Work during Pregnancy', *British Journal of Preventive and Social Medicine* 9:3 (1955), 159-161; Anon., 'Work during Pregnancy', *The British Medical Journal* 1:4957 (Jan. 7th, 1956), 34

¹⁴⁵⁰ Dicks, 'Experiences With Marital Tensions Seen in the Psychological Clinic', 188-190

¹⁴⁵¹ Haggett, *A History of Male Psychological Disorders in Britain, 1945-1980*

been constructed in explorations of male health and illness.¹⁴⁵² Although it devotes space to post-war comprehensions of work, domesticity, and the menopause, and discussions of marriage which contrasted housework and childcare with early adulthood, this study has not engaged exhaustively with ageing and the female life course. It provides, however, an understanding of how present and possible subjectivities were contrasted and superimposed, as well as how knowledge of pathology and crisis in one phase of maturity could cast other stages of adult development in a morbid light.

In harmony with the recent work of Helen McCarthy and Claire Langhamer, this thesis argues for a re-evaluation of assumed generational boundaries between post-war and second-wave feminisms. When Myrdal and Klein argued in 1956 that the ‘sentimental cult of domestic virtues is the cheapest method at society’s disposal of keeping women quiet without seriously considering their grievances or improving their position’, they were surely describing the ‘feminine mystique’ that Betty Friedan outlined seven years later.¹⁴⁵³ Similarly, the stark unhappiness and isolation recorded by Hannah Gavron in 1966 was foreshadowed by Mary Scrutton’s depiction of the ‘dreadful drip of tears into a thousand sinks.’¹⁴⁵⁴ Histories of medicine – and, indeed, of feminism – have rarely made precise and coherent reckonings of gendered economies of health and illness in the awkward 1950s. Nor, as indicated by the movability of constructed watersheds between reaction and rebellion, have the 1960s been satisfyingly comprehended. The women who responded to Klein in 1963 had not read *The Feminine Mystique*, although perhaps some later did. They were still half a decade away, too, from the consciousness-raising of the late 1960s and early 1970s.¹⁴⁵⁵ If historical time has been and is fundamentally liminal, a subtler approach could leave scholars more certain of the changes they describe.

¹⁴⁵² See for example John B. Rae, ‘The Influence of the Wives on the Treatment Outcome of Alcoholics: A Follow-up Study at Two Years’, *The British Journal of Psychiatry* 120 (1972), 601-613

¹⁴⁵³ Myrdal and Klein, *Women’s Two Roles*, p. 147

¹⁴⁵⁴ Gavron, *The Captive Wife*; Thomson, *Lost Freedom*, p. 91; Scrutton, ‘The Push-me, Pull-you Woman’

¹⁴⁵⁵ Sue Bruley, ‘Consciousness-Raising in Clapham; Women’s Liberation as “Lived Experience” in South London in the 1970s’, *Women’s History Review* 22:5 (2013), 717-738

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