The Uses of Maternal Distress in British Society, c.1948-1979

Sarah Crook

A thesis submitted to Queen Mary University of London, in partial fulfilment of the requirements for the degree of Doctor of Philosophy in History

School of History

ABSTRACT

After the Second World War mothering became an object of social, political, medical and psychiatric investigation. These investigations would in turn serve as the bases for new campaigns around the practice, meaning and significance of maternity. This brought attention to mothers' emotional repertoires, and particularly their experiences of distress. In this thesis I interrogate the use of maternal distress, asking how and why maternal distress was made visible by professions, institutions and social movements in postwar Britain. To address this I investigate how maternal mental health was constituted both as an object of clinical interrogation and used as evidence of the need for reform. Social and medical studies were used to develop and circulate ideas about the causes and prevalence of distress, making possible a new series of interventions: the need for more information about users of the health care service, an enhanced interest in disorders at the milder end of the psychiatric 'spectrum', and raised expectations of health.

I argue that the approaches of those studying maternal distress were shaped by their particular agendas. General practitioners, psychiatrists, activists in the Women's Liberation Movement, clinicians interested in child abuse and social scientists, sought to understand and explain mothers' emotions. These involvements were shaped by the foundation of the National Health Service in 1948 and the crystallization of support for alternative forms of care into self-help groups by 1979. The story of maternal distress is one of competing and complementary professional and political interests, set against the backdrop of increasing pessimism about the family. I argue that the figure of the distressed mother has exerted considerable influence in British society. As such, this research has important implications for our understanding of how mental distress developed into a mode of social and political critique across the late twentieth century.

I, Sarah Rose Crook, confirm that the research included within this thesis is my own work or that where it has been carried out in collaboration with, or supported by others, that this is duly acknowledged below and my contribution indicated. Previously published material is also acknowledged below.

I attest that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge break any UK law, infringe any third party's copyright or other Intellectual Property Right, or contain any confidential material.

I accept that the College has the right to use plagiarism detection software to check the electronic version of the thesis.

I confirm that this thesis has not been previously submitted for the award of a degree by this or any other university.

The copyright of this thesis rests with the author and no quotation from it or information derived from it may be published without the prior written consent of the author.

Signature:

Date: 16.09.2016

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

I would like to first extend warm thanks to my supervisor, Rhodri Hayward. This project could not have been completed without his encouragement and support. The staff of the School of History at Queen Mary University of London have been generous with their time and wisdom throughout. I am grateful to Helen McCarthy and Barbara Taylor, both of whom have kindly pushed me to present and discuss my work. Chris Millard and Rebecca ONeal have provided solidarity, advice and camaraderie. Matt Jacobsen has been a supportive, perceptive and patient cheerleader. I have been fortunate in having the opportunity to teach brilliant undergraduate students, who have consistently provided stimulation and inspiration.

I am grateful to the Wellcome Trust for funding this project, and for its active support for historians of medicine. That I have joined such a vibrant community is in no small part due to the Trust's generosity. Librarians, staff and archivists at the BFI, Wellcome Library, British Library, Royal College of General Practitioners, the Association for Post-Natal Illness, and Mary Lynne Ellis and Brid Greally from the Islington Women and Mental Health Project have patiently and generously helped me to access the research materials I required.

I could not be more thrilled to have worked alongside such *splendid* early career academics. Charlie Jeffries and Kate Turner have offered unwavering support as they complete their own exciting research. Jenny Crane, Jack Saunders, Chris Bovis, Joanne Paul, Liz Gray and Kerrie Holloway have provided edits or academic advice. My friends outside History have provided distraction, food, laughter, political acumen and love: Alex Beetles, Alex Bordoli, Rachel Edge, Jo Massie, Radhika Madhani, Sarah Waite, Rhiannon Smith, Fionna Tod, David Wearing, Sam Connor, Rosie Langridge, Ben Mandler, Roos de Gues. Many of those mentioned have read my work. Any mistakes that remain are my own. My dad didn't get to see this completed, but I think he would have been pleased. Finally, I am *so* grateful to my own very wonderful mum.

AGM	Annual General Meeting
ALRA	Abortion Law Reform Association
APNI	Association for Post-natal Illness
BBC	British Broadcasting Corporation
BGA	Bishopsgate Institute Archive
BL	British Library
BMA	British Medical Association
BSA	British Sociological Association
CR	Consciousness-Raising
DSM	Diagnostic and Statistical Manual of Mental Disorders
GP	General practitioner
HMSO	Her Majesty's Stationary Office
ICD	International Classification of Diseases
IWMHP	Islington Women and Mental Health Project
LSE	London School of Economics
MP	Member of Parliament
NAC	National Abortion Campaign
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children
RCGP	Royal College of General Practitioners
RCOG	Royal College of Obstetricians and Gynaecologists
SPU	Medical Research Council's Social Psychiatry Unit
UCL	University College London
WA	Wellcome Library Archive
WHO	World Health Organization
WLM	Women's Liberation Movement
WTC	Women's Therapy Centre

USING A MEDICAL DIAGNOSIS AS A SOCIAL DIAGNOSTIC

In an article published in *The Guardian* newspaper in 2012, Kate Figes, author of *Life After Birth,* argued that the enhanced risk of postnatal depression was symptomatic of the weaknesses of late-twentieth century modernity: unlike a century ago, she proposed, mothers are likely to be socially isolated; to have heightened expectations of the maternal role; to experience a loss of professional identity; and to struggle to reconcile the public values of individualism with the self sacrificial requirements of the maternal role.[1] Three assumptions underpin these claims. First, that the individual experience of postnatal distress matters at a social level. Second, that women are now more likely to experience postnatal depression than they were in the past, with the caveat that this is difficult to quantify as the phenomenon is often ignored or misdiagnosed. And finally, that social conditions are responsible for this shift. This implies that maternal suffering can be alleviated not only through management at an individual level but also through meaningful reform of social and political structures. In this way, extracting maternal distress from the domestic sphere turns it into a public and policy object. It is this process that I am interested in.

The central research question of this thesis is this: how and why was maternal distress made visible by professions, institutions and social movements? Put another way, how has maternal distress been *used* in postwar Britain? In order to probe this, three constitutive inquiries run through the following five chapters. I investigate *who* has sought to assert expertise over maternal distress, *how* the figure of the distressed mother

---

[1] Kate Figes, 'Postnatal Depression: The Pressures New Mothers Face, Now More Than Ever', *The Guardian* 3 November 2012 <http://www.theguardian.com/society/2012/nov/03/postnatal-depression-widespread-felicia-boots> [accessed 26 April 2016].

was constructed, and *why* she came to be a distinctive figure in the years following the Second World War. The first of these questions forms the organising principle of the following five chapters that are arranged around communities with particular investments in mothers across the postwar years: GPs, politicians and psychiatrists, feminists, doctors interested in child battery, and academics. These track the emergence of the mentally disordered mother between the foundation of the NHS (1948) and the establishment of the Association for Post-natal Illness (APNI) in 1979.

In Chapter One, I ask which mechanisms were used by general practitioners in 1960s Britain to uncover maternal distress and why mothers were of such interest. In Chapter Two, I unpick how maternal mental illness was instrumentalised during the passage of abortion reform in the 1960s, thereby drawing out how it performed as a policy object in the political arena. In Chapter Three, I shine a light on how the Women's Liberation Movement (WLM) in the late 1960s to the late 1970s mobilized evidence of women's psychic suffering as proof of the need for social change and framed the concept of maternal mental disorder as a symptom of patriarchal social structures. In Chapter Four, I ask how the creation of child battering as a 'syndrome' encouraged a new interest in constructing the biography of the psychologically unwell mother. Chapter Five investigates how the postwar expansion of higher education, in particular the social science disciplines, created new opportunities for the treatment of the home as an object of study. Here, I consider models of sociological investigation that were attentive to women's interiority that uncovered the home as a site of violence and distress. Finally, in the Conclusion, I examine the development of groups that sought to advocate for and assist distressed mothers and offer some final thoughts on the phenomenon of distress-as-sociopolitical-critique. Each of these chapters uses material drawn from medical journals, feminist pamphlets and magazines, archival policy

documents from medical bodies, parliamentary debates, and social studies to map the rise of the disordered mother against the shifting landscape of postwar Britain and the changing cadences of social life.

These strands of analysis demonstrate that anxiety over child wellbeing facilitated a new focus on the emotional and mental health of mothers and that this interest was mobilized for social and political ends in postwar Britain. I argue that across the mid to late-twentieth century anxiety over maternal mental health was implicated in a variety of policy debates and social campaigns. Broadly, my contention is that emotions, linked to medicine as a validating frame, became a method of political criticism.

SOME NOTES ON POSTNATAL DISTRESS AND MEDICALISATION

It is worthwhile, here, to sketch out a brief history of postnatal mood disorders so as to clarify how the distressed mother assumed distinctive qualities in postwar Britain. While I am preoccupied with the intellectual and social activity around maternal distress after 1948, it has a longer history. Hilary Marland explored the unsettled set of symptoms that were seen to comprise puerperal insanity in the nineteenth century, positioning the diagnosis as one over which alienists and obstetricians sought to assert their expertise.[2] The landmark contribution prior to this era was made by the French physician Louis-Victor Marcé in 1858.[3] Marcé used 79 case studies to draw attention to the features of

---

[2] Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (New York: Palgrave, 2004); see also Hilary Marland, 'Disappointment and Desolation: Women, Doctors and Interpretations of Puerperal Insanity in the Nineteenth Century', *History of Psychiatry* 14 (2003), pp. 304-320.

[3] Louis-Victor Marcé, *Traite de la Folie des Femmes Enceintes, des Nouvelles Accouchies et des Nourrices* (Paris: J.B.Baillier, 1858); Siobhan Curham, *Antenatal and Postnatal Depression: Practical Advice and Support for All Sufferers* (London: Vermilion, 2000); Katharina Trede et al., 'Treatise on Insanity in Pregnant, Postpartum, and Lactating Women (1858) by Louis-Victor Marcé: A Commentary', *Harvard Review of Psychiatry* 17: 2 (2009), pp. 157-165, p. 157.

maternal psychiatric disorder and detailed its aetiology and potential treatments.[4]

Between 1858 and the Second World War interest in the diagnosis languished and

attention focused on the routines and behaviours of childrearing rather than its

emotional tenor.[5] In the years following the Second World War authors were anxious

that postnatal disorders had been marginalized: a 1955 article sought to raise awareness

of a 'form of illness which is not uncommon and which is important, not only because

of the distress and incapacity which it inflicts upon the patient, but also because of the

repercussions which it produces within the family group.'[6] The next influential study

was published in the United States in 1962, in which James Alexander Hamilton argued

that medical interest should be directed to postnatal distress, given the widespread and

significant effects it could have on the family.[7] In Britain, the psychiatrist Brice Pitt

decried the lack of medical knowledge about the 'common and important complication'

of depression after birth in 1968.[8] It is from this point in the 1960s that we can see an

escalation of interest in the diagnosis; as this introduction will go on to argue, this

emerged from an enhanced interest in child and community mental health. It also

emerged from gender ideologies and the rubric of medical authority.

---

[4] Marcé, *Traite.*

[5] Christina Hardyment, *Dream Babies: Childcare from Locke to Spock* (Oxford: Oxford University Press, 1984).

[6] A.B. Hegarty, 'Post-Puerperal Recurrent Depression', *British Medical Journal* 1: 4914 (1955), pp. 637-640, p. 637. See also G. Douglas, 'Psychotic Mothers', *The Lancet* 267: 6908 (1956), pp. 124-125.

[7] James Alexander Hamilton, *Postpartum Psychiatric Problems* (Saint Louis: The C.V. Mosby Company, 1962). For an example of the attention paid to psychiatric disorders, see R.E. Hemphill, 'Diagnosis of Psychiatric Disorders of Pregnancy and the Puerperium', *Diagnosis in Clinical Obstetrics* (Ed.) Lennon, G. (Bristol: Wright and Sons Ltd, 1962), pp. 235-246.

[8] Brice Pitt, '"Atypical" Depression Following Childbirth', *British Journal of Psychiatry* 114: 516 (1968), pp. 1325-1335, p. 1332; Ellie Lee has argued that this paper was seminal in her study of motherhood and mental illness. Ellie Lee, *Abortion, Motherhood, and Mental Health: Medicalizing Reproduction in the United States and Great Britain* (New York: Aldine De Gruyter, 2003), p. 182.

The conception of postnatal depression is intimately related to ideas about femininity and the purview of medicine. The diagnosis stemmed first from medical science, with the key debate in the early postwar years focused on the extent to which it was a diagnosis distinct from other forms of depression. What was the relationship with pregnancy, birth, and motherhood that made it a separate category of disorder?[9] The symptoms it is associated with (low mood, change of appetite, changed sleeping patterns, fatigue) overlap with other forms of depression.[10] Given this overlap, and the lack of evidence that postpartum depression emerges from physical causes (indeed, postnatal depression in fathers is now being studied),[11] its existence is evoked by anxieties about motherhood, birth, and the family.

Ambivalence towards the diagnosis is evident in psychiatric nosologies. This ambivalence has a long lineage; in 1960 C.P. Seager, an assistant psychiatrist, noted that the International Nomenclature of Disease contained Puerperal Psychosis, 688.1, but he demonstrated the lack of consensus around its causes and symptoms.[12] Seager suggested that there were three models of the relationship between the puerperal phase and

---

[9] R.E. Kendell, J.C. Chalmers and C. Platz, 'Epidemiology of Puerperal Psychoses', *British Journal of Psychiatry* 150 (1987), pp. 662-673; C. Dean, R.J. Williams and I.F. Brockington, 'Is Puerperal Psychosis the Same as Bipolar Manic-depressive Disorder? A Family Study', *Psychological Medicine* 19: 3 (1989), pp. 637-647; R. Kumar and K. M. Robson, 'A Prospective Study of Emotional Disorders in Childbearing Women', *British Journal of Psychiatry* 144 (1984), pp. 35-47; R. E. Kendell et al., 'The Influence of Childbirth on Psychiatric Morbidity', *Psychological Medicine* 6 (1976), pp. 297-302.

[10] P. Kettunen, E. Koistinen and J. Hintikka, 'Is Postpartum Depression a Homogenous Disorder: Time of Onset, Severity, Symptoms and Hopelessness in Relation to the Course of Depression', *BMC Pregnancy and Childbirth* 14 (2014), p. 402.

[11] James F. Paulson and Sharnail D. Bazemore, 'Prenatal and Postpartum Depression in Fathers and its association with Maternal Depression: a Meta-analysis', *Journal of the American Medical Association* 303: 19 (2010), pp. 1961-1969; C.G. Ballard et al., 'Prevalence of Postnatal Psychiatric Morbidity in Mothers and Fathers', *British Journal of Psychiatry* 164 (1994), pp. 782-788.

[12] C.P. Seager, 'A Controlled Study of Post-Partum Mental Illness', *British Journal of Psychiatry* 106 (1960), pp. 214-230.

mental illness: no relationship; causal; and one in which the period acted as a stressor to those already susceptible to disorder.[13] Seager pointed to articles that suggested that cultural, social, environmental and hormonal factors as well as familial and hereditary issues might be implicated in the production of illness.[14] In 1968 the Diagnostic and Statistical Manual of Mental Disorders-II (DSM) contained a category for 'Psychosis with childbirth' (294.4), but by the publication of the DSM-III-R in 1987 it no longer appeared, and nor did postnatal depression.[15] This absence from nosologies affected the quantification of the disorder, as one MP found in 1973. Asking how many women were treated for postnatal depression in NHS hospitals between 1969 and 1972, they heard that this data was not available because statistics of admission were classified according to the International Classification of Diseases (ICD-8).[16] Neither did the diagnosis appear in ICD-9, published in 1978 by the World Health Organization (WHO).[17] However, postpartum depression features in the DSM-IV under affective and mood disorders with the specifier that it has a 'postpartum onset' within the first *four* weeks after delivery.[18] Within ICD-10 the classification may be used if puerperal disorder occurs within *six* weeks and it does not fit under another category but it is not recognised as a separate diagnosis.[19] Both the existence and the temporal boundaries of the disorder are contested.

---

[13] Ibid., p. 214.

[14] Ibid., pp. 214-217.

[15] Michael W. O'Hara, *Postpartum Depression: Causes and Consequences* (New York: Springer-Verlag, 1995), p. 3.

[16] HC Deb 12 November 1973 Vol. 864 cc63-4W.

[17] O'Hara, *Postpartum Depression,* p. 3.

[18] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* 4th Ed. (Washington DC: American Psychiatric Association, 1994), pp. 317-391; Verinder Sharma and Dwight Mazmanian, 'The DSM-5 Peripartum Specifier: Prospects and Pitfalls', *Archives of Women's Mental Health* 17: 2 (2014), pp. 171-173.

[19] John Cox, 'Postnatal Mental Disorder: Towards ICD-11', *World Psychiatry* 3: 2 (2004), pp. 96-97; Michael W. O'Hara, 'The Nature of Postpartum Depressive Disorders', *Postpartum Depression and Child Development* (Ed.) Cooper, P.J. and Murray, L (New York and London: Guildford Press, 1997), pp. 3-34; BMJ Best

This thesis contends that the concept of postnatal distress existed and circulated as a cultural artifact as well as a subject of medical concern. The conviction that mental disorder in the postnatal period is worthy of study independent from other forms of depression is a widespread. A search for 'postnatal depression' on PubMed uncovers over 8,000 results.[20] A search for 'postnatal depression' on the *Daily Mail* website returns over 500 results.[21] Postnatal distress, then, has trespassed outside of the medical domain and into common usage. *Nashville* and *Girls,* American TV shows that are popular in Britain, have featured story lines about postnatal depression.[22] In 2013 Stacey Solomon, third runner up in the sixth season of the X Factor, led a documentary about teenage girls and postnatal depression on BBC Three.[23] Just as Anne E. Figert has argued that Pre-Menstrual Syndrome 'is real because various people in different situations choose to define it as such', I point to general practice, social movements and legal policy as arenas in which the idea of postnatal distress has gained currency outside of the psychiatric domain.[24]

This thesis predominantly uses the language of 'postnatal distress' and 'maternal distress' rather than postnatal depression, postpartum depression, or puerperal depression. The rationale for this is twofold: first, because the language of maternal

---

Practice < http://bestpractice.bmj.com/best-practice/monograph/512/diagnosis/criteria.html> [accessed 1 August 2016].

[20] Search of PubMed, 'postnatal depression', <http://www.ncbi.nlm.nih.gov/pubmed/?term=postnatal+depression> [accessed 1 June 2016].

[21] Search of the Daily Mail website, 'postnatal depression'. <http://www.dailymail.co.uk/home/search.html?offset=0&size=50&sel=site&searchPhrase=postnatal+depression&sort=recent&type=article&type=video&days=all> [accessed 1 June 2016].

[22] *Nashville,* Season Four (ABC, shown on Sky Living, UK, 2016); 'Homeward Bound', *Girls,* Season 5 (HBO, shown Sky Atlantic, UK, 2016).

[23] *Stacey Solomon: Depression, Teen Mums & Me* (BBC Three, UK, 19.04.2016).

[24] Anne E. Figert, *Women and the Ownership of PMS: The Structuring of a Psychiatric Disorder* (New York: Aldine De Gruyter, 1996), p. 3.

distress offers a wider perspective of maternal wellbeing and is comparatively

untethered from the biomedical implications of terms like 'postnatal depression'.[25] Put

another way, maternal distress encompasses some of the broader aims of this research,

in that it acknowledges the social location of women's maternal experiences. Ian

Hacking has suggested that distress 'provided a new way to be an unhappy person',

performing as a 'culturally sanctioned way of expressing distress.'[26] While psychosis in

the postpartum period and the 'baby blues' appears in the medical literature, my focus

here is predominantly on the set of symptoms that were seen to be coterminous with

other forms of depression. A professor of psychiatry noted in 1959 that the lack of

agreement over the conceptual basis of mental disorder led to the proliferation of

overlapping terminology for disorders.[27] The language of maternal distress allows me to

sidestep this.[28] Like other historians, I suggest that diagnosis itself is performative: it

'implies a tacit categorization of some forms of human misery as medical problems'.[29]

Through examining how the concept of maternal distress has been made use of by five

communities, I demonstrate how these explanations have operated in the cultural

sphere.

This is underpinned by my contention that maternal distress does not adhere in a

straightforward way to the 'medicalisation' model. Whilst the manifestations of

---

[25] Elizabeth Emmanuel et al., 'Maternal Role Development: the Impact of Maternal
Distress and Social Support Following Childbirth', *Midwifery* 27 (2011), pp. 265-
272, p. 266.
[26] Ian Hacking, *Rewriting the Soul* (Princeton: Princeton University Press, 1995), p. 236.
[27] E. Stengel, 'Classification of Mental Disorders', *Bulletin of the World Health
Organization* 21 (1959), 601-663.
[28] That is not to imply that the language of 'maternal distress' is strictly defined: a
study by Elizabeth Emmanuel and Winsome St John examined 25 papers
published between 1995 and 2009, and found 'little or no clear definition of MD
[maternal distress] as a concept', Elizabeth Emmanuel and Winsome St John,
'Maternal Distress: a Concept Analysis', *Journal of Advanced Nursing* 66: 9 (2010), pp.
2104-2115.
[29] Arthur Kleinman, *Rethinking Psychiatry: From Cultural Category to Personal Experience*
(New York: Free Press, 1988), p. 8.

postnatal depression are considered to be medical, the extent to which they arose from,

or were exacerbated by, sociocultural phenomena was widely acknowledged. Irving Zola

defined medicalisation in 1983 as a 'process whereby more and more of everyday life

has come under medical dominion, influence and supervision.'[30] Peter Conrad has

defined medicalisation as 'a process by which nonmedical problems become defined

and treated as medical problems, usually in terms of illness or disorders'.[31] Others have

acknowledged that medicalisation 'may authorize useful social change that is otherwise

politically unacceptable.'[32] This proposal is particularly useful with regards to Chapter

Three, in which I study the ways that the WLM both challenged and appropriated

medical evidence of women's distress.

This demonstration of how postnatal distress became a cultural artifact as well as a

medical object builds upon the critiques of the medicalisation model that have been put

forward by others.[33] The process of medicalisation has been accused of acting as a

disempowering mechanism allowing influence to accumulate in the upper strata of

society.[34] This casts the individual as passive and offers little insight into what resistance

might actually *look like*. The result is an 'overdrawn' social theory.[35] Resistance to

medical power can take the form of subversion and appropriation, I argue here.

This thesis examines how social actors adopted the medical model to make the concept

of maternal distress useful. This has been touched on by Ellie Lee, who has suggested

---

[30] Irving Zola, *Socio-Medical Inquiries* (Philadelphia: Temple University Press, 1983), p. 295.
[31] Peter Conrad, 'Medicalization and Social Control', *Annual Review of Sociology* 13 (1992), pp. 209-232, p. 209.
[32] Kleinman, *Rethinking*, p. 9.
[33] For an outline of these, see Simon Williams and Michael Calnan, 'The "Limits" of Medicalization? Modern Medicine and the Lay Populace in "Late" Modernity', *Social Science and Medicine* 42: 12 (1996), pp. 1609-1620.
[34] Ibid., p. 1610.
[35] Ibid., p. 1611.

that the category of postnatal depression gave legitimacy to claims that negative emotions feature centrally in women's experience as mothers.[36] Lee has argued that this is indicative of a 'new narrative' in descriptions of women's problems, one that seeks a '*shift in culture,* to generate a public discourse that has the emotional difficulties of the experience of motherhood at its center'.[37] Indeed, 'unlike for abortion, feminists and those who are concerned with women's health have, in particular, encouraged medicalisation' and have sought to 'share ownership of the relevant psychiatric concepts'.[38] I extend Lee's analysis and but refocus on *how* social movements used emotional and therapeutic frames to campaign for this '*shift in culture'.*

My intervention sits at the intersection of two overlapping fields of literature: that which explores women's relationship with medicine, and that which examines the rise and diffusion of the 'psychological society' in postwar era Britain. My interest, like others, lies in how 'statistical technologies and physiological theories allowed individual pathology to be read as an index of broader social problems and placed medical expertise at the centre of new political programmes.'[39] This is a claim that my research builds through its attentiveness to how these 'political programmes' drew on the evidence offered up by such technologies. There is a more complicated story to be told, however; expertise that originated in the medical realm was seized upon, appropriated and extended by social actors, thus displacing medical expertise as the locus of power. Broadly, I position my research question amongst feminist historiographies, in that I examine women's lives as structured within, and affected by, arrangements that enforce

---

[36] Ellie Lee, *Abortion, Motherhood, and Mental Health: Medicalizing Reproduction in the United States and Great Britain* (New York: Aldine de Gruyter, 2003), p. 210.
[37] Ibid., p. 212.
[38] Ibid., p. 230.
[39] Rhodri Hayward, 'The Invention of the Psychosocial: An Introduction', *History of the Human Sciences* 25 (2012), pp. 3-12, p. 3.

the hegemony of male power.[40] My intervention is informed by, whilst sometimes being critical of, work that treats professional medical power as an enforcer of this.[41] I contend that psychiatric language provided a legitimating discourse for communities to push for social and political change. This is framed by on-going debates around women's relationship with the medical profession (and particularly within mental health) from the mid- to the late twentieth century.[42] The historiography of obstetrics has been dominated by debates about women's agency and how it operated in conflict with medical professionals' perceived self-interest.[43] More recently historians have sought to recover the women's choices within the broader frame of their social context.[44] In the conclusion I offer evidence that women and medical professionals have at points colluded to bring this diagnosis to light.

The extent and meaning of women's distress in the 1960s is contentious. Ali Haggett has challenged the characterization of the 1950s and the 1960s as a period of feminine discontent due to the domestic role.[45] Instead, she draws on oral testimony to explain women's distress as due to childhood trauma and troubled

---

[40] See Paula A. Treichler, 'Feminism, Medicine, and the Meaning of Childbirth', in *Body Politics: Women and the Discourses of Science* (Eds.) Jacobus, M., Fox Keller, E., and Shuttleworth, S. (New York and London: Routledge, 1990), pp. 113-138; Barbara Ehrenreich and Deirde English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (New York: Anchor Press/Double Day, 1979).
[41] See, for example, Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (Harmondsworth and New York: Penguin, 1987).
[42] For a summary of feminist histories of psychiatry, see Nancy Tomes, 'Feminist Histories of Psychiatry', in *Discovering the History of Psychiatry* (Eds.) Micale, M.S. and Porter, R. (Oxford: Oxford University Press, 1994), pp. 348-383.
[43] Janet Greenlees and Linda Bryder (Eds.) 'Western Maternity and Medicine: An Introduction', in *Western Maternity and Medicine, 1880-1990* (London: Pickering and Chatto, 2013), pp. 1-12.
[44] Greenless and Bryder, 'Western Maternity', p. 11; McIntosh, Tania. *A Social History of Maternity and Childbirth: Key Themes in Maternity Care* (Abingdon: Routledge, 2012), p. 3.
[45] Ali Haggett, *Desperate Housewives, Neuroses and the Domestic Environment, 1945-1970* (London: Pickering and Chatto, 2012); Ali Haggett, '"Desperate Housewives" and the Domestic Environment in Post-War Britain: Individual Perspectives', *Oral History* 37: 1 (2009), pp. 53-60.

personal relationships. Certainly historians must be cautious not to characterize the conditions of mothering in the 1950s and 1960s as inherently and universally pathological. Nonetheless, women's disproportionate representation in mental health statistics was well established and widely acknowledged, even by the mid-1980s.[46] I offer a different narrative. I propose not that women were more content than has been depicted (as I discuss in Chapters One and Five, both contemporary medical and Sociological studies uncovered widespread distress), but that this apparent evidence of discontent served a social and political purpose. Moreover, in Chapter Three I argue that women themselves were able to draw upon this. My focus is not on the prevalence of these feelings, but on the ways that the mechanisms of postwar medical and social organising made them visible. In this way postwar communities were using feelings in new ways. As this introduction demonstrates, in the postwar period women were considered the proxy for family wellbeing. This 'gatekeeper' role resulted in greater surveillance but could also provide women with leverage for social change. It is this that is my primary contribution into this field of research: I suggest that the visibility of the distressed mother allowed her to be constituted as evidence of the need for change and to be mobilised as an agent of social agitation.

THINKING BACK THROUGH OUR MOTHERS: ANN OAKLEY AND MATERNAL DISTRESS

The journey from medical diagnosis to cultural artifact was not straightforward. The phenomenon was buffered by, as well as played a role in, the social movements and political tides of the late twentieth century. To illustrate how postnatal distress evolved over the late twentieth century I now turn to a life by which it was mapped: that of the public intellectual and prominent sociologist, Ann Oakley. I use Oakley's life as a

---

[46] HC Deb 29 June 1984 Vol. 62 cc1292-331, cc1312.

framework for broader points about the transformation of postwar Britain: Oakley's upbringing is used to highlight trends in postwar childcare; her experience of higher education shows the effects of university in widening the horizons and expectations of young women; her subsequent move to suburbia and early motherhood is reflective of the shrinking of these horizons; her experience of postnatal depression and treatment is a lens on medical approaches to women's distress; and finally, I use her scramble away from depression through feminist activism and scholarship. This illustrates the way that personal experience opened up new fields of study and momentum.

I use Oakley as a framework to trace wider social changes across twentieth century Britain. In an address given to the WHO/Scottish Health Education Group conference on Women and Health in 1983, Oakley drew on Charlotte Perkins Gilman's semi-autobiographical *The Yellow Wallpaper* (1872) to draw attention to three areas of women and health: social engagement and production; the contexts in which women mother; and the medicalisation of women's distress at social circumstances.[47] In Gilman's story a woman is diagnosed with nervous depression after the birth of her first child. Forced into isolation and confined to one room as a rest cure for her depression, Gilman's narrator becomes increasingly fixated, lacking anything to distract her, upon the yellow wallpaper. Forbidden to write, she becomes sure that there is a woman trapped behind the wallpaper and the tale ends with her attempting to release this woman by tearing it down.[48] In her meditation on Gilman's work, Oakley is not only restating the cultural

---

[47] Ann Oakley, 'Beyond the Yellow Wallpaper', *Reproductive Health Matters* 10 (1997), pp. 29-39, p. 32.
[48] *The Charlotte Perkins Gilman Reader: The Yellow Wallpaper and Other Fiction* (London: Women's Press, 1981).

significance of mothering, but is one mother *thinking back through* another, reflecting

Virginia Woolf's claim that 'we think back through our mothers if we are women'.[49]

For Oakley, Gilman's story illustrated the effects of the individualisation and

pathologisation of women's psychological reactions to their social circumstance. This,

she claims, locates the problem in the individual woman, even

> if many individual women have the same problem, the explanation of a
> defective psychology rather than that of a defective social structure is usually
> preferred. Here we are up against not only individualization but also
> medicalization. The medicalization of unhappiness as depression is one of the
> great disasters of the twentieth century, and it is a disaster that has had, and still
> has, a very big impact on women.[50]

In this thesis I counter this claim by pointing to how labeling of unhappiness as a

medical problem has also granted it wide social recognition. I suggest that the creation

of the domain of the 'psychosocial' legitimised activism, linking medical categories to

social experiences. Oakley has herself lived out this journey from a mother experiencing

mental distress to analyst and activist.

It is a fraught exercise to transform an individual's life story into a motif of the

trajectory of an era. There is, of course, the danger of distortion or fixing false meaning

to a life narrative.[51] Here, Oakley is used as a lens into the wider transformation of

maternal distress in the public sphere. Oakley was the only child of intellectual middle

class parents; Richard Titmuss, her father, was Professor in Social Administration at the

LSE, while her mother, Kay Titmuss, was a housewife. She was educated at Somerville

College, Oxford, starting her degree in Philosophy, Politics and Economics in 1962. She

---

[49] Virginia Woolf, *A Room of One's Own* (New York: Harcourt Brace Jovanovich, 1957), p. 79.

[50] Oakley, 'Beyond', p. 36.

[51] Oakley acknowledges this, reflecting that 'There is no such thing as an authentic story of someone's life', see Ann Oakley, *A Critical Woman: Barbara Wootton, Social Science and Public Policy in the Twentieth Century* (London: Bloomsbury, 2011), p. 4.

married her husband, Robin Oakley in 1964, while studying for her degree, thus requiring the permission of her college and her parents.[52] After the birth of her second child in 1968 she experienced a bout of postnatal depression.[53] Her ensuing disillusionment with medicine and subsequent search for an explanation for postnatal depression – locating it within the power structures of the patriarchy – illustrates the broader transformation of maternal distress from a personal experience under the remit of the medical profession to an analytical lens on the position of women and role of healthcare treatments.[54]

PSYCHOPHARMACOLOGY

Oakley's postnatal distress was experienced as an acute sense of dislocation and purposelessness: 'I felt that my life, despite its centeredness on my beloved children, and a marriage that by anybody's standards was 'good'…was simply devoid of meaning. What was it all for? How could I go on?'[55] The treatment for this was pharmacological intervention: her general practitioner prescribed a variety of medications, including Stelazine (an antipsychotic also prescribed for anxiety states) and imipramine (an antidepressant), in order to allow her to function as the 'mechanical housewife of my daily life'.[56] The measure of success was the capacity to fulfill the domestic, maternal and wifely role society constructed for women. She reflects that she 'took the pills self-consciously as a way of coping, and I was not alone in that strategy'.[57] Jonathan Metzl

---

[52] Ann Oakley, *Taking it Like a Woman* (London: Jonathon Cape, 1984), p. 47.
[53] Ibid., pp. 68-72.
[54] Ann Oakley, *Father and Daughter: Patriarchy, Gender and Social Science* (Bristol: Policy Press, 2014). Oakley has retained a strong interest in the position of women and the way their lives are shaped by becoming mothers. See *From Here to Maternity* (1981), *Women Confined: Towards a Sociology of Childbirth* (1980), *Taking it Like a Woman* (1984), and *The Captured Womb: A History of the Medical Care of Pregnant Women* (1984).
[55] Oakley, *Taking It*, p. 69.
[56] Ibid., p. 68.
[57] Ibid., p. 69.

has noted the extent to which drugs became a preferred mechanism for treating traditionally feminized experiences.[58] Although Metzl is discussing the uptake of these prescriptions within the American context, the entrance of psychopharmaceutical drugs to the British mass market was similarly significant. Oakley has subsequently claimed that the development of these medications emerged from 'a particular cultural interpretation of women's distress, fuelled, as I now know, by the pharmaceutical industry in league with elements within the medical profession who stand to gain much from the invention of new illnesses requiring chemical remedies.'[59]

Just as Oakley's prescription of antidepressants was a turning point in her experience of distress, the emergence of tranquillisers form a vital part of the story of mood disorders in twentieth century Britain. In July 1967, G.I. Watson, later president of the Royal College of General Practitioners (1970-1972), and a key exponent of epidemiological research (both of which will be discussed in Chapter One), declared that 'our work in general practice has been altered as much as anyone's, and our capacity strengthened, by the therapeutic revolution of the last 30-40 years.'[60] Here we can see two shifts that underpin the changes this thesis tracks: first, the move towards treating distress in the community, and second, the increasing focus on disorders at the milder end of the psychiatric spectrum.[61]

---

[58] Jonathan Metzl, "'Mother's Little Helper': The Crisis of Psychoanalysis and the Miltown Resolution', *Gender & History* 15: 2 (2003), pp. 240-267, p. 240.
[59] Ibid., p. 16-17.
[60] G.I Watson, *Epidemiology and Research in General Practice* (London: Royal College of General Practitioners, 1982), p. 150.
[61] David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983).

Imipramine – one of the drugs Oakley was prescribed - was one of the antidepressants that emerged from the 1950s.[62] The first of these was Miltown (meprobamate), named after the American town in which it was developed, which was introduced to the mass market in 1955.[63] Considered the first 'designer drug' within psychiatry, by the late 1950s it was widely prescribed and had entered the cultural lexicon.[64] Librium (chlordiazepoxide) (1960) and Valium (diazepam) (1963) quickly followed, aiming to alleviate anxiety and depression.[65] In England and Wales, in the half decade between 1965 and 1970, the point at which Oakley was prescribed drugs, prescriptions for benzodiazepine tranquilizers rose by 110 per cent.[66] In 1970 12.5 million prescriptions were issued in England and Wales for Librium, Valium and Mogadon, by retail pharmacies.[67] Valium, helped by a significant marketing campaign, was by 1970 the most widely prescribed drug in the world.[68] Oakley's consumption of imipramine can be seen against the backdrop of this expanding market for anti anxiety and antidepressant drugs. The manufacturers of imipramine targeted general practitioners with information about the drug.[69] They distributed a booklet entitled *Reactive Depression* advocating its use for the treatment of reactive depression (that is, a depression provoked by a psychosocial trigger). Noting this, a correspondent to the *British Medical Journal* contended that ECT continued to be preferable for cases of severe depression and was

---

[62] Ian Dowbiggin, *The Quest for Mental Health: a Tale of Science, Medicine, Scandal, Sorrow, and Mass Society* (Cambridge: Cambridge University Press, 2011), p. 169.
[63] Jonathan Gabe (Ed.), 'Introduction', *Understanding Tranquilliser Use: The Role of the Social Sciences* (London: Routledge, 1991), pp. 1-12, pp. 3-4.
[64] Christopher M. Callahan and German Berrios, *Reinventing Depression: a History of the Treatment of Depression in Primary Care, 1940-2004* (Oxford: Oxford University Press, 2005), pp. 106-109.
[65] Gabe, 'Introduction'.
[66] Ibid.
[67] Ibid.
[68] Callahan and Berrios, *Reinventing Depression,* p. 107.
[69] Brian Ackner, 'Imipramine and "Reactive" Depression', *British Medical Journal* 1: 5185 (1960), pp. 1570.

anxious that labeling depressions 'reactive' might render general practitioners liable to underestimate the gravity of the symptoms.[70]

This was correlative with a widespread anxiety that the availability of drugs might change the relationship between the doctor and the patient. Indeed, the development of these drugs did change the medical landscape. They prepared the way for individuals to see their mental health as a matter about which they could see a doctor and expect respite or cure.[71] This was a cause of anxiety within the medical profession, with a 1975 article in the *British Medical Journal* expressing anxiety that patients were not only seeking prescriptions to help them deal with lifestyle concerns, but that they felt *entitled* to the tranquillizing drugs.[72] Fears of patient agency and entitlement is a topic I draw out in Chapter Two. Nonetheless, antidepressants form an important part of the story of postnatal distress, becoming the dominant mode of treatment for depressive disorders and reflecting a broader change in approaches to mental illness. By the late 1980s over a quarter of women with young children were taking antidepressant medication.[73]

As we have seen, Oakley's experience was indicative of a rising trend towards the treatment of affective disorders with pharmacological interventions. These drugs played a role in creating the diagnoses that they claimed to treat. In the late 1950s Roland Kuhn, a Swiss psychiatrist, initially hailed imipramine's sedative effects and efficacy in treating 'endogenous depression'.[74] Joanna Moncrieff notes that Kuhn's studies implied

---

[70] Ibid.

[71] Andrea Tone, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (New York: Basic Books, 2009), p. 91.

[72] W.H. Trethowan, 'Pills for Personal Problems', *British Medical Journal* 3: 5986 (1975), pp. 749-751.

[73] Sandra Scarr and Judy Dunn, *Mother Care/Other Care* 2nd ed. (Harmondsworth: Penguin, 1987) p. 209.

[74] Joanna Moncrieff, 'The Creation of the Concept of an Antidepressant: An Historical Analysis', *Social Science & Medicine* 66 (2008), pp. 2346-2355, p. 2350.

a disease specific notion of the drug's effects, indicating neuropathology manifested in a particular behavioural syndrome.'[75] This, she argues, helped to strengthen the understanding that depression arose from a chemical imbalance and solved through pharmaceutical intervention. She has demonstrated that the shift towards antidepressants was concurrent with the move towards community and outpatient care, reinforcing the idea that milder disorders could be treated within the family setting. Although imipramine was used as a general antidepressant, Oakley was not alone in receiving a prescription for it in the postnatal phase. It was discussed in articles focused on postnatal disorders in medical journals. In his 1969 article, 'Puerperal Psychoses: a Long Term Study, 1927-1961', published in the *British Journal of Psychiatry*, Colin Protheroe praised a patient's apparent improvement on imipramine.[76] A few years earlier, E.D.M. Tod, a general practitioner obstetrician based in London, had noted imipramine's use alongside psychotherapy to treat a patient experiencing depression after the birth of a child.[77] As David Healy has noted, the development of new drugs often has the effect of drawing attention to the disorders they purport to be treating; a 'truly creative act'.[78]

The creation of postnatal depression as a phenomenon amenable to pharmaceutical treatment was not a straightforward story. One American study, published in 1962, claimed that tranquilizers were of little use in treating postpartum depression aside from in mild cases.[79] Although this downplayed the potential role of drugs, the ensuing close

---

[75] Ibid.
[76] Colin Protheroe, 'Puerperal Psychoses: a Long Term Study, 1927-1961', *British Journal of Psychiatry* 115 (1969), pp. 9-30, p. 21, 27.
[77] E.D.M. Tod, 'Puerperal Depression: a Prospective Epidemiological Study', *The Lancet* 2: 7372 (1964), pp. 1264-1266.
[78] David Healy, 'The Psychopharmacological Era: Notes Towards a History', *Journal of Psychopharmacology* 4: 152 (1990), pp. 152-167, p. 153.
[79] J.A. Hamilton, *Postpartum Psychiatric Problems* (Saint Louis: The C.V. Mosby Company, 1962), p. 62-85.

attention to the mechanisms of treatment indicated a belief that postpartum depression was distinct from other forms of depression. With this in mind, the author suggested psychotherapy, and raised the possibility of hospitalization of the mother, with or without the baby. Significantly, pharmacological treatment provided a way to keep women in the home and to prevent the separation of mother and child. This reflected the priorities of postwar parenting guidance, espoused influentially by John Bowlby and Donald Winnicott, both of whom had an interest in the effects of separation of mother and infant.[80]

ATTACHMENT THEORY AND MOTHERHOOD

A further historical frame for this thesis, alongside the proliferation of psychopharmaceutical approaches to emotional distress, is the rise of psychological theories of childrearing. I suggest that anxiety over child mental health drew attention to women's reactions to their child, thus creating space for the study of the maternal psyche and emotional terrain. The interest in mothering and the significance of the child within postwar psychoanalysis has been explored by historians. As Denise Riley has argued, the Second World War drew attention to the mothering role, albeit in such a way that mothers' needs were marginalized.[81] This emphasis was internalized by women, suggests Oakley, who reflects that her choice to work 'was always set in the context of the long-term harm that might be done to my children through my work, and not in the context of the short-term harm that could be done to me by depriving myself of

---

[80] John Bowlby, *Maternal Care and Mental Health* (Geneva: World Health Organization, 1951); Donald Winnicott, 'The Theory of the Parent-Infant Relationship', *International Journal of Psychoanalysis* 41 (1960), pp. 585-595; Donald Winnicott, *The Family and Individual Development* (London: Tavistock, 1965); Donald Winnicott, *The Child, the Family and the Outside World* (Harmondsworth: Penguin Books, 1978). This interest was prompted by studies of evaluation during the Second World War. See Cathy Unwin and Elaine Sharland, 'From Bodies to Minds in Childcare Literature', *In the Name of the Child: Health and Welfare, 1880-1940* (Ed.) Cooter, R. (London and New York: Routledge, 1992), pp. 174-199, p. 193.
[81] Denise Riley, *War in the Nursery* (London: Virago, 1983).

them.'[82] More recently Laura King has demonstrated the ways that the 'child' evoked an idea of futurity and investment around which the welfare state could be organised.[83] This significance of the child underpinned expectations of postwar mothers and was shaped by postwar child psychoanalysts.

One of the key child psychoanalysts in the postwar era was Winnicott, whom Oakley was sent to see as a child.[84] Winnicott was married to Clare Britton, a social worker, who, like Oakley's father, was based at the LSE.[85] Winnicott constructed the idea of the 'ordinary devoted mother', stressing women's specialist knowledge and mothers' adaptation to become the 'good enough mother', a concept that he developed in the early 1950s.[86] Winnicott stressed that mothers should follow their natural instincts, commenting in 1964 that a mother 'need not have an intellectual understanding of her job because she is fitted for it in its essentials by her biological orientation to her own baby'.[87] These theories were communicated through books, articles and Winnicott's BBC broadcasts between the early 1940s and the early 1960s.[88] This was one of the mechanisms by which the importance of mothers' emotional responsiveness to their child entered the cultural lexicon.

---

[82] Oakley, *Taking It,* p. 145.

[83] Laura King, 'Future Citizens: Cultural and Political Conceptions of Children in Britain,1930s-1950s', *Twentieth Century British History* (first published online May 31 2016 doi:10.1093/tcbh/hww025), pp. 1-23.

[84] Oakley, *Father and Daughter,* p. 100.

[85] Ibid.

[86] Donald Winnicott, *The Child, the Family*; Anne Karpf, 'Constructing and Addressing the "Ordinary Devoted Mother"', *History Workshop Journal* 78: 1 (2014), pp. 82-106. This interest in the maternal took priority over other facets of female selfhood for Winnicott, argues Sally Alexander. See Sally Alexander, 'Primary Maternal Preoccupation: D. W. Winnicott and Social Democracy in Mid-Twentieth Century Britain', in *History and Psyche: Culture, Psychoanalysis and the Past* (eds.) Alexander, S. and Taylor, B. (London: Palgrave Macmillan, 2012), pp. 149-172.

[87] Donald Winnicott, *The Child, The Family*, p. 189.

[88] Michal Shapira, 'The Psychological Study of Anxiety in the Era of the Second World War', *Twentieth Century British History* 24: 1 (2013), pp. 31-57, p. 52; Michal Shapira, *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain* (Cambridge: Cambridge University Press, 2013), p. 112.

It is to Winnicott and John Bowlby that we should turn to understand the postwar

discourse around the mother-child relationship. This emerged during the Second World

War, as evacuation drew attention to child health and, in particular, the plight of the

urban child.[89] In 1939 the pair, along with Emmanuel Miller, warned in the *British

Medical Journal* that the separation of the mother and child could have long-term

psychological effects.[90] Winnicott stressed the problems that separation posed to the

mother, coining the term 'The Deprived Mother' in an article published in 1940.[91] The

term 'Deprived Mother' emphasised the psychological importance of mothering to

women. The psychoanalytic prominence of mothering was a productive force for

ideas about femininity.[92] One of the driving causes for the cultural prominence of

postwar child guidance was the belief that good mental health could underpin a healthy

citizenry and thus prevent future conflicts. G.N.M Tyrrell, the President of the Society

for Psychical Research, declared in 1947 that 'The future is an enigma in which only one

thing stands out clearly: it is fraught with terrific and accelerating dangers.'[93] The most

pressing of these was that 'means now exist, not only for shattering men's bodies, but

for controlling and warping their minds.'[94] This sense of psychological threat framed

---

[89] For more on the social and political implications of evacuation see John Welshman, 'Evacuation and Social Policy During the Second World War: Myth and Reality', *Twentieth Century British History* 9: 1 (1998), pp. 28-53.
[90] John Bowlby et al., 'Evacuation of Small Children', *British Medical Journal* 2 (1939), pp. 1202-1203.
[91] Donald Winnicott, 'The Deprived Mother', *New Era in Home and School* 21 (1940), pp. 64, in Shapira, 'The Psychological Study', p. 52.
[92] More recently, feminist scholarship has turned towards the way that neurological investigations might illuminate the relationship between women, reproduction and oppression. Elizabeth A. Wilson has suggested in *Psychosomatic: Feminism and the Neurological Body* that the artificial dualism of the mind/body divide can be deconstructed and mobilized, and that the neurosciences can become useful in radical ways. Elizabeth A. Wilson, *Psychosomatic: Feminism and the Neurological Body* (London: Duke University Press, 2004).
[93] G.N.M. Tyrrell, *The Personality of Man* (Harmondsworth: Pelican Books, 1946), p. 9.
[94] Ibid.

approaches to child mental health, which promised new insights into the basis of aggression and antisocial behaviour. A connective thread was drawn between women's relationship with their children and child development.

So far I have emphasised how psychopharmacology and the perceived importance of child mental health underpinned approaches to maternal mental health. The third part of this story is how the specific climate of childrearing in the postwar era set out expectations of mothering. John Bowlby was amongst the most important of those forging links between mothering and mental health and a key proponent of attachment theory. Bowlby's bestselling *Child Care and the Growth of Love* was based on his report *Maternal Care and Mental Health,* produced for the WHO.[95] *Child Care and the Growth of Love* (1953) noted the growing psychiatric consensus around the significance of parental care to child mental heath.[96] This 'new knowledge' stressed that an 'infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother-substitute – one person who steadily 'mothers' him) in which both find satisfaction and enjoyment.'[97] What was distinctive was the emphasis on the emotion underpinning the action; permissive trends refocused attention on the mother's emotional health.[98] Mothering was no longer a collection of practices that spanned from disciplinary to affectionate, but was a scrutinized form of emotional labour.[99] Bowlby had stated the importance of continual care, warning that 'the provision of mothering cannot be considered in terms of hours per day, but only in

---

[95] John Bowlby, *Child Care and the Growth of Love.* 2nd ed (Harmondsworth: Pelican books, 1973).
[96] Ibid., p. 13.
[97] Ibid., p. 13.
[98] Diane Richardson, *Women, Motherhood and Childrearing* (Hampshire: Macmillan, 1993), p. 39.
[99] Ibid.

terms of the enjoyment of each other's company which mother and child obtain.'[100]

This emotional engagement was, however, 'possible for either party only if the

relationship is continuous', for, much like the child, 'continuity is necessary for the

growth of a mother.'[101]

What this meant in practice was that the maternal mindset became as significant as the

actions that it inspired, turning mothers' reactions to their children into an object of

study. As Portia Holman, a senior physician in psychological medicine at the Elizabeth

Garrett Anderson Hospital, London, wrote in her book, *Psychology and Psychological*

Medicine for Nurses (1957), the

> young baby who is held in his mother's arms will discover her real feelings from
> the way she holds him, from the tension in her muscles, from the smoothness
> or roughness of her movements. The mother cannot conceal it from her child if
> she rejects him, does not love him and really does not want to please him. He
> will respond by not wanting to please her; and, though, sooner or later, he will
> probably do some of the things she wants him to do, it will be after a struggle
> which leaves him ready to see the world as a battlefield in which he has to fight
> and pit his wits against anybody who tries to make him do things.[102]

Women's 'real feelings' could be unwittingly exposed even whilst appearing to adhere to

normative maternal behaviours. This could set the children up for psychological

disorders during adulthood: 'the troubles of those adults who always have a "chip on

their shoulder" may go right back to their earliest experiences of human relationships

when they were not loved by their mothers at the beginning of their lives.'[103] The

desirability and practicality of this attachment theory was contested. In a letter to the

British Medical Journal in 1944, T. Drummond Shiels noted the need to be mindful of the

'psychological effect' of an overwrought mother, suggesting that nursery staff might be

effective mother-substitutes. This was acceptable on a temporary basis, he explained, as

---

[100] Bowlby, *Childcare,* p. 77.
[101] Ibid.
[102] Portia Holman, *Psychology and Psychological Medicine for Nurses* (London: William
Heinemann Medical Books, 1957), p. 14.
[103] Ibid., p. 15.

short breaks from one another might strengthen the mother-infant relationship. He cautioned that 'Psychological theorizations must be balanced and be seasoned with common sense and a sense of humour if they are to be helpful'.[104] The role of psychological theories was to 'help' and to guide daily practices. This sense of urgency emerged from the specific concerns of the postwar period, and allowed psychoanalysts like Bowlby and Winnicott to assume a prominent role in public life.

Many of the ideas about the mother-child relationship that informed the childrearing climate of the postwar years were generated at the Tavistock Clinic in London. Established in 1920, the early work done at the clinic was informed by the mental hygiene movement and emphasised early therapeutic intervention conversant with the theories of psychoanalysis and dynamic psychologies.[105] The interwar years witnessed the emergence of new theories and mechanisms that brought individual disorder and pathology to the fore, buttressing medical claims to political authority.[106] This was entrenched during the Second World War. By the postwar years the Tavistock had become an intellectual home for the 'British School' of psychoanalysis, and combined approaches drawn from other disciplines to trespass outside the traditional patient/analyst relationship.[107] The Tavistock Clinic was assimilated into the NHS after the war, and the Tavistock Institute of Human Relations was founded, symbolizing the broader areas of public life it would engage with.[108] The Tavistock was to be the intellectual home of several of those who espoused the importance of the mother-infant bond (including John Bowlby from 1946) and as such it provided the climate that

---

[104] T. Drummond Shiels, 'War in the Nursery', *British Medical Journal* 1: 4335 (1944), pp. 195-196.
[105] Peter Miller and Nikolas Rose, *Governing the Present* (Cambridge: Polity, 2008), p. 144.
[106] Rhodri Hayward, 'The Invention of the Psychosocial: An Introduction', *History of the Human Sciences* 25: 3 (2012), pp. 3-12, p. 3.
[107] Miller and Rose, *Governing*, pp. 144-145.
[108] Ibid., p. 145.

contextualizes the developments in maternal distress traced by this thesis.

J.A. Hadfield, a colleague of Bowlby's at the Tavistock Clinic, expanded on the topic of childrearing in his study *Childhood and Adolescence* (1962). In this Hadfield claimed that 'security' was at the core of effective childcare.[109] Hadfield reiterated the warnings offered by Bowlby on the effects of maternal deprivation: 'in early childhood all forms of exaggerated fear should, as far as possible, be avoided, such as accidents, separation from the mother, severe punishment, and other assaults upon the child's sense of security.'[110] Separation was configured as an 'assault': infant thriving could only occur when underpinned by the correct form of mothering. The subject of punishment is interrogated in Chapters Four and Five, where I ask how the home was constituted as a site of violence in later postwar Britain. I now turn to how the role of work – the activity considered most likely to separate a mother and child in postwar era Britain – was configured in women's lives.

WOMEN'S WORK

Given the proposition that inadequate mothering might lead to lasting harm, my contention that mothers' distress became a political object should be read against the background of the realities of mothers' work. The model of attachment theory, which posited uninterrupted maternal care, was never fulfilled.[111] Indeed, mothers continued to participate in paid labour out of necessity and for emotional and intellectual satisfaction.[112] Oakley, while confined to domesticity with her small children, was paid to contact companies and solicit advertisements from them, and then moved into

---

[109] J.A Hadfield, *Childhood and Adolescence* (Harmondsworth: Penguin, 1967), p. 257.
[110] Ibid., pp. 257-258.
[111] Denise Riley, *War in the Nursery* (London: Virago, 1983); Denise Riley, 'War in the Nursery', *Feminist Review* 2 (1979), pp. 82-108.
[112] Helen McCarthy, 'Women, Marriage and Paid Work in Post-War Britain', *Women's History Review* (published online, 17.02.2016).

market research.[113] Contrary to cultural pressure, the number of married women employed outside the home rose rather than fell in the postwar era, a trend that was in part due to the expansion of part time work.[114] Women defended their work outside the home as a help towards family finances and the development of independent personalities in their children.[115] These justifications were couched in the benefits women's work brought to people other than themselves. That so many women continued to work in the face of pressure not to is testament to both economic need and, as Oakley framed it, an aversion to 'economic dependence and its connotation of secondariness, of belonging to someone else and not to myself (and we did need more money.)'[116]

The role of work and family in women's lives was the subject of several studies in the postwar period. Alva Myrdal and Viola Klein's study, *Women's Two Roles: Home and Work* (1956), framed it as in the national interest.[117] Two decades later, Michael Young and Peter Willmott's study *The Symmetrical Family* (1975) suggested that the boundary between male and female roles was becoming more porous.[118] They suggested that one of the critical factors in this was the rise of part time work. Women were increasingly doing a 'tandem of jobs, one inside and the other outside the home.'[119] Young and Willmott argued that this had changed the nature of the family, for the 'gain for

---

[113] Oakley, *Taking it Like a Woman,* p. 71.

[114] Dolly Smith Wilson, 'A New Look at the Affluent Worker: The Good Working Mother in Post-War Britain', *Twentieth Century British History* 17: 2 (2006), pp. 206-229.

[115] Ibid.

[116] Oakley, *Taking it like a Woman,* pp. 70-71.

[117] Alva Myrdal and Viola Klein, *Women's Two Roles: Home and Work* (London: Routledge and Kegan Paul, 1956).

[118] Michael Young and Peter Willmott, *The Symmetrical Family* (Harmondsworth: Penguin, 1975), p. 101.

[119] Ibid.

symmetry has been a loss for home-centeredness'.[120] However, women's work remained the 'least psychologically rewarding', and comparatively financially expendable.[121] The psychological ramifications of women's work continued to be deeply contentious, however. In one debate in the House of Commons in 1973, Elaine Kellett-Bowman MP was moved to ask another MP, Martin Maddan, 'if he thinks that the working mothers are less loving than those who do not go out to work.'[122] His response, during which he suggested that working women would become desensitized to their children's needs, was greeted by hisses from the other MPs in the chamber. As we can see, the concept of the housebound mother was grounded in her perceived importance to the psychological wellbeing of her children. Yet women's work outside the home was limited by the jobs available to them and this assumption that they were the primary caretaker.

The cultural emphasis on domesticity was counter posed against women's increased access to education. Oakley was told that Somerville, her college at Oxford, had educated 'some of the most influential people in the world…and you are, therefore, the world's future'.[123] This promise and an environment in which 'the public value of women…[was] publicly extolled', contrasted with her later experiences of domesticity.[124] As she put it, she 'met the housewife-career woman conflict head on without recognizing it.'[125] Oakley's children were born soon after her degree: the birth of her eldest (January 1967), was quickly followed by a second child (May 1968).[126]

[120] Ibid., p. 122.
[121] Ibid.
[122] HC Deb 14 February 1973 vol 850 cc1367-416, cc. 1372.
[123] Oakley, *Taking It,* p. 36.
[124] Ibid.
[125] Ibid., p. 47.
[126] Oakley, *Father and Daughter*, p. 174.

Oakley's rapid move from education to motherhood was a common postwar era trend: Judith Hubback (1917-2006) studied the experiences of educated wives in *Wives Who Went to College* (1957).[127] This study drew upon surveys from 1,165 educated women and uncovered significant levels of dissatisfaction. She used this to propose that women should be able to make use of all of their skills. Like Oakley, Hubback's research interests emerged from her own story, including her experiences of mental distress.[128] Her family history had some similarities, too: born to an artist mother – with whom she did not have an affectionate relationship – and a lawyer father, Hubback was the third of four daughters.[129] She married in 1939, and like others found herself raising her eldest child alone during the Second World War. This inspired her interest in individual and social gender structures.[130] Hubback was interested in the 'psy', receiving Jungian psychotherapy, then full analysis, before qualifying as a Jungian analyst in 1964.[131] In Hubback's life, then, we can see some reverberations of wider social shifts: education; disillusionment with motherhood and wifedom; a turn to the 'psy' sciences as a means of alleviating these, and an accumulation of their types of knowledge in the professional realm. Her 1957 text, however, did not foreground women's psychological needs, nor the emotional costs of domesticity. Instead, this reflected the postwar preoccupation with Britain's economy.

---

[127] Judith Hubback, *Wives Who Went to College* (London: William Heinemann Ltd, 1957).

[128] Barbara Wharton and Jan Wiener, 'Judith Hubback', *The Guardian* <http://www.theguardian.com/news/2006/feb/07/guardianobituaries.mainsection> [accessed 26 February 2016].

[129] Barbara Wharton, 'Judith Hubback (d. 6 January 2006)', *Journal of Analytical Psychology* 51 (2006), pp. 321-325, p. 321.

[130] Ibid.

[131] Wharton and Weiner, 'Judith'; Hubback went on to edit the *Journal of Analytical Psychology* from 1978 to 1986, see Judith Hubback, 'A Short Personal Memoir', *Journal of Analytical Psychology* 50 (2005), pp. 41-43.

Hubback emphasised the wastage of women's skills, pointing to how changing family patterns rendered the childrearing years of an educated women's life shorter than ever before.[132] Mothering was vital, she accepted, and she acknowledged the claims made by Bowlby and Hadfield about the importance of uninterrupted mothering to child mental health: 'It has been proved that in large numbers of cases children suffer permanent emotional damage if their mother neglects them, or if no regular mother-substitute takes her place.'[133] However, it was noted that

> It would probably not have to be stated so clearly and unequivocally by serried ranks of child-psychologists if there had not been the historical combination of modern industry, and all it has led to, with the women's emancipation movement.[134]

She described women's high rates of self-reported 'overtiredness' which were explained as due to how 'the mother is still the pivot round which daily family life revolves.'[135] A great deal of 'overworked' women could not enjoy their child's early years for they 'measure the work they do and their feelings towards it in relation to the what they wish they were doing and feeling.'[136] Feelings, then, operated on both an experiential and an aspirational level.

It was this disjuncture between feeling and aspiration that was to prove critical to the mobilisation of maternal distress. Returning to the growing authority of the 'psy' experts, Hubback reflected that

> The study of human nature and behaviour (and particularly the nature and behaviour of children) embarked upon by the modern psychologist has put at our disposal a number of facts and attitudes which we must try to fit in with the conditions of modern living: we can decide which in each case are essential and make the inessentials give way. We cannot live in a state of nature, but we have to try not to distort nature too far.[137]

---

[132] Hubback, *Wives Who*, p. 5.
[133] Ibid.*,* pp. 152-153.
[134] Ibid., p. 153.
[135] Ibid., pp. 62-64.
[136] Ibid., p. 64.
[137] Ibid., p. 154.

This statement is subversive: whilst psychological studies might reveal human nature, the individual selects which of these revelations are personally useful. Hubback does not provide a way to distinguish between 'facts' and 'attitudes', nor a criteria for which is to be deemed 'essential' or 'inessential'.

MOTHERS WITH THEIR BABIES IN HOSPITAL

As I discussed earlier, psychopharmaceutical developments in postwar era Britain opened up new possibilities for treatment. This, as I suggested, underpins my interrogation of the relationship between mothers and the status of general practitioners in 1960s in Chapter One. This should also be read against the broader landscape of the transformation of mother-infant care in hospitals. In this section I highlight how healthcare structures were shaped by the postwar emphasis on maintaining consistency in the mother-child relationship.

This was an era in which the purpose of the mental hospital was being brought into question. Faced with the proliferation of psychopharmaceutical cures that undermined its role in treating milder disorders, it was made to reconstitute itself. Its role in treating *families* rather than individual patients became one mechanism for this. Thus Oakley, in the midst of her depression, was referred to a psychiatric hospital along with her family. They met with a psychiatric social worker and a psychoanalyst, who, Oakley later found out, concluded that she and her husband were not reconciled to their gender roles.[138] They were offered, and declined, inpatient treatment.[139] The offer of in-patient family treatment when just one member of the family was unwell represented a postwar era

---

[138] Oakley, *Taking It,* p. 69.
[139] Ibid.

shift.[140] The interest on the effect of separation on mother and child created new

models of hospital-based treatment for postpartum disorders.[141] The development of

hospitals in which whole families could be treated for maternal disorders was influenced

by the postwar emphasis on the emotional bond between mother and infant, reflecting

the emphasis on maintaining the mother-infant relationship through periods of

illness.[142] These mother-and-baby units were the logical extensions of a new emphasis

on the mental hospital as a 'therapeutic community'. This modeled the mental hospital

community itself as a healing device in which the patient would relearn the skills to

navigate the social world.[143] This was developed by Maxwell Jones at Belmont Hospital

in Surrey, author of *Social Psychiatry: a Study of Therapeutic Communities* (1952).[144]

Influenced by group psychotherapy, therapeutic communities encouraged patients to

participate in activities similar to those they would undertake in wider society.[145] For

women with children this rested upon a domestic ideology.

This emphasis on recreating a domestic atmosphere can be seen at the mother and baby

units established in the 1950s. One such mother and baby unit was founded at Shenley

Hospital in 1956.[146] Here, the rooms contained the apparatus of daily life; chests of

drawers, bedside tables, beds, a cot. Indeed, 'mothers are encouraged to make their

---

[140] Terri Chettiar, 'Democratizing Mental Health: Motherhood, Therapeutic Community and the Emergence of the Psychiatric Family at the Cassel Hospital in Post-Second World War Britain', *History of the Human Sciences* 25: 5 (2012), pp. 107-122.
[141] Michal Shapira, *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain* (Cambridge: Cambridge University Press, 2013), pp. 198-238; Chettiar, 'Democratizing'.
[142] Chettiar, 'Democratising', pp. 107-122.
[143] Kathleen Jones, *Mental Health and Social Policy 1845-1959* (London: Routledge and Kegan Paul, 1960), p. 167.
[144] Nesta Roberts, *Mental Health and Mental Illness* (London: Routledge and Kegan Paul, 1967), p. 27; Maxwell Jones et al., *Social Psychiatry: a Study of Therapeutic Communities* (London: Tavistock Publications, 1952).
[145] Jones, *Mental Health and Social Policy,* p. 168.
[146] Yolande I. M. Glaser, 'A Unit for Mothers and Babies in a Psychiatric Hospital', *Journal of Child Psychology and Psychiatry* 3: 1 (1962), pp. 53-60, p. 55.

rooms as homely as possible; they generally bring in a few items from home.'[147] The

first patient to be admitted with her baby was a young mother experiencing mild

puerperal depression. Following her, 20 others stayed for an average of three to four

months.[148] The patients were responsible for cleaning and cooking on the ward. This

was to discourage patients from seeking to 'use the hospital as an escape from all

responsibility and into passivity', with the benefit that it 'allows them to overcome some

of their feelings of inadequacy.'[149] Yolande I.M. Glaser noted the purported effects of

separation advanced by Bowlby, Winnicott, and Klein in support of keeping the mother

and infant together. Admitting the mother and the child together would prevent

'maternal deprivation', which might 'have far-reaching consequences for its [the child's]

future emotional development.'[150] Even under 'unavoidable circumstances', separated

mothers and children would suffer both 'deprivation' and 'intense feelings of guilt';

moreover, separation might lead to a 'gradual slackening of longing and concern for the

children, and this also precipitates guilt feelings, which may make a mother reluctant to

resume the care of her young children.[151] Mothers even temporarily without their

children were apt to become bad mothers. It was advisable, therefore, that

> When the mother's mental disturbance is not too profound she may receive
> psychiatric treatment without completely disrupting her family ties; in addition,
> problems directly relating to her maternal role can be brought much more
> dynamically into the treatment situation. The mother who "escapes" into
> hospital to avoid her difficulties in mothering can be helped to solve these in the
> every-day relationship with her child, and a burden of guilt and inadequacy as a
> mother is not added to her problems.[152]

This emphasis on the mother-infant relationship was also found at the Cassel Hospital

for Functional Nervous Disorders, under the guidance of T.F. Main, which by the

---

[147] Ibid., pp. 53-60.
[148] Ibid., pp. 55.
[149] Ibid.
[150] Ibid., pp. 53-60.
[151] Ibid., pp. 53-54.
[152] Ibid., p. 54.

1950s had begun to admit entire families.[153]

This was representative of the shift towards locating the family as critical to establishing healthy citizenry. T.F. Main was influenced by Anna Freud and Bowlby, although he made a plea for greater research into 'mothering and its disturbances' with a particular emphasis on its implication for the women themselves. He suggested that the advantages of the hospitalization of the mother and child together were ample and provided opportunities for research. By 1955,

> it had become clear to us that to admit the mother by herself was sometimes to collude with her hostility towards her children and with her wish to be separated from them. Bringing the children into hospital presented the mother's problems with her child in daily living form and often as a matter for urgent treatment. The mothers were now bringing their anxieties to us, and we were no longer helping them to hide in hospital from them.[154]

By 1958 the Cassell Hospital, which had 100 beds, was home to 18 young children. The extension of the offer of in-patient family care to Oakley was therefore emblematic of a distinctively postwar emphasis on maintaining the maternal bond despite maternal sickness. The perceived importance of the maternal bond was such that the health infrastructure was itself altered to maintain it.

Two questions were opened up by the focus on mothers' effects on children's mental states: first, how authorities of various guises might be able to construct an epidemiological approach to maternal mental health. Second, how mothers' psychological wellbeing might be improved on a mass scale. The first of these garnered more medical interest than the latter in the early postwar years. It is these questions that underpin each of my chapters. Indeed, I examine *ways of seeing* distress, and then suggest that this visibility enabled new ways of mobilising the concept.

---

[153] Chettiar, 'Democratising'.

[154] T.F. Main, 'Mothers with Children in a Psychiatric Hospital', *The Lancet* 2: 7051 (1958), pp. 845-847.

PSYCHOLOGICAL EXPERTISE IN POSTWAR BRITAIN

I now turn to the psychosocial shifts in postwar Britain and the diffusion of psychological expertise. Underlying my central research question (how and why was maternal distress made visible by professions, institutions and social movements?) is the increased emphasis on psychological wellbeing in twentieth century Britain. This was symbolized by the wider conception of health embodied in the 1948 Constitution of the WHO. The Constitution declared that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being', with health framed as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'.[155] This expansive definition of healthcare drew attention to the need for knowledges about the mental and social state of the community, a subject I explore in Chapters One (on general practitioners) and Five (on social science in higher education).[156]

In recent years there has been an expansion of scholarly interest in the emergence of the 'psychological society', a project my thesis contributes to in its investigation of maternal distress as an object of social agitation.[157] Just over a decade ago Frank Furedi argued that little attention had been paid to the rise of the therapeutic society and the incorporation of therapeutic authority into the arsenal of the state.[158] In recent years this has changed, with a growing attentiveness to the ways that the 'self',

---

[155] World Health Organization, *Constitution* (1948).
[156] For comments on psychiatry and knowledge of human behaviour, see Nikolas Rose, 'Psychiatry as a Political Science: Advanced Liberalism and the Administration of Risk', *History of the Human Sciences* 9: 1 (1996), pp. 1-23, p. 3.
[157] See Thomson, *Psychological Subjects*.
[158] Frank Furedi, 'The Silent Ascendency of Therapeutic Culture in Britain', *Therapeutic Culture: Triumph and Defeat* (Ed.) Imber, J. (New Jersey: Transaction, 2004), pp. 19-50.

governance, and knowledge have been historically constituted.[159] This literature

configures the perceived power of the 'psy' disciplines as dynamic and mutable.

Here, the contributions of David Armstrong, Nikolas Rose and Peter Miller

(inspired by Michel Foucault and Jacques Donzelot) are important. Rose has argued

that over the last hundred years 'the stewardship of human conduct has become an

intrinsically psychological activity'.[160] Rose and Miller explore the 'programmes' and

the 'technologies' of government, reflecting the 'intrinsic links between a way of

representing and knowing a phenomenon, on the one hand, and a way of acting

upon it so as to transform it'.[161] Rose has argued that

> Through the connections established between the norms of childhood and
> images of family life, parenting, and motherhood, the psyche of the child and
> the subjectivity of the mother have been opened up for regulation in a new way.
> It has become the will of the mother to govern her own children according to
> psychological norms and in partnership with psychological experts.[162]

This underpins my argument that anxiety over maternal mental health did more

than illuminate women's emotional lives as mothers.

In this thesis I ask how anxiety over maternal mental health performed functions in

the social and political spheres. The act of exposing, or articulating, women's

mental health in connection to the maternal role created new kinds of knowledge.

In turn, this new knowledge could be, and indeed was mobilized in the form of

'expertise' (both professional and experiential). The burgeoning authority of the

---

[159] See, for example, Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006); Roy Porter (Ed.), *Rewriting the Self: Histories from the Renaissance to the Present* (London: Routledge, 1997); Steven C. Ward, *Modernizing the Mind: Psychological Knowledge and the Remaking of Society* (London: Praeger, 2002).
[160] Nikolas Rose, 'Engineering the Human Soul: Analyzing Psychological Expertise', *Science in Context* 5: 02 (1992), pp. 351-369, p. 351.
[161] Peter Miller and Nikolas Rose, *Governing the Present* (Cambridge: Polity, 2008), p. 15.
[162] Nikolas Rose, *Governing the Soul: the Shaping of the Private Self* (London: Routledge, 1990), p. 131.

'psy' disciplines since the late nineteenth century 'is intrinsically linked with transformations in the exercise of political power in contemporary liberal democracies', and that, moreover, this had implications for the ways that individuals regulate, configure, and understand themselves.[163] Rose describes the processes by which psychology colonized the sociopolitical sphere as related to the concept of expertise.[164] Its regulative function, he indicates, lies within the capacity to claim not an 'external truth – be it divine right or collective good', but 'one essential to the person over whom it is exercised'.[165] Through claiming psychological insight into the individual, social movements could campaign for structural reform. It also reframed emotions as a mode of analysis and claims making about the state of society.

Anxiety over maternal mental health occurred against a landscape from which new conceptualizations of selfhood were emerging. The new models of selfhood were entwined with increased affluence, enhanced expectations of self-fulfilment and the transformation of the self into an ongoing project. The state, through its support for the broader definition of health enacted through the NHS and policy reforms, was an agent in this. The political climate of the postwar period created new ways of seeing social problems, and through this it made issues material. This, I argue, opened up new spaces for policy intervention by social groups. Here I examine the literature on development of new models of postwar selfhood and how they opened new spheres of intervention.

---

[163] Nikolas Rose, *Inventing Our Selves: Psychology, Power, and Personhood* (Cambridge: Cambridge University Press, 1998), p. 11.

[164] The term 'expertise' can be used to denote 'a particular kind of social authority, characteristically deployed around *problems,* exercising a certain *diagnostic* gaze, grounded in a claim to *truth,* asserting technical *efficacy*, and avowing *humane* ethical virtues' Rose, 'Engineering the Human Soul', p. 356.

[165] Rose, 'Engineering the Human Soul', p. 361. James Hinton has highlighted the 'top-down' nature of this argument. James Hinton, *Nine Wartime Lives: Mass-Observation and the Making of the Modern Self* (Oxford: Oxford University Press, 2010), p. 215.

Emotions as a frame for analysis of public and private life became increasingly prominent across the late twentieth century. While the thesis begins in 1948, the body of the thesis is given over to the 1960s and 1970s. This is because, as we shall see, during the 1960s and 1970s claims about the nature of mothering were made in distinctive ways. This interest in the subjective and the emotional is, however, not limited to women. The narrative of the forty years following the close of the war has been expressed in emotional terms by men too. Trevor Blackwell and Jeremy Seabrook have drawn this emotional panorama:

> Rage, helplessness, a sense of redundancy; a feeling of being in exile, of disappointment and dividedness; loathing, contempt and fear, a dread of being suffocated; a disabling self-doubt.
> These are our feelings living in Britain in the late 1980s. How different they are from anything we anticipated, as we were growing up in that changed world which our parents had won for us after 1945. Our future at that time appeared expansive and filled with hope, not only personal hope, but also a belief that the society in which we were to take our place was getting better, morally as well as materially.[166]

This extract reflects the view that British society underwent significant changes in the immediate postwar and ensuing decades. What is significant, for my purposes, is that this is expressed in affective rather than social, economic or moral terms. The diagnosis of *feeling* was a form of cultural critique, as well as an outcome of social ills. Implicit in this passage is the expectation that emotional reflexivity is a legitimate way of considering society as a whole. 'These are our feelings' the authors declare, before acknowledging that something inchoate had been lost, a world 'expansive and full of hope' since the period in which they were raised. Emotions become a way of remembering the climate of the past, and emotional lives become lenses to understand the present. The question is, then: whose emotional memories are privileged? Who claims expertise over the classification and the nomenclature of these emotions? This

---

[166] Trevor Blackwell and Jeremy Seabrook, *The Politics of Hope: Britain at the End of the Twentieth Century* (London: Faber and Faber, 1988), p. 3.

thesis, in part, seeks to examine how various communities sought to acquire, assert and use knowledge of and expertise in mothers' emotions.

Whilst the groups of people who play a part in the story – psychiatrists, social workers, second wave feminists, general practitioners – all contributed to the appropriation of anxiety over maternal mental health for social and political ends, this was not coordinated. Indeed, at points we can see conflict at the overlaps: this can be seen in Chapter Three, covering abortion reform, as well as Chapter One, on general practitioners and the study of maternal distress. Rose argues that the creation of 'psy' expertise arose from the 'heterogeneous complex of contested relations among different professionals' who lay claim to expertise in the 'vicissitudes of the psyche, and to act upon persons in the light of that knowledge.'[167] In the first chapter of this thesis, the 'contested relations' was amongst general practitioners and their studies of their communities.

The significance of the emotional life of the 'self' in late twentieth century Britain is more fully unpicked in the Conclusion to this thesis, which examines the rise and significance of self-help groups in articulating anxiety over maternal mental health. Historians have argued that the reconstruction of postwar society happened within a landscape increasingly mapped along psychological theories, with the language of psychology acting as a 'colonizing force'.[168] In the late twentieth century therapy shifted from serving a directive function to providing a vehicle for self-exploration. This shaped the doctor-patient relationship. Armstrong has suggested that medicine encouraged a 'constant state of self-appraisal…a sort of ongoing reflexivity about

---

[167] Rose, 'Psychiatry as a Political Science', p. 4.
[168] Steven C. Ward, *Modernizing the Mind: Psychological Knowledge and the Remaking of Society* (London: Praeger, 2002), pp. 189-190.

illnesses.'[169] This had implications for the status of the patient. To implore self-reflexivity was to transfer responsibility to the patient and to mandate self-knowledge.[170] As subsequent chapters will show, anxiety over maternal distress served several functions: expressed from a position of authority (whether medical or social), it demonstrated expertise (through demonstrating an understanding that the family underpinned social wellbeing, which was critical to wider wellbeing); expressed by a patient it demonstrated self-knowledge. This self knowledge could be drawn from personal experience, which came to be a legitimate form of expertise. In the field of motherhood, the knowledge of shared personal discontent emerged in the late 1960s.

In Chapter Three I seek to answer my primary research question ('how and why was maternal distress made visible by professions, institutions and social movements?') by examining how the WLM connected personal discontent to social structures. We can see this development played out in Oakley's life, as she notes that in the early 1960s women's objections were diffuse, and not organised, and as yet unnamed; 'guilt, anger, loneliness, frustration, the dehumanization of women, their forfeited selves.'[171] Betty Friedan (1921-2006), she notes, would call this the 'feminine mystique', although this label had not yet entered her vocabulary.[172] Friedan, in *The Feminine Mystique* (1963)*, pointed to the ways in which sexual 'difference' had been called on by 'new theorists of the self' to account for women's assumed ability to 'find self-realization by living through her husband and children.'[173] Friedan called upon psychologists to recognise women's need to 'grow', suggesting that the 'possibility for true self-

---

[169] David Armstrong, 'Actors, Patients and Agency: a Recent History', *Sociology of Health and Illness* 36: 2 (2014), pp. 163-174, p. 163-164.
[170] Ibid., p. 169.
[171] Oakley, *Taking It*, p. 70.
[172] Ibid.
[173] Betty Friedan, *The Feminine Mystique* (London: Penguin, 2010), p. 264.

realization has not existed until now.'[174] The cure to this unrest was (rewarding) work outside the home. 'Work, the shopworn staple of the economists, has become the new frontier of psychology', Friedan reflected.[175] She pointed to the ways that theories about women's nature had been extrapolated from social and cultural conditions that oppressed women, enforcing the very roles that were limiting.

At this point this work on uncovering women's feelings was happening in silos across Britain and America. Oakley points to Betty Friedan and Hannah Gavron's concurrent work as indicative that women's discontent was gaining recognition.[176] Although she pinpoints her feminist consciousness as stirring in 1969, Friedan and Gavron had laid the ground for this. Sociologist Hannah Gavron conducted research similar to Friedan's into young wives' lives in London. The product of this research, *The Captive Wife* (1967), was published posthumously after Gavron took her own life in 1965.[177] Oakley saw Gavron's death as due in part to the 'special difficulties of living out the feminine mystique, of being a woman in a man's world, of understanding the place of sexual love in women's lives.'[178] At the close of the 1960s the discontent experienced in the maternal role combined with the social forces legitimised through the various New Left movements to engender a new women's movement. This gathered force in the early 1970s; it was in 1971, whilst interviewing women for her study of housework, that Oakley came across and became active in the WLM.[179]

As I argue in Chapter Three, the WLM provided a forum in which previously individualised experiences were transformed into evidence of the need for significant

---

[174] Ibid.
[175] Ibid., p. 271.
[176] Oakley, *Taking It,* p. 73.
[177] Hannah Gavron, *The Captive Wife* (London and New York: Routledge, 1967).
[178] Oakley, *Taking It*, p. 73-74.
[179] Ibid., p. 75.

social change. It is my contention that the WLM used personal experience as a validating frame for political reform. This can be seen in Oakley's engagement with the feminist movement. It was through this, and intellectual activity, that she transformed her individual distress into political activism: upon registering for a postgraduate degree she 'stopped calling myself depressed and I stopped eating pills'.[180] The nature of these emotions was transformed by recasting them as communal. Looking back on the prescription given to her by her general practitioner, Oakley suggested that it would have been preferable to have discussed 'the difference between the experience and the institution of motherhood', and 'how social conditions may provoke distress in women like me, educated for a world outside the home and then confined to a life inside it'.[181]

This interest on the social framing of women's experience is evident in the two projects that emerged from her Transition to Motherhood: Social and Medical Aspects of First Childbirth project. In *Becoming a Mother* (1979) Oakley stressed the lack of support experienced by new mothers.[182] In *Women Confined: Towards a Sociology of Childbirth* (1980) she explored postnatal depression, which, as we shall see in Chapter Five, had come to sociological attention.[183] *Women Confined* suggested that interventionist and de-personalised obstetric treatment exacerbated postpartum reactions, and that postnatal depression could be understood as a reaction to an objectively stressful life event. The 'cure' for Oakley's depression was to understand the external foundations of her distress. Oakley, like Gilman before her, transformed her experience of maternal distress into a literary and academic object. Like Gilman, respite was not to be found in

---

[180] Ibid., pp. 68-74.
[181] Ibid., p. 68.
[182] Ann Oakley, *Becoming a Mother* (Oxford: Martin Robertson, 1979); Ann Oakley and G. Chamberlain, 'Medical and Social Factors in Postpartum Depression', *Journal of Obstetrics and Gynaecology* 1 (1981), pp. 182-187.
[183] Ann Oakley, *Women Confined: Towards a Sociology of Childbirth* (Oxford: Martin Robinson, 1980).

in medical paradigms but through an intellectual and activist engagement with them. In order to understand the medical paradigms Oakley was resisting, I now turn to the foundation of the NHS, and its role in the lives of postwar mothers.

MOTHERS AND THE NATIONAL HEALTH SERVICE

The foundation of the NHS provides a convenient jumping off point to ask how maternal distress was made visible and transformed into an agent of social agitation in two ways. First, it provided the infrastructure within which professionals worked and women were treated. Second, and as we shall see in Chapters Three, Five, and the Conclusion, its perceived failings acted as a prompt for the initiation of alterative models of social care around maternal distress. The NHS came into being on 5 July 1948 (two years after the passage of the National Health Service Act 1946), and changed the relationship between government and citizen.[184] This committed the state to an interventionist stance on health, and was underpinned by the principles of universality and collectivity.[185] The 1944 White Paper stated that the Government would

> ensure that in future every man and woman and child can rely on getting all the advice and treatment and care they may need in matters of personal health; that what they get shall be the best medical and other facilities available; that their getting these shall not depend on whether they can pay for them, or any other factor irrelevant to real need.[186]

Chapter One will suggest that the NHS reworked the connection between the individual, the family, and the state. This created a new requirement to anticipate and plan for public health and placed the family at the heart of this postwar project. First,

---

[184] For more on the establishment of the NHS, see Virginia Berridge, *Health and Society in Britain since 1939* (Cambridge: Cambridge University Press, 1999); Charles Webster, *The National Health Service: a Political History*. 2nd ed (Oxford: Oxford University Press, 2002); Charles Webster, 'Conflict and Consensus: Explaining the British Health Service', *Twentieth Century British History* 1: 2 (1990), pp. 115-151.
[185] Judith Allsop, *Health Policy and the National Health Service* (London and New York: Longman, 1984), pp. 11-12.
[186] Ministry of Health, *A National Health Service*, Cmnd 6502 (London: HMSO, 1944).

though, the maternal body needed to be extracted from the domestic sphere and placed within the oversight of the NHS, and the values and purposes of the NHS made clear.

The nascent NHS straddled the boundaries of the social and the medical, drawing connections between civic health and social conditions. Oakley's father, Richard Titmuss, was one of the foremost thinkers on the NHS.[187] A member of the Eugenics Society from 1937 to his death, Titmuss believed in the power of the effective administration of the welfare state to increase the quality of the national 'stock'.[188] From its earliest days, then, those steering the administration of the health service configured the social environment (education, health, family) as critical to achieving their ends. Titmuss noted that the effect of expanded education could not yet be realized, and that it was only now that society was 'beginning to penetrate the deeper levels of home and family training as our knowledge of psychology and physiology expands'.[189] The family is something to be 'penetrated' – itself a phallocentric turn of phrase – and the relationship between psychology and physiology is complementary. Greg Eghigian, Andreas Killen and Christine Leuenberger, amongst others, have explored how politics and the social sciences colluded to transform the 'self' into a project across the twentieth century; they suggest that eugenics and the welfare state offered a 'transformative and scientific approach' to society, drawing attention to rationalization and productivity.[190] Managing the welfare of children became a locus for social intervention and a means of this rationalization. At this point, after the close of the

---

[187] Ann Oakley, *Man and Wife: Richard and Kay Titmuss, My Parents' Early Years* (London: Harper Collins, 1996).
[188] Richard Titmuss, 'The Social Environment and Eugenics', *Eugenics Review* 36: 2 (1944), pp. 53-58; Oakley, *Father and Daughter,* p. 113.
[189] Titmuss, 'The Social Environment', pp. 55-56.
[190] Greg Eghigian, Andreas Killen and Christine Leuenberger, 'Introduction: The Self as Project: Politics and the Human Sciences in the Twentieth Century', *Osiris, Second Series, The Self as Project: Politics and the Human Sciences* 22 (2007), pp. 1-25, p. 9.

Second World War, the focus on the internal – psychological and domestic – arose

alongside optimism about the prophylactic effects of the welfare state as a salve to some

of the worst iniquities of poverty. Maternal healthcare underpinned this.

Maternal and child heath were considered critical to the postwar project of ensuring a

healthy citizenry. Indeed, a 1965 book aimed at providing a 'complete cradle-to-grave

guide to your rights in today's Welfare Britain', compiled in association with the British

Medical Association (BMA), the Ministries of Health, Pensions and Education,

recommended that 'The moment a woman thinks she is pregnant she should go and see

her family doctor.'[191] The language here – that of 'family doctor', rather than 'general

practitioner' – underlines the aspiration to provide care across the generations, as well

as an implied intimacy (it is worth noting that the term 'family doctor' has a longer

history, which I do not have space to explore here).[192] As I investigate in the following

chapter, this implied intimacy – used to denote familiarity with the patients that

comprised the general practitioners' community – was integral to supporting the status

of practitioners in this era.[193] The importance of antenatal care was also discussed in

parliament. In 1978 a House of Lords debate discussed the importance of getting

women to see their general practitioner early in their pregnancy. Indeed, Lord Lovell-

Davis suggested using popular culture rather than didactic literature to reach out to

women,

---

[191] Gordon Thomas and Ian Hudson, *The National Health Service and You* (London: Panther, 1965), p. 101.

[192] For more on this, see Ronald Gibson, *The Family Doctor, His Life and History* (London: Allen and Unwin, 1982).

[193] The claim that general practitioners relied on the maternity arm of their service to support their reputation was contested and it was pointed out that a variety of other complaints (including the common cold) accounted for a greater amount of new patient contact; see Galloway, J.F. 'Integration of Maternity Services', *The Lancet* 1: 7242 (1962), pp. 1287-1289, pp. 1287-1288. Despite this, there remained a perception that maternity care performed a critical role to status. Chapter One of this thesis explores the ways that this increased the visibility of maternal distress.

> the sort of campaign I should like to see is one which is much more persuasive. For example, "The Archers" is a radio programme that is renowned for putting across useful information…What I should like to see is a campaign which encouraged radio series like that, or local radio with its enormous listening figures, or television series such as "Crossroads" and "Coronation Street" to project situations where the pregnant girl is shown going to a doctor and taking his advice on how to produce a healthy baby.[194]

This indicated that maternal health was becoming a culturally circulated concept, rather than one stemming from the medical profession. The impetus was also institutionally generated: general practitioners received specialist funds when they treated antenatal patients, and this role forged new areas of expertise for general practitioners before the hospital became the primary site of care.[195] The requirements of maternity care were therefore built into the very infrastructure of the NHS.

The perceived urgency of a mother seeking antenatal care is suggestive of one of the key shifts in postwar medicine: that towards the prevention of sickness, disablement and disease, a transformation that focused attention on mothers.[196] As Bowlby had noted, 'If a community values its children it must cherish its parents.'[197] Encouraging women to visit the doctor early in a pregnancy served both enhanced professional status and the broader project of preventative medicine. The prevention of illness and the expansion of community medicine was seen to be complementary.[198] A White Paper in 1977 noted that primary prevention attention should be focused on health education, vaccinations, family planning, and care around pregnancy and birth.[199] Preventative medicine was implicitly gendered, with women the primary subjects of study in their

---

[194] HL Deb 02 May 1978 vol 391 cc122-67, 141.
[195] Tania McIntosh, *A Social History of Maternity and Childbirth: Key Themes in Maternity Care* (Abingdon: Routledge, 2012), p. 75.
[196] Allsop, *Health Policy*, pp. 173-176.
[197] Bowlby, *Child Care,* p. 100.
[198] Frank Honigsbaum, 'Quality in General Practice: A Commentary on the Quality of Care Provided by General Practitioners', *The Journal of the Royal College of General Practitioners* 22: 120 (1972), pp. 429-451: 434.
[199] The National Archives, BS6/2828 DHSS/DES, *Prevention and Health,* HMSO (London, 1977), p. 82.

role as mothers, and allowed general practitioners to take a more active role in assisting women in family planning.[200] One of the key controversies was around the location and technologisation of childbirth.

Oakley became interested in the politics of obstetric medicine after her own experiences of childbirth led her to view it as performing a disciplinary role.[201] This personal experience combined with an increasingly amenable professional climate, for in the 1970s sociology, was, as I argue in Chapter Five, 'experiencing a confusion of both conservative and radical impulses'.[202] As she suggested in 1974, childbirth had been marginalized within the 'sociological unimagination'.[203] By 1975 it had garnered increased sociological attention: the British Sociological Association established a subgroup on 'the sociology of human reproduction' in this year, which Oakley was involved with.[204] Within sociology calls were made for research to take seriously the experiences of those working within a field that was changing rapidly.[205] Indeed, the early postwar period was an era of significant flux around the technologies of birth. Technological innovations, including that of the obstetric ultrasound, made the body subject to interrogation in new ways.[206] Technologies that decoded the internal rhythms of the body have been linked to the increasing medicalisation of the birth experience.[207]

---

[200] Ann Cartwright, 'General Practitioners and Contraception in 1970-1971', *The Journal of the Royal College of General Practitioners* 22: 2 (1972), pp. 1-31.
[201] Ann Oakley, 'The Sociology of Childbirth: an Autobiographical Journey Through Four Decades of Research', *Sociology of Health and Illness* 38: 5 (2016), pp. 689-705, p. 690.
[202] Ibid.
[203] Ann Oakley, *The Sociology of Housework* (London: Martin Robinson, 1974), chapter one.
[204] Oakley, 'The Sociology of Childbirth', p. 691.
[205] Sally Macintyre, 'The Management of Childbirth: A Review of Sociological Research Issues', *Social Science and Medicine* 11: 8 (1977), pp. 477-484.
[206] Tania McIntosh, *A Social History of Maternity and Childbirth: Key Themes in Maternity Care* (Abingdon: Routledge, 2012), p. 102.
[207] Malcolm Nicholson and John E.E. Fleming, *Imaging and Imagining the Fetus: The Development of Obstetric Ultrasound* (Baltimore: Johns Hopkins University Press, 2013), pp. 2-4.

As Oakley argued in 1979, the growth of technologies and infrastructures of birth positioned it as an experience analogous to other medical phenomena.[208] Initial experiments with ultrasound took place in 1956, and by 1975 – less than two decades later – the tool was readily available in British hospitals.[209] The development of the ultrasound changed relations between women and their doctors for the doctor could read the body for information, rather than relying on the patient's recollections.[210]

Postwar attitudes to pregnant women were embodied in the report of the Cranbrook Committee 1959. This was established to review maternity services, given the perceived confusions and overlap engendered by the number of agencies charged with oversight of maternity care. The resulting report, headed by Lord Cranbrook, estimated that hospitals should provide for 70 per cent of births.[211] The Committee heeded the voices of powerful hospital specialists, who differentiated women's physical health from their emotional wellbeing and prioritized the former.[212] A 1962 article in *The Lancet* noted the widespread dissatisfaction with the committee's conclusions from within the medical profession, suggesting that the divergent interests of general practitioners and obstetricians were to blame.[213] The article did not challenge the principle that women should give birth under medical supervision, but pointed to a contradictory trend: whilst generally medicine was moving towards care in the community, birth was becoming an increasingly institutionalized event.[214] In 1960 it was noted that the average length of

---

[208] Oakley, 'A Case of Maternity', p. 609.
[209] Nicholson and Fleming, *Imaging*, p. 3.
[210] McIntosh, *A Social History of Maternity,* pp. 103-104.
[211] Marjorie Tew, *Safer Childbirth? A Critical History of Maternity Care* (London: Chapman and Hall, 1995), p. 201.
[212] Ibid.
[213] Galloway, 'Integration', pp. 1287-1289.
[214] Ibid., p. 1289.

stay for maternity cases in an NHS non-teaching hospital was 11 days.[215] This was explained as due to social factors, for 'home conditions are often quite unsatisfactory.'[216] In this way the problems of deprivation were made visible within the welfare state by the health service. David Armstrong has explored how ill health was made legible to physicians, drawing attention to the ways that health came to be seen as something 'social and relative', and became subject to the panoptic gaze of social and medical institutions.[217] The proliferation of the mechanisms of surveillance of the child began with the surveillance of the pregnant body. From this antenatal and then postpartum surveillance of mothers' physical wellbeing, points of intervention into their mental health could be created.

Women's experiences of hospital births were an early site of resistance to the medical norms that shaped women's lives. By the early 1960s there were indications of dissatisfaction: a 1961 letter to *The Daily Express* noted that 'in a large maternity hospital the medical skill and attention may be above reproach, but all you know about the people assisting at the birth of your child is what you can tell from the eyes between mask and cap.'[218] The letter went on to dispute the sick role of maternity patients, for the woman 'is not just a sick patient who must passively receive treatment: she is the most active and important actor in the drama of childbirth.'[219] A year later, in 1962, Sheila Kitzinger (1929-2015) encouraged the active participation of mothers in the birth process in *The Observer Weekend Review*.[220] Raised by a feminist and pacifist mother, Kitzinger studied Social Anthropology at Ruskin College, having been admitted by the

---

[215] Paul Gemmill, *Britain's Search for Health: The First Decade of the National Health Service* (Philadelphia: University of Pennsylvania Press, 1960), p. 80.
[216] Ibid.
[217] Armstrong, *Political Anatomy of the Body.*
[218] D. Chudley, 'When a Mother Needs Security…' *Daily Express,* 24 July 1961.
[219] Ibid.
[220] Sheila Kitzinger, 'Enjoyment in Childbirth: Triumph that a Husband Shares', *The Observer Weekend Review,* 11 March 1962.

anthropologist Meyer Fortes.[221] Meyer Fortes helped to develop a structural-

functionalist school of thought in social anthropology, and wrote around topic of

kinship.[222] Kitzinger then went on to do research at St Hugh's College, Oxford, and

from the 1960s onwards wrote prolifically on women's experiences of childbirth

(around 25 books, and multiple articles).[223] Kitzinger urged that women should be

> no longer a passive, suffering instrument. She no longer hands over her body to
> doctor and nurses to deal with as they think best. She retains the power of self-
> direction, of self-control, of choice and of voluntary decision. This involves
> certain degree of intelligence and of capacity for using information. In order to
> do this effectively and wisely she must have knowledge of the processes of
> pregnancy and labour and she must have a mind which is not only free of all
> fear but filled with pleasurable anticipation of labour.[224]

Women themselves, we can see here, advocated for the emotional experience of birth

under the NHS to inform the physical provisions made available to them.

Parts of the medical profession sought greater sympathy for women's emotional

engagement in childbirth: in 1976 the Association of Radical Midwives (ARM) was

formed, advocating for a greater number of crisis-free births to be tended by midwives,

a shift that would enhance their status and, they suggested, improve women's

experience of birth.[225] ARM suggested that the medicalisation of birth was responsible

for women's birth traumas.[226] Taken as a growing body of work developing

concurrently, these texts and movements indicate a growing emphasis on lived

---

[221] Sheila Kitzinger, *A Passion For Birth* (London: Pinter and Martin, 2015).
[222] Burkhard Schnepel, 'Corporations, Personhood, and Ritual in Tribal Society: Three Interconnected Topics in the Anthropology of Meyer Fortes', *Journal of the Anthropological Society of Oxford* 21: 1 (1990), pp. 1-32.
[223] Kitzinger, *A Passion;*, 'Sheila Kitzinger, Childbirth Expert - Obituary' *The Telegraph* 12 April 2015 <http://www.telegraph.co.uk/news/obituaries/medicine-obituaries/11530874/Sheila-Kitzinger-childbirth-expert-obituary.html> [accessed 01 June 2016].
[224] Ibid.
[225] Charlotte Williamson, *Towards the Emancipation of Patients: Patients' Experiences and the Patient Movement* (Bristol: Policy Press, 2010), p. 163.
[226] M. Jowitt and I. Kargar (eds), *Radical Midwifery: Celebrating 21 Years of A.R.M: an Anthology Compiled from the Archives of the Association of Radical Midwives 1976-1997* (Association of Radical Midwives, 1997).

experience and also a shift towards the patient as an informed consumer.[227] For both sympathetic medical professionals and patients disputing, contesting and analyzing the medicalisation of birth was a way into dissension. In these studies lived experience and emotion became a form of claims-making and a mechanism for social agitation.

That is not to say, however, that women's claims about the effects of medicalized birth were readily acted upon. Later studies found that dissatisfaction with the birth experience correlated with negative experiences of motherhood in the early phase. Indeed, in the mid 1980s James McIntosh, a Research Fellow at the Social Paediatric and Obstetric Research Unit of the University of Glasgow, conducted a study that drew upon 68 working class first time mothers nearly half of whom were aged 20 or under.[228] Three social scientists used semi-structured interviews to uncover the incidence and correlation of postpartum blues. McIntosh reported that 47 of the 68 reported experiencing 'the blues' in the week postpartum, and the strongest correlate was with little experience of caring for babies.[229] McIntosh's study found that two-thirds of women believed their feelings stemmed from loneliness, homesickness, hospital interference and hospital surveillance.[230] One of the mothers reported

> I felt terribly down and I cried a lot. I think it was just because the hospital's such a horrible atmosphere. It's like a sort of concentration camp. You can't just pick up the baby and have a cuddle or anything like that…It's all geared to the hospital not the mothers or the babies. They're always telling you what to do and when to do it. It was like being two again and being told to go to bed.[231]

Oakley had uncovered this configuring of hospital treatment as an etiological factor a decade earlier; her interviewees detailed how the noise and disruption of the hospital

---

[227] See Alex Mold, 'Patient Groups and the Construction of the Patient-Consumer in Britain: An Historical Overview', *Journal of Social Policy* 39: 4 (2010), pp. 505-521.
[228] James McIntosh, 'Postnatal Blues: A Bio-Social Phenomenon?' *Midwifery* 2 (1986), pp. 187-192, pp. 187-188.
[229] Ibid., pp. 188-190.
[230] Ibid., p. 190.
[231] Ibid., p. 191.

ward whilst 'lying in' caused deep distress.[232] One interviewee reflected that 'that was sort of the atmosphere of the hospital, in the hospital everyone was depressed. It was much more like leaving a mental hospital than this happy maternity hospital…I thought no wonder everyone is so crazy when they grow up, because mothers are so crazy.'[233] As Oakley notes, however, the hospital ward also had the potential to be a site of female solidarity – confined together, women shared resources and pointed out the humour of situations.[234] This thesis, then, argues that women's experience of maternity performed a political and social function in postwar Britain. This is set against the context of an increasingly medically interventionist stance to birth. I suggest that anxiety over women's mental health opened up the domestic sphere to intervention and social campaigns. First though, knowledge about the home and emotion had to be created; it is to this that I turn in my first chapter.

CONCLUSION

This introduction has laid out the key themes of this thesis, charted along the contours of the sociologist Ann Oakley's life. I have discussed how an attentiveness to the dynamics of the home was prompted by the conviction that child mental health underpinned social wellbeing. I then turned to how good mothering was judged on a metric of emotional responsiveness as propagated by prominent child psychoanalysts such as Bowlby and Winnicott. I used this to suggest that the perceived importance of women's emotional relationship to children legitimised maternal distress as an area of interest.

---

[232] Oakley, *Becoming a Mother*, pp. 127-142.
[233] Ibid., p. 130.
[234] Ibid., pp. 130-131.

I use the communities that were interested in making maternal distress visible as my overarching structure going forward: general practitioners in Chapter One; politicians and psychiatrists in Chapter Two; members of the WLM in Chapter Three; researchers of child battery in Chapter Four, and social scientists in Chapter Five. These communities, I suggest, drew attention to women's feelings as mothers. Once this attention had brought women's disorders to light distress could be used as a mode of critique. Put another way, I examine how *ways of seeing* the emotional practices of the everyday created *new ways of using* disordered emotions.

Overall, my research demonstrates that medical diagnoses can perform social and political functions when taken up by invested communities. It highlights how postwar social science technologies and understandings of maternal mood disorders broadened women's access to mechanisms of reproductive control; provided a legitimising frame for 'second wave' feminist campaigns; and opened the malfunctioning family up to the scrutiny of healthcare professionals. As I argue in Chapter Three, postnatal depression lent women's experiences legitimacy and provided a language that was used in conversations about the conditions of mothering. Distress became a justificatory frame for social change. This, in its broadest sense, reflects on the ways that personal experience and the discourse of feelings have assumed authority in the social landscape. I now turn to my first chapter, which examines how the social landscape was mapped by general practitioners in postwar Britain.

CHAPTER ONE

THE GENERAL PRACTITIONER AND MATERNAL MENTAL HEALTH IN EARLY POSTWAR BRITAIN

Casting back to my overarching research question ('How and why was maternal distress made visible by professions, institutions and social movements?') this chapter asks how and why general practitioners conducted epidemiological research into maternal mental disorders in their communities in postwar Britain. Further to this, how was general practitioners' interest provoked and supported? How did the internal landscape of postwar general practice facilitate the circulation of ideas about mental illness and motherhood? How did disordered motherhood come to play such an important role in their professional practice? These questions allow me to interrogate how general practitioners used disordered motherhood to assert and underpin the need for their nascent specialism. The implications of this question are significant: whilst Foucault argued that psychiatric categories were not important, I contend that through studying how psychiatric categories emerge we understand not only the diagnosis itself but also how those invested in creating it have shaped its usage.[1]

With this in mind, I suggest that the NHS created a framework within which the general practitioner (GP) was encouraged to take on greater responsibility for the mentally ill in the community. I look at how anxiety over the status of general practice and the needs of the welfare state created a new need to understand the prevalence of disorders in the community. These studies, I contend, rendered milder forms of distress visible and in doing so they created new communities of the mentally disordered.

---

[1] Michel Foucault, *Psychiatric Power: Lectures at the Collège de France, 1973-74* (Basingstoke: Palgrave Macmillan, 2006), p. 266.

My argument draws on the work of Harry Hendrick, who has emphasised how a Foucauldian lens on childhood makes clear the 'regulatory impact' of state services, enabling the child to be "'monitored', 'surveyed' 'calculated'", such that 'their health and welfare is fused with the broader political health of the nation.'[2] Beyond this, in this chapter I am continuing a conversation about the psyche in primary care that was begun by Rhodri Hayward. Hayward has suggested that models of the psyche shaped both general practice and the patients with whom doctors interacted.[3] My contribution is to ask how a diagnosis that sits at the intersection of the domestic and the medical garnered such interest.

I demonstrate that GPs' community research was enhanced by an emphasis on the mother as the gatekeeper to the family, which as I discussed in the Introduction, rested upon a belief in the influence of the mother in the early years of child development.[4] Laura King has shown how the conceptualisation of children as 'future citizens, future workers, future leaders and future adults' in postwar Britain enabled spending on the welfare state and provided a 'political space' that 'facilitated consensus on this issue across political boundaries.'[5] This emphasis on child health and the future facilitated a focus on the family and the child. Like the final chapter of this thesis - Chapter Five - this chapter argues that research mechanisms made women's emotions visible in the social landscape after the Second World War. While Chapter Five explores this from a

---

[2] Harry Hendrick, *Children, Childhood and English Society, 1880-1990* (Cambridge: Cambridge University Press, 1997), pp. 4-5.

[3] Rhodri Hayward, *The Transformation of the Psyche in British Primary Care, 1870-1970* (London: Bloomsbury, 2014).

[4] John Bowlby, *Child Care and the Growth of Love* (Harmondsworth: Penguin, 1973).

[5] Laura King, 'Future Citizens: Cultural and Political Conceptions of Children in Britain, 1930s-1950s', *Twentieth Century British History* (first published online 31 May 2016 doi:10.1093/tcbh/hww025), pp. 1-23, p. 1.

social science perspective, this first chapter explores how the discovery of maternal distress occurred *on the ground* in medical practices.

This chapter takes the following path: first, I look at the particular intervention of one prominent proponent of increased engagement with psychiatric disorders from within general practice, C.A.H. Watts. I use Watts to trace the initial contours of the landscape of postwar era general practice. Second, I outline the role of epidemiological research in postwar era Britain and I sketch out the role of the Royal College of General Practitioners in encouraging GPs to undertake this. Third, I ask how and why general practice became a site of psychiatric engagement in this period. Fourth, I look at the GP's role in the postwar family. My final section explores Anthony Ryle and Hannah Gavron's interest in their communities. I conclude by summarising the thrust of the argument, and by linking this chapter to the following chapter on how mental health was invoked in discussions around abortion reform in the mid-century.

C.A.H WATTS AND STUDIES OF DEPRESSION BY GPS

C.A.H Watts was an important founding member of the College of General Practitioners, and his study, co-written with his wife, *Psychiatry in General Practice* (1952), was critical in revealing the prevalence of emotional illness in local communities.[6] Watts' thesis, presented at the University of Durham, was at pains to emphasise the shared human experience of depression ('a state of mental discomfort which afflicts all of us from time to time') and its gravity ('of all the manifold forms of human suffering, there is probably nothing to touch the complete agony into which

---

[6] D.J. Pereira Gray, *Forty Years On: the Story of the Royal College of General Practitioners* (London: Royal College of General Practitioners, 1992), p. 49; C.A.H. Watts and B.M. Watts, *Psychiatry in General Practice* (Devon: Royal College of General Practitioners, 1994), p. x.

depression can cast the sufferer').[7] Committed to encouraging an interest in

depression and a prominent figure in postwar medicine, he was a significant driver

of the diffusion of psychological concepts through the general practice community.

Indeed, he delivered a lecture at the Royal College of Physicians of Edinburgh in

November 1955 in which he argued that GPs should be more attentive to the

neuroses they would encounter in their practices.[8]

Five years after this lecture, Watts opened another talk on 'The Scope of Psychiatry

in General Practice' by contrasting the status and position of the GP of the past

and the present. He claimed that although he 'knew no psychiatry', the family

physician of old was 'an excellent psychologist; really knew his patients, their families

and their background'.[9] He continued to suggest that the modern GP was

comparatively divorced from his practice's community. I contend that Watts'

pessimism about doctors' understanding of the community was misplaced. Instead,

the expansion of practice-based research during the 1960s equipped the GP to

map the social and familial position of the patient in new ways.

GPs increasingly turned to understand mental and emotional disorders, using the

methods that had been developed by public health authorities and

epidemiologists.[10] The GP, it was argued, had a 'unique position between the

hospital and the community' which made 'his experience of particular value'.[11] This

---

[7] C.A.H. Watts, *Some Observations of Endogenous Depression as seen in General Practice* (unpublished doctoral thesis, University of Durham, 1949), p. 5.
[8] C.A.H. Watts, *Neuroses in General Practice* (Edinburgh: the Royal College of Physicians, 1956).
[9] WA, 1165A, C.A.H. Watts, 'The Scope of Psychiatry in General Practice', [sound recording], Medical Recording Services Foundation, 1960.
[10] Michael Shepherd et al., 'Psychiatric Morbidity in an Urban Group Practice', *Proceedings of the Royal Society of Medicine* 52: 4 (1959), pp. 269-274, p. 269.
[11] Ibid.

turn towards active research allowed GPs to observe and monitor the incidence of mental illness in the community rather than relying on family referrals or family histories. In so doing, research brought maternal distress to the fore of community medicine in hitherto unanticipated ways.

This was also an era in which attempts were made to develop scales to measure and classify depression. These were initially introduced into clinical psychiatry at the start of this decade, concurrent with the introduction of the antidepressants (discussed in the Introduction to this thesis).[12] Doctors sought ways to calibrate their 'intuition', drawing on tools that validated the position of the GP as privileged in the field of psychiatric distress. They were supported in this by the Social Medicine Unit of the Medical Research Council and the College of General Practitioners, both of which played critical roles in encouraging and enabling these studies as well as disseminating their results among the professional community.[13]

RESEARCH AND THE GENERAL PRACTITIONER

Although space limitations preclude a full discussion of the history of epidemiology, it is valuable to note that the postwar period has been characterized as a 'Risk Factor' era, whereby researchers increasingly engaged with the causes, prevalence, and incidence of chronic and mental diseases.[14] The theme of risk is returned to later in this thesis, in Chapter Four. As was noted in 1960 by a Professor of Epidemiology, epidemiological research was critical in not only placing the individual in their social context but also in having significant potential as a prophylactic enterprise.

---

[12] Per Bech, 'Rating Scales in Depression: Limitations and Pitfalls', *Dialogues Clinical Neuroscience* 8: 2 (2006), pp. 207-215.
[13] Ibid.
[14] Susser et al., (Eds), *Psychiatric Epidemiology: Searching for the Causes of Mental Disorders* (Oxford: Oxford University Press, 2006), p. 21.

successful prophylaxis achieved by modifying some essential cause is the ultimate test of the epidemiological approach; and a credible series of such successes has made epidemiology the basic science in preventative medicine.[15]

The use of epidemiology in the analysis of mental disorders was a mid-twentieth century development: the renaissance of epidemiological psychiatry owed much to both the interest in the mental health of the military during the Second World War and to the ascendency of social medicine.[16]

In Britain the concept of 'social medicine' surfaced before the war, but gathered traction during after the conflict. The 1930s had brought to light the connections between poverty and ill health and formed an issue of concern that doctors organised around.[17] The members of one of these organisations, the Socialist Medical Association, later went on to establish the Society for Social Medicine (including J. Pemberton, Richard Doll, and Horace Joules).[18] Clearly, social medicine was from the start imbued with political purpose. As J. Pemberton notes, social medicine was at first concerned with tracing the passage of *communicable* diseases through communities, and the extension of the ideas that underpinned the concept into non-communicable diseases was largely driven by pioneering individuals, who amongst others included J.A. Ryle at Oxford University, whom we shall revisit later in this chapter, who proposed the idea of a 'social pathology'; Austin Bradford Hill, at the London School of Hygiene and Tropical Medicine; Richard Doll, who worked on smoking and cancer; Archie Cochrane, who developed epidemiological methodologies; Jerry Morris, who in 1948

---

[15] D. D. Reid, *Epidemiological Methods in the Study of Mental Disorders* (Geneva: World Health Organization, 1960), p. 8.

[16] Michael Shepherd and Brian Cooper, 'Epidemiology and Mental Disorder: a Review', *Journal of Neurology, Neurosurgery, and Psychiatry* 27: 4 (1964), pp. 277-290, p. 279.

[17] J. Pemberton, 'Public Health Policy and Practice: Origins and Early History of the Society for Social Medicine in the UK and Ireland', *Journal of Epidemiology and Community Health* 56: 5 (2002), pp. 342-346.

[18] Ibid., p. 342.

became director of the Medical Research Council's Social Medicine Research Unit, and Donald Reid, who examined mental disorders using epidemiological tools.[19] The Medical Research Council was supportive of epidemiology, supporting the establishment of several research units between 1948 and 1962.[20] Thus research into mental disorders by GPs was part of a wider developing research culture.[21] Furthermore, it demonstrates an awareness of how context shaped health. Anne Digby has written a rather more extensive history of general practice from 1850-1948; for my purposes here, a skeletal outline of the postwar era will suffice.[22] Most pertinently, I demonstrate that from the 1950s onwards there was institutional support for GPs who sought to map the disorders of their communities and the mechanisms for its dissemination.

The College of General Practitioners (which received royal charter in 1967, and will therefore be abbreviated to RCGP, or referred to as 'the College' for simplicity's sake) was indispensable in encouraging GPs to undertake research that uncovered the incidence of disorders in their communities.[23] The RCGP was established in November 1952, a product of an acknowledgment of increasing specialization within medicine and the encroachment of hospital care.[24] From its beginnings it was interested in the research that GPs might be able to undertake, encouraged by the success of William Pickles's 1939 study, *Epidemiology in Country Practice*.[25] Pickles later became the first

[19] Ibid., p. 343. See also S. Donnan, '50 Years of Publishing Social and Preventive Medicine and Epidemiology and Community Health', *Journal of Epidemiology and Community Health* 50: 1 (1996), pp. 1-2.
[20] Ibid., p. 343.
[21] Hayward, *The Transformation of the Psyche*.
[22] Anne Digby, *The Evolution of British General Practice, 1850-1948* (Oxford: Oxford University Press, 1999).
[23] Denis Pereira Gray, 'History of the Royal College of General Practitioners - the First 40 Years', *British Journal of General Practice* 42: 354 (1992), pp. 29-35, p. 33.
[24] Gray, *Forty Years On*, pp. 17-18.
[25] Ibid., p. 18.

president of the College.[26] During the Second World War a great number of GPs were conscripted, giving them an opportunity to extend their horizons beyond their practices.[27] After the close of the war, GPs were inspired by international developments such as the foundation of the American Academy of General Practice (subsequently renamed the American Academy of Family Physicians) and their role in working parties on the future of healthcare as part of the BMA (both of which were chaired by Sir Henry Cohen, who later became head of the General Medical Council).[28] The second of these reports, published in 1950, implicitly acknowledged that general practice was a distinct specialism in its recommendation that postgraduate training be tailored for GPs.[29] In 1950 Joseph Collings, an Australian researcher at the Harvard University School of Public Health, published an excoriating piece of research into British general practice.[30] Funded by the Nuffield Trust, and published in *The Lancet* over thirty pages*, the report prompted immediate discussion.[31] It became clear that general practice needed to change, and that its professional reputation was under threat.[32] The report acted as the starting gun that GPs, dissatisfied with their status upon the close of the war, had been waiting for.[33]

The College was established two years after the publication of the Collings Report, following a degree of intraprofessional debate. This was to the satisfaction of GPs,

---

[26] Pemberton, 'Public Health Policy and Practice', p. 344.

[27] Gray, *Forty Years On,* p. 20.

[28] Ibid., pp. 22-24.

[29] Ibid., p. 22.

[30] Joseph S. Collings, 'General Practice in England Today: a Reconnaissance', *The Lancet* 255: 6604 (1950), pp. 555-585.

[31] Roland Petchey, 'Collings Report on General Practice in England in 1950: Unrecognised, Pioneering Piece of British Social Research?' *British Medical Journal* 311: 6996 (1995), pp. 40-42.

[32] For more on the Collings report, see Hayward, *The Transformation of the Psyche.*

[33] Ibid.

around 2000 of whom joined in the first six months of its life.[34] Interest in research within general practice had been demonstrated at a conference on Research in General Practice, held on 31 October 1952 and hosted by the Medical Research Council.[35] The capacity for GPs to make use of their 'intimate long term knowledge' of patients, including that of their families and social environments, was noted at this event.[36] The College quickly established a Research Committee, one of four committees established on 21 January 1953. This comprised five members who together proposed that a research register be compiled to record GPs' research interests.[37] These research registers are now housed in the RCGP's archive. This register, which includes several volumes, records the GPs' names, their membership status, the details of their practice and patient body, their number of patients, and their research interests.[38] One year after the College was founded the Research Register contained 127 names.[39] By 1957 this had grown to more than 550.[40] This enhanced emphasis on research led to medical institutions urging physicians to be mindful of the tangled ethics of investigations involving patients.[41] It also attracted interest from the Ministry of Health, which was particularly interested in the work that the College was doing in obstetrics. At a meeting held in May 1955 between the Ministry of Health and the College, the Ministry sent five representatives, two of whom (Dr. D.M. Taylor and Dr. Rachel Elliott) specialized in maternity and child welfare.[42] The next year, in 1956, the Ministry of Health contacted the College to ask about research that was being done around 'the general problem of

---

[34] Gray, *Forty Years On*, p. 31.
[35] RCGP, ACE G4-2, MRC.52/782, 'Conference on Research in General Practice'.
[36] Ibid.
[37] Gray, *Forty Years On*., p. 49.
[38] RCGP, ACE G18-3; ACE G18-2; ACE G18-1.
[39] RCGP, ACE G4-2, 'The College of General Practitioners, Research Committee of the Council, 11 June 1957.
[40] 'College Of General Practitioners', *British Medical Journal* 2: 5055 (1957), pp. 1233-1235, p. 1234.
[41] RCGP, ACE G4-2, MRC.53/649, 'Clinical Investigations'.
[42] RCGP, ACE G4-5, 'The College of General Practitioners, Subject: General Practitioner Records'.

the welfare of sick children in hospital', to which the College responded with details of a GP (DR. W.J. Cook, in Bristol) as well as a promise to follow up with information from the research register.[43] Governmental and GPs' interests coalesced around postwar mother and child health and this research became a new way of seeing both problems and their communities.

Once this interest in research had been established, the College set about establishing a means of disseminating their members' findings. In the *First Annual Report* of the Research Committee (1953) a research 'newsletter' was proposed in order to encourage members to keep one another abreast of research progress.[44] The Memorandum of Association of the College embodied this purpose; 'to encourage the publication by general practitioners of original work on medical and scientific subjects connected with general practice.'[45] Five years later, under the editorship of R.M.S McConaghey, the College removed the word 'newsletter' and replaced it with 'journal'.[46] McConaghey was particularly interested in research, and published an article in the 1950s exploring early attempts at marshaling research outputs from groups of independent practitioners.[47] His own stewardship was rather more successful than that detailed in his study; by 1964 the *Journal* was published every two months, increasing in frequency to monthly in 1968.[48] Its importance can be inferred from its cost, which by the mid-1970s was nearing a fifth of the RCGP's revenue.[49] Here we have seen the perceived importance of research to GPs as a newly established specialism. As I argue in this chapter, the apparent insecurity of the profession underpinned its interest in establishing itself as the main point of

---

[43] RCGP, ACE G4-5, Letter to Dr Pinsent from Dr J.F. Lucey, 5 April 1956.
[44] Gray, *Forty Years On,* p. 64.
[45] Memorandum of Association of the College, quoted in Gray, *Forty Years On*, p. 65.
[46] Gray, *Forty Years On,* p. 66.
[47] R. M. S. McConaghey, 'The B.M.A. and Collective Investigation', *British Medical Journal* 1: 4964 (1956), pp. 59-61.
[48] Gray, *Forty Years On*, p. 66.
[49] Ibid., p. 67.

contact with the proxy for the family: the mother. I now turn to psychiatry in general practice.

PSYCHIATRY AND PSYCHIATRIC EPIDEMIOLOGY IN GENERAL PRACTICE

The particular social and cultural concerns of 1960s Britain converged with the professional and institutional contexts of postwar British medicine to turn maternal distress into a significant object of research. From the late 1950s onwards and throughout the 1960s, the professional bodies, expert literature, and ideological framework within which GPs were embedded asserted the importance of psychiatric engagement. Indeed, just four years after the College's inception, the first meeting of the Working Party on Psychiatry and the General Practitioner was held on 10 October 1956.[50] Greater support for and encouragement of research into psychiatric disorder within general practice was being institutionally facilitated.

This Working Party was established at the suggestion of the Ministry of Health, although it was supported by GPs and psychiatrists.[51] The Working Party initially comprised S.I. Abrahams, Annis Gillie, J.P. Horder (the secretary), J.H. Hunt, and C.A.H. Watts (the Chairman).[52] At the second meeting, held 18 November 1956, the Working Party agreed that the terms of reference should be 'to study the psychology and the psychiatry in family doctoring'.[53] At this meeting the Working Party concluded that there should be 'closer contact between family doctors, psychiatrists and social workers in relation to patients, both in patients' homes, doctors' surgeries, out-patient

---

[50] RCGP, ACE G12-1, Psychiatry and the General Practitioner Working Party, 1956-1958, Box 35.
[51] RCGP, ACE G12-2, CGP/4C/PWP/31, 'Psychiatry and the General Practitioner, Draft no. 1.
[52] RCGP, ACE G12-1, Psychiatry and the General Practitioner Working Party, 1956-1958, Box 35.
[53] RCGP, ACE G12-1, Psychiatry and the General Practitioner Working Party, 1956-1958, Box 35., Doc. CGP/ 4C/Re/PWP/14, p. 2.

departments and hospitals'.[54] This contact was considered crucial, in particular given the role of the GP in rehabilitating mental health patients upon their release from hospitals.[55] This significance was exacerbated by the inception of the NHS, it was argued, which had made referring patients suffering from milder mental disorders to specialists more difficult.[56]

The Working Party invited GPs to comment on the role of their specialism in handling psychiatric cases, and during the summer of 1956 it received a great number of responses describing the various interventions GPs could make in treating mental disorders.[57] During a meeting in January 1957, the two attendees, C.A.H Watts and J.H. Hunt, discussed the list of psychiatric diseases that had been complied by Dr. Hunt, and concluded that few psychiatric diseases emerged from emotional trauma.[58] By March 1957 the sixth meeting the Working Party was focused on developing ideas for the interim report, the final version of which was to be sent to the Ministry of Health, as well as the *British Medical Journal* and the Research Newsletter.[59] This dual emphasis – on establishing the need for increased recognition of the psychiatric component in general practice and the distress practitioners encountered – drew some criticism.[60] On the whole, though, the letters received by the Working Party reflected a consensus that more should be done to support GPs in the emotional and psychological component of

---

[54] Ibid., p. 4.
[55] C.A.H. Watts, 'The Chronic Mental Patient in General Practice', *The Lancet* 267: 6828 (1954), pp. 85-87.
[56] Ronald A.B. Rorie, 'Anxiety Neurosis: Treatment by a General Practitioner', *British Medical Journal* 1: 4921 (1955), pp. 1062-1066.
[57] RCGP, ACE G12-1, Psychiatry and the General Practitioner Working Party, 1956-1958, Box 35., see for example the letter received from Dr T.S. Beveridge, in Stoke on Trent.
[58] RCGP, ACE G12-1, Psychiatry and the General Practitioner Working Party, 1956-1958, Box 35., Doc. CGP/4C/Re/PWP/18.
[59] RCGP, ACE G12-1, Psychiatry and the General Practitioner Working Party, 1956-1958, Box 35., Doc. CGP/4C/Re/PWP/30.
[60] RCGP, ACE G12-2, CGP/4C/RC/PWP/21, 'Notes by Dr Richard Scott on Psychiatry and the General Practitioner, 19 January 1957'.

their community function. The 9th draft of the memorandum produced by the Working

Party, produced in June 1958, reflected this consensus and restated the importance of

the GP as the principle point of contact for most emotional disorders.[61] Research into

general practice communities proliferated, with the College's journal disseminating the

results.[62] As such, ideas about the prevalence of disorders and the urgency of the

problem circulated through the GP community.

The pace of this move towards an interest in the psyche from within general practice

was considerable.[63] In 1962, the WHO dedicated the report of its committee on

mental health to the theme *The Role of Public Health Officials and General Practitioners in Mental*

Health.[64] Just two years later the WHO suggested that affective and mental disorders

would comprise between five and 20 per cent of the family physician's workload.[65]

By 1967, the importance of psychiatry within general practice was perceived to be

such that the RCGP held a two-day symposium on the matter.[66] Beyond this, the role

of the GP in diagnosing and treating milder forms of distress was debated in medical

journals.[67] The General Practice Research Unit at the Institute of Psychiatry,

---

[61] RCGP, ACE 12-2, CGP/5C/WPPM/60. 'Psychological Medicine in General
Practice: a Memorandum Prepared by a Working Party of the Council of the College of
General Practitioners', June 1958.
[62] H.B. Kedward and Brian Cooper, 'Neurotic Disorders in Urban Practice: a Three
Year Follow-Up', *Journal of the College of General Practitioners* 12 (1966), p. 148.
[63] Hayward, *The Transformation of the Psyche.*
[64] World Health Organization, *The Role of Public Health Officers and General Practitioners*
in Mental Health Care: Eleventh Report of the Expert Committee on Mental Health, No.
235, (1962).
[65] World Health Organization, *General Practice: Report of a WHO Expert Committee,*
No. 267, (1964).
[66] The Royal College of General Practitioners, *Report of a Symposium on Psychiatry in*
General Practice, Supplement 3: 82 (Torquay: Devonshire Press, 1969).
[67] Michael Shepherd et al., *Psychiatric Illness in General Practice* (London: Oxford
University Press, 1966); Norman Kreitman, K I. Pearce, and Anthony Ryle, 'The
Relationship of Psychiatric, Psychosomatic and Organic Illness in a General
Practice', *The British Journal of Psychiatry* 112: 487 (1966), pp. 569-579; Geoffrey
Vickers, 'Medicine, Psychiatry, and General Practice', *The Lancet* 285: 7394 (1965),
pp. 1021-1027; H. Stephen Pasmore, 'Psychiatry in General Practice', *The Lancet*

established in the late 1950s, encouraged research into the aetiology of mental illness by GPs.[68] The studies produced by the team, headed by Michael Shepherd and Brian Cooper, were predicated on two ideas: that the GP was at the axis of mental health care, and that the prevalence of mental disorders had been widely underestimated due to low reporting in hospital statistics.[69] Thus general practice became a significant site of engagement with emotional distress.

As E. Matilda Goldberg and June E. Neill noted in *Social Work in General Practice* (1972), doctors had a long history of consulting on emotional and social problems, and since it was only recently that medicine had begun to be effective, 'psycho-social remedies must have been a vital ingredient of the physician's art. But the social or emotional malaise underlying physical complaints often went unrecognized by either patient or doctor.'[70] Developments in behavioural sciences and psychiatry had brought the social context of these consultations into sharper relief. By the late 1960s and early 1970s medical reports were affirming the GP's role in undertaking psychosocial work.[71] These reports included the Report of the Royal Commission on Medical Education (1968), the report of the Royal College of General Practitioners (1970), and the BMA Planning Unit working party on Primary Medical Care (1970). Goldberg and Neill quote the report on Primary Medical Care:

271: 7019 (1958), pp. 524-526; H. Stephen Pasmore, 'The Stabilizing Role of the General Practitioner', *British Journal of Clinical Practice* 12 (1959), pp. 311-313; L.M. Franklin, 'An Appraisal of Psychiatry in General Practice', *British Medical Journal* 2: 5196 (1960), pp. 451-453; J. Horder et al., 'The Management of Stress Disorders in General Practice', *Practitioner* 177 (1956), pp. 729-743; P.R. Saville, 'Psychotherapy and the General Practitioner- II', *British Medical Journal* 1: 5011 (1957), pp. 158-160.
[68] Greg Wilkinson, 'The General Practice Research Unit at the Institute of Psychiatry', *Psychological Medicine* 19: 03 (1989), pp. 787-790, p. 787.
[69] Michael Shepherd et al., 'Minor Mental Illness in London: Some Aspects of a General Practice Survey', *British Medical Journal* 2 (1964), pp. 1359-1363, p. 1359.
[70] E.M. Goldberg and J.E. Neill, *Social Work in General Practice* (London: George Allen and Unwin Limited, 1972), p. 17.
[71] Ibid., p. 18.

> The clinical skills of the primary physician should enable him not so much to attach a diagnostic label, as to unravel the undifferentiated clinical problem which is often a complex of physical, emotional and social factors and to take or initiate appropriate action. Skills should also include the capacity to work harmoniously as a member of the team.[72]

This emphasis on the team built upon the idea of health centres envisaged in the National Health Services Act of 1947.[73] The efficacy and advantages of teamwork in providing a more holistic view of patients' issues had been modeled within child guidance and adult psychiatry surgeries.[74] This equipped GPs to deal with the raised expectations of quality of life that patients were approaching them with:

> the increase in rising expectations strengthened the patients' demands for the treatment of psycho-social ills. Patients were no longer prepared to put up with marital unhappiness, damaging housing situations general depression and anxiety, as inevitable burdens, and they began to look to their doctors and other helping professions for relief, if not for cure. By now it is commonly accepted that a considerable proportion of the undifferentiated complaints which general practitioners encounter are mainly of a psycho-social nature, requiring for their treatment knowledge of social resources, as well as social and psychological skills.[75]

The NHS provided a new impetus for research into the incidence and etiology of mental illness under the auspices of state planning measures.[76] The NHS allowed 'the planning of medical education, of general practice, of psychiatry, and particularly of community services, demands a clearer picture of the size and nature of the problem of psychiatric illness than is now available'.[77] It operated as a 'vast national machinery for administering medical and psychiatric services'.[78] As a 1953 report ('Clinical

---

[72] *Report on Primary Medical Care*, British Medical Association Planning Unit, quoted in Goldberg and Neill, *Social Work,* p. 18.
[73] Goldberg and Neill, *Social Work*, p. 19.
[74] Ibid.
[75] Ibid., p. 17.
[76] Ari Kiev, 'Community Psychiatry: Observations of Recent English Developments', *Comprehensive Psychiatry* 4: 4 (1963), pp. 291-298; A.A. Baker, *Psychiatric Disorders in Obstetrics* (Oxford: Blackwell, 1967); Anthony Ryle, *Neurosis in the Ordinary Family* (London: Tavistock Publications, 1967).
[77] Ryle, *Neurosis in the Ordinary Family*, p. 14.
[78] Kiev, 'Community Psychiatry', p. 291

Research in Relation to the National Health Service') noted, a 'piecemeal' approach was no longer operable under a centralized system.[79] The NHS was not only a tool for administering services, but also played a critical role in determining them. According to a visiting professor at the Department of Psychological Medicine at the University of Edinburgh in the early 1960s, the development of the NHS had a striking influence on British psychiatry.[80] While the NHS reinforced the practice of psychiatry within general hospitals, it also situated 'the general practitioner rather than the specialist as the major purveyor of community care'.[81]

This emphasis on the practitioner within the community played out in the disordered patient's journey through the healthcare service. The patient pathway relied on the GP to refer the mentally ill patient to a consultant for examination, at which point the consultant would either admit the patient for institutional care, or pass the patient back to the GP with suggestions as to how the disorder might be addressed.[82] Although this system was predicated on the consultant and the GP working together to form a diagnosis, in practice the demands that this placed on both parties often left the GP as the principal guardian of the out patient.[83] Mental disorders were seen to be widespread: estimates suggested that between a tenth and a quarter of the total population was mentally unwell.[84] The general physician bore witness to this distress on a larger scale than the psychiatrist – to whom, on average, just one in ten patients

[79] RCGP, ACE G4-2. Medical Research Council, Ministry of Health, and Department of Health in Scotland, *Clinical Research in Relation to the National Health Service* (London: HMSO, 1953), p.3-4.
[80] C. Knight Aldrich, 'Psychiatric Consultation in General Practice', *The Lancet* 285: 7389 (1965), pp. 805-808.
[81] Ibid.
[82] Ibid.
[83] Ibid.
[84] Michael Shepherd et al., *Psychiatric Disorders in General Practice* (London: Oxford University Press, 1966); 'Psychiatric Disorders in the Community', *British Medical Journal* 2: 5707 (1970), p. 435.

presenting with psychiatric problems were referred.[85]

As the introduction to this thesis suggested, women were disproportionately the patients treated for mental distress in the postwar era. Indeed, a 1973 study revealed that two-thirds of psychiatric patients visiting the GP were female.[86] Other research found that women comprised a similar proportion of the psychiatric and emotional workload of a general practice. A late 1960s study of the input of a medical social worker (MSW) attached to a general practice for three years found that of the 409 cases handled by the MSW, 72.1 per cent were female (women comprised 54.9 per cent of the patient body at the practice). [87] The researchers concluded that the need for 'medicosocial help' was highest among women between the ages of 15 and 44, which was 'the reproductive phase'.[88] There was considerable reluctance to institutionalize emotionally distressed mothers, given the postwar emphasis on the child-mother bond, the extent to which mothers were seen to underpin family life, and the perceived importance of motherhood to women's confidence.[89] Women's distress thus made up a sizeable proportion of the GP's psychiatric workload. This had implications for a nationalized health system.

---

[85] R.H. Cawley, 'Psychiatry: Psychiatric Illness in General Practice', *The British Journal of Psychiatry* 113: 499 (1967), p. 688-690, p. 690.

[86] Brian Cooper and Judith Sylph, 'Life Events and the Onset of Neurotic Illness: An Investigation in General Practice', *Psychological Medicine* 3: 04 (1973), pp. 421-435, p. 422.

[87] J.A.S. Forman and E.M. Fairbairn, *Social Casework in General Practice: a Report on an Experiment in a General Practice* (London: Oxford University Press, 1968), p. 94.

[88] Ibid.

[89] Enid Mills, *Living With Mental Illness: a Study in East London* (London: Routledge and Kegan Paul, 1962), p. 76; D.B. Fowler, and R.E. Brandon, 'A Psychiatric Mother and Baby Unit', *The Lancet* 1: 7377 (1965), p. 160-161; J. Craig, and E. McKay, 'Working Of A Mother And Baby Unit', *British Medical Journal* 1: 5065 (1958), pp. 275-277; D. Bardon et al, 'Mother and Baby Unit: Psychiatric Survey of 115 Cases', *British Medical Journal* 2: 5607 (1968), pp. 755-758.

This need for planning reshaped the GP into a researcher as well as a clinician.[90] As the WHO report into General Practice in 1964 noted, research was a means of the profession asserting its prestige.[91] This prestige was felt to be lacking within the ranks of GPs in the 1960s. One GP rued that whilst 'in theory it is one of three equal pillars of the Health Service; in practice, at every point of contact with the other services, its inferior status is emphasised'.[92] Where the pregnant woman might best receive care became a battleground between specialisms.[93] In 1962 it was noted that the BMA believed that 'in the past the reputation of many general practitioners has depended on the maternity side of their practice. This tradition, it thinks, should be preserved and strengthened'.[94] Care of mothers, then, and research into their standards of life, assumed a new significance within the structural framework of the NHS.

The emergence of epidemiological approaches was linked more broadly to shifts in the medical climate as well as the structural framework of the NHS. Michael Shepherd and Brian Cooper of the Institute of Psychiatry observed in 1964 that the discussion of the epidemiology of mental illness was 'fashionable' only after 1949.[95] This, they argued, was because 'epidemiological methods are fundamental to the aims of social

---

[90] Marshall Marinker, "What is Wrong' and 'How We Know It': Changing Concepts of Illness in General Practice', in *General Practice Under the National Health Service: 1948-1997* (Eds.) Loudon, I., Horder, J. and Webster, C. (Oxford: Clarendon Press, 1998), pp. 5-91, p. 82.

[91] *General Practice, Report of a W.H.O. Expert Committee,* World Health Organization: Technical Report Series, No. 267. Geneva. (London: HMSO, 1964), p. 18.

[92] Ian McWhinney, 'The Primary Physician in a Comprehensive Health Service: Further Reflections After a Visit to the United States', *The Lancet* 289: 7481 (1967), pp. 91-96, p. 93.

[93] 'General-Practitioner Maternity Beds', *The Lancet* 281: 7287 (1963), pp. 928-930; George Godber, 'The Effect of Specialisation on Maternity Services', *The Lancet* 281: 7290 (1963), pp. 1061-1066.

[94] J.F. Galloway, 'Integration of Maternity Services', *The Lancet* 279: 7242 (1962), pp. 1287-1289, p. 1287.

[95] Michael Shepherd and Brian Cooper, 'Epidemiology and Mental Disorder: A Review', *Journal of Neurology, Neurosurgery, and Psychiatry* 27: 4 (1964), pp. 277-290.

medicine, which stands or falls by the ecological approach to illness'.[96] Social

psychiatry allowed the patient to be seen as both an individual and as embedded in

their social relationships. This approach complemented 'the undogmatic eclecticism of

British psychiatry', and also 'the philosophy of the National Health Service in a

welfare state where the conflicting claims of the citizen and his society constitute a

basic political issue'.[97]

Social psychiatry emerged during the Second World War from efforts to improve

combatants' mental health through group psychiatry.[98] The practical limitations of this

approach became clear and from this the therapeutic community (discussed in the

Introduction to this thesis) and social psychiatry emerged.[99] The nomenclature of the

research unit established by the Medical Research Council in 1948 is indicative of these

shifting trends – first named the Occupational Research Unit, it then changed its name

to the Unit for Research in Occupational Adaptation in 1951, before rebranding in 1958

as the Social Psychiatry Unit (SPU).[100] As Claire Sewell notes, this Unit drew on

sociological approaches to understand the relationship between social context and

emotional and mental states.[101] The SPU was critical in establishing the community (in

this case, Camberwell) as an object of study.[102] Moreover, useful for both Sewell's

analysis and my own, in the early 1960s the SPU developed an interest in the expression

---

[96] Ibid., p. 279.
[97] Ibid.
[98] John Crammer, 'The Impact of World Events: 1941-1950', in A *Century of Psychiatry* (Ed) Freeman, H. (London: Mosby, 1999). pp. 137-134. p. 124.
[99] Claire Sewell, *The Emergence of the Carer: Mental Health Care in England and Wales, c. 1946-1999* (unpublished doctoral thesis, University of Warwick, 2014), pp. 136-137.
[100] Ibid., p. 137
[101] Ibid., p.138.
[102] Ibid., pp. 138-140; J.K. Wing, 'The Camberwell Register and the Development of Evaluative Research', *Evaluating a Community Psychiatric Service: The Camberwell Register, 1964-7* (Eds.) Wing, J.K. and Hailey, A.M (London: Oxford University Press, 1972).

of emotions within families. The phrase 'expressed emotion', Sewell says, emerged four

years after the unit first included interviews with relatives in its approach in its 1962

study.[103] The SPU, then, participated in contemporary debates about the role of the

family as an affective ecosystem.[104] Whether the family was seen as an etiological factor

in mental illness or not the interest in the atmosphere of the home brought mothering

under the cultural gaze.

The psychosocial shift encouraged the general practitioner to be sensitive to the

patient's social, economic and cultural location. General practitioners, Sir Geoffrey

Vickers reflected, were handling more cases of psychiatric distress than 'all the

psychiatrists put together', reframing their contribution to the mental health

services.[105] Unlike the psychiatrist, however, the general physician could treat the

patient within the environment that was felt to contribute to their distress.[106] Vickers

described the challenges posed by the psychosocial model to the physician working

within the NHS thus:

> The general practitioner more than any other doctor must see the
> illness both as an episode and as a regulative failure, and the patient
> as a biological and as a psycho-social system. He has to examine this
> psycho-social system both in its internal and external relations; and he
> as to consider his contact with his patient both as a personal act of
> professional advice and as a functional act within the context of an
> organised service.[107]

---

[103] Sewell, *Emergence,* p. 143.

[104] G.W. Brown et al., 'Influence of Family Life on the Course of Schizophrenic Illness', *British Journal of Preventative and Social Medicine* 16 (1962), pp. 55-68; G.W. Brown, J.L.T Birley, and J.K. Wing, 'Influence of Family Life on the Course of Schizophrenic Disorders: A Replication', *British Journal of Psychiatry* 121 (1972), pp. 241-258. The responsibility of the family for health was extended by the anti-psychiatry movement in the 1960s. For more on antipsychiatry, see R.D. Laing, *The Divided Self* (London: Tavistock, 1960); R.D. Laing, *Self and Others* (London: Tavistock, 1961); R.D. Laing and A. Esterson, *Sanity, Madness and the Family* (London: Tavistock, 1964).

[105] Vickers, 'Medicine', p. 1021.

[106] Mills, *Living With Mental Illness*, p. 8.

[107] Vickers, 'Medicine', p. 1023.

This psychosocial model reasserted the general physician's aptitude to carry out epidemiological research within the 'context of an organised service'.[108] As was argued in *The Lancet* in 1961, psychiatric epidemiology within general practice was promising for understanding a plethora of social issues so long as agreed definitions were used.[109]

Within this context the local practitioner was ideally placed to research the health of 'their' community. The institutional framework constructed by the NHS provided a new lens through which community and individual psychology could be subjected to the medical gaze and milder forms of distress made visible.[110] Often the advantages of epidemiological research conducted in general practice communities were explicitly contrasted with hospital-based studies. Brian Cooper and Judith Sylph claimed that their research into life-events and neurotic illness benefitted from the general practice setting, as it allowed 'milder forms' of mental illness to be 'identified at an earlier stage of the illness than in hospital-based studies'.[111] Whereas these 'milder' forms of distress would have previously escaped the medical gaze – or have appeared only through familial or self-referral – they now became the explicit object of research in social medicine using tools designed to extrapolate them. Beyond this knowledge production, general practice was also the site of research dissemination into the public realm. A Supplementary Memorandum from the College of General Practitioners to the Ministry of Health's Committee of Inquiry into the Maternity Services (1956) argued that 'much of the medical knowledge gained in the hospital service can only reach the

---

[108] Ibid.

[109] *The Lancet,* 'Annotations: Psychiatric Epidemiology', *The Lancet* 277: 7177 (1961), p. 600-601.

[110] David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983).

[111] Cooper and Sylph, 'Life Events', p. 423.

public through the family doctors, who use it directly in the management of their patients.'[112] The role of the GP was bound up with the political and ideological configuration of the NHS.

Epidemiological research was a political tool as well as a scientific technique, revealing an interest in 'major social factors such as class'.[113] Judith Green has argued that the GP's surgery of the 1960s was 'the physical manifestation of a new medical gaze; a new space between hospital and home in which general practice could scrutinize the local population'.[114] This 'new space', and the responsibilities assumed by the GP in overseeing the care of the mentally ill accelerated the move towards deinstitutionalization within a postwar ideological framework that made clear the tensions between the freedom of the citizen and the claims of the state.[115] New pharmacological treatments furthered this ethos of individual freedom for the mentally disordered patient.

PHARMACOLOGY AND THE GENERAL PRACTITIONER

Making disorder visible, of course, would be rather less useful should there then be no recourse for treatment. As Hayward has noted, by the early 1950s fears about the expense of the health service had drawn attention to the readiness with which small prescriptions were distributed.[116] For Michael Balint (1896-1970), based at the Tavistock

---

[112] RCGP, ACE G4-3, 'Supplementary Memorandum from the College of General Practitioners to the Ministry of Health's Committee of Inquiry into the Maternity Services', December 1956.

[113] Ryle, *Neurosis in the Ordinary Family*.

[114] Judith Green, 'Time and Space Revisited: The Creation of Community in Single-handed British General Practice', *Health & Place* 2: 2 (1996), pp. 85-94, p. 86

[115] Michael Shepherd et al., *Psychiatric Illness in General Practice* (London: Oxford University Press, 1966); Alfred Minto, 'Changing Medical Practice, 1950-1980', *Mental Illness: Changes and Trends* (Ed.) Bean, P. (Chichester: John Wiley & Sons, 1983), pp. 163-178.

[116] Hayward, *The Transformation of the Psyche*, pp. 117-118.

Clinic, this recourse to medicine was one of the major tropes of postwar general practice.[117] The dawn of the pharmacological era frames my argument by underlining the ways that medical change facilitated the emergence and use of new disorders. Critically, the development of drugs indicated that the family doctor was no longer the 'gatekeeper' to the mental hospital.[118] In 1964, an article in *The Lancet* commented that 'where once the family doctor had little but advice to give his patients, he now has at his disposal a wide range of effective drugs. Rarely is his counsel unaccompanied by a prescription'.[119] It reflected that drug prescription had become 'a large part of the practitioner's business'.[120] By 1974, D.A.W. Johnson concluded that 'the treatment of psychiatric disorders in general practice consists principally of prescribing drugs, with relatively little use of social agencies and psychotherapy'.[121]

As I discussed in the Introduction, tranquillisers were the primary mode of treatment for the distressed mother outside the mental hospital from the 1950s onwards. A variety of drugs were prescribed for postnatal depression. One guide to obstetrics and gynaecology in general practice in the 1980s listed these as Prothiaden; Norval, Bolvidon, Tryptizol, Trimipramine, Surmontil and Fluanxol.[122] As we can see, the recognition of maternal distress provided a further entry point for these drugs.

Taking this further, the disorders uncovered by epidemiological approaches created new communities of the ill to whom drugs could be prescribed. This was a far cry from

---

[117] Michael Balint, *The Doctor, His Patient, and the Illness* (London: Pitman Medical, 1957), in Hayward, *The Transformation of the Psyche*, p. 118.

[118] Judith Green, 'Time and Space Revisited', p. 86; Ryle, *Neurosis in the Ordinary Family,* p. 137.

[119] 'Prescribing In General Practice', *The Lancet* 283: 7337 (1964), pp. 803-804, p. 803.

[120] Ibid.

[121] D.A.W. Johnson, 'A Study of the Use of Antidepressant Medication in General Practice', *The British Journal of Psychiatry* 125: 2 (1974), pp. 186-192, p. 186.

[122] John Eddy and John Owen, *Obstetrics and Gynaecology in General Practice* (London: Churchill Livingstone, 1987), p. 181.

Watts' suggestion that general physicians might use psychotherapy as a 'diagnostic weapon, as well as a therapeutic agent'.[123] To combat this, medical journals stressed that

> The essence of general practice is comprehensive and *continuing* help, covering the greater part of illness and much more besides, with episodes of specialist support interspersed over the years. Personal supervision of patients, and interest in them, is what good general practice also implies[124]

It was this 'personal supervision' that underpinned GPs' ownership of maternal distress in the community in postwar Britain. I now turn to how this played out with the family.

My leading question in this section is 'in what way did maternal distress become a site of medical interest and intervention for postwar era general practitioners?'. I argue that this shift occurred due to three developments distinct to postwar Britain: the increased attentiveness to the relationship between life events and mental disorder; the specific social and geographical locations of the GP, and the valorised status of the family.

First, I argue that postnatal distress, with its particular relationship to a life event, was a site of analysis within which time and context in stimulating disorder could be assessed.[125] Hayward has highlighted that models of stress are reliant upon models of time and causality.[126] Time became a significant metric in postwar British medicine, for,

---

[123] Watts, 'The Scope'.
[124] John H. Hunt, 'General Practice in the World Today and Its Academic Needs', *The Lancet* 284: 7349 (1964), pp. 29-32, p. 29, emphasis in original.
[125] Bereavement was another, see C. Murray Parkes, 'Effects of Bereavement on Physical and Mental Health - a Study of the Medical Records of Widows', *British Medical Journal* 2: 5404 (1964), pp. 274-280; C. Murray Parkes, B. Benjamin, and R.G. Fitzgerald, 'Broken Heart: A Statistical Study of Increased Mortality Among Widowers', *British Medical Journal* 1: 5606 (1969), pp. 740-743.
[126] Rhodri Hayward, 'Sadness in Camberwell: Imagining Stress and Constructing History in Post War Britain', *Stress, Shock, and Adaptation in the Twentieth Century* (Eds). Cantor, D. and Ramdsen, E. (Rochester NY: University of Rochester Press, 2014), pp. 320-342, p. 320.

as David Armstrong suggested, 'time became a central attribute of illness; illness was a phenomenon which occupied a temporal space'.[127] The significance of time framed debates over how soon after birth the symptoms of distress needed to occur to be counted as 'postnatal'. As an American study noted, 'The postpartum period offers a unique opportunity to examine the stress- disorder relationship in the context of a discrete, clearly defined life event and the onset of a specific disorder.'[128]

This temporality was made particularly significant as the concept of *stress* became more assertive. David Cantor and Edmund Ramsden have suggested that the concept of stress 'proliferated' after its inception by the physiologist Hans Selye in 1936, acting, along with other terms and concepts, as a 'signifier of troubled modernity'.[129] By the postwar there was an enhanced interest in the relationship between life events and illness bridged by the concept of stress.[130] One of the primary examples of research in this area was George Brown and Tirril Harris's *Social Origins of Depression: a Study of Psychiatric Disorder in Women* (1978).[131] In this study, which was supported by the Medical Research Council and the Social Science Research Council, Brown and Harris studied biographies to examine the meanings behind stressful life events. From this, they developed the 'Bedford College Life Events and Difficulties Scale'. It was through the proliferation of studies like this that, as Chris Millard has suggested, stress became a 'key

---

[127] David Armstrong, 'Space and Time in British General Practice', *Social Science & Medicine* 20: 7 (1985), pp. 659-666., p. 663.
[128] Joyce Hopkins, Marsha Marcus, and Susan B. Campbell, 'Postpartum Depression: A Critical Review' *Psychological Bulletin* 95: 3 (1984), p. 498-515, p. 498.
[129] David Cantor and Edmund Ramsden (Eds), 'Introduction', *Stress, Shock, and Adaption in the Twentieth Century* (Rochester: University of Rochester press, 2014), pp. 1–18., p. 4.
[130] See Chris Millard, 'Creating "The Social": Stress, Domesticity, and Attempted Suicide', *Stress in Post-war Britain, 1945-85* (Ed.) Jackson, M. (London: Routledge, 2015), pp. 177-192.
[131] George W. Brown and Tirril Harris, *Social Origins of Depression: a Study of Psychiatric Disorder in Women* (London: Tavistock, 1984).

intellectual plank for the projects of social psychiatry and psychiatric epidemiology.'[132]

The construction of stress as a facilitator, if not stimulator, of psychological upset

allowed the clinician to assume a greater interest in the life course.[133] In 1973 it was

perceived that the 'life-event schedule is increasingly becoming a feature of psychiatric

research'.[134] A 1980 book aimed at mothers on postnatal depression noted the role of

stress as a possible etiological factor and drew upon Brown and Harris's study as

supportive evidence.[135] It was through mechanisms such as this that emergent

understandings of stress and its relationships to events such as childbirth circulated

through society and gained legitimacy.

The second factor bringing maternal attention to the attention of postwar GPs was the

framing of the location of the GP as giving them a privileged position to survey and

map the community. This was enhanced by the passage of women *through* the healthcare

system. The GP was critical in recognising the symptoms of maternal distress as the

provisions for women in crisis were delineated by phase: pre-hospital, hospital and

post-hospital.[136] The hospital, in this conception, was an ambiguous space for mothers.

As A.A. Baker wrote in *Psychiatric Disorders in Obstetrics,* the move towards hospital births

was 'unfortunate', for 'if the general practitioner has seen his patient through a

satisfactory and placid pregnancy to find on her return from the maternity unit that he

has a very anxious and unsettled patient…it will be easy for him to blame the maternity

---

[132] Chris Millard, *A History of Self-Harm in Britain: A Genealogy of Cutting and Overdosing* (Basingstoke: Palgrave, 2015), p. 33.
[133] Neil Kessel and Alistair Munro, 'Epidemiological Studies in Psychosomatic Medicine', *Journal of Psychosomatic Research* 8: 1 (1964), pp. 67-81.
[134] G.W. Brown et al., 'Life-events and Psychiatric Disorders Part 1: Some Methodological Issues', *Psychological Medicine* 3: 01 (1973), pp. 74-87, p. 74.
[135] Vivienne Welburn, *Postnatal Depression* (London: Fontana, 1980), p. 38-39.
[136] Harold Sampson et al., *Schizophrenic Women: Studies in Marital Crisis* (New York: Atherton Press, 1964), p. 3.

unit and overlook the other significant factors in the situation'.[137] There was a fear that a

lack of continuity of care provided by a GP allowed maternal distress to slip through

the net of psychiatric diagnosis. As we have seen in the Introduction, the move towards

hospital births was a controversial shift in obstetric practice. The Second World War

accelerated this move; whereas in 1927 just 15 per cent of births took place in

institutions, this had increased to 66 per cent by 1961.[138] It was noted in *The Lancet* that

'bitter things…said about the specialists by general practitioners who have claimed that

the obstetricians were trying to exclude them wholly from midwifery' was not borne out

in the statistical analysis of maternity services.[139] But anxiety as to the implications of

this shift remained. Within this context, mothers' experiences sat at the meeting point

of medical and social anxieties around the family's interaction with clinicians.

Third, and as I argued in the Introduction to this thesis, the valorised status of the

family in postwar Britain situated it as the key object of psychiatric analysis.[140] As Watts

commented in 1952,

> The vast majority of [psychiatric] cases arise from the stresses and strains
> associated with the home and family life. Indeed a happy home life is the best
> antidote to most neuroses. The general practitioner is in a unique position to
> assist in the construction of such homes, if he accepts responsibility to do so,
> and in this way he is going far in the direction of prophylactic psychiatry.[141]

Here, Watts indicates that the role of the GP undertaking psychiatric care was radically

extended. Instead of dealing with ill health, the GP could 'construct' the happy home.

The home was seen to be reliant on the competent mother in the postwar years.

Competency was a classed metric, however; Pat Starkey has demonstrated that in

---

[137] Baker, *Psychiatric Disorders,* p. 13.
[138] George Godber, 'The Effect of Specialisation on Maternity Services', *The Lancet* 281: 7290 (1963), pp. 1061-1066, p. 1062.
[139] Ibid., p. 1065.
[140] Chettiar, 'Democratizing', pp. 107-122; Elizabeth Badinter, *Mother Love: Myth and Reality: Motherhood in Modern History* (New York: Macmillan, 1981).
[141] Watts, *Psychiatry in General Practice*, pp. 197-198.

wartime and postwar Britain 'poverty was seen as a reason for the visibility of family distress but not as a primary causative factor.'[142] Maternal emotion was seen through the prism of its effect on the child, a conception furthered by the Winnicottian proposition that depression in the mother hindered the development of a nurturing environment for the child, impinging on their reciprocal relationship.[143]

These three elements combined to situate the GP as critical in creating knowledge about distressed motherhood. The advantage of the family physician, noted Baker, was that he might 'observe changes and assess their significance by making comparisons with his patient's normal way of life', an opportunity enhanced 'if he knows the patient from her earlier years and perhaps the family history too'.[144] Knowledge of the family was situated as GPs' primary advantage in both researching and treating patients.[145] As Donald Winnicott noted in 1965, depression in mothers might take a number of somatic forms, but it remained important 'for mothers to be able to bring their children to the doctor when they are somewhat depressed'.[146] I now turn to how female mental disorder within the community was considered by Anthony Ryle.

ANTHONY RYLE AND HANNAH GAVRON: RESEARCH IN THE COMMUNITY

Having established the institutional impetus behind research from within the general practice and the interest in the incidence of psychiatric disorders in my preceding sections, this section does two things to further my argument. First, it draws attention

---

[142] Pat Starkey, 'The Feckless Mother: Women, Poverty and Social Workers in Wartime and Post-War England', *Women's History Review* 9: 3 (2000), pp. 539-557, p. 542.
[143] Winnicott, *The Family and Individual Development*, p. 52; Adam Phillips, *Winnicott* (London: Penguin, 2007).
[144] Baker, *Psychiatric Disorders*, p. 5.
[145] J.A.S. Forman and E.M. Fairbairn, *Social Casework in General Practice: a Report on an Experiment in a General Practice* (London: Oxford University Press, 1968), p. 11.
[146] Winnicott, *The Family and Individual Development,* p. 52.

to how disordered mothers were mapped by surveys specifically designed to study them. Second, it looks at the framework from which the interest in these emerged, demonstrating both the conscious political resonances of an interest in maternal distress and the limitations of a medical approach.

At the start of this chapter I drew upon C.A.H. Watts' interest in the role of the general practitioner in the community. Watts' own research was, along with Anthony Ryle's, hailed as a 'forerunner' to the research a greater sum of general practitioners were called upon to undertake at the RCGP's 15th annual general meeting in November 1967.[147] Anthony Ryle (1927-) was educated at Oxford and University College Hospital and qualified as a doctor a year after the inception of the NHS, for which his father was a prominent advocate.[148] Ryle's father, John Ryle, was the first Professor of Social Medicine and Director of the Institute of Social Medicine at the University of Oxford.[149] David Armstrong has argued that John Ryle played a role in creating a 'multi-factorial aetiology of disease', and that this was 'an invention of a social gaze'.[150] This social gaze was reliant upon the mechanisms of community investigation and surveillance.[151] Armstrong quotes John Ryle's 1948 statement that much of the aetiology of disease 'invades the broader territory of social science', a topic I explore in Chapter Five of this thesis.[152]

---

[147] 'Medicine, Science, and Humanity: Annual Meeting Of R.C.G.P', *British Medical Journal* 4: 5578 (1967), pp. 546-547.

[148] WA, GP 29, Anthony Ryle, [interview with] *Transcript of an interview conducted by Dr. M.J. Bevan with Anthony Ryle,* 'An Oral History of General Practice c. 1935-1952', (Oxford: Wellcome Unit for the History of Medicine, 1995).

[149] David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983), p. 38.

[150] Ibid., pp. 99-100.

[151] Ibid., p. 51.

[152] J.A. Ryle, *Changing Disciplines* (London: Oxford University Press, 1948), quoted in Armstrong, *Political Anatomy of the Body,* p. 100.

In an interview conducted in 1995, Anthony Ryle detailed how his family played a key role in his decision to pursue medicine, reflecting that he had 'absorbed fairly clear values about what it was to be in the world, or to be doing medicine…it was a choice which I made on the grounds of it being not only interesting, but also useful'.[153] To be a doctor, he commented, was 'a socially conscious act'.[154] Ryle claimed that his upbringing influenced his interest in the human psyche and shaped his career choices.[155]

Like Watts, Ryle was interested in the emotional disorders experienced by his practice community, an interest that culminated in research that honed in specifically on the experiences of mothers. A GP in Kentish Town, North London, he authored a significant study into maternal distress published in the *British Journal of Psychiatry* in 1961.[156] It formed a part of a broader body of research undertaken by Ryle into mental illness in his general practice constituency throughout the 1960s. Later, he published *Neurosis in the Ordinary Family* (1967).[157]

In the Introduction I discussed how the postwar family was seen to underpin wider social wellbeing. As with other postwar research, the family unit was Ryle's object of analysis on the basis that

> The central responsibility of the family for transmitting to the child the assumptions and expectations upon which life in society is based, and the family's critical part in determining the individual's chance of attaining maturity and mental health as an adult are unquestioned[158]

---

[153] *Transcript of an Interview*, p. 1.
[154] Ibid.
[155] Ibid., p. 3.
[156] Anthony Ryle, 'The Psychological Disturbances Associated with 345 Pregnancies in 137 Women', *The British Journal of Psychiatry* 107: 447 (1961), pp. 279-286.
[157] Anthony Ryle, *Neurosis in the Ordinary Family: A Psychiatric Survey* (London: Tavistock, 1967).
[158] Ryle, *Neurosis in the Ordinary Family*, p. 15.

Ryle noted that the GP was in a uniquely valuable position to gage the incidence of psychiatric disturbance in childbearing women as he encountered milder neuroses that escaped psychiatric referral.[159] He argued that research frequently underestimated the scale of women's psychiatric disturbance postpartum, given the fact that 'hospital admissions reflect a small proportion of all cases occurring and it is likely that socio-economic and cultural as well as medical factors play a part in determining whether admission takes place'.[160] Consistent with his interest in psychiatry in general, he wrote in 1969 that the pregnant woman should have sufficient opportunities to 'express and explore her feelings', noting 'how few [hospitals] provide opportunities for women to discuss their feelings about mothering or means for them to enlarge their emotional confidence and competence'.[161] This recognised the complexity of maternal emotion, implying that it was not linear and the expression of these conflicting emotions was conducive to a healthy childrearing experiences. The hospital was positioned an emotional space, or, as Ryle expressed earlier in his 'Personal View' article in *The British Medical Journal*, a society unto itself.[162]

Ryle's investigation into postnatal distress in his practice community at the Caversham Centre used the patient records of 137 women who had between them experienced 345 pregnancies, 32 of which resulted in miscarriage, limiting his sample to 313 full-term pregnancies. 78 women in his sample had no record of psychiatric disturbance, 33 women had a record of distress during the childbearing period – in 17 of these women it was directly related to the pregnancy, and 26 women had experienced disorder at another time.[163] According to Ryle's criteria, there were 23 episodes of illness associated

---

[159] Ryle, 'The Psychological Disturbances', p. 279.
[160] Ibid.
[161] Anthony Ryle, 'Personal View', *British Medical Journal* 1: 5647 (1969), p. 840.
[162] Ibid.
[163] Ryle, 'The Psychological Disturbances', p. 281.

with the 313 full-term pregnancies, ten of which occurred in the first three months after delivery, five of which occurred from three to twelve months after delivery, and eight of which took place during the pregnancy itself.[164] He found that reactive disorders occurred less often in the childbearing period than in comparable non-pregnant populations, whereas endogenous depressions occurred more frequently.[165] Ryle concluded that in the majority of reactive depressions postpartum, childbearing 'operated as a psychodynamic factor in the provocation of the neurotic symptoms', but used its low incidence to suggest that 'childbirth…cannot be regarded as the cause of the depressive illness'.[166] It did, however, increase 'the liability of women to attacks of depression with endogenous features'.[167]

The distinction between endogenous and reactive depression, however, was debated.[168] Ryle's use of cases studies illustrates the tensions arising from the delineation of *reactive* depression as surfacing from neurotic character traits, an ill adjusted personality, and the presence of precipitating factor, from the features of *endogenous* depression comprising a family history of depression, self reproach, and diurnal variation.[169] Ryle gave a selection of case studies of the histories of patients who had consulted over three times within a year, and detailed all the patients who appeared to present evidence of endogenous depression.[170] It is worth quoting these at length to understand how the usefulness of the distinction Ryle drew between reactive and endogenous offered limited route to

---

[164] Ibid., p. 282.
[165] Ibid., p. 286.
[166] Ibid., p. 285.
[167] Ibid.
[168] J. Mendels, 'Electroconvulsive Therapy and Depression: II. Significance of Endogenous and Reactive Syndromes', *The British Journal of Psychiatry* 111: 477 (1965), pp. 682-686, p. 682; Brian Ackner, 'Imipramine and "Reactive" Depression', *British Medical Journal* 1: 5185 (1960), p. 1570.
[169] Mendels, 'Electroconvulsive', p. 682.
[170] Ryle, 'The Psychological Disturbances', p. 283.

understanding maternal distress. One case Ryle classified as a 'reactive disorder:

Pregnancy as a Socio-economic problem', was a woman who

> By the age of 25…had five children. They lived in a dark, damp basement. She had occasional mild depressive spells and when her youngest child was 2 she had a more pronounced depression…At this stage she became pregnant after a contraceptive failure; she became increasingly depressed and made a not very determined suicidal attempt by gas. Termination of the pregnancy and sterilization was carried out on psychiatric advice. This patient was diagnosed as a neurotic depression in an hysterical personality. Her symptoms did not return after operation.[171]

By comparison, a patient classified as suffering from depression 'with endogenous

features associated with childbirth', was explained as having

> Conceived before marriage at the age of 19. Ten months after delivery she complained of headaches, premenstrual depression and lack of energy; she wept easily. Three years later she had a second child and six months after delivery she presented with headaches, depression (worse in the morning), forgetfulness and a decrease in her sexual feelings[172]

This patient's depressive emotions were indeed reactive, in that they arose from the

experience of childbearing and rearing. Significantly, her depression would have been

excluded from some studies of maternal distress, which limited the temporal location of

puerperal distress to within the first six to eight weeks postpartum,[173] or first three

months,[174] or to the first six months.[175] Later, the feminist movement would draw on

case studies such as these to argue that maternal distress was the result of the

convergence of multiple forms of oppression.

For my purposes here, however, it is significant that social medicine, as discussed earlier

in this chapter, stemmed from an understanding of environment and health that was

---

[171] Ibid., p. 283.

[172] Ibid., p. 284.

[173] Brice Pitt, '"Atypical" Depression Following Childbirth', *The British Journal of Psychiatry* 114: 516 (1968), pp. 1325-1335.

[174] Clayton Thomas and John Gordon, 'Psychosis After Childbirth: Ecological Aspects of a Single Impact Stress', *American Journal of the Medical Sciences* (1959), pp. 238-363, p. 250.

[175] Baker, *Psychiatric Disorders,* p. 297.

political at its inception. Beyond this, Armstrong's contention that

> the existence of such a social medicine and its various characteristics - concern with the normal and positive health, with screening and social relationships - was a manifestation of an analysable social space between bodies. It was, therefore, at the same moment as a medicine of the social was born that a politics of the social became a possibility[176]

underlines my interest in the ways that new ways of seeing the community in postwar Britain invented new ways of *using* maternal distress.

Within this clinical practice, Ryle set aside four to five hours outside surgery hours to take psychiatric consultations, a custom that contributed to his comparatively high rates of referral to psychiatric outpatient clinics.[177] This was indicative of trends also observed outside of the surgery; the 'provision of new services [is] rapidly matched by the discovery of new needs, and it is certain that only the tip of the 'neurotic iceberg' has been exposed'.[178] In 1963 Neil Kessel damningly concluded that 'partly because it has oversold itself, psychiatry has become oversubscribed', a situation exacerbated by confusion over appropriate referral points by GPs.[179] Kessel recommended that the GP 'accept that his resources extend beyond the prescription pad and that it is as much his function to perform planned minor psychotherapy as planned minor surgery'.[180] It was argued in medical journals that the variation in referral rate was less a consequence of variations of incidence in mental disease and more a symptom of differing levels of engagement by family physicians.[181] Ryle referenced Kessel in his introduction to

---

[176] Armstrong, *Political Anatomy of the Body,* p. 40.
[177] Ibid., p. 121.
[178] Ibid., p. 137-138.
[179] Neil Kessel, 'Who Ought to See a Psychiatrist?' *The Lancet* 281: 7290 (1963), pp. 1092-1095, p. 1094.
[180] Ibid.
[181] Michael Pritchard, 'Who Sees a Psychiatrist? A Study of Factors Related to Psychiatric Referral in the General Hospital', *Postgraduate Medical Journal* 48: 565 (1972), pp. 645-652. P. Hopkins and B. Cooper, 'Psychiatric Referral from a General Practice', *The British Journal of Psychiatry* 115: 527 (1969), pp. 1163-1174.

Neurosis in the Ordinary Family, and was at pains to demonstrate his willingness to treat patients within the general practice setting.[182]

Ryle's mother, Miriam, characterized the problematic status of women for her son. Ryle suggested that she 'could have run General Motors with her energy, and she hadn't got anything to run', and detailed how she objected to being treated as adjunct to her husband whilst John Ryle was at Cambridge, in a 'kind of feminist way'.[183] Miriam Ryle later fell into a profound depression after John Ryle's death.[184] This, Ryle felt was due to a 'diminishing sense of life…She had been, basically, a devoted wife and mother, so that she was left, again, that in a pre-feminist way, without another foothold in the world at all'.[185] By contrast, Ryle's parents supported their academically minded daughter to pursue a degree at Oxford at a time in which women's academic education was not universally seen as a priority.[186] The family was politically progressive; whilst at Oxford – to which Ryle was admitted aged seventeen – both Ryle and his sister joined the Communist Party.[187] Although Ryle subsequently left the party, he found his position within the Kentish Town practice through one of his Communist Party contacts.[188] This framed Ryle's epidemiological research into mental disorders in the community.

Ryle's research into mental distress in the community cumulated with the publication of *Neurosis in the Ordinary Family: a Psychiatric Survey* (1967). *Neurosis in the Ordinary Family* surveyed 112 families comprising 110 women and 101 men, and sought to uncover the incidence of neurosis in the practice community and the relationship between family

---

[182] Ryle, *Neurosis in the Ordinary Family*, p. 15.
[183] Ibid.
[184] Ibid., p. 3.
[185] Ibid.
[186] Ibid.
[187] Ibid., p. 5.
[188] Ibid., pp. 4-7, 33.

members and the prevalence of disorder.[189] The title echoed Donald Winnicott's

'ordinary devoted mother', which entered the public discourse during his series of BBC

radio talks between 1949 and 1950 and ensuing pamphlet publication.[190] In Ryle's case,

however, the word 'ordinary' served a slightly different purpose, as his text was not

aimed at advising the public nor assumed a base-level of normality; rather, his title

reflected that the 'ordinary family' did in fact contain a level of neurosis relevant to the

physician. A team of three carried out Ryle's research: Ryle; D.A. Pond, a psychiatrist;

and Madge Hamilton, a psychiatric social worker.[191] It found that the remembrance of

the 'emotional tone' of the home exerted an influence over the development of neurotic

symptoms,[192] and advocated a 'family-centred' treatment approach to individual

psychiatric problems; 'the treatment of one individual patient may at times imply a type

of collusion with a family sickness'.[193] It recommended that GPs build a relationship

with a family case-worker in order to provide long term support.[194] This posited a non-

physiological theory of neuroses, and reformatted the physician's relationship with the

family. It illustrates the way that epidemiological research could be used to refocus on

the family as the fabric of society.

Neurosis in the Ordinary Family received mixed reviews. It was hailed as 'an excellent

example of the value of research in general practice'[195] within the *Health Education

Journal,* but was scathingly critiqued in *Social Science and Medicine* by Robert Weiss, who

---

[189] Ibid., p.14.
[190] Jan Abram, *Language of Winnicott: A Dictionary of Winnicott's Use of Words* (2nd Ed.) (London: Karnac Books, 2007), p. 259; Brett Kahr, *D.W. Winnicott: a Biographical Portrait* (London: Karnac Books, 1997), p. 95.
[191] Ryle, *Neurosis in the Ordinary Family*, p. 13.
[192] Ibid., p. 118.
[193] Ibid., p. 129.
[194] Ibid., p. 131.
[195] J.G. Howells, 'Neurosis in the Ordinary Family [review]', *Health Education Journal* 27: 2 (1968), p. 105.

worked in community psychiatry at Harvard Medical School.[196] Weiss criticised the

scope of the book and considered its 'thin' content a by-product of Ryle's 'amateur'

status as a GP rather than a social psychologist.[197] He also questioned the ethics of the

enterprise: 'Ryle's sample…came from his health service list, and in addition to

wondering about the generalizability of findings from a sample chosen only on grounds

of accessibility, I wonder about the ethics of turning patients into respondents', and

reflected that the working-class roots of Ryle's participants may have rendered them

unable to reject Ryle's proposition (it is worth noting that Ryle was acutely aware of the

ethical risks posed by this type of investigation).[198] Weiss' criticism is indicative of the

attitudes towards research in general practice in differing national contexts – as we have

seen, the role of the GP as researcher had been widely endorsed in Britain by 1967.

Weiss conceded that Ryle's study did have some significant findings, principal among

which was the discovery that 'mothers who request help with neurotic symptoms may

be no more neurotic than other women, but are more likely to be unhappily married'.[199]

In the introduction to *Neurosis in the Ordinary Family*, Ryle revealed that the initial

subject of the research was intended to be his practice, rather than the patients of

his practice. As he explained, a psychiatric social worker was going to investigate

'how effectively casework could be carried out in the setting of a general practice',

but due to the 'difficulties in designing a satisfactory therapeutic trial, the ethical

problems of a short term treatment intervention, and my own interest in

epidemiology' this was 'modified', and a study was designed that surveyed the

---

[196] Robert Weiss, 'Neurosis in the Ordinary Family [review]', *Social Science & Medicine* 5: 4 (1971), pp. 411-414.
[197] Ibid.
[198] Ryle, *Neurosis in the Ordinary Family*, p. 19, p. 133; Weiss, 'Neurosis', p. 414.
[199] Weiss, 'Neurosis', p. 413.

prevalence of neuroses in his practice community.[200] This was a more substantial

shift that Ryle concedes; the study problematized the community rather than the

adequacy of the professional response. In seeking, and consequently finding, high

levels of emotional distress in his practice community, Ryle was supporting an

interventionist approach to mental health. Ryle was self-reflexive about the

limitations of psychiatry in general practice, noting that 'my methods were based

initially upon no more than an interest in patients and a willingness to see

psychological causes for disease. Over the years I gradually reached...a less naive,

fundamentally eclectic approach, which allowed for drugs and E.C.T on one hand

and for the analysis of transference on the other'.[201] He concluded that 'the main

effect of experience was to make me more cautious in my response to patients'

psychiatric demands'.[202]

Although psychoanalysis informed Ryle's research, he expressed discomfort with some

of its tenets, writing in 1994 that

> damage comes primarily 'from outside' or, more precisely, from the
> interpersonal field in which the individual is formed…I am angered by the scant
> attention paid to actual life experience in the accounts of most psychoanalytic
> authors.[203]

This emphasis on life experience has important implications for his reading of maternal

distress, as it indicates that he had short shrift with the idea that maternal discontent

was the result of failed psychological and sexual development.[204] This theme of life

experience is picked up in Chapter Three of this thesis, in which I discuss how

---

[200] Ryle, *Neurosis in the Ordinary Family*, p. 13.
[201] Ibid., p. 128.
[202] Ibid.
[203] Anthony Ryle, 'Psychoanalysis and Cognitive Analytic Therapy', *British Journal of Psychotherapy* 10: 3 (1994), pp. 402-404, p. 402.
[204] For a critique of this, see Badinter, *Mother Love,* p. 261.

members of the Women's Liberation Movement drew attention to how social structures

framed women's experiences of motherhood.

While Ryle was particularly concerned with motherhood and emotional wellbeing, he

was at pains to eschew the mono-causal explanations of disorders advanced by some of

his colleagues. He explicitly rejected John Bowlby's findings, noting that 'the isolation

of a single variable – the ideal technique in research – can often be misleading in

psychiatry', the most well known example of which was Bowlby's maternal deprivation

thesis, from which

> unjustifiable conclusions were often drawn…since maternal deprivation has
> important associated variables which subsequent research has shown to be of at
> least as much importance as the actual loss of the mother'.[205]

His epidemiological research into his practice population repudiated conceptions of

full-time motherhood as the only route to personal fulfilment – he noted that of the 99

married couples in his study, women were in full time work in 27, and in part-time work

in 32.[206] He went on to comment that 'women at work were neither more nor less

neurotic than those who were whole-time housewives'.[207] Mothers were, therefore,

central to Ryle's study of the family. However, it was the family as a dynamic emotional

unit – exemplified by his interest in interviewing both husband and wife for *Neurosis in

the Ordinary Family* – that was at the locus of his research. Ryle advocated a more

interventionist stance for the GP towards the family, writing that the GP of the future

should

> use his unique and trusted access to the family to be a real family doctor in the
> field of psychiatry. He must be far more prepared to move away from the
> individual doctor-patient relationship, however gratifying it may be, and more
> prepared to intervene in the whole system of family relationships, which underly
> [sic] the sickness of the different individuals. This is not to say that his main role
> may not continue to be the support of individuals, but this support should be

---

[205] Ryle, *Neurosis in the Ordinary Family,* p. 16.
[206] Ibid., p. 27.
[207] Ibid., p. 40.

carried out with more skill and sophistication as psychiatric supervision is increasingly utilized and never at the cost of ignoring the family implications of individual sickness[208]

This increased engagement would not, however, reduce the case-load of the GP, for, 'My personal experience of psychiatrically orientated general practice and the findings of our family survey make it clear that the individual general practitioner faces the same problem as society in that increased provision of services leads to increased demand.'[209] He reiterated this, noting that this 'discovery of new needs' suggested that 'only the tip of the "neurotic iceberg" has been exposed.'[210]

Ryle's interest in maternal emotion stemmed from this interest in family and community wellbeing. He argued that research frequently underestimated the scale of women's psychiatric disturbance postpartum, given the fact that 'hospital admissions reflect a small proportion of all cases occurring and it is likely that socio-economic and cultural as well as medical factors play a part in determining whether admission takes place'.[211]

In Ryle's case studies we can see intersections with Hannah Gavron's *The Captive Wife: Conflicts of Housebound Mothers.*[212] Gavron's well known study was credited by Paula Nicholson in *Post-Natal Depression: Psychology, Science and the Transition to Motherhood* (1998) as the first to draw attention to the emotional plight of the young mother.[213] Gavron (1936-1965) who killed herself aged 29, was the Jewish daughter of urban intellectuals (her father was T.R. Fyvel, a prominent left-wing figure and author).[214] Her son,

---

[208] Ibid., p. 140.

[209] Ibid.

[210] Ryle, p. 138.

[211] Ryle, 'The Psychological Disturbances', p. 279.

[212] Gavron, *The Captive Wife.*

[213] Paula Nicolson, *Post-Natal Depression: Psychology, Science and the Transition to Motherhood* (London: Routledge, 1998), pp. 209-210.

[214] Jeremy Gavron, 'Tell the Boys I Loved Them', *The Guardian,* published 4 April 2009 <http://www.guardian.co.uk/lifeandstyle/2009/apr/04/jeremy-gavron-

Jeremy Gavron, reflecting on the similarities between her death and that of Sylvia Plath in an article for *The Guardian*, noted that Gavron had an 'affair' with the headmaster of her boarding school at the age of 15, before attending the Royal Academy of Dramatic Art, where she met her future husband, six years her senior, to whom she would be married at the age of 18.[215] She went on to study at Bedford College, where she earned a First in sociology in 1960 before completing her doctoral thesis in March 1965.[216] This thesis was posthumously published as *The Captive Wife: Conflicts of Housebound Mothers*. As her son observed,

> If ordinary deaths leave a thousand poignancies then the legacy of suicide is measured in irony and one of the ironies of my mother's death was that her book was a pioneering study of the loneliness and frustrations of housebound mothers...yet, unlike the subjects of her research, my mother had a nanny and a cleaner to look after her children and her house, leaving her free to work.[217]

Gavron's sons were aged four and seven at the time of her suicide. According to her son, she had no history of depression and was told by 'the eminent psychiatrist she consulted...[that] she was simply going through a normal life crisis'.[218] Her thesis on maternal distress, her son argued, 'made her something of a minor feminist icon in the years after her death'.[219] Her book gained a wider readership than this implies, as the *British Medical Journal*'s review in 1966 suggested that it had significant implications for those interested in the education and social integration of young women.[220]

---

suicide-mental-health> [accessed 24 May 2013]; Peregrine Worsthorne, 'Remembering Tosco Fyvel', *Encounter* (1985), pp. 76-77; Gavron, *The Captive Wife*, p. 1.
[215] Gavron, *Tell the Boys*.
[216] Gavron, *The Captive Wife*, p. 1.
[217] Gavron, *Tell the Boys*.
[218] Ibid.
[219] Ibid.
[220] Simon Yudkin, 'Housebound Mothers [review]', *British Medical Journal* 2: 5518 (1966), p. 878.

Gavron's study was drawn from a working-class sample from the practice lists of the Caversham Centre which was also instrumental in giving Gavron access to middle class interviewees.[221] Gavron's research was carried out during 1960 and 1961, picking up immediately after the period of 1955 to 1959 that Ryle used to analyse psychological disturbance in pregnancy in his practice.[222] Taking a comparative perspective of Gavron and Ryle's work allows for some insights into maternal distress. First, one can see the beginnings of a critique of the culture of maternity in Gavron's analysis that would subsequently be developed by the feminist movement. As Gavron noted, 'parenthood and the care of children is now a highly self-conscious affair in which the maintenance of a high standard is insisted upon, and the pitfalls are forever being exposed'.[223]

Gavron's work was explicitly politically engaged. She deconstructed the family as a unit that performed an economic purpose and that simultaneously acted as the repository of sentimental cultural meaning.[224] She noted the ways in which health had become intrinsic to the family, for 'the family is still the prime guardian of its members' health, and the standards demanded of it are now incomparably greater than they were even fifty years ago.'[225] She showed a greater awareness than Ryle about the ways in which the ideology of motherhood framed women's experiences, particularly given the expansion of opportunities prior to marriage in the mid-twentieth century. Gavron's study found that

> The ideologies that today surround parenthood conflict greatly with the values and expectations that women held before becoming parents…our present system of education which attempts to offer equal opportunity to all children to prepare for becoming instrumental members of a work-orientated society,

---

[221] Gavron, *The Captive Wife*, p. 165.
[222] Ryle, 'The Psychological Disturbances', p. 282.
[223] Gavron, *The Captive Wife*, p. 35.
[224] Ibid., p. 36.
[225] Ibid., p. 36.

conflict considerably with the roles and functions of motherhood as conceived by the self-same society[226]

Of course, Gavron's survey was aimed at a different readership and served a different purpose to Ryle's, and to some extent this renders any analysis problematic. But the surveys – encompassing Ryle's *Neurosis in the Ordinary Family* as well as his 1961 article on psychological disturbances in pregnancy and the puerperium – demonstrate how the differing approaches and interests of interviewers revealed different anxieties within a similar population, and in doing so highlight the enormous significance sociological research into postnatal distress would come to have from the 1970s onwards. This can be clearly seen in another insight offered by a comparative approach; the way that class shaped maternal emotion and experience.

While Ryle acknowledged the socio-economic dynamics that contributed to the incidence of post-natal distress in individuals, Gavron's work made explicit the way that class and economic deprivation impacted on women's emotional experiences of pregnancy and motherhood. Gavron's survey encompassed 48 working-class women with an average age of 25, and 48 middle-class wives, with an average age of 27.[227] While Ryle's 1961 study of maternal distress acknowledged the harms pregnancy potentially posed to women on the economic hinterlands – two 'reactive disorder' cases studies were classified under the heading of 'pregnancy as a socio-economic problem' - and he acknowledged the predominantly working class area of his practice, the particular material needs of each of the women are not explained.[228] By failing to make connections between the social, economic and cultural concerns of these patients, Ryle's analysis fell short of engaging with the social and economic issues that were soon to be made explicit in relation to postnatal distress.

---

[226] Ibid., p. 145.
[227] Ibid, pp. 49-53.
[228] Ryle, 'The Psychological Disturbances', p. 283.

CONCLUSIONS

This chapter has explored the ways in which psychiatry and emotional disorders came to assume a central role for GPs in the 1960s. My point of access to this research was to look at how the frameworks around GPs in the early postwar years encouraged them to undertake research. In particular, I demonstrated that the RCGP played a formative role in supporting practitioner-led studies. This, I suggested, made disorders visible within practice populations. The turn towards epidemiology should be seen against two backgrounds: the interest in the construction of risk – a subject I revisit in Chapter Four – and also the relative insecurity of the general practice as a distinct specialism at this time. I pointed to the rise of psychiatric surveys as a mechanism for understanding the emotional profile of postwar society. This, I pointed out, centred on women's experiences, given the context that women were disproportionately the recipients of mental health care by GPs. In turn, the findings of these studies - such as those done by Anthony Ryle - revealed the high levels of distress in mothers in the community.

Although these studies fell short of recognising the social and cultural commonalities of women's maternal experience they made women's domestic experiences visible. This did not lead to great bounds in the understanding of the roots of women's maternal disorders. Indeed, as F.E.S Hatfield rued in the late 1970s, 'Enormous strides have been made in the treatment of both gross physical disease and gross mental disturbance – but there does not appear to have been corresponding progress in the understanding of emotional distress.'[229] He noted that medical research had 'worshiped at the altar of science and have neglected the study of human relationships' and that 'the cultural value that physical illness is an accident which befalls the individual for which he bears no responsibility: while emotional distress is a weakness of character which the patient

---

[229] F.E.S. Hatfield, *Understanding the Family and its Illnesses: a System of Family Psychiatry for General Practitioners* (unknown binding, 1977?), p. 1.

ought to be able to remedy or to bear.'[230] This leads me to my next chapter, which studies the debates around abortion reform to consider how maternal distress was made visible and then used in ways that evoked ideas of risk and agency. Here, debates about psychological weakness and the effects of pregnancy brought legislative attention to motherhood and mental health.

---

[230] Ibid.

THE ABORTION ACT 1967: PSYCHIATRY, RISK AND WOMEN'S MENTAL HEALTH

The previous chapter explored how maternal distress was made visible by GPs in their local communities during the 1960s. This chapter now turns to how understandings of women's mental health were mobilized in debates around abortion reform in the 1960s and 1970s. This chapter argues that the Abortion Act 1967 was both a response to and a stimulus for new ideas about the relationship between the social and the medical in mid-twentieth century Britain. I argue that the Act offered new opportunities for medical professionals to intervene in the social sphere through the category of psychiatric risk to maternal mental health. The debate around the validity of sociomedical issues in abortion decisions was enmeshed with anxieties regarding the status of the patient as an informed agent. The Act stimulated discussion around women's ability to limit family size for the wellbeing of themselves and their families. This highlighted mothers' rising expectations of quality of life and clinicians' increased engagement in family and community health. This chapter explores how these issues played out in the years preceding and following the passage of the Act.

Four years before the Abortion Act 1967, psychiatrist Myre Sim declared in the *British Medical Journal* that 'there are no psychiatric grounds for the termination of pregnancy' for abortion was a socio-economic problem, with the psychiatrist merely providing a means to circumvent restrictive legislation.[1] Sim was quickly rebuked: another psychiatrist, Roger Tredgold, claimed that the psychiatric grounds were a 'legal matter',

---

[1] Myre Sim, 'Abortion and the Psychiatrist', *British Medical Journal* 2: 5350 (1963), pp. 145-148, p. 145.

and pointed to the legal consensus that 'psychiatric grounds *do* exist.'[2] The psychiatrist,

he claimed, assessed the likelihood of mental disorder based on individual circumstance,

and socio-economic factors were often too integral to this to ignore.[3] Underlying the

controversy was the question of the extent to which ostensibly social factors impacted

on psychological wellbeing, and how this could be implicated in medical decisions. Few

psychiatrists shared Sim's fear of exploitation: on the contrary, legal reform of abortion

offered an opportunity to rework and potentially expand psychiatrists' sphere of

influence.[4]

The Abortion Act (as originally enacted) came into operation in April 1968. The Act

decreed that abortion was lawful if two registered medical practitioners agreed that

> (a) that the continuance of the pregnancy would involve risk to the life of
> the pregnant woman, or of injury to the physical or mental health of the
> pregnant woman, or any existing children of her family, greater than if the
> pregnancy were terminated; or
> (b) that there is a substantial risk that if the child were born it would
> suffer from such physical or mental abnormalities as to be seriously
> handicapped.
> (2) In determining whether the continuance of a pregnancy would involve
> such risk of injury to health as is mentioned in paragraph (a) of
> subsection1 of this section, account may be taken of the pregnant
> woman's actual or reasonably foreseeable environment.[5]

Thus the Abortion Act 1967 was structured around a concern for health. Within the

medical and legal landscape, 'mental health' became a means of acknowledging the

environmental and social strains of unwanted childbearing. The Act therefore embodied

a new understanding of the intersections and overlapping interests of social and medical

reproductive care. By 1970 three-quarters of all legal abortions in England and Wales

---

[2] R.F. Tredgold, 'Abortion and the Psychiatrist', *British Medical Journal* 2: 5358 (1963), pp. 681-682, p. 681 (Emphasis in original)
[3] Ibid., p. 681.
[4] Myre Sim, 'Abortion and the Psychiatrist', *British Medical Journal* 2: 5364 (1963), pp. 1061-1062.
[5] John Keown. *Abortion, Doctors and the Law: Some Aspects of the Legal Regulation of Abortion in England from 1803 to 1982* (Cambridge: Cambridge University Press, 1988), p. 85.

were performed on psychiatric grounds, although one physician observed in a letter to *The Lancet* that 'these grounds are usually those of psychological reaction to the environmental situation created by an unwanted pregnancy.'[6] In the first eight months of the legislation 17,422 of the 23,641 abortions listed 'psychiatric reasons' as the primary cause.[7] In a House of Lords debate in 1969 it was reported that 28,849 abortions were carried out under the Act in England and Wales between 27 April 1968 and 25 February 1969.[8] Of these, 20,746 were conducted due to 'risk to physical or mental health of woman'.[9] Later I explore how these two concepts – 'psychiatric reasons' and 'risk' – were configured in relation to one another. Clearly the threat to mental health constituted a significant point of access to medical terminations.

This chapter explores how the medical community navigated and defined the relationship between the social and the medical under the auspices of psychiatric risk in mid-twentieth century Britain. It suggests that this necessitated an acknowledgement of patients' expectations regarding standards of life and the psychosocial importance of the family. I argue that the debate around the validity of sociomedical issues in abortion reform was embroiled with anxieties regarding the status of the patient as an informed agent in the healthcare system.

My contention that abortion reform brought maternal distress into the policy arena through two invested communities (psychiatrists and MPs) draws upon recent scholarship. Importantly, the literature that stresses how competing professional interests shaped the Abortion Act 1967. Sheelagh McGuinness and Michael Thomson

---

[6] J.P. Crawford, 'Abortion Act', *The Lancet* 296: 7683 (1970), p. 1138.
[7] R.G Priest, 'The Impact of the Abortion Act: A Psychiatrist's Observations', *The British Journal Of Psychiatry* 121: 3 (1972), pp. 293-297, p. 293.
[8] HL Deb 25 March 1969, Vol. 300, Cc 1135-1137, 1135.
[9] Ibid.

have distinguished two debates. First, that which occurred between doctors in the pro-reform organisation Abortion Law Reform Association (ALRA) and the 'medical establishment' – which they define using Barbara Brookes's definition as groupings that have a 'shield of professional solidarity'.[10] Second, they highlight the 'inter-collegiate "turf war"' that occurred across the Royal Colleges. Their argument is that the 'stratification' and 'unevenness of power' within the medical profession shaped the legislation.[11]

Although I am informed by this emphasis on how medicine did not operate as a cohesive bloc but rather as various factions with competing priorities, my focus is rather different: rather, I look at how debates around maternal health arose from these professional schisms. Specifically, I ask how and why anxiety around maternal mental health played out in abortion reform and how this enacted and shaped a new understanding of the relationship between the social and the medical. Thus far this has not been attended to in the literature. Studies that have examined the relationship between mental health and reform include Ellie Lee's *Abortion, Motherhood and Mental Health: Medicalizing Reproduction in the United States and Great Britain*.[12] Lee examines how abortion came to be medicalized and how the 'selective' emphasis on its potential effects furthered particular groups' agendas. She argues that the understanding of

[10] Sheelagh McGuinness and Michael Thomson, 'Medicine and abortion law: complicating the reforming profession', *Medical Law Review* 23.2 (2015), pp. 177-199, p. 178; Barbara Brookes, Abortion in England 1900–1967 (London: Croom Helm, 1988) p. 141.
[11] Ibid, p. 179.
[12] Ellie Lee, *Abortion, Motherhood and Mental Health: Medicalizing Reproduction in the United States and Great Britain* (New York: Aldine De Gruyter, 2003); See also Ellie Lee, 'Abortion in the Twentieth Century in England' in *Children and Violence in the Western Tradition* (Eds.) Montgomery, H. and Brockliss, L. (Oxford: Oxbow Books, 2010), pp. 97-104; Ellie Lee, 'Medicalizing Motherhood', *Society* 43 (2006), pp. 47-49.

'mental health' as embodied in the Abortion Act 1967 had lasting implications for women and the healthcare profession.[13]

Other studies have explored medicalisation, gender, and abortion, including Mary Boyle's *Rethinking Abortion: Psychology, Gender, Power and the Law* and Sally Sheldon's *Beyond Control: Medical Power and Abortion Law*.[14] These are complementary and place their emphases on how different professions have staged interventions into the field of reproductive control. Boyle argues that psychological research on abortion has been overly concerned with the individual patient and has neglected the social and cultural context within which laws are made, and within which women undergo the procedure; Sheldon examines the legal regulation of the body and how gender and the female body have been refracted through this; both are informed by Foucauldian conceptions of social control, and both propose ways to reinstate women's place at the center of abortion discourses.[15] Fran Amery has recently argued against the historical perception that the state and physicians shared the goal of oppressing women through the medicalisation of abortion. Instead she suggests that it was a complex process of negotiation for all the agents with a stake in reform.[16]

---

[13] Ellie Lee, 'Psychologizing Abortion: Women's 'Mental Health' and the Regulation of Abortion in Britain' in *Well Women: The Gendered Nature of Health Care Provision* (Eds.) Morris, A. and Nott, S. (Aldershot: Ashgate, 2002), pp. 61-78.

[14] Mary Boyle, *Rethinking Abortion: Psychology, Gender, Power and the Law* (London: Routledge, 1997); Sally Sheldon, *Beyond Control: Medical Power and Abortion Law* (London: Pluto Press, 1997).

[15] Sheldon, *Beyond*; Boyle, *Rethinking*.

[16] Fran Amery, 'Social Questions, Medical Answers: Contesting British Abortion Law', *Social Politics: International Studies In Gender, State & Society* 21 (2014), pp. 26-49, p. 43.

Michael Thomson has suggested that abortion was a contested terrain for medical authority.[17] He reflects that the object of analysis became female (rather than foetal) health, as women's health offered greater opportunities for medical discretion.[18] It has been claimed that the 'total environment' clause in the 1967 Act acted as a 'social clause' and 'became the *pro forma* grounds for wide access to abortion'.[19] However, I argue that this is not borne out by statistics or by the debates had by medical professionals. Rather, it was under the guise of risk to maternal mental health that access to abortion was expanded to include consideration of social context.

It is necessary here to be explicit about the transformation of the 'social' in this context. Keown is attentive to this, noting how 'the social' was distinguished from the medical, economic, or eugenic in the years before the 1967 Act.[20] However, as we have seen (and will continue to see) the postwar was an era in which the relationship between the social and the medical was being reconstituted. The two were becoming mutually constitutive as clinicians turned to social relationships as the underlying cause of medical symptoms. Social medicine was preoccupied with seeking a 'social pathology.'[21] This, David Armstrong argues, extended 'the interests of public health from concern with the environment to a concern with social relations.'[22] I suggest that the divisions between the social and the medical were becoming imprecise. The social was implicated in so far as it impacted the medical. Thus, the social came to have medically risky qualities that maternal mental health brought to light.

---

[17] Michael Thomson, 'Abortion Law and Professional Boundaries', *Social & Legal Studies* 22 (2013), pp. 191-210.

[18] Ibid., pp. 201-207.

[19] Ian Mylchreest, "'Sound Law and Undoubtedly Good Policy": *Roe v. Wade* in Comparative Perspective', *Journal of Policy History* 7 (1995), pp. 53-71.

[20] Keown, *Abortion, Doctors and the Law,* p. 55.

[21] David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983), p. 38.

[22] Ibid.

It is first instructive to contextualise the mid-century reform of the abortion law before

we turn to how maternal distress was invoked in the legal and political arena. Prior to

the passage of the Abortion Act the law governing abortion in England and Wales was

principally drawn from the Offences Against the Person Act 1861.[23] This prohibited the

deliberate provocation of a miscarriage. In 1929 the Infant Life (Preservation) Act was

introduced 'to amend the law with regard to the destruction of children at or before

birth'.[24] The Act criminalized the termination of viable pregnancies (after 28 weeks),

but advised that 'no person shall be found guilty of an offence under this section unless

it is proved that the act which caused the death of the child was not done in good faith

for the purpose only of preserving the life of the mother'.[25] As Stephen Brooke has

noted, however, this did not allow for the consideration of wider factors, including

social or psychological indications.[26]

Dissatisfaction was such that in 1936 *The Lancet* noted some were seeking to erode the

authority of the law: 'many people held the view that the best way of correcting the

present abortion laws was to let the medical profession extend the ground for

therapeutic abortion…until the law had become obsolete as far as practice went'.[27]

---

[23] The wording of the Act was as follows: 'Every Woman, being with Child, who, with Intent to procure her own Miscarriage, shall unlawfully administer to herself any Poison or other noxious Thing, or shall unlawfully use any Instrument or other means whatsoever with the like intent, and whosoever, with intent to procure the miscarriage of any woman, whether she be or be not with child, shall unlawfully administer to her or cause to be taken by her any Poison or other Noxious thing, or shall unlawfully use any Instrument or other Means whatsoever with the like Intent, shall be guilty of Felony…' Offences Against the Person Act 1861, Chapter 100 24 and 25 Vict, 832.

[24] Infant Life (Preservation) Act 1929. 19 & 20 Geo. 5 C.34.

[25] Ibid.

[26] Stephen Brooke, '"A New World for Women?" Abortion Law Reform in Britain during the 1930s', *The American Historical Review* 106: 2 (2001), pp. 431-459.

[27] 'The Charge Of Illegal Abortion: Rex V. Bourne', *The Lancet* 232: 5995 (1938), pp. 220-226, p. 220.

Furthermore, there was longstanding concern over the relationship between maternal mortality and illegal abortion.[28] Stephen Brooke has argued that 1930s agitation around abortion took place against a background of increased female emancipation, with advocates of safe abortion suggesting that it would, in fact, safeguard mothers and families from ill health and hardship.[29]

The opportunity to challenge and clarify the law arose in 1938. Overseen by Mr. Justice Macnaghten the case of *Rex v. Bourne* concerned an abortion carried out by the well-respected gynaecologist Dr. Aleck Bourne on a fourteen-year-old girl who had become pregnant as a result of rape.[30] Bourne was charged under the Offences Against the Person Act 1861.[31] The case hinged on whether a distinction could be drawn between preserving health and saving life.[32] Bourne argued that he performed the termination due to the threat of psychiatric and emotional disorder.[33] It was claimed that it was highly unjust that a doctor could not perform abortion in cases where he was confident that the pregnancy would engender insanity or breakdown.[34] Bourne was found not guilty, and the case set a precedent in allowing for a broader interpretation of lawfulness of abortion under existing legislation.[35]

---

[28] Aisling S. Baird and Charlotte C. Porter, 'Termination of Pregnancy', *Obstetrics, Gynaecology & Reproductive Medicine,* 20: 7 (2010), pp. 212-218.

[29] Brooke, 'New World', pp. 437-441.

[30] R.W. Durand, 'Abortion: Medical Aspects of Rex V. Bourne', *The Modern Law Review* 2 (1938), pp. 236-239, p. 236.

[31] A.C.H.B, 'Criminal Law—Procurement Of Miscarriage—Defence That Operation Was To Save Mother's Life—Continuance Of Pregnancy Would Probably Bring About Physical And Mental Wreck Of Mother', *The Cambridge Law Journal* 7: 02 (1941), p. 270.

[32] 'Rex V. Bourne Again', *The Lancet* 232: 6004 (1938), pp. 731-732; *The Lancet,* 'The Charge Of Illegal Abortion', p. 224.

[33] Keown, *Abortion,* p. 50.

[34] *The Lancet,* 'The Charge of Illegal Abortion', p. 224.

[35] W. Lindesay Neustatter, *Modern Psychiatry in Practice,* 2nd Ed. (London: J&A Churchill, 1948), p. 243.

The judgment was not considered entirely satisfactory, however: Bourne's acquittal was rued in *The Lancet* as having 'left the legal position – except for two welcome passages in the judge's summing-up…only a little less obscure than before.'[36] Justice Macnaghten digressed 'from purely physical indications in order to give support to the view that termination is also lawful in those cases where the mental health of the mother is seriously threatened'.[37] Discussion focused on Justice Macnaghten's use of non-medical language. Macnaghten stated that a jury would be sympathetic to the doctor who operated under the belief that to continue the pregnancy would be to risk rendering the woman a 'physical or mental wreck'.[38] Hailed by psychiatrist Montague Joyston-Bechal as 'typical of the maturity of the English legal system', the term 'mental wreck' was described as 'picturesque rather than precise', the ambiguity of which 'creates both its strength and its weakness'.[39] He continued,

> 'wreck' is sufficiently emotive a term to discourage any who might be tempted to co-operate in ridding a woman of the distress appropriate to a temporary embarrassment. Also, 'wreck', being ill defined, can embrace any number of individual variations of psychiatric sequelae to pregnancy. Many regard this ambiguity as a weakness, offering such little guidance that they are restrained from recommending termination unless the wreck is total – presumably derelict and unfloatable. Most of us take the view that the law can be interpreted more widely and that although we terminate to prevent the development of a serious and prolonged psychiatric disorder, this might not necessarily be permanent, or incapacitating.[40]

The term thus allowed for some clinical autonomy. Nonetheless, the phrase was a cause of consternation, and was criticized for being 'scarcely scientific'.[41] This ambiguity,

---

[36] 'Rex V. Bourne', *The Lancet* 232: 5995 (1938), pp. 201-202, p. 201.

[37] James Arkle, 'Termination of Pregnancy on Psychiatric Grounds', *British Medical Journal* 1: 5018 (1957), pp. 558-560, p. 559.

[38] Macnaghten, quoted in Arkle, 'Termination', p. 559.

[39] M.P. Joyston-Bechal, 'The Problem of Pregnancy Termination on Psychiatric Grounds', *The Journal of the College of General Practitioners* 12: 3 (1966), pp. 304-312, p. 306.

[40] Ibid., p. 306.

[41] R.F. Tredgold, 'The Psychiatrist's View', *Abortion in Britain: Proceedings of a Conference held by the Family Planning Association at the University of London Union on 22 April 1966* (London, 1966), pp. 10-11.

perhaps unsurprisingly, created discrepancies in interpretation.[42] Some physicians

interpreted the Bourne judgment to mean that the *potential* for damaged mental health

justified termination, whilst others sought evidence that it was a certainty.[43] This raised

issues of how psychiatry might predict mental disorder and how to conceptualise the

relationship between life events and mental distress. In Chapter One I drew attention to

how life events and temporality was becoming particularly important in psychological

medicine across the twentieth century. Here, we have seen that under the 'Bourne'

judgment psychiatrists had some leeway in implicating mental health in abortion

judgments; nonetheless, the 1967 legislation provided clarification.

Historians have discussed the cultural stimulus behind abortion reform extensively.[44]

Framed by long-term shifts in sexual and social mores originating in the 1920s, it was

facilitated by a change to the activist and parliamentary climate of the 1960s.[45] Several

private members' bills had proposed the liberalization of abortion laws in the 1950s and

early 1960s, the external impetus for which came from the campaigning activity of the

Abortion Law Reform Association (ALRA), founded in the 1930s.[46] Stephen Brooke

has noted that the ALRA was founded by socialist-feminists who advocated that the

---

[42] Walter Lindesay Neustatter, 'A Change of Outlook', *Abortion in Britain: Proceedings of a Conference Held By The Family Planning Association At The University Of London Union on 22 April 1966* (London, 1966), p. 22.

[43] A.A. Baker, *Psychiatric Disorders in Obstetrics* (Oxford: Blackwell, 1967), p. 127.

[44] Drew Halfmann, 'Historical Priorities and the Responses of Doctors' Associations to Abortion Reform Proposals in Britain and the United States, 1960-1973', *Social Problems* 50 (2003), pp. 567-591; Michael D. Kandiah and Gillian Staerck (Eds.), *The Abortion Act 1967,* seminar held 10 July 2001 (Institute Of Contemporary British History, 2002, http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct1967.pdf); Keown, *Abortion*; Colin Francome, *Abortion Practice in Britain and the United States* (London: Allen and Unwin, 1986).

[45] Keown, *Abortion.*

[46] Halfmann, 'Historical Priorities', p. 574; Brooke, 'New World', p. 432.

decision to terminate a pregnancy rested primarily with women.[47] The ALRA's

membership, although small, wielded significant legislative influence.[48] This was due to

the social power of the predominantly middle class membership – whom, it was noted,

were those most able to access the resources of Harley Street.[49] Lord Silkin, in a speech

in the House of Lords, called the ALRA a 'powerful and influential movement…which

numbers among its members some of the most eminent men and women in this

country from all walks of life.'[50] The ALRA recognized the authority lent to the

reformist cause by the involvement of physicians, and recruited doctors to promote its

interests.[51] The cause gathered momentum after the early-1960s thalidomide tragedy (in

which a drug prescribed for morning sickness caused significant foetal deformities)

swayed public opinion towards accepting health as a legitimate reason for termination.[52]

Madeleine Simms and Diane Munday, both of whom played a critical role in the ALRA,

were motivated by the unequal access to safe termination facilitated by the 'mental

wreck' clause.[53] Within Westminster the Liberal MP David Steel proposed the legislative

---

[47] Stephen Brooke, in 'The Abortion Act 1967', *The Abortion Act 1967,* seminar held 10 July 2001 (Institute Of Contemporary British History, 2002 http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct19 67.pdf), p. 16.

[48] Halfmann, 'Historical Priorities', p.60.

[49] J. Barr, 'The Abortion Battle*', New Society* 9 (1967)*,* pp. 342-348, p. 342.

[50] HL Deb 30 November 1965, Vol. 270, Cc 1139-1140.

[51] David Paintin, 'The Abortion Act 1967', seminar held 10 July 2001 (Institute of Contemporary British History, 2002, http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct19 67.pdf), p. 45.

[52] 'The Abortion Battle Of Britain', *Canadian Medical Association Journal* 96 (1967), pp. 1171-1172; Barr, 'Battle*',* p. 342.

[53] Madeleine Simms, 'Abortion Law And Medical Freedom', *British Journal Of Criminology* 14: 2 (1974), pp. 118-131; Madeleine Simms, 'More Abortions?', *British Medical Journal* 1: 5949 (1975), p. 95; John Stallworthy and Madeleine Simms 'Attitude To Abortions', *British Medical Journal* 2 (1974), p. 501; Madeleine Simms and Keith Hindell, *Abortion Law Reformed* (London: Peter Owen, 1971); Diane Munday 'The Abortion Act 1967', seminar held 10 July 2001 (Institute Of Contemporary British History, 2002, http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct19 67.pdf), p. 27.

change as a private members' bill.[54] This legislative proposal occurred against a

background of changed attitudes to health and wellbeing, and it is to this that I now

turn.

Optimism about the potential effects of interventions in mental health peaked around

the mid-century. As outlined in the Introduction, this was an era of significant change.

The numbers of in-patient beds in mental hospitals peaked in 1954 and subsequently

declined, new anti-psychotic drugs such as chlorpromazine became available in Britain,

and the 1962 Hospital Plan proposed a policy of integrating psychiatric units into

general hospitals.[55] Mary Boyle argues that the liberalising 1959 Mental Health Act had

important implications for the place of mental health in abortion reform: the 1959

legislation legitimised mental illness as equivalent to physical illness, and it affirmed the

status of doctors as impartial, authoritative adjudicators.[56] By the 1960s, Boyle contends,

definitions of 'psychological harm' had become elastic enough to accommodate the

arguments for abortion reform.[57] As I explored in the Introduction, in the years

following the Second World War British psychiatry became interested in interventions

into social relationships and family environments.[58] The 'everyday' functioning of the

---

[54] David Steel, 'The Abortion Act 1967', seminar held 10 July 2001 (Institute Of
Contemporary British History, 2002,
http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct19
67.pdf), p. 25.
[55] Joan Busfield, 'Restructuring Mental Health Services in Twentieth-Century
Britain', in (Eds.) Gijswijt-Hofstra, M. and Porter, R. *Cultures of Psychiatry and Mental
Health Care in Postwar Britain and the Netherlands* (Atlanta: Editions Rodopi, 1998),
pp. 9-28.
[56] Boyle, *Rethinking,* pp. 17-18.
[57] Ibid., p. 18.
[58] Teri Chettiar, 'Democratizing Mental Health: Motherhood, Therapeutic
Community and the Emergence of the Psychiatric Family at the Cassel Hospital in
Post-Second World War Britain', *History of the Human Sciences,* 25 (2012), pp. 107-
122, p. 108.

individual was a locus of psychological interest in the welfare state.[59] New research techniques and cataloguing technologies made ill health and mental distress in the community visible to the medical professional.[60] It was within this broader transformation that abortion reform occurred. I now turn to how, influenced by this shift in postwar medicine, medical bodies sought to shape the legislation that defined the parameters of their authority.

SHAPING THE LEGISLATION

From the early 1960s medical organizations accepted that abortion reform was likely; what form this might take and how it would affect medical autonomy became primary concerns.[61] Again, it is useful to remind ourselves that the medical bodies were frequently operating with competing rather than complementary interests as they sought to assert their authority in this area.[62] Consequently, medical bodies published a flurry of memoranda on abortion reform. The contribution of the BMA was particularly important.[63] The BMA's July 1966 report emphasised practitioner discretion, the exclusive right of the medical practitioner to undertake abortions, and opposed non-medical grounds for termination.[64] In so doing, it asserted its members as the arbiters of the decision. The BMA suggested that a termination might be lawful if two medical practitioners agreed, and it granted that the likelihood of foetal deformity could be

---

[59] Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006), p. 251.
[60] David Armstrong, 'The Rise of Surveillance Medicine', *Sociology of Health and Illness* 17 (1995), pp. 393-404.
[61] Keown, *Abortion*; S.J. Macintyre, 'The Medical Profession and the 1967 Abortion Act in Britain', *Social Science and Medicine* 7: 2 (1973), pp. 121-134, p. 128.
[62] McGuiness and Thomson, 'Medicine and Abortion Law'.
[63] Halfmann, 'Historical Priorities', p. 572; Barr, 'Battle', p. 342.
[64] 'Therapeutic Abortion: Report by the BMA Special Committee', *British Medical Journal* 2: 5504 (1966), pp. 40-44.

taken into account.[65] The Medical Women's Federation similarly recommended that abortions be performed solely by qualified medical professionals, but argued for broader latitude of acceptable therapeutic abortions.[66]

The Royal Medico-Psychological Association published a memorandum on abortion reform in July 1966. It approved the inclusion of social, medical, and psychiatric indications in the termination decision, as they contributed to the 'promotion of health and the prevention of disease', and suggesting that in 'addition to traditionally accepted medical and psychiatric criteria, all social circumstances should be taken into account'.[67] The report stressed the urgency of legislative reform on the basis that the current legal situation created sufficient ambiguity as to render physicians unwilling to conduct abortions.[68] The Association advised that the patient 'must be viewed in the total context of the woman's individual, family, social and life experience'.[69] The report argued that in the case of a 'severe chronic mental illness…there is a *prima facie* case for therapeutic abortion'.[70] Whilst it reflected that this should not automatically lead to termination, it commented that the children of 'feckless and irresponsible' parents, incapable of fulfilling their parental duties, were prone to being 'unhappy and mentally disordered and are particularly prone to behave in an anti-social manner', thus 'the likelihood of serious parental inadequacy of this sort does…constitute grounds for termination of pregnancy'.[71]

---

[65] 'B.M.A's Views On Abortion', *The Lancet* 288: 7453 (1966), pp. 45-46; Keown *Abortion,* p. 90.
[66] Keown, *Abortion*, p. 95; Ruth E.M. Bowden and A.M. Pantin, 'Abortion Law Reform: Memorandum Prepared by a Subcommittee of the Medical Women's Federation', *British Medical Journal* 2: 5528 (1966), pp. 1512-1514.
[67] 'The Royal Medico-Psychological Association's Memorandum on Therapeutic Abortion', *British Journal of Psychiatry* 112 (1966), pp. 1071-1073.
[68] Ibid., pp. 1071-1073.
[69] Ibid., p. 1073.
[70] Ibid., p. 1072.
[71] Ibid.

The Royal College of Obstetricians and Gynaecologists (RCOG) published the most

conservative of the professional association reports.[72] It suggested that the majority of

gynaecologists opposed immediate reform of the abortion law. Moreover, it proclaimed

change unnecessary: 'we are unaware of any case in which a gynaecologist has refused to

terminate pregnancy, when he considered it to be indicated on medical grounds, for fear

of legal consequences'.[73] The College suggested that psychiatric symptoms could be

'exaggerated'.[74] Furthermore, it was argued that suicide following a refused abortion was

uncommon.[75] Risk of suicide, it is worth noting, may have been underestimated due to

coroners' reluctance to record it as cause of death, instead recording it as due to the less

stigmatized death by misadventure, accident, or under an open verdict.[76] It argued to

intervene was to put women at greater risk of mental disorder:

> There are few women, no matter how desperate they may be to be find
> themselves with an unwanted pregnancy, who do not have regrets at losing it.
> This fundamental reaction, governed by maternal instinct, is mollified if the
> woman realizes that abortion was essential to her life and health but if the
> indication for the termination of pregnancy was flimsy and fleeting she may
> suffer from a sense of guilt for the rest of her life.[77]

Here women's psychological health was underpinned by the concept of 'maternal

instinct'. I argue that the medical profession maintained and legitimized gender norms

through the use of such ideas. RCOG recommended that two doctors approve the need

for the abortion, and that one of these should be a consultant gynaecologist.[78]

---

[72] Keown, *Abortion,* p. 91.
[73] 'Legalized Abortion: Report by the Council of the Royal College of Obstetricians and Gynaecologists', *British Medical Journal* 1: 5491 (1966), pp. 850-854, p. 850.
[74] Ibid., p. 850.
[75] Ibid.
[76] Joyston-Bechal, 'The Problem', p. 307.
[77] 'Legalized Abortion: Report', p. 852.
[78] Macintyre, 'The Medical Profession', p. 127.

The BMA and the RCOG published a joint report on abortion reform in late 1966.[79] The report was concerned that the bill introduced by David Steel contained too wide a social clause (stipulating that therapeutic abortion was permissible in the case of rape, or if the pregnancy posed a significant risk to the woman's capacity to mother), creating scope for 'abortion on demand'.[80] 'An excessive demand for abortion on social grounds', the bodies noted, 'would be unacceptable to the medical profession'.[81] Instead, they suggested that the patient's 'total environment', 'actual or reasonably foreseeable' could be considered.[82] In lieu of social language, medical organizations proposed that the social and psychological environment be put within a medical framework.

There were legible connections between the concerns and agendas of medical professionals and the trajectory of abortion reform. Lord Silkin's speech encouraging a second reading in the House of Lords of his Bill in 1965 invoked the uncertainty of doctors in interpreting the law as it stood, as well as the 'public expense' of treating illegally attempted abortions, citing the fact that three in ten attempted abortions required hospital treatment.[83] Silkin emphasised that his Bill would facilitate doctor discretion, and noted that it enabled responsiveness to the 'health of a patient or the social conditions which make her unsuitable to assume the legal or moral responsibility of parenthood.'[84] He also noted the hesitancy of medical bodies ('there may be an appeal to set up a committee – yet another') to act on the need for 'urgent reform' of abortion law. Responding to Lord Silkin's proposal of a second reading of his Bill,

---

[79] 'Medical Termination of Pregnancy Bill: Views of the British Medical Association and the Royal College of Obstetricians and Gynaecologists', *British Medical Journal* 2: 5530 (1966), pp. 1649-1650.
[80] Ibid., pp. 1649-1650.
[81] Ibid., p. 1650.
[82] Ibid., p. 1650.
[83] HL Deb 30 November 1965, Vol. 270, Cc 1142.
[84] HL Deb 30 November 1965, Vol. 270, Cc 1143.

Viscount Dilhorne reflected professional medical bodies' concerns that taking the social implications of an unwanted pregnancy into account might require a 'remarkable degree of prescience on the part of medical practitioners', and cautioned that some of the provisions of his Bill, such as allowing abortion for pregnancies brought about by rape, might ask doctors to 'undertake what they are not really well fitted to perform.' Instead, he claimed that 'Surely the test in such cases should be whether the continuation of a pregnancy is likely to cause serious injury to the mental or physical health of the woman or girl'. The Lord Bishop of Southwark reiterated anxieties that the social frame did not accord with the qualifications of physicians, suggesting that it 'places too heavy a responsibility upon the medical practitioner.' Beyond this, he asked 'Are we to assume that a degree in medicine gives to the holder of it such insights into sociological problems that he is competent to determine by himself, and without consulting anybody else, what are suitable and unsuitable social conditions?'. All the respondents to Silkin's Bill asserted the importance of the medical profession, with Lord Stonham, the joint parliamentary under-secretary of state in the Home Office making this connection explicit: 'We must also attach special weight to the views of the medical profession. The proposed changes would impose considerable responsibilities upon doctors, and we have to be sure that they are willing and able to carry them.'[85] Lord Craigmyle contrasted the authority of the professional bodies with the status of the ALRA, suggesting that it was 'prudent' for the Lords to 'wait for the thoughtful and careful examination of this problem by the British Medical Association' rather than acceding to 'the propaganda of a pressure group.'[86] Silkin subsequently dropped his Bill – which was subject to fierce criticism in the House of Lords – in favour of Steel's as it

---

[85] HL Deb 30 November 1965, Vol. 270, Cc 1147-1165.
[86] HL Deb 30 November 1965, Vol. 270, Cc 1230.

progressed through the House of Commons.[87] In *The Spectator* magazine it was noted with regards to Steel's bill that 'Since the medical profession is so intimately involved with carrying out the law, the opinions of its members are of considerable importance.'[88] We can see this in the extensive consideration given to the wording of the bill in the House of Lords in its discussion of the Medical Termination of Pregnancy Bill in July 1967.[89] The debate that occurred here made direct reference to the views of the BMA and the Royal College of Obstetricians and Gynaecologists.[90] Beyond this, considerable weight was given to the claims and concerns of medical professionals as the vehicles through which the provisions of the law were to be enacted.[91] Baroness Wootton of Abinger reiterated that 'we must respect the opinion of the medical profession on medical questions…it is true that doctors will look at patients in their total environment, but they will use as their standard of reference the effect upon the health, whether physical or mental, of their patients.'[92]

MEDICAL ABORTION AND THE SOCIAL CONDITIONS OF MOTHERING

In 1971 David Steel MP wrote of the increased recognition of the interdependence of 'social conditions' and 'medical considerations'.[93] He even suggested that the drafting of the Act 'encouraged the concept of socio-medical care'.[94] Sociomedical care contributed to the medicalisation of areas of life previously not under the auspices of the medical

---

[87] Keith Hindell and Madeleine Simms, *Abortion Law Reformed* (London: Peter Owen, 1971), p. 25.
[88] J.R. Wilson, 'Medicine Today: The Abortion Bill', *The Spectator* 14 July 1966 (7203), p. 9.
[89] HL Deb 26 July 1967, Vol. 285, Cc 981-1103.
[90] HL Deb 26 July 1967, Vol. 285, Cc 989; HL Deb 26 July 1967, Vol. 285, Cc 997-998.
[91] HL Deb 26 July 1967, Vol. 285, Cc 981-1103.
[92] HL Deb 26 July 1967, Vol. 285, Cc 1012.
[93] Steel, 'Foreword' in Madeleine Simms and Keith Hindell, *Abortion Law Reformed* (London: Peter Owen, 1971), p. 8.
[94] Ibid.*,* p. 8.

profession.[95] One psychiatrist declared in 1966 that his profession was as interested in social context as 'the social reformer' due to the 'inevitable influence of environment on mental health'.[96] Writing one year before the passage of the 1967 Act, Professor E.W. Anderson claimed that 'no psychiatrist needs to be reminded of the importance of the social factor both in the aetiology and the prognosis of all mental illness regardless of its form. The social factor in effect weighs as heavily as the medical'.[97] Here the social and the medical were considered distinct but complementary, and to work together towards the mutual goal of the enhancement of quality of life. The patient was socially situated even within the clinical setting and the physician was positioned to consider how social and environmental factors might impinge on the health of the individual.

It was thought after 1967 that the indications for termination had led to 'widespread misconception' that abortion could be secured on social grounds.[98] One psychiatrist lamented that 'psychiatric diagnosis is reputed to be soft, flexible and accommodating enough to be used to achieve whatever goals the diagnostician wishes to reach'.[99] This demonstrated that 'the label of threat to the mental health of the subject may be regarded as a convenient method of achieving abortion on demand under a different guise'.[100] This was confirmed by an international report in the late 1970s, which noted 'psychiatry became the Trojan horse by which liberal abortion was introduced into

---

[95] Lee, *Abortion,* pp. 5-16.

[96] Joyston-Bechal, 'The Problem', p. 308.

[97] E.W. Anderson, 'Psychiatric Indications for the Termination of Pregnancy', *Journal of Psychosomatic Research,* 10 (1966), pp. 127-134, p. 131.

[98] R.G. Priest, 'Editorial', in Colin Brewer, Ed, *Psychiatric Problems in Women Part 2: Some Psychiatric Aspects of Abortion and Contraception* (London: SK&F Productions, 1981), p. 1.

[99] Ibid., p. 294.

[100] Ibid.

societies with restrictive laws but humane ideologies'.[101] In Britain, the Trojan horse took the guise of the acknowledgement of the traffic between social and the medical indications. Madeleine Simms noted that the even arguably 'social' grounds contained in the wording of the Act related to the health of the family.[102] Sir Dugald Baird, formerly Regius Professor of Midwifery at the University of Aberdeen, claimed in 1966 that to exclude social factors was indefensible, for this, took little heed of 'the effect of customs, tradition, education, the new status of women in society, and a host of other factors which influence health, happiness, and efficiency.'[103] This led some to argue for abortion on demand, as the current provision was considered 'hypocritical', and required that doctors weigh in on social issues for which they had little preparation or expertise.[104]

As I discussed briefly in Chapter One, this was an era in which the concept of stress provided the intellectual bridge between the social and the medical spheres. Here I expand on this. We have already seen that Chris Millard has labeled stress an ideological 'plank' in postwar era Britain.[105] As David Cantor and Edmund Ramsden have argued, by the mid-twentieth century stress had become one of the dominant lexicons through which anxieties over the nature of modernity could be expressed.[106] The vocabulary of

---

[101] Raymond Illsley and Marion H. Hall, 'Psychosocial Aspects of Abortion: A Review of Issues and Needed Research', *Bulletin of the World Health Organization* 53 (1976), pp. 83-106, p. 101.
[102] Madeleine Simms, 'Abortion Law and Medical Freedom', *British Journal of Criminology* 14: 2 (1974), pp. 118-131.
[103] Dugald Baird, 'Experience at Aberdeen', *Abortion in Britain: Proceedings of a Conference Held by the Family Planning Association at the University of London Union on 22 April 1966* (London, 1966), p. 16.
[104] E.E. Rawlings and A.A. Khan, 'Effects of the Abortion Law, 1967, on a Gyneacological Unit', *The Lancet* 2: 7736 (1971), pp. 1249-1251, p. 1251.
[105] Chris Millard, *A History of Self-Harm in Britain: A Genealogy of Cutting and Overdosing* (Basingstoke: Palgrave, 2015), p. 33.
[106] David Cantor and Edmund Ramsden (Eds), 'Introduction', *Stress, Shock, and Adaption in the Twentieth Century* (Rochester: University of Rochester press, 2014), pp. 1-18.

stress was deployed to account for an increasing number of psychological and physical reactions to life events, reframing the relationship between the external world, the body, and the mind.[107] The psychological gaze encroached further into public and private life as psychological experts encouraged the public to consider their personal experiences within the framework of stress.[108] Mark Jackson has argued that the amelioration of stress 'promised new therapeutic options' for a society in the midst of cultural change.[109] The stress discourse mapped onto social anxieties and engaged increasingly with the psychological and the social, rather than the biological or hormonal.[110] Joan Busfield has argued that 'stress' invoked the relationship between environment and health.[111] Jackson notes the irony that whilst postwar stress research examined socialised issues, it had the effect of embedding privatised responses.[112]

The postwar medical discourse around abortion reflected this perceived relationship between stress and mental disorder. Indeed, one Scottish study revealed that between 1961 and 1963 the percentage of pregnancies terminated on surgical or medical grounds remained stable, but the percentage carried out for psychiatric reasons more than doubled.[113] This, was explained as due to the emergence of a 'very important new group', identified as 'suffering from emotional and physical stress aggravated by adverse emotional and living conditions'.[114] Indeed, Rhodri Hayward has argued that stress was a 'productive concept', providing 'conceptual glue which allowed individual failings…to

---

[107] Ibid., pp. 1-18,
[108] Ibid., pp. 6-7.
[109] Mark Jackson, *The Age of Stress: Science and the Search for Stability* (Oxford: Oxford University Press, 2013), pp. 179-182.
[110] Ibid., p. 180.
[111] Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder* (Basingstoke: Palgrave, 1996), p. 190.
[112] Jackson, *Stress,* p. 186.
[113] Dugald Baird, 'Sterilization and Therapeutic Abortion in Aberdeen', *British Journal of Psychiatry* 113: 500 (1967), pp. 701-709, p. 704.
[114] Ibid., p. 704.

be joined to broader transformations in society or the environment.'[115] The concept of stress traversed socio-economic groups, allowing working class and middle class women to engage with the same need for abortion. Stress thus provided a legitimising terminology for the association between social causes of medical consequences.[116] Tooley indicated that he asked if the pregnancy was a 'final straw' that 'simply puts too much stress' on the patient.[117] Life events and the everyday became a valid field of stress research and medical interest.[118] This conception of stress legitimised physicians' interventions in the social sphere. Stress bridged the social and the medical, bringing the social into view.

AFTER ABORTION

An interest in the psychosocial aspects of abortion was reflected in the medical interest in adverse reactions to the procedure. In 1976 Raymond Illsley, Director of the Medical Research Council Medical Sociology Unit, and Marion Hall, Consultant in Obstetrics and Gynaecology at the Aberdeen Teaching Hospitals, published an extensive review of the psychosocial aspects of abortion in the *Bulletin of the World Health Organization*.[119] In it, they acknowledged not only that attitudes to abortion were culturally contingent, but that women's emotional and psychiatric responses to abortion were shaped by the societies from which they emerged. Indeed, they identified guilt over abortion as 'traditionally induced as part of a traditional system of social control', and argued that 'in such circumstances it is superfluous to ask whether patients will experience guilt – it

---

[115] Rhodri Hayward, 'The Invention of the Psychosocial: An Introduction', *History of the Human Sciences* 25 (2012), pp. 3-12, p. 8.
[116] P.H. Tooley, "If all Abortions are Legal, which are Desirable?" *The Abortion Act 1967: Proceedings of a Symposium Held by the Medical Protection Society, in Collaboration with the Royal College of General Practitioners, at the Royal College of Obstetricians and Gynaecologists (London, 7 February 1969)* (London, 1969), p. 12.
[117] Ibid., p. 12.
[118] Jackson, *Stress,* p. 195.
[119] Illsley and Hall, 'Psychosocial Aspects', pp. 83-106.

is axiomatic that they will'.[120] Roger Tredgold had similarly claimed in 1966 that the

psychiatric aftermath of abortion was 'to some extent affected by the attitude of the

ward; and especially of the gynaecologist and nurse', for they might, from time to time,

'vent their feelings on a patient whose story makes little appeal to their sympathy'.[121] It

was claimed that diagnostic categories shaped and reflected societal norms and

expectations: one author noted consternation on the part of Scandinavian researchers

that American diagnostic categories failed to include a sociomedical category similar to

'worn out mother syndrome': '"can this mean," they might ask, "that you do not have

worn out mothers in the United States?"'[122]

Although there was significant debate about the emotional sequelae, studies found that

adverse psychiatric reactions to termination were rare.[123] In an article entitled 'Post-

Abortion Psychiatric Illness – a Myth?' originally read before the International Congress

of Psychosomatic Medicine and Maternity in 1963, Jerome Kummer suggested that the

risk of mental disorder after abortion should be weighed against that of childbearing,

observing that this could pose a greater threat to women susceptible to psychological

disorders.[124] Indeed, far from triggering psychiatric disorder, Kummer suggested that

abortion could provide 'relief and protection'.[125] Peter Diggory, a gynaecologist, claimed

that abortion 'relieves the strain under which the woman was breaking, and if followed

by adequate contraceptive advice…there may be little further need for psychiatric

---

[120] Ibid., p. 85.
[121] Tredgold, 'A Psychiatrist's View', pp. 13-14.
[122] Jerome Kummer, 'Post-Abortion Psychiatric Illness-A Myth?' *The American Journal Of Psychiatry* 119 (1963), pp. 980-983, p. 982.
[123] See, amongst others, N.A. Todd, 'Follow-Up of Patients Recommended for Therapeutic Abortion', *The British Journal of Psychiatry* 120: 559 (1972), pp. 645-646; Mary Gibbons, 'Psychiatric Sequelae of Induced Abortion', *The Journal of the Royal College of General Practitioners* 34 (1984), pp. 146-150; Bryan Lask, 'Short-Term Psychiatric Sequelae to Therapeutic Termination of Pregnancy', *British Journal of Psychiatry,* 126: 2 (1975), pp. 173-177.
[124] Kummer, 'Post-Abortion', p. 982.
[125] Ibid., p. 983.

help.'[126] Indeed, abortion might maintain a woman as a 'useful member of the community', which supported his view that abortion might sometimes be 'merely a part of the psychiatric treatment.'[127] This consideration of the potentially prophylactic effects of termination reflected a broader turn towards community health and living standards.

ABORTION AND EXPECTATIONS OF WELLBEING

As I demonstrated in the Introduction to this thesis and Chapter One, the 1960s were a period of enhanced emphasis on an increasingly expansive definition of health. An increasingly 'positive' understanding of mental health encouraged medical interest in the emotional consequences major life events, as raised in Chapter One.[128] A greater awareness of mental disorder accompanied a more expansive notion of wellbeing. As we have seen, this was reflected by the WHO codification of this broader conception in the late 1940s.[129] Within a decade this was embedded in medical thinking: by 1957 it was observed that the concept of mental health had superseded the concept of mental disorder,[130] a standard that the medical profession was urged to employ in abortion cases.[131] This positive and expansive definition allowed doctors greater scope for intervention in quality of life under the guise of health. Combined with the popularized notion of stress, raised expectations provided an explanation for the increased demand for therapeutic abortion, consultant psychiatrist Norman Todd suggested; 'it may be that women are less able or willing to adapt to, or even tolerate, the burden of

---

[126] Peter Diggory, 'A Gynaecologist's Experience', *Abortion In Britain: Proceedings of a Conference Held by the Family Planning Association at the University Of (London Union on 22 April 1966* (London, 1966), p. 90.
[127] Peter Diggory, 'Psychiatric Opinions', *The Lancet* 286: 7426 (1965), p. 1348.
[128] WA, SA/ALR/D.11, 127, Madeleine Simms, *The Ethical Foundations of Psychiatric Opinion in Abortion* (1967), p. 7.
[129] 'The Constitution of the World Health Organization', 1948.
[130] J.D.W. Pearce, 'Discussion: The Psychiatric Indications for the Termination of Pregnancy', *Proceedings of the Royal Society of Medicine* 50 (1957), p. 15.
[131] W.C.W. Nixon, 'Discussion: The Psychiatric Indications for the Termination of Pregnancy', *Proceedings of the Royal Society of Medicine* 50 (1957), pp. 18-19.

unwanted pregnancy as they were in the past'.[132] For Bourne, defendant in the

precedent-setting 1938 case, the relationship between unlimited childbearing and illness

was clear: the strain of 'repeated and unwanted pregnancies' would render women 'tired,

lifeless and worn out', and 'fear, depression and fatigue', would 'exact its price in the

form of physical symptoms'.[133] By the 1960s the Pill enabled women to undertake

family limitation measures with increasing ease. This, as we shall see, was aided by a

changed position of the patient within the healthcare system.

Patient agency was increasingly recognised during the 1960s and 1970s.[134] The culture of

paternalism within which the patient submitted unquestioningly to the will and expertise

of the physician was beginning to change: instead, the patient as a consumer was

emerging.[135] In the context of the twentieth century renegotiation of the doctor-patient

relationship, physicians' anxieties regarding the accessibility of the legal framework

expose the contested role of agency and expertise in abortions. Drew Halfmann

suggests that doctors objected to legal clauses that would transform the doctor into

'mere technicians'.[136] In Britain this concern was principally about patient, rather than

state, infringement on professional discretion.[137]

The threat that abortion reform posed to clinical autonomy was perceived to be one of

knowledge and entitlement. As pointed out by S.J. Macintyre, from the Centre of Social

Studies at the University of Aberdeen, the medical profession maintained 'mystique' and

---

[132] Norman Todd, 'Psychiatric Experience of the Abortion Act (1967)', *The British Journal of Psychiatry* 119: 552 (1971), pp. 489-495, p. 494.
[133] A. Bourne, 'Discussion on Psychosomatic Gynaecology', *Journal of Obstetrics and Gynaecology* 66 (1959), pp. 769-774, p. 771.
[134] Alex Mold, 'Repositioning the Patient: Patient Organizations, Consumerism, and Autonomy in Britain during the 1960s and 1970s', *Bulletin Of The History Of Medicine* 8 (2013), pp. 225-249.
[135] Ibid.
[136] Halfmann, 'Historical Priorities', pp. 570-571.
[137] Ibid., p. 577.

authority through the relative opacity and inaccessibility of the diagnostic and treatment criteria for most medical practices.[138] In the case of abortion, however, reform rendered the criteria visible.[139] Correspondence to the *British Medical Journal* expressed the anxiety shared by gynaecologists that they would 'have women and their relatives "breathing down their necks" if the Bill provides a codified list of indications for termination.'[140] Here the risk was that the law might facilitate 'abortion on demand', fundamentally reworking the power dynamic of the doctor-patient relationship.[141]

By the 1960s it was increasingly understood that family planning contributed to individual, familial, and national wellbeing. Indeed, contraceptive advice was thought to perform a psychosocial role as 'an essential prescription for responsible parenthood'.[142] This reflected a culture of rising expectations of health: under the NHS illness was no longer inevitable, and the increased availability of contraception rendered childbearing and its attendant strains avoidable. It was noted in the 1949 report of the Royal Commission on Population that women were no longer willing to tolerate excessive childbearing, instead preferring their 'independent status' and 'wider interests'.[143] Indeed, Dugald Baird commented in 1966 that 'instead of fatalistically accepting a succession of unplanned pregnancies, the mother is now determined to have the number of children she wants and feels capable of caring for.'[144] In 1965 one Lord said that access to medical abortion would prevent childrearing and bearing from threatening to 'wear down the personality of the mother until she becomes just a

---

[138] Macintyre, 'The Medical Profession', p. 128.
[139] Ibid., p. 128.
[140] Denis Pells Cocks, 'Termination of Pregnancy Bill', *British Medical Journal* 1: 5539 (1967), pp. 569-570.
[141] Denis Pells Cocks, 'Termination of Pregnancy Bill', *British Medical Journal* 2: 5528 (1966), pp. 1531.
[142] Baird, 'Sterilization', p. 702.
[143] Royal Commission, *Report of the Royal Commission on Population,* Cmd 7695 (London, HMSO) 1949, p. 148.
[144] Baird, 'Experience at Aberdeen', p. 16.

drudge', a status that risked creating a 'malformed or mentally defective child who has no real prospect of ever becoming a real human personality.'[145] This ran in parallel to social changes around sexual mores: Lord Silkin, proposing changes to the law governing abortion in the House of Lords in 1965, suggested that rates of illegal abortion were rising, in part due to the 'changes in attitudes towards sex relationships'.[146]

The introduction of the contraceptive pill on the NHS in 1961 was a precursor to abortion reform. The availability of The Pill was itself a cause of some disquiet regarding the boundaries of medical authority versus patient autonomy. One correspondent noted in *The British Medical Journal* in 1961 that patients were reluctant to accept the overarching authority of their doctor over their family limitation methods.[147] The relationship between family planning and women's expectations of their life cycle was clear: 'when a woman has resumed work outside the home, after careful planning of her family, an unwanted pregnancy can be a disastrous blow.'[148] Therefore abortion law reform came at a time of shifting female aspirations. It was argued that women's increased empowerment was behind the demand for access to abortion, and that the women of the 1960s were 'less timid, less furtive, more determined, and more practical', capable of demanding an abortion from a doctor under 'reasonable conditions'.[149] Therefore abortion reform was a product of the changed attitude towards parenthood. Baroness Summerskill argued in 1965 that 'this is a matter in which the voice of women should be the deciding factor', for it was their 'human rights' under consideration, and

---

[145] HL Deb 30 November 1965, Vol. 270, Cc. 1234.
[146] HL Deb 30 November 1965, Vol. 270, Cc 1141.
[147] H. Beric Wright, 'The Contraceptive Pill', *British Medical Journal* 2: 5265 (1961), pp. 1494-1495.
[148] Baird, 'Experience at Aberdeen', p. 16.
[149] Rowena Woolf, 'Changes', *Abortion in Britain: Proceedings of a Conference Held by The Family Planning Association at the University of London Union on 22 April 1966* (London, 1966), p. 70.

the views of the Church should not be decisive for 'it is not for celibate men to decide the fate of these women.'[150] Motherhood, here, was not framed as a fate to be endured. The sociologist John Peel claimed that 'a responsible attitude toward parenthood and a desire to protect the interests of an existing family will not be lightly sacrificed for an unplanned pregnancy', a trend he identified as part of 'the revolution of rising expectations'.[151]

ABORTION AND THE FAMILY

Tolerance of ostensibly 'social' reasons for abortion reform, albeit under the guise of psychiatric risk, was facilitated by postwar ideas of maternal responsibility for child psychosocial development. However, grounds for this were laid earlier in the twentieth century, as thirty years earlier advocates of safe abortion suggested that it would support the family unit and safeguard maternal health.[152] By the postwar period, medical experts argued that a married women seeking to limit family size would see 'a striking improvement' in her own health, that of her family, marital relations, and 'a more congenial home atmosphere', and indeed, the 'removal of the constant threat of pregnancy allows the woman to be a better wife and mother.'[153] Within this framework, abortion was not an emancipatory tool but a means of supporting the psychosocial role of the family. Effective family planning measures, including to abortion, would reinforce rather than undermine the family and social aspirations.

---

[150] HL Deb 30 November 1965, Vol. 270, Cc 1192.
[151] John Peel, 'Attitudes In Britain', *Abortion in Britain: Proceedings of a Conference Held by the Family Planning Association at the University of London Union on 22 April 1966* (London, 1966), p. 68.
[152] Brooke, 'New World', p. 459.
[153] Baird, 'Experience at Aberdeen', p. 20.

The influence of John Bowlby's attachment theory affirmed beliefs that the unwanted child faced and posed psychosocial challenges.[154] Bad mothering, therefore, was to be avoided. It was wondered prior to reform what implication liberalization would have for rates of 'juvenile delinquency, alcoholism, mental deficiency, suicides, homicides, arrests'.[155] This reveals some of the enduring influence of the eugenicist language that was deployed in social debates earlier in the century.[156] There was some concern in the House of Lords that the social scope of abortion reform might facilitate 'a certain amount of pseudo-eugenics.'[157] Baroness Wootton of Abinger noted that

> I know cases in which, understandably, doctors and social workers who have had much contact with the more distressing social areas of our community have formed strong opinions as to who ought to have children and who ought not to have them. Those opinions are not, in the strict sense, medical opinions...There is a real risk that, if we allow a social clause, we shall be allowing the medical profession to make judgments on considerations which are not medical but social…I am anxious that we should be absolutely clear of pseudo-eugenics and regard this Bill entirely from the point of view of the pregnant woman, her welfare and the welfare of the child she may be about to bear.[158]

Nonetheless it was considered a social good to prevent the 'spread' of undesirable behaviours by facilitating safe abortion. It was noted in *The Lancet* that a Swedish study of children born after refused termination 'showed more antisocial and criminal behaviour and rather more drunken misconduct, and they got more public assistance' by comparison to a control group; the authors suggested that 'the reasons which led a woman to apply for legal abortion also later exposed the child to greater social and mental handicaps'.[159] In 1966 it was claimed by a senior physician in psychological medicine that, 'now that it is almost axiomatic that delinquency is associated with bad

---

[154] Lee, *Abortion,* pp. 169-170.
[155] Pearce, 'Discussion', p. 15.
[156] See, for example, John Macnicol, 'Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars', *Social History of Medicine* 2 (1989) pp. 147-169.
[157] HL Deb 26 July 1967 Vol. 285, Cc 1012.
[158] HL Deb 26 July 1967 Vol. 285, Cc 1012-1013.
[159] 'Unwanted Pregnancies', *The Lancet* 289: 7487 (1967), p. 431.

homes, it seems illogical to insist that an unwanted child shall be brought into the world, not only into bad physical circumstances but with a parent who will not love it.'[160]

In the Introduction I asserted the family's perceived centrality to ensuring a healthy postwar citizenry, as advanced by John Bowlby and J.A. Hadfield.[161] Here, we can see that the family's psychological significance provided a legitimising frame for abortion reform. Madeleine Simms of the ALRA suggested that personality development theories endorsed women's right to make decisions over aborting a pregnancy.[162] Simms noted that 'if a woman deeply resents the birth of an unwanted child or is incapable of mothering satisfactorily too many children, then the consequences in terms of mental health for that child and the rest of her family are grave'; indeed, Simms warned, 'she may be laying the foundation of psychiatric illness in the next generation'.[163] The postwar emphasis on the prophylactic effects of the good mother ran alongside an anxiety over the social effects of the family environment.

Nonetheless, professional autonomy took precedence over women's reproductive decisions. Some physicians worried about the possibility of deception: 'how is the doctor to know that the patient…is not lying about the alleged misfortune which makes or will make the bearing of a child intolerable?'[164] Some went so far as to claim that the patients' symptoms were not sufficient evidence for the procedure.[165] Here, women's

---

[160] Lindesay Neustatter, 'Change', p. 23.
[161] John Bowlby, *Child Care and the Growth of Love.* 2nd ed (Harmondsworth: Pelican books, 1973); J.A. Hadfield, *Childhood and Adolescence* (Harmondsworth: Pelican, 1967).
[162] Madeleine Simms, 'The Ethical Foundations of Psychiatric Opinion in Abortion', *Medical Gynecology and Sociology* 2 (1967), pp. 6-8.
[163] Simms, 'Ethical Foundations', p. 7.
[164] J. Letitia D. Fairfield, 'Termination of Pregnancy Bill', *British Medical Journal* 1: 5533 (1967), p. 173.
[165] Baker, *Psychiatric Disorders,* p. 128.

agency in seeking abortion was recast as an object of suspicion. Women were accused

of telling 'fictions' including 'heart-rending stories of brutal husbands or landlords or

rape by mental defectives, even of risk of hereditary transmission of disease' in order to

secure an abortion.[166] Here the female patient was not only configured as

untrustworthy, but liable to use her knowledge of the grounds for abortion to her

advantage. It was not need, but rather it was truth that acted as currency in the doctor-

patient consultation. In 1965 a member of the House of Lords cautioned that pressure

for abortion reform was not coming from the medical profession, and that that there

was a concern that

> doctors will be inundated with ladies whose contraceptives have not worked and
> who threatened to have nervous breakdowns unless doctor terminates the
> pregnancy. We all know, with excuses to noble Ladies present, how from the
> very earliest days of human history woman's persistence has been wearing down
> man's resistance.[167]

One correspondent to the *British Medical Journal* suggested that nursing staff and mental

welfare officers might be drawn on to make 'suitable inquiries'.[168] Within this rubric,

patient authenticity was under investigation as an object of suspicion rather than

concern, expanding the responsibilities of the medical professional.

Others were concerned that pregnant women in distress were too volatile to make

informed decisions. Some correspondence to medical journals supported the idea that it

was unkind to give women sole responsibility over abortion decisions, as pregnancy

rendered women 'emotional' and their judgment 'unsound'.[169] One doctor reflected that

women tended to 'improvise' their attitudes to abortion 'only when already in a state of

---

[166] Fairfield, 'Termination', p. 173.

[167] HL Deb 30 Nov 1965 Vol. 270 Cc. 1209.

[168] Anna R. Kemp, 'Termination of Pregnancy Bill', *British Medical Journal* 1: 5535 (1967), p. 299.

[169] H.C. Mclaren, 'Sequels of Unwanted Pregnancy', *The Lancet* 292: 7568 (1968), p. 632.

confusion and distress'.[170] Others advised that women were liable to change their mind: 'how many politicians have any first-hand experience of the often surprising as well as gratifying manner in which many women later become reconciled to an "unwanted" child and thank their medical attendant for refusing to consider abortion?'[171]

Fortunately women, it was observed, had a figure in the form of their husband, doctor, minister or priest, to discuss the decision with.[172] This created new opportunities for professional intervention into private decision making. In 1965 it was claimed in the *British Medical Journal* that abortion was a 'private matter', between the woman, her husband, and 'her medical advisors'.[173] This recalibrated domestic privacy to include the medical professional. This erosion of privacy was considered to perform a protective role: James Arkle, a consultant psychiatrist, claimed that 'amputation of her child is the most harmful operation that the soul of woman can be asked to bear.'[174] W. Lindesay Neustatter, in his 1958 publication of *Psychiatry in Medical Practice,* suggested that whilst each abortion patient must be assessed as an individual, in the early stages of pregnancy women were 'emotional', and tended to 'settle down' once the inevitability of the child's birth was accepted.[175] The premature end of a pregnancy, he cautioned, was often 'something of a psychological shock to a woman'.[176] These anxieties account for the uneven access to abortion services after the legal reform, and suspicions that women

---

[170] P. John, 'The Impact of the Abortion Act', *British Journal of Psychiatry* 122 (1973), pp. 115-116.
[171] Denis Pells Cocks, 'Termination Of Pregnancy Bill', *British Medical Journal* 2: 5528 (1966), pp. 1531.
[172] Mclaren, 'Unwanted', p. 632.
[173] H.B. Kidd, 'Abortion Law', *British Medical Journal* 1: 5449 (1965), p. 1555.
[174] Arkle, 'Termination', p. 560.
[175] W. Lindesay Neustatter, *Psychiatry in Medical Practice* (London: Staples Press, 1958), p. 303.
[176] Ibid.

might be exploited by the unethically liberal approach of profiteering private providers, who willingly diagnosed 'depressions lurking round every pregnant corner'.[177]

The debate over abortion thus revealed the tensions over patient power in an era of rising expectations of health. There were clear anxieties that female patients, and their families, might seek to persuade doctors of their poor psychological health through deceptive means. The controversy over abortion reform concerned a three-way relationship: that of the state, the medical professional, and the patient. That the state and the patient might seek to avoid the hardships imposed by an unwanted pregnancy through utilising the tools of the medical profession was seen to transform the doctor-patient dynamic. It suggested a new role for the physician in the social landscape but also required a renegotiation of power in the consulting room.

CONCLUSIONS

This chapter asked how maternal distress circulated and performed in debates over abortion reform in the mid-century. In answering this, I have pointed to ways that abortion reform made women's distress visible in the policy arena and was invoked by psychiatrists, MPs, and GPs. The debate over the legal codification of grounds for abortion was underpinned by anxieties about the status of the informed, *demanding* female patient. This is a theme that is revisited in the next chapter. I suggested that raised expectations of health facilitated greater interventionism in women's reproductive lives. Psychiatric risk emerged from the legislation as an expansive category through which women could access medical terminations for reasons informed by their social situation.

---

[177] Priest, 'Impact', p. 297.

We have seen that those supporting and challenging the passage of abortion legislation in the 1960s invoked the views of medical bodies. In Chapter One I discussed the ways that the emergence of the RCGP was framed by professional anxieties, a thread that was picked up in this chapter. We have also seen how abortion reform brought claims about expertise over maternal distress to light. In an argument that I expand on in the following chapter (Chapter Three), I suggested that abortion reform facilitated a discussion about the boundaries of medical knowledge. Within a decade of reform rates of emergency admission due to incomplete miscarriage and abortion had declined by two-thirds, indicating that the reform had significantly improved women's access to safe family limitation.[178] Beyond this, abortion reform had provoked a re-articulation of the physicians' role at the intersections of the domestic, social, and medical spheres. I now turn to how this intersection was explored and contested by the feminist's movement of the late 1960s to the 1970s.

---

[178] Paintin, 'The Abortion Act 1967', p. 46.

CHAPTER THREE

THE WOMEN'S LIBERATION MOVEMENT, MOTHERHOOD AND DISTRESS

In this chapter I read back into the materials produced by the Women's Liberation Movement (WLM) of the late 1960s to the late 1970s to ask how the WLM made maternal distress visible and how it was drawn upon as evidence of the need for social change. Broadly, the WLM argued that maternal distress arose from gendered oppression within a patriarchal society.[1] In this way the Movement marked a significant break from previous psychiatric explanatory models of mental disorders. In emphasising the social location of motherhood it allowed its emotional effects to be read in new terms. While others have scrutinised the WLM's relationship with the family and reproduction through its political activism and position on the British Left, this chapter takes a new approach in stressing the ways that emotions were *used* in these interventions.[2] This is in part an answer to a call made by Sue Bruley, who has suggested that there is 'a case for writing about the movement as a broad social and cultural force as well as a campaigning movement'.[3] The conviction that feminist activism 'was as much an emotional and intellectual understanding as a political movement' underpins my approach to making an argument that brings to the fore the emotional vocabularies used by the women's movement.[4]

---

[1] Diane Walters, 'Postnatal Depression and Maternity Hospitals', *Spare Rib* 118 (April 1981), pp. 22-23.

[2] See Chapter 7 in Stephen Brooke, *Sexual Politics: Sexuality, Family Planning, and the British Left from the 1880s to the Present Day* (Oxford: Oxford University Press, 2011), pp. 185-224.

[3] Sue Bruley, 'Consciousness-Raising in Clapham: Women's Liberation as 'Lived Experience' in South London in the 1970s', *Women's History Review* 22 (2013), pp. 1-22, p. 3.

[4] Shari Thurer, *The Myths of Motherhood: how Culture Reinvents the Good Mother* (Middlesex: Penguin, 1995), p. 253.

This Chapter, then, is driven by two questions: why did the WLM locate the cultural valorisation of motherhood and social marginalisation of mothers as one of the primary sources of women's subordination? Then, how did the WLM develop and mobilise psychiatric concepts to agitate for social, cultural, and political reform? I place these questions in the context of postwar attitudes to the psychological and the self as explored throughout this thesis.[5] Whereas previous chapters (on GPs and psychiatrists) articulated the importance of maternal mental health as necessary for childrearing, this chapter is distinctive within this thesis. The WLM asserted maternal mental health as important *in its own right*. In making maternal distress visible, the WLM reflected and embedded new understandings of mental distress and used this conviction as an engine of social revolution. This was underlined by the iteration of the ways that 'the personal is political', a rallying cry and organising schema within the movement.[6] Making this argument, I am informed by Victoria Hesford's study of the American women's liberation movement.[7] Hesford coined the term 'feeling liberation', which she used to highlight how the legacy of social movements is determined as much by how they are received as how they conceived of themselves. Whereas her focus is on representations, I borrow her idea of 'feeling liberation' and direct it towards different ends: I seek to understand how the language and experience of *feeling* distress became a political tool.

Mathew Thomson has established that conventional psychiatry acted as a useful antagonist for the feminist movement, but has highlighted the complex relationship the

---

[5] R.F. Baumeister, 'How the Self Became a Problem: A Psychological Review of Historical Research', *Journal of Personality and Social Psychology* 52: 1 (1987), pp. 163-176; See the introduction to this thesis for more on this.
[6] Bruley, 'Consciousness-Raising in Clapham', p. 3.
[7] Victoria Hesford, *Feeling Women's Liberation* (Durham: Duke University Press, 2013).

WLM had with the principles that underpinned it.[8] As Thomson highlights, feminist

therapy and consciousness-raising, both of which I will discuss, occupied contested

positions.[9] I suggest that women's feelings of discontent became a political battleground

as feminists challenged medical authority. Moreover, I highlight how the WLM

developed an infrastructure (magazines, campaigning and caring organisations, and

consciousness-raising groups) through which ideas about maternal distress could be

communicated and disseminated through its social networks. In doing so, it drew

attention to and reconceptualised mothers' feelings. This infrastructure also provided

spaces for the redefinition of socialising concepts: at the first Women and Mental

Health Conference in London, October 22-23 1977, a new definition of 'mental health'

was arrived at: 'mental health as self-determination, being able to choose to fit in or not

fit in, to change or not.'[10] The emphasis here was on choice and the subjective nature of

mental health. This assertion of rights and independence was part of a broader postwar

trend as legislative reform reframed the role of the state and liberalized conceptions of

individual autonomy. The raft of reformist legislation passed in the 1960s included the

abolition of the death penalty (1965), the decriminalization of homosexuality and the

lowering of the age of consent (1967), and the reform of the divorce laws (1969).[11]

Together, these reshaped the role of the British family in the eyes of the law and

illustrated the mutability of social values.

To understand how British feminism made use of psychological frameworks we must

return to the ways that the languages of feelings and emotion came to be seen as an

---

[8] Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006), p. 281.
[9] Ibid., pp. 284-285.
[10] Ruth Wallsgrove, 'Choosing to Fit In...Or Not Fit In', *Spare Rib* 65 (December 1977) p. 13.
[11] Jeffrey Weeks, *The World We Have Won: The Remaking of Erotic and Intimate Life* (Oxford: Routledge, 2007), p. 89.

authoritative discourse of the late twentieth century, as discussed in the Introduction to this thesis. While the relationship between the British WLM and psychological ideas has not been fully investigated, the relationship between the American WLM and psychology has been described as a 'curious courtship'.[12] This has been traced back to Betty Friedan, for whom the concept of *identity* has been termed 'politically serviceable'.[13] Friedan argued that the archetypes of motherhood drove women to psychological disorder.[14] Rebecca Jo Plant has suggested that women who expressed openness to psychological expertise more readily accepted the contents and arguments of *The Feminine Mystique* (1963).[15] Thus, the psychological culture of postwar America prepared the ground for the later feminist movement.

In order to explore how the WLM made maternal distress visible and mobilized it as a cultural artifact in Britain, Chapter Three is divided into five sections. As with Chapter One and Two, I first spend time mapping the internal landscapes that brought maternal distress to light. In the context of this chapter, the frame is the women's movement. First, I begin with an outline of the emergence of the WLM. I then pick up from Chapter Two, in which we saw how psychiatrists shaped the Abortion Act 1967, but here I examine the WLM's agitation around abortion reform. Third, I investigate the feminist critique of psychology and its relationship with consciousness-raising. In this

---

[12] Tamsin Wilton's short chapter on the Bristol Crisis Service for Women recognized this absence: 'most histories of the second wave of the women's liberation movement do not mention madness or "mental health" as areas of theoretical, political or practical intervention'. Tamsin Wilton, 'Madness and Feminism: Bristol Crisis Service for Women', *Feminist Activism in the 1990s* (Ed.) Griffin, G. (London: Taylor and Francis, Ltd, 1995), pp. 28-40, p. 32; Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), p. 276.
[13] Herman, *The Romance*, p. 292.
[14] Betty Friedan, *The Feminine Mystique* (London: Penguin, 2010); see also Howard Malchow, *Special Relations: the Americanization of Britain?* (California: Stanford University Press, 2011), p. 200.
[15] Rebecca Jo Plant, *Mom: the Transformation of Motherhood in Modern America* (Chicago and London: University of Chicago Press, 2010), pp. 163-164.

section, I discuss the development of the Islington Women and Mental Health Project and the Women's Therapy Centre as case studies of feminist interventions in community mental health services. The fourth part of this chapter discusses the contested terrain of motherhood in the WLM. Finally, I examine how postnatal depression featured in the WLM's literature. The chapter's intervention is to examine how women mobilised new discourses around motherhood to evidence the need for social reform in Britain across the 1960s to the late 1970s. In so doing, 'second wave' feminism appropriated a language that was otherwise accused of performing a regulative function. It was in this way that, for my purposes, women came to be *feeling liberation*. The WLM used the vocabulary of psychology and self-fulfilment because it lent authority to the experience of the individual woman and, through this, offered the possibility of cultural change.

The WLM has only recently become subject to close historical scrutiny. The literature can be seen to fall into three dominant modes (with exceptions). This includes that which has been written by active participants in the movement.[16] Additionally, there is that which has been supported by institutions, such as *Sisterhood and After* at the British Library.[17] Beyond this, there is a body of literature that has made use of oral history.[18] In

---

[16] Rosalyn Baxandall and Linda Gordon (eds). *Dear Sisters: Dispatches from the Women's Liberation Movement* (New York: Basic Books, 2000), p. 1. Several of these activists have written memoirs, including Lynne Segal, *Making Trouble, Life and Politics* (London: Serpents Tail, 2007); Sheila Rowbotham, *Promise of a Dream: Remembering the Sixties* (London: Verso, 2001); Sue O'Sullivan, *I Used to be Nice: Sexual Affairs* (London: Cassell, 1996).

[17] See <http://www.bl.uk/sisterhood> [accessed 01 June 2016].

[18] For more on feminism and oral history, see Susan Geiger, 'What's so Feminist About Women's Oral History?' *Journal of Women's History* 2: 1 (1990), pp. 169-182; Julie Stephens, 'Our Remembered Selves: Oral History and Feminist Memory' *Oral History* 38 (2010), pp. 81-90; Margaretta Jolly, Polly Russell, and Rachel Cohen, 'Sisterhood and After: Individualism, Ethics and an Oral History of the Women's Liberation Movement', *Social Movement Studies: Journal of Social, Cultural and Political Protest* 11: 2 (2012), pp. 211-226; Polly Russell, 'Using Biographical Narrative and Life Story Methods to Research Women's Movements: Sisterhood and After',

this chapter I use archival sources and feminist magazines, such as *Spare Rib,* which

attained a circulation of 20,000 and a readership six times greater.[19] Whilst these texts

are not representative of the rich cultural legacy of the Movement they 'provide an

important insight into the evolution of a wider feminist challenge to the social and

cultural construction of femininity'.[20] Interrogating these materials exposes their

preoccupation with the interrelated fields of women's health and their position in the

family.[21]

THE EMERGENCE OF THE WOMEN'S LIBERATION MOVEMENT

While the first national women's liberation meeting took place at Ruskin College

Oxford in 1970 the momentum for this event must be traced as part of a broader

history of postwar social movements.[22] Participants in these movements had been

shaped by the transformation of the British welfare landscape in the wake of the Second

World War. As Sally Alexander, who in 1969 was a student at Ruskin College, put it as a

'child of the welfare state, I was born into the right to education, subsistence, housing

Women's Studies International Forum 35: 3 (2012), pp. 132-134; Rachel Cohen, 'Researching Difference and Diversity within Women's Movements: Sisterhood and After', *Women's Studies International Forum* 35: 3 (2012), pp. 138-140; Margaretta Jolly, 'Recognising Place, Space and Nation in Researching Women's Movements: Sisterhood and After', *Women's Studies International Forum* 35: 3 (2012), pp. 144-146; Bridget Lockyer, 'An Irregular Period? Participation in the Bradford Women's Liberation Movement', *Women's History Review* 22: 4 (2013), pp. 643-657; Jeska Rees, 'A Look Back at Anger: The Women's Liberation Movement in 1978', *Women's History Review* 19: 3 (2010), pp. 337-356.
[19] Suzanne Lowry, *The Guilt Cage: Housewives and a Decade of Liberation* (London: Elm Tree Books, 1980), p. 56; Spare Rib Collective, 'Raw Deal for Spare Rib', *Off Our Backs* 10: 8 (1980), p. 26.
[20] Selina Todd, 'Models and Menstruation: *Spare Rib* Magazine, Feminism, Femininity and Pleasure', *Studies in Social and Political Thought* 1 (1999), pp. 60-78, p. 60.
[21] Sue Rosser, 'An Overview of Women's Health in the US Since the Mid-1960s', *History and Technology* 18: 4 (2002), pp. 355-369; Laurie Umansky, *Motherhood Reconceived: Feminism and the Legacies of the Sixties* (London: New York University Press, 1996), p. 3. See also Rebecca Jo Plant, *Mom.*
[22] Michelene Wandor (Ed.), *Once a Feminist: Stories of a Generation* (Virago, London, 1990), pp. 242-243.

and health – that birthright gave my generation the confidence to expect more.'[23] Placed within this context, the four demands made at this conference (equal pay, equal education and opportunity, 24-hour nurseries, and free contraception and abortion on demand) reflect not just women's priorities but also the principles and zeitgeists that underpinned social shifts.[24] Across Europe, postwar era social movements such as the New Left sought new political solutions and disavowed consumerist, materialistic, and capitalist solutions to social problems.[25] Instead of seeking exclusively to raise external living standards, these movements sought to improve emotional and spiritual conditions.[26] Four years after the first demands were formulated at Ruskin College, two further demands were added: an end to discrimination against lesbians; legal and financial independence for all women; followed in 1978 by a demand for freedom from the threat of violence or sexual aggression.[27]

The cultural shifts that fostered the emergence of the New Left provided a cultural climate in which women's discontent could be recast as political activism. Postwar social and consumerist culture increasingly emphasised the value of pleasure over abstemiousness.[28] Indeed, the 1960s witnessed a 'wave of hedonism and egalitarianism'.[29] Suzanne Lowry, author of *The Guilt Cage: Housewives and a Decade of Liberation,* observed that by the 1960s the housewife was 'caught between her education

---

[23] Sally Alexander, in *Once a Feminist: Stories of a Generation* (Ed.) Wandor, M. (Virago, London, 1990), pp. 81-92, p. 91.
[24] Wandor, *Once a Feminist,* pp. 242-243.
[25] Herman, *The Romance,* p. 276.
[26] Ibid.
[27] Platt, *Sociological History,* p. 90.
[28] Lynne Segal (Ed.), "Smash the Family?' Recalling the 1960s', *What is to be done about the Family? Crisis in the Eighties* (Middlesex: Penguin, 1983), pp. 25-64, p. 32. It is, however, worth recalling that many continued to be excluded from cultures of consumerism and home-centeredness and that drawing distinct historical 'moments' where aspirations shifted obscures the lines of continuity. See Claire Langhamer, 'The Meanings of Home in Postwar Britain', *Journal of Contemporary History* 40: 2 (2005), pp. 341-362.
[29] Segal, 'Smash', p. 33.

and her housework and her new dream of personal fulfilment', and was found asking 'what about *me?*'.[30] The ideologies of motherhood espoused by attachment theorists such as John Bowlby had not kept pace with postwar era social and economic transformations. From the late 1960s women would draw connections between 'youth protest, doing your own thing, trusting your own feelings, refusing to be thirty, and any wider class or political struggle, or any permanent rejection of marriage, the family and other institutions of bourgeois life'.[31]

Nonetheless, marriage, the family and motherhood provided the organising schema for many women's lives at the dawn of the 1960s. Thus it was not just the emergent social movements that framed the upsurge in feminist sentiment and organising, but also women's personal experiences. In small but socially significant numbers, middle class women were increasingly likely to have gone to university, although the average age of marriage continued to be early 20s for women.[32] The postwar curtailment of nursery provision combined with a baby boom to position many mothers as the primary carers of their children.[33] Many married women were out of necessity still wage earners, but their responsibility for domestic affairs led to the recognition that married women were struggling to perform 'two roles'.[34]

It is worthwhile, at this point, to reflect on the use of terminology in studies of the WLM. The term 'second wave' problematically suggests that resistance to male domination was latent between the campaign for suffrage in the early twentieth century

---

[30] Lowry, *The Guilt Cage,* p. 81.
[31] Segal, 'Smash', p. 34.
[32] Claire Langhamer, *The English in Love: the Intimate Story of an Emotional Revolution* (Oxford: Oxford University Press, 2013), p. 5; Wandor, 'Introduction', p. 1.
[33] Report of a TUC Working Party, *The Under-Fives* (London: Trade Union Congress, 1978), p. 51.
[34] Myrdal and Klein, *Women's Two Roles.*

and the WLM.[35] Nonetheless, I believe the term 'second wave', alongside 'Women's

Liberation Movement' serves as a helpful organising category to demarcate a distinctive

moment in feminist history. This moment was profoundly influenced by, and had strong

connections to, the other social movements of the 1960s and 1970s.[36] Similarly, marking

the beginnings and ends of the Movement is difficult. The final national conference

took place in 1978 and ended acrimoniously.[37] It is thus at the close of the 1970s that

the Chapter ends.

It is also somewhat misleading to speak of Movement as a singular, cohesive whole. The

Movement comprised many different voices and opinions, often in conflict with one

another.[38] Although socialist, rather than radical, feminism has come to dominate the

historiography of the movement in Britain (although not public stereotypes of

feminism) members of the WLM rarely spoke with one voice.[39] This was encouraged by

the movement's anti-hierarchical structure, which sought to provide women with a

forum in which there was parity. This led to the exclusion of men from some feminist

groups, including the prominent London-based federation of groups, the Women's

Liberation Workshop, which began in 1969.[40] Any study of social movements faces

distinct challenges in selecting and emphasising sources, and this Chapter is no different.

My approach, as with Chapter One, is to look at how and why communities developed

---

[35] This is a contested claim. See Barbara Caine, *English Feminism, 1780-1980*
(Oxford: Oxford University Press, 2004), pp. 223-224; Martin Pugh, *Women and the
Women's Movement in Britain, 1914-1959* (London: Palgrave Macmillan, 1992).
[36] Linda Nicholson (Ed.), 'Introduction', *The Second Wave: a Reader in Feminist Theory*
(London: Routledge, 1997), pp. 1-6, pp. 1-2.
[37] Lynne Segal, *Is the Future Female? Troubled Thoughts on Contemporary Feminism*
(London: Virago, 1987), p. 56.
[38] See, for example, the essays collected in Hannah Kanter et al., (Eds), *Sweeping
Statements: Writings from the Women's Liberation Movement 1981-83* (London: the
Women's Press, 1984).
[39] Jeska Rees, 'A Look Back at Anger: The Women's Liberation Movement in
1978', *Women's History Review* 19: 3 (2010), pp. 337-356.
[40] Nicholas Owen, 'Men and the 1970s British Women's Liberation Movement',
The Historical Journal 56: 03 (2013), pp. 801-826, p. 807.

intellectual investments in particular issues – in this case the distress experienced by

mothers - and then to interrogate how they developed the mechanisms to disseminate

ideas about them.

The dissemination of information about international social movements influenced the

British WLM (in particular the American student protests, civil rights and Black

Power).[41] By the autumn of 1968 'vague rumours' of an American and German

women's movement had spread in Britain.[42] The American influence was facilitated by

the links between radical publishers, the international flow of pamphlets, and by

American activists based in Britain.[43] There were, however, notable differences between

American and British feminisms: British feminism was from the start embedded in the

politics of the Left and the trade union movement. The prominent role of class in

British feminism led to some suspicion that their American counterparts over-

emphasised the role of the 'self' at the expense of challenging economic oppression.[44]

Sheila Rowbotham has accused some parts of the American WLM of being 'very

inward-turning because of exhaustive consciousness-raising', by contrast to Britain,

which 'rather over-reacted against this'.[45] However, it has been argued that histories of

the 'second wave' have over-stated Anglo-American differences.[46] It also understates the

significance of CR and the mobilization of the self in British feminist 'second wave'.

---

[41] Jane Pilcher, *Women in Contemporary Britain: an Introduction* (London: Routledge, 2002), p. 159.
[42] Sheila Rowbotham, 'The Beginnings of Women's Liberation in Britain', in *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 91-102, p. 91.
[43] David Bouchier, *The Feminist Challenge: The Movement for Women's Liberation in Britain and the United States* (London: Macmillan Press, 1983), p. 56.
[44] Howard Malchow, *Special Relations: the Americanization of Britain?* (California: Stanford University Press, 2011), p. 196.
[45] Rowbotham, 'Women's Liberation', p. 23.
[46] Malchow, *Special Relations*, p. 196.

One of the contributions of my research is to ask how CR made political objects of emotions and its significance as a politicising process in Britain.

The WLM's relationship with the political Left was sometimes fraught. Rowbotham observed that the 'revolutionary reawaking' of the 1960s reinvigorated socialist feminism.[47] For others political movements provided a climate in which feminist ideas could develop.[48] However, the trade union movement, which in 1961 was dominated by men by a radio of 4:1, was not always receptive to women's demands.[49] Indeed, some women's involvement in women's liberation was a reaction against trade union antipathy towards women's issues and the marginalization of female members.[50] Some women struggled to find a place that they could reconcile their maternal obligations and their political engagement with male-dominated movements. One contributor to *Spare Rib* revealed in 1978 that

> during the political fever of '68 I wanted desperately to find a space in which I could be active and involved…yet there seemed no way for me to be involved without feeling somehow fraudulent. Besides, I had to look after the kids, didn't I?[51]

Indeed, leftist women's frustration was provoked by the realization that 'the revolutionary ideas of their men did not prevent them from despising women'.[52] Men formulating the 'New Politics' were apt to consider women's liberation as a

---

[47] Sheila Rowbotham, *Hidden from History: 300 Years of Women's Oppression and the Fight Against it* (3rd Ed) (London: Pluto Press, 1983), pp. 168-169.
[48] Anna Coote and Beatrix Campbell, *Sweet Freedom: The Struggle for Women's Liberation* (London: Pan/Picador, 1982), p.13.
[49] Coote and Campbell, *Sweet Freedom,* p. 143. The 'breadwinner' model posed an obstacle as women sought pay equality.
[50] Coote and Campbell, *Sweet Freedom* p. 13; Audrey Battersby, in *Once a Feminist: Stories of a Generation* (Ed.) Wandor, M. (London: Virago, 1990), pp. 113-120, p. 115.
[51] Belsize Lane Women's Group, 'Nine Years Together', *Spare Rib* 68 (April 1978), pp. 41-46.
[52] Elizabeth Wilson, *Women and the Welfare State* (London: Tavistock, 1977), p. 162.

'diversionary' distraction from the true mission of the Left.[53] The task of advocating for the expansion of women's right to choose fell to women. An exploration of how the WLM intervened in the abortion debate brings to the fore feminist ideas about reproduction and medicalisation. As Denise Riley claimed in 1981,

> there's a need for a more systematic body of thought about the interface between conceptualisations of individual rights and governmental policies. The relations between the State, population policies (whether pro or anti-natalist), feminism and the 'right to choose' stand directly at this interface[54]

With this in mind, I now turn to feminist agitation around the Abortion Act 1967. This issue reflected attitudes towards individual rights and medicine and demonstrates how the WLM drew on the vocabularies of both.

REPRODUCTIVE RIGHTS AND ACTIVISM: MAKING MOTHERHOOD A CHOICE

'Abortion is the central feminist issue of our time, as birth control was for the previous generation, and suffrage for the generation before that', observed Madeleine Simms in 1985.[55] Eighteen years after the passage of the Abortion Act 1967, women's access to safe abortion was a rallying cry for the WLM, for whom it was essential to women's freedom and control.[56] As we have seen in Chapter Two, the Abortion Act had codified women's access to legal abortion under the auspices of the mother's health and future wellbeing. The legislation allowed 50,000 women in England and Wales to undergo a legal termination in the calendar year after the bill came into effect, subsequently rising

---

[53] Sheila Rowbotham, 'Women's Liberation and the New Politics', in *Once a Feminist: Stories of a Generation* (Ed.) Wandor, M. (First published 1969) (London: Virago, 1990), pp. 11-13.

[54] Denise Riley, 'Feminist Thought and Reproductive Control: the State and the Right to Choose', in *Women in Society: Interdisciplinary Essays* (Ed.) Cambridge Women's Studies Group (London: Virago, 1985), pp. 185-200, p. 185.

[55] Madeleine Simms, 'Legal Abortion in Great Britain', in *The Sexual Politics of Reproduction* (Ed.) Homans, H. (Aldershot: Gower Publishing, 1985), pp. 78-95, p. 78.

[56] Stephen Brooke, *Sexual Politics: Sexuality, Family Planning, and the British Left from the 1880s to the Present Day* (Oxford: Oxford University Press, 2011), p. 191.

to between 100,000 and 130,000 in the years between 1971 and 1982.[57] Why, then, were women agitating around the issue of abortion eighteen years after the Abortion Act's passage? What role did abortion reform have in feminism's 'second wave' and how did it relate to the shift towards emotional experience as an engine of change? This section of Chapter Three examines the relationship between motherhood, abortion and medicine as articulated by the WLM. It first examines the significance of abortion to the movement; then the perceived limitations of the 1967 Act; then approaches to abortion reform and the National Abortion Campaign, and finally it asks how personal experience and emotion was configured within the feminist movement.

Members of the WLM argued that women needed to free themselves from compulsory childbearing and childrearing in order to achieve liberation, placing abortion and contraception at the heart of the feminist agenda.[58] Women, it was argued, should be able to choose not just *when* they had children but *if* they had them at all.[59] Freeing women from compulsory maternity was part of a broader project of social reform. As a member of Bristol Women's Liberation proposed

> together with the demand for free contraception and abortion on demand must go the struggle for total change in the economic, work and family structure of society. But this freedom to struggle will not come about until we have control over our own bodies.[60]

Links were also made with sexual liberation, 'the women's movement believes that the ability to make free choices in the expression of sexuality is an essential part of the

[57] Ibid.
[58] Roberts and Millar, 'Feminism, Socialism and Abortion', p. 6.
[59] Carol Dix, 'Birth Pangs', *Spare Rib* 7 (January 1973), p. 28.
[60] Monica Sjoo, 'A Woman's Rights Over Her Body', *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 180-188, p. 188.

liberation we are striving for'.[61] Indeed, another woman wrote that 'women's liberation will only be a reality when women only get pregnant because they enjoy child care and desire maternity'.[62] These statements demonstrate how access to abortion was framed within a language that brought *feelings* about mothering into view, as indicated in the terms 'enjoy and desire'.

Feminists argued that the Abortion Act imposed *informal* as well as formal limitations upon women. The most significant critique was that it subjected women's reproductive health to state surveillance, medical intervention, and patriarchal control.[63] The 1967 Act accepted medical authority over abortion. Women's agency was curtailed by their relationship with their doctor; here there was concern that women's social capital shaped doctor's decisions.[64] In 1978 just half of terminations were carried out on the NHS – leading to concern that women were being driven to the profiteering private sector.[65] Thus the limitations of the Abortion Act stemmed from the legislation itself and the culture in which it was enacted. Given this, feminist approaches to abortion reform in the 1970s served three purposes: to reiterate the centrality of women's reproductive autonomy to their liberation; to defend the Abortion Act from parliamentary and social attack; and to advance it.[66] The National Abortion Campaign (NAC) was founded in 1975 in response to James White MP's attempt to curtail access

---

[61] Karen Greenwood and Lucy King, 'Contraception and Abortion', in *Women In Society: Interdisciplinary Essays* (Ed.) Cambridge Women's Studies Group (London: Virago, 1985), pp. 168-184, p. 168.

[62] Pat Whiting, 'Female Sexuality: Its Political Implications', *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 189-213, pp. 210-211.

[63] Hilary Homans, (Ed.) 'Introduction', *The Sexual Politics of Reproduction* (Aldershot: Gower Publishing, 1985), pp. 1-12.

[64] Cathy Roberts and Elaine Millar, 'Feminism, Socialism and Abortion', *Women's Studies International Quarterly* 1: 1 (1978), pp. 3-14, p. 6. emphasis in original.

[65] Boston Women's Health Book Collective, Angela Phillips and Jill Rakusen, *Our Bodies Ourselves: a Health Book by and For Women* (Middlesex: Penguin, 1978), p. 295.

[66] Sue O'Sullivan (Ed.) 'Abortion and Feminism', *Women's Health: a Spare Rib Reader* (London: Pandora Press, 1987), pp. 190-191, p. 190.

to abortion through the Abortion (Amendment) Bill.[67] Also in 1975 the Abortion Law Reform Association changed its name to the 'A Woman's Right to Choose Campaign', demonstrating the shift towards prioritising female agency.[68] Together with the NAC this placed abortion reform at the axis of feminism's engagement with the legislature.

From its inception NAC was a populist movement and organized in local groups.[69] This was to prevent the organization from repeating the perceived mistakes of the male Left: 'capable only of 'responding to issues' and not to the human experience behind them'.[70] NAC adhered to radical feminism, demanding 'Free Abortion on Demand – a Woman's Right to Choose' and 'Our Bodies, Our Lives, Our Right to Decide'.[71] This emphasised the role of the woman in the abortion decision, and articulated the abortion debate using the feminist discourse of physical and reproductive autonomy. The feminist campaign for abortion on demand had the potential to establish a new model in medical practice since the patient was usually a passive recipient of treatment rather than an agent in it.[72] NAC's radicalism did not endear itself to everyone: in 1978 Diane Munday of the British Pregnancy Advisory Service declared members of NAC the 'wild women of the left',[73] and Anja Hohmeyer, a member of NAC's management committee, has written that it is recognized as 'the streetfighter's end of the pro-choice movement'.[74]

---

[67] Bruley, 'Consciousness-Raising', p. 15.
[68] Boston Women's Health Book Collective, p. 297.
[69] Roberts and Millar, 'Feminism, Socialism and Abortion', p. 4.
[70] Eileen Fairweather, 'The Feelings Behind the Slogans', *Spare Rib* 87 (October 1979), pp. 26-30.
[71] Brooke, *Sexual Politics,* p. 207.
[72] Monica Sjoo, 'A Woman's Rights Over Her Body', *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 180-188, p. 187.
[73] *Evening Echo,* 26 June 1978.
[74] Anja Hohmeyer, 'The National Abortion Campaign - Changing the Law and Fighting for a Real Choice', *Feminist Activism in the 1990s* (Ed.) Griffin, G. (London: Taylor and Francis, 1995), pp. 41-48, p. 48.

There were plenty of these 'wild women': by 1976 NAC had over 350 groups.[75] NAC was sometimes accused of being 'male-identified, for drawing women away from consciousness-raising groups', and Eileen Fairweather rued the lack of introspection on the part of NAC members because, 'political activity without constant renewal of our feminist anger, caring and understanding quickly becomes counterproductive'.[76] Here, we can see the role that NAC performed in reformulating the debate about abortion to be one of 'rights' rather than one of medical necessity.

The WLM's commitment to the value of personal experience, however, suggested that attention must be paid to the distress sometimes experienced after a termination. There was anxiety that the Movement's willingness to acknowledge this was not expressed openly enough. This was attributed to the Movement's inexperience at the time when abortion legislation was under attack: 'we…when faced with the opposition's set of slogans, defensively came up with our own. In our rush to do that, the complexity of abortion and its emotional significance for women somehow got lost'.[77] It was argued that some parts of feminism marginalized the emotional significance of abortion:

> Our opponents prey upon the emotional effects of abortion, so we play them down. Both sides hurl around statistics about post-abortion depression and, in the process, any feel for what is a unique and solitary experience for each woman is lost. This self-censorship limits our campaigns and, just as importantly, it abuses us. One feminist found herself totally unprepared: 'I was stunned by my reaction. I never thought I'd want kids and I found I wanted this one. When I got home from hospital and my friends had gone I just rolled about the floor howling, 'I wanted it, I wanted it.' I even phoned the Samaritans…what I feel now almost more than sadness is resentment…we've got a long way to go before a woman's right to choose can mean anything.[78]

This illustrates some of the key tensions produced by the role of health in the abortion debate. First, it points to the need for changed social structures to support real choice.

---

[75] Brooke, *Sexual Politics*, p. 207.
[76] Fairweather, 'The Feelings', p. 340.
[77] Ibid., p. 339.
[78] Fairweather, 'The Feelings', p. 342.

This argument about the cultural status of motherhood and feminism's critique of it is addressed in a later section of this chapter. Second, whilst the mental health argument acted as a legitimising force to allow women access to safe terminations, and illustrated the growing acceptance of mental illness as comparable to physical illness.

By the mid 1970s ambivalence towards the abortion decision was openly discussed within the pro-choice movement. Mira Dana, in her article 'Abortion – a Woman's Right to Feel' wrote of the creation of post-abortion groups at the Women's Therapy Centre.[79] Dana notes that 'the legal and political pressure having slightly declined, women were able to turn their attention to their own feelings, to explore the effects of these past years as well as the emotional aspects of having an abortion'.[80] She argues that the myths of motherhood underpinned women's psychological reaction to the abortion decision. Abortion, she argued, stood in sharp contrast to the self-sacrificial model of motherhood heralded as integral to femininity.[81] Dana acknowledges depression as a possible outcome of the abortion decision despite its mobilization by those seeking to attack women's access to abortion.[82] However depression was just one of a number of possible emotions experienced by women. Through giving voice to emotions women could become reconciled to their decision.[83] In this way the WLM acknowledged the possible emotional repercussions of the abortion decision, but reshaped it to remove associated stigma. Further, the blame for women's emotional reaction was placed on society's attitude towards abortion. Drawing upon this, I suggest that whilst social inequalities and deprivations had been recognized as a precipitating factor in emotional disorders from

---

[79] Mira Dana, 'Abortion - a Woman's Right to Feel', in *Living with the Sphinx: Papers from the Women's Therapy Centre* (Eds.) Ernst, S. and Maguire, M. (London: The Women's Therapy Centre, 1987), pp. 153-178, p. 153.
[80] Ibid., p. 156.
[81] Ibid., p. 159.
[82] Ibid., p. 172.
[83] Ibid., pp. 172-177.

the mid-twentieth century, the WLM framed women's disorder as a product of their social location. The next section of this chapter turns to the feminist critique of conventional psychotherapy and explores the appropriation of psychological language and clinical settings.

THE WLM'S CRITIQUE OF PSYCHIATRY

This section of my thesis explores the influence and scope of the feminist critique of psychiatry, how women mobilised emotional discourses to agitate for liberation, and how CR and feminist therapies came to serve both a political and a palliative function. It argues that feminism emphasised the social location of women's distress and subverted the role of therapy from an adjustment function to that which might facilitate women's action in social reform. Here we can see how the act of making women's distress visible was a necessary precursor to the political project of mobilising it for change to women's position.

For some sections of the WLM the coercive power wielded by psychiatry and psychiatrists was considered to be one of the means by which subordination was enacted. The WLM accused psychiatric and medical paradigms of reinforcing male power.[84] Feminists highlighted the gendered disparities in the diagnosis and treatment of mental health disorders, drawing attention to the high levels of psychiatric distress experienced by women.[85] There was a profound dissatisfaction with, and suspicion of, mainstream psychiatric provision. As a female author from Harvard University reflected in 1983,

---

[84] Susan Morrow, 'Feminist Reconstructions of Psychology', in *Issues in the Psychology of Women* (Eds.) Biaggio, M. and Hersen, M. (New York: Kluwer Academic/Plenum, 2000), pp. 15-32, p. 15.
[85] Lowry, *The Guilt Cage*, p. 218; Gabe, 'Introduction', p. 5.

it may be that the fields of clinical psychology and psychiatry could not have developed and flourished if it were not for the pervasive and chronic unhappiness of many women who somatized their pain through physical ailments…or struggled with experiences of depression and anxiety.[86]

This highlighted the problematic relationship between women and mental health experts. It was argued that the coercive power of the psychiatrist silenced women and in particular mothers. This was a problems that continued into the 1980s, as was demonstrated by Piri Marcus in WIRES, who suggested that

There are lots of ways of discouraging mothers from complaining about the present situation of mothering and about the theories and 'science', 'advice' and general attitudes towards –and against – them. The most powerful one is the institutionalisation of either the children she has given birth to, or the children and the mother, or only the mother herself. The mother might be sent to mental hospital, sometimes even to prison; children night be sent to 'children's homes' if the mother 'can't cope'; that is, if she is not fulfilled and satisfied by mothering itself.[87]

Here we can see the critique that was launched against the coercive mechanisms of the state. The pressure upon women to mother appropriately, or to *feel* appropriately within the guidelines of 'science' and 'advice', was not diffuse or without enforcement. Rather, women considered the institutions of mental health to be a means of policing and enforcing these norms.

Ideas about the importance of psychology spread across the Atlantic during the feminist movement. Reprinted in London in 1969, Naomi Weisstein's influential American essay 'Kinder, Kuche, Kirche as Scientific Law: Psychology Constructs the Female' was one such text.[88] Weisstein claimed that 'when we are about to consider the liberation of

---

[86] Rachel Hare-Mustin, 'An Appraisal of the Relationship between Women and Psychotherapy: 80 Years after the Case of Dora', *The American Psychologist* 38: 5 (1983), pp. 593-601.

[87] Piri Marcus, 'Motherhood: a Letter', *Sweeping Statements: Writings from the Women's Liberation Movement 1981-83* (Ed.) Kanter, H. et al., (London: The Women's Press, 1984), pp. 296-298, p. 297.

[88] For more on the reception of this paper, see Rhoda Unger, *Resisting Gender: Twenty-Five Years of Feminist Psychology* (London: Sage Publications, 1998), p. 19.

women, we naturally look to psychology to tell us what 'true' liberation would mean:

what would give women the freedom to fulfill their own intrinsic natures'.[89] Weisstein's

involvement in the WLM was driven by her personal experiences: she had studied at

Wellesley College and psychology at Harvard, and graduated first in her class, only to

fail to be offered any academic positions.[90] Weisstein argues that

> There isn't the tiniest shred of evidence that these fantasies of servitude
> and childish dependence have anything to do with women's true
> potential; that the idea of the nature of human possibility which rests on
> the accidents of individual development or genitalia…has strangled and
> deflected psychology so that it is relatively useless in describing,
> explaining, or predicting humans and their behavior. It then goes without
> saying that present psychology is less than worthless in contributing to a
> vision which could truly liberate-men as well as women.[91]

Weisstein encouraged an interest in the social context of psychological phenomena,

recommending that 'psychology's failure is that personality theory has looked for inner

traits when it should have been looking for social context'.[92] In this Weisstein was

undermining and attacking the claims of psychology to be science. The role of sex in

psychology, rather than being a foundational tenet and conceptual schema, was actually

its fundamental flaw.[93] Psychology was too often a further mechanism for socialising

women into their culturally forged roles. This attack was framed not only as a

liberationist tactic for women, however. Rather, men were positioned as benefiting from

this deconstruction of psychology's dogmas, too.

The difference between the ways that men and women experienced oppression played

out in these discussions. Debates arose around whether women indeed suffered from

---

[89] Naomi Weisstein, *Kinder, Kuche, Kirche as Scientific Law: Psychology Constructs the Female* (London: Agitprop Literature, 1969), p. 1.
[90] Herman, *The Romance,* p. 281.
[91] Ibid.
[92] Ibid., p. 2.
[93] One such text that demonstrates how gender difference was used as an organisational frame was Ferdinand Lundberg and Marynia F. Farnham, *Modern Woman: the Lost Sex* (London: Harper and Brothers, 1947).

high levels of psychological distress, or whether women were more likely to be *diagnosed* with a disorder.[94] An understanding of the history of mental illness was argued to allow women

> to stand outside the coercive power of medical concepts and practices: it endows our understanding with a dimension of relativity and with the possibility of seeing that medical categories are not timeless or "in nature", but can only be fully comprehended in their social, political, and economic context.[95]

This suggests that psychology was both an active agent in, and a mirror to, culture and society. Again, the scientific claims of psychology were destabilized by claims about their changeable and contingent status.

Moreover, it was also suggested that framing distress as a medical illness could give women access to the help they required.[96] Female doctors perpetuated this – Katharina Dalton, who played a central role in encouraging an awareness of the role of hormones in premenstrual syndrome – argued that postnatal depression was a specific illness.[97] Debates about female mental illness were played out on the pages of feminist literature. For example, *Shrew,* a feminist pamphlet, dedicated an issue to psychological ill health in the mid-1970s.[98] The April 1974 edition of *Spare Rib* featured a letter from a woman criticising her psychiatric treatment as well as an interview with Juliet Mitchell about the relationship between psychoanalysis and feminism.[99] Phyllis Chesler, a psychologist,

---

[94] Agnes Miles, *Women and Mental Illness: the Social Context of Female Neurosis* (Brighton: Wheatsheaf Books, 1988), pp. 10-11.

[95] L.J. Jordanova, 'Mental Illness, Mental Health: Changing Norms and Expectations', *Women in Society: Interdisciplinary Essays* (Ed.) Cambridge Women's Studies Group (London: Virago, 1981), pp. 95-114, p. 96.

[96] Alison Corob, *Working with Depressed Women* (Aldershot: Gower, 1987)*,* p. 16.

[97] Katharina Dalton, *Depression After Childbirth: How to Recognize and Treat Postnatal Illness* 2nd ed. (Oxford: Oxford University Press, 1989), p. 4. Dalton's theories played a role in the defense of Anna Reynolds, who in 1986 killed her mother whilst suffering from postnatal depression. She was subsequently imprisoned for manslaughter. Anna Reynolds, *Tightrope: a Matter of Life and Death* (London: Sidgwick and Jackson, 1991).

[98] BGA, S1, *Shrew* Psychology 4: 2 (1972).

[99] *Spare Rib* 22 (April 1974).

contended that there was a punitive double standard when it came to women and distress.[100] In May 1978, Chesler wrote a diary entry about her feelings as a new mother, in which she claimed to 'go through days stunned, bitter, like an animal trapped into laborious captivity'.[101] Although women drew attention to the damaging effects of conventional psychiatry in early consciousness-raising forums, a more concerted critique emerged in the 1970s and 1980s as feminists moved into academia.[102]

Psychology was not restricted to the academy, however. Rather, psychology was drawn on as both an explanatory framework and as a practical mode of resistance. Psychology not only evidenced women's dissatisfaction with cultural tropes of femininity, but provided a mechanism to challenge it. Judith M. Bardwick wrote – from an American context – in 1979 that 'more than anything else, feminism is a psychological revolution based on women's insistence that they have a basic right to make choices and to be judged as individuals'.[103] It was as part of this 'psychological revolution' that we can see how the invocation of maternal distress became a way of *feeling liberation.* Pat Mainardi, a member of Redstockings women's group in New York, recommended that women 'arm yourself with some knowledge of the psychology of oppressed peoples everywhere, and a few facts about the animal kingdom'.[104] Psychiatric paradigms were called forth to not only account for women's oppression but were proffered as a solution to it. This

---

[100] Phyllis Chesler, *Women and Madness* (New York: Avon, 1972).
[101] Phyllis Chesler, *With Child: a Diary of Motherhood* 2nd Ed (London: Four Walls Eight Windows, 1998), p. 179.
[102] Nancy Tomes, 'Feminist Histories of Psychiatry', in *Discovering the History of Psychiatry* (eds.) Micale, M. and Porter, R. (Oxford: Oxford University Press, 1994), pp. 348-383, p. 348; Tomes states that amongst these are Betty Friedan's *The Feminine Mystique,* Simone de Beauvoir's *The Second Sex,* Kate Millett's *Sexual Politics,* and Shulasmith Firestone's *The Dialectic of Sex.*
[103] Judith M. Bardwick, *In Transition: How Feminism, Sexual Liberation, and the Search for Self-Fulfillment Have Altered America* (New York: Holt, Rinehart and Winston, 1979), p. 12.
[104] Pat Mainardi, 'The Politics of Housework', *Sisterhood is Powerful: An Anthology of Writings from the Women's Liberation Movement* (Ed.) Morgan, R. (USA: Vintage Books, 1970), pp. 447-454, p. 451.

liberation was not only *felt* by women but was needed by families. Mica Nava wrote that the social conditioning around motherhood damaged women's mental health, leading them to perform it with 'a kind of manic zeal', and observed that 'there now exist the recognized syndromes of over-mothering and over-control, when children are not allowed to experience themselves as autonomous persons'.[105] Nava subverted conventional narratives of over-zealous motherhood towards feminist aims.

Clearly, the ways that liberation could be *felt* was intimately related to women's domestic status, in which motherhood was a lynchpin. We can see a language emerging through which motherhood could be articulated as a problematic artifact of femininity. As Rowbotham noted, while there was 'release' in voicing 'struggles, dependence, exhaustion and rage' of mothering, women also began to expose the 'depression, derangement, violence' they felt.[106] This acknowledgment of emotional costs ('depression') taps into some the broader themes this thesis is contoured around: growing distrust of the family, and the ways that *feelings* were raised as evidence of the need for social reform.

While the 'violent' element of mothering mentioned here is revisited in Chapters Four and Five, here we can see how the visibility of maternal distress sat at odds with the postwar emphasis on psychological wellbeing. Bardwick wrote that

> it is possible that the contemporary women's revolution may be reflecting a larger sociological change wherein everyone is asking himself why he is doing what he is doing. New goals seem to be developing, and

---

[105] Mica Nava, 'The Family: a Critique of Certain Features', *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M (London: Stage 1, 1972), pp. 36-44, p. 39.
[106] Sheila Rowbotham, 'To Be or Not to Be: the Dilemmas of Mothering', *Feminist Review* 31 (1989), pp. 82-93, p. 82.

they seem to be personal, interpersonal, and humanistic: happiness, creativity, fulfillment, expansion, and personal growth.[107]

The WLM was here positioned as arising from a postwar culture in which the self was subject to introspection and interrogation. The feminist movement drew on this postwar discourse of self-fulfilment in order to further its political aims. Eva S. Moskowitz has suggested that in 1960s America, liberationist groups were 'measuring social evil with a psychological yardstick'.[108] This analysis can be seen to be evident in the British women's movement, where maternal distress acted as a lens on the position of women.

This lens acted in different ways across the period, as feminist attitudes towards the psychology of women developed and changed. As Lynne Segal notes, whereas in the early days of the movement women denounced psychological theories as constructing false dichotomies between male and female personalities – suggesting that all difference was culturally rather than biologically reproduced – by the later years of the movement there was a greater willingness to revisit and redeem some of the more gendered and knotty psychological theory.[109] This was furthered by the move of feminists into the academy, which marked an increasingly theoretical turn.[110] Here, a focus on struggle and change was displaced by an emphasis on discourse. The linguistic turn shaped feminist therapy. Feminist therapy created a 'language, a mode of communication...The language of therapy is a language that speaks to an often hidden area of women's experience'.[111]

---

[107] Judith M. Bardwick, *Psychology of Women: A Study of Bio-Cultural Conflicts* (New York: Harper and Row Publishers, 1971), p. 218.

[108] Eva Moskowitz, *In Therapy we Trust: America's Obsession with Self-Fulfillment* (Maryland: Johns Hopkins University Press, 2001), p. 282.

[109] Lynne Segal, *Is the Future Female? Troubled Thoughts on Contemporary Feminism* (London: Virago, 1987), pp. 117-122; Juliet Mitchell revised psychoanalysis. See Juliet Mitchell, *Psychoanalysis and Feminism* (Harmondsworth: Penguin, 1974).

[110] Segal, *Is the Future Female?*, p. 52.

[111] Luise Eichenbaum and Susie Orbach, 'Separation and Intimacy: Crucial Practice Issues in Working with Women in Therapy', *Living with the Sphinx: Papers from the*

The language of distress and personal experience had been explored, utilized, and developed outside of the formal therapeutic setting and within the informal setting of CR groups. This leads me to the role of consciousness-raising as one mechanism by which women's distress was made visible by the WLM.

CONSCIOUSNESS-RAISING AND FEMINIST THERAPY

In this section I ask how CR diverged from, challenged and coalesced with psychotherapeutic approaches. I interrogate the role it played in forging a language that brought the self to the fore as well as acknowledging social and political context. This evolution of CR provides a context within which ideas about motherhood developed, as well as a language of *feeling liberation*. CR developed at the very inception of the women's movement as a mechanism for grassroots activism and recruitment. In November 1968 Kathie Sarachild of the New York-based Redstockings group read a paper ('Consciousness-Raising: a Radical Weapon') in Chicago that outlined the strategy for CR that was later published and circulated in Britain.[112] Conceived of as a conduit between large scale social reform and individuals, women organized themselves into small groups, and held 'a form of structured discussion in which women connected their personal experiences to larger structures of gender'.[113] This sought to ascribe political meaning to the situation of the individual and to lay the ground for radical change.

CR groups were predominately held in women's houses, and were rarely 'led' in any

---

Women's Therapy Centre (Ed.) Ernst, S. and Maguire, M. (London: the Women's Press, 1987), pp. 49-67, p. 66.
[112] BGA 23/238101, Kathie Sarachild, 'Consciousness-Raising: A Radical Weapon', *Feminist Revolution* (New York: Random House, c1978), pp. 144-150; N. Braun Rosenthal, 'Consciousness Raising: From Revolution to Re-Evaluation', *Psychology of Women Quarterly* 8: 4 (1984), pp. 309-326, p. 316; Sue Bruley, 'Consciousness-Raising', p. 5.
[113] Baxandall and Gordon, *Dear Sisters*, p. 13.

163

formal sense.[114] It was argued that

> the small group can be seen as a psycho-political group, which both in its intentions and structure (content and form) seeks to connect inner and outer experience, to analyze it and to come to far ranging political and practical conclusions.[115]

The practice sought to explore the relationship between personal experiences and structural oppression. In 1981 it was reflected that 'the women's movement gives pride of place to the lived experience of mental illness, its connections with the female construction of self, and to specific feminist therapies such as women's consciousness raising groups'.[116] CR quickly expanded beyond the small group, and editors of feminist magazines such as *Spare Rib* (launched in 1972) saw themselves as performing a CR activity.[117] *Spare Rib* regularly ran articles on women's mental wellbeing, covering both the shortfalls of the healthcare service and alternative models of treatment.[118] However, the popularization of CR took place against a backdrop of broader social change and an interest in the self.[119] Clearly, its functions should be read against this backdrop of the rise of the psychological.

CR performed several functions for the British WLM. Accounts stress the role it played in decreasing isolation and, through this, provided a space in which distress could be seen on a structural as well as personal level. One member of the Belsize Lane group (which was established in 1969 as one of the first groups in the London Women's

---

[114] Bruley, 'Consciousness-Raising'.

[115] Michelene Wandor (Ed.), 'The Small Group', *The Body Politic: Women's Liberation in Britain* (London: Stage 1, 1972), pp. 107-115.

[116] Jordanova, 'Mental Illness', p. 97.

[117] Marsha Rowe, (Ed.) 'Introduction', *Spare Rib Reader: 100 Issues of Women's Liberation* (Middlesex: Penguin, 1982), pp. 13-22, p. 19.

[118] See, for example, 'Mental Illness: Low Priority', *Spare Rib* 16 (October 1973), p. 19; Carol Morrell, 'Why is Liberation an Emotional Struggle?', *Spare Rib* 14 (August 1973), pp. 35-37; Rita Lennon, 'Mental Healthcare: "Therapy" without Consent', *Spare Rib* 233 (April 1992), p. 58.

[119] Anita Shreve, *Women Together, Women Alone* (New York: Fawcett Columbine, 1989), p. 5.

Liberation Workshop) recalled that the group assured her that she was not in need of hospitalisation since the group revealed the common experience of 'what for so long I had believed to be my own idiosyncratic suffering'.[120] Groups were founded on the premise that 'sharing private suffering' could be healing and emphasised personal experience as a path to political struggle.[121] In America, Vivian Gornick wrote that CR groups capitalised on the perception that women's domain was 'naturally' the emotions.[122] The political purpose of CR distinguished it from therapy, although both were thought to have potential to make social structures visible through an interrogation of the individual psyche.[123]

FEMINIST THERAPY?

Feminist therapy was considerably more controversial than CR. As Gornick argued, the distinction between therapy and CR was that 'in consciousness-raising one looks not to one's personal emotional history for an explanation of behavioral problems but to rather the cultural fact of the patriarchy'.[124] In fact, while the WLM was vocal on the psychological consequences of women's subordinate social position, the cures for this were subject to fierce dispute. In a paper first presented in 1977, Sheila Jeffreys argued that there could be no such thing as feminist therapy, because the relationship duplicated the dynamic of patriarchy: 'precisely the sort of authoritarian and hierarchical set-up which, as women, we are trying to get away from'.[125] The very tools and

---

[120] Belsize Lane Women's Group. 'Nine Years Together', *Spare Rib* 68 (April 1978), pp. 41-46.
[121] Jordanova, 'Mental Illness', p. 97.
[122] Gornick, *Readings,* p. 171.
[123] Luise Eichenbaum and Susie Orbach, *Understanding Women (*Middlesex: Penguin, 1985), p. 26.
[124] Vivian Gornick, *Readings on the Psychology of Women* (Ed.) Bardwick, J. (New York: Harper and Row, 1972), pp. 170-178, p. 171.
[125] Sheila Jeffreys, 'Against Therapy', *Women's Health: a Spare Rib Reader* (Ed.) O'Sullivan, S. (London: Pandora Press, 1987), pp. 142-145, p. 143.

techniques of therapy were oppressive, argued Jeffreys.[126] She urged women to return to CR, which was

> the basis of the revolutionary struggle of women. Its purpose is the development of revolutionary anger and strength with others with whom we can take political action…its purpose is not to make an individual woman feel that she can cope better with her lot, but to make her feel that she need not cope, but must struggle.[127]

CR was thus not congruent with mainstream psychologies and therapies, with CR playing a role in forging a political language as well as a mode of activism. Anger, Jeffreys argued, underpinned the 'revolutionary struggle of women'. Emotion was thus placed at the very heart of the feminist project. Anger was both evidence of the need for revolution and the key to it.

Within this frame, the therapist was considered a conservative force that prevented women from rebelling through diffusing this affective response to oppression. Jeffreys wrote that therapy was the 'separation of the realm of mental health from the rest of our social and political lives', distracting women from the 'war going on outside between men and women'.[128] One woman wrote that 'therapists reinforce the cult of individualism by imposing responsibility for all of a woman's problems on the woman herself. As long as women can be sold the myth that our problems are the result of unique and individual human experiences, we will be powerless against the social conditions that create madness'.[129] Whereas women in CR groups created a shared space for anger, enabling its politicization, the individualization of distress, in this argument, neutered it as an agent of liberation. It was argued that the formulation of a feminist

---

[126] Ibid., p. 143.
[127] Ibid., pp. 143-144.
[128] Ibid.
[129] BGA 103/1038101, Susan Williams, 'Women's Psychology: Mental Illness as a Social Disease. Presented to Women and Mental Health Symposium, May 19 1975, Seattle, Washington' (Seattle: Radical Women Publications, 1975), p. 3.

therapy was not the answer to this, as it too would identify the problems of sexism as internal rather than encouraging women to utilize their anger as a revolutionary force.[130]

The claim that therapy could not be feminist was disputed by others who argued that it could be reconciled with feminist politics. While it was only in the latter years of the women's movement that women's therapy groups became well established, the Red Therapy group was one early example, established in 1973.[131] Stef Pixner, writing 'For Therapy' in *Spare Rib*, suggested that her own experience in therapy had encouraged her to become 'less depressed, more angry, more able to know what I need and act on it'.[132] She noted that whilst many of the issues that brought women to therapy required political action, on a personal level women sometimes needed individual help to be able to find the strength to do this.[133] One feminist argued that 'the therapeutic process has given me a greater appreciation of political issues and motivation'.[134] Another author, writing about self-help therapy in *Spare Rib,* declared that 'taking therapy into our own hands is the first step towards self-realization'.[135] It is significant here that self-realization is framed within a political agenda of social reform. The same author continued to draw on individualistic language of self-actualization: 'change is better seen as the unfolding of real individual potential; and discovery, as the potential becomes apparent, of what we want to accomplish in our lives'.[136]

---

[130] Ibid, p. 4.
[131] Sheila Ernst and Marie Maguire (Eds.), 'Introduction', in *Living with the Sphinx: Papers from the Women's Therapy Centre* (London: The Women's Press, 1987), pp. 1-29, p. 8.
[132] Stef Pixner, 'For Therapy', *Women's Health: a Spare Rib Reader* (Ed.) O'Sullivan, S. (London: Pandora Press, 1987), pp. 140-142, p. 141.
[133] Ibid.
[134] Frances Seton, 'Opening Myself to Change', *Spare Rib* 44 (March 1976), pp. 30-32.
[135] Carol Morrell, 'With a Little Help From Ourselves', *Spare Rib* 15 (September 1973), pp. 37-38, p. 37.
[136] Ibid., p. 38.

Moreover, for some women therapeutic language offered a route into political action. Susie Orbach and Luise Eichenbaum wrote that 'a feminist understanding in psychology does not change the outer world, but it may alter the woman's ability to cope with it', through highlighting the relationship between structural issues and individual psychology.[137] In a paper on the relationship between depression, sex, race, and class, political action was suggested as a ameliorating depression:

> such activity forces a recognition that your own suffering is not the result of some individual failing, nor is it a chemical imbalance, but much more likely it is a commonly felt response to the sexism, racism and class nature of society – albeit mediated through the individual.[138]

Writing in *Spare Rib,* one woman argued that it was the individualistic nature of therapy that provided emancipation; 'women have a right to choose something they want and maybe they are choosing therapy because it's the *first* thing that's come along which gives them something for themselves – and *why not?* I get sick to the stomach of hearing how I shouldn't be so 'introspective' – why the fuck *not, for once?*'.[139]

This suggested that feminist therapy, in placing women's experience at the heart of its techniques, subverted cultural ideologies of feminine and maternal self-effacement. Tamsin Wilton, who was active in the Bristol Crisis Service for Women during the late 1980s, has claimed that the centre gave her a 'new and coherent conceptual framework' for her experiences of mental disorder, and provided a '*political* language for talking

---

[137] Luise Eichenbaum and Susie Orbach, 'Separation and Intimacy: Crucial Practice Issues in Working with Women in Therapy', in *Living with the Sphinx: Papers from the Women's Therapy Centre* (Eds.) Ernst, S. and Maguire, M. (London: the Women's Press, 1987), pp. 49-67, p. 65.

[138] BGA 175/1758101, Jane Kelly, 'How Can I live, Sister, How Can I Live? Depression - Sex, Race and Class', *University of Kent at Canterbury Women's Studies Occasional Papers* 14 (1987), p. 17.

[139] Claire Betti, 'Letters Forum' *Spare Rib* 71 (June 1978), p. 36.

about madness'.[140] Wilton describes how the Bristol Women and Mental Health Network was founded by three lesbians during their stays in a mental institution in Bristol in 1986.[141] The organization was one of a number established by women with feminist aims in this period. This chapter now turns to two case studies of a London mental health projects established by women for women. This draws attention to how the emphasis on psychological wellbeing opened up new modes of alternative provision, a theme I return to in the Conclusion to this thesis. My argument here is that once women's distress had been made visible it became an object around which women organised.

THE WOMEN'S THERAPY CENTRE

The Women's Therapy Centre (WTC), founded in April 1976, was one site in which the debates around the potential for a feminist psychotherapy played out.[142] Luise Eichenbaum and Susie Orbach, its founders, had both been active in the WLM.[143] Through this they had 'learned…that our internal and external existence were entwined, that the outside world was inside us and that we needed to struggle on all fronts to produce social change.'[144] Within the feminist framework, the key debate, as I have articulated, around feminism and mental health was over if feminist activism was *in itself* enough to ensure mental health, or if a feminist therapy needed to be developed to treat the harm done through oppression.[145] To this, the justification for the Centre, as described by Sheila Ernst and Marie

---

[140] Tamsin Wilton, 'Madness and Feminism: Bristol Crisis Service for Women', *Feminist Activism in the 1990s* (Ed.) Griffin, G. (London: Taylor and Francis, 1995), pp. 28-40, p. 28.
[141] Ibid., p. 35.
[142] Sheila Ernst and Marie Maguire (Eds.), 'Introduction', in *Living with the Sphinx: Papers from the Women's Therapy Centre* (London: The Women's Press, 1987), pp. 1-29.
[143] Luise Eichenbaum and Susie Orbach, *Outside in…Inside Out* (Harmondsworth: Penguin, 1982), p. 7.
[144] Ibid., p. 7.
[145] Maguire and Ernst, 'Introduction', p. 7.

Macguire, both of whom were members of staff in 1987, was that though distress might occur within a cultural framework, the experience of it demanded treatment 'on its own terms.'[146]

Outside this feminist debate, the Centre was established as a riposte to the perceived inadequacies of mainstream provision. Women were being let down, Eichenbaum and Orbach suggested, for 'most of the current theory and practice of psychotherapy is imprisoned within conventional patriarchal ideology.'[147] New models of psychotherapeutic practice might liberate women from the constraints of approaches that pathologised their distress or rendered it invisible.

The centre aimed to offer individual women alternative provision and to demonstrate alternative understandings. Eichenbaum and Orbach reflected that 'psychology, psychiatry and psychoanalysis were no less confronted by feminism than were other institutions of patriarchal power.'[148] The WTC posed both a practical and an ideological challenge to this: it was an alternative site of treatment founded in response to the discontent revealed in CR groups.[149] The disorder rendered visible by CR thus created an object that the WLM mobilized around. It also acted as a site for the development of new ideas about how to treat women's distress. Indeed, the Centre aimed to provide a space to revisit psychoanalytical theory having found that other treatment options often fell short. This, its founders stated, emerged from a consensus of the 'critical nature of early family experience in forming our psychology.'[150]

---

[146] Ibid., p. 9.
[147] Eichenbaum and Orbach, *Outside In,* p. 9.
[148] Ibid., p. 11.
[149] Eichenbaum and Orbach, *Outside In,* pp. 14-15.
[150] Ibid., p. 15.

While the early years of the WLM had been marked by a distinct antipathy towards Freud, the founders of the WTC appropriated his ideas about the unconscious and the significance of the family towards the ends of feminist therapy.[151] This coalesced with the reappraisal of the mother-daughter relationship within the wider feminist movement. Here, Eichenbaum and Orbach drew attention to the ways that mothers shaped their babies' early experiences in a way sympathetic to their social location.[152] Mothers were considered critical to fracturing the passage of psychological oppression through generations. Here, mothers were again situated as the principal mode of intervention into the struggle to improve their children's lives – but in a way that was complementary to the liberation of the mother as well as the child.[153] In this way the founders of the WTC extracted women's distress and mobilized around it to form an alternative model of psychiatric treatment. The following section explores another site of feminist alternative provision that responded to women's distress.

THE ISLINGTON WOMEN AND MENTAL HEALTH PROJECT

This section asks again how women organised around women's distress once it had become visible. Like the previous section, it explores the relationship between the social and the personal, as well as asking how the visibility of women's distress highlighted the inadequacies of mental health provision within the NHS. The Islington Women and Mental Health Project (IWMHP) was established in 1983 by women active in the

---

[151] Ibid.
[152] Ibid., pp. 20-25.
[153] Ibid., p. 98.

WLM.[154] One of the founding members, Mary Lynne Ellis, has reflected that the combination of CR and their own experiences of feminist psychotherapy encouraged women to establish their own provision: the aim of the centre was to provide help for women for whom other mental health services were difficult to access.[155] The IWMHP sought to provide a therapeutic space for women, to educate women about their mental health, and to analyze and influence wider mental health provision.[156] As such, the group was active in organising around and putting forward a feminist view on the broader changes to mental health provision in this era. Thus the group expressed views on the proposed changes to mental health legislation, the development and perceived shortcomings of the Community Care Act (1990), and reorganization of the healthcare service.[157] In a pamphlet that outlined the Project's aims, Brid Greally, the project coordinator, wrote of the ways that women's private caring role marginalized their needs in the public realm.[158] As Greally noted, the caring functions ascribed to women placed significant strain on their wellbeing.[159] These caring experiences, however, also furnished women with the very skills they required to reclaim their health.[160]

The group initially established a telephone line (the training for which stressed the importance of empathetic listening to alleviate isolation), and was eventually awarded

---

[154] Mary Lynne Ellis, *Maya Centre, Early Years - Islington Women and Mental Health Project.* January 2014 (in possession of this author); Brid Greally, *What is Islington Women & Mental Health?* (1985) (document in possession of the author)
[155] Ellis, *Maya Centre*, p. 1.
[156] Greally, *What is.*
[157] The Maya Centre: Counselling for Women, 'History'
<http://www.mayacentre.org.uk/history/> [accessed 1 July 2016].
[158] Greally, *What is.*
[159] Ibid.
[160] Mary Lynne Ellis and Brid Greally, *What We Women Want In Terms of a Mental Health Service.* [undated] (in possession of this author), p. 1

funding for a project coordinator and office costs by Islington Council.[161] By 1987 the
IWMHP had secured funding from the Islington Institute for a tutor for the telephone
service, and had established a crèche for the clients, a series of 'Coping with Stress'
courses, a women and depression group, an art therapy group, a drop-in service, and
provided short-term psychodynamic counselling.[162] This is illustrative of the dynamic
provision developed by feminist mental health pioneers, and how woman-centered
services were embedded into local communities and governments.

The IWMHP was critical of the role of conventional psychiatry, noting that the
profession diagnosed women's mental disorder as illness instead of interpreting it as
'essentially our protest and potentially empowering'.[163] Ellis and Greally wrote that 'we
totally refute the concept of 'mental illness', a biological notion that carves a split
between our distress and the rest of our lives'.[164] In its current formation, psychiatry did
'not have the ability to give us better mental health'.[165] In a statement written on behalf
of the National Women and Mental Health Campaign, Ellis argued that '"Breaking
down" may be viewed as resistance rather than submission to male domination'.[166] The
National Women and Mental Health Campaign was established in London with the aim
of campaigning for change to mental health legislation and to found crisis centres,
support centres and refuges for women in emotional distress.[167] This campaign ascribed
social meaning to women's psychological disorder and considered it to be a product of

---

[161] Ellis, *Maya Centre*, p. 1; Mary Lynne Ellis *Counselling* [sic] *Skills - Islington Women and Mental Health Telephone Helpline* [undated] (document in possession of the author)
[162] Ellis, *Maya Centre*, p. 1; personal communication with Ellis.
[163] Mary Lynne Ellis and Brid Greally, *What We Women Want In Terms of a Mental Health Service.* [undated] (in possession of this author), p. 1.
[164] Ellis and Greally, *What We Women Want,* p. 2.
[165] Ibid.
[166] Mary Lynne Ellis, *Statement for National Campaign.* [undated], p. 1 (in possession of this author).
[167] Ibid.

women's social status. Indeed, mental illness was configured as a set of behaviours, the 'real message' of which could be decoded as deriving from a patriarchal society.[168] This suggests that women's psychological distress was a rational reaction to a society that marginalized women's needs and exploited their responsibilities. Ellis contended that one of these responsibilities was maternity, a role that she suggested was considered primary and inexorable.[169]

These issues were brought into focus in the IWMHP's response to Islington Health Authority's consultation on district-based mental health services in 1985.[170] The Health Authority was criticized for lacking a democratic or representative focus on the community. More significantly, for the purposes of this chapter, however, was the IWMHP's critique of medicalisation:

> medicalisation serves to deny the social origins of distress, instead locating the 'illness' solely with in the individual. We question why a document on 'community care' continues to divorce personal experience from the wider social context where poverty, bad housing conditions, racism and sexism are the major sources of distress for people living in Islington.[171]

Women's unpaid labour was called upon to compensate for the deficit of other services.[172] Indeed, the authors charged that Community Care 'exploits us in its demand that women take on this caring, further endangering our mental health and offering no forms of support that are really responsive to women's needs'.[173] Women's caring role was deployed in lieu of other healthcare facilities in the welfare state.[174] These responsibilities played a critical role in placing women at risk

---

[168] Ellis, *Statement for National Campaign,* p. 2.
[169] Ibid.
[170] Mary Lynne Ellis and Brid Greally, *Community Care: Betrayal of Women* (London, 1985) (in possession of this author)
[171] Ellis and Greally, *Community Care,* p. 1 (in possession of this author).
[172] Ibid.
[173] Ellis and Greally, *Community Care,* p. 1.
[174] Ellis [undated], p. 1.

of emotional strain. This chapter now examines how maternal distress was understood and used by 'second wave' feminists.

'DOING GOOD AND FEELING BAD':[175] THE WOMEN'S MOVEMENT AND MOTHERHOOD

The previous section explored how the WLM disputed, appropriated and reshaped the 'psy' sciences. Before I turn to the third section of this chapter, in which I investigate how the WLM conceptualized maternal distress, it is first pertinent to explore the intellectual space motherhood occupied within second wave feminism. I argue that the Movement allowed motherhood to be talked about in political terms. This was not a static space, however; 'second wave' approaches to the family evolved between the 1970s to the 1980s. Whereas radical feminists denounced the family as a site of unassailable oppression, by the late 1970s a new, more liberal, attitude to motherhood emerged.[176] This distinguished between motherhood as an experience (potentially liberating), and motherhood as an institution (oppressive).[177] Moreover, Rowbotham has suggested that feminists' attitudes to motherhood changed as women themselves entered the years of childbearing.[178]

As has been alluded to earlier in his chapter, alongside other institutions, the nuclear family came to be seen as an instrument of social and patriarchal control. This was expressed by Lynne Segal who wrote that the

---

[175] Ann Oakley, *Subject Women: A Powerful Analysis of Women's Experience in Society Today* (London: Fontana, 1981), p. 81.

[176] David Bouchier, *The Feminist Challenge: The Movement for Women's Liberation in Britain and the United States* (London: Macmillan Press, 1983), p. 78.

[177] Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution* (New York: Norton, 1986).

[178] Sheila Rowbotham, 'To Be or Not to Be: the Dilemmas of Mothering', *Feminist Review* 31 (1989), pp. 82-93, p. 84.

family, the school, the university, the factory, the community, prisons, mental hospitals: something was very wrong with them all. Something was wrong with the state, wrong with the world.[179]

Here we can see how the family and the institutions for mental health care were considered coterminous and complementary. This elision of the state and the family was not coincidental. Feminists were quick to point to how the contemporary nuclear family had been buttressed by legislation.[180] As I argued in the Introduction to this thesis, a climate of concern over the family had been supported by the theories of prominent child psychoanalysts who propagated visions of mothers founded on attachment theory.[181] This brought child guidance theorists into the gaze of the WLM, who contested the foundations of their claims.[182] In challenging experts' claim to knowledge, the women's movement disseminated different types of psychological discourse.

Women's need to *feel liberation* and to critique maternity was facilitated, as we have seen, in consciousness-raising groups. Within the WLM maternal experiences gained political resonance. As Rowbotham wrote in 1989, the WLM 'created a *political* space in which women were able to consider the whys and wherefores of motherhood'.[183] This moved beyond consciousness-raising groups and was disseminated by feminist publications. *Shrew* magazine issued a 'Manifesto on Motherhood' in 1970.[184] This language ('manifesto') reflected the politicization of women's maternal role. Beyond this, it suggested an understanding that women's emotional distress postpartum could in itself be political: a result of the politics of oppression.

---

[179] Lynne Segal (Ed.) "Smash the Family?' Recalling the 1960s', *What is to be done about the Family? Crisis in the Eighties* (Middlesex: Penguin, 1983), pp. 25-64, p. 26.
[180] Ibid., p. 27.
[181] Bowlby, *Child Care and the Growth of Love*.
[182] For more on this, see Christina Hardyment, *Dream Babies*.
[183] Sheila Rowbotham, 'To Be or Not to Be: the Dilemmas of Mothering', *Feminist Review* 31 (1989), pp. 82-93, p. 82; Italics added.
[184]'Manifesto on Motherhood' (first published *Shrew* September 1970), *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 78-79.

Just as feminist approaches to psychology were contested, and changed across the movement, parallel shifts were occurring around mothering. There were breaches and rifts in feminist approaches to motherhood. One of these fissures occurred along the extent to which the maternal role *undermined* political activity, or was *in itself* intrinsically political. This debate was played out on the pages of American feminist magazine, *Off Our Backs*.[185] In a 1984 edition one author suggested that

> the time and energy children require is my reason for wishing feminists would choose to make the movement their primary commitment instead of raising children…though women's liberation is for increasing women's choices, might I suggest that feminists think twice before having children. It's a life choice which competes directly with feminist political work.[186]

Under this rubric motherhood could not be redirected for liberationist ends but necessarily distracted women from the movement. The author pointed to the way that motherhood was supported by religion and the State, two institutions feminists sought to disrupt and challenge.[187] She pointed to the protracted history of feminist opposition to motherhood, and observed the limited extent to which the feminist analysis of motherhood had gained cultural prominence: indeed, how little the institution of mothering had changed ('one might think that with twenty years of feminism motherhood might have changed at least as much as women's tennis has').[188] This position was, however, subjected to internal interrogation. In a later edition, Trinidad Tonies challenged this directly:

> her argument is based on the implicit assumption that only acts which are political according the boys' definitions are valid political acts. This is revealed

---

[185] In a letter to *Off Our Backs,* the authors of *Spare Rib* claimed that 'a number of us here read *Off Our Backs* avidly' *Spare Rib Collective* 'A Raw Deal for Spare Rib', *Off Our Backs* 10: 8 (1980), p. 26.

[186] Vickie Leonard, 'Banners not Babies', *Off Our Backs* 14: 11 (1984), pp. 16-19, p. 16.

[187] Ibid., p. 16.

[188] Ibid., pp. 16-18.

by her juxtaposition of politics and motherhood as categories of work – as if motherhood were not political work…I would like to see the feminist theory of mothering transcend male definitions of political activism and occupy itself, instead, with the development of feminist motherhood[189]

Thus the feminist movement challenged the dichotomy between the public and the private, disputing these boundaries. From this vantage point Tonies's analysis was in line with the feminist contention that women's labour was, indeed, work. Motherhood, here, was not only valuable, but was a site of political potential.

Foremost amongst influential texts on the public treatment of motherhood was Adrienne Rich's *Of Woman Born: Motherhood as an Experience and Institution* (1976).[190] Rich was the first to draw a distinction between 'the *potential* relationship of any woman to her powers of reproduction—and to children; and the *institution*—which aims at ensuring that that potential—and all women—shall remain under male control'.[191] *Of Woman Born* was reviewed in medical journals as well as within feminist literature.[192] This demonstrates the ways that the medical establishment was cognizant of – if not sympathetic to – the women's movement. Amongst others, Rich fashioned an understanding of mothering practice as culturally constructed. As Michèle Barrett and Mary McIntosh wrote in their critique of the family (1982), 'the problem is rather the tyranny of motherhood…what they [women] seldom choose, though, are the social circumstances and pressures that would enable them to resist being swamped by

---

[189] Trinidad Tonies, 'Motherhood Political', *Off Our Backs* 15: 2 (1985), p. 24.

[190] Andrea O'Reilly (Ed.), 'Introduction', *From Motherhood to Mothering: the Legacy of Adrienne Rich's Of Woman Born (*Ed. O'Reilly, A.) (Albany: SUNY Press, 2004), pp. 1-23.

[191] Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution* (New York: Norton, 1986), p. 13.

[192] Susan Sheridan, 'Adrienne Rich and the Women's Liberation Movement: A Politics of Reception', *Women's Studies* 35: 1(2006), pp. 17-45, p. 29; Carol Anne Douglas, 'Reviewed Work: Of Woman Born: Motherhood as Experience & Institution', *Off Our Backs* 7: 2 (1977), p. 19.

motherhood'.[193] The tyranny of motherhood, the authors suggest, was created by the love a mother may feel for her children coming into conflict with the oppressive nature of the division of labour in the home, creating ambivalence.[194] They argued that alternative models of social support should supersede the nuclear family, for 'it is clear that being a housewife can drive women mad.'[195] This reflects the growing distrust of the family in postwar Britain (a theme that Chapter Four also discusses).

The WLM unpicked the relationship between psychology and motherhood. A paper read at the 1970 Women's Movement conference at Ruskin College, Oxford, claimed that

> modern psychology, with its emphasis on individual development, individual achievement and individual advancement, has encouraged the isolation of the adult woman, particularly the mother, and the domestication and subordination of females in society.[196]

Indeed, in the postwar era the woman and the home were declared 'disturbingly synonymous'.[197] Women, it was suggested, talked about their experience of domesticity in 'the tones of a private neurosis to express a social fact – the imposed isolation of her work'.[198] In the early 1980s an article in another feminist pamphlet, *Scarlet Women,* argued that that the state, psychiatry, and commerce had forged an industry around women's roles.[199]

---

[193] Michele Barrett and Mary McIntosh, *The Anti-Social Family* (2nd Ed.) (London: Verso, 1991), p. 61.

[194] Ibid., p. 62.

[195] Ibid.

[196] Rochelle P. Wortis, 'Child-rearing and Women's Liberation', *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 124-130, p. 124.

[197] Jan Williams, Hazel Twort and Ann Bachelli, 'Women and the Family', *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 31-36, p. 31.

[198] Ibid, p. 32.

[199] Ursula Huws, 'Domestic Technology - Liberation or Enslavery?' *Sweeping Statements: Writings from the Women's Liberation Movement 1981-83* (Ed.). Kanter, H. et al., (London: The Women's Press, 1984), pp. 76-80, p. 76.

Moreover, it was argued that the interactions between these institutions exploited women's guilt to convince them that housewifery was both necessary and fulfilling.[200] The drudgery of the home, it was argued, rendered women vulnerable to distress. This distress then supported an industry aimed at alleviating it. The rise of the pharmacological treatment of women's distress was positioned alongside the technologisation of domestic chores.[201] Sue Sharpe, a member of the London Women's Liberation Workshop, wrote of the ways women embodied their distress:

> developing minor illnesses, nervous complaints and so on, which are remedied with tranquilizers, sleeping pills, or a quick drink to keep going. 'Mother's little helpers' have performed their silent functions only too long. Living conditions also often aggravate the situation and for example tower-block life, day in day out, has been shown to have a deteriorating effect on mental health.[202]

This suggested that women's distress was somatized and used as an index for the state of modern living.

How to Change Motherhood

Girls' socialization into the maternal role was considered fundamental to the psychological processes affecting motherhood. The maternal instinct, far from being biologically predetermined, was forged in girls' education:

> little girls, even growing up in the freest home environment learn from family and from society what constitutes the female ideal stereotype. They should aspire to be submissive, fragile, non-competitive, emotional and sentimental; they are naturally incompetent and incapable of understanding anything mechanical, and have a capacity for long, boring, monotonous tasks – in fact the ideal characteristics for housework and mother-care.[203]

---

[200] Ibid., p. 78.
[201] Ibid.
[202] Sue Sharpe, 'The Role of the Nuclear Family in the Oppression of Women', *Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 138-145, p. 141. For more on this see chapter one.
[203] Sharpe, 'The Role of the Nuclear Family', p. 140; see also Mica Nava, 'The Family: a Critique of Certain Features', *The Body Politic: Women's Liberation in Britain 1969-1972* (Ed.) Wandor, M (London: Stage 1, 1972), pp. 36-44, p. 37.

This socialization, however, offered an opportunity for reform. Women argued that

mothers perpetuated the preparation for women's subordinated social role with their

own daughters.[204] Therefore, feminists suggested that mothers, in liberating themselves,

could free their daughters from the cycle of oppression. Nancy Chodorow's *The*

Reproduction of Mothering: Psychoanalysis and the Sociology of Gender (1978) contended that

equal participation in parenting would free children from 'fears of *maternal* omnipotence

and expectations of *women's* unique self-sacrificing qualities'.[205] In this way feminists

contested the ideas and evidence put forward by postwar child guidance experts such as

John Bowlby.

The cycle of distressed motherhood was produced by three factors that needed to be

critiqued and challenged. First, it was argued that some women found mothering

'overwhelming and burdensome in its isolation'.[206] Second, it was argued that the

mythology of motherhood rendered women ill-prepared for the reality. This mythology

was termed as 'a male mythology'.[207] In 1970 an article in *Shrew* argued that the 'gap

between myth and the reality is underestimated and not discussed enough…We seem

committed to a conspiracy of silence.'[208] This projection of motherhood, it was

contended, encouraged women to interpret their struggles as mothers as personal

---

[204] Cathy Haw and Rosie Parker, 'Feminist Therapists Talking', *Spare Rib* 61 (August 1977), pp. 35-37; see also Ann Oakley, 'The Cries and Smiles of Babies', *Essays on Women, Medicine and Health* (Edinburgh: Edinburgh University Press, 1993), pp. 81-94, p. 87; and Luise Eichenbaum and Susie Orbach, *Outside In Inside Out. Women's Psychology: A Feminist Psychoanalytic Approach* (Harmondsworth: Penguin, 1982), pp. 30-35.
[205] Nancy Chodorow, *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (London: University of California Press, 1978), p. 218; emphasis in original.
[206] Pamela Ashurst and Zaida Hall, *Understanding Women in Distress* (London: Routledge, 1989), pp. 155-156.
[207] Jane Price, *Motherhood: What it Does to Your Mind* (London: Pandora, 1988), p. 125; Price, *Motherhood*, p. 125.
[208] Annette Muir, 'On Having Children', *Shrew* (January 1970), quoted in Sheila Rowbotham, 'To Be or Not to Be: the Dilemmas of Mothering', *Feminist Review* 31 (1989), pp. 82-93, p. 83.

shortcomings.[209] Instead, the feminist lens asserted the validity of women's feelings of distress but argued that they were culturally constituted. As a social worker involved with the Bristol Women and Mental Health Network observed, 'a feminist worker would not interpret depression as an individual pathological reaction, but view it as a possibly appropriate response to a probably unfair and oppressive situation'.[210] Third, it was argued that as it stood culturally-constituted normative motherhood was out of reach for many women for economic, class, sexual or marital reasons.[211]

Noting the primacy of the heterosexual family, the women's movement began to advocate for alternatives and to reassert the legitimacy of heterogeneous forms of mothering practice, establishing local groups - such as the Hackney Lesbian Mothers' Network - and hosting conferences, such as the Lesbian Mothers' Custody Conference (1983).[212] Organisations agitated in both the legal and the cultural domains, as women targeted the law and parenting literature.[213] The law was seen to have symbolic and practical significance as lesbian mothers seeking custody of their children faced charges that they would cause psychological damage to children.[214] Into the 1970s, then, the psychological power of the mother and the significance of the child were used as a mechanism by which to define parenting practices. This accusation was investigated in a study conducted by the Institute of Psychiatry in the late 1970s, which found no difference between children raised in lesbian households and those raised in a home

---

[209] Corob, *Working,* p. 57.
[210] Alison Corob, *Working with Depressed Women* (Aldershot: Gower, 1987), p. 91.
[211] Lynda Ross, 'Mom's the Word: Attachment Theory's Role in Defining the 'Good mother',' *Feminist Counselling: Theory, Issues, and Practice* (Ed.) Ross, L. (Canada: Women's Press, 2010), pp. 51-76, p. 54.
[212] Lynne Harne, 'Lesbian Mothers' Custody Conference', *Spare Rib* 129 (April 1983), pp. 22-23; 'Lesbian Mothers', *Spare Rib* 108 (July 1981), p. 16.
[213] Jean Shapiro, *A Child: Your Choice* (London: Pandora, 1987), pp. 50-51.
[214] Eleanor Stephens, 'Out of the Closet into the Courts', *Spare Rib* 50 (September 1976), pp. 6-8.

headed by a heterosexual single parent.[215] There was thus a convergence of interest in the psychological effects of parenting from within medicine and the feminist community, for whom the charges of psychological damage were to be rebuked. This challenge to the mobilization of psychology in custody battles allowed new ideas about the family to circulate through society.

Difference also shaped groups' approaches to motherhood within the WLM. A study of two Women's Liberation groups in 1960s New York, one Black and one White, found that the Black group considered motherhood in much more positive terms, defining it as a source of empowerment.[216] In October 1979, black lesbian American poet and mother Audre Lorde spoke at the third annual Lesbians with Children Conference. She hailed lesbian parenthood as an act of overcoming.[217] The lack of social recognition for non-biological lesbian mothers was noted in feminist journals.[218] In *Our Bodies Our Selves,* sections on 'Lesbian Mothers' and 'Lesbians and Therapy' followed on from one another, the association being social institution function of 'normalizing' and regulating those within non-heterosexual families.[219] The authors cautioned lesbians to approach 'all instruments of the patriarchal society with extreme caution', and encouraged lesbians to turn to CR groups or self-help groups within the women's movement rather than therapy.[220] Conventional therapists, it was argued, were likely to belong to privileged

---

[215] Susan Golombok, Ann Spencer, and Michael Rutter, 'Children in Lesbian and Single-Parent Households: Psychosexual and Psychiatric Appraisal', *Journal of Child Psychology and Psychiatry* 24 (1983) pp. 551–572.
[216] Margaret Polatnick Rivka, 'Diversity in Women's Liberation Ideology: How a Black and a White Group of the 1960s Viewed Motherhood', *Signs* 21: 3 (1996), pp. 679-706, p. 680.
[217] Kara Speltz, 'In a Dragon's Mouth: Lesbian Motherhood', *Off Our Backs* 9: 11 (1979), p. 17.
[218] 'To Live Outside the Law you Must be Honest: a Flommy [sic] Looks at Parenting', *Off Our Backs* 16: 8 (1986), pp. 16-17.
[219] Boston Women's Health Book Collective, *Our Bodies,* pp. 101-104.
[220] Ibid., p. 104.

social classes and were therefore invested in traditional notions of 'normality'.[221] Creating alternative spheres of psychological expertise allowed women to challenge the psychological oppression arising from the overriding images of heterosexual parenting and maternal bliss.[222] The outcome of the factors outlined here was argued to be postnatal depression.

POSTNATAL DEPRESSION AND WOMEN'S LIBERATION

The previous sections have explored the emergence of the WLM, its campaigns to assert abortion as a right, its critique and appropriation of the 'psy' sciences, and the conflicting navigation of maternity. Here I turn to the Movement's approach to maternal distress. I interrogate the ways that feminism contributed to the circulation of ideas about maternal distress by featuring discussions of the psychological problems of motherhood in their literature.[223] Indeed, as this section demonstrates, the WLM literature eschewed the creation of non-medical terminology, and specifically drew upon the term 'postnatal depression'. Despite using medical terminology it suggested social solutions. As Vivienne Welburn wrote in her study *Postnatal Depression*, 'many women have no desire to probe their psyche, they just want a helping hand for a few weeks, someone to share their problems, maybe take the toddler out occasionally or do a bit of shopping until they get on their feet'.[224] Her study was greeted with relief in feminist publications; a letter published in the feminist magazine *Spare Rib* recommended it to others and praised how it challenged the 'experts'.[225] This acceptance of medical

---

[221] Bardwick, *In Transition,* p. 35.
[222] 'The Politics of Lesbians' Choosing Motherhood', *Off Our Backs* 14: 11 (1984), pp. 20-21.
[223] Rebecca Smith, 'Postnatal Depression', *Spare Rib* 98 (September 1980), p. 46; Diane Walters, 'Who's Birthing the Baby - Postnatal Depression and Maternity Hospitals', *Spare Rib* 118 (May 1982), pp. 22-23.
[224] Vivienne Welburn, *Postnatal Depression* (London: Fontana Press, 1983), p. 192.
[225] Marilyn Wilson, 'Breastfeeding on Demand', *Spare Rib* 110 (September 1981), p. 23.

language, while undermining medical expertise, was far from unusual in *Spare Rib*. In June 1976, Catherine Ballard and Hilary Hackett wrote an article in *Spare Rib* asking

> What then is post-partum depression? According to a consultant gynaecologist:
> It's all bunkum and baloney…
> But a consultant psychiatrist said:
> Bloody gynaecologists and midwives fill my wards with desperate women.[226]

This demonstrated the uneven treatment of the diagnosis within the medical profession as well as the plight of women within it.

This section of the chapter explores how maternal distress was discussed and mobilized within 'second wave' feminism. It argues that the category of maternal mood disorders is a way to understand how the feminist movement deployed psychological disorders as evidence of the need for social change. To answer the question, 'how did the WLM make postnatal depression visible in its literature, and what ideas did this circulate about its causes, its experience, and political potential?' I first turn to how the WLM normalized it as an affective response to 'unfair and oppressive' situations. I then turn to how the WLM accounted for maternal distress by pointing to the change to mothers' status as a patient and social figure. I briefly interrogate how psychoanalytic terminology featured, and how it was used as a lens on the problems faced by migrant women that were exacerbated by urban design. I then look at how ideas about postnatal distress circulated in the cultural realm by women who interacted with the WLM. Finally I turn to how the WLM related to, and diverged from, an organization set up to support politically vulnerable parents.

As I have discussed, the WLM made mothers' distress visible and legitimised it as an affective response to oppression. Jane Price, a psychiatrist and psychotherapist, suggested that motherhood was a life change that some experienced as an

---

[226] Ballard and Hackett, 'My World', p. 33.

'annihilation'.[227] In *Spare Rib* it was suggested that motherhood caused a 'dislocation of self'.[228] This redefined women's psychological relationship with motherhood: not only were women unhappy in the maternal role, but the experience also engendered a profound loss of self, which, as I have demonstrated, formed one of the principle conceptual schemas of postwar Britain. This schema contributed to maternal distress. It was rued in *Spare Rib* that

> Modern European society tends to promote the ideal of the lone, independent and self-determining individual. The responsibility for personal and psychological adjustment is placed squarely on the shoulders of the individual woman at a time when she is most vulnerable.[229]

This again evokes the ways that social values were historically contingent. It also places culturally-endorsed aspirations in contrast to women's experiences and ability to realize them. Here we can see how emphasising personal experiences challenged the currency of the theories advanced by childcare 'experts'.

Postnatal depression, then, was both a means of legitimising the effort for social change and a vehicle through which new ideas about women and their role could be expressed. Despite this suspicion of the medical profession, women writing on female psychology continued to call on the language of unconscious desires.[230] Far from repudiating the language of psychiatry women sought to draw upon it and appropriate it towards their own ends. Price suggested that women who sought to accord to cultural or familial notions of the 'good mother' would 'lose themselves', and suggested that women seek to be 'good enough' mothers.[231] This language is resonant with Winnicott's popular

---

[227] Jane Price, *Motherhood: What it Does to Your Mind* (London: Pandora, 1988), p. 125.
[228] Ballard and Hackett, 'My World'.
[229] Ibid.
[230] Price, *Motherhood*, p. 1.
[231] Ibid., p. 15.

proposition of the 'good enough' mother in the early postwar years, discussed in the Introduction to this thesis.[232]

The depressed mother, it was argued, was not experiencing anything out of the bounds of the 'normal' feminine experience, it was merely an 'intensification' of many of the feelings women had about themselves on a day-to-day basis.[233] Postpartum depression encompassed a range of feelings that affected women to varying degrees. These included

> shock, insecurity, inadequacy, confusion and resentment; fears about their ability to love or look after the child; inexplicable states of tension and difficulty in relaxing or sleeping; sensations of having lost their 'real selves'; new and unpleasant feelings about their bodies and sexuality; guilt feelings sometimes associated with disappointment about the child's sex or looks; loss of concentration and appetite; an obsession with the baby and its routine.[234]

This is indicative of how the experience of maternal distress encompassed both emotional responses and sets of behaviours. To draw on hormonal explanations was to miss the point of how '*different* women will react to a life-crisis which is psychological and social as well as biological'.[235] Instead, Ballard and Hackett proposed a model that highlighted the psycho- and social dislocation triggered by childbirth, accounting for its incidence in both working and middle class women. For middle class women the psychological impact of motherhood was exacerbated by the individualistic emphasis of their social conditioning. They suggested that an environment that cultivated strong links between women would be less prone to provoking distress.

---

[232] For more on this, see the Introduction to this thesis, where I discuss Michal Shapira's analysis of the BBC talks given by Winnicott.
[233] Corob, *Working,* p. 8.
[234] Ballard and Hackett, 'My World', p. 33.
[235] Ibid., p. 34. (emphasis in original).

Feminists were critical of medical approaches to overseeing and treating maternal distress. This was borne out in studies that showed high levels of dissatisfaction with the medical care of pregnant women. As I mentioned in the Introduction to this thesis, Oakley's study *Becoming a Mother* (1979) explored women's experiences of having their first babies.[236] Oakley interviewed 66 predominantly middle class women between 1975 and 1976 and found a wide range of attitudes and levels of satisfaction in women's experiences of their pre- and post-natal medical care. She found that more than a third said that motherhood was a difficult experience, 84 per cent reported that it 'was different from expected' and 84 per cent said that it 'is too romaticisised'.[237] Oakley paid particular attention to the medicalisation of the pre- and post-natal periods, as well as the birth experience itself. She argued that motherhood is an experience marked by loss, most markedly of independence.[238]

When mothers sought psychiatric help for these feelings they noted that services were inconsistent and that contact with a sympathetic professional relied on geographical luck.[239] Moreover, these psychiatrists were often overstretched and under-resourced, which led some patients to overstate their symptoms in order to secure the help they needed. Welburn quotes one woman who indicated to her rather perfunctory psychiatrist that she received 'moon messages' through the radio, the volume of which could be adjusted by a turn of her earrings ('I think I made that up, actually, on the spur of the moment').[240] Furthermore, the recourse to antidepressants was framed as being more convenient for the medical profession than it was beneficial to the patient.[241]

---

[236] Ann Oakley, *Becoming a Mother* (Oxford: Martin Robertson, 1979).
[237] Ibid*.*, p. 255.
[238] Diane Richardson, *Women, Motherhood and Childrearing* (Hampshire: Macmillan, 1993), p. 6.
[239] Ibid.
[240] Welburn, *Postnatal Depression.*, p. 184.
[241] Ibid.

188

These drugs, it was cautioned, sometimes triggered side effects that would cause

significant problems of their own, an issue that psychiatrists were accused of not taking

seriously enough when women were attempting to adjust to their new responsibilities. It

was, however, acknowledged that pharmacological interventions in the postnatal period

sometimes made the difference between 'sinking and swimming'.[242]

There was little doubt amongst feminists that maternal distress resulted primarily from

mothers' oppression and was exacerbated by social isolation. This oppression was

particularly acute for recent migrant women and women of colour.[243] Amrit Wilson's

1978 exploration of Asian women in Britain highlighted the prevalence of postpartum

mood disorders in the Asian community, for whom separation from their families and

potential language barriers were seen to pose significant risks to mental health.[244] Wilson

details a visit to a young Muslim woman made with a male community health nurse. The

community health nurse spoke no Bengali, and the woman spoke little English, so told

Wilson in her native tongue that 'inside me sometimes is such anger, anger with my

babies, with my husband, with the whole of my life…My head feels as though it is on

fire. It started when I got home from hospital after having my baby…'[245] This

attentiveness to migrant experiences should be read against the changing demographics

of immigrant populations from the late 1960s onwards.

The prevalence of mental illness in ethnic minority groups was of particular interest in

this era given the expansion of immigration in postwar Britain. Immigrant communities

---

[242] Ibid., p. 185.

[243] For more on women of colour and feminism, see Kum-Kum Bhavnani, *Feminism and 'Race'* (Oxford: Oxford University Press, 2001); Delia Jarrett-Macauley, *Reconstructing Womanhood, Reconstructing Feminism: Writings on Black Women* (London: Routledge, 1996); Southall Black Sisters, *Against the Grain: A Celebration of Survival and Struggle, 1979-1989* (London: Southall Black Sisters, 1990).

[244] Amrit Wilson, *Finding a Voice* (London: Virago, 1978), p. 21.

[245] Ibid., p. 22.

were consistently found to have higher levels of psychological distress than the white English population.[246] This was attributed to issues of social displacement and structural oppression.[247] That motherhood might position immigrant women as particularly prone to emotional distress highlighted their position at the intersections of multiple forms of oppression: that experienced by mothers, non-white people, and those suffering from economic and class-based discrimination. Caroline Currer has highlighted the role of seclusion in Asian women's depression. She recounts how the racism experienced by women resulted in their further exclusion from the public realm, in effect sequestering them with their children.[248] Currer noted that 'one woman could not let her children out to play at all due to the attacks on them – and seven children at home in the holidays confined to two living rooms was nearly driving her mad. (I use the term colloquially but literally too, if depression can be termed as 'madness')'.[249]

As this thesis has suggested, maternal distress was used as an index of the success of the manifestations of modernity. The WLM was particularly attentive to how urban design exacerbated women's isolation. Alison Corob quotes a woman describing the loneliness of putting children to bed, only to experience 'sitting on your own in a high-rise flat and you don't know nobody and you've got no-one to talk to'.[250] This feeling of isolation was one of the facets of maternal distress that was discussed in television shows on the topic in the 1970s.

---

[246] See, for example, Christopher Bagley, 'Mental Illness in Immigrant Minorities in London', *Journal of Biosocial Science* 3: 04 (1971), pp. 449-459; Christopher Bagley, 'The Social Aetiology of Schizophrenia in Immigrant Groups', *International Journal of Social Psychiatry* 17: 4 (1971), pp. 292-304.
[247] Bagley, 'Mental Illness'.
[248] Caroline Currer, *Health Concepts and Illness Behaviour: the Case of Some Pathan Mothers in Britain* (Unpublished doctoral thesis, University of Warwick, 1986), pp. 146-147.
[249] Ibid., p. 147.
[250] Corob, *Working,* p. 57.

The problem of maternal distress was increasingly discussed in the public realm. Women who interacted with the WLM were at the forefront of this. In December 1973 the BBC broadcasted a play entitled 'Baby Blues', written by Nemone Lethbridge.[251] The play, which followed a woman who experienced psychological distress as a new mother, has been hailed as a factor in inspiring women to set up self-help groups.[252] A picture of Lethbridge, taken at Highbury Fields together with her two children, featured on the front cover of the 21st edition of *Spare Rib*.[253] In this edition she wrote of her experiences of mental illness after childbirth, noting that five days after the birth of her son via caesarian, she 'went out of my mind'. Initially this took the form of visions and hearing voices, but her experience was protracted: 'I couldn't stop crying for eighteen months.'[254] Her gynaecologist assured her that the 'baby blues' were par for the course, and her 'sensitive and sensible' GP prescribed her a variety of drugs: tryptizol; largactyl; Librium; valium; toffranil; concordin; anafranil. The play, (Baby Blues), was commissioned by Irene Shubick at the BBC, who was then replaced by Graeme MacDonald, although neither of them took it any further; it was only when Ken Trodd and James MacTaggart, both of whom had a background in drama, took over at Play For Today that the play got made. Lethbridge noted that the critical backlash was swift and firm, although this was subsequently followed by reports of a more positive reception from medical professionals, and then letters began to arrive from women who had had similar emotional experiences. Lethbridge called for a network of support

---

[251] 'Baby Blues', James McTaggart, 1973.

[252] D. Rowe, 'Letter: Play for Today Shows Art Can Change Life', *The Guardian* 09.04.2008. <http://www.theguardian.com/society/2008/apr/09/mentalhealth.health> [accessed 28 February 2014].

[253] *Spare Rib* 21 (March 1974), front matter.

[254] Nemone Lethbridge, 'News: Postscript to Baby Blues', *Spare Rib* 21 (March 1974), p. 17.

groups to be established, initially called Depressives Anonymous, through *Spare Rib*.[255]

At the time of publication, three such groups had been formed by women, based in

Yorkshire, East Anglia, and Dorset. Women drawing attention to their emotional and

psychological experiences therefore created new and alternative forms of social

organization around motherhood.[256] The diagnosis had moved from the medical sphere

and into the cultural sphere, becoming an object around which women could unite.

Just four years later the BBC broadcasted 'Man Alive: from Baby Blues to Breakdowns'

(1978), in which several women, including Esther Rantzen, spoke of their personal

experience of postnatal depression.[257] Rantzen reported that she felt that she was

walking a 'tightrope' between sanity and insanity, a feeling echoed by the other women

interviewed in the broadcast. The other female interviewees discussed feeling

overwhelmed; their partners raised their helplessness and confusion. Doctors, including

Brice Pitt, first mentioned in the Introduction to this thesis as the author of an

influential study of postnatal disorders, emphasised the disorders' responsiveness to

treatment, highlighting antidepressants and ECT. Pitt and Katharina Dalton, who

argued for an acknowledgment of the possible hormonal roots of the disorder, then

debated the etiology of the condition (at which point Nick Ross, a male presenter,

interjected to suggest that Dalton provides effective support due to her 'charming

motherly personality').[258] The message of the programme was that postnatal depression

was unfairly marginalized and misunderstood, and that women suffering from it should

be optimistic about treatment. The challenges faced by parents were coming to light. I

now turn to how this awareness was stimulated by an organisation established to

support the needs of precarious parents.

---

[255] Ibid.
[256] Ibid.
[257] 'Man Alive: from Baby Blues to Breakdowns', Ruth Jackson, 1978.
[258] Ibid.

Once the challenges faced by mothers and their discontent had been de-pathologised and de-individualised, women were prompted to set up alternative social organisations. This was in part prompted by the deficiencies of the welfare state. In an article in *Spare Rib* in 1976, one writer outlined how the lack of provision in community care for mental health patients had let her, and her interviewees, down.[259] One of her interviewees was 19-year old Cathy, a single parent. When Cathy was discharged from Springfield hospital, a psychiatric hospital in Tooting, she had no home to go to with her infant. She was readmitted a further three times until she made contact with Gingerbread, 'where she found people who shared and understood her difficulties.'[260] This is a common thread of the article: women, finding the state deficient, turned to voluntary organisations. The subject of self-help and postnatal illness will be returned to in the Conclusion of this thesis, but here I explore how Gingerbread existed to support mothers suffering from the problems identified by the WLM but also in tension with the strategies of the feminist movement. This speaks to a broader issue about how organisations mobilising around maternal distress negotiated the existing social and political climate.

Gingerbread, which was established in 1970 by Tessa Fothergill to advocate for and provide a community for lone parents, who were predominantly mothers.[261] Established in lieu of family networks, it served three purposes: to advocate for their members' needs; to provide an alternative form of social support; and to provide a mechanism

[259] Corinne, 'Bringing it All Back Home', *Spare Rib* 46 (May 1976), pp. 32-34.
[260] Ibid., p. 33.
[261] Ann Richardson and Meg Goodman, *Self Help and Social Care: Mutual Aid Organisations in Practice.* No. 612. (London: Policy Studies Institute, 1983), p. 12; Gingerbread, 'Our History' https://gingerbread.org.uk/content/442/Our-history [accessed 01 July 2016].

through which women could become informed about their social and financial entitlements. The need for this form of organisation can be measured by the rapidity with which it gathered members: by 1983 Gingerbread employed seven members of staff, had 300 local groups and 15,000 members.[262] Some of these local groups, like Croydon, had as many as 500 members.[263] Gingerbread's popularity gathered pace after it was featured in an article in *The Sunday Times* in 1970.[264] It also reached out to women in the WLM, and was regularly featured in *Spare Rib:* for example, in 1974 it advertised its annual conference through the magazine.[265] This was not a one-off, for in 1976 it placed a notice in *Spare Rib* about its upcoming One Parent Families demonstration.[266]

Whilst the commentators in *Spare Rib* and the women's movement were broadly supportive of Gingerbread as a form of alternative provision, it adopted different strategies for improving women's lives. In July 1975 the Finer Report, which explored the disadvantages faced by lone parents, was published.[267] This was cautiously welcomed by Gingerbread, but *Spare Rib* accused it of resting on conventional understandings of the family as the primary economic unit in society.[268] Gingerbread focused on raising women's awareness of their entitlements publishing an information pamphlet that highlighted the Finer Report.[269]

---

[262] Richardson and Goodman, *Self Help and Social Care*, p. 12.
[263] Wisty Hoyland and Alison Fell, 'B**YS**T**NG…A Very Private Problem', *Spare Rib* 51 (October 1976), p. 7.
[264] Gingerbread, 'Our History'.
[265] 'Short List', *Spare Rib* 21 (March 1974), p. 28.
[266] 'Short List', *Spare Rib* 48 (September 1976), p. 22.
[267] HC Deb 20 October 1975 vol 898 cc53-168, cc.70.
[268] Janet Hadley, 'Finer Report on One-Parent Families', *Spare Rib* 27 (September 1974), p. 22.
[269] BL X525/8268, Maureen Colquhoun, *Housing Choices for Lone Parents: an Information Paper for Self-Help Gingerbread Groups* (London: Gingerbread, 1983).

The Finer Report had recommended a Guaranteed Maintenance Allowance for single parents, a measure the government was reluctant to adopt. In response, Gingerbread formed a joint action committee to lobby MPs.[270] This lobbying gained Gingerbread traction in parliament. In 1975 Norman Fowler MP noted in a debate in the Commons that many of his colleagues had met with delegations from the organisation and Fergus Montgomery MP announced that after visiting his constituency Gingerbread 'If I had had any doubts before about the problems of one-parent families, I received ample proof of those problems from the talks I had there. The problem is immense.'[271]

Gingerbread's relationship with the government was also financial. In the financial year of 1978 Gingerbread received grants totalling £30,500 to support its work, and the government was encouraged to give more in recognition of its work on improving policy.[272] Given under section 64 of the Health Services and Public Health Act 1968, this figure had risen from £15,000 in the financial year 1977-1978.[273] This relatively large amount stands in contrast to the £5000 the Women's Therapy Centre (discussed earlier in this chapter) received to support its work with distressed women in 1988-1989.[274] Further to this, Gingerbread encouraged its members to be politically active. Part of its strategy was to provide a greater voice for lone parents by placing them in positions of influence, and as such it published pamphlets about how to stand for local and national government.[275]

---

[270] Oxford Women's Liberation, 'Working on the Fifth Demand: for Financial and Legal Independence', *Spare Rib* 32 (February 1975), pp. 26-27.
[271] HC Deb 20 October 1975 vol 898 cc53-168, cc.108-127.
[272] HC Deb 27 November 1978 vol 959 c56W.
[273] HC Deb 24 July 1980 vol 989 c368W.
[274] HC Deb 28 November 1988 vol 142 cc142-3W.
[275] BL X525/8269, Maureen Colquhoun, *Get Yourself Selected/Elected: a Handbook of Opportunities in Public Life for Self-Help Gingerbread Groups* (London: Gingerbread, 1981).

Despite Gingerbread's occasional prominence in *Spare Rib*, it was this willingness to work within existing parameters that caused schisms with the WLM. Alternative models of social organising had to choose whether to operate within or outside the prevailing boundaries of the state. In February 1975 Oxford Women's Liberation published a report on a conference on the theme of financial and legal independence for women (the Movement's fifth demand, as detailed earlier in this chapter). A representative from Gingerbread (along with the National Union of Students, Child Poverty Action Group, Mothers in Action, and the Claimants Union) spoke at this.[276] Whilst the report acknowledged their contributions, it cautioned that

> it is important for us also to have an analysis of the way the state upholds the family through laws such as these, and in the long run to pose alternatives to an institution which clearly perpetuates the dependent position of Women.[277]

Ultimately the feminist movement disrupted and changed the system whilst acquiescing to some of its more foundational tenets. At the close of the period the family remained a constitutive element of British society. The WLM's achievements, in relation to this chapter, are fourfold. First, it drew attention to the gap between the myth and the reality of domesticity and motherhood. Second, it challenged the sexist assumptions of the 'psy' sciences, and as we have seen, formulated new theories around the causes of women's distress. Third, it used personal experience of disorder as a mode of cultural critique. Fourth, it problematized the home as a site of pathology and disorder. In my next Chapter I turn to how the home was further constituted as a site of disorder.

CONCLUSION

This chapter has asked how the WLM navigated issues around motherhood and women's experiences of mental illness, situating maternal distress at the intersection of

---

[276] Oxford Women's Liberation, 'Working on the Fifth Demand: for Financial and Legal Independence', *Spare Rib* 32 (February 1975), pp. 26-27.
[277] Ibid., p. 26.

these. It has demonstrated that motherhood was critical to the WLM's project of social and political change; indeed, on the first day of the Women's Liberation Conference in 1970 a paper was given on motherhood.[278] Given the extent to which motherhood had been a locus of psychological attention in the early postwar period, it comes as little surprise that women would point to evidence that attachment theory and domesticity had forced women to 'deform ourselves to fit the contours of the perfect wife and mother'.[279] Through CR groups and feminist publications, women formulated alternative expertise about motherhood drawn from experience. This knowledge was explicit about the challenges of the maternal role, and acknowledged the conflicts as well as the pleasures of parenting.

This chapter has explored the intellectual and emotional space occupied by postnatal distress in the WLM between the 1960s and the 1980s. It has argued that motherhood assumed both a practical and a symbolic importance to the feminist movement, signifying both women's oppression and opportunities for creative societal renewal. Attitudes towards motherhood shifted across the years in which the Movement was most active, resisting attempts to characterize it as either 'pro' or 'anti' natalist. Instead, the Movement emphasised empowering women to make decisions about their bodies and stressed their personal autonomy. Psychiatry and medicine were targets of dissent, with feminists arguing that

how personal a thing can depression be if eight out of ten women are depressed sometimes? One of the first things the Women's Movement learned was that the realm of things that are called "personal" are individual examples of political problems[280]

---

[278] Michelene Wandor, (Ed.) 'Introduction', *Once a Feminist: Stories of a Generation* (London: Virago, 1990), pp. 1-10, p. 5. Later, *The Daily Telegraph* reported that fathers had assumed childcare duties for those left 'temporarily motherless' at the conference.

[279] S. Williams, 'Women's Psychology: Mental Illness as a Social Disease. Presented to Women and Mental Health Symposium, May 19 1975, Seattle, Washington' (Seattle: Radical Women Publications, 1975), p. 1.

[280] Carol Endelson, 'Depression', *Off Our Backs* 6: 10 (1977), p. 9.

However, the Movement appropriated the language of psychological wellbeing to agitate for widespread reform.

We have seen that the vocabulary of *feeling* acted to legitimise the personal experience from which structural oppressions were derived and theorized from. Maternal mood disorders preoccupied the Women's Movement not only because of their incidence, but because they signified the internalization of women's frustration with structural issues. I have argued that the WLM sought to harness emotion and imbue it with radical political potential. This politicized frustration and provided a new approach to theory and activism. There are tensions here: on a practical level, some women's feelings were privileged over others (creating a hierarchy of feeling). More conceptually, perhaps, the idea of *feelings* as a political tool can be rooted in conservative models of femininity. In the Conclusion to this thesis I return to how feelings have more recently been used in political debate.

Here we can see how the processes of making women and mothers' discontent visible created new arguments for social reform. In Chapters One and Two we saw how members of the medical community used an interest in maternal health to assert expertise. Here we have seen how women themselves used their experiences as a mode of critique. The foremost solution to individual discontent, feminists argued, was political action. Although the extent to which the WLM accomplished the aims articulated at the 1970 Ruskin College conference is limited, yet the Movement brought the structural issues framing women's lives into view. It also forced a public understanding of the challenges faced by mothers, including those mothering outside of the heterosexual, white, middle class family.

The Movement's most important legacy in this area was to reappropriate a vocabulary for women to express discontent: a language that implied political solutions to medical and psychological problems. The medical profession, too, retained an interest in the affective climate of the home, although this interest was grounded in the perceived importance of the postwar child. The following chapter examines how doctors made violence against children visible in the home, and how this drew attention to the mentally disordered mother.

CHAPTER FOUR

VIOLENCE AGAINST CHILDREN AND MATERNAL MENTAL HEALTH, C.1960-1979

In the previous chapter we saw how the WLM identified the home as a site that could trigger psychological disorder in women. This chapter's focus is on one of the perceived outcomes of psychological distress and disorder: violence against children. Violence against children came rapidly into the line of sight of the medical profession in the postwar period. Indeed, in 1984 Elizabeth Kemmer completed an annotated bibliography of English-language studies of violence in the family published between 1960 and 1982.[1] She noted that historically little attention had been paid to the issue, and suggested that when it did come to light (a process she dates from the early 1970s, but which in this chapter I trace back to the early 1960s), it was predominantly associated with poorer communities.[2] By the mid-1970s this association had ceased to stand and familial violence was acknowledged to be a cross-class problem.[3] This pan-class characteristic was, as I shall show, significant for it brought the patient biography into view as an explanatory model rather than merely the pathological environment. Where the environment was invoked as an etiological factor it was the strains of modernity rather than poverty that were brought to the fore. Kemmer's annotated bibliography details 1055 works on the topic published in popular magazines, academic journals, and medical journals. This proliferation of literature is symbolic of the growing pessimism around the prophylactic effects of the home.[4] This chapter asks how this pessimism was played out around child abuse and brought attention to maternal mental health.

---

[1] Elizabeth Kemmer, *Violence in the Family: an Annotated Bibliography* (London and New York: Garland Publishing, 1984).
[2] Ibid., p. xi.
[3] Ibid., pp. xi-xxi.
[4] Mathew Thomson, *Lost Freedom: the Landscape of the Child and the British Post-War Settlement* (Oxford: Oxford University Press, 2013).

As we have seen in the preceding chapters, this framing of the home as a site of risk was concurrent with the political consensus over its importance as a psychosocial environment in the postwar period. This tension was brought out in the literature on violence in the home. Indeed, the recommendation (No. R 85, 4) of the Committee of Ministers to Member States on Violence in the Family at the Council of Europe (March 1985) opened with the assertion that 'the family is the basic organisational unit of democratic societies'. This assertion was immediately followed by acknowledgement that 'the defence of the family involves the protection of its members against any form of violence, which all too often occurs among them.'[5] This violence might also take the form of attacks to 'psychological integrity', or activities that 'seriously harms the development of his or her personality.'[6] Clearly there was an increasing awareness of the prevalence of violence in this ostensibly foundational element of society. Indeed, the National Advisory Centre for Battered Children, a unit of the NSPCC, reported that in the twelve months preceding September 1976 there were 22,217 cases of abuse involving 63,739 children arose in England and Wales.[7] The topic of this chapter is not how these two views of the family – dangerous but indispensible – were reconciled. Rather, I ask, how did the medical profession play a role in this new perception of pathological domestic behaviours and how did it illuminate maternal distress?

This question is answered in several parts. First, I ask, how was the abused child made visible? Then, how did research groups develop from this and how did they communicate and disseminate ideas about disordered parenting? Third, I turn to how

---

[5] BL 7310. 166E, Council of Europe, *Violence in the Family: Recommendation No. R (85) 4 adopted by the Committee of Ministers of the Council of Europe on 26th March 1985 and Explanatory Memorandum* (Strasburg 1986), p. 5.

[6] Ibid.

[7] Alexander Ross Kerr Mitchell, *Violence in the Family* (East Sussex: Wayland, 1978), pp. 6-7.

the figure of the distressed mother featured in the literature on child abuse. Fourth, I ask how the medical status of violence against children was comprised and by whom it was contested, particularly in relation to how violence was configured in the family biography. After this I how violent mothering acted as an index of social change and modernity. Finally, I study how considerations about biological mothering played out in government and legal debates.

Underpinning this chapter is Ian Hacking's contention that the role of the medical profession in the emergence of child abuse as a phenomenon is significant 'not because of the overt power of the medical profession, but because of the covert power of the organizing ideas…which the profession has fostered on the Western mind'.[8] He suggests that the 'primary evolution of child abuse has been in the direction of dividing more and more types of behaviour into normal and deviant', a process that brings into being certain types of normalcy.[9] I draw attention to how it was not just *behaviour* that was divided but the parental psychologies underpinning them.

I propose a further way that medicine has shaped understandings of child abuse. I argue that the instability and insecurity of the concept of child abuse as a medical artifact rendered it necessary to bring evidence of the mental pathology of the abusive parent to the fore. As we shall see, lacking any concrete evidence that child abuse adhered to the disease model, it was proposed that the miasmic disorder behind the behaviour made it medical. It was argued that as 'no one in their right mind would damage a young child, *mental imbalance was implicit'*.[10] Thus the patient biography and psychological problems

---

[8] Ian Hacking, 'The Making and Molding of Child Abuse', *Critical Inquiry* 17: 2 (1991), pp. 253-288, p. 288.
[9] Ibid., p. 287.
[10] Rachel Calam and Christina Franchi, *Child Abuse and its Consequences: Observational Approaches* (Cambridge: Cambridge University Press, 1987), p. 3. Emphasis added.

were considered fundamental. As such, the medical framing of child abuse focused medical attention on the maternal mind. In order to make this argument, this Chapter explores the contours and cleaves of the discussion around the medical composition of the problem from its 'discovery' in the early 1960s onwards. This emphasis on the psychological factors in familial child abuse opened up new spheres of interrogation. Indeed, it was suggested by Henry Kempe, an American paediatrician who played a key role in raising awareness of child maltreatment, that abusive 'parents do not fit a single psychological pattern that can be given a psychiatric diagnosis.'[11] As this chapter demonstrates, this did not inhibit attention to the 'psychological pattern' of abusive parents.

This thesis has argued that expanding definitions of health and an interest in child wellbeing exacerbated anxiety over the internal dynamics of the home in postwar Britain. Casting back to the Introduction and Chapters One and Two, we have seen that the interest in the child was based on a conception of the child *as the future*. As Kathleen Freeman wrote in 1965, children constituted 'the nations of tomorrow. If they are allowed to grow up stunted or neglected or strangers to moral values, or are ignored in their misery by the more fortunate, they will inevitably grow up to hate and destroy, and tomorrow's world can only end in disaster, politically and economically.'[12] By 1990, Margaret Thatcher was claiming the importance of securing a 'secure and loving family life' for children, 'our most sacred trust'; this family life would allow them to 'grow up into responsible adults and become, in their turn, good parents.'[13] Thirty years earlier

---

[11] Ruth Kempe and C. Henry Kempe, *Child Abuse* (London: Fontana/Open Books, 1978), p. 22.
[12] Kathleen Freeman, *If Any Man Build: the History of the Save the Children Fund* (London: Hodder and Stoughton, 1965), p. 41.
[13] Margaret Thatcher, George Thomas Society, Inaugural Lecture, 17 January 1990. Quoted in Jonathan Bradshaw, 'Child Welfare in the United Kingdom: Rising Poverty, Falling Priorities for Children', in *Child Poverty and Deprivation in the*

this idea of good parenting *in their turn* was being developed by those interested in the biographies and psychological composition of those being violent towards their children.

The enhanced visibility of violence against children was made possible by a number of shifts. As Jennifer Crane has suggested, medical technologies created new ways of seeing the effects of abuse.[14] Over two decades ago David Armstrong argued that new ideas and visions of the community necessitated new modes of surveillance and information collecting about patients all the while the receding threat of physical ill health made child mental health an increasing locus of concern.[15] These were framed by an increasing attentiveness to the connections between stress, life events and social pathology that has been explored in previous chapters.[16]

Having said this, however, it must be made clear that this attentiveness to the disorder behind abuse occurred within a society that was broadly tolerant of corporal punishment. It was this tolerance that rendered it so necessary to excavate the trench between the normal and the pathological parent. Anxiety over violence towards children during this period must then be contextualized against the fact that it was only in 1986

Industrialized Countries, 1945-1995 (Eds.) Cornia, G.A., and Danziger, S. (Oxford: Clarendon Press, 1997), pp. 210-232, p. 210.

[14] Jennifer Crane, "The Bones Tell a Story the Child Is Too Young or Too Frightened to Tell': The Battered Child Syndrome in Post–War Britain and America', *Social History of Medicine* 28: 4 (2015), pp. 767–788.

[15] David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983).

[16] See Chris Millard, 'Creating "The Social": Stress, Domesticity, and Attempted Suicide', *Stress in Post–war Britain, 1945–85* (Ed.) Jackson, M. (London: Routledge, 2015), pp. 177–192; For more on technology, see Jennifer Crane, "The Bones Tell a Story the Child Is Too Young or Too Frightened to Tell': The Battered Child Syndrome in Post-War Britain and America', *Social History of Medicine* 28: 4 (2015), pp. 767-788.

that corporal punishment in state-funded schools became outlawed.[17] Indeed, it was as recent as 1998 that *all* corporal punishment was outlawed in British schools through the School Standards and Framework Act 1998.[18] Moreover, this institutional prohibition has not been extended into the home and bodies monitoring the UK's adherence to human rights conventions continue to express concern about the lack of injunctions against all forms of corporal punishment of children.[19] A major American study published in 1970 found that child abuse occurred in a social context that tolerated violent behaviour against children.[20] Violence against children is therefore a 'socially defined' issue, in which the extent and context of acceptable use is culturally framed.[21]

Studies of the sexual abuse of children manifested in a different body of literature and for this reason they will not be discussed here. Indeed, my reasons for the exclusion of sexual abuse in this chapter are as follows: first, the topic is worthy of an extensive analysis that would render this chapter unwieldy; second, the perpetrators of abuse were found to be predominantly (albeit not exclusively) male; and third, literature on the syndrome of child battery largely treated it as a discrete issue. Neil Frude, for example, regarded it as an 'extension' of the professional concern with child battery, but suggested that

> the personal and interpersonal dynamics involved in this, however, are probably far removed from those in which there is physical attack and injury and our understanding of the causes and prevention of physical attack may be seriously

---

[17] Education (no.2) Act 1986, ss. 47 and 48.
[http://www.legislation.gov.uk/ukpga/1986/61/pdfs/ukpga_19860061_en.pdf]
[18] School Standards and Framework Act 1998 (London: HMSO), 131.
[19] Jane Fortin, *Children's Rights and the Developing Law.* 3rd ed (Cambridge: Cambridge University Press, 2009), p. 333.
[20] David Gil, *Violence against Children: Physical Child Abuse in the United States* (Boston: Harvard University Press, 1970).
[21] Nigel Parton, 'The Natural History of Child Abuse: a Study in Social Problem Definition', *British Journal of Social Work* 9: 4 (1979), pp. 431-451.

undermined if sexual involvement of parents with their children is forced into the same category of child abuse.[22]

In the same volume, Clare Hyman, who worked for the NSPCC's National Advisory Centre between 1970 and 1977, observed that 'there is no prima facie reason why a man, for example, who sexually "exploits" his child for pleasure is in any way motivated by the same uncontrolled rage which a lonely, anxious and overwrought mother experiences when she cannot comfort her persistently crying six-month-old infant.'[23] The implication is that women's distress can be made a policy object, to alleviate this suffering, while men's desire does not stem from the same cultural frame.[24] Moreover, as Thomson has demonstrated, anxiety around child abuse as perpetrated by parents in the 1970s remained 'almost exclusively' about physical rather than sexual abuse.[25] By the 1980s concern about familial sexual abuse had begun to develop.[26]

DISCERNING VIOLENCE AGAINST CHILDREN

I argued earlier that the rise of anxiety over disordered corporal punishment arose at the overlaps of several social trends. The child of the 1960s was protected from physical and infectious disease to an unprecedented extent. This emphasis on the emotional wellbeing of children emerged only after the menace of disease diminished in the nineteenth century: efforts to limit the spread of physical disease in society created a

---

[22] Neil Frude, 'A Psychological Approach to Child Abuse', *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 5-18, p. 11.

[23] Clare Hyman, 'Families Who Injure Their Children', *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 100-119, p. 113.

[24] Beryl Satter's work on how socio-political concerns over passivity framed the sexual abuse recovery movement America in the 1980s and 1990s demonstrates how connections between emotions, politics, and the family can be made useful to the historian. Beryl Satter, 'The Sexual Abuse Paradigm in Historical Perspective: Passivity and Emotion in Mid-Twentieth-Century America', *Journal of the History of Sexuality* 12: 2 (2003), pp. 424-464. Mathew Thomson has also explored how anxieties around sexual molestation served to sequester parts of the public space. Mathew Thomson, *Lost Freedom: the Landscape of the Child and the British Post-War Settlement* (Oxford: Oxford University Press, 2013).

[25] Thomson, *Lost Freedom*, pp. 180-181.

[26] Ibid.

space in which anxiety over mental wellbeing could flourish. G.F. McCleary (1867-1962) noted in the early 1930s that in the latter part of the nineteenth century understandings of disease changed and disease 'appeared as something that depends on conditions that can be ascertained, and, having been ascertained, can be removed…largely preventable and to be prevented by cleanliness and common sense.'[27] As this menace retreated deaths and injuries arising from other etiologies were made visible.[28] Emotional requirements came to the fore as the urgency of addressing physical needs declined. As Leslie George Housden wrote in 1955,

> nearly every British baby is born healthy, in sound working order and free from vice. In families, any ailments and vices which develop as an infant grows do so while it is in the care of its own parents…the only solution to the many forms of physical, emotional or mental ailments which overtake our children is to prevent their occurrences as widely as possible by helping their parents to maintain their inborn health.[29]

This, he suggested, could be alleviated through early intervention aimed at prevention rather than cure.[30]

The declining importance of physical disease also stirred paediatricians to seek to define a new role for themselves in child welfare: the 'discovery' of the scale and severity of child abuse offered a new form of medical authority.[31] Clinicians' ability to develop this ground as an area of public concern was underpinned by the raised expectations of wellbeing.[32] It was also underlined by the perceived psychological vulnerability of the

---

[27] G.F. McCleary, *The Maternity and Child Welfare Movement* (London: P.S. King and Son, 1935), p. 5.
[28] Catherine Peckham, 'The Dimensions of Child Abuse', *The Maltreated Child* (Ed.) Carter, J. (London: Priory Press, 1974), pp. 19-26, p. 19.
[29] Leslie George Housden, *The Prevention of Cruelty to Children* (London: Jonathon Cape, 1955), p. 251.
[30] Ibid., p. 252.
[31] Jan Carter (Ed.), 'Child Abuse and Society', *The Maltreated Child* (London: Priory Press, 1974), pp. 11-18, p. 15.
[32] P. Boss, 'Child Care and the Development of a Family Service', *Penelope Hall's Social Services of England and Wales* (Ed.) Forder, A. 8th Ed (New York: Routledge

child, an understanding that opened up new spheres of interaction between professionals. Thus we can see a more general focus on outcomes of the everyday practices of parenting that might engender physical or mental harm. One paper presented in May 1958 at the conference of the Society for Psychosomatic Research noted children's heightened vulnerability to stress and thus the psychological dangers posed by child discipline.[33] As we have seen, however, corporal punishment was largely accepted as a parent's prerogative and an unfortunate but sometimes necessary part of childrearing – a topic further explored in Chapter Five. How might acceptable and unacceptable stress invoked through child discipline be delineated?

Put another way, how might the boundary between normal child discipline and that which trespassed into abusive be drawn? Here we turn to how child abuse emerged as an object of clinical interrogation. The ground for this clinical setting was laid in the usage of medical technologies to render the effects of physical abuse apparent: in 1946 John Caffey, an American Radiographer, used x-ray images of infant limbs to expose fractures and subdural haemotoma.[34] It was only from 1962 onwards that the issue of child abuse shifted into the medical domain. After this the medical profession assumed responsibility for verifying the legitimacy of parents' claims as to the origins of injuries and of speculating about the normalcy of relationships within the home. This brought maternal health to light in a new way as well as asserting medical expertise over domestic relations. Nigel Parton has argued that physicians defining child battering were 'orientated to seeking out and establishing a new illness'.[35]

---

and Kegan Paul, 1971), pp. 242-280, p. 244. See the Introduction and Chapter Three for raised expectations of wellbeing.
[33] James Anthony, 'Stress in Childhood', *The Nature of Stress Disorder: Conference of the Society for Psychosomatic Research held at the Royal College of Physicians, May 1958* (London: Hutchinson Medical Publications, 1959), pp. 199-220.
[34] Calam and Franchi, *Child Abuse*, p. 2.
[35] Parton, 'The Natural History of Child Abuse', p. 436.

This 'new illness' was first given an identity in a 1962 article in the *Journal of the American Medical Association* by the American doctor C. Henry Kempe, co-authored with three physicians from specialisms ranging from obstetrics to psychiatry.[36] This paper named the problem the 'battered child syndrome' (with the intention that it should be a 'jazzy title, designed to get physicians' attention') and forged the sociomedical category of child abuse.[37] It suggested that the possibility of abuse should be considered in all cases where a child presented with a range of symptoms from broken bones to a 'failure to thrive'.[38] Further, the diagnosis might be invoked in cases where the symptoms did not align with the explanation for them offered by the parents.[39] Although infrequently diagnosed and often overlooked as the etiology of the injury, Kempe claimed that it accounted for a significant number of child injuries and deaths.[40] As Chris Millard and Victoria Bates have noted, however, Kempe's early paper is unclear about to whom the 'syndrome' applies: is the parent or the child the locus of the syndrome?[41] This ambiguity is significant for my argument as it brought *both* simultaneously into the gaze of the medical profession.

---

[36] C. Henry Kempe et al., 'The Battered Child Syndrome', *Journal of the American Medical Association* 181: 1 (1962), pp. 17-24. Kempe was also instrumental in drawing attention to the threat that vaccinations against small pox engendered in the wake of the Second World War. For an outline of Kempe's contributions to medicine, see Otto H. Wolff, 'Henry Kempe', *Archives of Disease in Childhood* 59 (1984), p. 688. Kempe was born in Germany in 1922, moving to America in 1939 with his Jewish family in the face of burgeoning anti-Semitism. He graduated from the University of California in 1942, and subsequently took up a place at the University of California medical school, during which time he developed an interest in virology and later paediatrics. He met his future wife, Ruth Kempe (nee Svibergson), when he moved to Yale University School of Medicine at which he had taken up a position in paediatrics. See Crane, 'The Bones'.

[37] Annie Kempe, *A Good Knight for Children: C. Henry Kempe's Quest to Protect the Abused Child* (e-book, 2007, 69%).

[38] Kempe, 'The Battered Child Syndrome'.

[39] Ibid.

[40] Ibid.

[41] Chris Millard and Victoria Bates, 'Paediatrics or Psychiatry? Alternative Narratives of Munchausen Syndrome by Proxy', paper given at Alternative Psychiatric Narratives, 16-17 May 2014, University of London.

The syndrome first featured in British medical journals after D.L.L Griffiths and F.J

Moynihan, both orthopaedic surgeons, credited American developments in a 1963

article entitled 'Multiple Epiphysial Injuries in Babies ("Battered Baby") Syndrome' in

the *British Medical Journal*.[42] The authors claimed that baby battering often went

unrecognized and pleaded with physicians to report suspicions to the police: 'in the

interests of some of our most helpless patients we must realize…not all parents, even if

warned, are safe custodians.'[43] This reflects the encroachments of doubts and pessimism

about the status of the family and parents.[44] These social and medical shifts

underpinned the rapidity with which the phenomenon gathered interest.

This medical gaze was new in both its intensity and its focus. Kempe himself

acknowledged the historically specific construction of child abuse, writing in 1978 that

'changes had to occur in the sensibilities and outlook of our culture' to render child

abuse visible.[45] The diagnosis had earlier been resisted by the medical profession;

Kempe opined that prior to his article he had 'for the preceding 10 years talked about

child abuse, non-accidental, or inflicted injury, but few paid attention.'[46] In the 1970s he

and his wife, Ruth Kempe, founded the National Center for the Prevention and

---

[42] D.L.L. Griffiths and F.J. Moynihan, 'Multiple Epiphysial Injuries in Babies ("Battered Baby" Syndrome)', *British Medical Journal* 2: 5372 (1963), pp. 1558-1561, p. 1561.
[43] Griffiths and Moynihan, 'Multiple', p. 1561; Parton offers further explanations for physicians' reluctance to diagnose child battering, including the perceived importance of confidentiality and their potential lack of control the stages beyond diagnosis. Parton, 'The Natural History of Child Abuse', p. 438.
[44] Thomson, *Landscape.*
[45] Ruth Kempe and C. Henry Kempe, *Child Abuse* (London: Fontana/Open Books, 1978), p. 15.
[46] C. Henry Kempe, 'Paediatric Implications of the Battered Baby Syndrome', *Archive of Disease in Childhood* 46 (1971), pp. 28-37.

Treatment of Child Abuse and Neglect (later renamed the Kempe Center) in America.[47]

It produced knowledge about the phenomenon and disseminated it, along with

comparable organisations that emerged in the wake of the discovery of the maltreated

child. These bodies played a role, as we shall see, in shaping the conceptualisation and

status of child abuse.

RESEARCHING AND COMMUNICATING CHILD ABUSE: PART I

The ways in which networks of organisations constructed understandings of child abuse

as urgent can be seen by examination of the NSPCC's Battered Child Research

Department (Denver House), which was established in 1968. Just as the WLM and GPs

established networks through which they could disseminate ideas and explanations, the

framing of child abuse as an urgent issue necessitated the foundation of organisations

and communication routes oriented to understand it. Thus it was under Kempe's

influence that the NSPCC Battered Child Research Department (Denver House) was

established.[48] Denver House hosted Henry and Ruth Kempe between 1969 and 1970.[49]

It was indeed an encounter with the Kempes that prompted the director of the NSPCC

Arthur Morton (1915-1996) to enhance British support for abused children from

---

[47] Ruth, was born in Norwood, Massachusetts in October 1921, and graduated from Radcliffe College before joining Yale to study for a degree in medicine. The couple married in September 1948 and later moved to Denver, where Ruth first worked privately in child psychiatry. In 1958 Ruth was on the first child protection team at Colorado General Hospital and she later became a professor of psychiatry and paediatrics at the University of Colorado School of Medicine. See V. Culver, 'Ruth Kempe Healed Child Abuse Victims', *The Denver Post* 01 August 2009 <http://www.denverpost.com/2009/08/01/ruth-kempe-healed-child-abuse-victims/> [accessed 15 June 2016].

[48] Parton, 'The Natural History of Child Abuse', p. 435; Peter Dale et al., *Dangerous Families: Assessment and Treatment of Child Abuse* (London: Tavistock Publications, 1986), p. 7.

[49] Baher, *At Risk,* p. 3.

1964.[50] Morton served as a chaplain before joining the NSPCC in 1951 as Assistant

Director, and became director in 1954 (a position he held until 1979).[51] In an interview

in May 1959 Morton suggested that the 'pace of modern life' was responsible for the

increasing neurosis of parents its transmittance to children.[52] There was a sense, then,

that not only was awareness of child abuse historically constituted but that the problem

was exacerbated by particular cultural contexts. As David Armstrong has suggested, the

discovery of child abuse was itself a product of the postwar focus on the child in

his/her social location.[53] Information about problems, sites of treatment and the

characteristics of abusive families were shared through journals dedicated to the topic;

the first issue of the international journal *Child Abuse & Neglect* was published in 1977.

This first edition contained an article about the work at Denver House.[54]

Denver House attracted commercial and charitable interest, demonstrated by the grants

given by the Joseph Rowntree Charitable Trust, the Calouste Gulbenkian Foundation,

and the Chase Charity.[55] This diversity of funding streams was echoed in the disciplinary

techniques deployed. The team sought to take a 'multi-disciplinary approach', and

established a Scientific Advisory Committee chaired by the paediatrician Professor

Thomas Oppé (1925-2007).[56] Oppé was a prominent postwar figure in the medical

---

[50] Edwina Baher et al., *At Risk: an Account of the Work of the Battered Child Research Department, NSPCC* (London: Routledge and Kegan Paul, 1976), p. vii; Nigel Parton has examined the influence of American understandings of child battery on British models, see Nigel Parton, 'The Natural History of Child Abuse: A Study in Social Problem Definition', *British Journal of Social Work* 9: 4 (1979), pp. 431-451.

[51] John Low, 'Obituary: the Rev Arthur Morton', *The Independent* 03 April 1996 <http://www.independent.co.uk/news/people/obituary-the-rev-arthur-morton-1303186.html> [accessed 15 June 2016].

[52] 'Interview with the Reverend Arthur Morton', ITN Source, 27.05.1959. T27055902/ 15059/381B/5/59.

[53] David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983), p. 59.

[54] *Child Abuse & Neglect* 1: 1 (1977).

[55] Ibid.

[56] Ibid., p. 2.

profession with a strong interest in child health and maternal practices, as demonstrated by his advocacy of breastfeeding.[57] He was also interested in how ideas about child health might be situated in communities, playing an active role in establishing the Dorothy Gardner Centre, a community clinic with research facilities.[58]

The community backdrop was noted as one of the primary differences between the British and American approaches to interventions in child abuse: in a study written by a team of sociologists and psychologists based at the NSPCC, it was noted that whilst the American setting was largely hospital based, offering 'direct and swift access' to battered children, the NSPCC team was based in the community and was thus 'highly dependent on other agencies for prompt referral'.[59] An Intra-Agency Co-ordinating Committee was established to support this role.[60] The main goal of the team was to raise awareness, particularly in the medical profession: between January 1969 and February 1973 nearly twenty articles by the team featured in medical journals.[61] This was one mechanism by which ideas about the provenance of child abuse was spread through and across disciplines. The team itself included members from legal and social professions.[62]

Making the aberrant actions of parents visible provided a shared strategic aim for people of different disciplinary backgrounds. Indeed, Joan Court, a psychiatric social worker was initially charged with leading the project.[63] Court was later replaced with Raymond Castle as Head of Department.[64] Based in London, the Unit focused on a

---

[57] Alan Craft, 'Thomas Ernest Oppe', *British Medical Journal* 336: 7639 (2008), p. 335.
[58] Ibid.
[59] Baher, 'At Risk', pp. 2-3.
[60] Ibid.
[61] Parton, 'The Natural History of Child Abuse', p. 439.
[62] Baher, 'At Risk', p. 2.
[63] Ibid.
[64] Ibid.

'therapeutic' approach to battering parents, while local authorities were charged with taking legal action against them in cases where it was deemed necessary.[65] An infrastructure developed through which ideas, explanations and studies could be disseminated about child abuse. Much of this rested upon the ambiguity about the exact medical composition of the issue identified earlier: whilst it was the child at risk, parents were the objects of study.

STUDYING MOTHERS

A 1977 review of the Child Research Unit argued that 'the treatment approach was based on the assumption that many battering parents did not receive "good enough" mothering…which impaired their ability to care for their own children'.[66] In to the 1970s, then, a grandmother could be morally responsible for the abuse perpetrated by their adult child. Mothers were also found to be the perpetrators of abuse more directly. In 1969 the NSPCC published a retrospective study of 78 battered children under the age of 4 who came to the attention of the NSPCC in a twelve-month period.[67] The study found that two of every five discharged from hospital were subsequently readmitted for a further injury.[68] Women were responsible for over half the cases of battery, were frequently new mothers or pregnant, and the researchers found that they had high rates of pre-existing emotional issues.[69] Mothers' prevalence in child battering statistics was similarly found in a study published by the Denver House team in 1976, based on the Department's experiences with 25 families.[70] This study, written by a team of social workers and psychologists, noted the challenges of identifying the parent

---

[65] Dale et al., *Dangerous Families,* p. 7.
[66] Carol Okell Jones, 'A Critical Evaluation of the Work of the NSPCC's Battered Child Research Unit', *Child Abuse & Neglect* 1 (1977), pp. 111-118, p. 111.
[67] Angela Skinner and Raymond Castle, *Seventy-eight Battered Children: a Retrospective Study* (London: National Society for the Prevention of Cruelty to Children, 1969).
[68] Skinner and Castle, 'Seventy-Eight'.
[69] Ibid.
[70] Baher, *At Risk*, p. 18.

responsible for the abuse in situations in which both parents were considered to have similar potential for culpability.[71] In this case, the team concluded that in eight cases blame could not be decisively apportioned; mothers were responsible in nine of the cases, and fathers in three.[72]

A variety of explanations for child battery were proposed. The explanation considered most convincing by the Denver House team was that mothers who were violent towards their children were particularly vulnerable to stress. It was found that a family circumstances sometimes preceded abuse, particularly if one parent was made to take on greater responsibility for the child.[73] Feelings played a significant role in triggering violence, including 'personal state or mood, "toothache", "depression", "feeling miserable"…anxiety about the neighbours or siblings, in addition to any specific irritants in the child.'[74] This shifted the object of analysis from the relationships in the home to the emotions of the abusive parent. The authors reported that

> There is no doubt that the prospect of having a child at that particular point in time was traumatic for many of the mothers and aroused considerable doubts and fears about their ability to cope with parenthood. Eighteen mothers reported feeling very distressed during the pregnancy, typically describing themselves as weepy and depressed, very anxious generally, and fearful about actually giving birth. Only four of these mothers were noted to have emotional problems by medical personnel involved in their care and one received in-patient psychiatric treatment.[75]

This analysis challenged narratives that women found fulfilment in the maternal role. The mothers themselves experienced feelings of 'abandonment, isolation, emptiness and unhappiness.'[76]

---

[71] Ibid. pp. 25-26.
[72] Ibid.
[73] Ibid.
[74] Ibid., p. 28.
[75] Ibid., p. 37.
[76] Ibid., p. 70.

The researchers were quick to assert how these women emerged from their own pathogenic families.[77] Given this, the mothers' own emotional and mental deficiencies ('depression', 'neurotic and psychotic symptoms', 'anxiety symptoms') contextualized their behaviours towards their children.[78] This focus on women's emotions opened up the field of research to include the psychosocial conditions of parenting. The authors note the 'striking' finding that 'for the majority of mothers the pregnancy was an unplanned unwelcome event, which was approached, in the main, with resignation and helplessness.'[79]

Emotion lay at the heart of the 'battered child' project from the start. Interest resided in both the batterer's emotions and that of the physicians dealing with the problems. Looking back, C. Henry Kempe and Ray E. Helfer claimed that the language of the 'battered child' was used to 'shake society loose from its complacent attitude'.[80] Others labeled the terminology 'headline-making'.[81] It was also targeted at paediatricians, thus performing an awareness-raising function.[82] Serapio Richard Zalba labeled the term 'dramatic' and 'arresting', but observed that 'the term itself carries with it the implementation of a specific, identifiable sociomedical entity.'[83] One of the problems that arose from the terminology was the implication that physical harm was the primary manifestation of abuse. Kempe and Helfer recognized the differing interpretations that

[77] Ibid., pp. 70-72.
[78] Ibid.
[79] Ibid., p. 36.
[80] C. Henry Kempe, C.H. and Raymond E. Helfer (Eds.) 'Introduction', in *Helping the Battered Child and his Family* (Philadelphia and Toronto: J.B. Lippincott Company, 1972), pp. x-xvii, pp. x-xi.
[81] Blair Justice and Rita Justice, *The Abusing Family* (London: Human Sciences Press, 1976), p. 13.
[82] Kempe and Helfer, 'Introduction', pp. x-xi.
[83] Serapio Richard Zalba, 'The Abused Child', *Child Abuse: Perspectives on Diagnosis, Treatment and Prevention* (Ed.) Kalmar. R. (Iowa: Kendall/Hunt Publishing Company, 1977), pp. 1-34, p. 3.

the label had given rise to amongst both families and welfare professionals.[84] Some contended that the use of emotive language should be stopped, for the language itself played a role in the treatment of the children: 'the introduction of emotion hinders the management of the situation in which these children are placed'.[85] Alternative languages were suggested ('Parent-Infant Traumatic Stress Syndrome') that were thought to represent the therapeutic needs of the parent.[86] Moreover, these brought attention to the social context of the parent, shining light the 'emotional, social and economic stresses which plague the mother or her substitute'.[87]

BUT IS IT MEDICAL?

As we have seen, the characteristics of child battery did not readily accord to a medical model, providing grounds for a debate about the medical status of the phenomenon. This was complicated by the ambiguity around the category of child battery: by the 1970s a spectrum of psychological and physical behaviours were considered abusive.[88] In an article exploring the medical nature of the category, one author reflected that despite its frequent usage as a 'diagnostic label', the phrase 'battered baby' was 'not, strictly speaking, a medical diagnosis', and despite its awareness-raising advantages, the

---

[84] Kempe and Helfer, 'Introduction', p. xi.
[85] Selwyn M. Smith, *The Battered Child Syndrome* (London: Butterworth, 1975), p. 26; M.H. Hall, 'A View From the Emergency and Accident Department', *Concerning Child Abuse* (Ed.) White Franklin, A. (London: Churchill Livingstone, 1975), pp. 7-20, p. 7-8.
[86] Smith, *The Battered Child*, p. 26.
[87] Ibid.
[88] John Spinetta and David Rigler, 'The Child-Abusing Parent: a Psychological Review', *Child Abuse: Perspectives on Diagnosis, Treatment and Prevention* (Ed.) Kalmar. R. (Iowa: Kendall/Hunt Publishing Company, 1977), pp. 49-63, p. 49; David Hull, 'Medical Diagnosis', *The Maltreated Child* (Ed.) Carter, J. (London: Priory Press, 1974), pp. 58-67, p. 58.

term was, in fact, limiting for the physician.[89] Different studies used different

definitions, which created scope for disagreement about its incidence.[90]

The challenges of defining the parameters of the syndrome were explored in 1980 by

Neil Frude, a lecturer in clinical psychology.[91] Frude reflected that

> If there is a definite 'syndrome' then it should follow that a rather circumspect
> analysis is possible. If, on the other hand, injurious attacks are in fact just an
> extreme of disciplining, parental mishandling or an impaired parent-child
> relationship then we might be led to call into question the syndrome quality of
> "the battered child syndrome"[92]

Adopting a nosological approach within psychiatry and the social sciences was

problematic. The diverse personality types of parents, their wealth, social status, the age

and sex of the child, and the multiplicity of other variants limited proponents of

designating child battering as a 'syndrome'.[93] Identifying one common causal factor, it

seemed, posed a major hindrance to the wholesale acceptance of child battering as a

psychiatric set of behaviours. Frude suggested that abandonment of the

conceptualisation of battery as a syndrome would render society 'less likely…to look for

"*the* cause" or "*the* consequences" of "*the* phenomenon" as if we were trying to identify

a viral strain responsible for the disease. "Abuse"…would be more likely to be seen as a

global description of events.'[94] The impact of this language was thought also to shape

perceptions of who was brought into medical scope. Frude argued that the disease

model implied that 'there are two types of people, "abusers" and "non-abusers" –

---

[89] Hull, 'Medical Diagnosis', p. 58.

[90] Rachel Calam and Christina Franchi, *Child Abuse and its Consequences: Observational Approaches* (Cambridge: Cambridge University Press, 1987), p. 18.

[91] Neil Frude, 'A Psychological Approach to Child Abuse', *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 5-18.

[92] Ibid., p. 5.

[93] Ibid.

[94] Ibid., p. 7.

where a continuum might be more appropriate.'[95] Indeed, it was suggested that there

were 'dangers' in the language of syndrome, for it

> may suggest that there is a uniformity and similarity between cases which is not
> found in practice…the conceptualisation of the phenomena as a syndrome may
> encourage us to look for over-simple hypotheses about causes which will apply
> in most cases.[96]

How, then, was the battering parent medically defined? For some the behaviours sprang

from an inability to control themselves, their own childhood having rendered them

unable to moderate their behaviours. A 1961 study of the development of the NSPCC

noted that often abusive parents were 'not responsible for what they are doing in the

way that normal people are. This inability to behave in a responsible way often springs

from adverse circumstances in their own childhood.'[97]

Ground for the classification of child battering as an outcome of disorder had been laid

by preceding legislation. The Infanticide Act 1938 has facilitated the medical and social

acceptance of the abusive parent as a 'particular category of abnormal individual'.[98] The

Act extended the principle - established in the Criminal Lunatics Act 1800 and the 1922

Infanticide Act - that crimes committed by the mentally disordered should be

differentiated from other forms of criminal behaviour.[99] The Act gave precedence to the

---

[95] Ibid.

[96] Martin Richards, 'Non-Accidental Injury to Children in an Ecological Perspective', *Non-Accidental Injury to Children: Proceedings of a conference held at the Department of Health and Social Security on 19 June 1974* (London: HMSO, 1975), pp. 5-12, p. 5.

[97] Anne Allen and Arthur Morton, *This is Your Child: The Story of the National Society for the Prevention of Cruelty to Children* (London: Routledge and Kegan Paul, 1961), p. ix.

[98] Calam and Franchi, *Child Abuse*, p. 3

[99] Elizabeth Parker and Frances Good, 'Infanticide', *Law and Human Behavior* 5: 2 (1981), pp. 237-243; The Act decreed that 'Where a woman by any wilful act or omission causes the death of her child under the age of twelve months, but at the time of the act or omission the balance of' her mind was disturbed by reason of her not having fully recovered from the effect of giving birth to the child or by reason of the effect of lactation consequent upon the birth of the child, then notwithstanding that the circumstances were such that the offense would have

idea that mental disorder had a causal relationship with violent parenting.[100]

Nonetheless, this was not uncontested: the idea was revisited in the Butler Report (the Report of the Committee on Mentally Abnormal Offenders), which recommended that the mandatory life sentence for murder be lifted, diminishing the purpose of the Infanticide Act 1938.[101] Further, the Committee rejected mental disturbance as a causal factor in most cases of infanticide, instead suggesting that stress or personality problems may be more important in these cases.[102] With that in mind, the Committee recommended that infanticide be brought into line with the Mental Health Act 1959, reducing the offence to manslaughter: this suggestion was rebuffed by both the Criminal Law Revision Committee in 1980 and The Royal College of Psychiatrists' Working Party on Infanticide in 1978.[103] The belief that the mistreatment of children was the enactment of mental illness therefore remained enshrined in British law.

VIOLENCE AND THE FAMILY BIOGRAPHY

As I highlighted earlier, the medical model of the 'syndrome' of child battery led to an emphasis on the personalities and contexts of the abusers. In doing so it made uncovering the mental disorder of the perpetrators – often mothers - the focus of research. The medical lens 'assumed an underlying psychopathology within the parents which could be uncovered through the study of parents who injured their children'.[104] Through addressing the psychological disorder that underpinned parents' aberrant

---

amounted to murder, she shall be guilty…of infanticide and may… be dealt with and punished as if she had been guilty of the offense of manslaughter of the child', Infanticide Act 1938 (Chapter 36) Regnal 1 & 2, Geo. 6.

[100] Elizabeth Parker and Frances Good have reflected 'It is not necessary to demonstrate a causal relationship between the mental imbalance and the homicide, which is, in any case, implicit in the Act and therefore conceded by the prosecution'. Parker and Good, *Infanticide,* p. 238.

[101] Parker and Good, *Infanticide,* p. 241.

[102] Ibid.

[103] Ibid.

[104] Calam and Franchi, *Child Abuse,* p. 3.

behaviour the problem of child abuse could be approached. By the mid-1970s the medical model was accused by the child psychiatrist Arnon Bentovim of failing to take the wider family into account. Indeed, he argued that 'in no condition in medicine in recent years has the medical model shown more limitations than in the treatment of the abused child.'[105] He urged doctors to take 'an altered view to encompass the needs of the whole family.'[106]

The emphasis on the psychopathology underpinning child abuse led to the construction of biographies of parents that incurred further state involvement in the family unit. Spinetta and Rigler found in their review of the literature around the psychology of abusive parents that there was a significant correlation between parents' own non-normative childhood experiences and their treatment of their infants.[107] Kempe and Kempe claimed that 'the most consistent feature of the histories of abusive families is the repetition from one generation to the next, of a pattern of abuse, neglect and parental loss or deprivation.'[108] They suggest, however, that parents were liable to repeat the patterns modeled to them as children, in particular at moments of acute stress.[109] They note that far from being governed by rational thought, parents' responses were shaped by the 'underlying *tone* of the relationship', and, having themselves been raised to consider themselves 'bad, worthless, and unlovable', are unable to react to their child appropriately.[110] Ray E. Helfer warned that 'unless interrupted in some way, the cycle of child abuse and neglect is endless.'[111] This led to some suggestions that abusive parents

---

[105] Arnon Bentovim, 'Treatment: a Medical Perspective', *The Maltreated Child* (Ed) Carter, J. (London: Priory Press, 1974), pp. 75-88, p. 75.
[106] Ibid., p. 77-85.
[107] Spinetta and Rigler, *The Child Abusing Parent,* p. 49
[108] Kempe and Kempe, *Child Abuse,* p. 24.
[109] Ibid., p. 26.
[110] Ibid.
[111] Ray E. Helfer, 'The Centre for the Study of Abused and Neglected Children', in *Helping the Battered Child and his Family* (Eds.) Kempe, C.H. and Helfer, R.E

be given role-models for parenting. Blair and Rita Justice, two American doctors, suggested that good mothers

> enter the homes of potential abusers and provide them with models they were never exposed to in childhood. It also means that potential abusers will need the kind of community support that gives them a place to leave their child in the hands of a good surrogate mother when the going gets rough.[112]

By the 1970s there was an emphasis in medical literature on identifying the personal and social characteristics of abusive parents. One 1982 article reflected that a 1974 article found the qualities 'typical' of abusive families: 'unhappy parents with immature personalities who had had emotionally deprived childhoods; maternal depression; disturbed parental relationships; unrealistic demands on the children for love and obedience; and social isolation and inadequacy.'[113] These social factors were considered to have medical consequences. This was due to the increasing emphasis on *risk* in medical literature.[114] Collating the factors that comprised 'risk' in child battering facilitated a new analysis of the patient biography.

Medical professionals excavated battering parents' biographies for potential risk factors, and were thus transforming child battery into a 'public health problem' not merely a 'medical and legal problem'.[115] This 'turning point' was facilitated by new technologies making visible the social location of the individual.[116] A reflection on the Colwell case

---

(Philadelphia and Toronto: J.B. Lippincott Company, 1972), pp. 285-299, pp. 294-295.

[112] Justice and Justice, *The Abusing Family*, pp. 15-16.

[113] A.D.M. Jackson, 'Wednesday's Children: a Review of Child Abuse', *Journal of the Royal Society of Medicine* 75 (1982), pp. 83-88, p. 84, referencing Ounsted, C., Oppenheimer, R. and Lindsay, J. *Developmental Medicine and Child Neurology* 16 (1974), pp. 447-456.

[114] See Robert Castel, 'From Dangerousness to Risk', in *The Foucault Effect: Studies in Governmentality* (Eds.) Burchell, G., Gordon, C., Miller, P. (Hemel Hempstead: Harvester Wheatsheaf, 1991), pp. 281-298, p. 281.

[115] Justice and Justice, *The Abusing Family,* p. 9.

[116] Ibid., p. 11.

published in the *British Journal of Criminology* reflected that the case highlighted the

shortcomings of modern life, as discussed earlier in this chapter:

> [N]eighbours are good and concerned observers; let us capitalize on that and in
> the future co-operate with architects and town planners in constructing housing
> estates so as to encourage small units of population where residents can be
> encouraged to have a village identity and inter-dependence.[117]

This demonstrates that despite the technologies of health rendering the social location

of the individual perceptible, this was presumed to compensate for a deficit of

traditional community feeling. The author suggested that vulnerable families should be

placed on a list. This list included 'any parent who is thought to *risk* particular stress in

child care might be included – the occasional hyperactive child, the subnormal or

spastic child, the single and unprepared parent.'[118] This, as Hacking highlighted, had the

effects of narrowing the boundaries of normality. Moreover, it required that children

and parents who fell into these disordered categories be identified: the school, hospital,

play group and community became sites for the process of identification. This lexicon

of risk came to be predominant in the socio-psychiatric approaches of the postwar

era.[119]

The emphasis on the biography of abusing parents was deployed in such a way that it

legitimized psychiatric intervention without the creation of a nosological category. Here

maternal emotion could be made visible and *used* by professionals while keeping the

---

[117] Scott, 'The Tragedy', p. 90.
[118] Ibid. Italics added.
[119] There are some echoes of this approach in the Scottish National Party's April 2016
proposal to assign all children a state guardian under a proposed Name Person scheme.
In the ensuing controversy the Scottish Conservative Party said that they would recruit
500 more Health Visitors instead. This is illustrative of the two approaches of targeted
intervention versus an encompassing approach. See Simon Johnson, 'Ruth Davidson
Attacks "Confused and Unworkable" SNP State Guardian Plan', 8 April 2016 <
http://www.telegraph.co.uk/news/2016/04/08/ruth-davidson-attacks-confused-and-
unworkable-snp-state-guardian/> [accessed 20 August 2016].

psychiatric 'net' fairly open. Brandt F. Steele, an American psychiatrist who was an advocate of recognising child abuse within medical contexts,[120] claimed that

> The actions of parents or other caretakers which result in abuse of infants and children do not fall into any standard diagnostic category of psychiatric disorder, nor should they be considered a separate specific psychiatric disorder themselves. Yet to consider child abuse as a derailed pattern of childrearing rather than as a psychiatric disorder does not mean that abusing or neglecting parents are free of emotional problems or mental illness. They may have many psychiatric disorders, much the same as the general population.[121]

This discourse prevented the 'othering' of abusive parents. Nonetheless, Steele asserted the importance of the psychiatrist in child abuse cases; indeed, he encouraged their availability in all cases, with psychiatric screening occurring so as to free up social worker time and to identify cases that required 'special kinds of intervention'.[122] Without psychiatric involvement, there was a risk that outcomes would be 'unhappy for all concerned'.[123] Psychiatry, he suggested, provided a 'rational framework which enables workers from many disciplines…to help parents grow and to develop new and better patterns of childrearing'.[124] Kempe and Kempe reflected a similar belief that the vast majority of abusive parents were vulnerable rather than pathological:

> we have seen that the great majority of abusive parents are not monsters but anxious, unhappy people who care deeply about their success as parents and feel great guilt about the damage they do in moments of uncontrollable rage. We also know that if we can manage to reach an abusive parent's memories of his early life, often deeply buried in self-defense against intolerable depression, we are likely to find there another abused child.[125]

This demonstrates the willingness of medical professionals to take a paternalistic stance towards parents not seen to be behaving within social norms.

---

[120] Jeremy Pearce, 'Brandt F. Steele, 97, Psychiatrist and an Author, Dies', *The New York Times* 3 February 2005 <http://www.nytimes.com/2005/02/03/health/03steele.html?_r=0&pagewanted =print&position=> [accessed 26 November 2014].
[121] Brandt F. Steele, 'A Psychiatrist's View of Working With Abusive Parents', *Child Abuse: Perspectives on Diagnosis, Treatment and Prevention* (Ed.) Kalmar, R (Iowa: Kendall/Hunt Publishing, 1977), pp. 137-143.
[122] Ibid., p. 138.
[123] Ibid.
[124] Ibid., p. 143.
[125] Kempe and Kempe, *Child Abuse*, p. 79.

Kempe and Kempe argued that upheaval, lack of support, and a difficult delivery could play a role in the etiology of abuse.[126] As such, there are echoes of the emergence of the discourse of stress established at the start of this chapter. Postnatal illness, Kempe and Kempe observed, 'adds disproportionately to the burdens of parenting and may exhaust the resources of a potentially abusive parent'.[127] The baby might 'overwhelm' these already vulnerable mothers, straining their limited emotional resources.[128] The threat that these mothers might be neglectful or engage in harsh disciplinary techniques was apparent, causing Kempe and Kempe to ask 'but what about a mother who is so seriously depressed or preoccupied with her own anxieties and needs that she hardly thinks of her baby? She feeds, changes and holds him only according to her own impulses, not when his schedule or even his crying would suggest it.'[129] This medicalized language navigated the terrain between the polarising emotions the publicity around baby battering was seen to provoke. Neither sentimentalising nor punitive reactions were considered helpful, but a focus on the emotional pathology facilitated the possibility for productive interventions. In 1971 the management of children, the mentally ill and the aged were brought together under shared social services departments in an effort to 'rationalise' approaches to families.[130] The move towards building a biography of abusive parents acted as a means of estimating how past experiences shaped contemporary domestic behaviours.[131] Domestic behaviours took place within a social landscape, however. It was in this way that anxiety about overly violent and neglectful mothering acted as an index for the state of modernity.

---

[126] Ibid., p. 29.

[127] Ibid., p. 30.

[128] Ibid.

[129] Ibid., p. 31.

[130] Dale et al., *Dangerous Families*, p. 2.

[131] The theme of policy will be returned to in Chapter Five. Here, however, see John Welshman, *From Transmitted Deprivation to Social Exclusion: Policy, Poverty, and Parenting* (Bristol: The Policy Press, 2007) for more on how policy evolved.

The factors that were seen to play a role in the etiology of child abuse embodied the anxieties endemic to modernity: social isolation, inadequate support systems, and an inability to adjust to the pace of change in modern life.[132] The postwar discourse about quality of housing emphasised the threat of isolation in newly established council housing.[133] The 'endless growth of conurbations spreading outwards in shapeless congestion from our towns and cities', might drive families to 'inward-looking and intense privacy'.[134] Urban sprawl curtailed opportunities for interaction with the *'natural world',* making life a matter of 'Society is all'.[135] Geographical mobility and smaller families were blamed for the 'broken channels of communication of practical knowledge about child rearing from generation to generation', rendering most mothers without experience of babies until they had their own.[136] The project leader of a family centre in Milton Keynes (a newly-built postwar city) claimed that parents came to the centre to find friends because many families were new to the area and therefore lacked established support networks.[137] In this case, a civic group was seeking to recreate the support networks traditionally considered the responsibility of the extended family due to the conditions created by new housing. This echoed the critiques of postwar communities by Young and Wilmott at the Institute of Community Studies.[138] Holman goes on to discuss the voluntary projects of other neighborhood centres located on

---

[132] Peckham, 'The Dimensions', p. 25; Joan Court, 'Characteristics of Parents and Children', *The Maltreated Child* (Ed.) Carter, J. (London: Priory Press, 1974), pp. 27-39.
[133] Holman, *Putting Families First,* p. 127.
[134] Ronald Fletcher, *The Shaking of the Foundations: Family and Society* (London: Routledge, 1988), p. 190.
[135] Fletcher, *The Abolitionists,* pp. 190-191. Emphasis in original.
[136] Richards, 'Non-Accidental', p. 9.
[137] Holman, *Putting Families First,* pp. 126-127.
[138] Young and Willmott, *The Symmetrical.*

council estates, all seeking to support the family unit through providing diversion and support.[139]

The diversification of communities provided another locus of discussion around the etiology of child abuse, reflecting postwar anxieties over Commonwealth immigration.[140] Kempe and Kempe discuss the isolating effects on parents of feeling divorced from the culture in which they are parenting, suggesting that 'the simple fact of isolation may make one cling even more to the old values, seeing their loss as a threat to one's very identity'.[141] Indeed, when differing traditions were implicated in childrearing decisions, this could be a factor in engendering over-harsh discipline: 'a strict father would need to assert his demands less aggressively if the surrounding community agreed with him that his daughter should not date until seventeen'.[142] Pessimism about preparation for parenthood led Neil Frude to rue that the state had not intervened enough, arguing that 'recent social changes in the size of families and the way in which people organize their family life-style have reduced the opportunities for informal socialization into parenthood and as yet there has been little effort by social agencies to compensate for such a loss.'[143] Parent-craft should become a 'major social policy issue', facilitated by an 'integrated programme involving educationalists, psychologists and social-work and medical professionals'.[144] In the same volume, Clare Hyman argued that only rapid intervention could stem the tide of child abuse; an emphasis on prevention rather than cure necessitated identification of the '"latent abuser"…be recognized at an early stage before the actual abuse has been

---

[139] Holman, *Putting Families First*, pp. 158-161.
[140] Randall Hansen, *Citizenship and Immigration in Postwar Britain* (Oxford: Oxford University Press, 2000).
[141] Kempe and Kempe, *Child Abuse*, p. 35.
[142] Ibid*.,* p. 36.
[143] Frude, 'A Psychological Approach', p. 8.
[144] Ibid.

manifested.'[145] The home as a site of violence was brought to medical and social attention through a belief that it was possible to identify and predict mothers with a predisposition to abuse.

Taking both the biographies of parents and the vicissitudes of modernity into account focused attention on how abuse could be predicted. In 1980, Mia Kellmer Pringle, Director of the National Children's Bureau, identified four intersecting models of prediction.[146] These models of prediction 'detect danger signals that a baby's future safety and well-being may be "at risk"', and could be used to develop 'checklists'.[147] The various 'check lists' formulated reflected the division of 'risk' into categories: parental characteristics (for example the father being employed in a 'manual occupation', a maternal psychiatric diagnosis of neuroticism or personality disorder, either parent having a criminal record); 'social characteristics' (for example marital disharmony and social isolation); 'interpersonal relationships' (for example parental unhappiness in childhood, ongoing poor relationships with parents and siblings, and unreasonable experiences of discipline); 'child-rearing practices' (for example a lack of partner support to over and under-responsiveness to the child); and finally factors related to 'the child' (for example issues related to problematic sleep and unsatisfactory behaviours). These criteria encompassed parents' emotional, social and familial lives.[148] Within this, parts of the individual life story were fragmented and examined as part of a constellation of risk.[149] This was shaped by the political context and attitudes towards the family: it is to this that I now turn.

---

[145] Hyman, 'Families', p. 118.
[146] M. Kellmer Pringle, 'Towards a Prediction of Child Abuse', *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 203-219.
[147] Ibid., p. 206.
[148] Miller and Rose, *Governing the Present*.
[149] Rose, 'Psychiatry as a Political Science', p. 14.

The 1960s were the 'high point' of preventative action and of emphasis on the birth family as the rightful place for children.[150] By the early 1970s this had begun to change.[151] Social anxiety over child abuse in the 1970s was related to a wider sense that the family was in crisis.[152] The anxiety over child abuse in the 1970s was facilitated in part by the work of the WLM in destabilising conceptions of the domestic space as a place of sanctuary. The women's movement exposed the scale of experiences of domestic strife, including domestic violence, marital rape, and child sexual abuse.[153] A psychiatrist noted in 1978 that the human and women's rights movements had drawn attention to the shared etiologies of child and wife battering.[154] This attention to women's safety and psychological experiences provoked governmental as well as medical interest.

---

[150] Lorraine Fox Harding, *Perspectives in Child Care Policy* (London: Longman, 1991), pp. 134-148; By the 1960s the psychological needs of children under state care were widely acknowledged. See Jean Packman, 'From Prevention to Partnership: Child Welfare Services Across Three Decades', *30 Years of Change for Children* (Ed.) Pugh, G. (London: National Children's Bureau, 1993), pp. 221-236: 221. It is notable, however, that it took the Children and Young Persons Act of 1963 to make it obligatory for each local authority to 'make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive children into or keep them in care'. Children and Young Persons Act 1963 (chapter 37) (London: HMSO, 1963). This was part of a broader history of privileging the family through implicit means. As Hilary Land and Roy Parker have noted, the word 'family' has not appeared in a ministerial title or formed the explicit basis of cohesive social policies. Land and Parker explain as due to three intersecting reasons: the belief in the privacy of the family; the strategy of targeting interventions at problematic individuals so as to be seen to uphold the inviolability of the family unit; and its perceived fragility. Hilary Land and Roy Parker, 'Implicit and Reluctant Family Policy: United Kingdom', in *Family Policy: Government and Families in Fourteen Countries* (Eds.) Kamerman, S.B. and Kahn, A.J. (New York: Columbia University Press, 1978), pp. 331-366, pp. 331-333.

[151] Carter, 'Child Abuse', p. 15.

[152] Martin Durham, *Sex and Politics: the Family and Morality in the Thatcher Years* (Hampshire: Macmillan, 1991).

[153] Jenny Kitzinger, *Framing Abuse: Media Influence and Public Understanding of Sexual Violence Against Children* (London: Pluto Press, 2004), p. 2, 45.

[154] Alexander Ross Kerr Mitchell, *Violence in the Family* (East Sussex: Wayland, 1978), p. 73.

By the mid-1970s the home as a site of violence had become of governmental concern: in 1976 the first Domestic Violence Bill was introduced, resulting in the Domestic Violence and Matrimonial Proceedings Act 1976.[155] Parliamenrary concern about violence against children developed in tandem with awareness of violence against women. In November 1976 another Select Committee was appointed to 'consider the extent, nature and causes of the problems of families where there is violence, and to make recommendations.'[156] The Sociologist Chris Jenks has noted that the child protection lobby emphasised the 'properly patterned relationship between men and women' as critical to preventing abuse, keeping mothers in scope for blame even when male partners were the perpetrators.[157] The idea of generational transmission kept women in view.

WHO IS THE MOTHER? REMOVING CHILDREN FROM THE HOME

The death of 8 year-old Maria Colwell in February 1973 at the hands of her stepfather was particularly important for the study of intra-familial violence.[158] Colwell's father died soon after she was born and she had four older siblings and an older half-sibling, none of whom were raised consistently within the mother's care.[159] Foster parents had cared for Colwell for five years before she was returned to her mother, who had only sporadically maintained contact with her during that time.[160] Colwell was resistant to being returned to her mother (who at this point was remarried and had Colwell's

---

[155] Observations on the Report from the Select Committee on Violence in Marriage, Cmnd 6690 (London: HMSO, 1976).

[156] *Second Report from the Select Committee on Violence in the Family, Together with the Proceedings of the committee and Appendices, 1976-77: Battered Wives* (London: HMSO, 1977).

[157] Jenks, *Childhood*, p. 95.

[158] Parton, 'Social Work, Child Protection and Politics'.

[159] P.D. Scott, 'The Tragedy of Maria Colwell', *British Journal of Criminology* 15: 1 (1975), p. 88-90.

[160] David Jones et al., *Understanding Child Abuse*. 2nd ed (Hampshire: Macmillan Education, 1987) p. 53; Scott, 'The Tragedy', p. 88.

siblings returned to her). Her decline was rapid and visible: the inquiry into her death

found that 17 people, most of whom were neighbours, formally expressed concern over

Colwell's wellbeing.[161] The inquiry into her death found that her life could have been

saved had social welfare organizations worked effectively.[162] For my purposes, then, the

Colwell case had two implications: first, it brought attention to disordered motherhood

and the damage wrought by disordered parenting. Second, it prompted legislative

changes that reframed the legal position of parents and the family.

The case played into the contemporary discourse that was reorienting the legal

treatment of parenting around the needs of the child. By the early 1970s the

psychological, emotional and physical needs of the child were being brought to the fore.

Anna Freud (a child psychoanalyst), Joseph Goldstein (a law professor at Yale

University) and Albert J. Solnit (a psychiatrist, and director of the Child Study Center at

the Yale University School of Medicine) influentially advocated for this in *Beyond the Best

Interests of the Child* (1973). They argued that in decisions about child custody the

'psychological parent' was more important than the 'biological parent'.[163] This principle

was raised by the *British Medical Journal* in its editorial that explored the Colwell case. The

editorial reflected that

> families become sick (there is a psychopathology of family life) and there are
> families in all social groups in which at least for a time a child is not safe. A
> satisfying mother-and –child relationship is essential to emotional adjustment as
> well as to physical growth and intellectual development. But who is the mother?
> Anna Freud has written about the "psychological parents," meaning those who
> have provided the effective mothering and fathering while the bonds between
> child and parents have been forming. In many of the deprivation syndromes
> these are not the natural parents. If contact has been lost during the early years
> of the child's life, if the responsibilities of parenthood have been inadequately
> discharged or not discharged at all, the natural parents have little or no claim to
> the possession of the child. The best interests of the child are nowadays often

---

[161] Scott, 'The Tragedy', p. 89.

[162] Ibid.

[163] J. Goldstein, A.J. Solnit and Anna Freud, *Beyond the Best Interests of the Child* (New York: The Free Press, 1973).

referred to, but those interests are not being treated as paramount when the bloodtie outweighs the emotional attachments that have grown between a young child and its psychological parents.[164]

In asking 'who is the mother?', the article challenged conceptions of mothering as an instinctive and biological activity. This model of the 'psychological parent' represented a broader postwar era anxiety around the family, discussed throughout this thesis and also by Mathew Thomson.[165] The 'psychological parent' was also discussed in social work circles and was favourably reviewed in *The British Journal of Social Work* in 1974 by James Robertson (1911-1988) and Joyce Robertson (1919-2013), both of whom were based at the Tavistock Institute in London.[166] As we have seen, the Tavistock was also home to J.A. Hadfield and John Bowlby, both of whom were prominent in popularising ideas about the influence of the mother on infant psychological development. Indeed, Joyce Robertson worked at the Anna Freud Centre in London, observing mother and child interactions during the Second World War.[167] James Robertson had worked for Bowlby at the Tavistock and in 1952 had made a film highlighting the distress caused to a child by separation from its mother.[168] As I discussed in the Introduction, the Tavistock was an important postwar intellectual base for those interested in theories derived from psychoanalysis. It was also an important location for the diffusion of the principles, devices and practices that governed the welfare state, producing forms of expertise that explained the interactions between members of families.[169] We have seen that the maternal psyche was discussed within Denver House. A further study group attained particular influence.

---

[164] 'Maria Colwell and After', *British Medical Journal* 1: 5903 (1974), p. 300.

[165] Thomson, *Landscape.*

[166] James Robertson and Joyce Robertson, 'Beyond the Best Interests of the Child', *The British Journal of Social Work* 4: 3 (1974), pp. 373-375.

[167] Mary Lindsay, 'Joyce Robertson Obituary', *The Guardian* 19 May 2013 <https://www.theguardian.com/society/2013/may/19/joyce-robertson> [accessed 1 August 2016].

[168] 'A Two Year Old Goes to Hospital', James Robertson (1952).

[169] Miller and Rose, *Governing the Present,* p. 149.

In 1972 the Tunbridge Wells Study Group on Child Abuse was founded with the aim of facilitating communication between the different professions engaged in child abuse prevention: welfare agencies, the medical profession, and law enforcement.[170] The Group emerged through initial conversations between Dr Christine Cooper, a paediatrician based in Newcastle, and Alfred White Franklin, from the British Paediatric Association. Together, they decided that 'although much remained to be learned from both medical and surgical viewpoints, the time had come for the doctors' views to be presented cogently to those other non-medical professionals with whom the solution to the problem rested.'[171] They acknowledged the breadth of intellectual activity going on in the field and aimed to provide a link between the various academic, medical, legal, social service organisations and the police.[172] The initial Working Party was eclectic, comprising two members of the Magistrates Association (Sir Roger Ormrod and Mr Brayshaw); Dr Cooper and Alfred White Franklin; the Director of Social Services for Wandsworth (E.S. Higgins); and a member of the Medical Research Council's Sociology Research Unit (Dr Michael Power); and the Chief Clerk to the Bow Street Magistrates Court (Leo Goodman).[173] The Tunbridge Wells Study Group published in medical and social work journals, reflecting their emphasis on interagency co-ordination in the 'management of families'.[174] The group encouraged the research involvement of

---

[170] Parton, 'The Natural History of Child Abuse', pp. 440-441.

[171] BL X512/1653, Alfred White Franklin, *The Tunbridge Wells Study Group on Non-Accidental Injury to Children: Report and Resolutions* (Unknown Publisher, 1973); Alfred White Franklin (Ed.), *Concerning Child Abuse: Papers Presented by the Tunbridge Wells Study Group on Non-Accidental Injury to Children* (London: Churchill Livingstone, 1975).

[172] White Franklin, *Tunbridge Wells Study Group*, p. 2.

[173] Ibid., p. 1.

[174] Alfred White Franklin (Ed.), 'Introduction', *Concerning Child Abuse* (Edinburgh: Churchill Livingstone, 1975), p. vi.

psychiatrists, sociologists and epidemiologists to further the work of the police, courts, and social services.[175]

I now return to the theme of how the maternal psyche was used as an organising frame that brought together diverse professional interests. The Tunbridge Wells Study Group held a three-day meeting in Tunbridge Wells in May 1973. This conference focused on three themes: the medical and surgical aspects of child abuse occupied the first day; the second day explored current practices across state services; the third discussed prevention, prediction and reporting.[176] Under 'prevention' it was noted that scholarly attention was exploring the shared characteristics of abusive parents, and urged that 'efforts must be made to predict those parents who are at risk so that they can be given special support.'[177] It is the *parents* enacting abusive behaviours rather than the children on the receiving end of them that are constructed as 'at risk'. Identifying the 'at risk' mother brought a variety of social agencies into view, and the report noted that 'Skilled observation of mothers in obstetric departments are expected to yield some predictive features'.[178] The report also suggested that upon the (immediate) admission to hospital of a child exhibiting signs of abuse, 'a detailed history, photographs, a skeletal survey and a blood investigation' should be undertaken, and that the x-ray of the child should be repeated two to three weeks later to study any changes.[179] The report went on to suggest that the parents should undergo a psychiatric assessment, ideally by a psychiatrist, but if not, an experienced paediatrician or social worker could do an initial study.[180] Indeed, of the sixteen resolutions the Tunbridge Wells Study Group put forward at the end of the meeting, several related to the sharing of information between

---

[175] Ibid., p. ix.
[176] Ibid., pp. 4-5.
[177] Ibid., p. 5.
[178] Ibid, p. 5.
[179] Ibid., p. 6.
[180] Ibid., p. 7.

different parties engaged with the psychological, legal and medical management of abusive families.[181] The conference was attended by the Minister for Health and Social Services, Sir Keith Joseph, who announced an inquiry into the death of Maria Colwell – discussed earlier in this chapter – less than a week after the conference's end.[182]

The report into the Colwell case was published in November 1973 and highlighted how failures in communication had resulted in missed opportunities to save her life.[183] The report drew attention to systematic errors and miscommunication between multiple agencies, rather than individual failings.[184] As Bob Holman has noted, one peculiarity of the Colwell case was the public conviction that blood-ties had been privileged above child safety, forgetting that Colwell died at the hands of a step-parent.[185] The criticism marked a shift away from favouring the claims of blood-parents.[186] Holman argues that in the 1970s the doctrine of removal reflected the contemporary political ideals of the Conservative Party: self-sufficiency and independence from state support.[187] As we shall see in Chapter Five, it also connected to contemporary theories about the transmission of deprivation through families. This created a complementary relationship between the medical profession and the political priorities of the era. Parents who resisted therapeutic approaches were seen to be acting against the interest of the child: the state was therefore empowered to assert the rights of the child through their removal.[188]

From here we can see an upturn in the passage of legislation concerning children. Indeed, the 1975 Children Act emerged from David Owen's Private Member's Bill, and

---

[181] Ibid, pp. 18-19.
[182] Parton, 'The Natural History of Child Abuse', p. 441.
[183] Department of Health and Social Security, *Report of the Committee of Inquiry into the Care and Supervision Provided in Relation to Maria Colwell* (London: HMSO, 1974).
[184] Scott, 'The Tragedy', pp. 88-90.
[185] Holman, *Putting Families First*, p. 67.
[186] Dale et al., *Dangerous Families*, p. 1.
[187] Holman, *Putting Families First,* p. 68.
[188] Ibid., p. 73.

was shaped by the Colwell case. Colwell was invoked repeatedly in discussions about the Children Act, with Lord Elton emotively stating in a House of Lords debate that 'the case which brought this so much into the limelight was that of Maria Colwell…no one who has read the Report on that case can have closed its covers without her name being engraved upon his heart.'[189] He went on to read the letter he had received in relation to the Act from a woman who drew on her own experiences as a 'Maria Colwell', to comment that 'after a time, one ceases to notice the visible physical scars, the wounds of the heart and mind have a thousand facets, and all children who are subjected for any length of time to intense cruelty receive, in effect, a life sentence.'[190] As we can see, once again it was the psychological ramifications of poor parenting that were brought to the fore. We can also see how personal experiences were made visible in policy debates, a theme drawn out in Chapter Three.[191]

The 'discovery' of child battering in the 1960s and 1970s inspired others to suggest potentially radical steps to stem the tide of the 'epidemic' of child battering in biological families.[192] Blair and Rita Justice, writing from an American context, suggested that 'serious attention' should be given to the idea of 'universal parent training', and mooted the idea of issuing parental licenses.[193] Moreover, they argued that 'this may point to the need for "professional parents," women and men who can provide the nurturing that children must have to develop normally. The elevation of mothering or parenting to the status of a profession or occupation deserving good pay and respect will violate some time-honored notions that parenting comes naturally and all parents can do it. They

---

[189] HL Deb 06 March 1975 Vol. 357 cc1360-443, 1388.
[190] HL Deb 06 March 1975 Vol. 357 cc1360-443, 1396.
[191] For more on how forms of organising emerged around the issue of child abuse, albeit from a different angle, see Jennifer Crane, 'Painful Times: The Emergence and Campaigning of Parents Against Injustice in 1980s Britain', *20 Century British History* 26: 3 (2015), pp. 450-476.
[192] Justice and Justice, *The Abusing Family*, p. 9.
[193] Ibid., p. 17.

cannot.'[194] Justice and Justice explicitly confronted the postwar dogma of maternalism, claiming that 'there is nothing biological or instinctual that equips women to be good mothers'.[195] The 'myth that mothers are born, not made' stood in the way of the steps needed to educate parents in child battery prevention.[196] British authors, too, noted that there was greater scope for intervention in the antenatal and postnatal period to prepare mothers for the changes that the infant would bring. Indeed, one author argued that there was an over-emphasis in preparing mothers to safeguard the child's physical wellbeing at the expense of discussing the emotional effects of mothering: 'insufficient attention is paid to the crisis and vulnerability of the parent in a period of change', and women should be encouraged to discuss the 'emotional feelings and anxieties that are so commonly experienced: the fears of losing the self one was, one's figure, aspirations, hopes, fears of difficulties in marriage, the knowledge that one's own experiences in childhood may militate against the possibility of relating to an infant.'[197] The 'personal setting' of birth and parenting events could help forge the mother-child bond, and support effective mothering.[198]

CONCLUSIONS

This chapter has examined how violence towards children drew attention to the maternal psyche in the 1960s and the 1970s. I have suggested that child battering legitimised an interest in the practices of mothering but that the focus on violence in the home also represented a growing pessimism about the family.[199] Beyond this, the interest in violence also facilitated a reworking of the relationship between the family, social workers and social researchers. Investigations into state failures to protect

---

[194] Ibid., p. 16.
[195] Ibid., p. 15.
[196] Ibid.
[197] Bentovim, 'Treatment', p. 87.
[198] Ibid.
[199] Jenks, *Childhood*, p. 109.

children stressed the importance of intra-agency co-ordination and communication, allowing greater scrutiny of individuals considered to be at risk of enacting abuse.

While medical technologies made physical harm visible and created new types of medical knowledge how and why the violence came about could not be answered by technology alone. Thus a space was created for those who sought to understand the psychological dynamics at work in the abusive home. This chapter has pointed to ways in which child battery was created as a public health crisis and therefore brought to the fore the potentially toxic privacy of the home. The next chapter, Chapter Five, turns to how social research techniques made it visible to women working in higher education institutions.

CHAPTER FIVE

MOTHERS' FEELINGS IN SOCIAL SCIENCE AND SOCIOLOGY C.1960-C.1979

Taking as its foundation the statement that the postwar era was a 'golden age' for policy research in British universities, this chapter demonstrates that the expansion of higher education and sociology created new types of knowledge about maternal distress.[1] The last chapter examined the medical furore around child battery in the 1960s, arguing that this created a space for an enhanced interest in maternal mental illness. Building on this theme of violence in the home, in this chapter I look at how social science interviews with mothers revealed the frequency and prevalence of violence as a disciplinary recourse. This, I suggest, made maternal distress visible by drawing attention to the feelings that underpinned the action. In these studies violent child discipline was explained as a product of strong feeling rather than rationality or pathology. Here we can see how postwar social science made women's distress visible in ways that contrasted with medical explanations which situated it as a product of the patient biography.

This is positioned against a background of increasing women's participation in higher education and an increasingly critical approach to the family as advanced by the WLM. As I demonstrated in Chapter Three, the WLM revealed the violence, neurosis and unhappiness concealed within the home. This chapter suggests that as members of the WLM moved into the academy they shaped methodological repertoires and created a scholarly interest in women's interiority. Here, everyday stressors in the mother-child relationship were cast in a new light by studies that uncovered the extent of daily violence. With this focus I examine developments that ran concurrent to those

---

[1] A.H. Halsey, *A History of Sociology in Britain: Science, Literature and Society* (Oxford: Oxford University Press, 2004), p. 108.

examined in the previous chapter (Chapter Four), which argued that medical technologies over child battery brought attention to maternal mental health within the clinical setting.

I take the following trajectory: first, I explore the emergence of concern for child welfare and motherhood in early poverty surveys. Second, I turn to women's participation in sociology within postwar era higher education. Third, I turn to how studies with an interest in women's interiority (accessed through semi-structured interviews) 'discovered' the extent of violence and maternal distress in the home. This leads me to the final section of this chapter. Here, I look at the way studies of the home exposed not just parenting practice but the emotions that underpinned it. With this in mind, I draw on the longitudinal work of John and Elizabeth Newson, who studied 700 Nottingham families in the 1960s and 1970s and (amongst other topics) recorded attitudes to discipline and violence.[2] These records exposed the incidence, meaning and origins of disordered maternal emotion.

Taken together, this chapter contributes to my research question ('how and why was maternal distress made visible by professions, institutions and social movements?') by drawing attention to the productive role that academic research has had in uncovering the granular experiences of mothers' lives. In an approach informed by David Armstrong, I consider the techniques and mechanisms used by the social sciences and

---

[2] John Newson and Elizabeth Newson, *Infant Care in an Urban Community* (London: George Allen and Unwin, 1963); John Newson and Elizabeth Newson, *Four Years Old in an Urban Community* (London: George Allen and Unwin, 1968); John Newson and Elizabeth Newson, *Seven Years Old in the Home Environment* (London: George Allen and Unwin, 1976); John Newson and Elizabeth Newson, *Perspectives on School at Seven Years Old* (London: George Allen and Unwin, 1977).

academic disciplines to play a role in *shaping* social issues through *investigating* them.[3] The academic turn towards women's feelings was linked to the entrance of women to the academy, as women gained positions that enabled them to ask 'increasingly awkward questions'.[4] My intervention is to interrogate how these 'awkward questions' drew attention to the practices and emotions of maternal life. In the Introduction I discussed Judith Hubback's *The Wives Who Went to College,* and Hannah Gavron's *The Captive Wife.*[5] The sociological studies I discuss in this chapter were often heirs to this strand of interest in women's experiences.

While scholarship has been attentive to the historical development of anxiety over child wellbeing and to how methodological repertoires can be exploited as sources of historical knowledge, my interference situates the mother at the centre of these.[6] Parenting was frequently placed at the heart of child protection strategies, which were interpolated into law, social work and policy.[7] These policies, as we shall see, drew upon

---

[3] David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983).

[4] Ann Oakley, *Father and Daughter: Patriarchy, Gender and Social Science* (Bristol: Policy Press, 2014), p. 224.

[5] Hannah Gavron, *The Captive Wife* (London and New York: Routledge, 1967); Judith Hubback, *Wives Who Went to College* (London: William Heinemann Ltd, 1957).

[6] Thomson, Mathew. *Lost Freedom: the Landscape of the Child and the British Post–War Settlement* (Oxford: Oxford University Press, 2013); Harry Hendrick, *Children, Childhood and English Society, 1880-1990* (Cambridge: Cambridge University Press, 1997); Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: the Policy Press, 2003); Carolyn Steedman, *Strange Dislocations: Childhood and the Idea of Human Interiority 1780-1930* (Cambridge: Harvard University Press, 1995).

[7] See Nigel Parton, 'The Natural History of Child Abuse: a Study in Social Problem Definition', *British Journal of Social Work* 9: 4 (1979), pp. 431-451, p. 435; Nigel Parton, *The Politics of Child Abuse* (London: Macmillan, 1985); Nigel Parton, 'The Rise and Fall of the Welfare Consensus', *Social Work Today* 12: 34 (1981), pp. 10-12; Nigel Parton, 'Child Abuse, Social Anxiety and Welfare', *British Journal of Social Work* 11: 1 (1981), pp. 391-414; Nigel Parton, and C. Parton, 'Women, the Family and Child Protection', *Critical Social Policy* 8: 24 (1988), pp. 38-49; Nigel Parton and C. Parton, 'Child Protection, the Law and Dangerousness', *Child Abuse: Professional Practice and Public Policy* (New York: Harvester Wheatsheaf, 1989), pp. 54-73; Jacques Donzelot, *The Policing of Families* (London: Hutchinson, 1980); Chris Jenks,

the evidence derived from the repertoires of the social sciences. David Armstrong has underlined how the development of the survey, 'a mechanism for "measuring" reality, could be transformed into a technology for the "creation" of reality'.[8] My intervention is to argue that the social sciences were responsive to and complicit in the creation of a sense of crisis around the postwar era home that was expressed through a focus on the distressed mother.

Therefore, underpinned by Armstrong's argument that the human sciences and medicine were complementary in their interest in surveying the individual, I suggest that the development of the social sciences in the postwar era applied a distinct set of values to the question of *what* maternal distress was and *why* it arose.[9] Ann Oakley has argued that research into the social world creates 'new ways of knowing'.[10] I argue that the literature has thus far not been cogent on how this new knowledge about women was brought forth and has not explored its role in broader projects that sought to change the social world. The changing internal landscapes of the human sciences transformed the way questions about motherhood and femininity were asked. This made possible new ways of *using* maternal distress. Moreover, the infrastructure of the academic social sciences – scholarly organisations, journals, conferences – allowed ideas about disordered motherhood to be communicated and circulated. This chapter proposes that studies conducted in the 1960s and 1970s were distinctive in their consideration of women's feelings about parenting and their acknowledgement of anger.

Childhood (London: Routledge, 1996); Allison James and Adrian L. James, *Constructing Childhood: Theory, Policy and Social Practice* (Hampshire: Palgrave Macmillan, 2004); Phillipe Ariès, *Centuries of Childhood* (Middlesex: Penguin, 1979); Carolyn Steedman, *Strange Dislocations: Childhood and the Idea of Human Interiority 1780-1930* (Cambridge: Harvard University Press, 1995).

[8] David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983), p. 43.

[9] Ibid., p. 115.

[10] Ann Oakley, *Experiments in Knowing: Gender and Method in the Social Sciences* (Cambridge: Polity Press, 2000), p. 8.

Studies that examined the ways that women's anger affected their children – for example in inflicting corporal punishment – informed the policy sphere. In a debate on the topic of 'The Family' in 1989, Lord Henderson, chairman of Action on Youth Crime, drew attention to the work done by John and Elizabeth Newson on child discipline, and used it to support his claim that the 'cultural atmosphere of our society needs to change.'[11] The scale of maternal punishment, he said, was 'scarcely believable and horrible to read.'[12] Three years later Baroness David also raised the studies done by the Newsons. She highlighted both the high rates of violence against young children and the arguments about how this shaped the child's future development.[13] Sociological attention to the practices of domestic life, then, contributed to the circulation of ideas about motherhood and domestic life. As earlier studies shaped British approaches to mapping communities through social research, it is to this that I now turn.

EARLIER STUDIES OF THE CHILD AND HOME

Poverty surveys and the needy Victorian child emerged alongside one another. Towards the close of the nineteenth century children came to have what Harry Hendrick identified as a 'new social and political identity as belonging to "the nation"'.[14] The introduction of compulsory mass schooling created a defined period in which children were presumed to be receptive to social values and knowledge.[15] Compulsory schooling made children 'visible' to the professional gaze: sociologists, physicians, and philanthropists came to consider the school to be a 'laboratory' for the production of

---

[11] HL Deb 29 November 1989, vol 513 cc425-94, cc.446.
[12] HL Deb 29 November 1989, vol 513 cc425-94, cc.446.
[13] HL Deb 24 June 1992, vol 538 cc444-504, cc. 470.
[14] Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: the Policy Press, 2003), p. 19.
[15] Ibid., p. 21.

the 'scientific' study of students.[16] Concern over the 'strength of the nation' from the late nineteenth century onwards resulted in enhanced maternal care.[17] I indicated in the Introduction that the child assumed a new psychological significance in the postwar; the ground was laid for this in Victorian Britain in which the child came to act as a 'repository'.[18]

The assumptions that underpinned research movements in Victorian Britain stemmed from religious and moralistic ideas about the relationship between motherhood and poverty.[19] Indeed, Charles Booth's research into poverty in London between 1886 and 1903 exposed the conditions in which children were raised, and Seebohm Rowntree's study of poverty in York (1901) helped to prompt the Liberal reforms in the first decade of the twentieth century.[20] From the beginnings of the development of social surveys mothers were placed under the critical lens. This, as we have seen in the preceding four chapters, was in part because of mothers' status as critical to family health.[21] The early public health movement uncovered the relationship between health and poverty but debated whether that destitution stemmed from immoral character and

---

[16] Ibid., p. 22.

[17] Lara Marks, 'Mothers, Babies and Hospitals: "the London" and the Provision of Maternity Care in East London, 1870-1939', in *Women and Children First: International Maternal and Infant Welfare 1870-1945* (Eds.) Fildes, V., Marks, L. and Marland, H. (London: Routledge, 1992), pp. 48-73.

[18] Laura Berry, *The Child, the State, and the Victorian Novel* (Charlottesville: University Press of Virginia, 1999), p. 6.

[19] Kathleen Callanan Martin, *Hard and Unreal Advice: Mothers, Social Science and the Victorian Poverty Experts* (Basingstoke: Palgrave Macmillan, 2008).

[20] For more on Booth as a social scientist and creator of social policy, see David Englander, *Poverty and Poor Law Reform in Britain: from Chadwick to Booth, 1834-1914* (London: Addison Wesley Longman, 1998); Seebohm Rowntree, *Poverty: A Study of Town Life* (London: Macmillan, 1901); Seebohm Rowntree, *Poverty and Progress: A Second Social Survey of York* (London: Longmans, 1941); Royal Commission on the Poor Laws, *Report* (London: HMSO, 1909).

[21] See for example, Rima Apple, 'Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries', in *Mothers and Motherhood: Readings in American History* (Eds.) Apple, R. and J. Golden (Columbus: Ohio State University Press, 1997), pp. 90-109.

poor management of funds.[22] The methodological approach of Victorian social science was informed by an ideological understanding of the family, the individual, and priorities for child health, conceptualizations that held sway long into the twentieth century.[23] These movements, including the Child Study Movement (begun in the late 1880s by G. Stanley Hall, who pioneered the use of questionnaires to understand child development) converged to facilitate enhanced interest in the child.[24] The foundation of the National Society for the Prevention of Cruelty to Children (NSPCC) in 1889 represented a revolution in attitudes towards child wellbeing: its inspectors and institutional influence illustrated the professionalization of the response to child mistreatment.[25] Late nineteenth and early twentieth century concern rested upon the physical conditions of the family but brought the failing mother into the view of the middle classes and government. By the 1930s, however, we can see an attentiveness to working class women's emotional registers within the home.

One of these studies of women's lives was completed on the cusp of the Second World War. Margery Spring Rice's *Working Class Wives* (1939) sought to understand the lives of working class wives and mothers.[26] Spring Rice was a member of the Women's Health Enquiry Committee, formed in 1933 from representatives of a variety of women's organisations. *Working Class Wives* used a questionnaire of 1250 working class women to establish the prevalence and causes of ill health. This study paid close attention to the challenges faced by mothers, decrying the lack of governmental and social support for the working mother. In tune with the principal anxieties of the era, however, the study

---

[22] Callanan Martin, *Hard and Unreal Advice*, p. 176.
[23] Ibid., pp. 179-182.
[24] Jeanne Brooks-Gunn and Duncan Johnson, 'G. Stanley Hall's Contribution to Science, Practice and Policy: The Child Study, Parent Education, and Child Welfare Movements', *History of Psychology* 9: 3 (2006), pp. 247-258.
[25] Monica Flegel, *Conceptualizing Cruelty to Children in Nineteenth-Century England: Literature, Representation, and the NSPCC* (Aldershot and Burlington: Ashgate, 2009).
[26] Margery Spring Rice, *Working-Class Wives*. 2nd Ed (London: Virago, 1981).

was primarily concerned with physical ill health, but was also interested in the psychological and emotional effects on women whose work was taken for granted, isolated and unorganized. This state of affairs led to the 'stealthy and sinister deterioration of women's health and happiness', a condition it was in the public interest to redress. It was inadequate, Spring Rice admonished, for science and the state to become interested in women's health only when they were pregnant. She thus formulated a number of policy recommendations around poverty and ill health to remedy the 'loneliness, isolation and primitive conditions' these working class women faced.[27] As with the studies that would emerge from the 1960s to the 1980s, Spring Rice recognized women's distress in the maternal role. This was one precursor to the works that destabilized romanticized conceptions of the home in the 1960s and the 1970s that I now discuss.

POLITICS AND STUDYING THE FAMILY

Here I draw attention to the ways that sociological studies, in making certain textures of community life visible, perform a political function. First I offer a reminder that the development of the welfare state in postwar Britain prompted an enhanced interest in mapping maternal health. I then point to Lise Butler's demonstration that sociological studies of the family outside academia stemmed from civil values. I then demonstrate that in the 1970s government-funded work was part of a political programme in line with contemporary theories about disordered families. This establishes how the family came to be subject to social science surveillance in postwar Britain in ways that prized it open as a research subject.

---

[27] Ibid., p. 18-20.

I argued in Chapter One that the development of the welfare state (particularly the NHS) provided impetus for studies of the community that focused on maternal health. Put simply, the development of the welfare state created a need for information and data on its inhabitants.[28] Understanding inequality and how this affected health and opportunities gained a new significance within the health service.[29] These factors contrived to enable sociology to 'occupy a prominent place on the national stage' in the postwar era.[30] After 1945 the social sciences gained credibility with, and influence over, policy makers.[31] This should be read alongside the rise of opinion polls in British politics in the postwar period.[32] While before the war Mass-Observation (from 1938) and the British Institute of Public Opinion (1937) conducted random sample surveys and suggested that they could offer insight into public opinion in politically serviceable ways, it was not until after the war that surveys became a central part of British political practice.[33] The assimilation of opinion polls into the mechanisms of the state and its uptake by political parties created new ways of surveying and surveilling the population.[34] Armstrong has shown how the techniques of the survey and opinion gathering became increasingly coordinated through the war and how medicine opened up new fields of intervention.[35] Through this we can see how the mapping of

---

[28] The issues that this raises around governmentality, as framed by Michel Foucault and mobilized by Nikolas Rose were raised in the introduction to this thesis. For more on governmentality and the state, see Mitchell Dean, *Govenmentality: Power and Rule in Modern Society.* 2nd ed (London, California, New Delhi and Singapore: Sage, 2010) and Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-first Century* (Princeton, NJ: Princeton University Press, 2007).

[29] Halsey, *A History of Sociology*, p. 98.

[30] Ibid., p. 99.

[31] Roger E. Backhouse and Philippe Fontaine (Eds.), 'Introduction', in *A Historiography of the Modern Social Sciences* (Cambridge: Cambridge University Press, 2014), pp. 1-28, p. 3.

[32] Laura DuMond Beers, 'Whose Opinion?: Changing Attitudes Towards Opinion Polling in British Politics, 1937-1964', *Twentieth Century British History* 17: 2 (2006), pp. 177-205.

[33] Ibid.

[34] Ibid., p. 182.

[35] Armstrong, *Political Anatomy of the Body,* p. 48-56.

communities assumed a newly prominent role in postwar Britain. Congruent with this, the human sciences became a way of understanding contemporary life, and by the late 1970s they provided 'compelling concepts, terms, explanations, tools and services for knowing and steering the individual in contemporary society.'[36]

Sociological research strategies, as the mechanisms by which the functioning of society was considered and evaluated, were related to the political climate of anxiety over the welfare state and the increasing volatility of gender relations.[37] Lise Butler has demonstrated that Michael Young's work as the founder of the Institute of Community Studies in East London was a means of left wing political activism.[38] She has shown that Michael Young and Peter Willmott's approach to working class urban family life in *Family and Kinship in East London* (1957) was informed by social scientific trends, as well as an emphasis on the family as a potential 'model of socialist citizenship, solidarity, and community'.[39] Michael Young (1915-2002) went on to be the first Chairman of the Social Science Research Council (SSRC), taking up the position in 1965.[40] The SSRC conducted research into the theory of 'transmitted deprivation' from 1974-1982.[41] This was in a time in which the social sciences received a fractional amount of the net Research Council budget (between 1971-1972, £2.2 million out of a net total of £109

---

[36] G. Eghigian, A. Killen, and Christine Leuenberger, 'Introduction: The Self as Project: Politics and the Human Sciences in the Twentieth Century', *Osiris, Second Series, The Self as Project: Politics and the Human Sciences* 22 (2007), pp. 1-25, p. 24.

[37] T. Epstein Jayaratne, 'The Value of Quantitative Methodology for Feminist Research', *Theories of Women's Studies* (Ed.) Bowles, G. and Klein, D (London: Routledge, 1983), pp. 140-161, p. 141.

[38] Lise Butler, 'Michael Young, the Institute of Community Studies, and the Politics of Kinship', *Twentieth Century British History* 26: 2 (2015), pp. 203-224.

[39] Ibid., pp. 207-208.

[40] John Welshman, 'Where Lesser Angels Might Have Feared to Tread: The Social Science Research Council and Transmitted Deprivation', *Contemporary British History*, 23: 2 (2009), pp. 199-219, p. 199; Social Science Research Council Order 1965 HL Deb 18 November 1965 vol 270 cc697-704, cc. 697.

[41] Welshman, 'Where Lesser Angels', p. 199.

million).[42] I now examine how this was partially applied. This highlights the intersection of research and policy around the family.

Ideas about the family and poverty shaped the SSRC's approach to 'transmitted deprivation' between the 1970s and the 1980s. This draws attention to the way that social research was responsive to, complicit in, and a disruptive factor in the social landscape. While John Welshman has suggested that social science research has been 'responsive' to policy rather than 'directive', social science research contributes to the circulation of ideas and theories through society.[43] In the 1970s the cultural gaze focused on families perceived to be a part of the 'cycle of deprivation', a concept put forward by the Conservative Secretary of State for Social Services, Keith Joseph (1918-1994) in June 1972.[44] Welshman has demonstrated that this hypothesis stemmed from Joseph's personal political inclinations, highlighting that while Joseph was sympathetic to the 'genteel poor', he had rather less shrift for those he considered undeserving.[45] Joseph suggested that among the most vulnerable in society problems were transmitted from one generation to the next and expounded upon this a few years later with the suggestion that birth control should be encouraged in these families.[46] Whilst this was condemned, the theory of the 'cycle of deprivation' gained currency as a topic of research in the social sciences.[47]

This interest in the perpetuation of 'deprivation' was supported by the government. In June 1972 a Joint Working Party on Transmitted Deprivation was established and used

---

[42] Ibid., p. 202.
[43] Ibid., p. 200.
[44] See Welshman, *From Transmitted Deprivation*.
[45] John Welshman, 'The Cycle of Deprivation: Myths and Misconceptions', *Children & Society* 22 (2008), pp. 75-85.
[46] John Macnicol 'In Pursuit of the Underclass', *Journal of Social Policy* 16 (1987), pp. 293-318.
[47] Ibid., p. 294.

£750,000 to fund literature reviews and 23 empirical studies of the concept.[48] The people the Department for Health and Social Security (DHSS) contacted initially to take part in the Working Party represented the main fields with insight into deprivation: economics (Tony Atkinson), sociology (Peter Willmott) and psychiatry (Michael Rutter).[49] Michael Rutter was based at the Institute of Psychiatry, University of London, and author of *Maternal Deprivation Reassessed*.[50] In this Rutter challenged Bowlby's conception of maternal deprivation and accused him of homogenising a disparate group of responses that arose from different causes. There were two further early SSRC members, Maurice Freedman and Roy Parker.[51] As Welshman notes, the involvement of anthropologists reflects a commitment to the idea of parenting and kinship.[52] By June 1975 the Joint Working Party had approved the funding of eleven studies, the majority of which proved to be unsatisfactory.[53] This arose from their methodologies, which stemmed from the disciplines of psychiatry, psychology and sociology, as opposed to utilising an economic lens which, it was noted, might take account of the structures that perpetuated familial deprivation.[54]

This did not prevent the outcomes of the reports from garnering parliamentary interest, with several MPs enquiring about the results over the period.[55] MPs asked about research being done specifically into the 'attitudes of parents charged with baby battering', to which they were referred to the research being done by the working

[48] Ibid.

[49] Welshman, 'Where Lesser Angels', p. 202. Welshman notes that David Donnison was also approached but that he played a less active role in what became the Working Party.

[50] See Michael Rutter, *Maternal Deprivation Reassessed* (Harmondsworth: Penguin, 1972); Michael Rutter, 'Maternal Deprivation Reassessed 1972-1978: New Findings, New Concepts, New Approaches', *Child Development* 50 (1979), pp. 283-305.

[51] Welshman, 'Where Lesser Angels', p. 202.

[52] Ibid.

[53] Ibid., p. 206.

[54] Ibid., pp. 206-207.

[55] Deprivation and Disadvantage (Report) HC Deb 08 July 1982 vol 27 cc191-2W; Deprivation (Research Programme) HC Deb 30 April 1981 vol 3 c445W.

party.[56] The Working Party reports are now housed in the British Library, but it is the ways that sociology was encouraged to survey and dissect the family that is my interest here.[57] The project resulted in a final report, *Despite the Welfare State,* which was written by Muriel Brown and Nicola Madge (both then at the LSE).[58] This report moved the emphasis from deprivation to disadvantage, and examined structures that enforced this.[59] This suggests that by the late 1970s the individualization of distress was displaced by an interest in the concrete (and also the intangible) structures that enforced social position. This interest in structures rather than individual pathology was conducive to a climate in which maternal distress could be positioned as an outcome of flawed social arrangements. Research could then imply that it was evidence for the need for cultural change.

As well as emphasizing how experience was shaped by social structures, social sciences were increasingly interested in the dynamics of the family. Congruent with the increasingly pessimistic attitude toward the family by the 1970s, as established by Mathew Thomson, this has three implications for my argument.[60] First, the family could no longer be taken for granted as a social unit immune to structural influences. Second, it could not be understood as capable of operating necessarily for the psychological good of its members despite the structures which sustained it. Third, the social sciences were being directed to interrogate the workings of the family. I now ask how the expansion of the social sciences from within universities created new ways of rendering maternal distress visible.

---

[56] HC Deb 26 November 1973 vol 865 c64W.

[57] See, for example, SSRC, *Transmitted Deprivation: Second Report of the DHSS/SSRC Joint Working Party* (London: SSRC, 1975).

[58] Welshman, 'Where Lesser Angels', p. 209.

[59] Ibid., p. 209.

[60] Mathew Thomson, *Lost Freedom: the Landscape of the Child and the British Post-War Settlement* (Oxford: Oxford University Press, 2013), pp. 101-104.

THE EXPANSION OF SOCIOLOGICAL RESEARCH WITHIN HIGHER EDUCATION

During the 1960s maternal distress was transformed into an object of study from within the social as well as medical sciences. Set against a political background of the needs of the welfare state, this was a product of overlapping changes: the expansion of higher education; the upsurge in interest in women's experiences driven by the entrance of women to the academy and the advance of research methodologies that gave credence to women's voices. This section of the thesis looks at how these factors converged to create maternal distress as a social phenomenon and academic artifact.

By the 1960s there was a conviction that social science might be an effective mechanism for understanding society. It was noted in the House of Lords that commerce and industry were not only funding social science research bodies but were increasingly employing graduates with social science degrees, and that both local and central government departments had been 'showing much awareness of the significance of the social sciences.'[61] Whilst in 1946 a government committee, under the chairmanship of Sir John Clapham, had decided that a Social Science Research Council was not needed, by 1965 there was a regretful feeling amongst Peers that since the 1940s Britain had 'lagged markedly behind the United States of America in the field of social studies'.[62] The Heyworth Committee was established by Parliament to consider the role of the social sciences, and found that 1964-1965's research expenditure of £6.5 million on the social sciences should be increased to support a 'new level of performance.'[63] Alongside the social science research institutions outside universities, which had increased in number from seven to 18 since 1945, universities were allocated funding specifically for

---

[61] HL Deb 18 November 1965, vol 270 cc697-704, cc. 697.
[62] Ibid.
[63] Ibid.

the social sciences.[64] Between 1947 and 1952 this amounted to £1.2 million, which it was noted in the House of Lords had given 'impetus, particularly to the teaching of the subject, which has had far-reaching effects.'[65]

The expansion of the social sciences was mirrored by the postwar proliferation of academic journals within the discipline. Three leading journals in the field were established or revitalised between 1950 and 1967: *The British Journal of Sociology* (1950); the launch of a new series of *Sociological Review* (1953); and *Sociology* (1967).[66] Between 1959-1960 and 1964-1965 the proportion of undergraduates reading for degrees in social science departments increased from 11 to 14 per cent.[67] The more general expansion of student numbers from around 50,000 in 1945-1946 to 290,000 in 1984-1985 buttressed this.[68] The era also witnessed a growth in student radicalism and the creation of new institutions.[69] This served to foment new sociological questions about communities, families, and the functioning of society as a whole.

Academic interest in motherhood and maternal distress was facilitated by the expansion of sociology and its enhanced interest in gender issues. As Jennifer Platt has demonstrated, the WLM had a marked influence on the topics explored in the discipline's journals.[70] This influence became fully realized in the 1980s rather than the 1970s, but the groundwork was laid in the preceding decade.[71] In the postwar era the

---

[64] HL Deb 18 November 1965 vol 270 cc697-704, cc. 698.
[65] Ibid.
[66] Jennifer Platt, 'The Women's Movement and British Journal Articles, 1950-2004', *Sociology* 41: 5 (2007), pp. 971-975, p. 964.
[67] HL Deb 18 November 1965 vol 270 cc697-704, cc. 698.
[68] Jennifer Platt, *A Sociological History of the British Sociological Association* (Abingdon: Routledge, 2013), p. 32.
[69] Celia Hughes, *Young Lives on the Left: Sixties Activism and the Liberation of the Self* (Manchester: Manchester University Press, 2015).
[70] Platt, 'The Women's Movement and British Journal Articles', p. 966.
[71] Ibid.

institutional sites of sociological thought grew in number, as did the number of students and academics undertaking sociological research. Between the 1940s and the early 1970s the number of undergraduates studying Sociology increased from around 200 to nearly 4000 – not including those at The Open University or at polytechnics.[72] This expansion in student numbers enabled an increase in academic positions in sociological and related fields in UK universities.[73] As with other higher education disciplines, men dominated the professoriate, and women faced hostility and discouragement.[74] However, by the early 1970s women were 35 per cent of those securing higher degrees in the discipline, and constituted 15 per cent (58 of the 384) of those holding university teaching posts, a figure that was on the increase.[75] Between 1970 and 1973 the percentage of female members of the British Sociological Association (BSA) increased from 23 to 26 per cent.[76] Jennifer Platt notes that some of the women involved with the BSA were also members of the WLM and highlights the proliferation of academic journals focusing on women's issues in the 1970s.[77] In 1976 the BSA Equality of the Sexes Subcommittee was established, and this put forward a policy on sex equality that was approved at the 1978 BSA AGM.[78]

From the 1970s, then, we can see a growth in the sociological interest in gender and the issues that shaped women's lives. This was shaped by two related developments. First, the entrance of women to universities and to the social sciences. Second, by the focus on women and gender within the sociological disciplines. Although the latter (the

---

[72] Halsey, *A History of Sociology in Britain,* p. 89.
[73] Ibid., p. 90.
[74] J.A. Banks, 'Employment of Sociology and Anthropology Graduates: Final Report', *The British Journal of Sociology* 9: 3 (1958), pp. 271-383, p. 283; Halsey, *A History of Sociology in Britain*, pp. 236-237.
[75] Ibid., p. 38.
[76] Ibid.
[77] Platt, *A Sociological History*, p. 90-91.
[78] Ibid., pp. 92-95.

interest in women's experiences) was in part a product of the former, these two trends exist as distinct strands in postwar university life. In 1974 the BSA held its first gender-themed conference on the topic of 'Sexual Divisions in Society', and in 1975 it elected its second-ever female president (Sheila Allen, who co-organised the 1974 conference).[79] After the 1974 conference two working parties formed, one on 'The Status of Women in the Profession', and the second on 'Social Relations Associated with Sex and Gender'.[80] A decade later the BSA conducted a study that sought to understand the impact of the sociology of gender on teaching.[81] The study found that, of the respondents (which encompassed university departments under the auspices of social sciences and social administration, amongst others), women comprised 25 per cent of full time permanent staff, 58 per cent of full time temporary staff, 33 per cent of part time permanent staff, and 42 per cent of part time temporary staff.[82] Whilst this is indicative of the male dominance of academic positions in the sociological disciplines, the survey also revealed the extent to which gender had become embedded in academic curricula.[83] The Standing Committee concluded that change was occurring across the field, and that recognition of the importance of the gendered lens was now commonplace (whilst also calling for 'integration of gender issues into sociology courses across the board').[84]

Feminist approaches to excavating knowledge about women developed through the late 1960s to the 1980s. Students were part of this agitation: in 1978 a student of sociology at Aberdeen University wrote to *Spare Rib* to complain that the ten-week course on 'The

---

[79] See Chapter 6 in Jennifer Platt, *A Sociological History,* pp. 89-107.
[80] BSA Standing Committee on the Equality of the Sexes, 'Teaching Gender: Struggle and Change in Sociology', *Sociology* 20: 3 (1986), pp. 347-361, p. 347.
[81] Ibid.
[82] Ibid., p. 351.
[83] Ibid., p. 357.
[84] Ibid., p. 360.

Sociology of Women' was taught by a male lecturer. She argued that whilst women had made different contributions, 'it is necessary for all male sociologists to recognise that there is a female aspect to all sociology'. She advised that 'sexual equality must mean new insights into sociological analyses and the review of many implicitly male-biased cultural studies.'[85] This criticism of sociology for not offering an adequately politicized education was more broadly made, particularly after the incursion of the New Left politics into higher education.[86] Celia Hughes quotes a male LSE postgraduate student who found his sociology course 'an intellectual backwater…very untheoretical', and accused it of failing to engage with the other major activist causes of the day, the Vietnam War and class conflict.[87] These criticisms imply a belief that knowledge creation and education could and should be a mode of political activism.

Understanding women's experiences - to which motherhood was integral - was a political as well as an academic project for those with a feminist consciousness. Women's Studies provided another forum for academic discussion and studies of the lived experiences of women's lives. In Britain, Women's Studies emerged from adult education and community based studies, driven by women who were active in the WLM.[88] This merged academia and activism. The communication tools of the WLM were deployed to advance the discipline, with a 1973 article in *Spare Rib* advising readers on 'Where to Study Women's Studies'.[89] Cambridge, it noted, only started running a

---

[85] Catherine M. McMenemy, 'Men and Women Against Sociology!', *Spare Rib* 69 (April 1978), p. 5.
[86] Halsey, *A History of Sociology in Britain,* p. 117. For more on university politics in the 1960s, see Celia Hughes, *Young Lives on the Left: Sixties Activism and the Liberation of the Self* (Manchester: Manchester University Press, 2015).
[87] Hughes, *Young Lives on the Left,* p. 116.
[88] Sue Jackson, 'Networking Women: a History of Ideas, Issues and Developments in Women's Studies in Britain', *Women's Studies International Forum,* 23 (2000), pp. 1-11.
[89] Carol Dix, 'Where to Study Women's Studies', *Spare Rib* 18 (December 1973), pp. 35-36.

social science degree in 1969, and 'feared that Sociology was not an academic discipline as there was too much "soft" thinking involved.'[90] Given this resistance, it required 'nine or ten' feminist activists to get the university accept a new, interdisciplinary course on gender as part of the Social and Political Sciences Tripos in 1973, initially strategically proposed as a course on 'sex differences' (it later came to be called 'Women in Society'). The course was initiated by the university grassroots – students and research students – and although they developed an initial reading list of 44 books it was hoped that reading would be secondary to the 'projects, experience and ongoing research' inspired by the course.[91] Research could be a radicalising process, the students proposed. As we can see, then, the academic status of research into women's lives was from the outset fused with activism. Once women's studies courses had begun to be established in the early 1970s they spread across the country rapidly.[92] The Women's Studies Network was established in 1989, providing a further forum for conversations about women's lives.[93] These created academic spaces for research into women's experiences.

DEVELOPMENTS IN SOCIOLOGY AND WOMEN'S RESEARCH

Feminist scholars framed the private world as a site of emotional and practical politics. Their research challenged the prevalent (and patriarchal) assumption that the 'private sphere' was naturally and necessarily subordinate to the male-dominated 'public', and thus opened up the structuring and lived experience of that space as a legitimate field of

---

[90] Ibid., p. 35.
[91] Ibid., p. 36.
[92] Jackson, 'Networking Women', p. 2.
[93] Ibid., p. 4., See also Elizabeth Bird, 'Women's Studies and the Women's Movement in Britain: Origins and Evolution, 1970-2000', *Women's History Review* 12: 2 (2003), pp. 263-288; Ann Oakley, 'Gender, Methodology and People's Ways of Knowing: Some Problems with Feminism and the Paradigm Debate in Social Science', *Sociology* 32: 4 (1998), pp. 707-731.

sociological enquiry.[94] Women's research was part of a project of 'socialising the private

sphere', subverting the conceptual hierarchy established by male academic paradigms.[95]

Whereas the public sphere was constituted by male activities, the family, women argued,

had been considered a 'subsidiary, supporting institution with no independent or

determining role.'[96] The project of deconstructing and problematising this entailed

turning women's experiences into a research and policy object. This research was

preoccupied with the 'interior' of women's lives, and with the practices and feelings

about the domestic, the commonplace, and the everyday.[97] Women had historically been

the targets of interviews. The normalisation of interventions from social workers, social

scientists, obstetricians and gynaecologists was argued to have made women amenable

to queries about ostensibly private parts of their life.[98] This is indicative that the rise of

the interview created new knowledges about women's lives.

The expansion of the social sciences in higher education made the textures of daily life

visible as new research projects developed and new questions were asked. Mike Savage

has argued that the prominence of social science in extracting and shaping identities was

one of the most profound developments of Britain's postwar era.[99] I am influenced by

Savage's appropriation of the mechanisms of social science as themselves 'historical

relics', useful in ways not anticipated by their creators.[100] Savage's study allows me to

---

[94] Eva Gamarnikow and June Purvis, 'Introduction', in *The Public and the Private* (Eds.) Gamarnikow, E. et al.,(Hampshire: Gower, 1983), pp. 1-6, p. 6.
[95] Ibid., pp. 3-6.
[96] Ibid., p. 3.
[97] Hilary Graham, 'Surveying Through Stories', in *Social Researching: Politics, Problems, Practice* (Eds.) Bell, C. and Roberts, H (London, Boston, Melbourne and Henley: Routledge, 1984), pp. 104-124, p. 111, p. 112.
[98] J. Finch, '"It's Great to Have Someone To Talk To": The Ethics and Politics of Interviewing Women', in *Social Researching: Politics, Problems, Practice* (Eds.) Bell, C. and Roberts, H (London: Routledge, 1984), pp. 70-87, p. 74.
[99] Mike Savage, *Identities and Social Change in Britain Since 1940* (Oxford: Oxford University Press, 2010).
[100] Ibid., p. 11.

demonstrate that postwar social science contributed to *making* maternal distress a

cultural phenomenon by creating new ways for it to be *seen*. Of course, that is not to

suggest that postwar social science was in any way responsible for maternal distress;

merely that it shared information about it, and gave weight to the sense of importance

behind understanding it. Whilst medical technology made injuries visible and concern

over child emotional wellbeing affirmed professional intervention, the development of

social science acknowledged women's interiority and uncovered the emotional

vicissitudes of the home. Social sciences, then, exist within and are shaped by the social

forces they analyze. That, in part, accounts for my attention to the debates about

methodology that occurred within sociology in this era. It was widely acknowledged, as

I shall show, that different methodologies mapped social landscapes in distinctive ways.

The ways that the mechanisms of social science rendered visible the experiences and

feelings of mothers was part of a broader postwar era project of establishing feelings

and emotion as a legitimate *way of knowing:* emotions, as I argued in the Introduction to

this thesis, became a form of claims making about society. As Alison M. Jagger argues,

emotion could be 'epistemologically subversive'.[101] Jagger reflects that emotion - with

which women were associated - had been subordinated as a mode of experiencing the

world (and divorced from reason and rationality). She argues that, conversely, emotion

could be 'vital to systematic knowledge'. Indeed,

> Women's work of emotional nurturance has required them to develop a special
> acuity in recognizing hidden emotions and in understanding the genesis of those
> emotions. This emotional acumen can now be recognized as a skill in political
> analysis and validated as giving women a special advantage both in
> understanding the mechanisms of domination and in envisioning freer ways to
> live.[102]

---

[101] Alison M. Jaggar, 'Love and Knowledge: Emotion in Feminist Epistemology',
Inquiry 32: 2 (1989), pp. 151-176, p. 151.
[102] Ibid., p. 171.

One model of how this 'emotional acumen' could become a 'skill in political analysis'
was an attention to maternal emotion recovered from the domestic landscape using the
methods of the social sciences. As we shall see in this chapter's final section, which
explores the role of anger in child discipline, distress was seen to play a critical role in
precipitating violence towards children.

USE OF THE INTERVIEW

Savage's assertion that the interview focuses on individual stories rather than mapping
populations is significant here, as it was this that allowed women to express distress in
their own words.[103] The interview isolated the individual's narrative and treated it as a
form of self-contained knowledge. This chapter, then, adds to our understanding of
how emotion (located at the individual level) became a form of claims making about the
functioning of society through the techniques of social science. I add to Savage's
analysis by arguing that women's entrance to the social sciences from the 1960s
onwards allowed academia access to women's experiences in new ways; I bring to the
fore how women's maternal experiences and emotions were made legible. Women
undertook research throughout the twentieth century, but the postwar era boom in
higher education provided an unprecedented intellectual foothold.[104] As Oakley
suggested, the entrance of women to the academy established a conversation was

---

[103] Ibid., p. 166.
[104] For a study of how sociological interests changed after 1970, see Joan Huber,
'Sociology', *Signs* 1: 3 (1976), pp. 686-697. For early female sociologists, Olive
Banks, *Faces of Feminism: A study of Feminism as a Social Movement* (Oxford: Martin
Robertson, 1981); Olive Banks, *The Biographical Dictionary of British Feminists vol.1:
1800-1930* (Brighton: Wheatsheaf, 1985); Olive Banks, *Becoming a Feminist: the Social
Origins of 'First Wave' Feminism* (Athens, GA: University of Georgia Press, 1986);
Olive Banks, 'Some Reflections on Gender, Sociology and Women's History',
Women's History Review 8: 3 (1999), pp. 401-410; Gabby Weiner, 'Olive Banks and
the Collective Biography of British Feminism', *British Journal of Sociology of Education*
29: 4 (2008), pp. 403-410; John Goodwin and Henrietta O'Connor, 'Pearl Jephcott:
The Legacy of a Forgotten Research Pioneer', *Sociology* 49: 1 (2015), pp. 139-155.

> more than a dialogue/argument concerning the best research technique to use in which circumstances; it offers a narrative which is about the relations between the social and scientific division of labour, the cultural production of masculinities and femininities, and the processes used to establish an understanding of the social and material world. Seen from this viewpoint, methodology is itself gendered; and one of the chief functions of the quantitative/qualitative dichotomy is as an ideological representation.[105]

Here Oakley argues that the act of collecting information and forging knowledge was inherently political. Feminist scholarship was critical of the ways that male-dominated fields both sought and produced knowledge that endorsed patriarchal norms.[106] By the mid-1980s women's lives had become of established interest to those conducting empirical sociology.[107]

The rise and changed use of the interview during the 1950s and the 1960s opened up a mode of knowledge production.[108] Whereas the interview had previously been 'a mechanism for disclosing information, which would allow powerful agents to assess people's rights to a claim' by the late 1960s it had been transformed into a 'widespread deployment of informal interviewing to elicit story-like narratives as a means of generating knowledge.'[109] As Oakley has demonstrated, maternal memory has long been treated as an untrustworthy source of knowledge.[110] The attentiveness to self-reported maternal memories made women's experiences visible.

Of course, not all research that focused on women and the family, even that which used the same or similar methodologies to that used by feminist researchers, was *feminist*. Indeed, some of the fashionable theories served to obfuscate rather than illuminate

---

[105] Ibid., p. 707.
[106] Epstein Jayaratne, 'The Value', p. 140.
[107] Graham, 'Surveying Through Stories', p. 111.
[108] Savage, *Identities*, p. 165.
[109] Ibid.
[110] Ann Oakley, 'A Small Sociology of Maternal Memory', *The Sociological Review* 64: 3 (2016), pp. 533-549.

women's experiences either by naturalising their domesticity or by prioritising other models of critical analysis (such as that which was class-based). Rather, the expansion of academic sociology created new ways of *seeing* the home and seeing women. Opening up the home facilitated new ways to take women's experiences seriously. The survey method was not in and of itself a radical research tool; indeed, it could be used as the opposite. Hilary Graham argued in the early 1980s that the survey method reflected the values of the Victorian society from which it emerged:

> While its principles of individualism, equivalence and rationality may accord with those which govern the operation of the state and the economy, it is…more difficult to apply them to women's work in and for the family.[111]

The nature of sociological research was itself gendered, indicating that there was a 'female way of knowing', in which academics 'adopt a more personal approach, seeking out "soft" data about the private world'.[112] As we saw in Chapter Three, the WLM shone a light on the home and dissembled the boundaries between the 'public' and the 'private'. As Jennifer Platt has demonstrated the proportion of total articles published in sociological journals increased during the 1980s, which she suggests can be associated with the entrance of women to the academy as well as to women's movement.[113] She has shown that proportionately men wrote fewer articles on 'women's' issues in the 1980s than they had done in the early postwar years, although both male and female authors used qualitative methodologies.[114] As we have seen, this attentiveness to the politics of method was grounded in a conviction that approaches shaped results.

---

[111] Hilary Graham, 'Do Her Answers Fit His Questions? Women and the Survey Method', in *The Public and the Private* (Eds.) Gamarnikow, E., et al., (Hampshire: Gower, 1983), pp. 133-146, p. 133.
[112] Ibid., pp. 133-136.
[113] Platt, 'The Women's Movement and British Journal Articles', p. 970.
[114] Ibid., p. 967.

The techniques of the interview were considered to have particularly acute political implications.[115] In 1981 Oakley argued that the interview could be a feminist methodological tool that subverted hierarchical power relations.[116] We can see this in *Becoming a Mother* where her interviewees are quoted extensively and verbatim.[117] This she explained as due to how she was 'impressed by the fact that the women said it all much better, and much more clearly or directly, than a sociologist could ever do.'[118] Oakley inverted typesetting norms by placing her comments (and not the interview responses) in italics. This inversion has the effect of positioning her analysis as commentary, locating expertise in the words of her interviewees. Oakley's task, it seems, is to thread together and identify commonalities and differences in her interviewees' comments.

The advantages of a female interviewer were considered in light of this: interviews assumed the tenor of a conversation particularly advantageous given housewives' loneliness and isolation. That the interviewer and the interviewee might have shared experiences created challenges for objectivity and detachment but also created open dialogue.[119] The ways that social scientists extricated information about maternal experiences was seen to be a political and ethical question.[120] Particular emphasis was placed on how interview techniques shaped and precluded different types of information about interviewees' lives and feelings.[121] It was hoped that an open-ended style of questioning would give ownership of the interview to the interviewees; this was

---

[115] Ann Oakley, 'Interviewing Women Again: Power, Time and the Gift', *Sociology* 50: 1 (2016), p.p. 195-213.
[116] Ann Oakley, 'Interviewing Women: A Contradiction in Terms?' in *Doing Feminist Research* (Ed.) Roberts, H. (London: Routledge and Kegan Paul, 1981), pp. 30-61.
[117] Ann Oakley, *Becoming a Mother* (Oxford: Martin Robertson, 1979).
[118] Ibid., p. 5.
[119] Tuula Gordon, *Feminist Mothers* (Basingstoke: Macmillan, 1990), pp. 4-6.
[120] Jennifer Platt, 'On Interviewing One's Peers', *The British Journal of Sociology* 32: 1 (1981), pp. 75-91.
[121] Graham, 'Surveying', p. 114.

the primary tool used by feminist sociologists to encourage active (if not equal) participant engagement in the interview process.[122] Graham argued for a technique of interviewing that was more akin to 'storytelling'; whereas the literary tradition was necessary exclusive, the narrative tradition 'presumes only that the speaker has a story which she is prepared to share with others.'[123] By contrast to 'scientific research' this was 'not a covert method of data-collection', for 'the story marks out the territory in which intrusion is tolerated.'[124] The telling of these stories was 'constructed as vehicles through which…self-knowledge can be presented to sceptical outsiders.'[125] Unlike interviewing in the therapeutic and psychoanalytic context, this mode of self-revelation dismissed the necessity of expert interpretation. The role of the feminist sociologist was to undertake the collation, dissemination and analysis of these stories and positioning them within the broader cultural landscape.

SOCIOLOGICAL STUDIES OF WOMEN'S EXPERIENCES OF CHILDBIRTH

I discussed in the Introduction to this thesis, childbirth was of particular interest to women and medical professionals. Given this, it is notable that attentiveness to women's emotional experiences of birth developed first from user activist circles and was followed by scholarly interest; the National Childbirth Trust (1956) and the Association for Improvements in the Maternity Services (1960) were early forerunners.[126] By the late 1970s the social sciences paid close attention to women's obstetric experiences, driven, as Oakley notes, by the influx of young female scholars.[127] Significantly, these studies were sometimes commissioned or supported by state bodies,

---

[122] Ibid., pp. 114-115.
[123] Ibid., p. 107.
[124] Ibid.
[125] Ibid.
[126] Ann Oakley, 'The Sociology of Childbirth: an Autobiographical Journey Through Four Decades of Research', *Sociology of Health and Illness* 38: 5 (2016), pp. 689-705, p. 692.
[127] Ibid., p. 691.

including Ann Cartwright's *The Dignity of Labour? A Study of Childbearing and Induction* (1979), which explored the findings of a study commissioned by the Department of Health and Social Security.[128] Sheila Kitzinger and John A. Davis's *The Place of Birth: A Study of the Environment in Which a Birth Takes Place with Special Reference to Home Confinements* (1978) emerged from a study group set up by the National Childbirth Trust.[129] This is indicative of the growing interest in birth experiences from within the governmental and policy sector. It also coincided with the progress of women in academic careers who were able to set research agendas. This interest in the institutional settings of women's experiences paralleled the interest in their place in the community.

Sociological studies exposed the incidence of maternal distress within their social contexts. In a research project conducted between 1975 and 1978 Hilary Graham and Lorna McKee sought to redress the balance of studies that emphasised *child* health towards an understanding of *maternal* health.[130] This study was based upon 200 women in a northern town, 100 of whom were expecting their first child and 100 of whom were expecting their second. Funded by the Health Education Council, and based at the Institute of Social and Economic Research, University of York, the research drew its sample from the consultant booking lists of the nearby maternity hospital (thereby excluding women with alternative arrangements for maternity care).[131] This research was influential: before it had even been completed it was referenced in a House of Lords

---

[128] Ann Cartwright, *The Dignity of Labour? A Study of Childbearing and Induction* (London: Tavistock, 1979).

[129] Sheila Kitzinger and John A. Davis (Eds.), *The Place of Birth: A Study of the Environment in Which a Birth Takes Place with Special Reference to Home Confinements* (Oxford: Oxford University Press, 1978).

[130] Hilary Graham and Lorna McKee, *The First Months of Motherhood: Summary Report of a Survey of Women's Experiences of Pregnancy, Childbirth, and the First Six Months After Birth* (London: The Health Education Council, 1980), p. 1.

[131] Ibid., p. 1.

debate, and was drawn on to evidence the inadequacies of antenatal care.[132] The hospital

shared extensive patient information with the researchers – including marital status,

addresses, husband's occupation and delivery data.[133] Three interviews were conducted

with each mother: in the last trimester of pregnancy; then again within one month of

birth; and finally at five months after birth. The need for the study, the authors noted,

arose from an awareness of the challenges faced by mother and child in the period after

birth – including postnatal depression and child abuse – as well as dissatisfactions with

maternity care which had been uncovered in epidemiological studies and social surveys

of patients' experiences.[134] The research revealed that 34 per cent of mothers

experienced ill physical health in the first month after birth, dropping to 27 per cent

between one and five months.[135] Worse levels of emotional health were revealed: when

asked directly about postnatal depression, 49 per cent of responders admitted that they

had experienced it.[136] Between one and five months after birth, 44 per cent admitted

that they had felt lonely, 41 per cent had not, and 16 per cent had either not been asked

or answered 'other'.[137] These findings led the researchers to conclude that there was a

enhanced need for an understanding of the 'emotional stresses of early motherhood',

and how these related to poor physical health.[138] The authors noted that their interviews

---

[132] HL Deb 02 May 1978 vol 391 cc122-67, 141.
[133] Graham and McKee, *The First Months,* p. 2.
[134] For more on this, see the introduction to this thesis and Chapter One. See also Angela Davis, 'A Revolution in Maternity Care? Women and the Maternity Services, Oxfordshire c. 1948-1974', *Social History of Medicine* 24 (2011), pp. 389-406.
[135] Ibid., p. 23.
[136] Graham and McKee, *The First Months*, p. 24; another, similar study conducted by three women in the early 1980s in Cambridge found comparable levels of depression in their self-reporting sample - between 37 and 29 per cent for each of their sample groups. See J. Draper, S. Field and H. Thomas, *The Early Parenthood Project: An Evaluation of a Community Antenatal Clinic* (Cambridge: unknown publisher, 1984), p. 162.
[137] Graham and McKee, *The First Months,* p. 24.
[138] Ibid., pp. 31-32.

had revealed mothers' feelings about the various losses early motherhood brought about: income, friendship and confidence.[139]

The study also worked to depathologise anger through demonstrating its prevalence. At interviews conducted at the first month after birth, Graham and McKee found that early motherhood was frequently a site of anger as well as distress. Indeed, 60 per cent of the mothers admitted that there had been times when they felt anger directed towards the baby (the authors note this was more often experienced by the mothers of girls, those breastfeeding, and first-time mothers).[140] 81 per cent of the mothers studied reported that their experiences of early motherhood had made them 'more sympathetic' to baby batterers.[141] In the conclusions and recommendations extrapolated from this, this suggested that 'anger, far from being an abnormal or pathological response' was in fact an 'endemic feature of the early weeks of motherhood.'[142] Given this, they argued health education programmes should acknowledge that 'anger is a common, reasonable and understandable response to the stresses of twenty-four hour babycare.'[143] More significant than this is the policy recommendation that strategies for 'dealing with the problem of anger' should be focused not on the emotional experience of anger but on its social context, including the mother's physical and emotional and material conditions, and her relationship with other members of the family.[144] This depathologisation of anger and its transformation from an indicator of an individuals' malfunction to a marker of the need for greater support (social, familial and medical) could only take place in a context in which its prevalence was understood. The willingness of investigators to ask about maternal emotion enabled this.

---

[139] Ibid., p. 32.
[140] Ibid., p. 28.
[141] Ibid., p. 26.
[142] Ibid., p. 33.
[143] Ibid.
[144] Ibid.

Sociological attention turned to how mothers themselves configured violent behaviour. Hilary Graham explored mothers' accounts of their feelings of aggression towards their infants in a study carried out between 1970 and 1977 of 120 first-and-second time new mothers. She encouraged a 'sociological perspective on child abuse which takes account of the context, and particularly the constraints, of contemporary motherhood' she claimed, 'child abuse can not be seen simply as a reflection of individual pathology, but rather as a response to social and psychological pressures which are woven into the fabric of mothers' lives.'[145] Graham noted that many of the participants expressed some understanding towards child battering parents and drew on her findings of the high level of distress experienced to argue for a reformulation of the 'problem' of child battering. She asked not why some parents succumbed, but why the majority, suffering acute tiredness and stress, did not.[146]

There is an extensive historiographical literature that explores the way parents have subverted, contested and pushed against parenting paradigms.[147] As Jay Mechling

---

[145] Hilary Graham, 'Mothers' Accounts of Anger and Aggression Towards their Babies', in *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 39-51, p. 39.

[146] Ibid pp. 50-51.

[147] Barbara Ehrenreich and Deirde English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (New York: Anchor Press/Double Day, 1979); Rima Apple, 'Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries', in *Mothers and Motherhood: Readings in American History* (Eds.) Rima Apple, R. and J. Golden (Columbus: Ohio State University Press, 1997), pp. 90-109; Rima Apple, *Mothers and Medicine: a Social History of Infant Feeding, 1890-1950* (Wisconsin: The University of Wisconsin Press, 1987); Rima Apple, *Perfect Motherhood: Science and Childrearing in America* (New Jersey: Rutgers University Press, 2006); Angela Davis, *Modern Motherhood: Women and Family in England, 1945-2000* (Manchester: Manchester University Press, 2012); Vivien Devlin, *Motherhood from 1920 to the Present Day: Women's Voices* (Edinburgh: Polygon Press, 1995); Lisa Held and Alexandra Rutherford, 'Can't a Mother Sing the Blues? Postpartum Depression and the Construction of Motherhood in Late 20th-Century America', *History of Psychology* 15: 2 (2012), pp. 107-123; Eugenia Kaledin, *American Women in the 1950s: Mothers and More* (Boston: Twayne Publishers, 1984); E. Ann Kaplan,

warned in 1975, there is a disjuncture between parenting practice and parenting literature that analyses should be mindful of.[148] As I explored in the Introduction to this thesis, the realisation of postwar parenting literature that emphasised attachment theory and the emotional receptiveness of mothers (such as that written by Bowlby in *Childcare and the Growth of Love*) was obstructed by a number of factors, such as the economic necessity of women's work. Moreover, as we have seen, surveys uncovered that the emotional climate of the home was more complicated than was allowed for in this literature. This was made clear in the later postwar years, within which surveys of the domestic space made visible the fissures and violences of family relationships.

One such set of studies that complicated the image of the postwar home was the body of work produced by John Newson (1925-2010) and Elizabeth Newson (1929-2014), who together wrote four studies on the experiences of mothers and children in Nottingham (*Infant Care in An Urban Community,* 1963; *Four Years Old in an Urban Community,* first published in 1968; *Seven Years Old in the Home Environment,* 1976; *Perspectives on School at Seven Years Old,* 1977).[149] As Thomson has highlighted, their work represents 'a transition from a psychological towards a more sociological approach to

---

Motherhood and Representation: the Mother in Popular Culture and Melodrama (London: Routledge, 1992); Jay Mechling, 'Advice to Historians on Advice to Mothers', *Journal of Social History* 9: 1 (1975), pp. 44-63; Joanne Meyerowitz, 'Beyond the Feminine Mystique: A Reassessment of Postwar Mass Culture, 1946-1958', *The Journal Of American History* 27 (1993), pp. 1455-1482; Peter Stearns, *Anxious Parents: a History of Modern Childrearing in America* (New York: New York University Press, 2003).

[148] Jay Mechling, 'Advice to Historians on Advice to Mothers', *Journal of Social History* 9: 1 (1975), pp. 44-63.

[149] John Newson and Elizabeth Newson, *Patterns of Infant Care in an Urban Community* (Harmondsworth: Penguin, 1976). This was first published under the title *Infant Care in an Urban Community* by George Allen and Unwin in 1963, before being published by Pelican Books in 1965, and entering reprint in 1966, 1971, 1972, 1974, and 1976; John Newson and Elizabeth Newson, *Four Years Old in an Urban Community* (London: Pelican, 1970); John Newson and Elizabeth Newson, *Seven Years Old in the Home Environment* (London: Pelican, 1976); John Newson and Elizabeth Newson, *Perspectives on School at Seven Years Old* (London: Allen and Unwin, 1977).

understanding issues of child development.'[150] This he explains as due to the 'ecological orientation' of their methods, in which the child was viewed as embedded within their social milieu, an approach that positioned them outside the dominant paradigms of both contemporary academic psychology and sociology.[151] Their focus on the home was reflective of the contemporary 'spatial preoccupation of developmental psychologists', and it is the preoccupation with the disciplinary and emotional dynamics contained within this space that I turn to now. This, I suggest, brought attention to the fraught relationship between mothers and children, and to the extent to which parenting decisions happened at the margins of reasoning.

ANGER AND DISCIPLINE IN THE NEWSON AND NEWSON STUDIES

The next part of this chapter is in three sections: a contextualization of John and Elizabeth's work through their individual biographies; the methodology the pair deployed and how this aimed to uncover the interiority of both the domestic space and their female subjects; and finally, through an examination of how smacking was used as a metric of maternal emotion as well as an enactment of authority. Taken together, these contribute to the preceding sections and to my overarching research question by illustrating how the affective climate of the home was made legible by social scientist researchers in the 1960s and 1970s.[152]

Born in London in 1925 and educated at Bancrofts School and South-West Essex Technical College, John Newson graduated in 1948 with a degree in mathematics and physics, before he went on to read for a degree in Psychology at University College

---

[150] Thomson, *Lost Freedom,* p. 133.

[151] Ibid.

[152] So as to avoid repetition, in this section I will refer to John Newson and Elizabeth Newson as 'the Newsons', by their first names, and label their studies 'The Newson studies', or, 'The Nottingham Studies'.

London (UCL), from which graduated in 1951.[153] It was at UCL that he met Elizabeth (née Palmer), whom he married in 1951.[154] Straight after graduating, John took up a position at the University of Nottingham, where he was joined one year later by Elizabeth, who had taught young children for a year. Elizabeth was born in London in 1929 to socialist parents, Richard and Mary Palmer, and was the eldest of four daughters.[155] Together John and Elizabeth set up and directed the Child Development Research Unit at Nottingham University, and raised three children, whom they regarded as 'an indispensible professional qualification, and a necessary and effective counterbalance to the study of child development as they encounter it in learned journals.'[156]

The pair attended UCL in the final two years of the educational psychologist Cyril Burt's (1883–1971) administration of the Psychology department.[157] Burt was one of the leading (and subsequently most controversial) figures in developing British educational psychology.[158] His most significant studies used twins to explore the theories of heritability of intelligence, which he argued was influenced more by genetic than environmental factors.[159] In 2001 the couple recalled that Burt governed an

---

[153] Phil Christie, 'Elizabeth Newson Obituary', *The Guardian* 20 February 2014 <http://www.theguardian.com/science/2014/feb/20/elizabeth-newson> [accessed 23 February 2015].
[154] Ibid.
[155] Christie, 'Elizabeth'.
[156] Newson and Newson, *Four Years Old,* p. 1.
[157] John Newson and Elizabeth Newson, 'Taking People Seriously: Psychology as a Listening Ear', in *Psychology in Britain: Historical Essays and Personal Reflections.* Eds. Bunn, G.C., Lovie, A.D., and Richards, G.D. (Leicester: BPS Books, 2001), pp. 411-421, p. 411.
[158] For more on Burt, see J.P. Rushton, 'New evidence on Sir Cyril Burt: His 1964 Speech to the Association of Educational Psychologists', *Intelligence* 30 (2002), pp. 555-567, p. 556. For more on Burt and his academic reputation, see Chapter 13 in Adrian Wooldridge, *Measuring the Mind: Education and Psychology in England, c.1860-c.1990* (Cambridge: Cambridge University Press, 1994).
[159] For Burt's contributions to the development of child psychology, see Cyril Burt, *The Young Delinquent* (London: University of London Press, 1925); Cyril Burt,

administrative 'shambles, in which students turned up for whatever lectures they fancied and nobody was ever expected to write an essay.'[160] The department contained an eclectic mix of psychological methodologies and disciplines, with academics allied to psychoanalysis, behaviourism, psychopathology, philosophy and child guidance.[161] They attended lectures by C.A. Mace (President of the British Psychological Association 1952–1953, and writer on the philosophy of mind and philosophical psychology, who wrote in the foreword to a book by J.A. Hadfield, a colleague of John Bowlby, that 'the social historian of the future will pick out as one of the outstanding changes in the twentieth century that in the pattern of family life, and more especially in the relations between parents and their children');[162] seminars by A.J. Ayer (of logical positivism fame, and at this point, Professor of Mind and Logic) and read Gregory Bateson and Margaret Mead (both anthropologists).[163]

This early interest in anthropology informed their later work; in *Patterns of Infant Care* they reference Mead and Bateson's research to note the common cross-cultural factors in babies' temper tantrums.[164] Published in 1963, *Patterns of Infant Care* entered the public

'Experimental Tests of General Intelligence', *British Journal of Psychology* 3 (1909), pp. 94-177; Cyril Burt, *The Backward Child* (London: University of London Press, 1937); Cyril Burt, *The Factors of the Mind* (London: University of London Press, 1940); Cyril Burt,. 'Ability and Income', *British Journal of Educational Psychology* 13 (1943), pp. 83-98; Cyril Burt, *The Gifted Child* (London: Hodder and Stoughton, 1975).

[160] Newson and Newson, *Taking People Seriously*, p. 411.

[161] Ibid., p. 412.

[162] C.A. Mace, 'Editorial Foreword', in J.A Hadfield, *Childhood and Adolescence* (Harmondsworth: Penguin, 1967), pp. 9-10, p. 9.

[163] Newson and Newson, *Taking People Seriously*, p. 412; Vida Carver (Ed.). *C.A. Mace: a Symposium* (London: Methuen and Penguin, 1962); Anthony Quinton, 'Alfred Jules Ayer, 1910-1989', in *1996 Lectures and Memoirs, Proceedings of the British Academy* 94, 1997.

[164] Newson and Newson, *Patterns of Infant Care*, p. 210. See Gregory Bateson and Margaret Mead, *Balinese Character: a Photographic Analysis* (New York Academy of Sciences, 1942). For more on Mead, see Peter Mandler, *Return from the Natives: How Margaret Mead Won the Second World War and Lost the Cold War* (New Haven: Yale University Press, 2013).

realm in the same year as Friedan's *The Feminine Mystique,* another text that linked, albeit more critically, to Mead. In *The Feminine Mystique* Friedan criticized Mead and her anthropological contemporaries for 'fitting their own anthropological observations into Freudian rubric', particularly in *Male and Female* (1955).[165] Friedan noted that while Mead helped 'humanize sex', the rise of functionalism in American academia led to her work being read as raising reproduction to 'a cult, a career, to the exclusion of every other kind of creative endeavor'. Despite this, as Friedan points out, by the 1960s Mead viewed the return of American women to domesticity with a degree of disappointment.[166]

The Newsons' academic apprenticeship and subsequent initiation of their own research occurred in a shifting terrain with regard to women's position in the home. Their own relationship resisted a division of roles, although it was initially John Newson who made headway into the academic world. Indeed, they were brought to Nottingham in 1951 by an offer of an assistant lectureship to John Newson under Professor W.J.H. Sprott.[167] Sprott, a member of the Bloomsbury Group, was significant figure in postwar era sociology although his background was in academic psychology and philosophy.[168] He succeeded Karl Mannheim as the editor of the International Library of Sociology and Social Reconstruction in the late 1940s and took on executive roles within the BSA after

---

[165] Freidan, *The Feminine Mystique,* p. 99; Margaret Mead, *Male and Female* (New York: New American Library, 1955).

[166] Friedan, *The Feminine Mystique*, pp. 116-117.

[167] Ibid., p. 412; W.J.H. Sprott, *Human Groups* (Harmondsworth: Pelican, 1958); See also W.J.H. Sprott, 'Psychology and the Moral Problems of Our Time', *Philosophy* 23: 86 (1948), pp. 227-238; W.J.H. Sprott, *General Psychology* (London, New York and Toronto: Longmans, Green and Co., 1937).

[168] John Scott, 'Building a Textbook Tradition, 1900-1968', in *The Palgrave Handbook of Sociology in Britain* (Eds.) Holmwood, J. and Scott, J. (London: Palgrave Macmillan, 2014), pp. 211-235, p. 219.

it was established in 1951.[169] Sprott, amongst others, was thanked for his support in the acknowledgements of their study of one year olds.[170]

Although both John Newson and Elizabeth Newson had prolific careers, here I look at their studies of 700 Nottingham mothers interviewed during the 1960s and 1970s. First-hand experience of parenting underpinned their research interests and strategies, highlighting the multiple forms of intervention new parents were subject to. Indeed, the couple commented that they felt that their first child enabled a 'cultural bombardment designed by society to initiate us into our new role as young parents.'[171] Culture sent contradictory messages about parenting, and the couple found differences even within their Nottingham community.[172] Their professional training had rendered them aware of the different positions taken on the same issues by medical and psychological experts, and of the kaleidoscopic nature of childcare advice. As new parents they wondered how other parents' practice aligned with parenting advice. Beyond this they sought to understand the evidentiary basis of such claims.[173] They noted that the psychoanalytic tradition maintained its strong influence on the field of child development, and despite their own training 'felt bound to take seriously the proposition that infant handling…might have profound and irreversible effects upon a child's later personality development.'[174] They felt themselves 'caught in the usual trap: we dared not ignore theories, backed by considerable weight of traditional orthodoxy, which suggested that if we did not follow professional advice we might irrevocably harm our own children.'[175]

---

[169] George Steinmetz, 'British Sociology in the Metropole and the Colonies, 1940s-60s', in *The Palgrave Handbook of Sociology in Britain* (Eds.) Holmwood, J. and Scott, J. (London: Palgrave Macmillan, 2014), pp. 302-337, p. 310.
[170] Newson and Newson, *Patterns of Infant Care,* p. 11.
[171] Newson and Newson, 'Taking People Seriously' p. 413.
[172] Ibid.
[173] Ibid., p. 414.
[174] Ibid.
[175] Ibid.

This ambivalence shaped their research design as the pair sought to explore practice and sought to 'describe how a large and representative sample of mothers actually felt and behaved towards their babies'.[176]

While the couple did not set out to study social class differences *per se,* they found that it was a 'major variable' in child care patterns.[177] To access social class, the Nottingham studies used a modified version of the Registrar General's classification of occupations to categorize the family by paternal occupation.[178] To understand these patterns the couple used a guided, opened ended interview documented on a tape-recorder in women's homes.[179] Here they could draw out 'subtleties' in 'opinions and motives'.[180] The researchers maintained an explicit interest in the complexities of maternal emotion and mothers' feelings towards their children, seeking to examine the *'conjunction'* of feeling and action.[181]

The Nottingham studies set out to explore mothers' experiences one year after the birth of their first child; this was followed by a study of mothers and their four year olds; then a study of how mothers and their seven year old children related to one another; and finally in a study of how mothers felt about their seven year olds attending school. In all of these studies mothers were the focus of attention as neither children nor fathers were asked about their feelings or experiences. An article in *Spare Rib* drew upon their study of one year olds, *Patterns of Infant Care,* to comment that the model of the father of the 1960s differed from the 'harsh disciplinarian' of the past and a new partnership model

---

[176] Ibid., p. 415.
[177] John Newson and Elizabeth Newson, 'Some Social Differences in the Process of Child-rearing', in *Penguin Social Sciences Survey 1968* (Ed.) Gould, J. (Harmondsworth: Penguin, 1968), pp. 74-97, p. 77.
[178] Newson and Newson, *Patterns of Infant Care,* p. 152.
[179] Newson and Newson, 'Some Social Differences', p. 76.
[180] Newson and Newson, *Four Years Old,* p. 17.
[181] Ibid.

had emerged.[182] The article reflected that nonetheless fathers continued to be absolved of many of the demands of raising young children. John and Elizabeth argued that the importance of the mother positioned her as the best proxy for understanding the life of the child, for their interest lay in 'the behaviours and emotions which are generated between the child and that person with whom he spends the greater part of his waking life – his mother.'[183] Thus the studies were less about childrearing or parenting and more about *mothering*; what it was to be a mother at a granular, everyday level, and how women felt about this. They were attentive to the behaviours of mothering and to women's feelings about that behaviour, the child, and the commonplace events that punctuated their domestic life. Of particular interest to my thesis is their consideration of child discipline as an affective rather than rational response. Embedded in this was an interest in the '*moral atmosphere* in the home…the extent to which, and the means by which, behaviours and attitudes are presented to the child in evaluative terms as good or bad, right or wrong, acceptable or unacceptable.'[184]

As I discussed earlier in this chapter, postwar social science researchers were attentive to how the interview dynamic revealed women's emotions. These methodological and technological challenges preoccupied the Newsons, who changed their approach between studies. During the their first study of infant rearing interviews were conducted by health visitors funded by a health authority, but it was feared that this distorted their answers in favour of the 'right' answer.[185] For the later study of four year olds, interviews were instead conducted by trained 'married women with young children of

---

[182] Lesley Holly, 'A New Image For Fathers - Or a New Gloss on the Old Man?', *Spare Rib* 122 (September 1982), pp. 52-55.
[183] Newson and Newson, *Four Years Old*, p. 13.
[184] Ibid., p. 14 (italics in original).
[185] Newson and Newson, *Patterns of Infant Care.*

their own, and the mothers are aware of this', for 'she knows that the person talking to her has faced the practical demands of parenthood'.[186]

One of the most significant class differences, the Newsons contended, was not in 'maternal warmth' – a quality the vast majority of the mothers in their sample possessed – but in the '*quality of control*' they exercised over their children.[187] It was the use of *reason,* and the 'deliberate effort not to be inflected by his [the child's] own emotionality.'[188] Maintaining an emotional register that accorded with ideas of self control and respectability was seen to underpin parenting decisions. We can see, here, then, that the idea of how maternal emotion affected the home was *the* object of study in the Newson studies. As with the later feminist studies, explored earlier in this chapter, the interviews and extended verbatim quotes were used to map the various domestic landscapes.[189]

The use of the interview in these studies was part of a broader contemporary debate about how best to uncover the emotional vicissitudes of individual lives in community settings.[190] John and Elizabeth Newson concluded that the interview was the best way of mapping how behaviour and parental attitudes and values.[191] Rhodri Hayward has noted that the questionnaire was rejected as a mechanism for understanding depression in George Brown and Tirril Harris's 1978 study, *The Social Origins of Depression.*[192] He notes that the questionnaire allowed the interviewee to assume agency in reconstructing their pasts, and to assign and reconfigure meaning as the significance of life events

---

[186] Newson and Newson, *Four Years Old,* p. 19.
[187] Newson and Newson, 'Some Social Differences', p. 79.
[188] Ibid, p. 79-80.
[189] See, for example, Newson and Newson, *Seven Years Old,* p. 324.
[190] Rhodri Hayward, 'Sadness in Camberwell: Imagining Stress and Constructing History in Post War Britain', in *Stress, Shock, and Adaptation in the Twentieth Century* (Eds). Cantor, D. and Ramdsen, E. (Rochester NY: University of Rochester Press, 2014), pp. 320-342.
[191] Newson and Newson, *Four Years Old*, pp. 16-17.
[192] Hayward, 'Sadness in Camberwell'.

shifted and evolved.[193] How, then, might interviewers build a picture of the lives in the community under study?

The Newsons turned to the apparatus of local government to build this picture. They identified families through the city's health department records, which was compiled with information from hospitals, midwives, doctors, and confirmed by the Registrar of Births and Deaths.[194] Here we can see how the health service captured information about families. This network was a dynamic force, for

> considerable effort is made to keep continuous track of the movements of families, and the health visitors are asked to notify the Department of all removals which they may discover in the course of their attempts to visit families in their homes. Health Departments in different parts of the country also notify each other of movements out of their own areas.[195]

The family therefore became an object to be surveyed and tracked within the apparatus of the state. These apparatus made movements visible, congruent with David Armstrong's suggestion that 'when the survey established new zones of visibility it thereby created the space for the observing gaze of new disciplines.'[196] The information gathered about the family here contextualized the interviewees' emotions in the material and physical landscape.

The Newsons noted that 'such a term as "inadequate" applied to a mother or a family seems almost irrelevant when one has explored the pattern of constraints which have led this family to adopt the defences it does'.[197] The research was also, perhaps inevitably, politically situated. They commented that 'the more one becomes aware of how few choices certain groups of people actually have, and how far they are forced

---

[193] Ibid.
[194] Newson and Newson, *Patterns of Infant Care,* p. 261.
[195] Ibid.
[196] Armstrong, *Political Anatomy of the Body,* p. 54.
[197] Newson and Newson, *Patterns of Infant Care,* p. 261.

into behaviour patterns that happen to be maladaptive to their own progress in this society…the greater the temptation is for the research worker to take a political stand and deliberately work for change.'[198] Beyond this, they sought to be a 'contributing part of a wider movement to take seriously the ideas and beliefs of ordinary people.'[199]

The studies revealed that it was the boundaries around child discipline that were contested, rather than an objection to physical punishment in principal. The Newsons' studies revealed the extent to which attitudes towards corporal punishment were culturally constituted, an aspect of their research that provoked self-reflection:

> as enlightened, middle-class, liberal-minded, academic and professional parents, we ourselves are "against" the use of physical punishment, though we also admit to having been driven to its use in moments of stress. Under stress or not, we subscribe to a value-system which holds that there are all sorts of "better" and more effective ways to communicate with children which do not involve physical sanctions[200]

As the Newson studies explained, the daily interactions of mother and infant were fraught with opportunities for conflict: 'conflict with his mother may arise over dinnertime, bedtime, competition with siblings, comfort habits, attention demands, or his own expressions of independence as shown in fighting, tantrums or "answering back"'.[201] Indeed, they observed that any discussion about discipline was likely to invoke feelings of guilt, 'since parents' emotional involvement in the control of the child, coupled with feelings of anger, humiliation and violence which can arise on both sides during conflict'.[202] The home, then, was recast as a site of complex emotional politics.

---

[198] Ibid.
[199] Ibid.
[200] John Newson and Elizabeth Newson, 'Parental Punishment Strategies with Eleven-Year-Old Children', in *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 64-80, pp. 64-65.
[201] Newson and Newson, *Four Years Old*, p. 413.
[202] Ibid.

The study of the childrearing habits of mothers of one year olds found that slapping an infant was a common disciplinary recourse.[203] The couple commented that a smack could function as a 'token expression of the mother's disapproval' with 62 per cent of smacking mothers aiming to communicate that something is 'naughty'.[204] The researchers found little class difference between those who used smacking to communicate the risk of physical danger, but an increased likelihood of smacking occurring amongst the working classes for other offences.[205] Moreover, Newson and Newson considered the possibility that working-class mothers considered the use of a broader range of acceptably severe disciplinary actions, whereas for middle-class mothers a slap was the outermost corporal step they would be willing to employ.[206] Jan Carter suggested in 1974 that the middle classes' move away from physical punishment allowed cases of physical discipline to stand out as aberrant.[207] Working class families, she observed, were also subject to more acute forms of stress given their more limited autonomy and control over their environments.[208] There was some recognition, however, that the psychological and physical condition of the working classes was put under greater surveillance than that of the middle classes.[209] That working-class families employed corporal punishment to a greater degree than their middle class counterparts in this era was thus accounted for on social and psychological grounds.

The study of mothers of four year olds found that smacking was used widely: three-quarters of the women studied smacked at least once a week.[210] They speculated that the

---

[203] Newson and Newson, *Patterns of Infant Care.*
[204] Ibid., p. 204.
[205] Ibid., pp. 204-205.
[206] Ibid., pp. 206-207.
[207] Carter, 'Child Abuse', p. 17.
[208] Ibid., p. 18.
[209] Roberta Kalmar (Ed.), 'Introduction', *Child Abuse: Perspectives on Diagnosis, Treatment and Prevention* (Iowa: Kendall/Hunt, 1977), p. v.
[210] Newson and Newson, *Four Years Old,* p. 448.

mothers who smacked most frequently were likely to become the 'objectively hurtful smackers', given the opportunity for escalating severity.[211] They found that 83 per cent of the mothers studied believed in smacking, although 51 per cent claimed to smack only when angry, suggesting that 'the emotional component is thus a very real one'.[212] This is worth noting as it contextualizes the social context in which the public and medical reaction against 'child battering' (as discussed in Chapter Four) occurred: in a society in which smacking a naughty child is considered acceptable, the anxiety over excessively violent actions takes on a different timbre to an outrage in a society that is entirely intolerant of any physical disciplinary techniques whatsoever.

While I discuss the medical boundaries of this in Chapter Four, the frontiers of acceptable disciplinary behaviour were also contested in the law. Here, as we saw in Chapter Two on the psychosocial overlaps of abortion reform, the impact of corporal punishment was explored at a range of cultural sites. The apparent coalescence around the belief in smacking, the researchers observed, might be misleading, for whilst some approached it with a sense of *inevitability,* others found it *'justifiable',* and others merely found it *'effective'.*[213] Smacking was a physical manifestation of maternal emotion, rather than a metric of child behaviour. The study observed 'the objective force of a smack is less significant to the child than the spirit in which it is delivered.'[214] This emphasis on the emotional component of child discipline was reflected in other postwar era texts.

J.A. Hadfield suggested that

> Worst of all are the fears directly engendered by the mother herself, such as the fear of an ill-tempered mother…Punishment of a child may be necessary, but over-severity or a look of hate in the mother's eyes as she punishes the child

---

[211] Ibid., p. 449.
[212] Ibid., pp. 452-453.
[213] Ibid., pp. 446-455.
[214] Ibid., pp. 409-410 (Italics in original).

puts a child into a state of abject terror, for he is left without security anywhere.[215]

Like Bowlby and Winnicott, Hadfield was here drawing attention to the feelings that underpinned maternal behaviours.[216] Given how central adequate discipline was seen to be to preventing antisocial behaviour, it assumed new levels of importance in this era.[217] This social investment in making women's distress visible was carried through in the further Nottingham studies.

Maternal emotion was also made visible in their later study, *Seven Years Old in the Home Environment*. This study found that the frequency of slapping had fallen by comparison to its incidence aged four – attributed to the older child's greater aptitude to be persuaded verbally – from 75 per cent of all mothers slapping once a week or more to 41 per cent.[218] Again, this study suggested that the frequency was related to the mother's philosophy, and whether it had come to form a part of their 'normal vocabulary'.[219] The study found that although class affected the use of slapping, there was little class difference in mothers' attitudes to it, with 46 per cent of mothers generally approving of smacking, and 27 per cent thinking that it was unfortunate but necessary.[220] This was predominantly done with a hand, but 22 per cent of the mothers had used an implement, and a further 53 percent had used this as a threat.[221] Overall, 84 per cent of mothers admitted that their strictness was 'mood-dependent', and 73 per cent of mothers admitting that slapping their children made them feel 'guilty' or 'upset'.[222] The study quoted women who admitted to these feelings of guilt,

---

[215] J.A Hadfield, *Childhood and Adolescence* (Harmondsworth: Penguin, 1967), p. 262.
[216] Bowlby, *Child Care;* Winnicott, *The Child, The Family.*
[217] Hadfield, 'Childhood', p. 262.
[218] Newson and Newson, *Seven Years Old*, p. 333.
[219] Ibid., p. 334.
[220] Ibid., pp. 336-337.
[221] Ibid., p. 352.
[222] Ibid., p. 337.

> *I'm* the one that's upset. I feel *awful* afterwards…I think to myself, Oh, you rotten devil! It makes me really tired – I can't do *anything* afterwards. But the next day it all starts again…It wears you down, you know.[223]

This was exacerbated by the finding that mothers bore primary responsibility for disciplining children. The Newsons suggested that changes to fathering norms had rendered fathers more willing to be involved with the nurturing side of childrearing and less willing to be the final arbiter of child behaviour.[224] An attentiveness to mothers' stories revealed how broad changes to social norms shaped the internal and intimate dynamics of the home. The studies conducted by Newson and Newson exposed the variation in approaches to child discipline, but beyond this they showed how approaches to childrearing evolved from the vicissitudes of emotion.

CONCLUSION

This chapter has argued that the expansion of the social sciences in postwar Britain created new knowledge about women's experiences of distress in the home. I have argued that the social sciences played a role in creating social concerns as well as reflecting them. As an academic discipline, research trends in sociology are subject to cultural and political tides. Silke Roth and Katherine Dashper have noted that Sociological interests continued to evolve across the late twentieth century: by the close of the 1970s focus had shifted from production to consumption; from class towards subjectivity.[225] This, they argued, was shaped by the rise of gender as an object of sociological focus.[226] The 1980s, however, witnessed a slowing of progress in sociology departments, as financial cuts and constraints halted new hires.[227] There was little sense

---

[223] Ibid., pp. 339-340.
[224] Ibid., p.356-357.
[225] Silke Roth and Katherine Dashper, 'Sociology in the 1980s: the Rise of Gender (and Intersectionality)', *Sociology* 4 (2016), pp. 1-12.
[226] Roth and Dashper, 'Sociology in the 1980s', pp. 1-12.
[227] Platt, 'The Women's Movement and British Journal Articles', p. 962.

of this in the period that my thesis concerns itself with. In this period the expansion of sociology, as I have argued, allowed for new ways of seeing the domestic landscape. It was these new ways of *seeing* which focused attention on the emotional stresses and strains experienced during motherhood.

I made this argument in the following way: first I highlighted the consensus that parenting had a formative effect on child mental health facilitated a greater investment in the inner dynamics of the home. Second I considered how the expansion of the social sciences created new ways of examining the family. I argued that the expansion of higher education, and the rise of the social sciences, enabled new studies into (and acknowledgement of the complexity of) women's interiority and into the home as a site of violence and distress. Postwar era sociology destabilized the home as a site of sanctuary and highlighted the ways that parenting decisions were made. One outcome of this awareness of the violence of domestic relations was an enhanced public anxiety over it. Third, I suggested that attentiveness to mothers' stories in interviews made individual experiences visible.

The collation of mothers' voices told a social story. The studies exposed how women experienced mothering as both pleasurable but also oppressive; the home was claustrophobic and women's relationship with their children was often fraught. The line between normal discipline and abnormal abuse, these studies suggested, was not clear-cut. The studies conducted by Newson and Newson revealed that disciplinary decisions, although framed by cultural norms, surfaced from maternal emotion. This, as the previous chapter argued, brought the maternal psyche into the psychiatric, medical and social workers' gaze. Here we have seen how mothers enacted their distress on their children and how their distress was used as a lens on the family by Sociologists.

Just as sociology developed an infrastructure that disseminated ideas about the emotional dynamics of families through its networks, the outcomes of these reports were communicated to and by other professions. Indeed, the links between the social sciences and the medical profession were fabricated and strengthened through such studies. Studies like the Newsons' spread ideas about motherhood outside the sociological domain. Indeed, a 1976 conference sponsored by the Royal Society of Medicine on the 'Challenge of Child Abuse', attended largely by psychiatrists and paediatricians, featured six mentions of Newson and Newsons' work.[228] Facilitated by the increasing acknowledgement of how social environment wrought medical responses – most fully realized in the concept of 'stress' - the medical profession increasingly pointed to links between poverty, deprivation, isolation and hopelessness and violent parenting behaviours. In doing so, they drew upon surveys done in both sociological and medical contexts.[229] I now move on to the Conclusion of this thesis, where I discuss the rise of self-help groups as a final way that maternal distress was used in British society.

---

[228] Alfred White Franklin (Ed.), *The Challenge of Child Abuse: Proceedings of a Conference sponsored by the Royal Society of Medicine, 2-4th June 1976* (London: Academic Press, 1977).

[229] P. Scott, 'Battering in Relation to Other Deviant Behaviour', *The Challenge of Child Abuse: Proceedings of a Conference sponsored by the Royal Society of Medicine, 2-4th June 1976* (Ed.) White Franklin, A. (London: Academic Press, 1977), pp. 38-45.

This thesis has argued that understandings of maternal distress developed and circulated across the mid to late twentieth century in Britain. These understandings were used as evidence of the need for social and political change. I suggested that this development rested upon a renewed understanding of the psychological significance of mothering, demonstrating that an attentiveness to *child* mental health also brought *maternal* mental health into view. This visibility allowed interested communities to draw upon concern about the emotional status of mothers as a vehicle through which they could achieve their own ends. Evidence of the prevalence of maternal distress stood in contrast to an increasing sense that individuals were entitled to psychological wellbeing. It was this contrast that allowed maternal distress to gain credibility and legitimacy as an index of the failings of the family and society.

The issue of visibility was fundamental. Once disorder could be discerned this knowledge about the figure of the distressed mother could circulate through society. Put another way, once women's distress had been uncovered, explanations for it could be developed. The distressed mother could then function as proof of the need for social change or alternative forms of social organisation (for example, as evidence for the need for abortion reform, or for changed gender politics). This was enabled and embedded by the new theories of selfhood developed in the wake of the Second World War. Michal Shapira has pointed to how between the 1930s and the 1960s psychoanalytical theories 'attained a significant social role in the specific historical making of a desired, functioning, "healthy" democratic individual self'.[1] In this thesis we have seen how this conception of the '"healthy" democratic individual self' played out when the emotional

---

[1] Michal Shapira, *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain* (Cambridge: Cambridge University Press, 2013), p. 7.

challenges of mothering were exposed.

These interested and invested communities provided the organising frame for my analysis. Underpinned by the Foucaudian contention that state practices allowed children to be 'surveyed' I asked how the particular preoccupations of certain groups lent themselves to different approaches to, and readings of, distressed motherhood.[2] With this in mind, I asked how concern over professional status, the structure of the NHS and a perceived need for research into psychological disorders encouraged GPs to take an interest in distressed mothers. I have also investigated the way that maternal mental health was invoked around abortion reform, drawing out how maternal distress and fears about the family created new links between the 'social' and the 'medical' in the policy arena. I went on to examine how the WLM disputed, subverted and appropriated conventional psychiatric models and placed the figure of the distressed mother at the centre of its legitimising frame. This, I suggested, was a pivotal moment for the consideration of maternal distress, as here women were asserting the importance of women's unhappiness *in its own right*. Following this, I asked how anxiety around child abuse brought women's disorders and the patient biography to light in the medical profession as a means of legitimising the medical 'content' of violence against children. Finally, I probed how the expansion of higher education and the entrance of women to the academy provided a new focus on interrogating mothers' lives.

Each chapter of this thesis dedicated space to the exploration of the various internal landscapes that fostered these concerns. A study of these internal landscapes revealed how maternal mood disorders emerged from and converged with distinctly late-twentieth century preoccupations: a broader conception of mental health and a distrust

---

[2] Harry Hendrick, *Children, Childhood and English Society, 1880-1990* (Cambridge: Cambridge University Press, 1997), p. 4-5.

of the privacy of the home. These landscapes confirmed how medical anxieties are fashioned within the social, political and intellectual climates of the era.

The themes of the diffusion of the psychological and the role of the family in postwar Britain have been picked up on and dissected by other historians. In particular, this work engages with the scholarly conversation about the psychological in twentieth century Britain. This conversation has been shaped by Mathew Thomson, David Armstrong and Nikolas Rose.[3] I have challenged the terms of the debate about postwar women's depression recently established by Ali Haggett. Haggett suggested that postwar distress was not only less gendered than it had been presented as being by Betty Friedan and others, but also that women themselves did not relate their distress to their domesticity.[4] Instead, I have suggested that regardless of the *reality* of the incidence of distress, the imagined figure of the distressed mother exerted considerable influence in the social, medical and political domains. The actual incidence of postnatal depression is less significant than this culturally-composed figure, for, as we saw in the Introduction, the diagnosis has thus far eluded definitive measurement. More significant is the role the concept has played in helping to instigate and legitimise certain types of expertise, policy making and social movements.

CHANGING EXPLANATIONS FOR MATERNAL DISTRESS

Maternal distress has been argued to stem from different etiologies across this period, shifting in line with the concerns of the era. Whereas in the late 1950s and 1960s Betty Friedan (*The Feminine Mystique,* 1963), Hannah Gavron (*The Captive Wife: Conflicts of*

---

[3] Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006); Nikolas Rose, *Governing the Soul: the Shaping of the Private Self* (London: Routledge, 1990); David Armstrong, *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983).
[4] Ali Haggett, *Desperate Housewives, Neuroses and the Domestic Environment, 1945-1970* (London: Pickering & Chatto, 2012).

Housebound Mothers, 1966) and Judith Hubback (*Wives Who Went to College*, 1957) looked

to domesticity as the cause of women's discontent, by the 1980s this shift had reversed.[5]

In December 1987 an article in *The Times* argued that 'high-flying "superwomen"' were

particularly vulnerable to postnatal depression, warning that these women 'believe that

they can schedule a baby like a business appointment and breastfeed successfully

between board meetings'.[6] An anonymous psychiatrist warned that for 'high-flyers who

are perfectionists at their jobs' the conflict between the demands of work and

childrearing could be pernicious.[7] These women, the psychiatrist cautioned, found

motherhood 'the least satisfying', and suggested that 'although it is assumed that every

woman has a maternal instinct, their hearts may just not be in it'.[8] This explanation

should be placed against a backdrop of women's increasing participation in the labour

force.

This labour force participation was supported by several pieces of legislation, including

the 1970 Equal Pay Act, 1975 Sex Discrimination Act, and the 1975 Employment

Protection Act.[9] At the time of the publication of the *Times* article in 1987, just under 60

per cent of women were in paid employment.[10] This was an increase from 1971 when

just over 50 per cent of women were in employment.[11] Women were also attaining

greater visibility in positions of power, as the election of Margaret Thatcher as Prime

Minister in 1979 attests. As Luke Blaxill and Kaspar Beelen have uncovered in their

---

[5] These narratives were never straightforward, however. More recently attention has been drawn to how work was positioned as a 'therapeutic act' even in the early 1950s. 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* (2016), 2: 16042 doi: 10.1057/palcomms.2016.42.
[6] Victoria McKee, 'Birth of the Blues?', *The Times,* 3 December 1987.
[7] Ibid.
[8] Ibid.
[9] Office for National Statistics, *Full Report: Women in the Labour Market* (2013).
[10] Ibid.
[11] Ibid.

study of language used in parliamentary debates since the first 'wave' of female MPs after 1945, women used different political invectives and highlighted different topics to their male colleagues across the period.[12] While the entrance of women to positions of power is not a barometer of equality, these trends combine to present a picture of changing gender politics. Just as the period immediately following the Second World War faced a significant reordering within British society, the late 1970s was a period of social and economic upheaval.[13] The different explanations for maternal distress offered between the immediate postwar period and the later years of the twentieth century demonstrate the extent to which it operates as a sign for anxieties about women's place.

Put another way, and as I suggested in the Introduction, anxiety about postnatal illness is intimately related to understandings of women's role in the family. Women's changed social status in the 1980s led another *Times* writer to note that 'one of the strangest things about motherhood is the fact that being mad on and off seems to be almost normal'.[14] The article went on to suggest that

> many women with powerful maternal instincts (I am one of them) have been led to expect far too much of themselves. Having been wound up by the educational system and set down like automatons on the career track, many professional women in their 30s are now discovering that Nature alters a woman's mind for motherhood in a way that totally conflicts with the mental resources she needs for work.[15]

The language deployed in this article ('wound up…set down') marginalised women's agency. Here motherhood as a biological identity ran counter to socially constructed demands. The author again summoned emotion as evidence of the apparent

[12] Luke Blaxill and Kaspar Beelen, 'A Feminized Language of Democracy? The Representation of Women at Westminster since 1945', *Twentieth Century British History* (first published online July 6 2016 doi:10.1093/tcbh/hww028), pp. 1-38.
[13] See part 3 , Selina Todd, *The People: the Rise and Fall of the Working Class* (London: John Murray, 2015), pp. 275-338.
[14] Alexandra Artley, 'Mothers who Suffer a Secret Madness', *The Times*, 15 September 1986.
[15] Ibid.

irreconcilability of work and motherhood: 'it can mean that when a mother is away from her children she spends her working day in…grief, pain, and disorientation.'[16] This topic – the way that *feelings* have entered the cultural lexicon as a measure of the success of the 'working day' and beyond – is returned to later in this conclusion.

I have also demonstrated that maternal distress was also used as an index for success of manifestations of modernity. Vivienne Welburn's *Postnatal Depression* argued that the dissolution of working class communities through 'massive slum clearance programmes' that had established in their place 'concrete wastelands where neighbourly contact is restricted to draughty corridors or badly maintained lifts' had created 'fertile soil' in which the seeds of depression 'can grow'.[17] Middle class mothers' experiences of postnatal depression stemmed from different roots ('if poverty doesn't get you, affluence will').[18] Welburn suggests that middle class women's education and professional aspirations resulted in them feeling acutely the 'decline in status to "just a housewife"'.[19] She quotes the psychologist Ann Dally who highlighted the contradictions faced by women, for 'good mothering tends to prevent that personal development and liberation without which it is impossible to be a good mother.'[20] It was this discourse of 'development' and 'liberation' that offered new ways for women themselves to subvert, appropriate and use maternal distress as participants in social movements.

This thesis has drawn out how maternal distress was transformed into an issue around which people mobilised. From this, it is clear that unease about maternal mental health

---

[16] Ibid.
[17] Vivienne Welburn, *Postnatal Depression* (London: Fontana, 1980), p. 119.
[18] Ibid., p. 120.
[19] Ibid.
[20] Ibid, p. 123.

was not passive. It was also an object of sociological and medical study, as conducted by

the Newsons (explored in Chapter Five) and Anthony Ryle and Hannah Gavron

(explored in Chapter One). Moreover, we have seen that alternative forms of social

organisation arose from it. Welburn was told by Margaret Dennis, one of the founders

of the Oxford Mothers' Group, that

> it's an atmosphere now of self-sufficiency. You *ought* to be able to cope. I think
> it goes hand in hand with the general improvement with the standard of living.
> If you've got two cars outside the house and double glazing you *ought* to be able
> to cope with your emotional problems too.[21]

Raised standards of living created enhanced expectations of emotional and

psychological wellbeing. This 'atmosphere of self-sufficiency' manifested in the creation

of alternative bodies of social support for women. In Chapter Three this was

Gingerbread, the Women's Therapy Centre, and the Islington Women and Mental

Health Project. At the close of the period under study, the Association for Post-Natal

Illness (APNI) was established.

THE ASSOCIATION FOR POST-NATAL ILLNESS AND THE MEDICAL PROFESSION

APNI was founded in 1979 by Clare Delpech, herself in the midst of postnatal

depression.[22] She was prompted to found the self-help organisation having read a book

by, and subsequently making contact with, Professor Merton Sandler (1926-2014).[23] As

well as an interest in postnatal disorders, Sandler was a key proponent of the

relationship between brain chemicals and depression and was instrumental in the

development of early antidepressants. This interest in psychopharmacology

complemented Delpech's curiosity about chemical pathology.[24] Encouraged by Sandler,

---

[21] Ibid.
[22] Phone call with Clare Delpech (April 2015); see also 'History'
<https://apni.org/history/> [accessed 24 July 2016].
[23] Ibid.
[24] Chris Mahony, 'Obituary: Merton Sandler', *British Medical Journal* 4: 349 (2014), p.
6609.

who became President, Delpech established APNI with herself as Secretary, and John

Malvern (Chairman), Lindsay Warwick Gee, Sarah Evans, Michael Pearson and Dr Gilli

Oppenheim, a psychiatrist constituting the rest of the committee.[25] From the beginning,

then, APNI had strong medical representation, although it was fronted by non-medical

women as a self-help group. It initially operated from Delpech's house with the help of

several female volunteers, but moved to a space provided in Queen Charlotte's

Hospital, Sandler's base, in 1981.[26] Although the base moved away from the hospital

three years later, this underlines the close interaction between the self-help group and

the medical profession.

APNI continued to have robust and illustrious medical representation, for by 1990 it

had a Scientific Advisory Committee with eight members, three of whom were Fellows

of the Royal College of Psychiatrists (Dr Alec Coppen, Professor W. Linford Rees, and

Professor E.S. Paykel). A further four were Fellows of the Royal College of

Obstetricians and Gynaecologists (Professor Sir John Dewhurt, John Malvern, George

Pinker, and Professor C.H. Rodeck). Dr. Patrick Thomas was the eighth member.[27]

Merton Sandler remained President and Professor Brice Pitt was the Chairman.[28]

Looking at this, we can see how despite being established as a self-help group for

women, APNI retained a distinctively male Scientific Advisory Committee.

This Committee guided APNI's work while it supported depressed mothers through a

telephone line, a peer-to-peer support service, and through responding to letters.[29]

Volunteers needed to have experienced postnatal depression themselves, but to have

---

[25] APNI, 'History'.
[26] Ibid.
[27] APNI Archive, 'The Association for Post-Natal Illness', letter, 23 February 1990.
[28] Ibid.
[29] APNI Archive, *The Association for Post-Natal Illness Annual Report,* 30 June 1990.

recovered and to have been free from medication for six months in order to undertake the support.[30] Volunteers supported women for up to a year, reporting back to APNI on their progress.[31] It was considered important that the women giving support had themselves experienced the disorder so that they could act as 'living proof' that it was possible to recover from it.[32]

The organisation gathered prominence quickly, and by 1989-1990 it received between 150-600 letters and around 50 phone calls a week.[33] Eleven years after its founding it had 3,387 members, 676 of whom were volunteers, 485 were depressed mothers in need of support, 10 were unsupported depressed mothers, 484 were ordinary members, 1,485 were mothers who had received support and recovered, and 320 were rejected volunteers.[34] As well as receiving charitable funds, the charity gained private support for its information campaigns. Over 100,000 copies of its leaflet, 'The Baby Blues and Post-natal Depression', sponsored by the Freight Consortium Plc. were distributed by the Health Education Authority.[35] 'Post-Natal Depression', a booklet written and distributed by the charity, was sponsored by Marks and Spencer.[36] These links can be seen to have developed within a political climate in which the values of self-help were being drawn to the fore.

This commercial support for the self-help group and its reach – supporting over 10,000 women between 1991-1992 – can be read against a background in which self-help was increasingly seen as a panacea for the deficiencies of the welfare state. The emergence

---

[30] APNI Archive, Thames Television, 'Time to Care', (Ed.) Gerhardt, P. (Thames Television, 1990), p. 12.
[31] Ibid.
[32] Ibid.
[33] APNI Archive, *The Association for Post-Natal Illness Annual Report,* 30 June 1990.
[34] Ibid.
[35] Ibid.
[36] Ibid.

of these alternative practices demonstrate both women's willingness to work with medical professionals in new ways and also a willingness to circumnavigate the institutions of medical care. There is an extensive literature, both contemporary and historiographical, on the emergence of the self-help movement.[37] For my purposes, however, the development of these alternative models of care for distressed mothers can be read as one outcome of the convergence of the three themes that have emerged throughout this thesis: pessimism about the family, raised expectations of psychological wellbeing, and the willingness to develop new approaches to mental health.

This willingness to develop alternative forms of support as counterparts and complements to NHS provision was encouraged from the 1970s onwards as part of a growing ethos of self-help. This ethos stemmed from the shifting ideologies and practices of mental health care as treatment shifted towards community care. This was assisted in part by the development of psychopharmaceutical drugs to treat milder forms of disorder.[38] Self-help groups received state endorsement as alternative providers of care. This ratification occurred at both a national and international level. Indeed, the 1978 the WHO Working Group on Changing Patterns in Mental Health Care met to confirm that 'the transition from institutional care to comprehensive community care for the mentally ill…is a major objective of the WHO European mental health

---

[37] Some of the best known of these are American. See Martin L. Gross, *The Psychological Society* (New York: Random House, 1978), Thomas Szatz, *The Myth of Psychotherapy* (New York: Anchor, 1978), Christopher Lasch, *The Culture of Narcissism: American Life in an Age of Diminishing Expectations* (New York: W.W. Norton, 1978); Philip Rieff, *The Triumph of the Therapeutic: Uses of Faith after Freud* (Harmondsworth: Penguin, 1973); Eva Illouz, *Saving the Modern Soul: Therapy, Emotions, and the Culture of Self-Help* (London: University of California Press, 2008).

[38] The development of these drugs was discussed, albeit briefly, in the introduction. For more on this, see Ian Dowbiggin, *The Quest for Mental Health: A Tale of Science, Medicine, Scandal, Sorrow, and Mass Society* (Cambridge: Cambridge University Press, 2011); Phil Brown (Ed.), *Mental Health Care and Social Policy* (London: Routledge & Kegan Paul, 1985); Andrea Tone, *The Age of Anxiety: a History of America's Turbulent Affair with Tranquilizers* (New York: Basic, 2009).

programme.'[39] Under this rubric, the Working Group concluded that 'self-help is a basic component of primary health care' rather than a 'substitute to cover gaps'.[40] At a national level, the 1979 Conservative Party Manifesto noted the role of community support and self-help groups, claiming that

> in the community, we must do more to help people to help themselves, and families to look after their own. We must also encourage the voluntary movement and self-help groups working in partnership with the statutory services.[41]

The proliferation and expansion of self-help groups should thus be read against a political backdrop that was increasingly oriented towards supporting the financially expedient options that operated outside state-funded services.

The ethos of self-help also stemmed from social anxieties about the state of the family. Thus the gaps that organisations like APNI were seeking to fill were also grounded in the pessimism about the psychological competencies of the family. We have seen this pessimism come into play in Chapters Three, Four and Five of this thesis. A 1979 introduction to self-help groups saw self-help as a product of the erosion of 'natural support systems…such as the church, the neighbourhood and the family'.[42] The authors went on to note that there was a 'search for community' by those for whom the 'world has moved too fast, is too big, and too indifferent to quality, to individual differences and to basic human needs'.[43] Groups like APNI and Gingerbread were a way of

---

[39] WHO Working Group, *Changing Patterns in Mental Health Care: Report on a WHO Working Group, 27 November - 1 December 1980* (Copenhagen; Regional Office For Europe, World Health Organization, 1980), p. 1.
[40] Ibid., p. 43.
[41] Conservative Party Manifesto 1979 <http://www.margaretthatcher.org/document/110858> [accessed 10 July 2016].
[42] David Robinson and Yvonne Robinson, *A Guide to Self-Help Groups: From Self-Help to Health* (London: Concord Books, 1979), p. 7.
[43] Ibid.

'renewing the social fabric'.[44] One American text observed that self-help groups had become a component of the ecology of modern selfhood

> in order to continue to exist, humans need to recognize themselves and to be recognized by the society around them in all dimensions of their humanity. Survival in the modern world means more than having one's…physical needs met; people must discover and be accepted for what they are, they need to live, to be valued, to experience, to give, to share with others, to transcend the boundaries of their own egos – to give *and* take in a social communion.[45]

This emphasis on health beyond having 'physical needs met' was reminiscent of the implications of the broader definition of health as a state of wider 'wellbeing' advocated by the World Health Organization in 1948.[46]

In the 1970s and 1980s APNI partook in a third convergent trend. This was the shift towards the belief that the individual (rather than the state) should take responsibility for health. David Owen - then Minister for Health - argued in *The Times* in February 1976 that it was desirable that the populace adopt 'a philosophy that health is not just something that is provided for by the N.H.S., but that each individual has a responsibility for his own well-being'.[47] It is significant that this was framed as a 'philosophy' rather than a policy approach, as this indicates that this was a component part of the enactment of a broader *cultural* change. Whereas 'policy' implies a degree of imposition, 'philosophy' implies a pervasive ethos. Modern notions of responsibility became tied to new healthcare norms in which self care and mutual aid took on a new

---

[44] Ilona Kickbusch and Steven Hatch (Eds.), 'Introduction: a Reorientation of Health Care?', in *Self-Help and Health in Europe: New Approaches in Health Care* (Denmark: World Health Organisation, 1980), pp. 1-10, p. 3-4.
[45] Alfred Katz and Eugene Bender, *The Strength in Us: Self-Help Groups in the Modern World* (London and New York: New Viewpoints, 1976), p. 3.
[46] World Health Organization, *Constitution* (1948).
[47] 'Change in Attitude to NHS Sought', *The Times*, 9 February 1976; 'Creating New Responsibility and Awareness for Patients', *The Times*, 14 February 1976, quoted in Glen O'Hara, 'The Complexities of "Consumerism": Choice, Collectivism and Participation within Britain's National Health Service, c.1961-c.1979', *Social History of Medicine* 26: 2 (2013), p. 288-304, p. 301.

importance. This new philosophy acted as a restatement of the essential privacy and autonomy of the individual, moving away from collectivist notions of public health.

Looping back to APNI as an example of this alternative model of care, it is clear that APNI was invested in making cases of postnatal depression visible. The charity actively circulated copies of the Edinburgh Postnatal Depression Scale (EPDS) after its development in the 1980s.[48] Developed by J. Cox, J. Holden and R. Sagovsky in 1987, the scale comprised ten self-report questions.[49] These questions were oriented around how mothers had felt in the preceding week and asked women about their feelings of enjoyment, humour, self-blame, anxiety, feelings of panic, difficulty in sleeping, crying, and desire to harm herself.[50] The answers about the frequency of these feelings were then scored from 0-3. In Chapter One I noted that rating scales for depression from 1960s arose alongside the development of new psychopharmaceutical treatments for it. This, I suggested, created new legitimacies for these disorders as the scales themselves became mechanisms by which distress could be made visible. In advocating for the use of a specific measuring instrument for postnatal depression, then, APNI was creating new ways to disseminate ideas about the disorder.

The explanation for the development of the EPDS scale was grounded in the same focus on both the unpleasantness and the wider effects of the disorder. It was considered 'a common disorder that causes much unnecessary misery for women and their families' and also an affliction that 'can adversely affect the development and nutrition of the infant, the continuity of the marriage and the economy of the

---

[48] APNI, 'History'.
[49] J.L Cox, J.M Holden, and R. Sagovsky, 'Detection of Postnatal Depression. Development of the 10-item Edinburgh Postnatal Depression Scale', *British Journal of Psychiatry* 150 (1987), pp. 782-786.
[50] Ibid.

household.'[51] It was developed in the hope that 'the EPDS will continue to encourage practitioners to listen to women, to take what they say and how they say it seriously, and also to collect data that will lead to a higher priority being given to perinatal mental health and women's health issues in general.'[52] Cox and Holden argued that postnatal depression is not a discrete disorder and point to the social and cultural factors that studies had demonstrated as playing a role in the etiology.[53] Areas of urban deprivation, social isolation and low social status were highlighted as playing a role in the disorder.[54] These factors had been raised in the research by psychiatrists, general practitioners and social scientists on which I have drawn throughout this thesis.

Here, then, we can see how postnatal depression sat at the borderline of the medical and the social in the late 1980s. This understanding of the 'sociomedical' was, as I demonstrated in Chapter Two (which explored how maternal mental disorder was invoked in discussions of abortion reform in the 1960s), itself developed through conversations about maternal distress. These conversations became mechanisms by which the disorder entered public life as something to be resisted and organised around. Motherhood continues to play a deeply emotionally evocative and provocative role in public life. At this point I will now conclude with one of the underlying themes of this thesis – the role of motherhood and its emotional tug in the politics of British social life.

---

[51] J. Cox and J. Holden, *A Guide to the Edinburgh Postnatal Depression Scale* (London: Royal College of Psychiatrists, 2003), p. viii.
[52] Ibid., p. ix.
[53] Ibid., p. 2-3.
[54] Ibid., p. 2.

The effects that becoming a mother has one women's psyche, feelings, role and position in social life continues to be highly contested. In the summer of 2016 Andrea Leadsom, then running to be leader of the Conservative Party (and therefore Prime Minister) suggested that she had more of a stake in the future of the country because she had children – unlike her rival, Theresa May.[55] Quoted as saying 'I feel that being a mum means you have a real stake in the future of our country, a tangible stake' (she later claimed that she had been misrepresented before the interview transcripts were released), Leadsom's claims invoked the very futurity underlined by Laura King.[56] Not only do children create a space for discussions of investment in the future, but motherhood is positioned as changing women's psyche and relationships. Women have long summoned their position as mothers as evidence of a different connection with ideas and politics, of which Sara Ruddick's *Maternal Thinking: Toward a Politics of Peace* is one prominent example.[57]

For my purposes, however, the furore that followed Leadsom's comments was indicative of a broader social discomfort with the effects that motherhood has on women. Implicit in Leadsom's comments was an assumption that motherhood fundamentally changes women and that it causes a social, emotional and relational re-arrangement. One of the threads through this thesis – most fully brought out in Chapter Three – was a discussion of how women's feelings about motherhood and the

---

[55] Toby Helm and Rowena Mason, 'Leadsom told to Apologise for Claim Children 'Make Her a Better PM', *The Guardian* 9 July 2016 <http://www.theguardian.com/politics/2016/jul/09/andrea-leadsom-told-to-apologise> [accessed 16 August 2016].

[56] Laura King, 'Future Citizens'.

[57] Sara Ruddick, *Maternal Thinking: Toward A Politics of Peace* (Boston: Beacon Press, 1995); see also Kathryn Abrams, 'Women and Antiwar Protest: Rearticulating Gender and Citizenship', *Boston University Law Review* 87: 4 (2007), pp. 849-882; Harriet Alonso, *Peace as Women's Issue: A History of U.S. Movement for World Peace and Women's Rights* (Syracuse, New York: Syracuse University Press, 1993).

changes this inflicted have been brought to the fore. This thesis has focused on the effects of distress underlined by the belief that mothering is a socially significant act. Leadsom's comments illustrated that the effect of motherhood remains a topic of political contention. The ways that motherhood changes women and their feelings, priorities, approaches to work and approaches to the future, has been – and remains – a deeply politicised question. As the members of the WLM framed it, 'the personal is political'. In the ruptures exposed by Leadsom's comments, we can see how the political has become personal.

This thesis has raised further questions in drawing attention to the ways that *feelings of distress* became a form of political diagnostic. In Chapter Three I borrowed Victoria Hesford's coinage of 'feeling liberation' but subverted it to suggest ways that women's feelings became the evidence of the need for social change.[58] This emotional reorientation that happened in activist circles was not limited to women. Indeed, as Lucy Delap has shown, the WLM had powerful emotional ramifications for sympathetic men, many of whom were made to be introspective about the implications of women's oppression. This introspection created a need for new sites to express this feeling, manifesting in men's groups and in therapy.[59] In the Introduction I raised the ways that emotion had been invoked as a structuring force in writings on the late twentieth century. Here I looked particularly at Jeremy Seabrook and Trevor Blackwell's description of 'helplessness, a sense of redundancy; a feeling of being in exile, of disappointment and dividedness; loathing, contempt and fear, a dread of being

---

[58] Victoria Hesford, *Feeling Women's Liberation* (Durham, NC: Duke University Press, 2013).

[59] Lucy Delap, "I didn't know where to look": Feminism, Masculinities and Emotional Politics in the Late Twentieth Century', under consideration, 2016.

suffocated; a disabling self-doubt' as their emotional panorama in the late 1980s.[60] This snapshot moved beyond descriptive and was instead *interpretive*. Feelings have become a means of assessing the success and performance of social structures. In this way my study of the ways that women's postnatal feelings have been distinguished, raised and marshaled for social and political ends opens up new questions about how the medical location of affective disorders can lend them social legitimacy. Outside of the medical domain this emphasis on emotion as a diagnostic force is playing out as a major cultural battleground.

One example of the transformation of feeling into a form of claims-making is the contested responsibility of universities to shield or forewarn students about potentially triggering or traumatic course content.[61] In these debates it is not merely the intellectual and emotional value of education that is being debated but the position of emotion in public life. This is a particularly significant within feminist scholarship, where a lively debate is occurring about the politics of experience and feeling. Sara Ahmed has recently asked 'what do Emotions do?'.[62] In answering this Ahmed draws attention to the ways that emotions circulate between bodies, creating and shaping social relationships. Also within this feminist tradition, Alison Phipps has argued that

---

[60] Trevor Blackwell and Jeremy Seabrook, *The Politics of Hope: Britain at the End of the Twentieth Century* (London: Faber and Faber, 1988), p. 3.
[61] Onni Gust, 'I Use Trigger Warnings, but I'm not Mollycoddling my Students', *The Guardian* 14 June 2016 <https://www.theguardian.com/higher-education-network/2016/jun/14/i-use-trigger-warnings-but-im-not-mollycoddling-my-students> [accessed 16 August 2016]; Lori Horvitz, 'Life Doesn't Come with Trigger Warnings, Why Should Books?', *The Guardian* 18 May 2016 <https://www.theguardian.com/commentisfree/2015/may/18/life-doesnt-come-with-trigger-warnings-why-should-books> [accessed 16 August 2016]; Emily Willingham, U Chicago Dean Gives Trigger Warning In Letter Denouncing Trigger Warnings', *Forbes* 26 August 2016 <http://www.forbes.com/sites/emilywillingham/2016/08/26/u-chicago-dean-gives-trigger-warning-in-letter-denouncing-trigger-warnings/#2fd63a859512> [accessed 26 August 2016].
[62] Sara Ahmed, *The Cultural Politics of Emotion* (London: Routledge, 2004).

experience 'operates as a form of capital within abstracted and decontextualised debates which entrench existing power relations'.[63] Rather than functioning as a means of resisting power hierarchies, Phipps charges that there has been a 'neoliberal commodification of first-person narratives'.[64] We have seen in my sketch of APNI (amongst others) that different forms of expertise developed out of an acknowledgement of the challenges of mothering. First, there is that which is claimed by those who have experienced distress through the 'self-help' or mutual aid fields. Second, there is the expertise claimed by those who claim to understand the medical dynamics. The academy is currently exploring the tensions that arise from disordered or negative feelings as a form of social analysis. Pursuing how distress has been made visible is one way of tracing the historical lineages of such tensions.

The overarching question asked by this thesis was 'how and why was maternal distress made visible by professions, institutions and social movements?'. In answering this, I have demonstrated that the interior landscapes and agendas of interested communities made maternal distress visible between 1948 and 1979. This visibility was then used to highlight the challenges faced by mothers. A focus on maternal distress makes clear that anxiety about maternal mental health has trespassed outside the medical sphere. Indeed, it has become a cultural and political object around which alternative forms of social understanding and agitation have developed. Since the Second World War distress and disorder have entered the cultural lexicon as a method of diagnosing social problems. As such, they have become imbued with distinctively political potential. While mothers have been doing emotional work in families, the interest in their feelings has been doing political work in British society.

---

[63] Alison Phipps, 'Whose Personal is more Political? Experience in Contemporary Feminist Politics', *Feminist Theory*, first published on 13 August 2016 doi:10.1177/1464700116663831, p. 1.
[64] Ibid.

BIBLIOGRAPHY

MANUSCRIPT RESOURCES

BISHOPSGATE (BGA)

23/238101, Kathie Sarachild. 'Consciousness–Raising: A Radical Weapon', *Feminist Revolution* (New York: Random House, c1978), pp. 144–150.
175/1758101, Jane Kelly. 'How Can I live, Sister, How Can I Live? Depression – Sex, Race and Class', *University of Kent at Canterbury Women's Studies Occasional Papers* 14 (1987).
S1, *Shrew* Psychology 4: 2 (1972).

WELLCOME (WA)

GP 29, Anthony Ryle, [interview with] *Transcript of an interview conducted by Dr. M.J. Bevan with Anthony Ryle.* 'An Oral History of General Practice c. 1935–1952', (Oxford: Wellcome Unit for the History of Medicine, 1995).
SA/ALR/D.11, 127 Papers on Abortion
1165A, C.A.H. Watts. 'The Scope of Psychiatry in General Practice', [sound recording], Medical Recording Services Foundation, 1960.

ROYAL COLLEGE OF GENERAL PRACTITIONERS (RCGP)

ACE G12–1, Psychiatry and the General Practitioner Working Party, 1956–1958.
ACE G4–2, The College of General Practitioners, Research Committee of the Council, 11 June 1957.
ACE G4–2, MRC.52/782, Conference on Research in General Practice.
ACE G4–2, MRC.53/649, Clinical Investigations.
ACE G4–2, Clinical Research in Relation to the National Health Service.
ACE 12–2, CGP/5C/WPPM/60. 'Psychological Medicine in General Practice: a Memorandum Prepared by a Working Party of the Council of the College of General Practitioners', June 1958.
ACE G12–2, CGP/4C/PWP/31, 'Psychiatry and the General Practitioner', Draft no. 1.
ACE G12–2, CGP/4C/RC/PWP/21, 'Notes by Dr Richard Scott on Psychiatry and the General Practitioner, 19 January 1957'.
ACE G4–3, Supplementary Memorandum from the College of General Practitioners to the Ministry of Health's Committee of Inquiry into the Maternity Services', December 1956.
ACE G4–5, General Practitioner Records.

BRITISH LIBRARY (BL)

7310. 166E, Council of Europe, *Violence in the Family: Recommendation No. R (85) 4 adopted by the Committee of Ministers of the Council of Europe on 26th March 1985 and Explanatory Memorandum* (Strasburg 1986).
X512/1653, Alfred White Franklin, *The Tunbridge Wells Study Group on Non-Accidental Injury to Children: Report and Resolutions* (Unknown Publisher, 1973).
X525/8268, Maureen Colquhoun, *Housing Choices for Lone Parents: an Information Paper for Self-Help Gingerbread Groups* (London: Gingerbread, 1983).
X525/8269, Maureen Colquhoun, *Get Yourself Selected/Elected: a Handbook of Opportunities in Public Life for Self-Help Gingerbread Groups* (London: Gingerbread, 1981).

ISLINGTON WOMEN AND MENTAL HEALTH PROJECT

Ellis, Mary Lynne and Brid Greally, *Community Care: Betrayal of Women* (London, 1985) (in possession of this author).
Ellis, Mary Lynne and Brid Greally, *What We Women Want In Terms of a Mental Health Service.* [undated] (in possession of this author).
Ellis, Mary Lynne. *Counselling Skills – Islington Women and Mental Health Telephone Helpline* [undated] (in possession of the author).
Ellis, Mary Lynne, *Maya Centre, Early Years – Islington Women and Mental Health Project* (2014) (in possession of this author).
Ellis, Mary Lynne, *Statement for National Campaign.* [undated] (in possession of this author).

BFI

'Man Alive: from Baby Blues to Breakdowns', Ruth Jackson, 1978.
'Baby Blues', James McTaggart, 1973.
'A Two Year Old Goes to Hospital*, James Robertson, 1952.

ASSOCIATION FOR POST-NATAL ILLNESS

'The Association for Post–Natal Illness', letter, 23 February 1990.
Thames Television, 'Time to Care', (Ed.) Gerhardt, P. (Thames Television, 1990).
The Association for Post–Natal Illness Annual Report, 30 June 1990.

GOVERNMENT PUBLICATIONS

Care of Children Committee, *Report of the Care of Children Committee* Cmd. 6922 (London: HMSO, 1946).
Children and Young Persons Act 1963 (chapter 37) (London: HMSO, 1963).
Department of Health in Scotland, *Clinical Research in Relation to the National Health Service* (London: HMSO, 1953).
Education (no.2) Act 1986, ss. 47 and 48.
General Practice, Report of a W.H.O. Expert Committee, World Health Organization: Technical Report Series, No. 267. Geneva (London: HMSO, 1964).
HM Government, *Working Together to Safeguard Children: A Guide to InterAgency Working to Safeguard and Promote the Welfare of Children* (London: Department for Education, 2013).
HMRC Local Authority Social Services Act 1970.
Infant Life (Preservation) Act 1929. 19 & 20 Geo. 5 C.34.
Ministry of Health, *A National Health Service*, Cmnd 6502 (London: HMSO, 1944).
Observations on the Report from the Select Committee on Violence in Marriage, Cmnd 6690 (London: HMSO, 1976).
Observations on the Report from the Select Committee on Violence in Marriage, Cmnd 6690 (London: HM Stationary Office, 1976).
Offences Against the Person Act 1861, Chapter 100 24 and 25 Vict, 832.
Office for National Statistics, *Full Report: Women in the Labour Market* (2013).
Report of the Committee of Inquiry into the Care and Supervision Provided in Relation to Maria Colwell. Dept. of Health and Social Security (London: HMSO, 1974).

Report of the Committee of Inquiry into the Care and Supervision Provided in Relation to Maria Colwell. Dept. of Health and Social Security (London: HMSO, 1974).
Royal Commission on the Poor Laws, *Report* (London: HMSO, 1909).
Royal Commission, *Report of the Royal Commission on Population,* Cmd 7695 (London: HMSO, 1949).
School Standards and Framework Act 1998 (London: HMSO, 1998).
Second Report from the Select Committee on Violence in the Family, Together with the Proceedings of the committee and Appendices, 1976-77: Battered Wives (London: HMSO, 1977).
Margaret Thatcher, George Thomas Society, Inaugural Lecture, 17 January 1990.

NEWSPAPERS

The Times
The Sunday Times
The Guardian
The Observer
Evening Echo
Daily Express

PUBLISHED SOURCES AND TELEVISION

'Annotations: Psychiatric Epidemiology', *The Lancet* 277: 7177 (1961), p. 600–601.

'B.M.A's Views On Abortion', *The Lancet* 288: 7453 (1966), pp. 45–46.

'College Of General Practitioners', *British Medical Journal* 2: 5055 (1957), pp. 1233–1235.

'General–Practitioner Maternity Beds', *The Lancet* 281: 7287 (1963), pp. 928–930.

'Homeward Bound', *Girls,* Season 5 (HBO, shown Sky Atlantic, UK, 2016).

'Legalized Abortion: Report by the Council of the Royal College of Obstetricians and Gynaecologists', *British Medical Journal* 1: 5491 (1966), pp. 850–854.

'Lesbian Mothers', *Spare Rib* 108 (July 1981), p. 16.

'Manifesto on Motherhood' (first published *Shrew* September 1970), *The Body Politic: Women's Liberation in Britain 1969–1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 78–79.

'Maria Colwell and After', *British Medical Journal* 1: 5903 (1974), p. 300.

'Medical Termination of Pregnancy Bill: Views of the British Medical Association and the Royal College of Obstetricians and Gynaecologists', *British Medical Journal* 2: 5530 (1966), pp. 1649–1650.

'Medicine, Science, and Humanity: Annual Meeting Of R.C.G.P', *British Medical Journal* 4: 5578 (1967), pp. 546–547.

'Mental Illness: Low Priority', *Spare Rib* 16 (October 1973), p. 19.

'Prescribing In General Practice', *The Lancet* 283: 7337 (1964), pp. 803–804.

'Psychiatric Disorders in the Community', *British Medical Journal* 2: 5707 (1970), p. 435.

'Rex V. Bourne Again', *The Lancet* 232: 6004 (1938), pp. 731–732

'Rex V. Bourne', *The Lancet* 232: 5995 (1938), pp. 201–202.

'Short List', *Spare Rib* 21 (March 1974), p. 28.

'Short List', *Spare Rib* 48 (September 1976), p. 22.

'The Abortion Battle Of Britain', *Canadian Medical Association Journal* 96 (1967), pp. 1171–1172.

'The Charge Of Illegal Abortion: Rex V. Bourne', *The Lancet* 232: 5995 (1938), pp. 220–226.

'The Constitution of the World Health Organization', 1948.

'The Politics of Lesbians' Choosing Motherhood', *Off Our Backs* 14: 11 (1984), pp. 20–21.

'The Royal Medico–Psychological Association's Memorandum on Therapeutic Abortion', *British Journal of Psychiatry* 112 (1966), pp. 1071–1073.

'Therapeutic Abortion: Report by the BMA Special Committee', *British Medical Journal* 2: 5504 (1966), pp. 40–44.

'To Live Outside the Law you Must be Honest: a Flommy [sic] Looks at Parenting', *Off Our Backs* 16: 8 (1986), pp. 16–17.

'Unwanted Pregnancies', *The Lancet* 289: 7487 (1967), p. 431.

A.C.H.B. 'Criminal Law—Procurement Of Miscarriage—Defence That Operation Was To Save Mother's Life—Continuance Of Pregnancy Would Probably Bring About Physical And Mental Wreck Of Mother', *The Cambridge Law Journal* 7: 02 (1941), p. 270.

Abrams, Kathryn. 'Women and Antiwar Protest: Rearticulating Gender and Citizenship', *Boston University Law Review* 87: 4 (2007), pp. 849–882.

Abram, Jan. *Language of Winnicott: A Dictionary of Winnicott's Use of Words* 2nd Ed. (London: Karnac Books, 2007).

Ackner, Brian. 'Imipramine and "Reactive" Depression', *British Medical Journal* 1: 5185 (1960), pp. 1570.

Aldrich, Knight. 'Psychiatric Consultation in General Practice', *The Lancet* 285: 7389 (1965), pp. 805–808.

Alexander, Sally. 'Primary Maternal Preoccupation: D. W. Winnicott and Social Democracy in Mid–Twentieth Century Britain', in *History and Psyche: Culture, Psychoanalysis and the Past* (eds.) Alexander, S. and Taylor, B. (London: Palgrave Macmillan, 2012), pp. 149–172.

Alexander, Sally, in *Once a Feminist: Stories of a Generation* (Virago, London, 1990), pp. 81-92.

Allen, Anne and Arthur Morton. *This is Your Child: The Story of the National Society for the Prevention of Cruelty to Children* (London: Routledge and Kegan Paul, 1961).

Allsop, Judith. *Health Policy and the National Health Service* (London and New York: Longman, 1984).

Alonso, Harriet. *Peace as Women's Issue: A History of U.S. Movement for World Peace and Women's Rights* (Syracuse, New York: Syracuse University Press, 1993).

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders.* Fourth Edition (Washington DC: American Psychiatric Association, 1994), pp. 317–391.

Amery, Fran. 'Social Questions, Medical Answers: Contesting British Abortion Law', *Social Politics: International Studies In Gender, State & Society* 21 (2014), pp. 26–49.

Anderson, E.W. 'Psychiatric Indications for the Termination of Pregnancy', *Journal of Psychosomatic Research,* 10 (1966), pp. 127–134.

Anthony, James. 'Stress in Childhood', *The Nature of Stress Disorder: Conference of the Society for Psychosomatic Research held at the Royal College of Physicians, May 195*8 (London: Hutchinson Medical Publications, 1959), pp. 199–220.

Apple, Rima. 'Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries', in *Mothers and Motherhood: Readings in American History* (Eds.) Apple, R. and J. Golden (Columbus: Ohio State University Press, 1997), pp. 90–109.

Apple, Rima. *Mothers and Medicine: a Social History of Infant Feeding, 1890–1950* (Wisconsin: The University of Wisconsin Press, 1987).

Apple, Rima. *Perfect Motherhood: Science and Childrearing in America* (New Jersey: Rutgers University Press, 2006).

Ariès, Phillipe. *Centuries of Childhood* (Middlesex: Penguin, 1979).

Arkle, James. 'Termination of Pregnancy on Psychiatric Grounds', *British Medical Journal* 1: 5018 (1957), pp. 558–560.

Armstrong, David. 'Actors, Patients and Agency: a Recent History', *Sociology of health and Illness* 36: 2 (2014), pp. 163–174.

Armstrong, David. 'Space and Time in British General Practice', *Social Science & Medicine* 20: 7 (1985), pp. 659–666.

Armstrong, David. 'The Rise of Surveillance Medicine', *Sociology of Health and Illness* 17 (1995), pp. 393–404.

Armstrong, David. *Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983).

Ashurst, Pamela and Zaida Hall. *Understanding Women in Distress* (London: Routledge, 1989), pp. 155–156.

Backhouse, Roger E. and Philippe Fontaine, (Eds.) 'Introduction', in *A Historiography of the Modern Social Sciences* (Cambridge: Cambridge University Press, 2014), pp. 1–28.

Badinter, Elizabeth *Mother Love: Myth and Reality: Motherhood in Modern History* (New York: Macmillan, 1981).

Bagley, Christopher. 'Mental Illness in Immigrant Minorities in London', *Journal of Biosocial Science* 3: 04 (1971), pp. 449–459.

Baher, Edwina et al., *At Risk: an Account of the Work of the Battered Child Research Department, NSPCC* (London: Routledge and Kegan Paul, 1976), p. vii.

Baird, Aisling S. and Charlotte C. Porter. 'Termination of Pregnancy', *Obstetrics, Gynaecology & Reproductive Medicine,* 20: 7 (2010), pp. 212–218.

Baird, Dugald. 'Experience at Aberdeen', *Abortion in Britain: Proceedings of a Conference Held by the Family Planning Association at the University of London Union on 22 April 1966* (London, 1966), p. 16.

Baird, Dugald. 'Sterilization and Therapeutic Abortion in Aberdeen', *British Journal of Psychiatry* 113: 500 (1967), pp. 701–709.

Baker, A.A. *Psychiatric Disorders in Obstetrics* (Oxford: Blackwell, 1967).

Balint, Michael. *The Doctor, His Patient, and the Illness* (London: Pitman Medical, 1957).

Ballard, C.G. et al. 'Prevalence of Postnatal Psychiatric Morbidity in Mothers and Fathers', *British Journal of Psychiatry* 164 (1994), pp. 782–788.

Banks, J.A. 'Employment of Sociology and Anthropology Graduates: Final Report', *The British Journal of Sociology* 9: 3 (1958), pp. 271–383.

Banks, Olive. 'Some Reflections on Gender, Sociology and Women's History', *Women's History Review* 8: 3 (1999), pp. 401–410.

Banks, Olive. *Becoming a Feminist: the Social Origins of 'First Wave' Feminism* (Athens, GA: University of Georgia Press, 1986).

Banks, Olive. *Faces of Feminism: A study of Feminism as a Social Movement* (Oxford: Martin Robertson, 1981).

Banks, Olive. *The Biographical Dictionary of British Feminists vol.1: 1800–1930* (Brighton: Wheatsheaf, 1985).

Bardon et al. 'Mother and Baby Unit: Psychiatric Survey of 115 Cases', *British Medical Journal* 2: 5607 (1968), pp. 755–758.

Bardwick, Judith. *In Transition: How Feminism, Sexual Liberation and the Search for Self–Fulfillment Have Altered America* (New York: Holt, Rinehart and Winston, 1979).

Bardwick, Judith. *Psychology of Women: A Study of Bio–Cultural Conflicts* (New York: Harper and Row Publishers, 1971).

Barr. 'The Abortion Battle*, New Society* 9 (1967)*,* pp. 342–348.

Barrett, Michele and Mary McIntosh. *The Anti–Social Family* 2nd Ed. (London: Verso, 1990).

Bateson, Gregory and Margaret Mead. *Balinese Character: a Photographic Analysis* (New York Academy of Sciences, 1942).

Battersby, Audrey, in *Once a Feminist: Stories of a Generation* (Ed.) Wandor, M. (London: Virago, 1990), pp. 113–120.

Baumeister, R.F. 'How the Self Became a Problem: A Psychological Review of Historical Research', *Journal of Personality and Social Psychology* 52: 1 (1987), pp. 163–176.

Baxandall, Rosalyn and Linda Gordon (eds). *Dear Sisters: Dispatches from the Women's Liberation Movement* (New York: Basic Books, 2000).

Bech, Per. 'Rating Scales in Depression: Limitations and Pitfalls', *Dialogues Clinical Neuroscience* 8: 2 (2006), pp. 207–215.

Belsize Lane Women's Group. 'Nine Years Together', *Spare Rib* 68 (April 1978), pp. 41–46.

Bentovim, Arnon. 'Treatment: a Medical Perspective', *The Maltreated Child* (Ed) Carter, J. (London: Priory Press, 1974), pp. 75–88.

Beric Wright. 'The Contraceptive Pill', *British Medical Journal* 2: 5265 (1961), pp. 1494–1495.

Berridge, Virginia. *Health and Society in Britain since 1939* (Cambridge: Cambridge University Press, 1999).

Berry, Laura. *The Child, the State, and the Victorian Novel* (Charlottesville: University Press of Virginia, 1999).

Betti, Claire. 'Letters Forum' *Spare Rib* 71 (June 1978), p. 36.

Bhavnani, Kum–Kum. *Feminism and 'Race'* (Oxford: Oxford University Press, 2001).

Bird, Elizabeth. 'Women's Studies and the Women's Movement in Britain: Origins and Evolution, 1970–2000', *Women's History Review* 12: 2 (2003), pp. 263–288.

Blackwell, Trevor and Jeremy Seabrook, *The Politics of Hope: Britain at the End of the Twentieth Century* (London: Faber and Faber, 1988).

Blaxill, Luke and Kaspar Beelen. 'A Feminized Language of Democracy? The Representation of Women at Westminster since 1945', *Twentieth Century British History* (first published online July 6 2016 doi:10.1093/tcbh/hww028), pp. 1–38.

Boss, P. 'Child Care and the Development of a Family Service', in *Penelope Hall's Social Services of England and Wales* (Ed.) Forder, A. 8th Ed (New York: Routledge and Kegan Paul, 1971), pp. 242–280.

Boston Women's Health Book Collective, Angela Phillips and Jill Rakusen, *Our Bodies Ourselves: a Health Book by and For Women* (Middlesex: Penguin, 1978).

Bouchier, David. *The Feminist Challenge: The Movement for Women's Liberation in Britain and the United States* (London: Macmillan Press, 1983).

Bourne, Aleck. 'Discussion on Psychosomatic Gynaecology', *Journal of Obstetrics and Gynaecology* 66 (1959), pp. 769–774.

Bowden, Ruth E.M. and A.M. Pantin. 'Abortion Law Reform: Memorandum Prepared by a Subcommittee of the Medical Women's Federation', *British Medical Journal* 2: 5528 (1966), pp. 1512–1514.

Bowlby, John et al. 'Evacuation of Small Children', *British Medical Journal* 2 (1939), pp. 1202–1203.

Bowlby, John. *Child Care and the Growth of Love.* 2nd ed (Harmondsworth: Pelican books, 1973).

Bowlby, John. *Maternal Care and Mental Health* (Geneva: World Health Organization, 1951).

Boyle, Mary. *Rethinking Abortion: Psychology, Gender, Power and the Law* (London: Routledge, 1997).

Bradshaw, Jonathan. 'Child Welfare in the United Kingdom: Rising Poverty, Falling Priorities for Children', in *Child Poverty and Deprivation in the Industrialized Countries, 1945–1995* (Eds.) Cornia, G.A., and Danziger, S. (Oxford: Clarendon Press, 1997), pp. 210–232.

Brooke, Stephen in 'The Abortion Act 1967', *The Abortion Act 1967,* seminar held 10 July 2001 Institute Of Contemporary British History, 2002 http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct19 67.pdf), p. 16.

Brooke, Stephen. "'A New World for Women?" Abortion Law Reform in Britain during the 1930's', *The American Historical Review* 106: 2 (2001), pp. 431–459.

Brooke, Stephen. *Sexual Politics: Sexuality, Family Planning, and the British Left from the 1880s to the Present Day* (Oxford: Oxford University Press, 2011).

Brookes, Barbara. *Abortion in England 1900–1967* (London: Croom Helm, 1988).

Brooks–Gunn, Jeanne and Duncan Johnson. 'G. Stanley Hall's Contribution to Science, Practice and Policy: The Child Study, Parent Education, and Child Welfare Movements', *History of Psychology* 9: 3 (2006), pp. 247–258.

Brown, G.W. et al. 'Influence of Family Life on the Course of Schizophrenic Illness', *British Journal of Preventative and Social Medicine* 16 (1962), pp. 55–68.

Brown, G.W. et al. 'Life–events and Psychiatric Disorders Part 1: Some Methodological Issues', *Psychological Medicine* 3: 01 (1973), pp. 74–87.

Brown, G.W., J.L.T Birley, and J.K. Wing. 'Influence of Family Life on the Course of Schizophrenic Disorders: A Replication', *British Journal of Psychiatry* 121 (1972), pp. 241–258.

Brown, George W. and Tirril Harris, *Social Origins of Depression: a Study of Psychiatric Disorder in Women* (London: Tavistock, 1984).

Brown, Phil (Ed.), *Mental Health Care and Social Policy* (London: Routledge & Kegan Paul, 1985).

Bruley, Sue. 'Consciousness–Raising in Clapham: Women's Liberation as 'Lived Experience' in South London in the 1970s', *Women's History Review* 22 (2013), pp. 1–22.

BSA Standing Committee on the Equality of the Sexes. 'Teaching Gender: Struggle and Change in Sociology', *Sociology* 20: 3 (1986), pp. 347–361.

Burt, Cyril. 'Ability and Income', *British Journal of Educational Psychology* 13 (1943), pp. 83–98.

Burt, Cyril. 'Experimental Tests of General Intelligence', *British Journal of Psychology* 3 (1909), pp. 94–177.

Burt, Cyril. *The Backward Child* (London: University of London Press, 1937).

Burt, Cyril. *The Factors of the Mind* (London: University of London Press, 1940).

Burt, Cyril. *The Gifted Child* (London: Hodder and Stoughton, 1975).

Burt, Cyril. *The Young Delinquent* (London: University of London Press, 1925).

Busfield, Joan. 'Restructuring Mental Health Services in Twentieth–Century Britain', in (ds.) Gijswijt–Hofstra, M. and Porter, R. *Cultures of Psychiatry and Mental*

Health Care in Postwar Britain and the Netherlands (Atlanta: Editions Rodopi, 1998), pp. 9–28.

Busfield, Joan. *Men, Women and Madness: Understanding Gender and Mental Disorder* (Basingstoke: Palgrave, 1996).

Butler, Lise. 'Michael Young, the Institute of Community Studies, and the Politics of Kinship', *Twentieth Century British History* 26: 2 (2015), pp. 203–224.

Caine, Barbara. *English Feminism, 1780–1980* (Oxford: Oxford University Press, 2004).

Calam, Rachel and Christina Franchi. *Child Abuse and its Consequences: Observational Approaches* (Cambridge: Cambridge University Press, 1987).

Callahan, Christopher M. and German Berrios. *Reinventing Depression: a History of the Treatment of Depression in Primary Care, 1940–2004* (Oxford: Oxford University Press, 2005).

Callanan Martin, Kathleen. *Hard and Unreal Advice: Mothers, Social Science and the Victorian Poverty Experts* (Basingstoke: Palgrave Macmillan, 2008).

Cantor, David and Edmund Ramsden (Eds). 'Introduction', *Stress, Shock, and Adaption in the Twentieth Century* (Rochester: University of Rochester press, 2014), pp. 1–18.

Carol Endelson. 'Depression', *Off Our Backs* 6: 10 (1977), p. 9.

Carter, Jan. 'Child Abuse and Society', *The Maltreated Child* (London: Priory Press, 1974), pp. 11–18.

Cartwright, Ann. 'General Practitioners and Contraception in 1970–1971', *The Journal of the Royal College of General Practitioners* 22: 2 (1972), pp. 1–31.

Cartwright, Ann. *The Dignity of Labour? A Study of Childbearing and Induction* (London: Tavistock, 1979).

Carver, Vida (Ed.). *C.A. Mace: a Symposium* (London: Methuen and Penguin, 1962).

Castel, Robert. 'From Dangerousness to Risk', in *The Foucault Effect: Studies in Governmentality* (Eds.) Burchell, G., Gordon, C., Miller, P. (Hemel Hempstead: Harvester Wheatsheaf, 1991), pp. 281–298.

Cawley, R.H. 'Psychiatry: Psychiatric Illness in General Practice', *The British Journal of Psychiatry* 113: 499 (1967), p. 688–690.

Chesler, Phyllis. *With Child: a Diary of Motherhood* 2nd ed (London: Four Walls Eight Windows, 1998).

Chesler, Phyllis. *Women and Madness* (New York: Avon, 1972).

Chettiar, Terri. 'Democratizing Mental Health: Motherhood, Therapeutic Community and the Emergence of the Psychiatric Family at the Cassel Hospital in Post–Second World War Britain', *History of the Human Sciences* 25: 5 (2012), pp. 107–122.

Chodorow, Nancy. *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (London: University of California Press, 1978).

Christopher, Bagley. 'The Social Aetiology of Schizophrenia in Immigrant Groups', *International Journal of Social Psychiatry* 17: 4 (1971), pp. 292–304.

Cohen, Rachel. 'Researching Difference and Diversity within Women's Movements: Sisterhood and After', *Women's Studies International Forum* 35: 3 (2012), pp. 138–140.

Collings, Joseph S. 'General Practice in England Today: a Reconnaissance', *The Lancet* 255: 6604 (1950), pp. 555–585.

Conrad, Peter. 'Medicalization and Social Control', *Annual Review of Sociology* 13 (1992), pp. 209–232.

Cook, Hera. *The Long Sexual Revolution: English Women, Sex, and Contraception 1800–1975* (Oxford: Oxford University Press, 2004).

Cooper, Brian and Judith Sylph. 'Life Events and the Onset of Neurotic Illness: An Investigation in General Practice', *Psychological Medicine* 3: 04 (1973), pp. 421–435.

Cooper, Frederick. '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* (2016), 2: 16042 doi: 10.1057/palcomms.2016.42.

Coote, Anna and Beatrix Campbell, *Sweet Freedom: The Struggle for Women's Liberation* (London: Pan/Picador, 1982).

Corinne. 'Bringing it All Back Home', *Spare Rib* 46 (May 1976), pp. 32–34.

Corob, Alison. *Working with Depressed Women* (Aldershot: Gower, 1987).

Court, Joan. 'Characteristics of Parents and Children', *The Maltreated Child* (Ed.) Carter, J. (London: Priory Press, 1974), pp. 27–39.

Cox and J. Holden, *A Guide to the Edinburgh Postnatal Depression Scale* (London: Royal College of Psychiatrists, 2003).

Cox, J.L J.M Holden, and R. Sagovsky. 'Detection of Postnatal Depression. Development of the 10–item Edinburgh Postnatal Depression Scale', *British Journal of Psychiatry* 150 (1987), pp. 782 –786.

Cox, John. 'Postnatal Mental Disorder: Towards ICD–11', *World Psychiatry* 3: 2 (2004), pp. 96–97.

Craft, Alan. 'Thomas Ernest Oppe', *British Medical Journal* 336: 7639 (2008), p. 335.

Craig, J. and E. McKay. 'Working Of A Mother And Baby Unit', *British Medical Journal* 1: 5065 (1958), pp. 275–277.

Crammer, John. 'The Impact of World Events: 1941–1950', in A *Century of Psychiatry*, (Ed) Freeman, H. (London: Mosby, 1999). pp. 137–134.

Crane, Jennifer. "The Bones Tell a Story the Child Is Too Young or Too Frightened to Tell': The Battered Child Syndrome in Post–War Britain and America', *Social History of Medicine* 28: 4 (2015), pp. 767–788.

Crane, Jennifer. 'Painful Times: The Emergence and Campaigning of Parents Against Injustice in 1980s Britain', *20 Century British History* 26: 3 (2015), pp. 450–476.

Crawford, J.P. 'Abortion Act', *The Lancet* 296: 7683 (1970), p. 1138.

Curham, Siobhan. *Antenatal and Postnatal Depression: Practical Advice and Support for All Sufferers* (London: Vermilion, 2000).

Dale, Peter et al., *Dangerous Families: Assessment and Treatment of Child Abuse* (London: Tavistock Publications, 1986).

Dalton, Katharina. *Depression After Childbirth* 2nd ed. (Oxford: Oxford University Press, 1989).

Dana, Mira. 'Abortion – a Woman's Right to Feel', in *Living with the Sphinx: Papers from the Women's Therapy Centre* (Eds.) Ernst, S. and Maguire, M. (London: The Women's Therapy Centre, 1987), pp. 153–178.

Davis, Angela. 'A Revolution in Maternity Care? Women and the Maternity Services, Oxfordshire c. 1948–1974', *Social History of Medicine* 24 (2011), pp. 389–406.

Davis, Angela. *Modern Motherhood: Women and Family in England, 1945–2000* (Manchester: Manchester University Press, 2012).

Dean, Mitchell. *Govenmentality: Power and Rule in Modern Society* 2nd ed (London, California, New Delhi and Singapore: Sage, 2010).

Dean, R.J. Williams and I.F. Brockington. 'Is Puerperal Psychosis the Same as Bipolar Manic–depressive Disorder? A Family Study', *Psychological Medicine* 19: 3 (1989), pp. 637–647.

Delap, Lucy. "I didn't know where to look": Feminism, Masculinities and Emotional Politics in the Late Twentieth Century', Under consideration, 2016.

Digby, Anne. *The Evolution of British General Practice, 1850–1948* (Oxford: Oxford University Press, 1999).

Diggory, Peter. 'A Gynaecologist's Experience', *Abortion In Britain: Proceedings of a Conference Held by the Family Planning Association at the University Of London Union on 22 April 1966* (London, 1966), p. 90.

Diggory, Peter. 'Psychiatric Opinions', *The Lancet* 286: 7426 (1965), p. 1348.

Dix, Carol. 'Birth Pangs', *Spare Rib* 7 (January 1973), p. 28.

Dix, Carol. 'Where to Study Women's Studies', *Spare Rib* 18 (December 1973), pp. 3536.

Dix, Carol. *The New Mother Syndrome: Coping with Post–Natal Stress and Depression* (London: Allen and Unwin, 1986).

Donnan, S. '50 Years of Publishing Social and Preventive Medicine and Epidemiology and Community Health', *Journal of Epidemiology and Community Health* 50: 1 (1996), pp. 1–2.

Donzelot, Jacques. *The Policing of Families* (London: Hutchinson, 1980).

Douglas. 'Psychotic Mothers', *The Lancet* 267: 6908 (1956), pp. 124–125.

Douglas, Carol Anne. 'Reviewed Work: Of Woman Born: Motherhood as Experience & Institution', *Off Our Backs* 7: 2 (1977), p. 19.

Dowbiggin, Ian. *The Quest for Mental Health: a Tale of Science, Medicine, Scandal, Sorrow, and Mass Society* (Cambridge: Cambridge University Press, 2011).

Draper, J. S. Field and H. Thomas, *The Early Parenthood Project: An Evaluation of a Community Antenatal Clinic* (Cambridge: unknown publisher, 1984).

DuMond Beers, Laura. 'Whose Opinion?: Changing Attitudes Towards Opinion Polling in British politics, 1937–1964', *Twentieth Century British History* 17: 2 (2006), pp. 177–205.

Durand, R.W. 'Abortion: Medical Aspects of Rex V. Bourne', *The Modern Law Review* 2 (1938), pp. 236–239.

Durham, Martin. *Sex and Politics: the Family and Morality in the Thatcher Years* (Hampshire: Macmillan, 1991).

Eddy, John and John Owen, *Obstetrics and Gynaecology in General Practice* (London: Churchill Livingstone, 1987).

Eghigian, Greg, Andreas Killen and Christine Leuenberger. 'Introduction: The Self as Project: Politics and the Human Sciences in the Twentieth Century', *Osiris, Second Series, The Self as Project: Politics and the Human Sciences* 22 (2007), pp. 1–25.

Ehrenreich, Barbara and Deirde English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (New York: Anchor Press/Double Day, 1979).

Eichenbaum, Luise and Susie Orbach. 'Separation and Intimacy: Crucial Practice Issues in Working with Women in Therapy', in *Living with the Sphinx: Papers from the*

Women's Therapy Centre (Eds.) Ernst, S. and Maguire, M. (London: the Women's Press, 1987), pp. 49–67.

Eichenbaum, Luise and Susie Orbach, *Outside in…Inside Out* (Harmondsworth: Penguin, 1982).

Eichenbaum, Luise and Susie Orbach, *Understanding Women* (Harmondsworth: Penguin, 1985).

Emmanuel, Elizabeth and Winsome St John. 'Maternal Distress: a Concept Analysis', *Journal of Advanced Nursing* 66: 9 (2010), pp. 2104–2115.

Emmanuel, Elizabeth et al., 'Maternal Role Development: the Impact of Maternal Distress and Social Support Following Childbirth', *Midwifery* 27 (2011), pp. 265–272.

Englander, David. *Poverty and Poor Law Reform in Britain: from Chadwick to Booth, 1834–1914* (London: Addison Wesley Longman, 1998).

Epstein Jayaratne, T. 'The Value of Quantitative Methodology for Feminist Research', *Theories of Women's Studies* (Ed.) Bowles, G. and Klein, D (London: Routledge, 1983), pp. 140–161.

Ernst, Sheila and Marie Maguire (Eds.). 'Introduction', in *Living with the Sphinx: Papers from the Women's Therapy Centre* (London: The Women's Press, 1987), pp. 1–29.

Fairfield, J. Letitia D. 'Termination of Pregnancy Bill', *British Medical Journal* 1: 5533 (1967), p. 173.

Fairweather, Eileen. 'The Feelings Behind the Slogans', *Spare Rib* 87 (October 1979), pp. 26–30.

Figert, Anne E. *Women and the Ownership of PMS: The Structuring of a Psychiatric Disorder* (New York: Aldine De Gruyter, 1996).

Finch, J. '"It's Great to Have Someone To Talk To": The Ethics and Politics of Interviewing Women', in *Social Researching: Politics, Problems, Practice* (Eds.) Bell, C. and Roberts, H (London: Routledge, 1984), pp. 70–87.

Flegel, Monica. *Conceptualizing Cruelty to Children in Nineteenth–Century England: Literature, Representation, and the NSPCC* (Aldershot and Burlington: Ashgate, 2009).

Fletcher, Ronald. *The Shaking of the Foundations: Family and Society* (London: Routledge, 1988).

Fletcher, Ronald. *The Abolitionists: the Family and Marriage Under Attack* (London: Routledge, 1988).

Foucault, Michel. *Psychiatric Power: Lectures at the Collège de France, 1973-74* (Basingstoke: Palgrave Macmillan, 2006).

Forman, J.A.S. and E.M. Fairbairn, *Social Casework in General Practice: a Report on an Experiment in a General Practice* (London: Oxford University Press, 1968).

Fortin, Jane. *Children's Rights and the Developing Law* 3rd ed (Cambridge: Cambridge University Press, 2009).

Fowler, D.B. and R.E. Brandon. 'A Psychiatric Mother and Baby Unit', *The Lancet* 1: 7377 (1965), p. 160–161.

Fox Harding, Lorraine. *Perspectives in Child Care Policy* (London: Longman, 1991).

Francome, Colin. *Abortion Practice in Britain and the United States* (London: Allen and Unwin, 1986).

Franklin, L.M. 'An Appraisal of Psychiatry in General Practice', *British Medical Journal* 2: 5196 (1960), pp. 451–453.

Freeman, Kathleen. *If Any Man Build: the History of the Save the Children Fund* (London: Hodder and Stoughton, 1965).

Friedan, Betty. *The Feminine Mystique* (London: Penguin, 2010).

Frost, Nick and Mike Stein, *The Politics of Child Welfare: Inequality, Power and Change* (London: Harvester Wheatsheaf, 1989).

Frude, Neil. 'A Psychological Approach to Child Abuse', *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 5–18.

Furedi, Frank. 'The Silent Ascendency of Therapeutic Culture in Britain', *Therapeutic Culture: Triumph and Defeat* (Ed.) Imber, J. (New Jersey: Transaction, 2004), pp. 19–50.

Gabe, Jonathan (Ed.). 'Introduction', *Understanding Tranquilliser Use: The Role of the Social Sciences* (London: Routledge, 1991), pp. 1-12.

Galloway, J.F. 'Integration of Maternity Services', *The Lancet* 1: 7242 (1962), pp. 1287–1289.

Gamarnikow, Eva and June Purvis. 'Introduction', in *The Public and the Private* (Eds.) Gamarnikow, E. et al. (Hampshire: Gower, 1983), pp. 1–6.

Gavron, Hannah. *The Captive Wife* (London and New York: Routledge, 1967).

Geiger, Susan. 'What's so Feminist About Women's Oral History?' *Journal of Women's History* 2: 1 (1990), pp. 169–182.

Gemmill, Paul. *Britain's Search for Health: The First Decade of the National Health Service* (Philadelphia: University of Pennsylvania Press, 1960).

George Housden, Leslie. *The Prevention of Cruelty to Children* (London: Jonathon Cape, 1955).

Gibbons, Mary. 'Psychiatric Sequelae of Induced Abortion', *The Journal of the Royal College of General Practitioners* 34 (1984), pp. 146–150.

Gibson, Ronald. *The Family Doctor, His Life and History* (London: Allen and Unwin, 1982).

Gil, David. *Violence against Children: Physical Child Abuse in the United States* (Boston: Harvard University Press, 1970.

Glaser, Yolande I. M. 'A Unit for Mothers and Babies in a Psychiatric Hospital', *Journal of Child Psychology and Psychiatry* 3: 1 (1962), pp. 53–60.

Godber, George. 'The Effect of Specialisation on Maternity Services', *The Lancet* 281: 7290 (1963), pp. 1061–1066.

Goldberg, E.M. and J.E. Neill, *Social Work in General Practice* (London: George Allen and Unwin Limited, 1972).

Goldstein, J. A.J. Solnit and Anna Freud, *Beyond the Best Interests of the Child* (New York: The Free Press, 1973).

Golombok, Susan, Ann Spencer, and Michael Rutter. 'Children in Lesbian and Single-Parent Households: Psychosexual and Psychiatric Appraisal', *Journal of Child Psychology and Psychiatry* 24 (1983) pp. 551–572.

Goodwin, John and Henrietta O'Connor. 'Pearl Jephcott: The Legacy of a Forgotten Research Pioneer', *Sociology* 49: 1 (2015), pp. 139–155.

Gordon, Tuula. *Feminist Mothers* (Basingstoke: Macmillan, 1990).

Gornick, Vivian. *Readings on the Psychology of Women* (Ed.) Bardwick, J. (New York: Harper and Row, 1972), pp. 170–178.

Graham, Hilary and Lorna McKee, *The First Months of Motherhood: Summary Report of a Survey of Women's Experiences of Pregnancy, Childbirth, and the First Six Months After Birth* (London: The Health Education Council, 1980).

Graham, Hilary. 'Do Her Answers Fit His Questions? Women and the Survey Method', in *The Public and the Private* (Eds.) Gamarnikow, E., et al. (Hampshire: Gower, 1983), pp. 133–146.

Graham, Hilary. 'Mothers' Accounts of Anger and Aggression Towards their Babies', in *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 39–51.

Graham, Hilary. 'Surveying Through Stories', in *Social Researching: Politics, Problems, Practice* (Eds.) Bell, C. and Roberts, H (London, Boston, Melbourne and Henley: Routledge, 1984), pp. 104–124.

Greally, Brid. *What is Islington Women & Mental Health?* (1985) (document in possession of the author).

Green, Judith. 'Time and Space Revisited: The Creation of Community in Single–handed British General Practice', *Health & Place* 2: 2 (1996), pp. 85–94.

Greenlees, Janet and Linda Bryder (Eds.). 'Western Maternity and Medicine: An Introduction', in *Western Maternity and Medicine, 1880–1990* (London: Pickering and Chatto, 2013), pp. 1–12.

Greenwood, Karen and Lucy King. 'Contraception and Abortion', *Women In Society: Interdisciplinary Essays* (London: Virago, 1985), pp. 168–184.

Griffiths, D.L.L. and F.J. Moynihan. 'Multiple Epiphysial Injuries in Babies ("Battered Baby" Syndrome)', *British Medical Journal* 2: 5372 (1963), pp. 1558–1561.

Gross, Martin L. *The Psychological Society* (New York: Random House, 1978).

Hacking, Ian. *Rewriting the Soul* (Princeton: Princeton University Press, 1995).

Hacking, Ian. 'The Making and Molding of Child Abuse', *Critical Inquiry* 17: 2 (1991), pp. 253-288.

Hacking, Ian. 'The Sociology of Knowledge About Child Abuse', *Nous* 22: 1 (1988), pp. 53-63.

Hadfield, J.A. *Childhood and Adolescence* (Harmondsworth: Pelican, 1967).

Hadley, Janet. 'Finer Report on One–Parent Families', *Spare Rib* 27 (September 1974), p. 22.

Haggett, Ali. '"Desperate Housewives" and the Domestic Environment in Post–War Britain: Individual Perspectives', *Oral History* 37: 1 (2009), pp. 53–60.

Haggett, Ali. *Desperate Housewives, Neuroses and the Domestic Environment, 1945–1970* (London: Pickering and Chatto, 2012).

Halfmann, Drew. 'Historical Priorities and the Responses of Doctors' Associations to Abortion Reform Proposals in Britain and the United States, 1960–1973', *Social Problems* 50 (2003), pp. 567–591.

Hall, M.H. 'A View From the Emergency and Accident Department', *Concerning Child Abuse* (Ed.) White Franklin, A. (London: Churchill Livingstone, 1975), pp. 7–20.

Halsey, A.H. *A History of Sociology in Britain: Science, Literature and Society* (Oxford: Oxford University Press, 2004).

Hamilton, J.A. *Postpartum Psychiatric Problems* (Saint Louis: The C.V. Mosby Company, 1962).

Hansen, Randall. *Citizenship and Immigration in Postwar Britain* (Oxford: Oxford University Press, 2000).

Hardyment, Christina. *Dream Babies: Childcare from Locke to Spock* (Oxford: Oxford University Press, 1984).

Hare–Mustin, Rachel. 'An Appraisal of the Relationship between Women and Psychotherapy: 80 Years after the Case of Dora', *The American Psychologist* 38: 5 (1983), pp. 593–601.

Harne, Lynne. 'Lesbian Mothers' Custody Conference', *Spare Rib* 129 (April 1983), pp. 22-23.

Hatfield, F.E.S. *Understanding the Family and its Illnesses: a System of Family Psychiatry for General Practitioners* (unknown binding, 1977?).

Haw, Cathy and Rosie Parker. 'Feminist Therapists Talking', *Spare Rib* 61 (August 1977), pp. 35–37.

Hayward, Rhodri. 'Sadness in Camberwell: Imagining Stress and Constructing History in Post War Britain', *Stress, Shock, and Adaptation in the Twentieth Century* (Eds). Cantor, D. and Ramdsen, E. (Rochester NY: University of Rochester Press, 2014), pp. 320–342.

Hayward, Rhodri. 'The Invention of the Psychosocial: An Introduction', *History of the Human Sciences* 25 (2012), pp. 3–12.

Hayward, Rhodri. *The Transformation of the Psyche in British Primary Care, 1870–1970* (London: Bloomsbury, 2014).

Healy, David. 'The Psychopharmacological Era: Notes Towards a History', *Journal of Psychopharmacology* 4: 152 (1990), pp. 152–167.

Hegarty, A.B. 'Post–Puerperal Recurrent Depression', *British Medical Journal* 1: 4914 (1955), pp. 637–640.

Held, Lisa and Alexandra Rutherford. 'Can't a Mother Sing the Blues? Postpartum Depression and the Construction of Motherhood in Late 20th–Century America', *History of Psychology* 15: 2 (2012), pp. 107–123.

Helfer, Ray E. 'The Centre for the Study of Abused and Neglected Children', in *Helping the Battered Child and his Family* (Eds.) Kempe, C.H. and Helfer, R.E (Philadelphia and Toronto: J.B. Lippincott Company, 1972), pp. 285–299.

Hemphill, R.E. 'Diagnosis of Psychiatric Disorders of Pregnancy and the Puerperium', *Diagnosis in Clinical Obstetrics* (Ed.) Lennon, G. (Bristol: Wright and Sons Ltd, 1962), pp. 235–246.

Hendrick, Harry. *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: the Policy Press, 2003).

Hendrick, Harry. *Children, Childhood and English Society, 1880–1990* (Cambridge: Cambridge University Press, 1997).

Herman, Ellen. *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995).

Hesford, Victoria. *Feeling Women's Liberation* (Durham, NC: Duke University Press, 2013).

Hindell, Keith and Madeleine Simms, *Abortion Law Reformed* (London: Peter Owen, 1971).

Hinton, James. *Nine Wartime Lives: Mass–Observation and the Making of the Modern Self* (Oxford: Oxford University Press, 2010).

Hohmeyer, Anja. 'The National Abortion Campaign – Changing the Law and Fighting for a Real Choice', *Feminist Activism in the 1990s* (Ed.) Griffin, G. (London: Taylor and Francis, 1995), pp. 41–48.

Holly, Lesley. 'A New Image For Fathers – Or a New Gloss on the Old Man?', *Spare Rib* 122 (September 1982), pp. 52–55.

Holman, Bob. *Putting Families First: Prevention and Child Care* (Hampshire: Macmillan Education, 1988).

Holman, Portia. *Psychology and Psychological Medicine for Nurses* (London: William Heinemann Medical Books, 1957).

Homans, Hilary (Ed.) 'Introduction', *The Sexual Politics of Reproduction* (Aldershot: Gower Publishing, 1985), pp. 1–12.

Honigsbaum, Frank. 'Quality in General Practice: A Commentary on the Quality of Care Provided by General Practitioners', *The Journal of the Royal College of General Practitioners* 22: 120 (1972), pp. 429–451.

Hopkins, Joyce, Marsha Marcus, and Susan B. Campbell. 'Postpartum Depression: A Critical Review', *Psychological Bulletin* 95: 3 (1984), p. 498–515.

Hopkins, P. and B. Cooper. 'Psychiatric Referral from a General Practice', *The British Journal of Psychiatry* 115: 527 (1969), pp. 1163–1174.

Horder, J. and B. Finlay, et al. 'The Management of Stress Disorders in General Practice', *Practitioner* 177 (1956), pp. 729–743.

Howells, J.G. 'Neurosis in the Ordinary Family [review]', *Health Education Journal* 27: 2 (1968), p. 105.

Hoyland, Wisty and Alison Fell. 'B**YS**T**NG…A Very Private Problem', *Spare Rib* 51 (October 1976), p. 7.

Hubback, Judith. 'A Short Personal Memoir', *Journal of Analytical Psychology* 50 (2005), pp. 41–43.

Hubback, Judith. *Wives Who Went to College* (London: William Heinemann Ltd, 1957).

Huber, Joan. 'Sociology', *Signs* 1: 3 (1976), pp. 686–697.

Hughes, Celia. *Young Lives on the Left: Sixties Activism and the Liberation of the Self* (Manchester: Manchester University Press, 2015).

Hull, David. 'Medical Diagnosis', *The Maltreated Child* (Ed.) Carter, J. (London: Priory Press, 1974), pp. 58-67.

Hunt, John H. 'General Practice in the World Today and Its Academic Needs', *The Lancet* 284: 7349 (1964), pp. 29–32.

Huws, Ursula. 'Domestic Technology – Liberation or Enslavery?' *Sweeping Statements: Writings from the Women's Liberation Movement 1981–83* (Ed.). Kanter, H. et al., (London: The Women's Press, 1984), pp. 76–80.

Hyman, Clare. 'Families Who Injure Their Children', *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 100–119.

Illouz, Eva. *Saving the Modern Soul: Therapy, Emotions, and the Culture of Self–Help* (London: University of California Press, 2008).

Illsley, Raymond and Marion H. Hall. 'Psychosocial Aspects of Abortion: A Review of Issues and Needed Research', *Bulletin of the World Health Organization* 53 (1976), pp. 83–106.

Jackson, A.D.M. 'Wednesday's Children: a Review of Child Abuse', *Journal of the Royal Society of Medicine* 75 (1982), pp. 83–88.

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

Jackson, Sue. 'Networking Women: a History of Ideas, Issues and Developments in Women's Studies in Britain', *Women's Studies International Forum,* 23 (2000), pp. 1–11.

Jaggar, Alison M. 'Love and Knowledge: Emotion in Feminist Epistemology', *Inquiry* 32: 2 (1989), pp. 151–176.

James, Allison and Adrian L. James, *Constructing Childhood: Theory, Policy and Social Practice* (Hampshire: Palgrave Macmillan, 2004).

Jeffreys, Sheila. 'Against Therapy', *Women's Health: a Spare Rib Reader* (Ed.) O'Sullivan, S. (London: Pandora Press, 1987), pp. 142–145.

Jenks, Chris. *Childhood* (London: Routledge, 1996).

Jarrett–Macauley, Delia, *Reconstructing Womanhood, Reconstructing Feminism: Writings on Black Women* (London: Routledge, 1996).

Meyerowitz, Joane 'Beyond The Feminine Mystique: A Reassessment Of Postwar Mass Culture, 1946–1958', *The Journal Of American History* 27 (1993), pp. 1455–1482.

John, P. 'The Impact of the Abortion Act', *British Journal of Psychiatry* 122 (1973), pp. 115–116.

Johnson, D.A.W. 'A Study of the Use of Antidepressant Medication in General Practice', *The British Journal of Psychiatry* 125: 2 (1974), pp. 186–192.

Jolly, Margaretta Polly Russell and Rachel Cohen. 'Sisterhood and After: Individualism, Ethics and an Oral History of the Women's Liberation Movement', *Social Movement Studies: Journal of Social, Cultural and Political Protest* 11: 2 (2012), pp. 211–226.

Jolly, Margaretta. 'Recognising Place, Space and Nation in Researching Women's Movements: Sisterhood and After', *Women's Studies International Forum* 35: 3 (2012), pp. 144–146.

Jones, David. et al., *Understanding Child Abuse.* 2nd ed (Hampshire: Macmillan Education, 1987).

Jones, Kathleen. *Mental Health and Social Policy 1845–1959* (London: Routledge and Kegan Paul, 1960).

Jones, Maxwell et al., *Social Psychiatry: a Study of Therapeutic Communities* (London: Tavistock Publications, 1952).

Jordanova, L.J. 'Mental Illness, Mental Health: Changing Norms and Expectations', *Women in Society: Interdisciplinary Essays* (Ed.) Cambridge Women's Studies Group (London: Virago, 1981), pp. 95–114.

Jowitt, Margaret and I. Kargar (eds), *Radical Midwifery: Celebrating 21 Years of A.R.M: an Anthology Compiled from the Archives of the Association of Radical Midwives 1976–1997* (Association of Radical Midwives, 1997).

Joyston–Bechal, M.P., 'The Problem of Pregnancy Termination on Psychiatric Grounds', *The Journal of the College of General Practitioners* 12: 3 (1966), pp. 304–312.

Justice, Blair and Rita Justice, *The Abusing Family* (London: Human Sciences Press, 1976).

Kahr, Brett. *D.W. Winnicott: a Biographical Portrait* (London: Karnac Books, 1997).

Kaledin, Eugenia. *American Women in the 1950s: Mothers and More* (Boston: Twayne Publishers, 1984).

Kalmar, Roberta (Ed.). 'Introduction', *Child Abuse: Perspectives on Diagnosis, Treatment and Prevention* (Iowa: Kendall/Hunt, 1977), p. v.

Kandiah, Michael D. and Gillian Staerck (Eds.), *The Abortion Act 1967,* seminar held 10 July 2001 (Institute Of Contemporary British History, 2002, http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct1967.pdf).

Kanter, Hannah et al (Eds), *Sweeping Statements: Writings from the Women's Liberation Movement 1981–83* (London: the Women's Press, 1984).

Kaplan, Ann. *Motherhood and Representation: the Mother in Popular Culture and Melodrama* (London: Routledge, 1992).

Karpf, Anne. 'Constructing and Addressing the "Ordinary Devoted Mother"', *History Workshop Journal* 78: 1 (2014), pp. 82–106.

Katz, Alfred and Eugene Bender. *The Strength in Us: Self–Help Groups in the Modern World* (London and New York: New Viewpoints, 1976).

Kedward, H.B. and Brian Cooper. 'Neurotic Disorders in Urban Practice: a Three Year Follow–Up', *Journal of the College of General Practitioners* 12 (1966), p. 148.

Kemmer, Elizabeth. *Violence in the Family: an Annotated Bibliography* (London and New York: Garland Publishing, 1984).

Kemp, Anna R. 'Termination of Pregnancy Bill', *British Medical Journal* 1: 5535 (1967), p. 299.

Kempe, Henry et al. 'The Battered Child Syndrome', *Journal of the American Medical Association* 181: 1 (1962), pp. 17–24.

Kempe, Henry. 'Paediatric Implications of the Battered Baby Syndrome', *Archive of Disease in Childhood* 46 (1971), pp. 28–37.

Kempe, Henry. C.H. and Raymond E. Helfer (Eds.) 'Introduction', in *Helping the Battered Child and his Family* (Philadelphia and Toronto: J.B. Lippincott Company, 1972), pp. x–xvii.

Kempe, Ruth and C. Henry Kempe, *Child Abuse* (London: Fontana/Open Books, 1978).

Kempe, Annie. *A Good Knight for Children: C. Henry Kempe's Quest to Protect the Abused Child* (e-book, 2007, 69%).

Kendell, E. et al. 'The Influence of Childbirth on Psychiatric Morbidity' *Psychological Medicine* 6 (1976), pp. 297–302.

Kendell, R.E. J.C. Chalmers and C. Platz. 'Epidemiology of Puerperal Psychoses', *British Journal of Psychiatry* 150 (1987), pp. 662–673.

Keown, John. *Abortion, Doctors and the Law: Some Aspects of the Legal Regulation of Abortion in England from 1803 to 1982* (Cambridge: Cambridge University Press, 1988).

Kessel, Neil and Alistair Munro. 'Epidemiological Studies in Psychosomatic Medicine', *Journal of Psychosomatic Research* 8: 1 (1964), pp. 67–81.

Kessel, Neil. 'Who Ought to See a Psychiatrist?' *The Lancet* 281: 7290 (1963), pp. 1092–1095.

Kettunen, P., E. Koistinen and J. Hintikka. 'Is Postpartum Depression a Homogenous Disorder: Time of Onset, Severity, Symptoms and Hopelessness in Relation to the Course of Depression', *BMC Pregnancy and Childbirth* 14 (2014), p. 402.

Kickbusch, Ilona and Steven Hatch (Eds.). 'Introduction: a Reorientation of Health Care?', in *Self–Help and Health in Europe: New Approaches in Health Care* (Denmark: World Health Organisation, 1980), pp. 1–10.

Kidd, H.B. 'Abortion Law', *British Medical Journal* 1: 5449 (1965), p. 1555.

Kiev, Ari. 'Community Psychiatry: Observations of Recent English Developments', *Comprehensive Psychiatry* 4: 4 (1963), pp. 291–298.

King, Laura. 'Future Citizens: Cultural and Political Conceptions of Children in Britain, 1930s–1950s', *Twentieth Century British History* (first published online May 31 2016 doi:10.1093/tcbh/hww025), pp. 1–23.

Kitzinger, Jenny. *Framing Abuse: Media Influence and Public Understanding of Sexual Violence Against Children* (London: Pluto Press, 2004).

Kitzinger, Sheila and John A. Davis (Eds.). *The Place of Birth: A Study of the Environment in Which a Birth Takes Place with Special Reference to Home Confinements* (Oxford: Oxford University Press, 1978).

Kitzinger, Sheila. *A Passion For Birth* (London: Pinter and Martin, 2015).

Kleinman, Arthur. *Rethinking Psychiatry: From Cultural Category to Personal Experience* (New York: Free Press, 1988).

Kreitman, Norman, KI. Pearce, and Anthony Ryle. 'The Relationship of Psychiatric, Psychosomatic and Organic Illness in a General Practice', *The British Journal of Psychiatry* 112: 487 (1966), pp. 569–579.

Kumar, R. and K. M. Robson. 'A Prospective Study of Emotional Disorders in Childbearing Women', *British Journal of Psychiatry* 144 (1984), pp. 35–47.

Kummer, Jerome. 'Post–Abortion Psychiatric Illness–A Myth?' *The American Journal Of Psychiatry* 119 (1963), pp. 980–983.

Laing, R.D. and A. Esterson, *Sanity, Madness and the Family* (London: Tavistock, 1964).

Laing, R.D. *Self and Others* (London: Tavistock, 1961).

Laing, R.D. *The Divided Self* (London: Tavistock, 1960).

Land, Hilary and Roy Parker. 'Implicit and Reluctant Family Policy: United Kingdom', in *Family Policy: Government and Families in Fourteen Countries* (Eds.) Kamerman, S.B. and Kahn, A.J. (New York: Columbia University Press, 1978), pp. 331–366.

Langhamer, Claire. 'The Meanings of Home in Postwar Britain', *Journal of Contemporary History* 40: 2 (2005), pp. 341–362.

Langhamer, Claire. *The English in Love: the Intimate Story of an Emotional Revolution* (Oxford: Oxford University Press, 2013).

Lasch, Christopher. *The Culture of Narcissism: American Life in an Age of Diminishing Expectations* (New York: W.W. Norton, 1978).

Lask, Bryan. 'Short–Term Psychiatric Sequelae to Therapeutic Termination of Pregnancy', *British Journal of Psychiatry,* 126: 2 (1975), pp. 173–177.

Leach, Edmund. *A Runaway World?* (London: British Broadcasting Corporation, 1967).

Lee, Ellie. 'Medicalizing Motherhood', *Society* 43 (2006), pp. 47–49.

Lee, Ellie. 'Abortion in the Twentieth Century in England' in *Children and Violence in the Western Tradition* (Eds.) Montgomery, H. and Brockliss, L. (Oxford: Oxbow Books, 2010), pp. 97–104.

Lee, Ellie. 'Psychologizing Abortion: Women's 'Mental Health' and the Regulation of Abortion in Britain' in *Well Women: The Gendered Nature of Health Care Provision* (Eds.) Morris, A. and Nott, S. (Aldershot: Ashgate, 2002), pp. 61–78.

Lee, Ellie. *Abortion, Motherhood and Mental Health: Medicalizing Reproduction in the United States and Great Britain* (New York: Aldine De Gruyter, 2003).

Lennon, Rita 'Mental Healthcare: "Therapy" without Consent', *Spare Rib* 233 (April 1992), p. 58.

Leonard, Vickie. 'Banners not Babies', *Off Our Backs* 14: 11 (1984), pp. 16–19.

Lethbridge, Nemone. 'News: Postscript to Baby Blues', *Spare Rib* 21 (March 1974), p. 17.

Lindesay Neustatter, Walter. 'A Change of Outlook', *Abortion in Britain: Proceedings of a Conference Held By The Family Planning Association At The University Of London Union on 22 April 1966* (London, 1966), p. 22.

Lockyer, Bridget. 'An Irregular Period? Participation in the Bradford Women's Liberation Movement', *Women's History Review* 22: 4 (2013), pp. 643–657.

Lowry, Suzanne. *The Guilt Cage: Housewives and a Decade of Liberation* (London: Elm Tree Books, 1980).

Lundberg, Ferdinand and Marynia F. Farnham, *Modern Woman: the Lost Sex* (London: Harper and Brothers, 1947).

Mace, C.A. 'Editorial Foreword', in J.A Hadfield, *Childhood and Adolescence* (Harmondsworth: Penguin, 1967), pp. 9-10.

Macintyre, S.J. 'The Medical Profession and the 1967 Abortion Act in Britain', *Social Science and Medicine* 7: 2 (1973), pp. 121–134.

Macintyre, Sally. 'The Management of Childbirth: A Review of Sociological Research Issues', *Social Science and Medicine* 11: 8 (1977), pp. 477–484.

Macnicol, John. 'In Pursuit of the Underclass', *Journal of Social Policy* 16 (1987), pp. 293–318.

Macnicol, John. 'Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars', *Social History of Medicine* 2 (1989), pp. 147–169.

Mahony, Chris. 'Obituary: Merton Sandler', *British Medical Journal* 4: 349 (2014), p. 6609.

Main, T.F. 'Mothers with Children in a Psychiatric Hospital', *The Lancet* 2: 7051 (1958), pp. 845–847.

Mainardi, Pat. 'The Politics of Housework', *Sisterhood is Powerful: An Anthology of Writings from the Women's Liberation Movement* (Ed.) Morgan, R. (USA: Vintage Books, 1970), pp. 447–454.

Malchow, Howard. *Special Relations: the Americanization of Britain?* (California: Stanford University Press, 2011).

Mandler, Peter. *Return from the Natives: How Margaret Mead Won the Second World War and Lost the Cold War* (New Haven: Yale University Press, 2013).

Marcé, Louis–Victor. *Traite de la Folie des Femmes Enceintes, des Nouvelles Accouchies et des Nourrices* (Paris: J.B.Baillier, 1858).

Marcus, Piri. 'Motherhood: a Letter', *Sweeping Statements: Writings from the Women's Liberation Movement 1981–83* (Ed.) Kanter, H. et al., (London: The Women's Press, 1984), pp. 296–298.

Marinker, Marshall. "What is Wrong' and 'How We Know It': Changing Concepts of Illness in General Practice', in *General Practice Under the National Health Service: 1948–1997* (Eds.) Loudon, I., Horder, J. and Webster, C. (Oxford: Clarendon Press, 1998), pp. 5–91.

Marks, Lara. 'Mothers, Babies and Hospitals: "the London" and the Provision of Maternity Care in East London, 1870–1939', in *Women and Children First: International Maternal and Infant Welfare 1870–1945* (Eds.) Fildes, V., Marks, L. and Marland, H. (London: Routledge, 1992), pp. 48–73.

Marland, Hilary. 'Disappointment and Desolation: Women, Doctors and Interpretations of Puerperal Insanity in the Nineteenth Century', *History of Psychiatry* 14 (2003), pp. 304–320.

Marland, Hilary. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (New York: Palgrave, 2004).

McCarthy, Helen. 'Women, Marriage and Paid Work in Post–War Britain', *Women's History Review* (published online, 17.02.2016).

McCleary, G.F. *The Maternity and Child Welfare Movement* (London: P.S. King and Son, 1935).

McConaghey, R. M. S. 'The B.M.A. and Collective Investigation', *British Medical Journal* 1: 4964 (1956), pp. 59–61.

McGuinness, Sheelagh and Michael Thomson. 'Medicine and abortion law: complicating the reforming profession', *Medical Law Review* 23.2 (2015), pp. 177-199.

McIntosh, James. 'Postnatal Blues: A Bio–Social Phenomenon?' *Midwifery* 2 (1986), pp. 187–192.

McIntosh, Tania. *A Social History of Maternity and Childbirth: Key Themes in Maternity Care* (Abingdon: Routledge, 2012).

Mclaren, H.C. 'Sequels of Unwanted Pregnancy', *The Lancet* 292: 7568 (1968), p. 632.

McMenemy, Catherine M. 'Men and Women Against Sociology!', *Spare Rib* 69 (April 1978), p. 5.

McWhinney, Ian. 'The Primary Physician in a Comprehensive Health Service: Further Reflections After a Visit to the United States', *The Lancet* 289: 7481 (1967), pp. 91–96.

Mead, Margaret. *Male and Female* (New York: New American Library, 1955).

Mechling, Jay. 'Advice to Historians on Advice to Mothers', *Journal of Social History* 9: 1 (1975), pp. 44–63.

Mendels, J. 'Electroconvulsive Therapy and Depression: II. Significance of Endogenous and Reactive Syndromes', *The British Journal of Psychiatry* 111: 477 (1965), pp. 682–686.

Metzl, Jonathan. ''Mother's Little Helper': The Crisis of Psychoanalysis and the Miltown Resolution', *Gender & History* 15: 2 (2003), pp. 240–267.

Meyerowitz, Joanne. 'Beyond The Feminine Mystique: A Reassessment Of Postwar Mass Culture, 1946-1958', *The Journal Of American History* 27 (1993), pp. 1455-1482.

Miles, Agnes. *Women and Mental Illness: the Social Context of Female Neurosis* (Brighton: Wheatsheaf Books, 1988).

Millard, Chris. 'Creating "The Social": Stress, Domesticity, and Attempted Suicide', *Stress in Post–war Britain, 1945–85* (Ed.) Jackson, M. (London: Routledge, 2015), pp. 177–192.

Millard, Chris. *A History of Self–Harm in Britain: A Genealogy of Cutting and Overdosing* (Basingstoke: Palgrave, 2015).

Millard, Chris and Victoria Bates. 'Paediatrics or Psychiatry? Alternative Narratives of Munchausen Syndrome by Proxy', paper given at Alternative Psychiatric Narratives, 16–17 May 2014, University of London.

Miller, Peter and Nikolas Rose, *Governing the Present* (Cambridge: Polity, 2008).

Mills, Enid. *Living With Mental Illness: a Study in East London* (London: Routledge and Kegan Paul, 1962).

Minto, Alfred. 'Changing Medical Practice, 1950–1980', *Mental Illness: Changes and Trends* (Ed.) Bean, P. (Chichester: John Wiley & Sons, 1983), pp. 163–178.

Mitchell, Alexander Ross Kerr. *Violence in the Family* (East Sussex: Wayland, 1978).

Mitchell, Juliet. *Psychoanalysis and Feminism* (Harmondsworth: Penguin, 1974).

Mold, Alex. 'Patient Groups and the Construction of the Patient–Consumer in Britain: An Historical Overview', *Journal of Social Policy* 39: 4 (2010), pp. 505–521.

Mold, Alex. 'Repositioning the Patient: Patient Organizations, Consumerism, and Autonomy in Britain during the 1960s and 1970s', *Bulletin Of The History Of Medicine* 8 (2013), pp. 225–249.

Moncrieff, Joanna. 'The Creation of the Concept of an Antidepressant: An Historical Analysis', *Social Science & Medicine* 66 (2008), pp. 2346–2355.

Morrell, Carol. 'Why is Liberation an Emotional Struggle?', *Spare Rib* 14 (August 1973), pp. 3537.

Morrell, Carol. 'With a Little Help From Ourselves', *Spare Rib* 15 (September 1973), pp. 37–38.

Morrow, Susan. 'Feminist Reconstructions of Psychology', in *Issues in the Psychology of Women* (Eds.) Biaggio, M. and Hersen, M. (New York: Kluwer Academic/Plenum, 2000), pp. 15–32.

Moskowitz, Eva. *In Therapy we Trust: America's Obsession with Self–Fulfillment* (Maryland: Johns Hopkins University Press, 2001).

Muir, Annette. 'On Having Children', *Shrew* (January 1970), quoted in Sheila Rowbotham, 'To Be or Not to Be: the Dilemmas of Mothering', *Feminist Review* 31 (1989), pp. 82–93.

Munday, Diane. 'The Abortion Act 1967', seminar held 10 July 2001 (Institute Of Contemporary British History, 2002, http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct1967.pdf), p. 27.

Murray Parkes, C. B. Benjamin, and R.G. Fitzgerald. 'Broken Heart: A Statistical Study of Increased Mortality Among Widowers', *British Medical Journal* 1: 5606 (1969), pp. 740–743.

Mylchreest, Ian. '"Sound Law and Undoubtedly Good Policy": *Roe v. Wade* in Comparative Perspective', *Journal of Policy History* 7 (1995), pp. 53–71.

Myrdal, Alva and Viola Klein. *Women's Two Roles: Home and Work* (London: Routledge and Kegan Paul, 1956).

Nashville, Season Four (ABC, shown on Sky Living, UK, 2016).

Nava, Mica. 'The Family: a Critique of Certain Features', *The Body Politic: Women's Liberation in Britain 1969–1972* (Ed.) Wandor, M (London: Stage 1, 1972), pp. 36–44.

Neustatter, Lindesay. *Modern Psychiatry in Practice* 2nd Ed. (London: J&A Churchill, 1948).

Neustatter, Lindesay. *Psychiatry in Medical Practice* (London: Staples Press, 1958).

Newson, John and Elizabeth Newson. 'Parental Punishment Strategies with Eleven–Year–Old Children', in *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 64–80.

Newson, John and Elizabeth Newson. 'Some Social Differences in the Process of Child–rearing', in *Penguin Social Sciences Survey 1968* (Ed.) Gould, J. (Harmondsworth: Penguin, 1968), pp. 74–97.

Newson, John and Elizabeth Newson. 'Taking People Seriously: Psychology as a Listening Ear', in *Psychology in Britain: Historical Essays and Personal Reflections.* Eds. Bunn, G.C., Lovie, A.D., and Richards, G.D. (Leicester: BPS Books, 2001), pp. 411–421.

Newson, John and Elizabeth Newson, *Four Years Old in an Urban Community* (London: Pelican, 1970).

Newson, John and Elizabeth Newson, *Patterns of Infant Care in an Urban Community* (Harmondsworth: Penguin, 1976).

Newson, John and Elizabeth Newson, *Perspectives on School at Seven Years Old* (London: Allen and Unwin, 1977).

Newson, John and Elizabeth Newson, *Seven Years Old in the Home Environment* (London: Pelican, 1976).

Nicholson, Linda (Ed.). 'Introduction', *The Second Wave: a Reader in Feminist Theory* (London: Routledge, 1997), pp. 1–6.

Nicholson, Malcolm and John E.E. Fleming, *Imaging and Imagining the Fetus: The Development of Obstetric Ultrasound* (Baltimore: Johns Hopkins University Press, 2013), pp. 2–4.

Nicolson, Paula. *Post–Natal Depression: Psychology, Science and the Transition to Motherhood* (London: Routledge, 1998).

Nixon, W.C.W. 'Discussion: The Psychiatric Indications for the Termination of Pregnancy', *Proceedings of the Royal Society of Medicine* 50 (1957), pp. 18–19.

O'Hara, Glen. 'The Complexities of "Consumerism": Choice, Collectivism and Participation within Britain's National Health Service, c.1961–c.1979', *Social History of Medicine* 26: 2 (2013), p. 288–304.

O'Hara, Michael W. 'The Nature of Postpartum Depressive Disorders', *Postpartum Depression and Child Development* (Ed.) Cooper, P.J. and Murray, L. (New York and London: Guildford Press, 1997), pp. 3–34.

O'Hara, Michael W. *Postpartum Depression: Causes and Consequences* (New York: Springer–Verlag, 1995).

O'Reilly, Andrea (Ed.). 'Introduction', *From Motherhood to Mothering: the Legacy of Adrienne Rich's Of Woman Born (*Ed. O'Reilly, A.) (Albany: SUNY Press, 2004), pp. 1–23.

O'Sullivan, Sue (Ed.). 'Abortion and Feminism', *Women's Health: a Spare Rib Reader* (London: Pandora Press, 1987), pp. 190–191.

O'Sullivan, Sue. *I Used to be Nice: Sexual Affairs* (London: Cassell, 1996).

Oakley, Ann and G. Chamberlain. 'Medical and Social Factors in Postpartum Depression', *Journal of Obstetrics and Gynaecology* 1 (1981), pp. 182–187.

Oakley, Ann. 'Beyond the Yellow Wallpaper', *Reproductive Health Matters* 10 (1997), pp. 29–39.

Oakley, Ann. 'A Small Sociology of Maternal Memory', *The Sociological Review* 64: 3 (2016), pp. 533–549.

Oakley, Ann. 'Gender, Methodology and People's Ways of Knowing: Some Problems with Feminism and the Paradigm Debate in Social Science', *Sociology* 32: 4 (1998), pp. 707–731.

Oakley, Ann. 'Interviewing Women Again: Power, Time and the Gift', *Sociology* 50: 1 (2016), pp. 195–213.

Oakley, Ann. 'Interviewing Women: A Contradiction in Terms?' in *Doing Feminist Research* (Ed.) Roberts, H. (London: Routledge and Kegan Paul, 1981), pp. 30–61.

Oakley, Ann. 'The Cries and Smiles of Babies', *Essays on Women, Medicine and Health* (Edinburgh: Edinburgh University Press, 1993), pp. 81–94.

Oakley, Ann. 'The Relevance of the History of Medicine to an Understanding of Current Change: Some Comments from the Domain of Antenatal Care', *Social Science and Medicine* 16 (1982), pp. 667–674.

Oakley, Ann. 'The Sociology of Childbirth: an Autobiographical Journey Through Four Decades of Research', *Sociology of Health and Illness* 38: 5 (2016), pp. 689–705.

Oakley, Ann. *A Critical Woman: Barbara Wootton, Social Science and Public Policy in the Twentieth Century* (London: Bloomsbury, 2011).

Oakley, Ann. *Becoming a Mother* (Oxford: Martin Robertson, 1979).

Oakley, Ann. *Experiments in Knowing: Gender and Method in the Social Sciences* (Cambridge: Polity Press, 2000).

Oakley, Ann. *Father and Daughter: Patriarchy, Gender and Social Science* (Bristol: Policy Press, 2014).

Oakley, Ann. *Man and Wife: Richard and Kay Titmuss, My Parents' Early Years* (London: Harper Collins, 1996).

Oakley, Ann. *Subject Women: A Powerful Analysis of Women's Experience in Society Today* (London: Fontana, 1981).

Oakley, Ann. *Taking it Like a Woman* (London: Jonathon Cape, 1984).

Oakley, Ann. *The Sociology of Housework* (London: Martin Robinson, 1974).

Oakley, Ann. *Women Confined: Towards a Sociology of Childbirth* (Oxford: Martin Robinson, 1980).

Okell Jones, Carol. 'A Critical Evaluation of the Work of the NSPCC's Battered Child Research Unit', *Child Abuse & Neglect* 1 (1977), pp. 111–118.

Owen, Nicholas. 'Men and the 1970s British Women's Liberation Movement', *The Historical Journal* 56: 03 (2013), pp. 801–826, p. 807.

Oxford Women's Liberation. 'Working on the Fifth Demand: for Financial and Legal Independence', *Spare Rib* 32 (February 1975), pp. 26–27.

Packman, Jean. 'From Prevention to Partnership: Child Welfare Services Across Three Decades', *30 Years of Change for Children* (Ed.) Pugh, G. (London: National Children's Bureau, 1993), pp. 221–236.

Packman, Jean. *The Child's Generation, Child Care Policy in Britain* 2nd ed. (Oxford: Blackwell, 1981).

Paintin, David. 'The Abortion Act 1967', seminar held 10 July 2001 (Institute of Contemporary British History, 2002, http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct1967.pdf), p. 45.

Parker, Elizabeth and Frances Good. 'Infanticide', *Law and Human Behavior* 5: 2 (1981), pp. 237–243.

Parkes, Murray. 'Effects of Bereavement on Physical and Mental Health – a Study of the Medical Records of Widows', *British Medical Journal* 2: 5404 (1964), pp. 274–280.

Parton, Nigel and C. Parton. 'Child Protection, the Law and Dangerousness', *Child Abuse: Professional Practice and Public Policy* (New York: Harvester Wheatsheaf, 1989), pp. 54–73.

Parton, Nigel and C. Parton. 'Women, the Family and Child Protection', *Critical Social Policy* 8: 24 (1988), pp. 38–49.

Parton, Nigel. 'Child Abuse, Social Anxiety and Welfare', *British Journal of Social Work* 11: 1 (1981), pp. 391–414.

Parton, Nigel. 'Social Work, Child Protection and Politics: Some Critical and Constructive Reflections', *British Journal of Social Work* 44 (2014), pp. 2042–2056.

Parton, Nigel. 'The Natural History of Child Abuse: A Study in Social Problem Definition', *British Journal of Social Work* 9: 4 (1979), pp. 431–451.

Parton, Nigel. 'The Rise and Fall of the Welfare Consensus', *Social Work Today* 12: 34 (1981), pp. 10–12.

Parton, Nigel. *The Politics of Child Abuse* (London: Macmillan, 1985).

Pasmore, Stephen. 'Psychiatry in General Practice', *The Lancet* 271: 7019 (1958), pp. 524–526.

Pasmore, Stephen. 'The Stabilizing Role of the General Practitioner', *British Journal of Clinical Practice* 12 (1959), pp. 311–313.

Paulson, James F. and Sharnail D. Bazemore. 'Prenatal and Postpartum Depression in Fathers and its association with Maternal Depression: a Meta–analysis', *Journal of the American Medical Association* 303: 19 (2010), pp. 1961–1969.

Pearce, J.D.W. 'Discussion: The Psychiatric Indications for the Termination of Pregnancy', *Proceedings of the Royal Society of Medicine* 50 (1957), p. 15.

Peckham, Catherine. 'The Dimensions of Child Abuse', *The Maltreated Child* (Ed.) Carter, J. (London: Priory Press, 1974), pp. 19–26.

Peel, John. 'Attitudes In Britain', *Abortion in Britain: Proceedings of a Conference Held by the Family Planning Association at the University of London Union on 22 April 1966* (London, 1966), p. 68.

Pells Cocks, Denis. 'Termination of Pregnancy Bill', *British Medical Journal* 1: 5539 (1967), pp. 569–570.

Pells Cocks, Denis. 'Termination of Pregnancy Bill', *British Medical Journal* 2: 5528 (1966), pp. 1531.

Pemberton, J. 'Public Health Policy and Practice: Origins and Early History of the Society for Social Medicine in the UK and Ireland', *Journal of Epidemiology and Community Health* 56: 5 (2002), pp. 342–346.

Pereira Gray, Denis. *Forty Years On: the Story of the Royal College of General Practitioners* (London: Royal College of General Practitioners, 1992).

Pereira Gray, Denis. 'History of the Royal College of General Practitioners – the First 40 Years', *British Journal of General Practice* 42: 354 (1992), pp. 29–35.

Petchey, Roland. 'Collings Report on General Practice in England in 1950: Unrecognised, Pioneering Piece of British Social Research?' *British Medical Journal* 311: 6996 (1995), pp. 40–42.

Phillips, Adam. *Winnicott* (London: Penguin, 2007).

Phipps, Alison. 'Whose Personal is more Political? Experience in Contemporary Feminist Politics', *Feminist Theory*, first published 13 August 2016 doi:10.1177/1464700116663831.

Pilcher, Jane. *Women in Contemporary Britain: an Introduction* (London: Routledge, 2002).

Pitt, Brice. '"Atypical" Depression Following Childbirth', *The British Journal of Psychiatry* 114: 516 (1968), pp. 1325–1335.

Pixner, Stef. 'For Therapy', *Women's Health: a Spare Rib Reader* (Ed.) O'Sullivan, S. (London: Pandora Press, 1987), pp. 140–142.

Plant, Rebecca Jo. *Mom: the Transformation of Motherhood in Modern America* (Chicago and London: University of Chicago Press, 2010).

Platt, Jennifer. 'On Interviewing One's Peers', *The British Journal of Sociology* 32: 1 (1981), pp. 75–91.

Platt, Jennifer. 'The Women's Movement and British Journal Articles, 1950–2004', *Sociology* 41: 5 (2007), pp. 971–975.

Platt, Jennifer. *A Sociological History of the British Sociological Association* (Abingdon: Routledge, 2013).

Polatnick Rivka, Margaret. 'Diversity in Women's Liberation Ideology: How a Black and a White Group of the 1960s Viewed Motherhood', *Signs* 21: 3 (1996), pp. 679–706.

Porter, Roy (Ed.). *Rewriting the Self: Histories from the Renaissance to the Present* (London: Routledge, 1997).

Price, Jane. *Motherhood: What it Does to Your Mind* (London: Pandora, 1988).

Priest, R.G. 'Editorial', in *Psychiatric Problems in Women Part 2: Some Psychiatric Aspects of Abortion and Contraception* (Ed.) Brewer, C. (London: SK&F Productions, 1981), p. 1.

Priest, R.G. 'The Impact of the Abortion Act: A Psychiatrist's Observations', *The British Journal Of Psychiatry* 121: 3 (1972), pp. 293–297.

Pringle, Kellmer. 'Towards a Prediction of Child Abuse', *Psychological Approaches to Child Abuse* (Ed.) Frude, N. (London: Batsford, 1980), pp. 203–219.

Pritchard, Michael. 'Who Sees a Psychiatrist? A Study of Factors Related to Psychiatric Referral in the General Hospital', *Postgraduate Medical Journal* 48: 565 (1972), pp. 645–652.

Protheroe, Colin. 'Puerperal Psychoses: a Long Term Study, 1927–1961', *British Journal of Psychiatry* 115 (1969), pp. 9–30.

Pugh, Martin. *Women and the Women's Movement in Britain, 1914–1959* (London: Palgrave Macmillan, 1992).

Quinton, Anthony. 'Alfred Jules Ayer, 1910–1989', in *1996 Lectures and Memoirs, Proceedings of the British Academy* 94, 1997.

Ratcliffe, T.A. *Discipline and the Child* (London: The National Association for Mental Health, 1961).

Rawlings, E.E. and A.A. Khan. 'Effects of the Abortion Law, 1967, on a Gynaecological Unit', *The Lancet* 2: 7736 (1971), pp. 1249–1251.

Rees, Jeska. 'A Look Back at Anger: The Women's Liberation Movement in 1978', *Women's History Review* 19: 3 (2010), pp. 337–356.

Reid, D. D. *Epidemiological Methods in the Study of Mental Disorders* (Geneva: World Health Organization, 1960).

Report of a TUC Working Party. *The Under–Fives* (London: Trade Union Congress, 1978).

Reynolds, Anna. *Tightrope: a Matter of Life and Death* (London: Sidgwick and Jackson, 1991).

Rich, Adrienne. *Of Woman Born: Motherhood as Experience and Institution* (New York: Norton, 1986).

Richards, Martin. 'Non–Accidental Injury to Children in an Ecological Perspective', *Non–Accidental Injury to Children: Proceedings of a conference held at the Department of Health and Social Security on 19 June 1974* (London: HMSO, 1975), pp. 5–12.

Richardson, Ann and Meg Goodman. *Self Help and Social Care: Mutual Aid Organisations in Practice.* No. 612. (London: Policy Studies Institute, 1983).

Richardson, Diane. *Women, Motherhood and Childrearing* (Hampshire: Macmillan, 1993).

Rieff, Philip. *The Triumph of the Therapeutic: Uses of Faith after Freud* (Harmondsworth: Penguin, 1973).

Riley, Denise. 'Feminist Thought and Reproductive Control: the State and the Right to Choose', *Women in Society: Interdisciplinary Essays* (Ed.). Cambridge Women's Studies Group (London: Virago, 1985), pp. 185–200.

Riley, Denise. 'War in the Nursery', *Feminist Review* 2 (1979), pp. 82–108.

Riley, Denise. *War in the Nursery* (London: Virago, 1983).

Roberts, Cathy and Elaine Millar. 'Feminism, Socialism and Abortion', *Women's Studies International Quarterly* 1: 1 (1978), pp. 3–14.

Roberts, Nesta. *Mental Health and Mental Illness* (London: Routledge and Kegan Paul, 1967).

Robertson, James and Joyce Robertson. 'Beyond the Best Interests of the Child', *The British Journal of Social Work* 4: 3 (1974), pp. 373–375.

Robinson, David and Yvonne Robinson. *A Guide to Self–Help Groups: From Self–Help to Health* (London: Concord Books, 1979).

Rorie, Ronald A.B. 'Anxiety Neurosis: Treatment by a General Practitioner', *British Medical Journal* 1: 4921 (1955), pp. 1062–1066.

Rose, Lionel. *The Massacre of the Innocents: Infanticide in Britain 1800–1939* (London: Routledge and Kegan Paul, 1986).

Rose, Nikolas. 'Engineering the Human Soul: Analyzing Psychological Expertise', *Science in Context* 5: 02 (1992), pp. 351–369.

Rose, Nikolas. 'Psychiatry as a Political Science: Advanced Liberalism and the Administration of Risk', *History of the Human Sciences* 9: 1 (1996), pp. 1–23.

Rose, Nikolas. *Governing the Soul: the Shaping of the Private Self* (London: Routledge, 1990).

Rose, Nikolas. *Inventing Our Selves: Psychology, Power, and Personhood* (Cambridge: Cambridge University Press, 1998).

Rose, Nikolas. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty–first Century* (Princeton, NJ: Princeton University Press, 2007).

Rosenthal, Braun. 'Consciousness Raising: From Revolution to Re–Evaluation', *Psychology of Women Quarterly* 8: 4 (1984), pp. 309–326.

Ross, Lynda. 'Mom's the Word: Attachment Theory's Role in Defining the 'Good mother', *Feminist Counselling: Theory, Issues, and Practice* (Ed.) Ross, L. (Canada: Women's Press, 2010), pp. 51–76.

Rosser, Sue. 'An Overview of Women's Health in the US Since the Mid–1960s', *History and Technology* 18: 4 (2002), pp. 355–369.

Roth, Silke and Katherine Dashper. 'Sociology in the 1980s: the Rise of Gender (and Intersectionality)', *Sociology* 4 (2016), pp. 1–12.

Rowbotham, Sheila. 'The Beginnings of Women's Liberation in Britain', *The Body Politic: Women's Liberation in Britain 1969–1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 91–102.

Rowbotham, Sheila. 'To Be or Not to Be: the Dilemmas of Mothering', *Feminist Review* 31 (1989), pp. 82–93.

Rowbotham, Sheila. 'Women's Liberation and the New Politics', *Once a Feminist: Stories of a Generation* (Ed.) Wandor, M. (First published 1969) (London: Virago, 1990), pp. 11–13.

Rowbotham, Sheila. *Hidden from History: 300 Years of Women's Oppression and the Fight Against it* 3rd ed (London: Pluto Press, 1983), pp. 168–169.

Rowbotham, Sheila. *Promise of a Dream: Remembering the Sixties* (London: Verso, 2001).

Rowe, Marsha (Ed.) 'Introduction', *Spare Rib Reader: 100 Issues of Women's Liberation* (Middlesex: Penguin, 1982), pp. 13–22.

Rowntree, Seebohm. *Poverty and Progress: A Second Social Survey of York* (London: Longmans, 1941).

Rowntree, Seebohm. *Poverty: A Study of Town Life* (London: Macmillan, 1901).

Ruddick, Sara. *Maternal Thinking: Toward A Politics of Peace* (Boston: Beacon Press, 1995).

Rushton, J.P. 'New evidence on Sir Cyril Burt: His 1964 Speech to the Association of Educational Psychologists', *Intelligence* 30 (2002), pp. 555–567.

Russell, Polly. 'Using Biographical Narrative and Life Story Methods to Research Women's Movements: Sisterhood and After', *Women's Studies International Forum* 35: 3 (2012), pp. 132–134.

Rutter, Michael. 'Maternal Deprivation Reassessed 1972–1978: New Findings, New Concepts, New Approaches', *Child Development* 50 (1979), pp. 283–305.

Rutter, Michael. *Maternal Deprivation Reassessed* (Harmondsworth: Penguin, 1972).

Ryle, Anthony. 'Personal View', *British Medical Journal* 1: 5647 (1969), p. 840.

Ryle, Anthony. 'Psychoanalysis and Cognitive Analytic Therapy', *British Journal of Psychotherapy* 10: 3 (1994), pp. 402–404.

Ryle, Anthony. 'The Psychological Disturbances Associated with 345 Pregnancies in 137 Women', *The British Journal of Psychiatry* 107: 447 (1961), pp. 279–286.

Ryle, Anthony. *Neurosis in the Ordinary Family* (London: Tavistock Publications, 1967).

Ryle, J.A. *Changing Disciplines* (London: Oxford University Press, 1948).

Sampson, Harold et al., *Schizophrenic Women: Studies in Marital Crisis* (New York: Atherton Press, 1964).

Satter, Beryl. 'The Sexual Abuse Paradigm in Historical Perspective: Passivity and Emotion in Mid–Twentieth–Century America', *Journal of the History of Sexuality* 12: 2 (2003), pp. 424–464.

Savage, Mike. *Identities and Social Change in Britain Since 1940* (Oxford: Oxford University Press, 2010).

Saville, P.R. 'Psychotherapy and the General Practitioner– II', *British Medical Journal* 1: 5011 (1957), pp. 158–160.

Scarr, Sandra and Judy Dunn. *Mother Care/Other Care* 2nd ed. (Harmondsworth: Penguin, 1987).

Schnepel, Burkhard. 'Corporations, Personhood, and Ritual in Tribal Society: Three Interconnected Topics in the Anthropology of Meyer Fortes', *Journal of the Anthropological Society of Oxford* 21: 1 (1990), pp. 1–32.

Scott, John. 'Building a Textbook Tradition, 1900–1968', in *The Palgrave Handbook of Sociology in Britain* (Eds.) Holmwood, J. and Scott, J. (London: Palgrave Macmillan, 2014), pp. 211–235.

Scott, P. 'Battering in Relation to Other Deviant Behaviour', *The Challenge of Child Abuse: Proceedings of a Conference sponsored by the Royal Society of Medicine, 2–4th June 1976* (Ed.) White Franklin, A. (London: Academic Press, 1977), pp. 38–45.

Scott, P.D. 'The Tragedy of Maria Colwell', *British Journal of Criminology* 15: 1 (1975), p. 88–90.

Seager, C.P. 'A Controlled Study of Post–Partum Mental Illness', *British Journal of Psychiatry* 106 (1960), pp. 214–230.

Segal, Lynne (Ed.). "Smash the Family?' Recalling the 1960s', *What is to be done about the Family? Crisis in the Eighties* (Middlesex: Penguin, 1983), pp. 25–64.

Segal, Lynne. *Is the Future Female? Troubled Thoughts on Contemporary Feminism* (London: Virago, 1987).

Segal, Lynne. *Making Trouble, Life and Politics* (London: Serpents Tail, 2007).

Seton, Frances. 'Opening Myself to Change', *Spare Rib* 44 (March 1976), pp. 30–32.

Shapira, Michal. 'The Psychological Study of Anxiety in the Era of the Second World War', *Twentieth Century British History* 24: 1 (2013), pp. 31–57.

Shapira, Michal. *The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Postwar Britain* (Cambridge: Cambridge University Press, 2013).

Shapiro, Jean. *A Child: Your Choice* (London: Pandora, 1987).

Sharma, Verinder and Dwight Mazmanian. 'The DSM–5 Peripartum Specifier: Prospects and Pitfalls', *Archives of Women's Mental Health* 17: 2 (2014), pp. 171–173.

Sharpe, Sue. 'The Role of the Nuclear Family in the Oppression of Women', *Body Politic: Women's Liberation in Britain 1969–1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 138–145.

Sheldon, Sally. *Beyond Control: Medical Power and Abortion Law* (London: Pluto Press, 1997).

Shepherd, Michael and Brian Cooper. 'Epidemiology and Mental Disorder: A Review', *Journal of Neurology, Neurosurgery, and Psychiatry* 27: 4 (1964), pp. 277–290.

Shepherd, Michael et al, *Psychiatric Disorders in General Practice* (London: Oxford University Press, 1966).

Shepherd, Michael et al. 'Minor Mental Illness in London: Some Aspects of a General Practice Survey', *British Medical Journal* 2 (1964), pp. 1359–1363.

Shepherd, Michael et al. 'Psychiatric Morbidity in an Urban Group Practice', *Proceedings of the Royal Society of Medicine* 52: 4 (1959), pp. 269–274.

Sheridan, Susan. 'Adrienne Rich and the Women's Liberation Movement: A Politics of Reception', *Women's Studies* 35: 1(2006), pp. 17–45.

Shiels, Drummond. 'War in the Nursery', *British Medical Journal* 1: 4335 (1944), pp. 195–196.

Showalter, Elaine. *The Female Malady: Women, Madness and English Culture, 1830–1980* (Harmondsworth and New York: Penguin, 1987).

Shreve, Anita. *Women Together, Women Alone* (New York: Fawcett Columbine, 1989).

Sim, Myre. 'Abortion and the Psychiatrist', *British Medical Journal* 2: 5350 (1963), pp. 145–148.

Sim, Myre. 'Abortion and the Psychiatrist', *British Medical Journal* 2: 5364 (1963), pp. 1061–1062.

Simms, Madeleine and Keith Hindell, *Abortion Law Reformed* (London: Peter Owen, 1971).

Simms, Madeleine. 'Abortion Law and Medical Freedom', *British Journal of Criminology* 14: 2 (1974), pp. 118–131.

Simms, Madeleine. 'Legal Abortion in Great Britain', *The Sexual Politics of Reproduction* (Ed.) Homans, H. (Aldershot: Gower Publishing, 1985), pp. 78–95.

Simms, Madeleine. 'More Abortions?', *British Medical Journal* 1: 5949 (1975), p. 95.

Simms, Madeleine. 'The Ethical Foundations of Psychiatric Opinion in Abortion', *Medical Gynecology and Sociology* 2 (1967), pp. 6–8.

Sjoo, Monica. 'A Woman's Rights Over Her Body', *The Body Politic: Women's Liberation in Britain 1969–1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 180–188.

Skinner, Angela and Raymond Castle. *Seventy–eight Battered Children: a Retrospective Study* (London: National Society for the Prevention of Cruelty to Children, 1969).

Smith Wilson, Dolly. 'A New Look at the Affluent Worker: The Good Working Mother in Post–War Britain', *Twentieth Century British History* 17: 2 (2006), pp. 206–229.

Smith, Rebecca. 'Postnatal Depression', *Spare Rib* 98 (September 1980), p. 46.

Smith, Selwyn M. *The Battered Child Syndrome* (London: Butterworth, 1975).

Southall Black Sisters, *Against the Grain: A Celebration of Survival and Struggle, 1979–1989* (London: Southall Black Sisters, 1990).

Spare Rib 21 (March 1974).

Spare Rib 22 (April 1974).

Spare Rib Collective. 'Raw Deal for Spare Rib', *Off Our Backs* 10: 8 (1980), p. 26.

Speltz, Kara. 'In a Dragon's Mouth: Lesbian Motherhood', *Off Our Backs* 9: 11 (1979), p. 17.

Spinetta, John and David Rigler. 'The Child–Abusing Parent: a Psychological Review', *Child Abuse: Perspectives on Diagnosis, Treatment and Prevention* (Ed.) Kalmar. R. (Iowa: Kendall/Hunt Publishing Company, 1977), pp. 49–63.

Spring Rice, Margery. *Working–Class Wives* 2nd Ed (London: Virago, 1981).

Sprott, W.J.H. 'Psychology and the Moral Problems of Our Time', *Philosophy* 23: 86 (1948), pp. 227–238.

Sprott, W.J.H. *General Psychology* (London, New York and Toronto: Longmans, Green and Co., 1937).

Sprott, W.J.H. *Human Groups* (Harmondsworth: Pelican, 1958)

SSRC, *Transmitted Deprivation: Second Report of the DHSS/SSRC Joint Working Party* (London: SSRC, 1975).

Stacey Solomon: Depression, Teen Mums & Me (BBC Three, UK, 19 April 2016).

Stallworthy, John and Madeleine Simms. 'Attitude To Abortions', *British Medical Journal* 2 (1974), p. 501.

Starkey, Pat. 'The Feckless Mother: Women, Poverty and Social Workers in Wartime and Post–War England', *Women's History Review* 9: 3 (2000), pp. 539–557.

Stearns, Peter. *Anxious Parents: a History of Modern Childrearing in America* (New York: New York University Press, 2003).

Steedman, Carolyn. *Strange Dislocations: Childhood and the Idea of Human Interiority 1780–1930* (Cambridge: Harvard University Press, 1995).

Steel, David. 'Foreword' in Madeleine Simms and Keith Hindell, *Abortion Law Reformed* (London: Peter Owen, 1971), p. 8.

Steel, David. 'The Abortion Act 1967', seminar held 10 July 2001 (Institute Of Contemporary British History, 2002, http://www.kcl.ac.uk/sspp/departments/icbh/witness/PDFfiles/AbortionAct1967.pdf), p. 25.

Steele, Brandt F. 'A Psychiatrist's View of Working With Abusive Parents', *Child Abuse: Perspectives on Diagnosis, Treatment and Prevention* (Ed.) Kalmar, R (Iowa: Kendall/Hunt Publishing, 1977), pp. 137–143.

Steinmetz, George. 'British Sociology in the Metropole and the Colonies, 1940s–60s', in *The Palgrave Handbook of Sociology in Britain* (Eds.) Holmwood, J. and Scott, J. (London: Palgrave Macmillan, 2014), pp. 302–337

Stengel, E. 'Classification of Mental Disorders', *Bulletin of the World Health Organization* 21 (1959), 601–663.

Stephens, Eleanor. 'Out of the Closet into the Courts', *Spare Rib* 50 (September 1976), pp. 6–8.

Stephens, Julie. 'Our Remembered Selves: Oral History and Feminist Memory' *Oral History* 38 (2010), pp. 81–90.

Stevenson, Olive. *Reflections on a Life in Social Work: A Personal and Professional Memoir* (Buckingham: Hinton House, 2013).

Susser, Ezra et al. (Eds). *Psychiatric Epidemiology: Searching for the Causes of Mental Disorders* (Oxford: Oxford University Press, 2006).

Szatz, Thomas. *The Myth of Psychotherapy* (New York: Anchor, 1978).

Tew, Marjorie. *Safer Childbirth? A Critical History of Maternity Care* (London: Chapman and Hall, 1995).

The Charlotte Perkins Gilman Reader: The Yellow Wallpaper and Other Fiction (London: Women's Press, 1981).

The Royal College of General Practitioners. *Report of a Symposium on Psychiatry in General Practice*, Supplement 3: 82 (Torquay: Devonshire Press, 1969).

Thomas, Clayton and John Gordon. 'Psychosis After Childbirth: Ecological Aspects of a Single Impact Stress', *American Journal of the Medical Sciences* (1959), pp. 238–363.

Thomas, Gordon and Ian Hudson, *The National Health Service and You* (London: Panther, 1965).

Thomson, Mathew. *Lost Freedom: the Landscape of the Child and the British Post–War Settlement* (Oxford: Oxford University Press, 2013).

Thomson, Mathew. *Psychological Subjects: Identity, Culture, and Health in Twentieth–Century Britain* (Oxford: Oxford University Press, 2006).

Thomson, Michael. 'Abortion Law and Professional Boundaries', *Social & Legal Studies* 22 (2013), pp. 191–210.

Thurer, Shari. *The Myths of Motherhood: how Culture Reinvents the Good Mother* (Middlesex: Penguin, 1995).

Titmuss, Richard. 'The Social Environment and Eugenics', *Eugenics Review* 36: 2 (1944), pp. 53–58.

Tod, E.D.M. 'Puerperal Depression: a Prospective Epidemiological Study', *The Lancet* 2: 7372 (1964), pp. 1264–1266.

Todd, N.A. 'Follow–Up of Patients Recommended for Therapeutic Abortion', *The British Journal of Psychiatry* 120: 559 (1972), pp. 645–546.

Todd, N. 'Psychiatric Experience of the Abortion Act (1967)', *The British Journal of Psychiatry* 119: 552 (1971), pp. 489–495.

Todd, Selina. 'Models and Menstruation: *Spare Rib* Magazine, Feminism, Femininity and Pleasure', *Studies in Social and Political Thought* 1 (1999), pp. 60–78.

Todd, Selina. *The People: the Rise and Fall of the Working Class* (London: John Murray, 2015), pp. 275–338.

Tomes, Nancy. 'Feminist Histories of Psychiatry', in *Discovering the History of Psychiatry* (eds.) Micale, M. and Porter, R. (Oxford: Oxford University Press, 1994), pp. 348–383.

Tomes, Nancy. 'Feminist Histories of Psychiatry', in *Discovering the History of Psychiatry* (Eds.) Micale, M.S. and Porter, R. (Oxford: Oxford University Press, 1994), pp. 348–383.

Tone, Andrea. *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (New York: Basic Books, 2009).

Tonies, Trinidad. 'Motherhood Political', *Off Our Backs* 15: 2 (1985), p. 24.

Tooley, P.H. 'If all Abortions are Legal, which are Desirable?' *The Abortion Act 1967: Proceedings of a Symposium Held by the Medical Protection Society, in Collaboration with the Royal College of General Practitioners, at the Royal College of Obstetricians and Gynaecologists (London, 7 February 1969)* (London, 1969), p. 12.

Trede, Katharina et al. 'Treatise on Insanity in Pregnant, Postpartum, and Lactating Women (1858) by Louis–Victor Marcé: A Commentary', *Harvard Review of Psychiatry* 17: 2 (2009), pp. 157–165.

Tredgold, R.F. 'Abortion and the Psychiatrist', *British Medical Journal* 2: 5358 (1963), pp. 681–682.

Tredgold, R.F. 'The Psychiatrist's View', *Abortion in Britain: Proceedings of a Conference held by the Family Planning Association at the University of (London Union on 22 April 1966* (London, 1966), pp. 10–11.

Treichler, Paula A. 'Feminism, Medicine, and the Meaning of Childbirth', in *Body Politics: Women and the Discourses of Science* (Eds.) Jacobus, M., Fox Keller, E., and Shuttleworth, S. (New York and London: Routledge, 1990), pp. 113–138.

Trethowan, W.H. 'Pills for Personal Problems', *British Medical Journal* 3: 5986 (1975), pp. 749–751.

Tyrrell, G.N.M. *The Personality of Man* (Harmondsworth: Pelican Books, 1946).

Umansky, Laurie. *Motherhood Reconceived: Feminism and the Legacies of the Sixties* (London: New York University Press, 1996).

Unger, Rhoda. *Resisting Gender: Twenty–Five Years of Feminist Psychology* (London: Sage Publications, 1998).

Unwin, Cathy and Elaine Sharland. 'From Bodies to Minds in Childcare Literature', *In the Name of the Child: Health and Welfare, 1880–1940* (Ed.) Cooter, R. (London and New York: Routledge, 1992), pp. 174–199.

Vickers, Geoffrey. 'Medicine, Psychiatry, and General Practice', *The Lancet* 285: 7394 (1965), pp. 1021–1027.

Vivien Devlin. *Motherhood from 1920 to the Present Day: Women's Voices* (Edinburgh: Polygon Press, 1995).

Wallsgrove, Ruth. 'Choosing to Fit In...Or Not Fit In', *Spare Rib* 65 (December 1977) p. 13.

Walters, Diane. 'Postnatal Depression and Maternity Hospitals', *Spare Rib* 118 (April 1981), pp. 22–23.

Walters, Diane. 'Who's Birthing the Baby – Postnatal Depression and Maternity Hospitals', *Spare Rib* 118 (May 1982), pp. 22–23.

Wandor, Michelene (Ed.). 'The Small Group', *The Body Politic: Women's Liberation in Britain* (London: Stage 1, 1972), pp. 107–115.

Wandor, Michelene (Ed.). *Once a Feminist: Stories of a Generation* (Virago, London, 1990).

Wandor, Michelene (Ed.). 'Introduction', *Once a Feminist: Stories of a Generation* (London: Virago, 1990), pp. 1–10.

Ward, Steven C. *Modernizing the Mind: Psychological Knowledge and the Remaking of Society* (London: Praeger, 2002).

Watson, G.I. *Epidemiology and Research in General Practice* (London: Royal College of General Practitioners, 1982).

Watts, C.A.H. 'The Chronic Mental Patient in General Practice', *The Lancet* 267: 6828 (1954), pp. 85–87.

Watts, C.A.H. and B.M. Watts. *Psychiatry in General Practice* (Devon: Royal College of General Practitioners, 1994).

Watts, C.A.H. *Neuroses in General Practice* (Edinburgh: the Royal College of Physicians, 1956).

Webster, Charles. 'Conflict and Consensus: Explaining the British Health Service', *Twentieth Century British History* 1: 2 (1990), pp. 115–151.

Webster, Charles. *The National Health Service: a Political History* 2nd ed (Oxford: Oxford University Press, 2002).

Weeks, Jeffrey. *The World We Have Won: The Remaking of Erotic and Intimate Life* (Oxford: Routledge, 2007).

Weiner, Gabby. 'Olive Banks and the Collective Biography of British Feminism', *British Journal of Sociology of Education* 29: 4 (2008), pp. 403–410.

Weiss, Robert. 'Neurosis in the Ordinary Family [review]', *Social Science & Medicine* 5: 4 (1971), pp. 411–414.

Weisstein, Naomi. *Kinder, Kuche, Kirche as Scientific Law: Psychology Constructs the Female* (London: Agitprop Literature, 1969).

Welburn, Vivienne. *Postnatal Depression* 2nd ed. (Glasgow: Fontana Press, 1983).

Welshman, John. 'Evacuation and Social Policy During the Second World War: Myth and Reality', *Twentieth Century British History* 9: 1 (1998), pp. 28–53.

Welshman, John. 'The Cycle of Deprivation: Myths and Misconceptions', *Children & Society* 22 (2008), pp. 75–85.

Welshman, John. 'Where Lesser Angels Might Have Feared to Tread: The Social Science Research Council and Transmitted Deprivation', *Contemporary British History*, 23: 2 (2009), pp. 199–219.

Welshman, John. *From Transmitted Deprivation to Social Exclusion: Policy, Poverty, and Parenting* (Bristol: The Policy Press, 2007).

White Franklin, Alfred (Ed.). *The Challenge of Child Abuse: Proceedings of a Conference sponsored by the Royal Society of Medicine, 2–4th June 1976* (London: Academic Press, 1977).

White Franklin, Alfred (Ed.). *Concerning Child Abuse: Papers Presented by the Tunbridge Wells Study Group on Non–Accidental Injury to Children* (London: Churchill Livingstone, 1975).

White Franklin, Alfred. *The Tunbridge Wells Study Group on Non–Accidental Injury to Children: Report and Resolutions* (Unknown Publisher, 1973).

Whiting, Pat. 'Female Sexuality: Its Political Implications', *The Body Politic: Women's Liberation in Britain 1969–1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 189–213.

WHO Working Group, *Changing Patterns in Mental Health Care: Report on a WHO Working Group, 27 November – 1 December 1980* (Regional Office For Europe, World Health Organization. Copenhagen, 1980).

Wilkinson, Greg. 'The General Practice Research Unit at the Institute of Psychiatry', *Psychological Medicine* 19: 03 (1989), pp. 787–790.

Williams, Jan, Hazel Twort and Ann Bachelli. 'Women and the Family', *The Body Politic: Women's Liberation in Britain 1969–1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 31–36.

Williams, S. 'Women's Psychology: Mental Illness as a Social Disease. Presented to Women and Mental Health Symposium, May 19 1975, Seattle, Washington' (Seattle: Radical Women Publications, 1975).

Williams, Simon and Michael Calnan. 'The "Limits" of Medicalization? Modern Medicine and the Lay Populace in "Late" Modernity', *Social Science and Medicine* 42: 12 (1996), pp. 1609–1620.

Williamson, Charlotte. *Towards the Emancipation of Patients: Patients' Experiences and the Patient Movement* (Bristol: Policy Press, 2010), p. 163.

Wilson, Amrit. *Finding a Voice* (London: Virago, 1978).

Wilson, Elizabeth A. *Psychosomatic: Feminism and the Neurological Body* (London: Duke University Press, 2004).

Wilson, Elizabeth. *Women and the Welfare State* (London: Tavistock, 1977).

Wilson, J.R. 'Medicine Today: The Abortion Bill', *The Spectator* 14 July 1966 (7203), p. 9.

Wilson, Marilyn. 'Breastfeeding on Demand', *Spare Rib* 110 (September 1981), p. 23.

Wilton, Tamsin. 'Madness and Feminism: Bristol Crisis Service for Women', *Feminist Activism in the 1990s* (Ed.) Griffin, G. (London: Taylor and Francis, 1995), pp. 28–40.

Wing, J.K. 'The Camberwell Register and the Development of Evaluative Research', *Evaluating a Community Psychiatric Service: The Camberwell Register, 1964–7* (Eds.) Wing, J.K. and Hailey, A.M (London: Oxford University Press, 1972).

Winnicott, Donald. 'The Deprived Mother', *New Era in Home and School* 21 (1940), pp. 64.

Winnicott, Donald. 'The Theory of the Parent–Infant Relationship', *International Journal of Psychoanalysis* 41 (1960), pp. 585–595.

Winnicott, Donald. *The Child, the Family and the Outside World* (Harmondsworth: Penguin Books, 1978).

Winnicott, Donald. *The Family and Individual Development* (London: Tavistock, 1965).

Wolff, Otto H. 'Henry Kempe', *Archives of Disease in Childhood* 59 (1984), p. 688.

Wooldridge, Adrian. *Measuring the Mind: Education and Psychology in England, c.1860–c.1990* (Cambridge: Cambridge University Press, 1994).

Woolf, Virginia. *A Room of One's Own* (New York: Harcourt Brace Jovanovich, 1957).

Woolf, Rowena. 'Changes', *Abortion in Britain: Proceedings of a Conference Held by The Family Planning Association at the University of London Union on 22 April 1966* (London, 1966).

World Health Organization, *Constitution* (1948).

World Health Organization, *General Practice: Report of a WHO Expert Committee*, No. 267, (1964).

World Health Organization, *The Role of Public Health Officers and General Practitioners in Mental Health Care: Eleventh Report of the Expert Committee on Mental Health,* No. 235, (1962).

Worsthorne, Peregrine. 'Remembering Tosco Fyvel', *Encounter* (1985), pp. 76–77.

Wortis, Rochelle P. 'Child–rearing and Women's Liberation', *The Body Politic: Women's Liberation in Britain 1969–1972* (Ed.) Wandor, M. (London: Stage 1, 1972), pp. 124–130.

Young, Michael and Peter Willmott, *The Symmetrical Family* (Harmondsworth: Penguin, 1975).

Younghusband, Eileen L. 'The Children Act, 1948', *The Modern Law Review* 12: 1 (1949), pp. 65–69.

Yudkin, Simon. 'Housebound Mothers [review]', *British Medical Journal* 2: 5518 (1966), p. 878.

Zalba, S.R. 'The Abused Child', *Child Abuse: Perspectives on Diagnosis, Treatment and Prevention* (Ed.) Kalmar. R. (Iowa: Kendall/Hunt Publishing Company, 1977), pp. 1–34.

Zola, Irving. *Socio–Medical Inquiries* (Philadelphia: Temple University Press, 1983).

PARLIAMENTARY SOURCES

HL Deb 30 November 1965 Vol. 270, Cc 1139-1234.
HL Deb 26 July 1967 Vol. 285, Cc 981–1013.
HL Deb 25 March 1969 Vol. 300, Cc 1135–1137, 1135.
HC Deb 14 February 1973 Vol. 850 cc1367-416, cc. 1372.
HC Deb 12 November 1973 Vol. 864 cc63–4W.
HC Deb 26 November 1973 Vol. 865 c64W.
HL Deb 21 January 1975 Vol. 356 cc16–102.
HL Deb 06 March 1975 Vol. 357 cc1360–443, 1388-1396.
HC Deb 20 October 1975 Vol. 898 cc53–168, cc.70-110.
HL Deb 02 May 1978 Vol. 391 cc122–67, 141.
HC Deb 27 November 1978 Vol. 959 c56W.
HC Deb 24 July 1980 Vol. 989 c368W.
HC Deb 30 April 1981 Vol. 3 c445W.
HC Deb 08 July 1982 Vol. 27 cc191–2W.
HC Deb 29 June 1984 Vol. 62 cc1292–331, cc1312.
HC Deb 28 November 1988 Vol. 142 cc142–3W.
HL Deb 29 November 1989 Vol. 513 cc425–94, cc.446.
HL Deb 24 June 1992 Vol. 538 cc444–504, cc. 470.

UNPUBLISHED PHD THESES

Caroline Currer, *Health Concepts and Illness Behaviour: the Case of Some Pathan Mothers in Britain* (unpublished doctoral thesis, University of Warwick, 1986).

Claire Sewell, *The Emergence of the Carer: Mental Health Care in England and Wales, c. 1946-1999* (unpublished doctoral thesis, University of Warwick, 2014).

C.A.H. Watts, *Some Observations of Endogenous Depression as seen in General Practice* (unpublished doctoral thesis, University of Durham, 1949).

WORLD WIDE WEB SOURCES

'Sheila Kitzinger, Childbirth Expert - Obituary' *The Telegraph* 12 April 2015 <http://www.telegraph.co.uk/news/obituaries/medicine-

obituaries/11530874/Sheila-Kitzinger-childbirth-expert-obituary.html> [accessed 01 June 2016].

Barbara Wharton and Jan Wiener. 'Judith Hubback', *The Guardian* 07 February 2006
<http://www.theguardian.com/news/2006/feb/07/guardianobituaries.mainsection> [accessed 26 February 2016].

BMJ Best Practice < http://bestpractice.bmj.com/best-practice/monograph/512/diagnosis/criteria.html> [accessed 01 August 2016].

Conservative Party Manifesto 1979
<http://www.margaretthatcher.org/document/110858> [accessed 10 July 2016].

D. Rowe. 'Letter: Play for Today Shows Art Can Change Life', *The Guardian* 9 April 2008
<http://www.theguardian.com/society/2008/apr/09/mentalhealth.health> [accessed 28 February 2014].

Emily Willingham. 'U Chicago Dean Gives Trigger Warning In Letter Denouncing Trigger Warnings', *Forbes* 26 August 2016
<http://www.forbes.com/sites/emilywillingham/2016/08/26/u-chicago-dean-gives-trigger-warning-in-letter-denouncing-trigger-warnings/#2fd63a859512> [accessed 26 August 2016].

Jeremy Gavron. 'Tell the Boys I Loved Them', *The Guardian* 4 April 2009
<http://www.guardian.co.uk/lifeandstyle/2009/apr/04/jeremy-gavron-suicide-mental-health> [accessed 24 May 2013].

Jeremy Pearce. 'Brandt F. Steele, 97, Psychiatrist and an Author, Dies', *The New York Times* 3 February 2005
<http://www.nytimes.com/2005/02/03/health/03steele.html?_r=0&pagewanted=print&position=> [accessed 26 November 2014].

John Low. 'Obituary: the Rev Arthur Morton', *The Independent* 03 April 1996
<http://www.independent.co.uk/news/people/obituary-the-rev-arthur-morton-1303186.html> [accessed 15 June 2016].

Lori Horvitz. 'Life Doesn't Come with Trigger Warnings, Why Should Books?', *The Guardian* 18 May 2016
<https://www.theguardian.com/commentisfree/2015/may/18/life-doesnt-come-with-trigger-warnings-why-should-books> [accessed 16 August 2016].

Mary Lindsay. 'Joyce Robertson Obituary', *The Guardian* 19 May 2013
<https://www.theguardian.com/society/2013/may/19/joyce-robertson> [accessed 01 August 2016].

Michael Gove. 'The failure of child protection and the need for a fresh start', speech, 16 November 2012, Institute of Public Policy Research <www.gov.uk/government/speeches/the-failure-of-child-protection-and-the-need-for-a-fresh-start> [accessed 15 July 2016].

Onni Gust. 'I Use Trigger Warnings, but I'm not Mollycoddling my Students', *The Guardian* 14 June 2016 <https://www.theguardian.com/higher-education-network/2016/jun/14/i-use-trigger-warnings-but-im-not-mollycoddling-my-students> [accessed 16 August 2016].

Toby Helm and Rowena Mason. 'Leadsom told to Apologise for Claim Children 'Make Her a Better PM', *The Guardian* 9 July 2016 <http://www.theguardian.com/politics/2016/jul/09/andrea-leadsom-told-to-apologise> [accessed 16 August 2016].

V. Culver. 'Ruth Kempe Healed Child Abuse Victims', *The Denver Post* 1 August 2009 <http://www.denverpost.com/2009/08/01/ruth-kempe-healed-child-abuse-victims/> [accessed 15 June 2016].

Kate Figes. 'Postnatal Depression: The Pressures New Mothers Face, Now More Than Ever', *The Guardian* 3 November 2012 <http://www.theguardian.com/society/2012/nov/03/postnatal-depression-widespread-felicia-boots> [accessed 26 April 2016]

Gingerbread. 'Our History' <https://gingerbread.org.uk/content/442/Our–history> [accessed 01 August 2016].

Phil Christie. 'Elizabeth Newson Obituary', *The Guardian* 20 February 2014 <http://www.theguardian.com/science/2014/feb/20/elizabeth-newson> [accessed 23 February 2015].

Search of PubMed 'postnatal depression', <http://www.ncbi.nlm.nih.gov/pubmed/?term=postnatal+depression> accessed [01 June 2016].

Search of the Daily Mail website. 'postnatal depression' <http://www.dailymail.co.uk/home/search.html?offset=0&size=50&sel=site&searchPhrase=postnatal+depression&sort=recent&type=article&type=video&days=all> [accessed 01 August 2016].

Simon Johnson, 'Ruth Davidson Attacks "Confused and Unworkable" SNP State Guardian Plan', 8 April 2016 < http://www.telegraph.co.uk/news/2016/04/08/ruth-davidson-attacks-confused-and-unworkable-snp-state-guardian/> [accessed 20 August 2016].

The Maya Centre: Counselling for Women, 'History' <http://www.mayacentre.org.uk/history/> [accessed 1 July 2016].