

The 'Housewife Syndrome': An Indicator of Madness or Oppression?

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***Abstract:** This article analyses the change in perceptions of the medically diagnosed 'housewife syndrome' in America from 1940 to 1970, which shifted from an indication of personal mental illness to societal issues of female subjugation. Recent academic interest in the women's liberation movement has mainly focused on its origins and the link between women, hysteria and madness throughout history, overlooking the shift in medical perceptions of the 'housewife syndrome', which provides much-needed insight into female discontent preceding the emergence of second-wave feminism. This article helps to fill gaps within existing scholarship by examining the impact of the suppressed, private discontent among American housewives that was misleadingly categorised as female neurosis by many psychological and physiological professionals. Although initially psychiatrists, psychologists and gynaecologists identified women's unhappiness as a result of rejected femininity, the increasing publication of female discontent up to 1970 allowed women to become aware of their unhappiness as a valid, widespread issue. Due to this growing rejection of the 'housewife syndrome', these spheres eventually considered the cause of housewives' unhappiness as the result of 'oppression' rather than 'madness'.*

The 'housewife syndrome' was a mental disorder diagnosed in many American housewives suffering from supposed bouts of madness and enigmatic conditions, such as hysteria or neurosis, that plagued women who showed unhappiness in their stereotypical role of homemaker in the mid-twentieth century.¹ It was commonly used as an umbrella term for other common diagnoses such as 'housewife's nerves', the 'trapped

1 Ali Haggatt, *Desperate Housewives, Neuroses and the Domestic Environment, 1945–1970* (New York: Pickering & Chatto Limited, 2012), 2.

housewife', 'housewife's blight' and the 'unhappy housewife syndrome'.² These synonymous diagnoses were used interchangeably by both physiology and psychology professionals to refer to the same phenomenon of the dissolution of the 'happy American housewife'.³ For the purpose of this article, the term the 'housewife syndrome' will be used to describe the diagnoses of these women.

Not all American women were as likely to be diagnosed with this disorder. African American feminist bell hooks noted that non-white households could not commonly afford to keep wives at home and claimed that only white women were complaining about what African American women considered a privilege.⁴ According to hooks, the 'housewife syndrome' was a phenomenon that actually referred to 'the plight of a select group of college-educated, middle and upper class, married white women—housewives bored with leisure'.⁵ Low-income women were rarely diagnosed with the condition. Middle-class women were much more likely to be diagnosed with 'housewife syndrome' because, during this period, psychiatry and psychotherapy were expensive, and only those who could afford them used these 'socially approved' institutes.⁶ As psychological researcher and clinician Phyllis Chesler suggested in 1971, fields of psychology and psychiatry exercised significant control in society because they could offer their medical knowledge and advice to women for a price.⁷ Non-white and low-income women's unhappiness was labelled 'psychotic or dangerous' and they were more likely to be sent to asylums than receive 'therapeutic illusions' in private offices.⁸ Thus, women's happiness was supposedly attainable, but only for those who could afford it.

The unhappiness of white, middle-class women was medicalised to become synonymous with the 'housewife syndrome'. As Chesler asserted in 1972, what medical professionals considered as 'disturbed' behaviour in women were often commonplace expressions of emotional distress.⁹

2 Betty Friedan, *The Feminine Mystique* (New York: Dell Publishing Company, 1963), 16.

3 Friedan, *The Feminine Mystique*, 16.

4 bell hooks, *Feminist Theory: From Margin to Center* (Cambridge, MA: South End Press, 1984), 10.

5 hooks, *Feminist Theory*, 1.

6 Phyllis Chesler, 'Patient and Patriarch: Women in the Psychotherapeutic Relationship', in *Woman in Sexist Society: Studies in Power and Powerlessness*, ed. Vivian Gornick and Barbara K. Moran (New York: Basic Books, 1971), 260.

7 Chesler, 'Patient and Patriarch', 262.

8 Chesler, 'Patient and Patriarch', 262.

9 Phyllis Chesler, *Women and Madness* (New York: Doubleday & Company, 1972), 39.

Chesler claimed that, in the mid-twentieth century, it was difficult for women to expel their frustrations via 'sexual, physical, or intellectual exercises' and that men were 'generally allowed a greater range of "acceptable" behaviors' than women.¹⁰ For example, during the 1950s and 1960s, Dr Nathan Rickels theorised and diagnosed the 'angry woman syndrome' as a behavioural disturbance among women who expressed their frustrations via conventionally 'masculine' traits such as swearing, anger, jealousy or promiscuity.¹¹ Women, more than men, were seen to behave in ways that were deemed 'disturbing' because common expressions of frustration such as swearing were considered 'unfeminine'. Thus, women conveying their unhappiness were treated as social deviants and were discredited by being diagnosed as neurotic, mad or suffering from mental disorders such as the 'housewife syndrome'. This notion can be seen in the following quotation from the psychiatric text *Modern Woman: The Lost Sex* (1947): 'Most unhappy people—the depressed, the vaguely discontented and dissatisfied, and the multitudes of overtly hostile adhering to one extravagant movement or the other—are mentally ill.'¹² In such accounts, women's unhappiness became medicalised and synonymous with having a mental disorder.

An upsurge of academic interest in the women's liberation movement in America has led to increased scholarship on the origins of second-wave feminism, the transition from happy to unhappy housewives, and the link between hysteria, women and madness throughout history. Scholars such as Sara Evans, David Farber and Van Gosse have examined the mid-century origins and resurgence of feminism, including the second wave, asserting that it was inspired by movements of previous decades such as the Black civil rights movement and the sexual revolution.¹³ Others, such as Glenna Matthews, Maxine Margolis and Ali Hagggett, have suggested that the transition from happy to unhappy housewives in America began in the nineteenth century due to industrialisation and labour-saving technologies that allowed household chores to be

10 Chesler, *Women and Madness*, 39, 44.

11 Nathan Rickels, 'The Angry Woman Syndrome', *Archives of General Psychiatry* 24, no. 1 (January 1971): 91, doi.org/10.1001/archpsyc.1971.01750070093014.

12 Ferdinand Lundberg and Marynia F. Farnham, *Modern Woman: The Lost Sex* (New York: Harper & Brothers Publishers, 1947), 141.

13 Sara Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left* (New York: Random House, 1979), 23; David Farber, ed., *The Sixties: From Memory to History* (Chapel Hill: The University of North Carolina Press, 1994), 174; Van Gosse, *Rethinking the New Left: An Interpretative History* (New York: Palgrave Macmillan, 2016), 156.

completed in a shorter amount of time, leaving housewives bored and unsatisfied.¹⁴ Nevertheless, these authors unanimously claim that Betty Friedan's renowned book, *The Feminine Mystique* (1963), was the spark that fired the women's liberation movement, as it validated and publicised 'the problem that has no name', in which women suffered collectively from societal oppression and sexist gender roles.¹⁵ As Marecek and Kravetz explain, 'rigid sex-role stereotyping limits women's freedom to choose the lifestyles most suited to their needs and abilities'.¹⁶ Even in the mid-twentieth century, it was legal for jobs to be advertised as 'men only', women to be fired once they became married, and for professors of law and medicine to refuse the entry of women in their courses.¹⁷

Another distinct barrier to gender equality was the separatist notion that women should learn 'feminine' things at college (i.e. home economics) because, after graduation, they were not expected to be anything more than housewives and mothers.¹⁸ These ideals were put forward by men such as Ashley Montagu who, in an article for *Saturday Review* in 1958, professed that:

It is through the agency of education, and particularly college education that women have been especially trained in a confused perception of their roles ... The effect of such misguided education is that women are encouraged to develop aspirations which were designed exclusively to meet the needs of men.¹⁹

Even though women were permitted to attend educational institutions, barriers to equality still existed in the form of social prejudices that held that college degrees were useless for women as they would not need them for cooking, cleaning or other household duties. While the oppression

14 Glenna Matthews, *Just A Housewife: The Rise and Fall of Domesticity in America* (New York: Oxford University Press, 1987), 189; Maxine L. Margolis, *Mothers and Such: Views of American Women and Why They Changed* (Berkeley: University of California Press, 1984), 135; Haggett, *Desperate Housewives*, 60.

15 Matthews, 'Just A Housewife', 224; Margolis, *Mothers and Such*, 85; Haggett, *Desperate Housewives*, 11.

16 Jeanne Marecek and Diane Kravetz, 'Women and Mental Health: A Review of Feminist Change Efforts', *Psychiatry: Journal of the Biology and the Pathology of Interpersonal Relations* 40, no. 4 (November 1977): 323, doi.org/10.1080/00332747.1977.11023945.

17 Gosse, *Rethinking the New Left*, 155–56.

18 Douglas T. Miller and Marion Nowak, *The Fifties: The Way We Really Were* (New York: Doubleday & Company, 1977), 160.

19 Ashley Montagu, 'The Triumph and Tragedy of the American Woman', *Saturday Review*, 27 September 1958.

of women has been analysed in existing scholarship, no author has specifically analysed the 'housewife syndrome' or its link to the emergence of the collective women's movement.

Other themes, including the link between women, madness and hysteria, have been explored in works such as *The Female Malady* by Elaine Showalter, which theorises that the 'female malady' was the cultural history of associating women who acted defiantly against patriarchal society with madness.²⁰ Showalter examined the origins and decline of the diagnosis of hysteria in England from 1830 to 1980.²¹ She argued that women were more likely to be categorised as mad in previous centuries, as they were a gender separate from men who dominated the principles and ethics of society. According to Showalter, women 'are typically situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture and mind'.²² In this way, the word 'woman' became synonymous with 'madness'. Showalter considered the large percentages of female insanity throughout history as women simply exhibiting their frustrations and subsequently having their voices extinguished in mental asylums.

The higher percentages of females to males who were diagnosed as mentally ill was explored by Chesler in 1972. Using primary evidence from the US National Institute of Mental Health, Chesler showed that the majority of patients in private psychotherapy and psychiatric wards in the 1960s were women.²³ Between 1964 and 1968, there were over 125,000 more female than male patients in all psychiatric offices and institutions.²⁴ Preceding Showalter's arguments about women being considered inherently 'irrational', Simone de Beauvoir, in her cornerstone feminist text *The Second Sex* (1949), theorised that women were regarded as the 'Other' in all aspects of society. According to de Beauvoir, women were constantly regarded 'with reference to man and not he with reference to her; she is the incidental, the inessential as opposed to the essential ... She is the Other'.²⁵ It follows that, by the mid-twentieth century, any woman

20 Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (New York: Pantheon Books, 1985), 5.

21 Showalter, *The Female Malady*, 195.

22 Showalter, *The Female Malady*, 4.

23 Chesler, *Women and Madness*, 119.

24 Chesler, *Women and Madness*, 120.

25 Simone de Beauvoir, 'Volume 1: Facts and Myths', in *The Second Sex*, trans. Constance Borde and Sheila Malovany-Chevallier (New York: Vintage Books, [1949] 2010), 6.

who thought differently, behaved 'abnormally' or did not conform as the 'Other' was considered to be both physically and mentally ill, and could be diagnosed with the 'housewife syndrome' as the replacement term for hysteria.

Few collective groups have ever held as much power in America as medical professionals. They maintain a tight claim on authority and legitimacy as a consequence of doctors' close connections with the prestige of modern science.²⁶ Historically, the specialised nature of medical fields has meant that patients were not likely to share much of their doctor's knowledge or experience, and were reliant on these professionals to dispense prescriptions and provide impartial advice.²⁷ The spheres most involved in the diagnosis and treatment of mental illnesses, including the 'housewife syndrome', were psychology, psychiatry and gynaecology. By the 1920s, psychiatry had established itself as a major medical field and it began developing private practices that offered alternatives to previous treatments of confinement in asylums.²⁸ Following on from this, a federal initiative of the US National Institution of Mental Health allowed for the expansion of private treatment by both psychologists and psychiatrists that was funded and marketed towards everyday people.²⁹ Psychotherapy, considered the 'talking cure', was a form of these private treatments that could be practised by both psychologists and psychiatrists.³⁰ Regrettably, due to the perceived legitimacy and authority of medical professionals, psychologists and psychiatrists could dictate what was best for their patients who had few alternatives to their advice and treatment options. Phyllis Chesler estimated that 75 per cent of psychologists in the American Psychological Association and over 90 per cent of psychiatrists in the American Psychiatric Association in 1960 were men.³¹ Thus, institutions of mental health in America during this period were male-dominated spheres. This unequal power balance was especially problematic when, according to the 1974 report of the Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice, psychologists in earlier decades had imparted

26 Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 4.

27 Eliot Friedson, 'The Impurity of the Professional Authority', in *Institutions and the Person: Papers Presented to Everett C. Hughes*, ed. Howard S. Becker et al. (Chicago: Aldine Publishing Company, 1968), 28.

28 Roderick D. Buchanan, 'Legislative Warriors: American Psychiatrists, Psychologists, and Competing Claims over Psychotherapy in the 1950s', *Journal of the History of the Behavioral Sciences* 39, no. 3 (Summer 2003): 227, doi.org/10.1002/jhbs.10113.

29 Buchanan, 'Legislative Warriors', 227–28.

30 Buchanan, 'Legislative Warriors', 245.

31 Chesler, *Women and Madness*, 62–63.

their own personal biases and values in relation to gender roles on their female clients during diagnostic and treatment processes.³² Professionals in institutions of mental health did not commonly ruminate over the opinions of their female patients; instead, they continued to cement society's dominant gender constructions through personal biases and the legitimacy of mid-twentieth-century medical fields.

Prior to the 'housewife syndrome', 'hysteria' was the most frequent medical diagnosis for women. It stipulated that unexplainable ailments such as headaches, seizures, joint pain or nervousness stemmed from the womb, leading medical authorities to believe that some mental illnesses could only be suffered by women.³³ This belief emanated from the root of the word 'hysteria' (meaning 'womb' in Greek) and its use in fourth-century BC Hippocratic texts that reflected exclusively female ailments.³⁴ While some women diagnosed with hysteria may have been neurotic or mentally ill, these instances do not invalidate the experiences of women who were diagnosed with hysteria because they acted against conventional gender roles.³⁵ It is worth emphasising the unequal morphology of the word 'hysteria', which aims to discredit one particular gender in society, as no similar medical term exists for the madness of men (e.g. 'testeria'). Thus, while diagnoses such as hysteria and 'housewife syndrome' may have been valid in some cases, the morphology of these disorders is certainly skewed towards associating madness to one specific gender: women. The number of women diagnosed with hysteria declined during the 1940s and it was eventually retracted as a legitimate medical condition by the American Psychiatric Association in 1952. However, the phenomenon of female neurosis gradually resurfaced as men returned from World War II and women were thrust back into their role as the homemaker.³⁶ Although existing scholarship examines the women's liberation movement and hysteria, insufficient attention has been paid to the diagnosis of mental illnesses such as the 'housewife syndrome' among American women in the mid-twentieth century.

32 American Psychological Association, 'Report of the Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice', *American Psychologist* 30, no. 12 (December 1975): 1169, doi.org/10.1037/0003-066X.30.12.1169.

33 Sabine Arnaud, *On Hysteria: The Invention of a Medical Category between 1670 and 1820* (Chicago: University of Chicago Press, 2015), 9, doi.org/10.7208/chicago/9780226275680.001.0001.

34 Andrew T. Scull, *Hysteria: The Biography* (New York: Oxford University Press, 2009), 21–26.

35 Chesler, *Women and Madness*, 60.

36 Rachel Maines, *The Technology of Orgasm: 'Hysteria', the Vibrator, and Women's Sexual Satisfaction* (Baltimore: Johns Hopkins University Press, 1999), 2, 196.

The medical field of gynaecology is critical in understanding the diagnosis and treatment of the ‘housewife syndrome’. By the seventeenth century, a shift towards modern considerations of mental health was made in the sense that forms of hysteria were considered to be psychosomatic, wherein disturbances of the mind could also cause disturbances of the body.³⁷ This shift was analysed by Michel Foucault in *Madness and Civilization: A History of Insanity in the Age of Reason*, in which the concept of madness was investigated from the Middle Ages to the nineteenth century. Foucault explained that, although madness was previously correlated with *physical* symptoms, in more recent centuries, it began to be identified as a *psychological* issue that could cause physiological symptoms.³⁸ It is no coincidence, then, that the ‘housewife syndrome’ diagnosis was associated with the same symptoms as hysteria, such as anxiety, nervousness, depression, headaches, insomnia, fainting or fatigue.³⁹ Thus, as psychologist Julian B. Rotter determined in 1954, many women who sought treatment in psychological or psychiatric offices had initially visited—and been referred by—physiological professionals, such as gynaecologists, who could determine whether the source of their ailments was organic or psychosomatic.⁴⁰ The specific relationship between gynaecology and the ‘housewife syndrome’ is explored later; for now it is enough to recognise the critical link between physiological and psychological symptoms of mental illness established in previous centuries.

The diagnoses of female neurosis, including the ‘housewife syndrome’, is made clear in 1940s psychiatric and psychological texts. A work of scientific literature integrating theories from the natural and social sciences, *Modern Woman: The Lost Sex* by Ferdinand Lundberg and Marynia Farnham, hypothesised that the 1940s American woman was ‘psychologically disordered’ because she sought a career and life outside the home.⁴¹ Women who did not desire ‘feminine’ objects such as lipstick, mirrors and girdles but instead wanted to work in ‘masculine’ fields such as science, construction or medicine were considered divorced ‘from solid reality ... into a semi-fantasy full of resounding echoes and an infinity of psychic pain and illness’.⁴² Lundberg and Farnham determined that

37 Scull, *Hysteria*, 26.

38 Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Pantheon Books, 1965), 198.

39 Haggett, *Desperate Housewives*, 8.

40 Julian B. Rotter, *Social Learning and Clinical Psychology* (New York: Prentice-Hall, 1954), 232, doi.org/10.1037/10788-000.

41 Lundberg and Farnham, *Modern Woman*, v.

42 Lundberg and Farnham, *Modern Woman*, 14–15.

women's unhappiness and subsequent illness was derived from their aspiration to become feminists and/or maintain careers.⁴³ They claimed that 'work that entices women out of their homes and provides them with prestige only at the price of feminine relinquishment, involves a response to masculine strivings'.⁴⁴ Further, they theorised that career-driven women, by encroaching too far into 'masculine' spheres that existed outside the realm of the home, were abolishing their own femininity. Therefore, striving towards 'masculine' roles would always lead to a lack of fulfilment, unhappiness and fractured minds among women—not because of societal oppression but because of the trespass into spheres conventionally dominated by men.

Lundberg, a sociologist, and Farnham, a psychiatrist, compiled original case studies and empirical evidence to argue their case to both medical professionals and society at large. The extent of their influence can be seen in a 1947 review of *Modern Woman* by Edwin Boring, a well-known and respected psychologist known as 'Mr Psychology' at Harvard University.⁴⁵ Boring found many of the arguments convincing; certainly, having an authenticated and experienced psychiatrist as one of the authors increased the book's credibility.⁴⁶ While he criticised *Modern Woman* for not providing enough clinical data, he ultimately agreed with Lundberg and Farnham's central argument that society needed to 'bring back the importance of the home [and] of the women in it'.⁴⁷ The book was popular with mainstream audiences due to its themes of psychiatric anti-feminism, which contributed to the text selling over 30,000 copies in the first few years of publication.⁴⁸ While previous works had also blamed women for the rise of unhappiness in America, *Modern Woman* was notable for its authorship (a psychiatrist who, alongside a sociologist, presented clinical evidence and extensive medical experience) and audience (general public as well as medical professionals).⁴⁹ Clearly, many psychiatric and psychological professionals of the 1940s agreed that the primary cause of mental ailments among women was a rejection of femininity, as

43 Lundberg and Farnham, *Modern Woman*, 143, 235.

44 Lundberg and Farnham, *Modern Woman*, 235.

45 David C. Devonis, *History of Psychology 101* (New York: Springer Publishing Company, 2014), 96, doi.org/10.1891/9780826195715.

46 Edwin Boring, 'Review of *Modern Woman: The Lost Sex*', *The Journal of Abnormal and Social Psychology* 42, no. 4 (October 1947): 481, doi.org/10.1037/h0053461.

47 Boring, 'Review of *Modern Woman*', 481.

48 Mari J. Buhle, *Feminism and Its Discontents: A Century of Struggle with Psychoanalysis* (Cambridge, MA: Harvard University Press, 2000), 178.

49 Miller and Nowak, *The Fifties*, 153.

they sought to reinforce stereotypical gender roles in American society by way of discrediting women's unhappiness and aspirations for a more modern role in society. However, during the same decade, individual women were already vocalising the difference between being neurotic and being oppressed.

In 1947, marriage counsellor Sophie Drinker directly opposed the arguments of *Modern Woman* by asserting that the true cause of social unrest in American housewives was 'the degradation of womanhood into a state inferior in value for civilisation to that of manhood'.⁵⁰ Pearl Buck's 1941 collection of feminist essays, *Of Men and Women*, provided crucial evidence of women's awareness of their social inequality to men in the mid-twentieth century. Buck wrote over 70 books and received many accolades: she was the first American woman to win the Nobel Prize in literature (1938) and her work featured as a Book-of-the-Month Club choice 15 times.⁵¹ The latter was especially influential, as the subscription service, which began in 1926, had amassed over 3 million members by 1946 and had become a staple of middlebrow culture.⁵² In direct contrast to psychiatric publications of the 1940s, which described the 'housewife syndrome' as a case of personal neurosis, Buck identified this phenomenon as a societal issue born from social inequality and oppression. She argued:

If all women would be born with inferior minds and men superior ones, the scheme of women for the home would doubtless be perfectly satisfactory, [however] the misfortune is, of course, that women are quite often born with brains.⁵³

Buck lamented that, while previous decades of industrialisation and national progress had changed the roles of men and children, women were forced to remain in the home due to the 'sickening cry of tradition'.⁵⁴ Even though some fortunate women were allowed to be educated in the modern ways of the world, they were always thrown back into the domestic sphere to fulfil their roles as mothers and wives.⁵⁵ Buck stated:

50 Sophie Drinker, '[Review of *Modern Woman: The Lost Sex*]', *Marriage and Family Living* 9, no. 3 (August 1947): 75, doi.org/10.2307/347912.

51 Peter Conn, *Pearl S. Buck: A Cultural Biography* (New York: Cambridge University Press, 1996), xii, doi.org/10.1017/CBO9781316036457.

52 Charles Lee, *The Hidden Public: The Story of the Book-of-the-Month Club* (New York: Doubleday & Company, 1958), 11–12.

53 Pearl S. Buck, *Of Men and Women* (London: Methuen & Co., 1942), 17.

54 Buck, *Of Men and Women*, 36, 57.

55 Buck, *Of Men and Women*, 44.

If the intelligent woman obeys the voice of tradition and limits herself to the traditional four walls, she joins the vast ranks of the nervous, restless, average American woman ... In short, she becomes a neurotic.

The fate of such women was to be told by medical professionals that their unhappiness was completely unwarranted.⁵⁶ Thus, Buck called for an awakening among housewives to recognise that they were not alone and nor were they suffering from a mental disorder; instead, their collective suffering was caused by a patriarchal society that did not allow for the progression of modern women.

This perception aligned with the lynchpin of second-wave feminism: 'the personal is the political'. Carol Hanisch coined this phrase, which established that there were political aspects within women's personal lives, in 1968. Within leftist debates, women's groups advocating for social change were often labelled as 'personal' groups when they should have been recognised as 'political' groups.⁵⁷ As Hanisch explained:

One of the first things we discover in these groups is that personal problems are political problems. There are no personal solutions at this time. There is only collective action for a collective solution.⁵⁸

If the issues raised by Buck, Hanisch and other women were 'personal', they could have found solutions within the home. However, as their dissatisfaction was derived from societal problems, they could only be addressed and altered through 'political' advocacy and collective reform. Unfortunately, Buck's *Of Men and Women* became somewhat forgotten over the following decades due to the 'age of anxiety' in media that called for social conformity and chose to publish adventure novels rather than controversial, philosophical works.⁵⁹ Although Buck found it increasingly difficult to publish her standalone literature in later years, this does not discredit or diminish her impact. As one of the first women to denounce society's treatment and medicalisation of unhappy housewives, she returned as a key figure during the women's liberation movement of the 1970s.

56 Buck, *Of Men and Women*, 55.

57 Carol Hanisch, 'The Personal Is Political', in *Radical Feminism: A Documentary Reader*, ed. Barbara A. Crow (New York: New York University Press, [1969] 2000), 113.

58 Hanisch, 'The Personal Is Political', 144.

59 Conn, *Pearl S. Buck*, 330–31.

Buck reviewed Betty Friedan's book *The Feminine Mystique* in 1963, praising and promoting the previously unknown author.⁶⁰ Subsequently, *Of Men and Women* regained in popularity alongside Friedan's work

Until this juncture, this article has predominantly discussed clinical research and theories in excess of clinical practice. However, it is important to distinguish not only how fields of psychology, psychiatry and gynaecology differ in procedures and purpose, but also how subsets of research and practice exist as separate entities. The purpose of clinical research is to theorise and test knowledge that can be useful in assisting clinical practitioners and their patients, while focusing on broad populations to generalise knowledge.⁶¹ Meanwhile, medical practitioners focus on individual cases and have the medical authority to assess, diagnose and treat patients.⁶² Clinical professionals have the option to work from theory or a more 'scientific' base for diagnosis by collecting facts and data and attempting to explain the correlations between them.⁶³ However, while both of these subsets share the same common goal of achieving benefits for patients, psychologist Julian Rotter asserted in 1954 that a main value of clinical research and theories to the clinical practitioner was that it 'furnishes him with an additional tool for making evaluations in areas where experimental evidence is missing or extremely difficult to obtain'.⁶⁴ Therefore, in the case of the 'housewife syndrome', it can be assumed that this diagnosis derived from spheres of clinical research, wherein theories and notions of women as the 'Other' were reflected in society's stereotypical gender role designations and then projected into clinical offices. As Rotter argued, because clinical psychologists were expected to diagnose patients immediately, they were frequently pressured to rely on their own experience or to refer to theories of clinical research to elucidate unexplainable phenomena.⁶⁵ Further, because psychologists, psychiatrists and gynaecologists all agreed that the 'housewife syndrome' was caused by a deviation in the patient's behaviour and personality, treatment usually involved discouraging the traits that caused these disturbances.⁶⁶

60 Conn, *Pearl S. Buck*, 349.

61 José A. Sacristán, 'Clinical Research and Medical Care: Towards Effective and Complete Integration', *BMC Medical Research Methodology* 15, no. 4 (January 2015), doi.org/10.1186/1471-2288-15-4.

62 Sacristán, 'Clinical Research and Medical Care'.

63 Rotter, *Social Learning*, 6.

64 Rotter, *Social Learning*, 9.

65 Rotter, *Social Learning*, vii.

66 Rotter, *Social Learning*, 233.

In this respect, Rotter determined that the major treatment for the 'housewife syndrome' was reverting behaviours that were deemed socially unacceptable by advising the patient of behaviours that would 'bring greater satisfaction' and be 'more constructive from the point of view of the society of which [she] is a member'.⁶⁷ This approach was also shared by gynaecologists who treated the malady by either referring patients or discouraging deviant behaviour themselves.

Although many gynaecologists referred their patients to psychologists or psychiatrists when they discovered supposed conflicts of the mind, some would treat patients themselves by educating women of the underlying source. Gynaecologist Floyd Rogers described the connection between psychiatry and gynaecology in his article 'Emotional Factors in Gynecology' in 1950. He stated: 'Of all the medical specialities, there is perhaps none so closely allied to psychiatry as gynecology ... [Woman's] illness represents a psychic conflict sailing under a gynecological flag.'⁶⁸ As such, he advised that the gynaecologist should first examine the patient for any physical abnormalities and, if none were found, pinpoint and discourage any behaviours involving the rejection of femininity in an attempt to cure the patient himself—unless more extensive psychotherapy by a psychiatrist was deemed necessary.⁶⁹ In this way, physiological fields of medicine such as gynaecology continued to reaffirm stereotypical gender roles alongside psychological fields over the course of the 1950s.

By diagnosing, and thereby discrediting, unhappy women as having the 'housewife syndrome', gynaecologists also reflected the opinions of the mainstream American public in the mid-twentieth century. The causes of female-specific ailments such as menstrual pain, infertility, morning sickness and miscarriages were prominently labelled as the result of women's scorned femininity.⁷⁰ Rather than consider the unequal distribution of power and rights between men and women, some medical professionals recommended potential cures such as moving to the suburbs or having more children.⁷¹ For example, Dr Jacob Greenhill, a senior obstetrician and gynaecologist in 1959, stated: 'The woman who is at odds with her biologic self develops serious conflicts and tension, often

67 Rotter, *Social Learning*, 397.

68 Floyd S. Rogers, 'Emotional Factors in Gynecology', *American Journal of Obstetrics and Gynecology* 59, no.2 (February 1950): 321–22, doi.org/10.1016/S0002-9378(15)33171-9.

69 Rogers, 'Emotional Factors in Gynecology', 327.

70 Margolis, *Mothers and Such*, 248.

71 Margolis, *Mothers and Such*, 251.

leading to psychogynecic [sic] symptoms.⁷² He believed that women's unhappiness was the 'sum total of the individual's reaction to biologic and sociopsychologic factors', and that the 'housewife syndrome' was simultaneously a psychological disorder that affected the body and a bodily disorder that affected the mind.⁷³ This rationale demonstrates a clear conflation of sex and gender, which de Beauvoir would undoubtedly have contested. She argued: 'One is not born, but rather becomes, a woman ... it is civilization as a whole that produces this creature.'⁷⁴ Therefore, while many gynaecologists such as Greenhill endorsed the Freudian doctrine that 'biology is destiny', and suggested that women who rejected their femininity had also rejected their physiology, key feminist thinkers such as de Beauvoir opposed these notions.

Other gynaecologists of the time, such as Dr Rogers, also subscribed to the notion that the relationship between psychological and physiological ailments was a fluid boundary, arguing: 'Disturbances of menstruation may be directly associated with an unconscious repudiation of femininity.'⁷⁵ Referring to one case study, Rogers described a female patient who was committing adultery and suffering from dysmenorrhoea (painful menstruation).⁷⁶ He claimed that after thoroughly discouraging this 'illicit romance, her dysmenorrhoea ceased'.⁷⁷ In another case, he discouraged a young woman who presented no physical abnormalities from working as a cure for dysmenorrhoea, as he believed she was 'unsuited to her job'.⁷⁸ Many gynaecologists and mental health professionals used their authority to reinforce socially dominant gender roles (such as women remaining predominantly in the home) and societal principles of female sexual morality (such as the antipathy of infidelity) through the notion that any deviance in regard to these conventions could cause physiological afflictions and disorders. Exploiting the fluid boundary between ailments that were considered mental and those that were considered physical, these health professionals remained insistent that the 'housewife syndrome' was attained through a rejection of stereotypical gender constructions—a rejection of femininity.

72 J. P. Greenhill, *Office Gynecology*, 7th ed. (Chicago: Yearbook Medical Publishers, 1959), 158.

73 Greenhill, *Office Gynecology*, 158.

74 Simone de Beauvoir, *The Second Sex*, trans. H. M. Parshley (London: New English Library, [1949] 1970), 9.

75 Rogers, 'Emotional Factors in Gynecology', 323.

76 Rogers, 'Emotional Factors in Gynecology', 325.

77 Rogers, 'Emotional Factors in Gynecology', 325.

78 Rogers, 'Emotional Factors in Gynecology', 325.

Such opinions reflected ideas within broader mid-century American society. These can be seen in the writing of authors such as Ashley Montagu who asserted in 1958 that:

Any feelings of frustration, of inadequate fulfilment, of dissatisfaction with one's lot, [are] due to the confused understandings of what her lot should be, [and] creates a state of unhappiness.⁷⁹

Clearly, the sentiments of medical professionals coincided with those projected by Montagu. Psychologist Phyllis Chesler claimed that most psychiatrists and psychologists of the mid-twentieth century were no more sexist than the rest of American society.⁸⁰ Rather, these professionals simply reflected existing sexism in society and, as Chesler stated, '[used] traditional psychoanalytic and therapeutic theories and practices [to] perpetrate certain misogynistic views of women ... as "scientific" or "curative"'.⁸¹ These sentiments were also shared by other members of the general public, such as the husbands of unhappy housewives. Chesler conducted interviews between 1950 and 1970. One of her interviewees, a housewife named Carmen, was forcibly admitted to a mental asylum by her husband for at least four months after she experienced symptoms of what could now be identified as postpartum depression.⁸² Carmen stated:

I was so sad and so tired [after my baby's birth]. I couldn't take care of the house right anymore. My husband told me a maid would be better than me, that I was crazy.⁸³

Ruth claimed that when she became angry during an argument with her husband he told her she was 'sick and needed a doctor'.⁸⁴ After this outward expression of her marital frustrations, Ruth's husband convinced her she was insane and she received psychiatric treatment for the next six years.⁸⁵ The hypocrisy of diagnosing women as having mental disorders when they displayed 'masculine' traits is clear; in men, traits such as anger and frustration were considered by doctors as an 'exaggeration of the expected masculine-feminine roles'.⁸⁶ Thus, during the 1950s, some

79 Montagu, 'The Triumph and Tragedy', 1958.

80 Chesler, *Women and Madness*, 60.

81 Chesler, *Women and Madness*, 61.

82 Chesler, *Women and Madness*, 164.

83 Chesler, *Women and Madness*, 165.

84 Chesler, *Women and Madness*, 166.

85 Chesler, *Women and Madness*, 166.

86 Rickels, 'The Angry Woman Syndrome', 94.

medical spheres of psychology and psychiatry continued to reflect the opinions present in American society by projecting stereotypical gender roles onto women and medicalising unhappiness.

At the same time, medical and other professionals could also *contest* the attempted reconfiguration of social norms by directly criticising groups such as feminists. In *Modern Woman*, Lundberg and Farnham proclaimed: 'Feminism, despite the external validity of its political program and most (not all) of its social program, was at its core a deep illness.'⁸⁷ Here we see a correlation between mental illness and everything that feminists advocated, including the right to work without discrimination and to be treated as equal to men. Lundberg and Farnham also believed that, by centring feminist movements around 'equality', women had reduced this word to a 'fetish'.⁸⁸ These professionals contested the attempted reconfiguration of social norms by feminists while reflecting mainstream views of social roles based on gender. However, alongside the counterculture and social movements of the 1960s, there was a rapid increase in the number of female voices that rejected the 'housewife syndrome' in America.

In the early 1960s, the perception of the 'housewife syndrome' made the transition from a personal to societal issue as women began to recognise their collective discontent in various journals and newspaper articles that featured the voices of unhappy housewives. One such medium was *Newsweek*, a magazine that had been founded in 1933. By 1976, its audience of 3 million rivalled that of *Time* magazine.⁸⁹ *Newsweek* became a cultural staple in American print media largely due to its ability to identify the importance and significance of upcoming trends and movements before other news sources.⁹⁰ For example, in the 1960 edition, both the cover art and feature articles focused on the conflicting aspirations of modern American women. The cover showed the silhouette of a woman behind two competing symbols: a diaper pin (representing her socially dominant role as a mother and wife) and a Phi Beta Kappa pin (symbolising women's aspirations for a higher education and a career).⁹¹ The magazine suggested that women were realising that they did not

87 Lundberg and Farnham, *Modern Woman*, 143.

88 Lundberg and Farnham, *Modern Woman*, 147.

89 Laurence Arnold, 'Editor Transformed Newsweek Magazine', *Times Colonist*, 29 September 2008.

90 Arnold, 'Editor Transformed Newsweek Magazine'.

91 John Denson, 'Young Wives With Brains: Babies, Yes—but What Else?' *Newsweek* 55, no. 10 (March 1960): 15.

yearn for education and a career because they wanted to be men, but because they wanted to be individuals. Similarly, in a 1961 *Atlantic Monthly* article titled 'The Captivity of Marriage', Nora Johnson rejected the common perception that the 'housewife syndrome' was a *personal* issue of mental illness. Instead, she argued that women had been made to feel so ashamed for their unhappiness that they remained silent, simply giving the impression that women were alone and unjustified in their discontent.⁹² Johnson stated:

Young wives, particularly those who feel that their minds are rotting and their backs are aching, should remind themselves that maturity is more than simply accepting one's present condition and somehow muddling through until things are better.⁹³

She believed women could not wait for society to change. Rather, *they* needed to change *society*. Thus, while the 'housewife syndrome' was used by many medical professionals in the 1940s and 1950s to marginalise, suppress and discredit growing discontent, by the 1960s, many women had become aware of their collective unhappiness through growing voices in print media.

This collective female consciousness would, in due course, have its effects on psychology, psychiatry and gynaecology. In response to the growing voices of discontent among women, many psychological and physiological professionals began to recognise that the unhappiness of predominantly white, middle-class housewives was a societal issue rather than a phenomenon of female neurosis. This was the experience of American housewife Herma Snider who, in a volume of *Redbook*, stated that, after developing symptoms such as nausea, fatigue, headaches and aching joints in 1960, she sought the advice of a medical practitioner who diagnosed her as having 'housewife's nerves'.⁹⁴ However, shortly after this diagnosis, Snider was surprised by the new treatment option of going out and gaining a part-time job.⁹⁵ Although she was initially hesitant, she eventually agreed and claimed that getting a job was the cure to her brand of the 'housewife syndrome', as she was intellectually stimulated and had a sense of individualism.⁹⁶ She claimed:

92 Nora Johnson, 'The Captivity of Marriage', *Atlantic Monthly* 207, no. 6 (June 1961): 40.

93 Johnson, 'The Captivity of Marriage', 41.

94 Herma L. Snider, 'I Stopped Feeling Sorry for Myself', in *The Female Experience: An American Documentary*, ed. Gerda Lerner (Indianapolis: Bobbs-Merrill Educational Publishing, 1977), 132.

95 Snider, 'I Stopped Feeling Sorry For Myself', 133.

96 Snider, 'I Stopped Feeling Sorry For Myself', 134.

For the time being I know that as long as I am not confined to the premises, my house is a home instead of the place I once dubbed my 'chintz prison'.⁹⁷

In 1964, Dr Michael Lattey was one of the first medical professionals to publicly denounce the 'housewife syndrome'. Instead of a personal issue of mental health, he argued that the housewife 'does not have an easy life in our culture'.⁹⁸ Lattey theorised that the typical housewife gained symptoms of headaches, panic attacks, nervousness and gynaecological problems due to not being intellectually stimulated or happy in her role that had not progressed alongside that of men.⁹⁹ He stated that it was no longer acceptable for medical professionals to try and 'make these women accept the role of being "only a housewife"', as they had grown tired of these conventions.¹⁰⁰ Most significantly, Lattey rejected that women suffered from the 'housewife syndrome' due to a rejection of femininity; rather, he claimed that they suffered the '*intelligent* housewife syndrome' due to the patriarchal nature of society that undervalued, undereducated and oppressed them. He recommended that new forms of treatment for women who had previously been diagnosed with the 'housewife syndrome' should be to allow them the same rights and privileges as men; if women wanted to work, they should be allowed to work, and if women did not want to marry or have children, they should not be ostracised or labelled ill for such resolutions.¹⁰¹ Additionally, Lattey directly criticised the psychiatric practice of previous decades:

Psychiatric teaching has placed great emphasis on the effects of emotional disturbances in producing neurotic and psychosomatic disorders; however, too little attention has been paid to the effects of frustration on women.¹⁰²

Therefore, it can be argued that many professionals in the medical spheres of psychology and psychiatry in the 1960s were beginning to recognise, through the accumulative discourse of second-wave feminist thinkers and female clientele, that the 'housewife syndrome' was the result of a society that treated women as inferior to men, rather than personal issues of mental illness.

97 Snider, 'I Stopped Feeling Sorry For Myself', 134.

98 Michael Lattey, 'The Intelligent Housewife Syndrome', *Canadian Medical Association* 91, no. 3 (September 1964): 717.

99 Lattey, 'The Intelligent Housewife Syndrome', 717.

100 Lattey, 'The Intelligent Housewife Syndrome', 717.

101 Lattey, 'The Intelligent Housewife Syndrome', 717.

102 Lattey, 'The Intelligent Housewife Syndrome', 717.

Accordingly, diagnoses of the 'housewife syndrome' also began to decline over the 1960s as the more appropriate term 'mental health' was progressively applied in medical publications by researchers and educators. For example, one study in 1962 by Leo Srole et al. analysed the 'mental health' of married women in comparison to married men without making reference to female neurosis, hysteria or the 'housewife syndrome'.¹⁰³ Additionally, *Harper's Magazine* dedicated a special supplement in October 1962 to generating discourse regarding the transition of the American woman who wants a life 'beyond the bedroom or nursery'.¹⁰⁴ The issue featured the advice of Bruno Bettelheim, a well-known professor of psychology and psychiatry at the University of Chicago, who supported the outcry of female patients.¹⁰⁵ Bettelheim stated: 'The grievance is very real, and very justifiable, although it is barely understood.'¹⁰⁶ He claimed that the medical community of previous decades had done a great injustice by disregarding and discrediting the woes of female patients: 'In trying to help women—to "accept the womanly role", for example—they often seem to [have aggravated] the grievance, rather than cure it.'¹⁰⁷ In fact, he was dismayed that many of his fellow psychoanalysts had diagnosed women as having 'housewife syndrome' and treated them by advising them to be more sexually active with their husbands.¹⁰⁸ He lamented:

Until parents, teachers, and psychoanalysts honestly perceive the prejudice in their assumptions about the proper role of growing girls, equal education of the sexes will continue to be a mockery.¹⁰⁹

In addition to the cumulative devaluation of diagnoses such as female neurosis and the 'housewife syndrome', the prevalence of social movements and new media in America during the 1960s also contributed to these declining notions.

According to David Devonis, prejudice and institutional sexism declined in the 1960s, in part because of the existence of television in America. The rapid growth of print media and journalism for the masses also helped.¹¹⁰ Devonis elaborated:

103 Leo Srole et al., *Mental Health in the Metropolis* (New York: McGraw-Hill, 1962), 178.

104 Bruno Bettelheim, 'Growing up Female', *Harper's Magazine* 225, no. 1349 (October 1962): 117.

105 Bettelheim, 'Growing up Female', 117.

106 Bettelheim, 'Growing up Female', 120.

107 Bettelheim, 'Growing up Female', 120.

108 Bettelheim, 'Growing up Female', 126–27.

109 Bettelheim, 'Growing up Female', 128.

110 Devonis, *History of Psychology*, 101, 111.

Psychology lagged behind the events in civil rights ... [because it] had no large accumulation of research findings that could support the mobilization of either nonviolent demonstrations or aggressive public protest to gain social goals.¹¹¹

The 1960s were a critical decade of change due to the prevalence of various social movements. Consequently, professionals who had not changed their biased or sexist practices were presented with a fait accompli wherein they would have to accept changing social norms first and study them later.¹¹² Clinical psychologists Joy and David Rice asserted in 1973 that, while many mental health professionals had criticised the women's movement as a 'passing fad of upper-middle-class females or unmarried neurotics', they believed it was valid as these fields had been systematically sexist for decades.¹¹³ By the end of the decade, many American psychiatrists and psychologists had changed their view on the cause of the 'housewife syndrome', finding it to be a societal issue, wherein the modern aspirations of women did not coincide with antiquated gender roles, rather than a rejection of femininity. This growing female consciousness and shift in support from American medical professionals ultimately aided the emerging women's liberation movement against patriarchal society in the late 1960s and early 1970s.

As existing scholarship commonly upholds, Betty Friedan's *The Feminine Mystique* publicised this 'problem that has no name' to a mass audience to garner a collective women's movement against gender inequality.¹¹⁴ It is not surprising that Friedan went on to become the first president of the National Organisation for Women (NOW), which was a highly influential organisation in the women's liberation movement. NOW's Statement of Purpose in 1966 declared: 'We reject the assumption that these problems are the unique responsibility of each individual woman, rather than a basic social dilemma which society must solve.'¹¹⁵ By the late 1960s, the 'problem that has no name' was no longer dealt with in private or considered a mental illness. It was considered to be a product of oppression.

111 Devonis, *History of Psychology*, 112–13.

112 Devonis, *History of Psychology*, 131.

113 Joy K. Rice and David G. Rice, 'Implications of the Women's Liberation Movement for Psychotherapy', *American Journal of Psychiatry* 130, no. 2 (February 1973): 191, doi.org/10.1176/ajp.130.2.191.

114 Friedan, *The Feminine Mystique*, 11.

115 Betty Friedan, 'Statement of Purpose' (The National Organization for Women, 1966), accessed 5 June 2020, now.org/about/history/statement-of-purpose/.

Between 1940 and 1970, a major change in perceptions of the medically diagnosed 'housewife syndrome' occurred. While many psychiatrists, psychologists and gynaecologists of the 1940s and 1950s attempted to reinforce dominant gender constructions in their diagnosis of the 'housewife syndrome' and similar maladies, growing female voices of discontent for a more independent and equal role in society prompted such medical professionals to renounce these diagnoses in the 1960s. This article has built on existing scholarship on the origins of the women's liberation movement, the transition from happy to unhappy housewives, and the link between hysteria, women and madness. Moreover, it has shown the significance of exploring and utilising medical texts and terminology to shed light on lesser known topics, which can give perspective to historical subjects and movements such as the private discontent among women preceding the emergence of the women's liberation movement. Evidently, through the mid-twentieth century, the perception of the 'housewife syndrome' in America shifted from an indicator of personal mental illness to a collective recognition of female subjugation that continued into the second wave of feminism. Ultimately, as these feminists would agree, housewives' unhappiness was rooted not in wanting to be *men*, as many medical professionals had previously claimed, but in wanting to be *equal*.

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