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Troubled by life: the experience of stress in twentieth-century Britain

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January 2014

Statement

I hereby declare that this thesis, whether in the same or different form, has not been previously submitted to this or any other University for a degree.

Signature

University of Sussex

Fiona Jillian Kirby, DPhil

Troubled by life: the experience of stress in twentieth-century Britain

Summary

In this thesis I explore how people conceptualised, explained and managed their experiences of everyday stress before the concept became ubiquitous. In doing so, I reveal some of the factors which contributed to that ultimate ubiquity.

The existing historiography of stress comes mostly from a medical perspective and deals largely with post-traumatic stress. I address these limitations by specifically focusing on the everyday stress more commonly experienced by the wider population and by doing so from a more popular perspective. I focus on changes to everyday life at work and at home, which had a significant impact on the popularisation of stress, in the period from the First World War to the 1980s.

Drawing on a range of sources including self-help books, diaries, oral history interviews and popular culture, I foreground continuities in the approach to treating stress and changes in ideas about causation. My analysis reveals a vocabulary of nerves and nervous disorders as precursors to stress, but also illustrates the mutability of the nerves/stress concept and how its very imprecision gave it utility. An examination of contemporary medical, sociological and governmental research demonstrates how the increasing problematisation of everyday life contributed to a growing discourse of stress. This was reflected in popular culture which revealed both the workplace and home to be potential locations of stress.

I argue that this arose due to changes to these domains resulting from increased affluence, evolving gender roles and changes to people's expectations of life in the second half of the century. At its heart my thesis argues that despite material improvements in both work and home life during the period, societal changes and a growing popular discourse of stress made it far more likely that by the late twentieth century people would interpret their everyday woes as stress.

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Acknowledgements

My main debt of gratitude goes to my two supervisors, Dr Lucy Robinson and Professor Claire Langhamer, rightly referred to by one nameless colleague as the supervisory 'dream team.' They have challenged, supported, and listened, steered me into interesting and useful work opportunities, and most of all kept me going when with inevitable irony, the process of researching a doctorate about stress has proven somewhat stressful. They are both inspiring women and historians and if I can ever be half as skilled and knowledgeable as them I will be happy. I must also acknowledge the role of my partner, Julian Ravilious, whose benign disdain for all things academic has been hugely helpful in keeping things in perspective. My parents, Roy and Clare Kirby have also, as parents do, listened to my enthusiasms and woes in equal measure, and always been supportive even when they had no idea what I was talking about. The team in the Mass Observation Archive have been nothing but helpful, and I have benefited from the wonderful services of the British and Wellcome Libraries as well as the kindness of the Librarian at Roffey Park. I must also acknowledge my debt to my high school history teacher, Ian Roberts, whose enthusiasm for the subject originally suggested to me that it might be something worth pursuing. That I ignored the suggestion for the best part of twenty years, returning to academia only after a period of sick leave due to stress, is a wonderful illustration of the ironies of life and the unexpected outcomes arising from our troubles.

Abbreviations

BBC	British Broadcasting Corporation
BMA	British Medical Association
BMJ	British Medical Journal
DSM II	Diagnostic and Statistical Manual of Mental Disorders Second Edition
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision
GP	General Practitioner
MO	Mass Observation
MOA	Mass Observation Archive
MOP	Mass Observation Project
MRC	Medical Research Council
NCRIW	National Council for the Rehabilitation of Industrial Workers
NHS	National Health Service
PTSD	Post-Traumatic Stress Disorder
RPRC	Roffey Park Rehabilitation Centre
TUC	Trades Union Congress
UK	United Kingdom
US	United States

Introduction

Stress is ubiquitous in twenty-first century Britain, responsible for millions of lost working days, and the subject of a whole industry designed to help us avoid it.¹ Stress is what we suffer from, but it is also what causes our sufferings. It is both cause and effect, product and process. It constitutes a continuum of experience ranging from the miserable dissatisfactions of a bad day at work to the psychiatric trauma of experiences as diverse as military service and childbirth. We use the term stress to encapsulate a multiplicity of experiences: it is a description of our emotional state, a medical diagnosis and a rationale for absenteeism. It was not always thus. Before the late twentieth century, usage of the word stress to encompass such causes and experiences of ill-health was limited largely to the medical profession and academic researchers, yet by the end of the century the concept was ubiquitous, its meanings multiple, yet understood by everyone.

If stress was such a fundamental part of life in Britain by the end of the twentieth century, what was going on before stress was 'discovered'? Undoubtedly people did experience the emotional turbulences, pressures and unhappiness which make up our response to the 'troubles of life', as Viner calls them.² While we might now conceptualise these as stress, what and how did they explain them before the all-encompassing concept so conveniently emerged? What did people experience before stress became the accepted label for such experiences?

To answer the question I look at how people responded to the troubles of life in the period from c. the First World War to the 1980s. It is changes to everyday life, and how people understood and explained it, during this period that enabled stress to become the dominant rationale for so many different experiences by the late twentieth century. I chose to begin the period of research with the First World War because the public discourse around shell shock and the effects of the war on soldiers clearly contributed to the increasing psychologisation of society. This led to the adoption in popular culture of psychological explanations for, and filters through which to view and explain,

¹ Health and Safety Executive, Working days lost, 2010/11, Office of National Statistics, Accessed: 15 October 2012.

² Russell Viner, "Putting Stress in Life: Hans Selye and the Making of Stress Theory," Social Studies of Science 29.3 (1999): p. 391.

life experiences.³ This period is also pertinent because science generally, and medicine specifically, became increasingly visible and their agents, in the form of doctors and other professional experts more and more influential in everyday life.⁴ It is also a period in which experiences and expectations of work changed significantly as did domestic circumstances particularly with reference to gender and privacy. I have chosen to end the period of research in the early 1980s because by this point popular understanding of stress was widespread, but also because increasing awareness of the Post Traumatic Stress Disorder (PTSD) diagnosis was bringing the concept of trauma to the fore, rather than everyday experience.

In this thesis I look at people's attitudes towards their experiences of the troubles of life, which were recorded under a number of different labels, but which my research would imply now fall within the broad concept of stress. I am not a clinician, nor do I wish to diagnose people in the past as suffering from stress, as such retro-diagnosis would be meaningless. However, the work of other historians would suggest that I am not alone in seeing commonalities between descriptions of symptoms and experiences in the past and our contemporary understanding of stress. For example Lutz argues that 'physicians in the late nineteenth and early twentieth centuries recognized neurasthenia when symptoms presented that were very similar to those that call forth diagnoses of stress disorders now', while others suggest that fatigue studies carried out in the early century were the 'earliest precursors of the current stress discourse.'⁵ The relative inter-changeability of the terms used to describe a wide range of symptoms would also encompass Oppenheim's 'nervous breakdown' which she claims as a popular synonym for depression, but admits encompasses 'many symptoms that vary from one patient to another.'⁶

³ For a comprehensive exploration of psychologisation see Mathew Thomson, Psychological Subjects: Identity, Culture, and Health in Twentieth-century Britain, ed. M. Thomson (Oxford: Oxford University Press, 2006).

⁴ Peter Conrad, "Medicalization and Social Control," Annual Review of Sociology 18 (1992). David Healy, Let Them Eat Prozac, ed. D. Healy (New York, London: New York University Press, 2004). Roger Cooter, "After Death/After-'Life': The Social History of Medicine in Post-Postmodernity," Social History of Medicine 20.3 (2007). Healy argues for the role of 'psychobabble' in changing the way we think about ourselves. Whilst Cooter refers to the ways in which political, medical, legal and penal authorities as well as employers and insurance companies now classify people in bio-medical terms to the extent that this is how we constitute ourselves.

⁵ Cary L Cooper and Philip Dewe, Stress: A Brief History (Oxford: Blackwell, 2004) p. 11. Tom Lutz, "Neurasthenia and Fatigue Syndromes: Social Section," A History of Clinical Psychiatry: the Origin and History of Psychiatric Disorders, eds. G E Berrios and Roy Porter (London: The Athlone Press, 1995) p. 542.

⁶ Janet Oppenheim, "Shattered Nerves": Doctors, Patients, and Depression in Victorian England (New York ; Oxford: Oxford University Press, 1991) p. 3.

I have engaged with accounts which encompass a range of different terms to label and/or explain the experiences that people had, some of which fell within specific contemporary medical diagnostic categories and some of which might fit several current concepts. Such is the mutability of many mental health constructs, that historians of conditions as varied as depression, nervous breakdown and stress might all plough the same research ground with equal justification. Indeed, Cooter points out that historical writing on medical knowledge, the body and power has always been as entangled a construct as its subjects, and a study of stress is no different.⁷ Although my approach aligns with Porter and the patient's view, my aim has been less about illuminating the stress sufferer's experience as a juxtaposition to a medical, scientific and institutional history of stress (a position criticised by some for simply offering the other side of the same coin of top-down history), but more broadly to encapsulate the history of stress in the wider context of everyday life in terms of work and home, however these may have been constituted.⁸ The means of identifying, explaining and dealing with the troubles of life have often come from individuals themselves or their communities rather than the medical profession, and for that reason I draw on accounts not only from individual sufferers but those who worked alongside them or who were keen to identify and/or support them.⁹

The significance of my research comes from the unique manner in which it brings together histories of medicine, science, everyday life and emotion to elucidate the ways in which notions of health, wellness and distress were conceptualised over the past century. By drawing on ideas and themes from these different historical approaches and applying them to one particular element of life experience in twentieth-century Britain, i.e. stress, I provide an insight into the way perceptions of health and identity are interlinked and how they have changed. My analysis sheds light on how we have moved from a society which at the mid-century managed the troubles of life by *not* speaking about them, to one which by the end of the century could only validate such experiences *by* articulating them.

Sources and methodology

The methodology underpinning this research has been guided largely by the complex issues arising from any attempt to understand what people were thinking or

⁷ Cooter, "After Death," p. 457.

⁸ Roy Porter, "The Patient's View: Doing Medical History From Below," *Theory and Society* 14.2 (1985). Cooter, "After Death," p. 447.

⁹ Porter, "The Patient's View," p. 175. Flurin Condrau, "The Patient's View Meets the Clinical Gaze," *Social History of Medicine* 20.3 (2007): p. 533.

experiencing with regard to such a sensitive subject as mental health. Those suffering experiences in this category often did so in silence or where they did seek help it was in the informal exchanges with family and friends which went unrecorded or eventually in the sometimes illegible and often inaccessible notes resulting from a visit to the General Practitioner (GP). As such, sources for the historian tend to be fragmented, dispersed and inferred.

Within the small field of historians writing about stress the majority approach the topic within a traditional medical history framework. My approach is more closely aligned with the patient's view, therefore as much as possible I have sought out personal accounts of experiences of stress and have therefore drawn on the writings of Mass Observation (MO) correspondents from the middle decades of the century as well as the revived Mass Observation Project (MOP) of the 1980s and on oral history interviews mostly carried out in the late twentieth century.

MO was formed in 1936 with the intention of creating an 'anthropology of ourselves.'¹⁰ It did this via a number of research methods. Firstly, a panel of volunteer 'respondents' replied to regular sets of questions, known as 'directives' sent out by the researchers. Because of its volunteer nature the panel was inherently biased and tended towards the middle-class and left-leaning, however respondents were free to answer or not and to whatever length they desired, their replies then analysed and collated into file reports. MO also collected diaries kept by its volunteers where they were free to record the everyday minutiae of their lives as well as their views and reflections on events. It also carried out specific investigations into particular topics and its 'mass observers' would note such things as conversations, behaviour or dress observed around them as well as carrying out interviews. These findings were similarly analysed and collated into reports. These MO materials are particularly useful because they give us access to people whose lives might otherwise not be represented, and give us their own words in correspondence and diaries which naturally encourage a level of reflexivity which is particularly relevant when trying to understand private and individually constructed experiences such as stress. As the founders themselves were aware in relation to gauging war-time morale, the correspondents' writings give a far more insightful response to challenging issues of emotion, than the kind of answer given to strangers

¹⁰ For a discussion of Mass Observation see: Nick Hubble, Mass-Observation and Everyday Life: Culture, History, Theory (Basingstoke: Palgrave Macmillan, 2006). Tom Jeffrey, Mass Observation: A Short History (Brighton: Mass-Observation Archive, 1999). Penny Summerfield, "Mass-Observation: Social Research or Social Movement," Journal of Contemporary History 20.3 (1985).

carrying out polls or other statistical research.¹¹ Whilst not providing a statistically representative sample, the Mass Observers may be considered at least indicatively representative of people in Britain in terms of what they said about their experiences of dealing with the troubles of life.¹²

Similarly oral history interviews provide the historian with rich detail and in the case of life histories, allow a longitudinal approach which enables changes and continuities in one individual's experience of stress to emerge. Inevitably both of these sources require an awareness of the reconstructed nature of recollection, and it is partly for this reason that I have not relied on only an oral or life history approach, but have used other sources such as contemporary publications, popular media and cultural artefacts in order to enable some triangulation of the evidence. I have also drawn on sources within the social sciences and medicine and on governmental reports and business publications in providing the broader context to my argument.

Recent debates about the re-use of data, and in particular oral history interviews, raise ethical concerns about the nature of informed consent.¹³ Certainly some of the interviewees whose oral histories I have drawn on were talking about their lives within a specific research context, for example about life in the oil industry, and thus my focus on their accounts of stress and nervous breakdown is unlikely to tally with their original expectations about use of their material. However, researchers such as Bornat argue that it is such fresh 'readings' of existing data which help develop new connections and insights, giving perspective not only on the past but also current understandings.¹⁴ I have attempted to mitigate any conflict between the original intent and my use of the data by providing as much relevant context to the interviews or writings as possible. I would suggest that my use of the oral history interviews from the British Library Millennium Memory Bank, which were recorded and archived in the late 1990s in partnership with BBC local radio, certainly enabled new insights and connections, as little has been published using or about these resources.¹⁵ The collection was intended

¹¹ Hubble, *Mass-Observation and Everyday Life* p. 8.

¹² D Bloome, Sheridan, D and Street, B, "Reading Mass-Observation Writing: Theoretical and Methodological Issues in Researching in Mass-Observation Archive," *Mass-Observation Archive Occasional Paper No 1 (University of Sussex)* (1993): pp. 10-11.

¹³ See for example Joanna Bornat, Parvati Raghuram and Leroi Henry, "Revisiting the Archives: A case study from the history of geriatric medicine," *Sociological Research Online* 17.2 (2012). and Jo Haynes and Demelza Jones, "A Tale of Two Analyses: The Use of Archived Qualitative Data," *Sociological Research Online* 17.2 (2012).

¹⁴ Joanna Bornat, "A Second Take: Revisiting Interviews with a Different Purpose," *Oral History* 31.1 (2003): p. 49.

¹⁵ April Galloway, "The rewards of using archival oral histories in research: the case of the Millennium Memory Bank," *Oral History* 41.1 (2013): p. 38.

to create a 'snapshot' of Britain at the turn of the century and was based around sixteen broad interview themes designed to 'de-emphasise well-trodden topics such as war and work' and highlight change within living memory.¹⁶ Gallwey has recently suggested that the collection's absence from much academic research may be due to misconceptions about the influence of the BBC's broadcast agenda on their content. However, she has also highlighted how much these interviews are 'rich in participant lead narrative and detail,' a factor which has enabled me to find in them accounts of stress which were surely never envisaged as key content during the original interviewing and recording process.¹⁷ Therefore by drawing on existing data within the British Library Sound Archive, I am able to provide a fresh reading of these life histories and what they can tell us about stress and its precursors in twentieth-century Britain.

A key source for examining popular understanding and explanations for stress has been a selection of over fifty self-help books. Through close reading of these books which span the period under study, I have been able to illuminate the constructed nature of stress. Self-help books occupy a grey area, ranging from the highly medical to the particularly subjective, with doses of philosophy and religion thrown in. For this reason for much of the century the genre itself does not really exist, therefore the texts selected are those which conform to a broad definition of self-help taken from Starker's work: writings addressed to lay readers; a simplified manner of communication; and of immediate and practical use.¹⁸ These books prove fruitful exactly because they are neither strictly medical texts, although many are written by doctors, nor are they folklore or old wives' tales. They reflect and construct the concerns of their age in both content and form.

I have also drawn on newspapers and films, particularly in the post-Second World War period. As Bingham has pointed out, between 1918 and 1978 newspapers were at the heart of British popular culture with most adults regularly reading at least one national paper. This gave newspapers a social and cultural authority which enabled them to reflect and shape attitudes to everyday issues such as work and private life, both of which were pertinent to the development of the stress discourse.¹⁹ Newspapers and cinema-going were also cited in some of the self-help books as either causes of, or

¹⁶ Rob Perks, "The Century Speaks: A Public History Partnership," *Oral History* 29.2 (2001): pp. 95 and 97.

¹⁷ Gallwey, "Rewards of using archival oral histories," p. 47.

¹⁸ Stephen Starker, *Oracle at the Supermarket: The American Preoccupation with Self-Help Books* (New Brunswick: Transaction, 1989) pp. 8-9.

¹⁹ Adrian Bingham, *Family Newspapers? Sex, Private Life and the British Popular Press 1918-1978* (Oxford: Oxford University Press, 2009) pp. 2-3.

potential treatments for, nervous conditions, thus highlighting the sometimes confused and contradictory role of popular culture in representations of stress. Exploring these particular sources alongside life history and archival materials enables me to reflect the complex interplay of factors which lead to stress becoming such a popular concept in late twentieth-century Britain.

I have interpreted these sources and people's own accounts with some flexibility, particularly where this relates to terminology. The whole field of mental health, particularly that at the opposite end of the spectrum from psychosis, is one of generic vocabulary open to wildly subjective interpretation. One person's 'nervousness' or 'stress' is another's 'deep depression' or 'nervous breakdown'. Therefore I have taken in a wide range of terms and explanations of experiences which can be considered to sit on the stress continuum. Other historians might take a more precise view and choose to limit their evidence to that which is clearly labelled with medical diagnostic language or which fits within specific definitions of stress. I have deliberately chosen to encompass as wide a range of descriptions of these experiences as possible, to illustrate the very essence of a concept such as stress, which is the elastic nature of its meaning and the multifarious ways in which people use it. Taking this approach has allowed me to draw on a wider range of sources, which in turn enables a richer picture of the lived experiences of stress and nervous suffering to emerge.

Research context

There has been a vast amount of historical work on military psychiatry encompassing PTSD in the last twenty years. Key to such work is the idea of 'trauma' which speaks of a significant psychiatric impact resulting from extraordinary experiences. The literature provides a rich source of insight into both the military and medical constructions of psychiatric health and ill-health, and helps to map the developments of popular understandings of the psychological effects of warfare.²⁰ However, PTSD must be seen as a distinct and very different condition from the stress of everyday life on

²⁰ See for example Edgar Jones, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: New York: Psychology Press, 2005). Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, ed. B. Shephard (Cambridge: Harvard University Press, 2001). Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton: Chichester: Princeton University Press, 1995). Harold Merskey, "Post-traumatic Stress Disorder and Shell Shock: Clinical Section " *A History of Clinical Psychiatry: the Origin and History of Psychiatric Disorders*, eds. G E Berrios and Roy Porter (London: The Athlone Press, 1995). Jo Stanley, "Involuntary Commemorations," *The Politics of War Memory and Commemoration*, eds. T G Ashplant, G Dawson and M Roper (London: Routledge, 2000). Derek Summerfield, "The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category," *British Medical Journal* 322 (2001).

which this research is focused. It goes far beyond the troubles of life kind of stress with which I am concerned. Arguably the development of a popular stress discourse related to the everyday has at times been influenced by events such as war, but it has also provided a contextual framework in which medical constructs such as PTSD have been more easily understood by a lay public. Thus although very specifically not dealing with trauma, I would envisage my research as providing broader context for the psychologisation of popular understanding of life experiences which enabled PTSD to be so successful as a diagnostic category in late twentieth-century Britain.

Reviewing work that has looked at stress in a more everyday context, three broad strands emerge incorporating: the history of medicine, tangential topics which relate to stress, and considerable work within social science. Most recently, in the first major historical work to address stress, Jackson has charted its history by considering how scientific studies of stress have been shaped socio-politically and culturally as well as biologically. He argues that our 'obsessions with the relationship between stress and disease' are a product of broader issues relating to the preservation of stability not just in physiological terms, but also personally and politically and his in-depth study provides a clear picture of the development of stress as a socio-medical construct. However, as he has admitted, his research touches very little on the actual experience of stress.²¹ Elsewhere, other historians have addressed topics which are associated with or tangential to stress such as Hayward's work on suburban neurosis, Thomson's on neurasthenia, and Haggett's revisionist work on neuroses in post-Second World War housewives, but stress considered as part of the everyday experience of twentieth-century Britons is as yet relatively uncharted territory for historians.²² By contrast the social sciences have generated a huge field of stress research amongst which a handful of studies address stress from a historical point of view, such as Kugelman's psychological study in the United States, which framed stress as

²¹ Mark Jackson, *The Age of Stress: Science and the Search for Stability* ed. M. Jackson (Oxford University Press, 2013). Mark Jackson, *Am I Ill?*, Illness Histories and Approaches Workshop (History Department, King's College London: 2012). Paper given at one day workshop 18 December 2012.

²² Rhodri Hayward, "Desperate Housewives and Model Amoebae: The Invention of Suburban Neurosis in Inter-War Britain," *Health and the Modern Home*, ed. Mark Jackson (New York: Routledge, 2007). Mathew Thomson, "Neurasthenia in Britain: An Overview," *Cultures of Psychiatry and Mental Health Care in Postwar Britain and the Netherlands*, eds. Marijke Gijswijt-Hofstra and Roy Porter (Amsterdam: Rodopi, 2001). Ali Haggett, "Housewives, Neuroses, and the Domestic Environment in Britain 1945-70," *Health and the Modern Home*, ed. Mark Jackson (New York: Routledge, 2007).

'engineered grief' in response to the changes imposed by modernity.²³ One reason for the absence of historical studies might well be the challenge of accessing accounts of stress, as medical records are extremely hard to obtain and an often self-diagnosed condition like stress less likely to be recorded. Equally the often intangible nature of the concept requires a more interdisciplinary approach in order to frame a workable methodology. Arguably it is also the case that the very ubiquity of stress in the late twentieth and early twenty-first centuries has rendered it invisible and unquestionable except in its extreme versions such as PTSD or psychosis. It has become such an inherent part of everyday life that we accept it as a given, brought about by a multiplicity of causes, unlike trauma which is framed around extraordinary, singular events. Whilst PTSD and many of its fellow psychiatric diagnoses are contested and questioned, the quotidian nature of stress has allowed it to permeate our existence. Finally, for historians of medicine, studies of the experiences of the everyday have only relatively recently become a focus compared to the excitements of pandemics and medical discoveries whilst for social historians tangling with a medical concept may seem too close to the normativity of science. My study responds to the absence of work on stress from the perspective of the social historian, albeit one with some background in social science. What emerges provides an explanation for why stress appears in the last quarter of the twentieth century in Britain as a prolific, some would say, ubiquitous discourse encompassing a wide range of life experience and engaging the attentions of employers, the medical profession, cultural commentators and ordinary people alike.

Conceptual framework

With a limited stress historiography to draw on, I have adopted an interdisciplinary approach in grounding my research by drawing on social science, psychology and arguments and conceptual debates from the histories of medicine, science, the emotions and the everyday. My synthesis of debates from within these disciplines is intended to provide background to the key arguments arising from my research, and

²³ Robert Kugelmann, Stress: The Nature and History of Engineered Grief (Westport: Praeger, 1992). Examples of other social science works which address the history of stress include Cooper and Dewe, Stress. Lawrence E. Hinkle, "Stress and disease: The concept after 50 years," Social Science & Medicine 25.6 (1987). David Wainwright and Michael Calnan, Work Stress: The Making of a Modern Epidemic, eds. D. Wainwright and M. Calnan (Buckingham: Open University Press, 2002).

includes the validity and meaning of stress itself; the usefulness of stress; medicalisation, professionalisation and psychologisation; and so-called 'affluenza'.²⁴

What is stress?

No research which features stress is complete without an acknowledgement of the problematic nature of stress, a concept 'so confused, to be almost meaningless' and with 'no precise or consistent definition'.²⁵ There is broad concurrence that the idea of stress originates in early understanding of engineering along with strain and is co-opted into biology thanks to the nineteenth century view of the body as a machine, although there is some evidence of earlier vernacular usage relating to hardship and adversity.²⁶ However stress as a medical disease appears only in the mid-twentieth century. Although ideas about homeostasis (the need to maintain bodily equilibrium) and the external forces which might put strain on the body (e.g. cold or heat) emerged early in the century, and Cannon wrote in the 1930s about the 'flight or fight' response, which is now commonly associated with the aetiology of stress, neither were specifically part of a stress concept. It was largely due to Selye's work in the late 1950s that the idea emerged which would encapsulate not only the external conditions which might act as 'stressors' on the body, but the resulting condition of stress which was the body's response.²⁷ One argument suggests that although the concept appears initially in biology and medicine, the problems with its imprecision arose mainly because it became subsumed within a wider range of much more complex psychosocial and psycho-medical formulations. Doublet suggests that in biology, easily-defined physical stressors are usually the main interest, and stress as the resulting condition is rarely defined or only in a generic sense. Something may be deemed a stressor by the 'mere presence of higher levels of stress hormones, such as cortisol' but he claims many biologists, immunologists and virologists agree that stress is probably more complex than they assume, but prefer to leave that complexity to psychologists and social scientists.²⁸ Doublet's position is clear from the title of his book *'The Stress Myth'* where he refutes the very concept and suggests that stress is simply one more in a long line of now discarded concepts, such as the vapours, hysteria, hypochondria and

²⁴ Oliver James, *Affluenza* (London: Vermilion, 2007). James defines affluenza as a condition of the twenty-first century obsessive, envious, competitive middle-class which makes people prone to depression, anxiety and addictions.

²⁵ Cooper and Dewe, *Stress* pp. 110-111. Jackson, *Age of Stress* p. 1. Indeed Patmore includes a whole chapter about the problematic nature of its definition in Angela Patmore, *The Truth About Stress*, ed. A. Patmore (London: Atlantic, 2006).

²⁶ Jackson, *Age of Stress* p. 37.

²⁷ Hans Selye, *The Stress of Life* ed. H. Selye (New York: McGraw-Hill, 1956).

²⁸ Serge Doublet, *The Stress Myth*, ed. S. Doublet (Chesterfield, Missouri: Science & Humanities Press, 2000) pp. 162-163.

psychasthenia, and that it too may eventually be replaced by 'some newer and more exciting' idea.²⁹ In similar vein Patmore also argues that 'stress is a mythical malaise based on an intellectual construct,' and our fear of it creates the very condition itself.³⁰ Also critical is Busfield who argues that stress is used as an 'all-encompassing notion' to synthesise diverse distressing experiences and their impact on psychological states.³¹ Somewhere more to the centre of a continuum of denial versus belief are Cooper and Dewe, who whilst acknowledging the controversy and confusion around the concept, still laud its importance and consider stress to have significantly contributed to how illness is understood, arguing, somewhat contentiously, that 'durability provides a good index of the validity or usefulness of scientific concepts'.³² This argument has considerable support, with Hinkle arguing that 'there is still today no generally agreed upon definition of 'stress'...Nevertheless, biological, social and behavioural scientists have continued to use the term,' as, I would add, have historians, Human Relations managers, unions, trainers and a raft of other professionals in western society.³³

Several historians have pointed out the analogous nature of stress and neurasthenia, particularly in terms of the size and value of the business created by both diagnoses and the cultural function that each played.³⁴ Whilst readers of popular magazines in the early twentieth century would have failed to find mention of stress, according to Hirshbein, they 'could not have turned many pages before encountering some kind of description of nervousness or neurasthenia'.³⁵ Thus we might agree that although stress is largely unknown among the general British populace until the late twentieth century, the symptoms and experiences which we might now consider as stress were indeed familiar. This is not to say that nervousness, neurasthenia and stress are interchangeable, but we might claim that they share areas of overlap and that the uses to which these ill-defined, hard-to-pin-down concepts were put serve similar functions. In the US neurasthenia was seen as a disease of civilisation and modernity and associated with successful businessmen overcome by the relentless pressure of

²⁹ Ibid, p. 86.

³⁰ Patmore, The Truth p. 36.

³¹ Joan Busfield, Men, Women and Madness: Understanding Gender and Mental Disorder (Macmillan, 1996) pp. 189-190.

³² Doublet, Stress Myth. Cooper and Dewe, Stress p. 117 and pp. 110-111.

³³ Hinkle, "Stress and disease," p. 561.

³⁴ Lutz, "Neurasthenia " p. 542. Michael Neve, "Public Views of Neurasthenia: Britain, 1880-1930," Cultures of Psychiatry and Mental Health Care in Postwar Britain and the Netherlands, eds. Marijke Gijswijt-Hofstra and Roy Porter (Amsterdam: Rodopi, 2001) p. 154.

³⁵ Laura D. Hirshbein, American Melancholy: Constructions of Depression in the Twentieth Century (New Brunswick, London: Rutgers University Press, 2009) p. 17.

modern civilisation, as well as with highly-strung 'nervous' women. There was status to be gained from being a neurasthenic. Indeed Lutz suggests that the combination of such a wide range of symptoms with these notions of exceptional refinement and sensitivity meant that it appealed to the elites who felt threatened by change *and* to the upwardly mobile who believed it would enhance their status, and thus an epidemic was created.³⁶ He suggests that neurasthenia provided a vocabulary and shared cultural meaning which enabled people to perceive and explain the rapid change occurring in the late nineteenth century. Indeed he suggests that stress, like neurasthenia, in being available for plural appropriations may be functioning in a similar way.³⁷ This link to perceptions of modernity and change and the importance of status to a specific diagnosis are key factors in perceptions of stress and will be explored further in Chapter One.

The usefulness of stress

Against such a background there are a range of arguments as to why, in the face of conceptual vagueness, stress has continued to persist. Indeed both social scientists and historians agree that durability and popularity might actually be a result of its very lack of precision, allowing it to incorporate a very wide range of experiences and serve many different purposes, as neurasthenia did in the late nineteenth century.³⁸ A more pragmatic notion suggests that because the stress concept transfers easily between disciplines (e.g. from Engineering to Medicine to Psychology and so on) it is in some way self-perpetuating.³⁹ The more cynical might suggest that without an agreed definition it perhaps provides space for a wide variety of opportunistic researchers, whose findings and arguments are potentially much harder to dispute. Viner suggests that Selye's stress concept found favour in two very powerful post-war groups; the military and industry, specifically because it appeared to justify their pre-existing ideologies (about combat neurosis and work performance, respectively). As a result by the mid-1970s over one third of prominent researchers in stress were based in US military institutions.⁴⁰ Viner also argues that Selye was particularly adept at enrolling interests outside the establishment, so that by the 1960s the stress concept was also broadly accepted by alternative medicine, although Jackson disputes the emphasis on Selye's role arguing that others in the field, such as Wolff, and general media and

³⁶ Lutz, "Neurasthenia " p. 535.

³⁷ Tom Lutz, *American Nervousness, 1903: An Anecdotal History* (Ithaca: Cornell University Press, 1991) p. 290.

³⁸ Busfield, *Madness* p. 190.

³⁹ Cooper and Dewe, *Stress* p. 112.

⁴⁰ Viner, "Putting Stress in Life," p. 400.

public interest also played a part.⁴¹ Such a combination of networks of interest would certainly help to explain the widespread acceptance of the concept at an institutional level. Busfield suggests that it is the very easy way in which a diversity of experiences (of interest to different disciplines and interest groups) can be brought under one heading that really makes stress an attractive and popular concept.⁴²

Wainwright and Calnan argue that the 'very fact that the category has such a powerful and persistent hold on both the public and scientific imagination suggests that it must at least partially grasp the reality of lived experience.'⁴³ So the very versatility of the concept of stress and its capacity to encompass a wide range of themes underpins its utility and thus its persistence. Indeed Becker claims, in discussing how the discourse of stress is used to locate women's problems within a medical rather than socio-political domain, that 'the more insecure a domain of scientific understanding, the more readily it lends itself to social uses.'⁴⁴ This malleability enables it to be used selectively and contextually at both theoretical and popular levels to support a wide range of ideologies, ranging, as Pollock suggests, from the nature of the social order and man's place in it, to the nature of autonomy and self-reliance and the reciprocal responsibilities of state and individual in health care.⁴⁵ Others refer to the 'all-encompassing notion of stress' and highlight the attractions of its imprecision, whilst also cautioning against the way the term is used in 'diverse, contradictory ways'.⁴⁶ At the popular level, Watters argues that we 'invariably rely on cultural beliefs and stories to understand what is happening,' when we experience mental distress. In turn those stories shape the experience of our illness. Stress, with its imprecision, gives us space for a wide variety of stories.⁴⁷ However, stress may also be seen as simply the story 'du jour', the suggestion being that people simply accept whatever labels of explanation for their condition are given, and when new medical phenomenon are introduced it is common to see a rapid increase in the number of cases diagnosed.⁴⁸ Again, the fact that the stress label covers a multitude of possible conditions and experiences gives it greater utility. Lastly, with a broad sweep, Hirshbein suggests the success of the

⁴¹ Ibid, pp. 402-406. Jackson, Age of Stress p. 168.

⁴² Busfield, Madness p. 190.

⁴³ Wainwright and Calnan, Work Stress p. 44.

⁴⁴ Dana Becker, The Myth of Empowerment: Women and the Therapeutic Culture in America (New York: London: New York University Press, 2005) p. 61.

⁴⁵ Kristian Pollock, "On the Nature of Social Stress: Production of a Modern Mythology," Social Science & Medicine 26.3 (1988): p. 387.

⁴⁶ Busfield, Madness pp. 190-191.

⁴⁷ Ethan Watters, Crazy Like Us: the Globalization of the American Psyche (New York: London: Free Press, 2010) p. 6.

⁴⁸ Doublet, Stress Myth p. 78.

stress concept is due to its implications socially, professionally and economically.⁴⁹ After all, whole areas of academic research (not least this thesis) are dedicated to it, whilst within medicine, management, training and numerous other professions, stress gives employment to large numbers of people.

Medicalisation and professionalisation

The role stress performs for different professions invites exploration of several key arguments, which although relevant to medical concepts beyond just stress, help to inform our understanding of how stress has been understood and why it has persisted despite the debates about its imprecision and lack of conceptual robustness.

The medicalisation argument continues to suggest that medicine expands and develops new categories of illness in order to extend and legitimise the profession and exercise power over particular groups. Certainly much feminist writing on medicine and particularly on psychiatric medicine has focused on this interpretation of medicalisation as a tool of power and control.⁵⁰ Busfield has argued that a central feature of specialist medical activity has always been the development of new categories of mental illness, as they help to provide and legitimate the profession's claims to specialist knowledge and expertise in care and treatment, and hence a *raison d'être* for those practising within it.⁵¹ Evidence which would seem to support this comes from the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is published by the American Psychiatric Association and provides the standard criteria for classification of mental disorders in the US and, to some extent, the rest of the world. The DSM II published in 1968 ran to 134 pages but had expanded to a huge 943 pages by the time DSM-IV-TR was published in 2000.⁵² Menninger's pronouncement in the mid-1950s that most people had some degree of mental illness at some time, and many of them most of the time, undoubtedly fuelled the growth in a wide range of psychological and psychiatric professions, and gave critics reason to suppose that psychiatry was making a pitch for the entire population.⁵³

Indeed the growth of stress as an accepted diagnosis for people's responses to the troubles of life might be attributed in part to the increase in the second half of the

⁴⁹ Hirshbein, *American Melancholy* p. 17.

⁵⁰ See for example, Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon, 1985) p. 249. Busfield, *Madness* p. 239.

⁵¹ Joan Busfield, "Mental Illness," *Companion to Medicine in the Twentieth Century*, eds. Roger Cooter and John V Pickstone (London: Routledge, 2003) p. 640.

⁵² Roy Porter, *Madness: A Brief History* (Oxford: Oxford University Press, 2002) p. 214.

⁵³ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: Chichester: John Wiley & Sons, 1997) p. 178. Porter, *Madness* p. 208.

twentieth century in a belief that professional guidance was needed to manage many aspects of our lives. That belief opened up previously private domains such as the family and home to increased scrutiny that problematised many everyday experiences. As such it is argued that since the 1950s the expansion of the 'professionalisation of personal problems' has accelerated hugely resulting in a significant erosion of privacy, and to an extent, agency.⁵⁴ Professionalisation can be seen as an extension of medicalisation, expanding the areas to which different professionals could apply their expertise as part of a dynamic driven by economic expedience and opportunities created by the functioning of the welfare state. The 1950s and 1960s saw the development of humanistic psychology which, as a reaction to the depersonalising tendencies of existing psychology, focused on the individual's potential for self-transformation, growth and freedom.⁵⁵ However, whilst focusing on individual self-development and potential, it also implied an obligation to improve. Against the backdrop of a society which increasingly saw the family and social relations as problematic, this encouraged any individual failure to be seen as cause for professional psychological help.⁵⁶ Füredi argues that the movement led to a more pessimistic understanding of the self, where self-improving self-sufficiency ceased to be valued, and the emphasis changed to valuing those who recognised that they were unable to help themselves and must seek help from others, such as the 'brave' addict who admitted their problem.⁵⁷ Coupled with a decline in social solidarity and political engagement, he suggests that this enabled a therapy culture to emerge in which we discovered a huge range of non-physical diseases and pathologised much of our experience.⁵⁸ A welfare culture that offered solutions through expert intervention rather than the self-sufficiency of the first half of the century, informed the exponential growth of this therapy culture which both Füredi and Rose characterise as being more problematic than beneficial.⁵⁹ At the same time, both the anti-psychiatry movement and feminism brought mental health issues into the open and coupled with the incorporation into everyday language of Freudian terminology such as ego, defence

⁵⁴ Frank Füredi, Therapy Culture: Cultivating Vulnerability in an Uncertain Age, ed. F. Füredi (London and New York: Routledge, 2004) p. 98. Avner Offer, The Challenge of Affluence (Oxford: OUP, 2006) p. 354. Wainwright and Calnan, Work Stress p. 159.

⁵⁵ Andrew Garrison, "Restoring the Human in Humanistic Psychology," Journal of Humanistic Psychology 41.4 (2001): p. 93.

⁵⁶ Barbara Ehrenreich and Deirdre English, For Her Own Good: 150 Years of the Experts' Advice to Women (Garden City, NY: Anchor Press, 1978) p. 271.

⁵⁷ Füredi, Therapy Culture p. 99 and pp. 106-107.

⁵⁸ Ibid, pp. 100-101. Wainwright and Calnan, Work Stress p. 26.

⁵⁹ Thomson, Psychological Subjects p. 267. Füredi, Therapy Culture p. 106. Nikolas S. Rose, Governing the Soul: The Shaping of the Private Self, 2nd ed. (London: Free Association, 1999) p. 258.

mechanism, and sibling rivalry, enabled the emergence of what Healy refers to as 'psychobabble' in the media.⁶⁰ Such language it is suggested bears little relationship to its theoretical origins and has harmful consequences for the way we view ourselves.⁶¹ Taken to its extreme, Smail argues that it is the very functioning of power by the professions, with the effect it has on privacy and agency among other things, which might actually be seen as the source of the very distress which then leads people in a vicious circle to seek professional help.⁶²

The unspoken assumption of individual powerlessness which underpins these arguments is contested by some who point out that patients can be active participants in the process of medicalisation. Valverde, for example, suggests that in the US, re-positioning alcoholism as a disease was a way for organisations such as Alcoholics Anonymous and other so-called twelve-step programmes to legitimise their target populations and thus attract membership.⁶³ Shorter highlights the fact that a common thread running through the history of psychiatry is that its practitioners are under pressure to tell patients what they want to hear.⁶⁴ So the knowledge and expectations of the lay population also bring pressure to bear on the proliferation of psychiatry and psychological conditions. Porter, amongst others, points out that this can only be because there are benefits to them buying into psychiatric or psychological paradigms.⁶⁵ Arguably one of the reasons for the popularity of stress lies in the fact that conceptually it suggests that the distress we feel in everyday life is largely a function of our response to events, a response which we have the agency to manage.⁶⁶ Rose too, whilst critical of the results of medicalisation, has also challenged its political interpretation, pointing out that medicine is not a single entity and that clinical medicine is 'only one component among many ways in which individual and group life have been problematised from the point of view of health.'⁶⁷ Among those other ways might be counted journalistic reporting of 'health' stories (or perhaps 'risk of ill-health' stories),

⁶⁰ Mark S. Micale, "The Psychiatric Body," *Companion to Medicine in the Twentieth Century*, eds. Roger Cooter and John V. Pickstone (London: Routledge, 2003) p. 332. Healy, *Prozac* p. 264.

⁶¹ Ibid.

⁶² Füredi, *Therapy Culture* p. 100. Rose, *Governing the Soul* p. 125. Adrian Bingham, "The 'K-Bomb': Social Surveys, the Popular Press, and British Sexual Culture in the 1940s and 1950s," *The Journal of British Studies* 50.1 (2011): p. 165. David Smail, *The Nature of Unhappiness* (London: Robinson, 2001) p. 23.

⁶³ Mariana Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom* (Cambridge: Cambridge University Press, 1998) pp. 43-44.

⁶⁴ Shorter, *History of Psychiatry* p. 116.

⁶⁵ Porter, *Madness* p. 217. Oppenheim, *Shattered Nerves* p. 15.

⁶⁶ Tim Newton, Jocelyn Handy and Stephen Fineman, *Managing Stress: Emotion and Power at Work* (London, Thousand Oaks: Sage Publications, 1995) p. 2.

⁶⁷ Nikolas Rose, "Beyond Medicalisation," *The Lancet* 369, February 24 (2007): p. 700.

particularly in the latter decades of the twentieth century and the 'disease mongering', according to Healy and others, of pharmaceutical companies who market diseases as much as the drugs they offer to treat them.⁶⁸ Elsewhere, Callahan and Berrios in their study of depression highlight the fact that the preponderance of depression at the mid-century was no different to that at the end, it was simply that mental health problems were hidden in generic somatic diagnoses and any perceived explosion in mental health problems later in the century was not necessarily medicalisation, but simply a question of labelling.⁶⁹

Psychologisation

The fact that people might seek specific psychological or psychiatric diagnoses from their physicians reflects another key historical argument which contextualises the emergence of stress: psychologisation. H G Wells writing in 1924, suggested that the next century would be 'a century of applied psychology' and that there would be 'an increasing tendency to psychologise legal, political, financial and economic conditions.'⁷⁰ Wells appears to have been using his fictional time machine in being so percipient. Thomson argues that the popularisation of psychological ideas, really took hold in the inter-war period through the creation of a practical popular psychology that owed less to Freud and psychoanalysis and more to an eclectic British interpretation of such ideas.⁷¹ Indeed, in this thesis I largely ignore psychoanalysis, mainly because with the exception of one or two of the self-help books studied, it is largely absent from people's experiences and therefore their accounts of everyday stress. Certain terminology enters popular culture, but although Richards has written of the surge in interest in psychoanalysis prompted by the First World War, I would concur with Thomson's view that there was greater support for a psychology of self-improvement than a psychoanalytic one of breaking oneself down, and therefore psychoanalysis has much less role to play in everyday stress than psychology in general.⁷²

Although there is some debate about the extent of its impact, there is little doubt that the shell shock of the First World War created a heightened awareness of

⁶⁸ Healy, *Prozac* p. 9. Ray Moynihan, Iona Heath, David Henry and Peter C Gotzsche, "Selling sickness: the pharmaceutical industry and disease mongering " *BMJ* 324.7342 (2002): p. 886.

⁶⁹ Christopher M. Callahan and German Elias Berrios, *Reinventing Depression: A History of the Treatment of Depression in Primary Care, 1940-2004*, eds. C. M. Callahan and G. E. Berrios (Oxford: Oxford University Press, 2005) pp.3 and 30.

⁷⁰ Dean Rapp, "The reception of Freud by the British press: General interest and literary magazines, 1920-1925," *Journal of the History of the Behavioral Sciences* 24.2 (1988): p. 193.

⁷¹ Thomson, *Psychological Subjects* pp. 51-52.

⁷² Graham Richards, "Britain on the Couch: The Popularization of Psychoanalysis in Britain 1918-1940," *Science in Context* 13.02 (2000). Thomson, *Psychological Subjects* p. 209.

psychological ideas among the lay population as well as the institutions of medicine and government.⁷³ Thomson argues that coupled with the shifting social identities resulting from increased leisure and economic changes, this encouraged the idea of self-improvement and the growth of psychology clubs and psychology as a subject for Workers Education Association classes and Trade Union education, as well as increasing usage of psychological concepts in the press and literature.⁷⁴ He cites the example of the increasing willingness of people to air their problems through the advice pages of popular publications quoting an increase in such coverage on the women's pages of the *Daily Mirror* from an average of 3 per cent during the majority of the inter-war period to 27 per cent by 1939.⁷⁵ Support for Wells's assertion about applied psychology would appear to come from the explosion in the size of the psychology professions in the immediate post-Second World War period which saw membership of the British Psychological Society grow from 800 in 1941 to 2,000 in 1960.⁷⁶ Within the public sector, clinical psychologists began to be employed in the 1950s and psychiatric nurses and psychotherapists from the early 1960s, as well as psychiatric social workers, whilst in the private sector a wide range of counsellors and other therapeutic workers appeared in addition to the existing private practice psychologists, psychiatrists and the dwindling number of psychoanalysts.⁷⁷ This might partly be attributed to the growing sense that mental illness and disorders were much more common than previously thought.

Whilst Thomson's arguments about the psychologisation of society in Britain in the twentieth century recognise the medicalisation argument they fall short of the sort of critical view that Rose takes. He argues that the 1950s saw a coming together of sociological, psychoanalytic and therapeutic expertise to develop theories about the strains of personality and human relations in modern life, in particular in the family and marriage, which only the techniques of experts could address.⁷⁸ Rose's arguments are inherently Foucauldian, focusing on power and the way in which psychologisation has

⁷³ Peter Barham, *Forgotten Lunatics of the Great War*, ed. P. Barham (New Haven, London: Yale University Press, 2004) p. 5. Thomson, *Psychological Subjects* p. 185. Tracey Loughran, "Shell-Shock and Psychological Medicine in First World War Britain," *Social History of Medicine* 22.1 (2009): p. 91.

⁷⁴ Thomson, *Psychological Subjects* p. 34.

⁷⁵ *Ibid*, pp. 50-51.

⁷⁶ Mathew Thomson, "The Psychological Body," *Companion to Medicine in the Twentieth Century*, eds. Roger Cooter and John V. Pickstone (London: Routledge, 2003) p. 295.

⁷⁷ Joan Busfield, "Class and Gender in Twentieth-Century British Psychiatry: Shell-Shock and Psychopathic Disorder," *Clio Medica/The Wellcome Series in the History of Medicine* 73 (2004): p. 303.

⁷⁸ Rose, *Governing the Soul* p. 175.

made it possible to govern and regulate people in ways which make it look as if they result from our status as psychological beings, and his views have much in common with Füredi's sociological viewpoint. Rose's identification of our increased valuing and privileging of autonomy and free will, whilst we are actually being constrained and controlled by it, is also apparent in Sedgwick's arguments about the pathologising of many of the symbols of free will in late capitalist society, such as 'shopaholism' and 'co-dependency' and in Valverde's discussion of the problematisation of alcohol use.⁷⁹ Rose suggests the psychologisation of society has led us to understand what people say and do only in psychological terms, almost as involuntary disclosures of the real person, superimposing the private on the public. Thus public life and public actions are only intelligible to the extent that we can interpret them and understand them in psychological terms as expressions of private personality.⁸⁰ This psychotherapeutic context leads to an obsession with personal identity such that the self is defined in terms of how it feels rather than what it does.⁸¹ Equally critical but taking a slightly different stance, Ehrenreich points to the fact that the pop psychology emerging from the 1960s enabled a whole new range of 'experts' who did not even need to lay claim to scientific data or clinical experience, to be considered experts. She suggests that it was this change which enabled psychology to become the underpinning ideology of the consumer society, propagated by advertising and market research.⁸² Against a background of medicalisation, professionalisation and psychologisation which appear to have permeated everyday life by the end of the twentieth century, I argue that it is unsurprising that people would find a psychological explanation such as stress, bounded by expertise and pathologising a range of emotional responses to the troubles of life, a useful label and catch-all concept for widely differing experiences.

Affluenza

Recent research in several disciplines has considered the apparent paradox that increased affluence in Britain in the second half of the twentieth century did not bring with it commensurate happiness or well-being, in fact James claims it did quite the opposite.⁸³ Offer and Layard approach the subject from an economic perspective and argue that affluence has freed people from subsistence living but it has not produced

⁷⁹ Eve Kosofsky Sedgwick, "Epidemics of the will," *Tendencies*, ed. Eve Kosofsky Sedgwick (London: Routledge, 1994) pp. 132-133. Valverde, *Diseases of the Will* pp. 24-25.

⁸⁰ Rose, *Governing the Soul* p. 267.

⁸¹ *Ibid*, p. 219.

⁸² Ehrenreich and English, *For Her Own Good* pp. 268-269.

⁸³ Richard Layard, *Happiness: Lessons from a New Science* (London: Penguin Group, 2005) p. 3. Offer, *Affluence* p. 3. Oliver James, *Britain on the Couch* (London: Century, 1997) p. x.

greater happiness. Both argue that well-being is realised through status achieved by comparison with others so that income relative to others is more rewarding than absolute levels of income, as is rising social rank. Thus people become trapped in 'keeping up with the Jones' in order to feel good and as Layard points out, television raises the standards of that comparison because the more television people watch the more they overestimate the affluence of other people.⁸⁴ Offer suggests that advertising and marketing in attempting to win trust through a simulation of intimacy, devalue truth and trust creating stress and reducing capacity for commitment and co-operation which are also key to well-being. Overall he argues that the new opportunities and rewards of market liberalism in the late twentieth century were unsettling to the individual psyche and that the period saw a move from being a society of social equality, security and inclusion to one that was socially harsher and more business-friendly.⁸⁵ Of course absence or limitation of happiness does not necessarily equate to stress, however, I suggest that the debates about why happiness did not increase with affluence offer contributory factors in the growth of perceived tensions and frustrations which became recognised as stress. The failure of material improvements in everyday life to deliver anticipated concomitant increases in happiness undoubtedly begged for some explanation and stress provided it. Understanding the way in which stress became ubiquitous in Britain by the end of the twentieth century therefore contributes to our understanding of affluenza and unhappiness.

Structure of the thesis

The thesis is structured around three substantive chapters which introduce the nerves/stress concept and then explore people's experiences of it in specific contexts. I begin by focussing on self-help books in order to bring to the fore the popular language of nerves and stress and common understandings of causes, symptoms and treatments across the period of research. This enables me to introduce key ideas about stress and work, and stress and domestic life which then inform the following two chapters. Dividing the research into separate chapters about work and domestic life makes something of a false distinction as my analysis shows that the experience of stress, whatever its cause and location of suffering, was often inextricably tied to both. However, by dividing the research into these two categories I reflect the focus of the sources that I have drawn on. This distinction also enables my analysis of each locale to highlight the interaction between work and home in the experience of stress. The

⁸⁴ Layard, *Happiness* pp. 88-89.

⁸⁵ Offer, *Affluence* pp. 357-365.

following summaries detail the structure of the individual chapters, setting out my main arguments, and where pertinent, discussing briefly the key debates and concepts which have provided the intellectual framework for my research.

Chapter One – self-help for your nerves

In the first chapter I carry out a close examination of a wide range of self-help literature in order to uncover the ways people have understood issues affecting their mental well-being, how they have explained them and the treatments and remedies that they have sought. Self-help books offer a unique insight into understandings of stress, as they relied solely on the reader's self-diagnosis and addressed issues that sufferers may have been reluctant or unable to deal with within the formal framework of institutional medicine. They were attractive to readers as an accessible, affordable source of advice and support.⁸⁶ Self-help books are also a useful source because they are one of the few available which considered issues of mental well-being and ill-health explicitly in a way which encompassed both formal medicine and a popular form of 'domestic' medical practice. They represent the opening up of a discourse about the inner self and the sensitive area of mental health and illustrate the increasing reflexivity required to explain everyday life in the twentieth century. However, at the same time they did this in a way which ensured privacy and for many readers enabled them to avoid the reification of their concerns through formal medical diagnosis or the prognostications of experts.⁸⁷ They allowed difficult experiences involving emotions and sometimes physical symptoms to avoid pathologisation. They also provide an insight into the continuities in popular understandings of and means of addressing stress across the century. Self-help literature reflected and responded to contemporary social problems, highlighting enduring human concerns and changing social needs. However, it may also be seen to have contributed to social change, as it not only reflected concerns, but offered explicit instructions on how to deal with whatever issue it addressed.⁸⁸ It is therefore a valuable source in illuminating changes in how people framed their understanding of mental health, and the ways they addressed it.

Using the readings of these texts, I argue that symptoms of stress and their suggested causes largely reflected contemporary class and gender assumptions throughout the period, thus work (particularly 'brain work') was simply not considered a possible cause of female suffering, and in the earlier decades with rare exceptions it was largely a

⁸⁶ Christine B Whelan, "Self-Help Books and the Quest for Self-Control in the United States 1950-2000," Unpublished thesis, University of Oxford, 2004, p. 15.

⁸⁷ Starker, *Oracle* p. 6.

⁸⁸ *Ibid*, pp.2 and 166.

middle-class audience that was assumed to constitute stress sufferers. Where there was considerable continuity, however, was in proposed treatments which remained remarkably similar across the whole period. I examine briefly the language and popular usage of the terms used to describe symptoms, causes and treatments, and argue that there were multiple meanings and interpretations available through the synonyms of stress. I then consider self-help books as a genre and explore the language of titles and what they tell us about approaches to stress. By exploring the descriptions of symptoms and examples of experiences of stress as explained in the books, I highlight the privileging of the physical over the mental for much of the period. Discussion of the various proposed causes of such experiences exposes ideas about status and class, gender, modern life, and work which are briefly contrasted with explanations from contemporary medical textbooks, revealing little difference for much of the period, beyond terminology. The final section deals with treatments and draws on ideas about food, exercise and environment as well as touching on psychoanalytic approaches, distraction and rest, and illustrates continuity in assumptions about reader agency, but also disregard for socio-political factors. I conclude the chapter in discussing the utility of vague diagnoses such as nerves and stress, the link between physical and psychological symptoms and the focus on the individual as both potential cause and agent in dealing with the problem. What the chapter reveals is that self-help books across the period were dealing with the same array of experiences which would now be labelled as stress, albeit with differing terminology, and that although some symptoms and causality were clearly historicised, approaches to dealing with and treating stress were largely consistent.

Chapter Two – work and stress

In the second chapter I explore how experiences of stress in a work context have been understood from both the employee and employer perspective and how the role of work in our construction of personal identity, social and economic life has changed and contributed to the expansion of stress. The chapter draws on personal descriptive accounts from MO and oral histories and highlights the privileging of physical explanations and symptoms. It also explores the attitudes and (lack of) understanding of colleagues and employers and their contribution to the acceptability (or otherwise) of acknowledging stress. A significant section explores the meaning of work and its potential as a cause and location of stress and the gendered implications of this. As there is a considerable historiography of work an examination of some themes key to my discussion is pertinent here.

Theories explaining the meaning that work has for people can be linked back to research during the Depression of the 1930s which suggested levels of 'relentless mental distress' affecting not only the unemployed (men in almost all cases) but also their families, illustrated in one Liverpool research programme by the prevalence of 'nervous debility' as a symptom among the wives of the unemployed.⁸⁹ From such research emerged the stage theories of unemployment which clearly identified anxiety and mental distress as a key step in the experience. However, they also suggested five latent consequences of employment which, whilst critical to understanding the effects of unemployment, also clearly had wider relevance in explaining the function of work to the human condition.⁹⁰ Those elements focused on the importance of work for imposing a time structure on the day; shared experiences and contacts outside the family unit; links to goals and purposes beyond the individual's own aims; personal status and identity; and enforced activity.⁹¹ These factors made work psychologically supportive and emphasised how critical to existence the function of work could be, well beyond its obvious economic necessity. Whilst stage theories have since been challenged, not least because of the specificity of age and gender of those researched and the linear nature of the stages, what they do provide is insight into the meaning of work which is perhaps fundamental to any understanding of work and stress in the twentieth century.⁹² Research suggests that work is key to people's sense of identity and status.⁹³ The role of work in identity, and particularly in relation to gender identity, has been widely addressed and historians have argued that throughout the twentieth century male workers have made explicit connections between their work and their gender identity.⁹⁴ Roper, discussing working-class men, suggests that identity as a man and worker rested on the ability to master noisy, unsafe, dirty conditions while

⁸⁹ Sally Alexander, "Men's Fears and Women's Work: Responses to Unemployment in London Between the Wars," Gender & History 12.2 (2000): pp. 409 and 412. John Burnett, Idle Hands: The Experience of Unemployment, 1750-1950 (London: Routledge, 1994) p. 254.

⁹⁰ P Eisenberg and P F Lazarsfeld, "The Psychological Effects of Unemployment," Psychological Bulletin 35 (1938): p. 378. Marie Jahoda, "Work, employment, and unemployment: Values, theories, and approaches in social research," American Psychologist 36.2 (1981): p. 189.

⁹¹ Jahoda, "Work, employment and unemployment," p. 189.

⁹² Burnett, Idle Hands p. 285. Ross McKibbin, The Ideologies of Class: Social Relations in Britain, 1880-1950, ed. R. McKibbin (Oxford: Clarendon, 1994) p. 253.

⁹³ S Sayers, "The Need to Work: a Perspective from Philosophy," On Work: Historical, Comparative and Theoretical Approaches, ed. R. E. Pahl (Oxford: Basil Blackwell, 1988) pp. 724 and 727. McKibbin, Ideologies of Class p. 156.

⁹⁴ Steven Maynard, "Rough Work and Rugged Men: The Social Construction of Masculinity in Working-Class History," Labour / Le Travail 23.Spring (1989): p. 160. Cliff Cheng (ed), Masculinities in Organizations (Thousand Oaks: London: New Delhi: Sage 1996) p. xiv. Michael Roper, Masculinity and the British Organisation Man since 1945, ed. M. Roper (Oxford: Oxford University Press, 1994) p. 106.

Hayes argues that such endurance of difficult and dangerous conditions was interpreted positively by workers as appropriate to their understanding of masculinity and hardiness. The toughness required to confront such conditions was an intrinsic part of being a working-class man.⁹⁵ Changes to British industry, particularly the decline of heavy industries in the late century, made the importance of these constructs particularly pertinent in working-class men's experiences of both work and unemployment and the effect that such changes had on mental well-being. I will address arguments relating to women and work and the contested nature of the domestic sphere as both workplace and site of leisure in the outline of chapter three.

In the rest of the second chapter I explore the employer approach to workplace stress drawing on materials from early Medical Research Council (MRC) research, as well as MO reports dealing with wartime concerns about production, and information about the setting up and running of Roffey Park Rehabilitation Centre (RPRC). This reveals considerable continuity across the period in employer attitudes to stress which consistently focused on its impact on productivity and a desire to identify those who might be susceptible to it, and therefore less than optimally productive. This tendency to categorise 'types' was reflected in the media discourse on work and stress and reinforces the way in which stress is tied into the construction of identity. I discuss the popular development of the stress concept in relation to work, through the media, in particular newspapers, and track its development in the second half of the century. I conclude by highlighting the intersection of changes to emotion, everyday life, science and medicine by arguing that over the course of the twentieth century how people felt about their work, and the status of emotions more broadly, became increasingly important, enabling the idea of work as psychologically damaging to gain currency.

Chapter Three – domestic strain

The final chapter extends the focus on domains of stress to the home and draws on primary sources including feature films, MO diaries, directives and reports and particularly on social science research of the third quartile of the twentieth century as well as newspapers of the mid to late century. The structure of the chapter reflects the way in which the domestic domain gradually opened up over the period, starting with a case study of an intimate relationship and culminating in the portrayal of domestic life in

⁹⁵ Roper, *Masculinity* p. 106. Nick Hayes, "Did Manual Workers Want Industrial Welfare? Canteens, Latrines and Masculinity on British Building Sites 1918-1970," *Journal of Social History* 35.3 (2002): p. 640.

popular television and films. As a result the chronology follows the key themes rather than being strictly linear.

In this chapter I consider domestic life and how changing conceptualisations of the home and growing expectations of privacy and material comfort have also led to increasing mental distress. The discussion leads with a case study focusing on interpersonal relationships and foregrounds the conflict arising from gendered domestic roles and responsibilities and the contested nature of control of time and resources. It highlights the home as workplace for women and the tensions this creates. Much of the debate about women and work is wrapped up in on-going arguments around the varying importance of domesticity across the century and the effect this had on them and their employment.⁹⁶ Whilst early second phase feminists of the 1960s and 1970s saw work outside the home as liberating and the answer to the 'problem that has no name', historians since have suggested that the meaning of the housewife and mother role, particularly in the post-Second World War period was more nuanced than those early interpretations might suggest.⁹⁷ Thus Bell argues that the meaning of the full-time housewife and mother role in the 1950s against a backdrop of increasing numbers of married and older women working outside the home at least part-time, was sharply different then to our current understandings of those roles and that there was much that was perceived positively, in particular the inherent agency of the domestic role.⁹⁸ Similarly Haggett argues that counter to feminist suggestions that symptoms of anxiety and depression were directly related to the stresses integral to domestic work, the women she interviewed rarely found serious fault with their domestic role.⁹⁹ Similar arguments exist for earlier in the century, where the importance of women's role as domestic manager and financial controller conferred considerable status, particularly in working-class communities where making ends meet and holding a family together were critical to survival. This importance it is suggested only began to decline with the rising affluence of the post-Second World War period.¹⁰⁰ Key to many arguments is the

⁹⁶ Such as whether the world wars were a catalyst for change in women's employment or not, e.g. Arthur Marwick, *The Deluge: British Society and the First World War* (London: Bodley Head, 1965). Gail Braybon and Penny Summerfield, *Out of the Cage: Women's Experiences in Two World Wars* (London: Pandora, 1987).

⁹⁷ Betty Friedan, *The Feminine Mystique*, ed. B. Friedan (Harmondsworth: Penguin, 1963).

⁹⁸ Melanie Bell, *Femininity in the Frame: Women and 1950s British Popular Cinema* (London: I B Tauris, 2010) p. 2.

⁹⁹ Ali Haggett, "'Desperate Housewives' and the domestic environment in post-war Britain: Individual perspectives," *Oral History* 37.1 (2009): pp. 85-86.

¹⁰⁰ Ina Zweiniger-Bargielowska, "Housewifery," *Women in Twentieth-Century Britain* ed. Ina Zweiniger-Bargielowska (Harlow: Pearson Education Ltd, 2001) p. 153. Elizabeth Roberts, *Women and Families: An Oral History, 1940-1970* (Oxford: Blackwell, 1995) pp.84, 89-90.

fact that women's work could not be separated from the home in the way that male work could. Whether women were employed full or part-time outside of the home they still worked within the home. Whether this was perceived as 'work' by others, it was certainly seen as such by them.¹⁰¹ The implications of this for women's leisure (or lack thereof) continue to be debated, indeed in many cases identifying what is work and what is leisure itself is problematic.¹⁰² However, what is clear is that work can be seen as the location of complexities and contradictions for women which might in themselves, give the home more prominence as a potential location and cause of stress.

The different ways in which men and women experienced the home, illustrated by the chapter's initial case study, give rise to an exploration of the meaning and ideals of home and links to pre- and post-war reconstruction philosophies. This then informs an examination of the concept of suburban neurosis and gendered explanations of domestic stress including work from the Peckham Centre. The meaning of home in the twentieth century is a fluid concept, and open to multiple meanings, not least of which is that a house is not synonymous with home, a fact experienced by many returning soldiers after the Second World War.¹⁰³

Issues arising from increased consumerism in the 1950s and 1960s inform an examination of ideas about the private and the public, which explores experiences relating to neighbours and noise as well as over-crowding and inter-generational living. There are disagreements within the literature about on the one hand, the rise of privacy and individualism, autonomy and isolation across the century, and on the other, the increasingly public nature of lived experience. One explanation of this apparent paradox suggests the increased separation of the notions of privacy and secrecy, the former being privileged whilst the latter is now seen as damaging.¹⁰⁴ Arguments for the increase of privacy during the twentieth century are supported by the suggestion that it is the reduction in collectivism as a result of the breakdown of tightly-knit, stable communities in the second half of the century which provides the context for the

¹⁰¹ Haggett, "Desperate Housewives," p. 89.

¹⁰² Claire Langhamer, Women's Leisure in England, 1920-60 (Manchester: Manchester University Press, 2000) p. 42.

¹⁰³ Claire Langhamer, "The Meanings of Home in Postwar Britain," Journal of Contemporary History 40.2 (2005): p. 346. Alan Allport, Demobbed: Coming Home after the Second World War (New Haven, London: Yale University Press, 2009) p. 189.

¹⁰⁴ Deborah Cohen, Family Secrets: Living with Shame from the Victorians to the Present Day (London: Viking, 2013) p. xviii.

increase in stress.¹⁰⁵ My research certainly highlights the clearly articulated desire for privacy, but also shows the subsequent disappointments of the lived experience once it was achieved. Clapson talks about 'an aspiration' to move away from traditional working-class communities, however much that might contradict the orthodoxy of Young and Wilmott; an aspiration fuelled by a desire for greater privacy and a dislike of sharing common facilities or living in noisy flats.¹⁰⁶ Supporting this are arguments that suggest that a decline in tradition is associated with increases in anxiety and uncertainty, as the shift of authority moves from without to within and there is a lack of clarity about how to behave.¹⁰⁷ Work on emotionology would suggest that the increasing informality of society in the late twentieth century created a greater tension in that the individual was left with the risk of 'choosing' the wrong response, rather than being able to rely on the codified etiquettes of the past.¹⁰⁸

The chapter ends with an analysis of popular culture in the form of New Wave 'kitchen-sink' dramas as a reflection and construction of people's experiences of domestic stress. I conclude with the argument that despite many attempts over the century to blame the physical nature of the home or the inadequacies of the housewife for domestic stress, the causes were far more complex. I argue that they incorporated the tensions of the private versus the public, including the home as symbol of status, and the changing nature of women's roles and expectations about marriage, as well as the duality of the home as a locus of work as well as leisure and/or family life.

As a whole in this thesis I suggest that before the stress diagnosis emerged in popular discourse in the late twentieth century, the experiences that it encompassed existed under a variety of synonyms relating to nerves and nervousness. The language and terminology employed was largely historicised according to what was culturally and individually acceptable. There was considerable continuity in the advice on how to treat such experiences, but explanations of causes and identification of symptoms were also historically contingent particularly with relation to class and gender. For a significant part of the century stressful experiences were largely dealt with simply and stoically as part of everyday life. I argue that it is only by understanding the ways in

¹⁰⁵ Burnett, *Idle Hands* p. 302.

¹⁰⁶ Mark Clapson, *Invincible Green Suburbs, Brave New Towns: Social Change and Urban Dispersal in Postwar England* (Manchester: Manchester University Press, 1998) pp. 67-68. Michael Dunlop Young and Peter Willmott, *Family and Kinship in East London* (London: Routledge & Kegan Paul, 1957).

¹⁰⁷ Füredi, *Therapy Culture* p. 86.

¹⁰⁸ Cas Wouters, "Etiquette Books and Emotion Management in the 20th Century: Part Two: The Integration of the Sexes," *Journal of Social History* 29.2 (1995): p. 119.

which the meaning and expectations of everyday life itself, in terms of work, home and domestic roles changed after the Second World War, that we can see how those experiences became problematised and the concept of stress popularised. Central to this process of change was the increasing scrutiny and investigation of both work and home locations by institutional, corporate and governmental interests. Both the increased ability and tendency to analyse these locales of potential stress and the growing affluence and consumerism of the second half of the twentieth century enabled inherent tensions which previously might have been left unarticulated to be both acknowledged and validated.

Chapter One: Self-help for your nerves¹

Introduction

This chapter focuses on a close reading of self-help books from the early twentieth century to the 1980s. My analysis examines how people in Britain conceptualised, explained and treated their experiences of the everyday 'troubles of life', which we would now call stress.² I show that for most of the twentieth century it was through the framework and language of 'nerves', 'nervousness', and 'nervous breakdown' that people identified and dealt with a wide range of distressing experiences.³ Moreover I contend that the shift to 'stress' as the ubiquitous term by the late twentieth century is one of nomenclature rather than substance, and that the same array of popularly-understood human experiences was encompassed by both stress and the concept of nerves. My analysis will also illustrate how the multivalent nature of the very concept of nerves/stress contributed to its utility for various stakeholders and its longevity.

By examining the multiplicity of popular ideas about causes, symptoms and treatments I show how readers were able to negotiate meaning for their experiences without engaging with formal medicine. This allowed them to avoid formal psychiatric diagnoses, but also more generally to escape the medicalisation of what were often normal human responses to 'the troubles of life.'⁴ I also argue that these explanations and understandings were underpinned by an assumption of agency which is implicit in self-help books, but arguably increasingly undermined by experts invading the domain of everyday experience throughout the century. Examination of the self-help texts also foregrounds shifts in notions of class and gender, particularly around causality, but also continuity in terms of practical treatments.

The chapter draws on more than fifty self-help books, but also uses medical textbooks to contrast popular and professional understandings. It is divided into four main sections beginning with a discussion about self-help as a genre and the context of the

¹ Claire Weekes, Self Help for Your Nerves (London: Angus & Robertson, 1962). Originally published 1962 and reprinted or revised in every decade since, most recently 2009.

² Viner, "Putting Stress in Life," p. 391.

³ Flora Klickmann, Mending Your Nerves (London: RTS, 1925). Thomas Inch, Away with Nerves (London: Thorsons Publishers, 1946). Alfred Taylor Schofield, Nervousness: A Brief and Popular Review of the Moral Treatment of Disordered Nerves (William Rider & Sons Ltd, 1910). J A Jackson, Salisbury, H M, Wolfe, W B, Nervous Breakdown: Its cause and cure (London: 1933).

⁴ Viner, "Putting Stress in Life," p. 391.

selected books, followed by sections examining the portrayal of the causes, symptoms and treatments of nervous complaints.

Self-help books

I begin with self-help books as a source and a genre of publishing, identifying how these publications shed light on popular concerns, but also their flexibility as a genre and its implications for publishers and authors. I explore the context of production, including their potential market, and the authors' stated motivations, and I argue that their longevity and frequency of reprinting attest to their popularity despite the absence of solid sales data. Drawing on existing studies I also outline the criteria used in defining self-help and selecting appropriate books for research. By examining the language of the titles, I suggest that any variations reflected authorial style and publishers' marketing strategies, rather than any significant difference in content, which was largely consistent across books and time.

Self-help books constituted one of the informal means of support and education to which people turned when looking for help with their troubles.⁵ Whilst records of medical consultations are largely impossible to obtain and family discussions rarely recorded, it is also the case that many people shunned both in order to avoid legitimising their worries. Instead, some turned to what we now term 'self-help' literature. Such literature is a valuable and informative source in illuminating what meanings were privileged and how shifts in these meanings changed popular understanding of everyday stress.

The twentieth century saw a flourishing of the self-help genre, particularly in the latter decades, where in the United States (US) the number of titles doubled as a percentage of total titles in print, reaching 40,000 by the end of the century.⁶ While equivalent British research does not exist, it is likely to be similar. However, for much of the century, as a genre, self-help did not exist. Arguably a clear definition still does not. Starker and Whelan, both writing about self-help in the US, offer definitions of the genre which include: writing addressed to a lay reader; communication in a simplified manner; immediate and practical use; advice on modifying behaviour; promise of positive change and a framework for understanding the self.⁷ According to Starker, any further delineation is too difficult because of the huge variation in such books.⁸ The

⁵ Whelan, "Self-Help Books," p. 7.

⁶ Ibid, p. 2.

⁷ Starker, *Oracle* pp. 8-9. Whelan, "Self-Help Books," p. 89.

⁸ Starker, *Oracle* pp. 8-9.

primary criteria used in identifying suitable sources for this research were that the books were written for a lay audience and offered specific remedial advice.

Selection and popularity

The fifty books researched are held in the British and Wellcome Libraries, the earliest from 1907 and the latest 1972, although occasional reference is made to reprints or later editions beyond this date.⁹ Roughly half were written and produced in Britain and half written by US authors but produced in British editions. This mixture reflects changes in the publishing industry in Britain, particularly in the first half of the century, which saw new transatlantic agreements lead to increased sales of US titles in Britain.¹⁰ American books offered a more psychoanalytical product, indicative of its greater popularisation there, compared to the eclectic approaches to home-grown psychology in Britain.¹¹ The books were a staple of many of the major publishing houses (George Allen & Unwin in the United Kingdom (UK), McGraw Hill in the US) particularly in the first half of the century where educational titles (one likely category for such books) provided the 'bedrock of revenue and predictable profit' which supported more risky literary ventures.¹² Other publishers included specialists such as William Rider & Son focusing on mind and body and occult titles, or professional bodies such as the British Medical Association (BMA) or Central Council for Health.

Although for much of the early twentieth century the readership of self-help books included only the literate with access to books, some were produced as simple leaflets of a few dozen pages on poor quality paper which suggests an attempt to extend their reach to the poor working as well as middle class.¹³ Access expanded considerably as the century progressed and particularly once literacy, public libraries and cheap paperbacks became more common. Quantifying the popularity of self-help books via sales is largely impossible, as in the absence of a self-help genre, they necessarily appeared under other classifications such as psychology or education in records such

⁹ C W Saleeby, Worry: The Disease of the Age (London: Paris: New York: Melbourne: Cassell & Co Ltd, 1907). Claire Weekes, Peace from Nervous Suffering, ed. C. Weekes (London: Angus and Robertson, 1972). Later editions of earlier books for example, Edmund Jacobson, You Must Relax, 5th revised and enlarged ed. (New York & London: McGraw-Hill Book Co 1980). Claire Weekes, Self Help for Your Nerves, 3rd revised ed. (London: Thorsons, 1995).

¹⁰ John Feather, A History of British Publishing (London: Croom Helm, 1988) p. 203.

¹¹ Richards, "Britain on the Couch," p. 184. Rapp, "Reception of Freud," p. 198.

¹² Iain Stevenson, Book Makers: British Publishing in the Twentieth Century (London: The British Library, 2010) p. 73.

¹³ For example Milton R Powell, How to Train Your Nerves: A Manual of Nerve Training (London: Lutterworth Press, 1926). 44pp. William Drummond Kendall, The Conquest of Nerves, 3rd ed. (London: St Clements Press, 1932). 32pp. Ernest White, Overcoming Fears and Worries (Watford: C&A Simpson Ltd, 1945). 20pp.

as *The Bookseller*.¹⁴ That they could sit within different categories underlines the mutability of the subject matter, available to differing professions, academic interests and experts, and it illustrates how the concept of nerves/stress proved both useful and self-perpetuating.

Evidence of popularity is suggested by the frequency of reprints and new editions and the longevity of some titles, for example *Live at Peace with Your Nerves* appeared in 1913 and in several editions until 1995, while *Self-help for Your Nerves*, published in 1962, was still being reissued in 2009.¹⁵ Such demand suggests that people were (and continue to be) troubled by nerves, but wanted to manage this themselves, rather than via a formal medical diagnosis. This may have been to avoid the expense of a medical consultation and the legitimisation or dismissal of their concern, to preserve their privacy, or to enable them to care for someone else. The latter is certainly suggested by the range of titles published after the First World War, surely aimed at veterans and their families, though this was rarely acknowledged by authors.¹⁶

Authorial motivation

The majority of authors were either doctors or psychiatrists, and drew on their experience with patients. Of the others, a few were churchmen, supporting Richards' assertions about the interest of the church in mental health and psychology.¹⁷ The majority were men, with only five women including a journalist and psychology lecturer.¹⁸ This gender disparity reflected female representation in the professions for most of the period and might also suggest greater difficulty in getting published.

For the majority of authors the key point of writing was to address a lay readership in language that they could understand, as Ash stated in his 1911 book:

¹⁴ Frank Arthur Mumby and Ian Norrie, *Mumby's Publishing and Bookselling in the 20th century*, 6th ed. (London: Bell & Hyman, 1982) p. 221.

¹⁵ Walter C Alvarez, *Live At Peace With Your Nerves*, Reprinted 1st ed. (Englewood Cliffs: Prentice-Hall, 1958). Jacobson, *You Must Relax*. Claire Weekes, *Complete Self-help for Your Nerves*, Revised ed. (Pymble, NSW: HarperCollins, 2009).

¹⁶ Brief mention of shell shock or war William Charles Loosmore, *Nerves and the Man: A Popular Psychological and Constructive Study of Nervous Breakdown* (London: J. Murray, 1920) pp. 44-45. Edwin Lancelot Hopewell Ash, *On Keeping Our Nerves in Order* (London: Mills & Boon, 1928) p. 8.

¹⁷ Graham Richards, "Psychology and the Churches in Britain 1919-39: symptoms of conversion," *History of the Human Sciences* 13.2 (2000): p. 74.

¹⁸ Dr Josephine A Jackson, Dr Claire Weekes, Amber Blanco White, Flora Klickmann and Helen Salisbury.

The subject of 'nerves' is so much to the fore nowadays that there are doubtless many who will be glad to take up a book on 'Nerves and the Nervous' written in non-technical language, and with a view to the instruction of the lay-reader.¹⁹

Ash was not alone in suggesting the apparent prevalence of nerves as a rationale for his book, many others made the same claim throughout the century, such as Jacobson in a revised edition of his inter-war book released in the 1970s: 'This is a tense world...Evidently there is growing popular realisation of something excessive in our way of living which can lead to disorder and malady.'²⁰ Whilst this might be self-serving, it also reflected a certain continuity in the idea that modern life was harmful and that there was, and continued to be, some fundamental experience of nerves which was unresolved throughout the twentieth century. Such claims also reassured the reader that they were not alone and might support a sense of post-purchase justification.

Stated motivations for writing self-help books revealed contemporary concerns and changing social needs. For example MacDougall King in the inter-war period was concerned to ensure that social workers, religious teachers and the legal professions gained a wider knowledge of nervousness, while Schofield wanted to dispel ignorance about nerve diseases 'which regards them mainly as either shams or frauds,' both authors undoubtedly reflecting the difficulties thrown up by shell shock cases from the recent war.²¹ Contemporary with them, Jackson, a psychiatrist, hoped to improve psychiatric knowledge among GPs presumably for much the same reasons.²² Guntrip, in the 1950s, added doctors and teachers to the list, signalling the increased psychologisation of childhood in that period.²³

Several authors wrote from the perspective of being a sufferer of nervous conditions themselves, which made them evangelical about their own supposed cure, but also suggested a certain empathy with the reader. Such admissions were also claims to authenticity based not on expertise, but on experience, which might carry more weight

¹⁹ Edwin Lancelot Hopewell Ash, Nerves and the Nervous (London: Mills & Boon, 1911) Preface.

²⁰ Inch, Away with Nerves p. 4. Edmund Jacobson, You must relax, 5th revised and enlarged ed. (London: Souvenir Press, 1977) Preface

²¹ Dougall MacDougall King, Nerves and Personal Power: Some Principles of Psychology as Applied to Conduct and Health (London: George Allen & Unwin, 1923) Preface. Alfred Taylor Schofield, Nerves in Disorder: a Plea for Rational Treatment (London: Hodder and Stoughton, 1927) Preface.

²² Josephine A Jackson and Helen M Salisbury, Outwitting Our Nerves: A Primer of Psychotherapy, 3rd ed. (London: Kegan Paul, Trench, Trubner, 1927) Foreword.

²³ Henry James Samuel Guntrip, You and Your Nerves: A Simple Account of the Nature, Causes and Treatment of Nervous Illness, ed. H. J. S. Guntrip (London: George Allen & Unwin, 1951) Foreword.

with readers suspicious of psychiatry. For example, Kendall recounted in the early 1930s:

These notes are an attempt to explain a way of overcoming 'nerves' which the writer has worked out with help from many sources, help for which he can never cease to be grateful. He desires to make the method more widely known because, in so far as it has been faithfully and perseveringly applied, it has proved successful in freeing the writer himself and others from bondage to morbid fear and depression.²⁴

Such admissions, blurring the line between professional and patient, whilst undoubtedly aimed at reassuring and convincing the reader, also displayed a marked lack of the usual shame associated with mental health problems, and possibly resulted from the increased awareness of psychological problems among the general population as a result of the First World War. Alternatively they could also reflect the association of nervous conditions with higher social status, an idea with its origins in the nineteenth century and neurasthenia. Writing in the 1930s and 1950s respectively, both Bisch and Alvarez suggested that their own, and the reader's suffering, set them apart, Bisch arguing that compared to neurotics, 'to be normal is nothing to brag about!', the title of his book, *Be Glad You're Neurotic*, underlining his stance.²⁵

Some authors were evidently pursuing a cause through their writing. Powell, who wrote several books on health-related issues in the 1920s, despite claiming his book *The Safe Way to Sound Nerves* 'does not offer or advertise a get-well-quick-and-easy cure' was promoting the 'Nature Cure', which by chance, was available at the Northampton Nature Cure Health Home, of which he was Principal and Proprietor.²⁶ Others were clearly more religiously evangelical, with White, Kendall and, unsurprisingly, Weatherhead, Minister of the City Temple, urging readers to look to God for help in the 1930s, 1940s and 1950s.²⁷ Notable for self-publicising among American authors, Alvarez's later editions of *Live at Peace with Your Nerves* in the 1950s featured dust cover blurb fulsome in its description of his many newspaper columns, publications and professional appointments claiming he 'is known and listened to by more people than probably any other doctor.'²⁸ Competing with him on the British front in the late 1940s was Inch whose work proclaimed, 'Up to date it is

²⁴ Kendall, *Conquest of Nerves* Preface.

²⁵ Alvarez, *Live at Peace* p. 118. Louis Edward Bisch, *Be Glad You're Neurotic* (New York: McGraw-Hill, 1936) p. 31.

²⁶ Milton R Powell, *The Safe Way to Sound Nerves by Rational Nature Cure Drugless Methods* (London: Lutterworth Press, 1926) Title page.

²⁷ White, *Overcoming Fears* Chapter 13. Kendall, *Conquest of Nerves*. Lesley Dixon Weatherhead, *Prescription for Anxiety* (London: Hodder & Stoughton, 1956).

²⁸ Alvarez, *Live at Peace*.

estimated that he has treated over 70,000 nerve cases WITH SUCCESS,' and Weekes's 1990 edition of *Peace from Nervous Suffering's* 'Over 250,000 copies sold.'²⁹ All reflected the increasing commercialism of self-help publishing from the 1950s onwards which, as Whelan points out, sold (and perhaps continue to sell) books less on their content than on the power of their publicity.³⁰

Conceptualising nerves in self-help books

An analysis of the titles of self-help books is useful in revealing the way in which the idea of nerves or stress was conceptualised and marketed through language. There was considerable continuity across the century with 'nerves' and 'nervous' used in various formulations to describe a range of experiences. These popular terms lacked the precision of medical diagnoses, and for that very reason were hugely useful in encompassing a vast array of experiences from the mild to the severe. They were also considerably less threatening than the formal psychiatric labels available and allowed for individual interpretation that could emphasise or minimise symptoms. As such, their longevity in popular usage and in self-help titles is unsurprising.

Book titles reflected commercial concerns and authorial preferences but were relatively consistent across the century, and tended to fall into four categories: Instructive, combative, familiar and descriptive (see Appendix A for list of titles). They did also reflect contemporary concerns, so among instructive titles *Mending Your Nerves* and *How to Train Your Nerves*, both of the inter-war period, implied firstly that nerves could be broken, which was consistent with the inter-war conceptualisation of shell-shocked veterans, and secondly that they could be trained, which was consonant with the emerging enthusiasm for health, hygiene and physical fitness.³¹ Combative titles suggested a conceptualisation of nervous disorders as potentially overwhelming, as something which needed to be 'outwitted' or 'safeguarded' against and which required vigilance and self-control. Underlying this was the age-old fear of lunacy and of unknown forces within which might overwhelm the individual, and the popularisation of ideas about the Freudian unconscious in the early part of the period no doubt underpinned this.³² Such a framework also included ideas about weakness of character, heredity and personality which emphasised how the individual contained

²⁹ Inch, *Away with Nerves* p. 4. John Edmund Haggai, *How to Win over Worry: A Practical Formula for Successful Living* (Grand Rapids: Zondervan Books, 1959) Front cover. Claire Weekes, *Peace from Nervous Suffering* (London: Signet, 1990).

³⁰ Whelan, "Self-Help Books," p. 89.

³¹ Klickmann, *Mending Your Nerves*. Powell, *Train Your Nerves*.

³² Rapp, "Reception of Freud," p. 198.

within him or herself both the seeds of their own condition and the agency to guard or fight against it. By contrast, titles using familiar language attempted to downplay the fearfulness of mental distress by treating it dismissively as in *Those Nerves* or *Just Nerves!* or comfortingly such as *Making Friends with our Nerves* or even humorously in *Be Glad You're Neurotic*.³³ Descriptive titles were largely consistent across the century and aimed at both men and women, although a title such as *Worry in Women*, published during the Second World War, was undoubtedly addressing a specific audience relevant to societal conditions of the time.³⁴

Overall self-help books showed considerable continuity across the century in terms of language, many using variations of 'nerves' and 'nervous' in their titles. The manner in which they conceptualised nervous conditions was also consistent, with only a few examples drawing on contemporary issues, the majority being relatively timeless. Several titles were reprinted or issued in new editions across the period, and this as well as the regularity of their appearance on publishers' lists argues for a persistent and lasting market for these works throughout the twentieth century. In the following section I will explore how the books addressed issues of causation, and through an analysis of common themes illustrate both continuity but also a slow shift from physical to more psychological explanations across the century.

The causes of nerves

The following analysis of the causes of nervous suffering suggested in self-help books exposes the wide range of different experiences authors were trying to address. Hence causes could include the speed of modern life, brain work, gender roles, work, heredity, upbringing, and over indulgence in food, exciting popular entertainments and even sex. These illuminate change by reflecting contemporary society, particularly notions of gender and class, but also continuity in that some persisted across the whole period. As such, causation was both complex and fluid and allowed readers to interpret their own experiences in a variety of ways, according to what made sense and was acceptable to them and others. My analysis also highlights a shift from physical to more psychological explanations, as well as emerging psychosomatic interpretations around the mid-century. Tensions between the self and the external environment as cause are consistent across the period, and I examine what this means for the sufferer, and the self-help authors, in terms of agency and social change.

³³ George Lincoln Walton, *Those Nerves* (Simple Life Series, 1910). Government leaflet, *Just nerves!* (London Central Council for Health Education, 1940). Orison Swett Marden, *Making Friends with Our Nerves* (New York: T Y Crowell Co, 1925). Bisch, *Be Glad You're Neurotic*.

³⁴ Amber Blanco White, *Worry in Women* (London: Victor Gollancz, 1941).

‘The curse of our modern age’³⁵

Many writers, across the century, saw the most obvious cause of nervous conditions as the current state of modern life:

Working at full pressure to meet present conditions, travelling hundreds of miles in a week-end, dancing into the early hours of the morning are all stimulating and health-giving circumstances for those who are strong enough to stand the strain or have learned enough hygiene of nerve and body to meet it. But the stress and tension have to be met adequately or nerves must falter. Again, the wonderful service of news which brings every intelligent man and woman into almost immediate touch with the most interesting, varied and exciting occurring all over the world almost as soon as they have happened calls for considerable brain exercise and this call for nerve energy is further added to by the marvels of wireless and the excitements of flying.³⁶

Ash’s inter-war description was itself repeating earlier views and in turn would be replicated across the century and beyond.³⁷ However, not all authors were convinced as Alvarez commented in the late 1950s:

Hundreds of writers today are complaining of the tensions that go with modern civilization. They seem to think that these tensions are something new and are caused by the tempo of life lived alongside of jangling telephones, deadlines and five o’clock commuter trains. I suspect these writers are, to some extent, wrong in assuming that tensions and anxiety are special curses of our modern life.³⁸

Ash argued that the problem was ‘the enormous stress of life under the conditions in which it is lived in the great cities of the world.’³⁹ Those cities themselves could be problematic due to ‘congested traffic in the main streets’ which caused people to ‘suffer in their nerves from the noise and bustle’ and increased the ‘brain strain of trying to get about safely and across roads without mishap.’⁴⁰ The influence of the city was creating nervous children too according to Walsh in the inter-war period, ‘The children of all classes but especially those of the better-to-do families, who are brought up in cities, have ever so much less air and exercise than the children of preceding generations.’⁴¹ Clearly the concept of an urban working-class poor had escaped Walsh, for surely

³⁵ John Kennedy, Worry: Its Cause and Cure, ed. J. Kennedy (London: The Psychologist, 1950).

³⁶ Ash, Nerves in Order p. 9.

³⁷ Saleeby, Worry pp. 9-10. Schofield, Nervousness p. 9. Jon Kabat-Zinn, Full Catastrophe Living: How to Cope with Stress, Pain and Illness Using Mindfulness Meditation, 15th anniversary ed. (London: Piatkus, 2004) p. xxvii.

³⁸ Alvarez, Live at Peace p. 61.

³⁹ Ash, Nerves and the Nervous pp. 5-6.

⁴⁰ Ash, Nerves in Order p. 37.

⁴¹ James J Walsh, Safeguarding Children's Nerves: A Handbook of Mental Hygiene (Philadelphia: London: J B Lippincott Co, 1924) p. 17.

there was another population of children suffering from their environment, albeit perhaps with more and varied physical ailments than their 'better-to-do' counterparts?

The view that industrialisation, urbanisation and subsequent technological change could be the cause of disease was by no means new and could, in one form or another, be traced back to the nineteenth century and before.⁴² Whilst it is undeniably true that many of the results of such changes were physically damaging, for example, traffic and air pollution, what such a belief about 'modern life' also suggested was a human response to a sense of powerlessness in the face of change. The majority of people, most of the time, had little influence or ability to affect the societal and economic changes around them, thus one response to sometimes bewildering change was to attribute the distress of such powerlessness to the outside factors themselves. Arguably the same mechanism can be seen in the increasing pathologisation of everyday life in the late twentieth century, where many activities came to be seen as psychologically or emotionally damaging.⁴³

Brain work and status

Attributing nervous conditions to overuse of the brain illustrated powerful class determinants among many authors' explanations. Brain work implied a problem of the educated and professional, thus Alvarez in the late 1950s asked, 'Are you a brain worker?' and ascribed headaches and tight nerves to an 'over-taxed brain.'⁴⁴ This was simply a continuation of the neurasthenic tradition that overworking the brain was dangerous as Ash had explained thirty years earlier, 'We begin to see how persistent work on the same lines, even if never amounting to painful stress, may so steadily fatigue the brain cells that their vitality is eventually impaired.'⁴⁵

Inter-war medical textbooks concurred, listing among neurasthenia's causative factors, 'any occupation which involves sustained mental effort, particularly when associated with sedentary indoor life,' clearly excluding the manual labourer.⁴⁶ Other authors of the inter-war period were explicit in identifying who was most likely to suffer as a result of brain work, the subjects being invariably male and middle-class:

⁴² Jackson, *Age of Stress* pp. 14-15. Cooper and Dewe, *Stress* pp. 2-3. Wainwright and Calnan, *Work Stress* p. 37.

⁴³ Füredi, *Therapy Culture* p. 115.

⁴⁴ Alvarez, *Live at Peace* p. 38.

⁴⁵ Ash, *Nerves in Order* p. 25.

⁴⁶ Frederick William Price, *A Textbook of the Practice of Medicine* (Oxford: Oxford Medical Publications, 1922) p. 1476.

When one looks closely into the very frequent cases of nervous collapse in the lives of clergymen, politicians, lawyers, heads of business concerns and others, in most cases the cause is the same, almost total disregard of the economy of the nerve forces.⁴⁷

This distinction was further emphasised by the explicit association of nervous conditions with superior status, with which several authors identified themselves. Thus Bisch, in the 1930s, wrote 'I'm a neurotic myself and delighted' while Alvarez shared rather more detail than the reader needed, 'I, myself, feel no shame about my tendencies to nervousness. I am perfectly willing to admit that, at times, I suffer much from unconscious tension, which distresses my colon and drives away sleep.'⁴⁸ There was also the suggestion from Harris in the 1950s of a quid pro quo: 'You have one consolation anyhow. You may get more of the low spots in life than most people. But you get more of the high spots as well. I can vouch for that!'⁴⁹ Whether such declarations were intended to create empathy with the reader or simply reflected authorial arrogance is difficult to judge. In similar vein, some authors claimed famous historical figures as nerve sufferers, 'Take Alexander the Great, Caesar and Napoleon...every single one of them was neurotic,' asserted Bisch.⁵⁰ He went on to make a distinction between neurotics and 'normals' and talked pejoratively about the latter, particularly 'normal' women:

I wish I could picture the average female of the species as a finer specimen of humanity, but it can't be done. As a rule, she has a keen eye to the main chance, shows practically no interest in her job beyond the pay check, is conceited when pretty and attempts to capitalize it, becomes overbearing and snobbish when a man is in the offing, lords it over her friends when she marries, is gossipy and cattish, prevaricates when cornered, spends her time talking men and clothes, believes all the flattering bosh the opposite sex bestows on her, often behaves shockingly in public, is definitely "trivialized", scarcely knows how to cook or sew and often brings up her children abominably. As for her knowledge of sex and love, two factors in her life one might expect her to be superior in, the divorce courts tell the story.⁵¹

Presumably his intention in this misogynist condemnation of half the population was to boost the self-confidence of the suffering neurotic reader, by implying how much better they were than this. Somewhat less damningly, but in similar vein, Alvarez too claimed superiority, 'I think one should be much more proud of being nervous than of being

⁴⁷ Loosmore, *Nerves and the Man* p. 32.

⁴⁸ Bisch, *Be Glad You're Neurotic* p. 3. Alvarez, *Live at Peace* p. 118.

⁴⁹ Henry Baruch Harris, *How to Live With Your Nerves and Like It: A Family Doctor Book*, ed. H. B. Harris (London: British Medical Association, 1956) p. 10.

⁵⁰ Bisch, *Be Glad You're Neurotic* p. 11.

⁵¹ *Ibid*, p. 21.

insensitive and stolid.⁵² Nerves were clearly a product of a sensitivity which arose only in certain 'types' usually associated with favourable social or material standing. It is perhaps notable that these two authors who were particularly emphatic in arguing the status of the nervous were both American. Harris, a British writer who also identified famous people as neurotic in his book, did caution, 'Not that neurosis is a thing to boast about. Not all neurotics are fine people.'⁵³ Similarly the Second World War government leaflet *Just Nerves!* warned readers, 'You must not, as some people do, take almost a special pride in being "nervous" and "sensitive."⁵⁴ Perhaps there was a cultural difference at work and by highlighting the superiority of nervous suffering using a jokey and apparently deliberately exaggerated tone, American authors were using a mass marketing approach that worked among their readership. Arguably they were also used to the greater mass popularity of psychoanalysis in the US, and its strong association with both self-improvement and increasing consumption, which encouraged readers to compare themselves to their peers and strive for more.⁵⁵

There was a genuine concern in several books about the use of nervous conditions to gain attention, or to relieve boredom, Kennedy heading a chapter of his 1940s work 'She Wanted Attention' while *Just Nerves!* advised the British public not to use their nerves:

...as an excuse for avoiding unpleasant duties or as a weapon to force your family to let you have your own way by developing palpitation, a sick turn, or a headache when things don't go just as you want them.⁵⁶

This concern highlights a key factor regarding nervous conditions, which was that it was very hard to judge whether someone was genuinely suffering or faking it for their own ends. The multiplicity of nervous symptoms allowed the sufferer or opportunist to co-opt their own meaning, which was difficult to challenge and could be played up or down as the situation demanded. Stereotypes of those faking illness were inevitably

⁵² Alvarez, *Live at Peace* p. 113.

⁵³ Harris, *Live With Your Nerves* p. 10.

⁵⁴ Government leaflet, *Just nerves!*

⁵⁵ Eli Zaretsky, "Why the Freudian Century: Reflections on the Statue of Athena," *American Imago* 68.4 Winter (2011): pp. 680-681 and 688. Lawrence R Samuel, *Shrink: A Cultural History of Psychoanalysis in America* (Lincoln, Nebraska: University of Nebraska Press, 2013) p. xii. Zaretsky argues that the mass appeal of psychoanalysis in the US was inseparable from mass consumption capitalism. He suggests that it did not take a mass form in England before the 1960s because a 'modernist mass-consumption oriented culture was relatively weak' and traditional forms of class identity persisted. Similarly Samuel suggests that Americans reoriented psychoanalysis towards personal improvement and productivity in a way which fitted with mass culture in contrast to the way psychoanalysis was marginalised in Europe and largely limited to intellectuals and elites

⁵⁶ Kennedy, *Worry* ch. 7. Government leaflet, *Just nerves!*

infused with class assumptions. Asher, writing in the late 1950s, described several types of hypochondriac including the 'grand tour type', whose nervous condition necessitated long, expensive voyages, and the eccentric or faddist who jumped at the latest cure. Such characterisations implied individuals who had both money and leisure.⁵⁷ Class distinctions can be seen in the majority of the works for most of the century, however, Ash's pre-First World War *Nerves and the Nervous*, is noteworthy as he clearly acknowledged that nervous disorders *did* cross class *and* gender boundaries:

Artisans, labourers, porters, women who probably never open a book or write a line, domestic servants and navvies are by no means free from such afflictions, and I have some of the worst cases amongst patients of this class. Showing that monotony of life, poor circumstances, and the innumerable worries associated therewith, are just as potent to cause nervous disorder in the less-favoured ranks of society as amongst those who are better off.⁵⁸

However, he attributed different causes which continued to deny working-class sufferers any claim on the cultural capital of brain work. Such a claim might imply a level of social mobility unacceptable in early twentieth-century Britain. Indeed similar distinctions were still evident in the 1960s when the popular media stereotype of a stressed individual was the male business manager rather than the blue-collar worker.⁵⁹

'Tense as a witch': the problem of being a woman⁶⁰

For many authors simply being a woman could be a cause of nervous suffering. This was never stated so explicitly, but many of them discussed the roles women performed and the ways in which these contributed to nervous conditions. For example a lack of meaningful occupation on the one hand and too much emphasis on perfecting housework on the other could make women unwell. Such explanations were also class biased, featuring mostly the middle-class and wealthy. Several authors writing in the first thirty years of the century described the problem, such as Loosmore:

The physician who sees much of nervous disorders can never fail to be struck with the remarkable number of cases of women coming from the wealthy families of this rank of life who present themselves to him for nervous disorders. These people worry constantly because they have nothing to do; they worry over petty supposed worries between themselves and their neighbours; they

⁵⁷ Richard Asher, *Nerves Explained: A Straightforward Guide to Nervous Illnesses* (Faber, 1957) pp. 144-148.

⁵⁸ Ash, *Nerves and the Nervous* p. 51.

⁵⁹ "Status symbol of stress and strain," *The Guardian* 16 March 1960: p. 7.

⁶⁰ Alvarez, *Live at Peace* p. 56.

worry because they cannot get enough amusement, and after a certain age they tend to worry about everything they possibly can.⁶¹

Discussing 'women of the wealthy classes who live in the suburbs and the country towns' Ash claimed that 'the deadly monotony of life had 'resulted in the development of nervous troubles which seem to occur from sheer starvation of the higher mental faculties', apparently foreseeing the problem of 'suburban neurosis' twenty years ahead of its appearance in *The Lancet* in 1938.⁶² The danger was apparent as soon as a female left education according to Schofield:

The change from working every day through a long time-table to the peaceful occupation of arranging the flowers in the drawing room for half an hour daily, has a very marked effect on some natures, and they readily become a prey to nerve disorders from the abrupt cessation of brain work.⁶³

Evidently this only applied to those who did not have a living to earn or the option of higher education. Even if they survived this potential affliction, they could expect further problems with motherhood, as Klickmann explained:

Conditions such as these are calculated to induce nerve-trouble even quicker than the wear-and-tear of business life, simply because the home-mother is never quit of them. She cannot close her desk at five o'clock, and get away from her business problems and the perpetual string of queries till ten o'clock next morning; they are ever with her, waking or sleeping.⁶⁴

With some prescience she homed in on the core of the problem for women in the inter-war period, although arguably applicable across the whole century; women's lack of agency and control of their own destiny:

Sometimes one sees a mother sacrificing all her own personal inclinations in order to give her children a good time; or a wife reduced to a colourless nonentity by a selfish dominating husband; or a daughter deprived of the ordinary pleasures and pursuits of young womanhood by the exacting demands of an invalid parent; or an elderly woman, forced by circumstances to live with a son and daughter-in-law, who is expected to subserviate herself entirely to the younger generation; or an employee who has to choke back personal preferences and stick at some uncongenial work, because this is all that offers in the way of a living. Suppression of this type will often react on the nerves; and it would probably do the sufferer a world of good if she could assert herself occasionally, and be permitted to live her own life on her own lines.⁶⁵

⁶¹ Loosmore, *Nerves and the Man* p. 46. Ash, *Nerves and the Nervous* pp. 66-67.

⁶² Ash, *Nerves and the Nervous* p. 40. Stephen Taylor, "The Suburban Neurosis," *The Lancet* 231.5978 (1938).

⁶³ Schofield, *Nervousness* p. 38.

⁶⁴ Klickmann, *Mending Your Nerves* p. 37.

⁶⁵ *Ibid*, p. 95.

Other authors considered housework a causative factor, but less for the work itself and more for the erroneous attitude of the housewife towards it, thus Walton in 1908 explained, 'One of the hardest obsessions to overcome is the *unduly* insistent habit of mind regarding orderliness and cleanliness...when it gives one a 'fit' to see a picture slightly off the level, and drives one 'wild' to see a speck of dust.'⁶⁶ Fifty years later, Alvarez concurred, 'Often she will get terribly tense because she is too much of a perfectionist on keeping her house too clean. Everything must be just so or she gets "tense as a witch."⁶⁷ There was little understanding that such perfectionism might arise from an attempt to give meaning to the potentially meaningless nature of domestic labour. Only underlining his lack of insight, Alvarez continued:

I always remind a woman who is wasting a tremendous amount of nervous energy over little decisions that many times a day her husband in his office is making quickly and irrevocably many important decision, some of which, if unwise, might bring him to bankruptcy and ruin. If men can quickly keep making one big important decision after another without apparent effort, why can't women learn the art of making little decisions? It could bring many of them so much better mental health.⁶⁸

Not content with this, he went on to metaphorically pat them on the head and reassured the reader:

...when a woman is told that her troubles are nervous in origin, she need not feel ashamed or outraged or humiliated. As I sometimes say to her, "Nervousness explains much of your charm and social attractiveness. Without it you might have no brightness in your eyes, and none of the quick response to the moods and thoughts of the people about you that makes you such a delightful companion."⁶⁹

So whilst nervousness in men resulted from over-taxing their brains, the opposite was true for women; they were not trying hard enough to make sensible decisions, but at least this made them attractive. Although Alvarez was certainly not attributing nervous disorders to housewifery, he did appear to be identifying conditions which arose from its frustrations. Ironically the fourth edition of his book was published a mere five years before Betty Friedan addressed much the same issue from a very different perspective in her opening chapter of *The Feminine Mystique*, 'The Problem that has No Name.'⁷⁰ Second-wave feminism notwithstanding, Weekes was still identifying the problems of

⁶⁶ George Lincoln Walton, *Why Worry?* (Philadelphia: London: J B Lippincott Co, 1908) pp. 260-261.

⁶⁷ Alvarez, *Live at Peace* p. 64.

⁶⁸ *Ibid*, p. 88.

⁶⁹ *Ibid*, p. 118.

⁷⁰ Betty Friedan, *The Feminine Mystique*, New ed. (London: Penguin, 2010) p. 5.

housewifery in 1969, describing the nerve sufferer 'wandering from room to room, staring in lonely desperation at the empty hours ahead.'⁷¹

Paid employment

Whilst there was limited acknowledgement of the detrimental effects of women's domestic work on their mental health, authors were clear that for men, work could definitely be a source of woe, Ash explaining in the 1910s, 'In business circles the pressure of competition leads many men to worry day after day and year after year, with the consequence that their capacity for work is impaired.'⁷² Fifty years later, Fink suggested, 'If you don't like your work, it can make you sick.'⁷³ A more detailed explanation came from Schindler:

The industrial system, as we know it in this country, is a wonderful provider of human needs. But unfortunately it is also a great provider of stressing emotions to the people who make it run. Great responsibilities, the constant demand for great effort, and the fight to maintain his gains are common stresses of the top executive. The competitive fight for advancement, with its overshadowing insecurity, is the lot of the man on the way up. Non-creative and low-interest jobs with monotonous repetitions bring a deep form of stress to the laborer.⁷⁴

Writing in the 1950s his comment at least acknowledged that stress could trouble both top executive and labourer, albeit for different reasons. Also cutting across the class divide was 'Insecurity in our work', mentioned by several authors.⁷⁵ Strangely, unemployment, which was surely at the heart of such insecurity, was not mentioned itself as a cause of nervous problems, despite several authors writing during the Depression when in some regions it was rife. Possibly this is because authors had simply not been exposed to it among their patients, or did not imagine their readership to be at risk.

Of women in paid employment almost nothing was said, most of the authors writing after the Second World War implying that women did not work outside the home, which may have been the cultural aspiration for some, but not necessarily the reality. Only Klickmann in the 1920s, reflecting the increasing numbers of women in clerical work at that time, made mention of women in business, 'the girl, who is herself very likely tired out and strained with the bad air of a City office, to say nothing of her business responsibilities, is not in the mood to tackle household worries or work when she

⁷¹ Claire Weekes, Hope and Help for Your Nerves (New York: Hawthorn Books, 1969) p. 159.

⁷² Ash, Nerves and the Nervous p. 63.

⁷³ David Harold Fink, Release from Nervous Tension, 2nd ed. (London: George Allen and Unwin Ltd, 1946) p. 196.

⁷⁴ John A. Schindler, How to Live 365 Days a Year (Blackpool: A Thomas & Co, 1955) p. 167.

⁷⁵ Kennedy, Worry p. 43. Alvarez, Live at Peace p. 80.

comes home.⁷⁶ The issue she identified, of balancing full-time employment and domestic responsibilities, would only really come to the fore in the late twentieth century, although by then it would certainly be perceived as a cause of stress.⁷⁷

Over-indulgence

If work and over-taxing the brain were seen as a cause of nervous debility, so by contrast, was having too much fun. Whether this involved 'the stress of a London season, with its endless round of dinners, theatres, balls and receptions' or 'constant novel reading extending to the early hours of the morning, over exercise, over indulgence at sports and games,' all might exhaust your nervous energy.⁷⁸ Whilst the London season was clearly limited to the wealthy at least some of the other activities might extend to the lower social classes. In particular there were dangers for children:

There are many undesirable elements and suggestions in the movies which prove particularly disturbing for nervous children, and so far as possible they should be kept from attendance at the more alluring of the movies at least. Sex problems of various kinds, stories of passion and violence, above all suicides, are not proper subjects for nervous children to see.⁷⁹

According to Walsh in the inter-war period, part of the problem with cinema was that children were spending good daylight hours in a darkened room, rather than enjoying fresh air and physical activity.⁸⁰ Fresh air and moderation were key elements of contemporary thinking about health at that time and thus, 'Lack of proper nourishment or lack of fresh air', 'intemperance in eating, drinking or smoking', and 'irregularity of habits, varying meal times, hurrying over meals, exercise or work immediately after a meal,' were all potentially harmful.⁸¹ The digestive system in particular was a focus of popular concern, 'The poisoning of the blood and eventually the clogging of the nervous mechanism by the acid wastes and morbid products resulting from a faulty diet and faulty elimination, is another potent primary cause,' explained Powell.⁸²

These examples are all drawn from the early twentieth century and reflect the contemporary preoccupation with health and fitness epitomised in organisations such as the Women's League of Health and Beauty which had over 170,000 members in

⁷⁶ Klickmann, Mending Your Nerves p. 21.

⁷⁷ "Can women take the pressure?," The Times 17 February 1982: p. 15.

⁷⁸ Ash, Nerves and the Nervous pp. 40-41. Inch, Away with Nerves p. 13.

⁷⁹ Walsh, Safeguarding Children's Nerves p. 127.

⁸⁰ *Ibid.*, p. 123.

⁸¹ Klickmann, Mending Your Nerves p. 17. Inch, Away with Nerves pp. 12-13.

⁸² Powell, Sound Nerves p. 4.

1939.⁸³ Post-war self-help books put far less emphasis, if any, on over-indulgence, presumably as a result of the decline in opportunities for such indulgence during years of austerity, but perhaps also reflecting an increasingly psychologised approach to nerves.

Nature and nurture

According to Loosmore in the 1920s 'There can be no doubt, however, that nervous breakdown in many cases can be traced to similar disorder in the parents or forefathers of the victim.'⁸⁴ His view was supported in medical textbooks, 'parents who have indulged in excesses of various kinds, or who have suffered mental or nervous disorders, may transmit to their offspring a poorly equipped mental and nervous system.'⁸⁵ Such pronouncements might be interpreted as veiled allusions to congenital syphilis, which was still relatively common in the early twentieth century and ironically had tended to be associated with high status and genius among the avant-garde of the nineteenth century.⁸⁶ The concern with heredity can also be seen within the context of worries about degeneration partly prompted by the poor health of volunteers in the Boer and First World Wars but also supported by nascent understandings of genetics and the rise of eugenics in the first decades of the twentieth century.⁸⁷ There was a view that some people 'are born nervous' or 'possessed of neurotic temperaments from birth, and in consequence, strongly predisposed by circumstances to nerve-troubles of all kinds'.⁸⁸ The dangers of such a predisposition were such that even in the late 1950s, Alvarez was suggesting to male readers that they seek heredity counselling if they 'know of serious nervous illness in his family, if he is thinking of marriage and wondering if he dare have children.'⁸⁹

As well as distant forefathers tainting the family gene pool, those responsible for a child's upbringing were also considered a factor in building a predisposition to nervous disorders. Bisch raised Freudian ideas about 'mother and father fixations' and blamed parents for not correcting any such occurrences early in the child's development, or for

⁸³ Jill Julius Matthews, "They had Such a Lot of Fun: The Women's League of Health and Beauty Between the Wars," History Workshop Journal 30.1 (1990): p. 23.

⁸⁴ Loosmore, Nerves and the Man p. 24.

⁸⁵ Price, Textbook p. 1477.

⁸⁶ Roy Porter, The Greatest Benefit to Mankind : a Medical History of Humanity from Antiquity to the Present (London: Fontana Press, 1999) p. 451.

⁸⁷ Jim Endersby, A Guinea Pig's History of Biology (William Heinemann, 2007) p. 176. Jon Turney, Frankenstein's Footsteps: Science, Genetics and Popular Culture (New Haven: Yale University Press, 1998) p. 59.

⁸⁸ Ash, Nerves and the Nervous p. 7. Schofield, Nervousness p. 36.

⁸⁹ Alvarez, Live at Peace p. 109.

giving too much attention to an only child in his work in the 1930s.⁹⁰ After the Second World War Kennedy warned against the dangers of bringing children up in an 'environment of worry and strain' as this could mean 'there has been a certain tension put into you that keeps you taut and anxious', although how people were to have avoided this during the recent world war he did not explain.⁹¹ Mothers in particular came in for criticism for cossetting and pampering their children, 'the parent who is doing her very best for her child is sometimes doing her very worst.'⁹² Such claims being consistent with the increasing focus on psycho-social relations within the family and particularly the role of mothers in the post-war period.⁹³

Sex, hormones and emotions

Implicitly and explicitly another key cause of nervous troubles was 'matters appertaining to sex'.⁹⁴ Indeed Freud himself referred to the fact that homosexuality was often regarded as an indication of 'nervous degeneracy' which he disputed.⁹⁵ Authors in the early decades of the twentieth century reflected this in blaming 'dissipation, whether sexual or alcoholic' and used ambiguous and veiled language in chapters with titles such as '*Secret Sins*' to avoid specifics, Ash hinting at the strain which guilt could create 'for the knowledge of having done wrong can only be borne with impunity by the strongest.'⁹⁶ Greater openness could be seen in later works, undoubtedly influenced by Freud, particularly Bisch in the 1930s whose books were clearly psychoanalytical in approach:

To find a person whose sex life is completely adjusted and gratified would be difficult indeed. Not that such individuals do not exist. They are, however, even among normals, exceedingly rare. In neurotics, on the other hand, maladjustments and dissatisfaction in the expression of the sex instinct is practically 100 per cent.⁹⁷

That such maladjustments might also include 'onanism, homosexuality, Lesbianism and perversions' proved the inherent neuroticism according to Bisch.⁹⁸ He went on to suggest that homosexuality was the result of arrested development and that such individuals were not neurotic, like Freud drawing a distinction between those struggling against their sexuality (the neurotic) and those who were accepting of themselves.

⁹⁰ Bisch, *Be Glad You're Neurotic* pp. 53-54.

⁹¹ Kennedy, *Worry* p. 11.

⁹² *Ibid*, p. 9.

⁹³ Thomson, "The Psychological Body" p. 302.

⁹⁴ Ash, *Nerves and the Nervous* p. 57.

⁹⁵ Peter Gay, *The Freud Reader* (London: Vintage, 1995) pp. 241-242.

⁹⁶ Powell, *Sound Nerves* p. 4. Ash, *Nerves and the Nervous* p. 73.

⁹⁷ Bisch, *Be Glad You're Neurotic* p. 129.

⁹⁸ *Ibid*, p. 131.

Within his explanations, repressing natural sexual inclinations was both cause and symptom of neurosis.⁹⁹ However, such Freudian interpretations were largely absent from British-authored self-help books, reflecting the general hesitancy and hostility towards Freud of the majority of the British medico-psychological community in the inter-war period and later the development of psychoanalysis as an independent discipline.¹⁰⁰ Medical textbooks highlighted this with early editions quoting Freud, but making it clear that his ideas were separate from the mainstream.¹⁰¹ Whilst by the mid-century there was little mention made of psychoanalysis at all, suggesting it was largely irrelevant to the medical student reader of such texts.¹⁰²

Nevertheless, some thirty years after Bisch, Rorie writing in the late 1960s also raised the issue of homosexuality stating 'this misfortune is a common basis of neurotic illness, causing the individual terrible conflict,' and referring to the fact that it 'has recently been in public focus' reflecting the legislative and social changes in Britain. He went on to explain that:

We now think it probable that sexual behaviour, whether normal towards the opposite sex or abnormal towards the same sex, is determined by genetic factors. In other words, the homosexuals are born, they are not made or perverted.¹⁰³

So although views about the origins of homosexuality had changed, its role in nervous disorders had not. Rorie's comments are interesting in themselves in reflecting both continuity in the discussion of homosexuality in a medical context, but also change, in terms of the increasing understanding of homosexuality in sociological as well as psychiatric terms.¹⁰⁴

Rorie's suggestion that inadequate sex education could be a cause of neurotic tendencies was also reflective of societal changes in the 1960s:

⁹⁹ Ibid, pp. 131-136.

¹⁰⁰ Dean Rapp, "The Early Discovery of Freud by the British General Educated Public, 1912-1919," *Social History of Medicine* 3.2 (1990): p. 217.

¹⁰¹ Price, *Textbook* p. 1476.

¹⁰² F W Price and Donald Hunter, *Price's Textbook of the Practice of Medicine*, ninth ed. (Oxford: Oxford University Press, 1956) p. 1625. Whereas the 1925 edition included Freud in its section on neurasthenia, all such mention had disappeared by the 1956 edition.

¹⁰³ Ronald Arthur Baxter Rorie, *Do Something About Those Nerves* (London: Tandem, 1968) pp. 62-63.

¹⁰⁴ Chris Waters, "The Homosexual as a Social Being in Britain, 1945-1968," *Journal of British Studies* 51.03 (2012): p. 702.

The shock to the unprepared child's mind when first confronted with sex activities is frequently the starting point for the linking of guilt and shame with normal healthy feelings.¹⁰⁵

In the same year as his book was published the government issued a newly-revised edition of the handbook of health education, essentially *the* guide to sex education for schools, emphasising the importance of much greater openness in sex education because of 'certain physical and emotional stresses...that did not exist for former generations,' reflecting governmental concerns about the effects of social change but also recognition of the potentially stressful nature of sexual relationships.¹⁰⁶

Reference to emotion as a factor in nervous disorders was also increasingly common among the self-help books from the 1950s onwards, the terminology reflecting the trend in psychology, for the *concept* of emotion existed within the earlier works in different guises. Thus Rorie referred to 'undiscovered emotional ill health', Fink to 'an emotional tug of war within the individual' and Alvarez wrote, 'it is sad to think that right now there are thousands of people going from doctor to doctor and clinic to clinic, looking for medicine or an operation, when all they need is help with an emotional problem.'¹⁰⁷ This is significant as part of the general shift of emphasis from physical to emotional or psychological causes in the post-war period.

This shift can also be seen in ideas about the role of hormones and 'glands' in nervous disorders, in books across the period. In his 1930's book, Bisch contrasted psychoanalytic approaches to nervous disorders with that of physiologists, and in doing so mentioned the flight or fight mechanism and the role of the pituitary, thyroid, and adrenal glands, saying 'The really new thing about glands is a recognition of the way they affect human nature, especially our intellectual and emotional lives'.¹⁰⁸ Despite this reference, for the remainder of his book he stuck to his own psychoanalytic preferences in both explaining and offering remedies for nervous disorders. White's book in the 1940s acknowledged that 'fear, in common with other strong emotions, is accompanied by certain bodily changes, many of which have a purpose in preparing the individual for flight or fight,' and suggested that worry over a long period would have

¹⁰⁵ Rorie, Do Something p. 98.

¹⁰⁶ Department of Education and Science A handbook of health education (London, HMSO 1968) quoted in Jane Pilcher, "School sex education: policy and practice in England 1870 to 2000," Sex Education 5.2 (2005): p. 161.

¹⁰⁷ Rorie, Do Something pp. 10-11. Fink, Release from Nervous Tension p. 9.

¹⁰⁸ Bisch, Be Glad You're Neurotic pp. 151-155.

a physical and detrimental effect on health.¹⁰⁹ Other authors also referred to these concepts or to Selye's work directly, with Harris summarising:

According to Professor Hans Selye, of Montreal, the leader of a new line of research which promises to revolutionise our whole approach to many of the problems of modern medicine, all diseases are stress diseases. All the diseases have the one basic cause – stress. Why are there so many diseases, if there is only one cause? Well, according to Professor Selye, it's because we all have our own particular weak points. Yours may be your stomach. With someone else it may be the bladder.¹¹⁰

He went on to reposition the concept within his own framework, 'Obviously the next grand battle that medicine has to wage must be against these stress diseases. Which means against neurotic worry. It is the fact then that WORRY CAN KILL YOU.'¹¹¹ These early mentions of Selye's work are contemporary with his own publication of *The Stress of Life* and would seem to support Viner's contention that his ideas were eagerly appropriated by diverse groups who saw his work as a justification of their own ideas.¹¹² However, it is also pertinent that other books of this period in the research sample either failed to mention Selye's idea, continuing to use the existing terminology and conceptual framework of nerves, or were dismissive, such as Asher in the late 1950s:

Some doctors specialize in the subject of psycho-somatics – that is bodily diseases alleged to be caused by psychological disturbances. Certain diseases are labelled 'the stress diseases' or classed as belonging to 'the psycho-somatic group' including duodenal and gastric ulcers, ulcerative colitis, asthma, hay fever and eczema. I think this tendency has been greatly overdone.¹¹³

This suggests that the whole area of nervous disorders remained open to multiple interpretations by both self-help authors and readers alike and arguably remained so across the century.

I have sought to highlight the explanations of nervous suffering available to readers of self-help books and through this to demonstrate how the very diversity of such causes reflected the wide range of human experiences that the authors were trying to address. I have also illustrated the ways in which inherent class and gender assumptions informed some authors' explanations and suggested that whilst some class distinctions began to diminish in the second half of the century, gendered interpretations

¹⁰⁹ White, *Overcoming Fears* pp. 4-6.

¹¹⁰ Alvarez, *Live at Peace* p. 63. Schindler, *How to Live* p. 44. Harris, *Live With Your Nerves* p. 28.

¹¹¹ Harris, *Live With Your Nerves* p. 28.

¹¹² Selye, *Stress of Life*. Viner, "Putting Stress in Life," p. 400.

¹¹³ For example Fink, *Release from Nervous Tension*. Asher, *Nerves Explained* p. 89.

particularly around housewifery showed considerable continuity. I suggest that it is possible to see a much reduced emphasis on physical causes in the later century, and argue that this is a reflection of increasingly psychological interpretations of nerves. Where I perceive considerable continuity is the tension between explanations which are environmental and those which are inherent to the individual. For the majority of authors across the period, many nervous conditions resulted from the individual's choices, lifestyle or genes. On the one hand this was positive as it conceded agency and an ability to address these things, both of which were surely intrinsic to self-help books. However it could also imply that the reader was the architect of his or her own nervousness, and thus alienate the sufferer from the author's positive intent. Equally, it tended to deny the economic, social and political external factors which might cause or contribute to the reader's distress. Authors needed to find a balance as external factors might be far beyond the reader's control, and emphasising them might provoke a sense of helplessness. Ash mentioned the 'poor circumstances, and the innumerable worries associated therewith' that affected 'the less-favoured ranks of society' saying that some of his worst cases were patients of this class. While it might have been a relief for his patients (and readers) to be told that their nervous conditions were not self-inflicted, the limited potential for changing the external circumstances that Ash was ascribing as causes, might have been equally distressing.¹¹⁴ What I have sought to demonstrate here is how the distinctions and contradictions between exogenous and endogenous causes illustrate the complexity for author and reader alike of trying to explain a condition which could incorporate so many varying experiences. Although the influence of changing social and cultural beliefs can be seen in some of the causes suggested, I would argue that ultimately there was no clear and simple popular explanation of what caused nervous suffering or stress across the whole period. Because of this multiple meanings and understandings could emerge serving different people for differing purposes.

In the following analysis I explore those meanings further by examining the experience of nerves as illustrated by the vocabulary and explanation of symptoms recounted in self-help books. In doing so I suggest how sufferers interpreted those experiences in ways which enabled both comprehension and acceptance.

¹¹⁴ Ash, Nerves and the Nervous p. 51.

The symptoms of nerves

The lexicon of nervousness

The following is an analysis of the accounts given in the self-help books of the symptoms of nerves, which effectively enabled readers to self-diagnose. I will argue that the privileging of the physical over the psychological as a means of denying any hint of insanity can be seen to decline somewhat across the period, but that otherwise symptoms were largely consistent. However, I begin by examining the language used in the books to discuss such symptoms, in the process revealing considerable continuity across the period, but also comparing it with that of medical textbooks in order to show why many sufferers chose to turn to self-diagnosis via a self-help book rather than their doctor.

The language used by self-help authors in their books largely echoed the conceptual predilections indicated by the titles, but it also reflected their stylistic and semantic preferences and the linguistic trends of the period in which they wrote. For example, it is extremely rare to find the word 'fag' denoting tiredness in late twentieth-century Britain, but it was common enough in the inter-war period to feature in several descriptions of nerve symptoms.¹¹⁵ Words used to describe the experience of nerves went far beyond just 'nerves' and included: 'nervous breakdown'; 'personality knockout' and 'strain too great to bear'; 'over-stimulated nerves'; 'chronic form of emotional apprehension'; 'nerve fag'; 'brain-fag'; 'stress of life'; 'nervous tension'; 'jangled nerves' 'fretting of the mind' and 'anxiety neurosis'; 'queer spells'; and 'neurotic illness'.¹¹⁶ These were not the language of professional medicine, instead very often they were what the authors reported their patients saying. This was the commonly used and understood popular language of everyday distress. Curiously it has been suggested that 'nervous breakdown' was largely an American concept before World War II and that advice literature drew largely on US case studies.¹¹⁷ However this is evidently contradicted by the existence of British books such as *The Problem of Nervous Breakdown* published in 1919, but also its appearance in many other books written by

¹¹⁵ Klickmann, *Mending Your Nerves* p. 17. Powell, *Sound Nerves* p. 21. Bisch, *Be Glad You're Neurotic* p. 138.

¹¹⁶ Ash, *Nerves in Order* p. 24. Walter Beran Wolfe, *Nervous Breakdown: Its Cause and Cure* (New York: Farrar & Rinehart, 1933) p. 4. Powell, *Train Your Nerves* p. 6. White, *Overcoming Fears* p. 5. Klickmann, *Mending Your Nerves* p. 17. Bisch, *Be Glad You're Neurotic* p. 138. Ash, *Nerves and the Nervous* pp. 5-6. Fink, *Release from Nervous Tension*. Kennedy, *Worry* pp. 39-40, 36 and 15. Alvarez, *Live at Peace* p. 54. Rorie, *Do Something* pp. 62-63.

¹¹⁷ M Barke, R Fribush and P N Stearns, "Nervous Breakdown in 20th-Century American Culture," *Journal of Social History* 33.3 (Spring) (2000): p. 565.

British authors and using British case studies and anecdotes.¹¹⁸ The British Government showed a good grasp of popular terminology in a 1940 pamphlet aimed at the home front audience during the Second World War:

“It’s just my nerves!” How many of us have said that and how few of us have asked ourselves what it means. We are all inclined to be over-anxious and nervy at times, and perhaps more than ever under the stress of present-day conditions.¹¹⁹

Whilst the use of several synonyms enabled the pamphlet to cover a range of experiences, the quotation is interesting for its use of ‘stress’ to describe the external cause rather than the effect. Conditions were stressful but the resulting experience was of ‘nerves’ or to be ‘nervy’. The meaning of ‘stress’ had not yet changed to encompass both cause, response and condition, as it is understood today.

Earlier, in the inter-war period, professional medicine generally used the term ‘neurosis’ and doctors recognised emotional symptoms as “‘reactive”, “neurotic” and “exogenous” in nature’ and tended to see them as separate from the more severe forms of mental illness.¹²⁰ *A Textbook of the Practice of Medicine* by F W Price published in 1922 and one of the key texts for medical students, appearing in numerous editions throughout the century, did not acknowledge the popular terminology of ‘nerves.’ Instead, the 1920’s edition of the textbook offered neurasthenia which was categorised under diseases of the nervous system alongside organic diseases and described as functional i.e. of unidentifiable physical cause. It also featured psychasthenia which appeared in a fairly short section of Psychological Medicine, and which was considered a more severe, and chronic form of neurasthenia, for which there was apparently no hope of total cure, but death.¹²¹ A 1935 British edition of an American psychiatric textbook listing the classifications of the American Psychiatric Association, which ultimately formed the basis of the Diagnostic and Statistical Manual of Mental Disorders (DSM), included ‘Hysteria (anxiety hysteria, conversion hysteria and sub groups), Psychasthenia or compulsive states (and sub groups), Neurasthenia, Hypochondriasis, Reactive depression (simple situational reaction, others), Anxiety state, Mixed psychoneuroses’.¹²² In such terminology there was little or nothing that patients, with their popular understanding of nerves, might understand. However, under these

¹¹⁸ Edwin Lancelot Hopewell Ash, *The Problem of Nervous Breakdown* (London: Mills & Boon, 1919). Loosmore, *Nerves and the Man* p. 1. Klickmann, *Mending Your Nerves* p. 17.

¹¹⁹ Government leaflet, *Just nerves!*

¹²⁰ Callahan and Berrios, *Depression* pp. viii and 28.

¹²¹ Price, *Textbook* pp.1476 and 1636.

¹²² Smith Ely Jelliffe and William A White, *Diseases of the Nervous System: A Textbook of Neurology and Psychiatry* (London: H K Lewis & Co, 1935) pp. 895-896.

headings, the actual descriptions of symptoms, discussions of causation and even many of the recommended treatments differed very little from the content of the self-help books. The same patient experiences were being categorised, but whereas professional medicine identified numerous distinct psychiatric diagnoses often at the more extreme end of the spectrum, popular writings tended to use broad categories. This suggests that the self-help authors, most of whom were doctors and therefore aware of these specific diagnoses, deliberately avoided them in order to appeal to a wide range of reader experiences, remain comprehensible and avoid frightening their readership. It is interesting to note that in the 1956 edition of *A Textbook of the Practice of Medicine*, retitled *Price's Textbook of the Practice of Medicine*, neurasthenia was no longer categorised under the neurological diseases but in the Psychological Medicine section. What is perhaps more surprising is that this Victorian diagnosis was *still* in the textbook. For although Thomson has pointed out that some GPs in the 1950s were still using it, its presence in the textbook of 1956 suggests that contemporary medical students may have carried it into their professional practice well beyond the 1950s.¹²³

Nervous symptoms¹²⁴

The discussion of symptoms in self-help books enabled readers to compare their own experiences and, the authors hoped, recognise them and then learn how to deal with them. Like the explanations of causes, symptoms divided between the physical and the mental or psychological, with a distinct emphasis on the former in the early part of the century. This was because in popular understanding a physical symptom must have a physical cause, and therefore was a distinct proof against any suggestion of lunacy. An individual would be much more likely to admit to a physical symptom, even if it was effectively a proxy for something more psychological.¹²⁵ 'The fear of insanity is particularly common' stated Price's medical textbook in a section on anxiety, whilst Bisch referred to 'this haunting dread of insanity' in his self-help book.¹²⁶ Such explicit references to the fear of madness acknowledged the powerful rationale behind the privileging of the physical. Authors also featured those symptoms which reflected their

¹²³ Price and Hunter, *Price's Textbook* p. 1625. Thomson, "Neurasthenia" p. 83.

¹²⁴ Arthur Guy Mathews, *Take it Easy: The Art of Conquering Your Nerves* (New York: Sheridan, 1945) Title of Chapter Five.

¹²⁵ Edgar Jones, "'The gut war': Functional somatic disorders in the UK during the Second World War," *History of the Human Sciences* 25.5 (2012): p. 44.

¹²⁶ Bisch, *Be Glad You're Neurotic* p. 73. Price and Hunter, *Price's Textbook* p. 1651.

own interests, hence White's focus on worry and Jacobson's emphasis on relaxation as a treatment.¹²⁷

An overview of potential symptoms could be found in Harris's 1950's book *How to live with your nerves and like it* which provided a quiz to 'tell you how highly strung you are'.¹²⁸ The fifty questions queried physical symptoms including trouble sleeping, concentrating, blushing, indigestion, headaches and stuttering. It also asked about fears of death, insanity or disease, being prone to ups and downs in mood, forgetfulness, and feelings of inferiority. Additional questions dealt with behaviours such as finger-drumming, nail-biting, uneasiness in tunnels, lifts and trains, self-consciousness, swearing, hoarding and repeatedly checking the gas was off or door closed. Although he claimed his quiz was not intended to help readers put a 'label on yourself,' his scoring explanations did just that, offering categories ranging from 'reasonably normal' to 'You would probably benefit from psychological treatment,' which was presumably why they were reading the book in the first place.¹²⁹ Harris then wrote, 'And don't tell me you can't answer "Yes" to any of these questions. If so you're either too normal to be natural – or an unmitigated liar.'¹³⁰ This guaranteed that the reader would fall into one of his categories, thus promising an audience for the rest of the book, but surely illustrating questionable psychological and ethical practice. The fifty items in the quiz demonstrated at the very least the vast range of different feelings and experiences which were considered symptomatic of nervous conditions.

Physical symptoms

Fatigue was the classic symptom of neurasthenics in the nineteenth century and it appeared, along with the associated insomnia, in many self-help books throughout the century, thus Inch in the 1940s described:

... the patient either has extreme difficulty in wooing slumber or else after getting off to sleep wakes up with a 'tired out' feeling during the small hours of the morning and then becomes a prey to disturbing thoughts which continue possibly until it is time to rise or at any rate for sufficient time to spoil the night's rest and leave the sleepless one tired out for the rest of the day.¹³¹

¹²⁷ Edmund Jacobson, You Must Relax: A Practical Method of Reducing the Strains of Modern Living (New York & London: McGraw-Hill Book Co 1934). White, Overcoming Fears.

¹²⁸ Harris, Live With Your Nerves p. 11.

¹²⁹ Ibid, pp. 12-15.

¹³⁰ Ibid, p. 11.

¹³¹ Inch, Away with Nerves p. 6.

Other authors talked of the 'upsetting of sleep habits,' symptoms of 'intense fatigue' and in one case a whole chapter devoted to 'Sleeplessness'.¹³² Authors might differ considerably on other symptoms, but problems with sleep and resultant tiredness were consistent across books and time. Arguably fatigue could result from a multiplicity of causes, many of them physical and with nothing at all to do with nerves or stress. However its frequency of appearance serves to illustrate the breadth of reader experiences which self-help authors were trying to address, and indeed the mutability of the whole concept.

Featuring mostly in the first half of the century, another frequently mentioned symptom was digestive problems, often synonymous with constipation, as Bisch suggested tactfully, 'Inadequate intestinal elimination is a prevalent cause for that "tired feeling" although individuals vary greatly in this respect.'¹³³ Inch claimed that 'it is well known to nerve specialists that it is almost impossible to suffer from neurasthenia without it being accompanied by indigestion in some form or other', while Klickmann was more forthright in her explanation of symptoms:

It is often surprising how a little thing will relieve or banish the strange 'sensations' that always accompany nerve-weakness. Sometimes the 'sensations' are due to nothing more romantic than flatulence!¹³⁴

Headaches were also prevalent, Loosmore reporting that patients complained of 'feeling that his head is being pressed' and that 'commonly, pain is at the back of the neck,' while Alvarez and Inch included 'headache' and 'head pains' in lists of symptoms.¹³⁵ Other physical symptoms included palpitation of the heart, sweating without cause, heaviness of the limbs, restlessness, loss of appetite and trembling limbs.¹³⁶

The results of such symptoms could include 'lessened sexual power, alcoholic, drug or tobacco craving', 'inability to relax', 'timidity' and 'irritability and bad dreams.'¹³⁷

¹³² Loosmore, Nerves and the Man p. 18. Kennedy, Worry p. 15. Weekes, Hope and Help p. 150.

¹³³ Bisch, Be Glad You're Neurotic p. 142.

¹³⁴ Inch, Away with Nerves p. 6. Klickmann, Mending Your Nerves p. 112.

¹³⁵ Loosmore, Nerves and the Man p. 17. Alvarez, Live at Peace p. 38. Inch, Away with Nerves p. 7.

¹³⁶ Inch, Away with Nerves p. 7. Kennedy, Worry p. 15. Weekes, Hope and Help p. 29. A Specialist, From Terror to Triumph: How to Fight and Conquer Neurasthenia, Insomnia and Other Nervous Disorders (Epsom: E G Pullinger, 1932) pp. 7-8.

¹³⁷ Inch, Away with Nerves p. 7. Bisch, Be Glad You're Neurotic pp. 142-143. Kennedy, Worry p. 15.

According to Kennedy, this in turn meant, 'we should hardly expect to find much self-confidence',¹³⁸ while White summed up the experience:

It takes the sweetness and joy out of life, making easy things difficult, and difficult things intolerable. It tends to lead on to irritability and bad temper, interferes with sleep, and produces a gloomy atmosphere which the worrier carries about with him and passes on to others.¹³⁹

Such physical symptoms were of great import to sufferers in proving that they were *not* suffering from a mental illness: the bodily pain or malfunction was proof that it was a physical problem rather than a psychological one. Many of the self-help authors were at pains to emphasise this such as Fink who sought to reassure his readers that, 'The first and most important thing to know about nervousness is that it is a physical disease. It is not a disease of the imagination.'¹⁴⁰ This repudiation of the imagination was no doubt intended to counter accusations that the reader's suffering was all in the mind or the result of hypochondria and to reinforce the idea that it could be tackled practically.

Psychological symptoms

Not all his fellow self-help authors would have been as definitive as Fink, instead some emphasised the mind/body connection, Wolfe referring to nervous breakdown as a 'personality knock-out' where 'body and soul' were joined in a 'cry for help'.¹⁴¹ Bisch too considered neurotic fears to be 'cries for help on the part of the mind' while Harris stated:

What everyone calls 'nerves' has nothing at all to do with the condition of your nerves. It has everything to do with your emotions; and with certain parts of your brain and with certain important glands that control or manage your emotions. 'Nerves' is worry and worry is an emotion.¹⁴²

Although refuting any connection between 'nerves' and the physical nerves of the body, Harris allowed for a somatic link by mentioning glands, enabling the reader to still grasp at the straw of the physical rather than psychological.

Whilst acknowledging the reality of physical symptoms, there were also plenty of psychological and behavioural ones to note as the wartime government leaflet *Just Nerves!* suggested:

¹³⁸ Loosmore, Nerves and the Man p. 21. Kennedy, Worry p. 15.

¹³⁹ White, Overcoming Fears p. 7.

¹⁴⁰ Schofield, Nervousness p. 29. Fink, Release from Nervous Tension p. 42.

¹⁴¹ Wolfe, Nervous Breakdown p. 4.

¹⁴² Bisch, Be Glad You're Neurotic p. 12. Harris, Live With Your Nerves p. 9.

Things get on your nerves; you become on edge and unhappy; you worry too much over disappointments, slights and lost opportunities; and you begin to feel that nothing goes right with you and that things and people are against you. After a little, you may lose your self-confidence and become fearful of anything new of anybody in authority; and you may even have the miserable feeling that you are no longer fit for the job you have been doing for years.¹⁴³

In the interests of encouraging communal fortitude, the leaflet was clearly aimed at normalising the experiences of a considerable proportion of the British population thus its description of emotional and psychological distress could apply to a wide range of experiences.

Others also considered the kind of introspection described above as problematic, leading the mind to become 'so occupied with itself that interest in outside and natural things is almost absent' while loss of memory was 'among the first and earliest signs of nervous breakdown.'¹⁴⁴ Such introspection might lead to 'dreads, fancies, fixed ideas, morbid thoughts, suspicions,' and include 'dread of losing reason.'¹⁴⁵ Thus many authors went to great lengths to assure readers that suffering from nerves was *not* the first step to madness:¹⁴⁶

"Am I losing my mind, doctor?" That question has been put to me so many times, it seems like a million...Allow me, however, to be reassuring forthwith. The very fact that you fear you are losing your mind is the best possible proof that you are not.¹⁴⁷

This explanation, thinking you are going mad being proof that you are not, was common among the authors, until in 1956 Harris broke ranks in the name of brutal honesty:¹⁴⁸

"If you think you're going mad, you're not". That is the reassurance that a doctor will usually and rightly give you. "The people who do go mad," he will go on to tell you, "don't usually fear it or realise it." Well, that's quite sound and correct advice in most cases. It's near enough true. But, to be absolutely honest, it's not completely true. And I don't think a little more of the truth can do you any harm. I think it can help...if you suffer from a severe and prolonged anxiety neurosis or obsessive-compulsive neurosis, for example, you can go on to what is known technically as a reactive depression.¹⁴⁹

His rather unsettling explanation was the sole voice making this claim among the books researched, and in fact was probably evidence of yet another turn in the on-going

¹⁴³ Government leaflet, Just nerves!

¹⁴⁴ Loosmore, Nerves and the Man pp. 15 and 19.

¹⁴⁵ Schofield, Nervousness p. 28.

¹⁴⁶ Inch, Away with Nerves p. 7.

¹⁴⁷ Bisch, Be Glad You're Neurotic p. 73.

¹⁴⁸ Kennedy, Worry pp. 38-39. A Specialist, Terror to Triumph p. 17.

¹⁴⁹ Harris, Live With Your Nerves pp. 37-38.

debate within psychiatry as to whether or not minor forms of mental illness were discontinuous from the more severe ones; an argument which rolled back and forth until the 1970s.¹⁵⁰

There were other 'obsessions, fears and morbid ideas' such as fear of crossing the road, of open or enclosed spaces, of travelling by train or going to the theatre, as well as, 'a constantly recurring sense of vague and indefinable fears.'¹⁵¹ An inability to concentrate was another common symptom, 'You may lose interest in your usual hobbies, and your anxiety may exhaust you so that you find everything is a trouble and nothing seems worth-while.'¹⁵² Inevitably, the authors cautioned, this would lead to 'inaptitude for mental work', and, in the early century, 'brain-fag'.¹⁵³

Medical textbooks differed little in their description of the symptoms of neurasthenia, psychasthenia and later, anxiety, mentioning 'lack of self-confidence usually', 'imaginary fears and dreads' 'lack of concentration' and 'restlessness' as well as many of the physical symptoms such as headache.¹⁵⁴ Describing neurasthenia in 1956, *Price's Textbook* offered:

The symptoms are partly somatic – active deep reflexes, increased sensory irritability, feelings of pressure on the head and pains in the muscles and elsewhere, giddiness, vasomotor lability, delayed peristalsis and feelings of fullness in the abdomen, diminished libido, slight clumsiness and tremor of the muscles of the face, tongue and hands. On the more psychological side, there are feelings of languor, and incapacity to concentrate on any mental work, doubts as to the accuracy of memory, loss of interest, slight depersonalisation, irritability and tenseness, lessened control of emotion, and perhaps slight paranoid, obsessional or hypochondriac trends.¹⁵⁵

The list includes the same duality of physical/psychological symptoms and went on to mention 'fear of insanity is particularly common,' acknowledging why so many sufferers might couch their symptoms in physical terms as proof against such a fear.¹⁵⁶

This analysis has shown that the emphasis on the physical nature of symptoms declined as the century progressed, although never disappearing altogether. This diminution resulted from the increasingly psychologised nature of everyday life and improved understandings of medicine. To a lesser degree it might be argued that an

¹⁵⁰ Callahan and Berrios, *Depression* p. 28.

¹⁵¹ Ash, *Nerves and the Nervous* p. 33. A Specialist, *Terror to Triumph* p. 7. Loosmore, *Nerves and the Man* p. 21.

¹⁵² Government leaflet, *Just nerves!*

¹⁵³ Inch, *Away with Nerves* p. 7. Klickmann, *Mending Your Nerves* p. 17.

¹⁵⁴ Price, *Textbook* p. 1478.

¹⁵⁵ Price and Hunter, *Price's Textbook* p. 1625.

¹⁵⁶ *Ibid*, p. 1651.

increasing acceptance by readers of psychological rather than physical explanations reflected a gradual diminishing in the stigma attached to mental illness in the latter part of the twentieth century, although this too had by no means disappeared. My analysis has reduced the symptoms in self-help books to the most common categories, but I suggest that in practice any reader who believed himself or herself to be nervous would find something they could identify with in the books. Such a variety of physical, psychological and behaviour symptoms were offered, no doubt in good faith, but also to be relevant to as many readers as possible, that many everyday as well as unusual experiences could fall within the popular nervous remit.

Treatment for nerves

In the following analysis of the treatments suggested by self-help authors I identify a remarkable level of consistency and continuity, but also highlight some inherent contradictions. Undoubtedly, these arose partly as a result of authors trying to appeal to a wide range of readers by offering a mixture of treatments, but also reflect the very real difficulty faced in trying to suggest simple solutions to a multiplicity of complex conditions. With the exception of reference to pharmaceutical remedies in later books, there is little difference in the advice given in the first decades of the century to that of the late twentieth century.¹⁵⁷ I argue that these treatments tended to fall into three main categories of the physical, psychological and behavioural, but that these did not necessarily reflect the same categories of causation or symptoms. Thus psychological causes and symptoms might be treated with physical remedies and vice versa. My analysis also highlights the longevity of some types of treatment, and reveals the class assumptions of authors. As with ideas of causation and symptoms, I show that the emphasis shifted from the physical to the more psychological over the course of the century and I begin by examining physical treatments.

Physical Treatments

In the first half of the twentieth century the predominance of digestion, as both cause and symptom of nervous conditions, led to much focus on diet as a treatment. Klickmann exhorted readers to 'Drink as much hot milk as you can take – you can scarcely take too much' and enthusiastically recommended eating as many as four eggs a day.¹⁵⁸ Most authors recommended moderation and a diet that was 'light, easily

¹⁵⁷ Both Rorie and Weekes refer to anti-depressants and/or sleeping pills Rorie, Do Something pp. 108-110. Weekes, Hope and Help p. 134.

¹⁵⁸ Klickmann, Mending Your Nerves p. 24.

digested and nourishing' and warned against hurrying meals, for example Inch in the 1940s advised:

In the morning a little toast, a lightly boiled egg and some marmalade, with a cup of weak tea should be sufficient. If anything be added to that it might well be porridge made with plenty of milk. A raw apple or stewed apples.¹⁵⁹

He further advised four courses at lunch and dinner, finishing off the day with 'a cup of hot milk, accompanied by one or two wholemeal biscuits.'¹⁶⁰ Presumably the resulting somnolence would indeed reduce the nervous symptoms of any reader. Contemporary food fashions were revealed in the recommendation of certain foods, 'sugar in all forms is a splendid nerve-food, is pleasant to take, and is easily carried about in portable form', suggested Ash whilst others counselled against any fastidiousness, 'DON'T be over careful in what you eat – unless there are special physical reasons. *Don't be a faddist about food.*'¹⁶¹ Any benefit arising from dietary treatments was most likely a result of the placebo effect, but at the very least such recommendations allowed for reader agency. For those who could afford it, they were easy treatments to implement, and eating to restore balance in nervous energy made sense within the popular neurasthenic framework of the early twentieth century.

Rest and relaxation

Another component of restoring deficient nervous energy centred on rest and relaxation. Although the extremes of enforced bed rest which featured in nineteenth century treatments for neurasthenia had largely disappeared in the twentieth century, having enough rest was considered important, thus Ash in the inter-war period suggested:

Sometimes a day off or an extra long night's sleep with breakfast in bed and an easy morning's work to follow, or perhaps a long week-end of complete change and interest will serve to strengthen the nerves and get rid of the worrying tendencies. Rest and sleep are of immense importance in stopping the 'worry wheel'.¹⁶²

Such recommendations continued into the mid-century and beyond with Inch advising 'an extra hour or two in bed for the first few weeks' of treatment' while Fink agreed that 'the therapeutic effects of relaxed sleep are too great for computation.'¹⁶³ Meanwhile

¹⁵⁹ Inch, Away with Nerves pp. 15-17.

¹⁶⁰ Ibid.

¹⁶¹ Ash, Nerves and the Nervous p. 207. A Specialist, Terror to Triumph p. 19.

¹⁶² Ash, Nerves in Order p. 53.

¹⁶³ Inch, Away with Nerves p. 86. Fink, Release from Nervous Tension p. 91.

Alvarez once again demonstrated certain class assumptions as well as his loose grasp on the realities of life for the average housewife:

Often the best thing a tense, nervous woman can do when she is on the edge of a nervous breakdown and has gotten to screaming at her children is, each day for some weeks, to go back to bed after breakfast and try to rest and relax. It will help her to do her mending and sewing and reading and writing while semi-reclining in bed.¹⁶⁴

Presumably someone else was doing the physical housework of cleaning and caring for the children. By the later twentieth century such ideas were in decline and Rorie, writing in the late 1960s, cautioned the sufferer, 'Similarly with rest, many people suffering from neurotic weakness and exhaustion wish to retreat to bed to recuperate. All this does is to exaggerate the feeling of tiredness.'¹⁶⁵ He did however recommend relaxation, 'Tension, both physical and mental, is best relieved by practising regular relaxation exercises.'¹⁶⁶ Indeed, relaxation was a key treatment for many authors, Jacobson's whole book, *You Must Relax*, published in 1934 was dedicated to it and over the following decades referred to by several other authors.¹⁶⁷ His approach was very much a physical one and involved learning specific techniques for relaxing muscles and adapting normal everyday postures and movements to a more relaxed style. Like diet, this sort of treatment was largely straightforward for sufferers to adopt and gave them something active to do about their nervousness, whilst the underlying rationale that physical relaxation would promote a similar mental state had an appealing logic.

Fresh air, exercise and getting away

Fresh air and the outdoors were a particular enthusiasm of the early decades of the twentieth century and it is claimed that by the early 1930s there were half a million hikers and rambling was 'the mass sport of working-class youth.'¹⁶⁸ Recommended treatments for nerves reflected this, 'every healthy adult should walk at least two miles daily in the open' argued Walton in the 1900s, something still recommended nearly fifty years later by Inch:

Even if it is raining it is possible to use sound and weather-proof footwear and equip oneself with a rainproof mackintosh. The walks should be taken always

¹⁶⁴ Alvarez, *Live at Peace* p. 71.

¹⁶⁵ Rorie, *Do Something* pp. 104-105.

¹⁶⁶ Ibid, pp. 105.

¹⁶⁷ Jacobson, *You Must Relax*. Fink, *Release from Nervous Tension* p. 51. Alvarez, *Live at Peace* p. 70.

¹⁶⁸ Ben Harker, "'The Manchester Rambler': Ewan MacColl and the 1932 Mass Trespass," *History Workshop Journal* 59.1 (2005): p. 220.

at the same time, a mile or so after breakfast, another mile or two after the day's work is finished.¹⁶⁹

For some the key emphasis was simply on a change of scene, and whilst Klickmann in the inter-war period recommended a 'long sea voyage' she was also sensible enough to recognise that not everyone could afford this, instead writing 'get out into the country, if you possibly can, even though you merely take a ride on the top of a bus that is going out among the fields and hedges.'¹⁷⁰ Writing thirty years later, Harris agreed, 'The very best antidote to worry I know of is to go into the countryside – and alone,' however, he balanced this with the self-evident, 'It doesn't work if you don't like the countryside.'¹⁷¹ Such contradictions were rife, with Loosmore first claiming 'It is impossible to be sad and introspective for long in natural conditions' but then warning against the dangers of going into the country as the quietness might encourage introspection.¹⁷² Similarly Ash first warned against taking a trip to the seaside as 'the very worst place for people whose nerves are really troublesome,' but then argued that 'in a mild case, where the nerve-trouble is only temporary and has only come on through a little overwork, a journey to the seaside does good.'¹⁷³ However, by the 1960s, Rorie was arguing against such breaks, 'Holidays, the traditional cure for nervous breakdowns, can do very little good apart from removing you from immediate environmental stress, and giving you time to study your problems.'¹⁷⁴ His comments reflected societal changes that meant that after the Second World War holidays with pay enabled the vast majority of the working class to take a break. In a sense, therefore, the curative power of a holiday was diminished by greater availability and lack of novelty. However Rorie's comments also arose from changes in the perceived purpose of holidays. Barton argues that in the early century the middle classes associated holidays solely with benefit to health, rather than enjoyment, but that working-class constructions were much more closely aligned to entertainment and celebration.¹⁷⁵ Thus with the democratisation of holidays the association between such breaks and health had considerably weakened.

¹⁶⁹ Walton, *Why Worry?* p. 256. Inch, *Away with Nerves* p. 20.

¹⁷⁰ Klickmann, *Mending Your Nerves* pp. 43-44. *ibid*, p. 50.

¹⁷¹ Harris, *Live With Your Nerves* p. 19.

¹⁷² Loosmore, *Nerves and the Man* pp. 49 and 58.

¹⁷³ Ash, *Nerves and the Nervous* p. 193.

¹⁷⁴ Rorie, *Do Something* pp. 103-104.

¹⁷⁵ Susan Barton, *Working-class Organisations and Popular Tourism, 1840-1970* (Manchester: Manchester University Press, 2005) pp. 73-74.

Other treatments relating to fresh air and the outdoors, particularly in the inter-war period included deep breathing exercises, cycling and even golf, while outdoor and indoor air baths were a more unusual option.¹⁷⁶ Although outdoor was the favoured option, the indoor was perhaps easier to achieve without offending the neighbours, 'this simply means removing all your clothes in your own bedroom so as to let the fresh air, which is coming in through the open windows, play upon your body'.¹⁷⁷ Water treatments were also popular, ranging from cold baths, 'It is well to start the day with a quick plunge in cold water,' showers and brisk rub downs to more sophisticated hydrotherapy.¹⁷⁸

In hydrotherapy you have a wide range of eliminative as well as upbuilding treatment. The shower bath, hot, cold or alternately hot and cold, is a powerful tonic. Spinal packs, hot or cold, the Scotch douche (for the spine) the prolonged warm neutral bath (94-98 degrees F), the cold sitz-bath, water-treading or wading in cool shallow water are of especial value in those cases complicated with intense mental distress.¹⁷⁹

Such concern with water temperature persisted into the 1940s, as according to Inch:

It is a fact that many people have been found dead in their baths. Nothing depletes the nervous system, giving rise to such a feeling of lassitude, and is so enervating as hot baths of the kind I have referred to, the habit in time becomes quite a vice.¹⁸⁰

Water treatments in the form of visits to spas and taking the waters had a long (and still continuing) history among the wealthy and indeed the kind of hydrotherapy treatments suggested by Powell as proprietor of a 'Nature Cure Health Home' were clearly only available to those who could pay. Professional medicine too continued to use water treatment well into the second half of the twentieth century, textbooks in the late 1950s suggesting the use of 'prolonged baths, for 8 or 10 hours daily at a constant temperature of 96° to 98°F' as a suitable treatment for manic anxiety.¹⁸¹

Remedies involving fresh air, holidays, exercise and water were very much focused on the external, physical body despite being aimed at treating the mind. In this way, they again distanced the sufferer from any hint of mental instability and their adoption might easily be explained to others without any unnecessary reference to psychological suffering. Notably none of the recommended water treatments involved medicinal

¹⁷⁶ Loosmore, Nerves and the Man pp. 78-80.

¹⁷⁷ Powell, Train Your Nerves p. 24.

¹⁷⁸ Walton, Why Worry? p. 255. Bisch, Be Glad You're Neurotic pp. 109-110. Powell, Train Your Nerves p. 28.

¹⁷⁹ Powell, Sound Nerves pp. 5-6.

¹⁸⁰ Inch, Away with Nerves p. 58.

¹⁸¹ Price, Textbook p. 1480. Price and Hunter, Price's Textbook p. 1655.

taking of the waters, however, ingested remedies were also featured in self-help books, albeit with some caveats.

Patent medicines and other drugs

Advice with regard to tonics, medicines and drugs in the self-help books fits with the acknowledged narrative of increasing use of pharmacological treatments for mental illness from the post Second World War period onwards.¹⁸² Before the Second World War sedatives and stimulants were available over the counter, without prescription, for those with nerves, which may be why authors in the early century tended to caution against their use, 'far better than soaking the body in nerve tonics and sedatives, or pursuing it with hypodermic injections, is the natural way of simple diet, fresh air, mental rest and proper exercise.'¹⁸³ Klickmann specifically singled out patent remedies:

Many people seem to think that a drug-taking habit is only injurious when it involves cocaine, morphia, opium and the like. I am inclined to think, however, that far more people have undermined their nerves, or hindered their own recovery, by the unwise use of patent medicines, the composition of which is unknown to them.¹⁸⁴

Sleeping tablets were particularly reviled, Bisch warning 'never, however, take to sedative drugs' and Ash counselling that 'one hour of natural sleep is at any time worth twelve hours of drugged sleep.'¹⁸⁵ By the 1950s and 1960s, that tune had changed and Harris and Rorie advised, 'There are endless drugs you can take – some relatively harmless, some quite powerful' and 'Where necessary your doctor will prescribe medicines to help you to sleep or to relieve your tension.'¹⁸⁶ The latter point is important for by the post-war period much more emphasis was on the doctor prescribing, than patients self-dosing. It also provides an example of the balance self-help authors needed to find between fulfilling the promise of their books, and acknowledging and even recommending their reader to take advice elsewhere, potentially undermining the author's authority.

Considering other substances to which readers might resort, most of the authors were distinctly anti-alcohol, particularly in the early century, no doubt influenced by Victorian

¹⁸² Jordan Goodman, "Pharmaceutical Industry," Companion to Medicine in the Twentieth Century, eds. Roger Cooter and John V. Pickstone (London: Routledge, 2003) p. 148.

¹⁸³ Healy, Prozac p. 4. Ash, Nerves in Order p. 43.

¹⁸⁴ Klickmann, Mending Your Nerves p. 105.

¹⁸⁵ Bisch, Be Glad You're Neurotic pp. 109-110. Ash, Nerves and the Nervous p. 166.

¹⁸⁶ Harris, Live With Your Nerves p. 70. Rorie, Do Something p. 108.

ideas of temperance and eugenics.¹⁸⁷ 'The safe road both for men and women suffering from nervous ills, is to flee alcohol entirely, since alcohol affects not only the brain, but the nervous system generally,' explained Loosmore in 1920.¹⁸⁸ Similar advice was still being given in the 1960s although the context had changed, focusing more on the medicalisation of alcoholism and other addictions, as Rorie explained, 'Alcohol is probably the most universally used drug for the personal treatment of anxiety, both normal and neurotic, but unfortunately a neurosis is often the starting point of addiction and alcoholism.'¹⁸⁹ Tobacco was also generally frowned upon, considered by some as a poison and 'often a serious factor in some forms of nervous ailments,' while others argued 'there is considerable agreement that tobacco, even in nerve strain, may not be harmful, where it is indulged in, in strict moderation.'¹⁹⁰ Both comments come from the inter-war period long before the real harmfulness of smoking was known, but illustrate the contradictory nature of much advice around everyday substances. Similarly tea and coffee were problematised only by some, although this was also reflected in professional medicine, textbooks advising 'tobacco, alcohol, tea and coffee limited, if allowed at all.'¹⁹¹ The removal of alcohol, tea, coffee and smoking as sources of enjoyment might suggest a somewhat miserable regime; however, authors were also at pains to ensure that sufferers engaged in activities that gave them pleasure.

Having fun

Many authors considered play and enjoyment as significant in treating nervous disorders, thus Jackson and Kennedy in the late 1940s advised, 'The other way of relaxing is a matter of re-educating oneself in a new philosophy of life which must include the art of playing, loafing and putting pleasure before business.'¹⁹² The period of austerity in which they were writing may well have prompted such a suggestion. However, advice to find pleasure in various ways appeared in books across the whole era though more predominantly in books of the pre-television period. So for example Powell in the 1920s recommended, 'Lectures, provided they are not about Egyptian Mummies or some other equally doleful subject, form another useful means of uplift'

¹⁸⁷ Ina Zweiniger-Bargielowska, "Raising a Nation of 'Good Animals': The New Health Society and Health Education Campaigns in Interwar Britain," *Social History of Medicine* 20.1 (2007): p. 75.

¹⁸⁸ Loosmore, *Nerves and the Man* p. 86.

¹⁸⁹ Rorie, *Do Something* p. 109.

¹⁹⁰ Ash, *Nerves and the Nervous* pp. 213-214. Loosmore, *Nerves and the Man* p. 84.

¹⁹¹ Powell, *Sound Nerves* p. 37. Price, *Textbook* p. 1480.

¹⁹² Arnold S Jackson and Edwin Oliver Kennedy, *The Answer is...Your Nerves*, eds. A. S. Jackson and E. O. Kennedy (Kingswood, Surrey: World's Work, 1947) p. 7.

and 'Sermons, too, help if your preacher be an optimist!'¹⁹³ For many, reading was an important source of cheer with Browning and Burns' poetry and the works of Robert Louis Stevenson, Dorothea Conyers and *Punch* magazine commended as 'Some books have the power to change a mood of deep depression into a mood of hope and courage and good cheer.'¹⁹⁴ Certain reading matter was to be avoided, 'if you read a newspaper when you are ill (not always advisable by any means) omit all the records of crime, vice and other unpleasantness.'¹⁹⁵ However, returning 'to your old favourites when the brain is weary or the system below par' was a good idea.¹⁹⁶

As well as reading, 'one evening during the week might profitably be spent at the theatre or cinema,' wrote Inch in the late 1940s.¹⁹⁷ His contemporary Harris concurred:

Going to the pictures can be a good emotional purge – the Epsom salts of the emotions. I find, if you're not too depressed – just anxious and tense and fed-up – that a sad picture makes you feel as happy as a sand boy when you leave the theatre. But a good funny picture can do the trick too.¹⁹⁸

Others agreed, 'One of the worst possible things to do with any strong emotion is to bottle it up,' wrote White in the 1950s whilst ten years later Rorie advocated, 'The normal way to relieve emotional pressure is in laughter, talk or tears.'¹⁹⁹ These views, with their emphasis on expressing emotion and talking, reflected the more psychotherapeutic views of the post-war period.

Across the period the implied message was simple: 'The more we fill our minds with various interests, the less time we shall have to brood and worry.'²⁰⁰ Such interests included hobbies with Weekes exhorting her readers in the late 1960s to 'Let occupation be your crutch,' whilst in the inter-war period Powell explained 'Hobbies help to preserve our youth and sanity, and take our minds away from our worries,' and Bisch suggested that they were 'refreshing to tired nerves.'²⁰¹ Proposed hobbies ranged from playing a musical instrument, sketching or painting to jigsaw puzzles.²⁰² Unlike work, concentrating on a hobby was safe according to the anonymous author of one 1930's self-help book, 'Don't be afraid of working your mind: you can't overwork it,

¹⁹³ Powell, *Sound Nerves* p. 41.

¹⁹⁴ Ibid. Loosmore, *Nerves and the Man* pp. 126-128. Inch, *Away with Nerves* p. 88.

¹⁹⁵ Klickmann, *Mending Your Nerves* p. 62.

¹⁹⁶ Ibid, p. 65.

¹⁹⁷ Inch, *Away with Nerves* p. 88.

¹⁹⁸ Harris, *Live With Your Nerves* p. 19.

¹⁹⁹ White, *Overcoming Fears* p. 14. Rorie, *Do Something* pp. 101-102.

²⁰⁰ White, *Overcoming Fears* pp. 15-16.

²⁰¹ Weekes, *Hope and Help* p. 177. Powell, *Sound Nerves* p. 41. Bisch, *Be Glad You're Neurotic* p. 176.

²⁰² Loosmore, *Nerves and the Man* p. 57. Klickmann, *Mending Your Nerves* p. 131.

provided of course, that the work is congenial and absorbs your interest,' yet others warned against chess and games 'in which the excitements of gambling are a conspicuous feature' as these *were* too taxing and in the late 1950s Alvarez was still warning of the dangers of brain work.²⁰³ From the inter-war period onwards, what was reflected in the recommendation of hobbies was a growing awareness of occupational therapy, rather than rest cures, and the benefits of distracting the sufferer from their condition.²⁰⁴ However, the extent to which issues of class or gender were taken into consideration by these authors seems negligible, as a struggling working-class mother might only dream of time for a hobby.

Physical treatments focused mainly on rest, relaxation, fresh air, exercise and managing diet and legal stimulants, with the addition of more faddish or exclusive treatments such as hydrotherapy. To some extent all of these were likely to be available, in some form, to the self-help reader and so were advised by many authors wishful of providing practical solutions, but also with an eye to attracting readers. Expensive and or exclusive treatments were unlikely to have wide appeal and were self-defeating in a self-help book, most of which were written with the intention that the reader could carry out their own treatment. Unsurprisingly the same general approach was also applied by authors to the potentially more complex question of psychological treatments.

Psychological Treatment

Mind training

Psychological approaches to treatment were often couched in physical terms, so authors recommended the reader bring their psyche back under control through training. Framing treatment in this way placed it firmly within a physical exercise paradigm or the more acceptable psychological framework of Pelmanism, a particular enthusiasm of the early decades of the twentieth century.²⁰⁵

²⁰³ A Specialist, Terror to Triumph p. 21. Ash, Nerves and the Nervous p. 191. Alvarez, Live at Peace p. 38.

²⁰⁴ B Harris and C Stevens, "From rest cure to work cure," Monitor on Psychology 41.5 (2010): pp. 26-27.

²⁰⁵ Thomson, Psychological Subjects pp. 23-24. Pelmanism was, among other things, a memory training programme. Although Thomson suggests the height of Pelmanism's popularity was the early decades of the twentieth century, an advert for the Pelman Institute and its courses appeared in 1950 in Kennedy's *Worry: Its Cause and Cure* suggesting its popularity persisted somewhat longer.

Hence Powell in the 1920s put his emphasis on 'nerve training', in his book *How to Train Your Nerves: A Manual of Nerve Training*.²⁰⁶ Other authors reported that '...the exercise of the powers of attention or concentration is clear proof of mind-control,' and suggested various practices to achieve this:

Glance carefully at a shop window and then, instead of immediately forgetting what you saw therein, at the end of, say, five minutes (gradually increased to an hour or even a day), just jot down what you can remember for certain of the contents.²⁰⁷

Clearly such exercises were intended to give the sufferer a sense of agency and control, particularly relevant to those who feared that their nerves were somehow out of control, with the implication that carried of impending madness. Carrying out simple memory exercises would at the very least give them some sense of progress or improvement, offering something tangible. In a similar vein, 'right thinking' through exercising self-discipline and will-power were advised, as Ash explained in the same period:

Briefly it may be said that all bright and optimistic thoughts are helpful, whilst pessimistic and dismal thoughts are bad for our nerves; that is so obvious that one scarcely need refer to it except to illustrate the whole idea of right-thinking.²⁰⁸

Contemporaries such as Loosmore advocated self-discipline, 'Much may be said for the practice of forcing oneself to do things, occasionally, which are disagreeable and opposed to one's natural inclinations,' whilst the anonymous author of *From Terror To Triumph*, advised '*Practise self-control. Deny yourself an indulgence occasionally – it strengthens.*'²⁰⁹ This emphasis on self-control contrasted with later authors whose work tended to emphasise the opposite, Weekes recommending 'tense, controlled, nail-digging people' in the late 1960s, to loosen their attitude in order to relax and relieve the tension of their nerves.²¹⁰ Arguably this change from recommending greater control, self-denial and self-discipline reflected social and cultural changes that as the century progressed privileged the expression of emotion rather than the 'stiff upper lip', but also increasingly reframed society and everyday life as pathological and individuals as victims for whom stoic attempts at self-help were futile.²¹¹

²⁰⁶ Powell, *Train Your Nerves* pp. 5-6.

²⁰⁷ Ash, *Nerves and the Nervous* pp. 158-159. Inch, *Away with Nerves* p. 78.

²⁰⁸ Ash, *Nerves in Order* p. 84.

²⁰⁹ Loosmore, *Nerves and the Man* p. 159. A Specialist, *Terror to Triumph* p. 16.

²¹⁰ Weekes, *Hope and Help* p. 38.

²¹¹ Pollock, "Social Stress," p. 388.

Whilst improving self-control was seen as important, some authors were concerned that self-control should not be overemphasised as it reinforced some simplistic professional understandings of causality according to Fink:

In a clinic, some time ago, I was examining a patient. He was an inarticulate, terrified sufferer who said only that his nerves were 'all shot'. Another doctor watched my examination, then contributed, "The trouble with him is too much imagination. All he needs is a swift kick in the pants."²¹²

This was definitely *not* the stated view of the self-help authors and such an example of a professional response to someone's distress suggests why some sufferers turned to self-help books in the first place. Being tarnished with the suggestion that their suffering was all in their imagination was not only unhelpful immediately, but also likely to affect negatively any future interactions with the doctor. However, it is also fair to say that self-help authors were treading a fine line between helping the genuine sufferer by discussing symptoms, causes and treatments, whilst trying to avoid fuelling the imagination of readers who were perfectly well. This highlights the dichotomy for these authors who might have an idea of their reader in mind, but ultimately no control over who actually read and indeed acted upon, their suggestions.

Attitude and religion

As well as re-training the memory and powers of concentration and practising self-denial, authors across the century also recommended the reader change their attitude to life, thus Klickmann in the 1920s suggested '...resolve to live only a day at a time – actually *one day at a time*,' a practice still being highlighted in so-called mindfulness approaches at the end of the century.²¹³ Alvarez warned, 'It is the person who broods and sulks and nurses his wrath and keeps talking about the wrongs done him who makes himself ill.'²¹⁴ Cheerfulness was considered important, so developing a sense of humour and with it a sense of perspective was advocated by many, 'Cheerfulness must be cultivated and maintained by reading cheerful books, and thus, as in other ways, keeping in touch with cheerful people.'²¹⁵ A more general approach in terms of a philosophy of life was suggested by some:

Learn to relax. Relax the mind especially by cultivating a sense of humour. Do not meet life with a tense mind. You have not mastered the art of living till you have learned to play with life, to let your energies run freely and easily in

²¹² Fink, Release from Nervous Tension p. 42.

²¹³ Klickmann, Mending Your Nerves p. 126. Jon Kabat-Zinn, Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness (Delacorte Press, 1990) p. 19.

²¹⁴ Alvarez, Live at Peace p. 68.

²¹⁵ Wolfe, Nervous Breakdown p. 221. Loosmore, Nerves and the Man p. 125.

meeting its demands. Fix a time when you drop business cares and keep to it.²¹⁶

Klickmann recommended half an hour's complete silence per day, '...surely every woman is entitled to at least one half-hour to herself out of the twenty-four, for quiet conversation with her own soul.'²¹⁷ Indeed the soul was a key feature for many authors, several of them suggesting sufferers turn to God, while the whole of Weatherhead's book was focused on religion (he was a Methodist minister) and the final section of Haggai's dealt exclusively with prayer as a solution.²¹⁸ These authors were largely writing in the first half of the twentieth century or just after the Second World War. Their writings fit the suggested pattern of secularisation which saw religious issues penetrate much popular media in the first half of the century, but practically disappear from them by its end.²¹⁹ Although all the books were written from within a western Christian paradigm, for some, like Kennedy in the late 1940s, it was not about evangelising any particular religion:

Get an adequate religious philosophy of life. The lack of it may be half your trouble, or the whole of it. If one Church cannot help you, another will. They are all places of healing, when we know how to use them. Religion is meant to bring "wholeness" into life and to save us from worrying over its details.²²⁰

Decades earlier Loosmore suggested that 'Psychology needs supplementing with religion,' and went on to explain that it needed 'faith in the ultimate and the unseen, such as eases the strain of living, and such as generates hope and gives promise of a new and better day.'²²¹ Reflecting the same inter-war enthusiasm for drawing on many forms of the unknown Ash suggested something more esoteric:

We shall make a great mistake if we content ourselves with what orthodox psychology has given us, useful though that may be: we shall make a great mistake if content with the little that we can get by casual mind-training and use of simple methods to strengthen will we neglect the greater possibilities that lie before us in the unexplored field of the occult.²²²

Unfortunately he did not expand further on quite how the occult might practically help, but his views reflected the fact that for many at the time, the concept of the

²¹⁶ Kennedy, Worry p. 53.

²¹⁷ Klickmann, Mending Your Nerves p. 77.

²¹⁸ Kennedy, Worry p. 25. Loosmore, Nerves and the Man p. 57. White, Overcoming Fears pp. 13-14. Weatherhead, Anxiety. Haggai, Win over Worry p. 187.

²¹⁹ Callum Brown, Religion and Society in Twentieth Century Britain (Harlow: Pearson Education Limited, 2006) p. 5.

²²⁰ Kennedy, Worry p. 54.

²²¹ Loosmore, Nerves and the Man p. 117.

²²² Ash, Nerves in Order p. 73.

unconscious was consistent with occult notions of the untapped potential of the mind.²²³ Indeed, Spiritualism, which enjoyed a period of considerable popularity during the inter-war period, assimilated both psychological and psychoanalytical concepts into its own eclectic practice, so his comment is not altogether surprising.²²⁴ Whilst not explicit about the religious influence, several authors drew on philanthropy as treatment, such as Fink who wrote 'A person with the attitude of seeking only to serve cannot be nervous,' while White, writing after the Second World War, highlighted an alternative to all the focus on the self, by reminding readers, 'Many people could bear witness to the fact that when their duties necessitated rescuing others, or attending to other sufferers during air raids, their own fears largely vanished.'²²⁵

Whilst not all authors mentioned God or religion, for those who did it was not uncommon to end their book on a religious note, presumably to leave the reader in a suitably uplifted state, for example Klickmann ended her book with a biblical quote, 'Whoso hearkeneth unto Me shall dwell safely, and shall be quiet from the fear of evil,' which may not have proved much comfort to any unbelievers.²²⁶ Such mentions were common in many books across the period until the 1960s when reference became more subtle. Weekes' work of the late 1960s acknowledged that faith could help the religious, but mentioned it only briefly as the third of three helpful approaches of which occupation and courage were dealt with in much more detail.²²⁷ The shift of emphasis undoubtedly reflected the decreasing importance of religion in society, although the fact that it was still mentioned would seem to support Morris's claim that secularisation in Britain occurred more slowly across the century than has sometimes been thought.²²⁸

Psychoanalysis

Several authors drew on psychological and psychoanalytical approaches to treatment. For example, Ash writing in the inter-war period discussed the use of auto-suggestion to influence the subconscious:

From the psychological point of view what we have to correct by autosuggestion in helping our nerves are: 1) Deficient self-control. 2) Painful or distressing

²²³ A Owen, "Occultism and the 'Modern' Self in *Fin-de-Siecle* Britain," Meanings of Modernity: Britain from the Late Victorian Era to World War II, eds. M Daunt and Bernhard Rieger (Oxford: Berg, 2001) p. 77.

²²⁴ Jenny Hazelgrove, Spiritualism and British Society between the Wars (Manchester: Manchester University Press, 2000) p. 37.

²²⁵ Fink, Release from Nervous Tension p. 243. White, Overcoming Fears p. 16.

²²⁶ Klickmann, Mending Your Nerves p. 136.

²²⁷ Weekes, Hope and Help p. 180.

²²⁸ Jeremy Morris, "The Strange Death of Christian Britain: Another Look at the Secularization Debate," The Historical Journal 46.4 (2003): p. 975.

nerve-body reactions. 3) Want of poise. 4) Lack of self confidence 5) Low spirits.²²⁹

Similarly at the mid-century Inch recommended 'asserting confidence in yourself' using 'simple affirmations' which would 'stand you in good stead when that miserable moment arrives when you suddenly slip back, temporarily after making good progress.'²³⁰ Whilst Bisch in the 1930s recommended acting on fears and building up resistance to nerve-inducing events, through repeated exposure:

Fortify yourself also against the emotional shock of the unexpected by reading literature and seeing plays and movies that actually depend for interest upon the unexpected. Mystery and detective stories are excellent. Shock yourself often in a vicarious manner and you won't be so shocked when the unexpected or a frightening or even harrowing nature occurs in real life.²³¹

Quite how this would sit with authors who advocated no exciting reading matter for sufferers can only be imagined. A small number of authors suggested more explicitly psychoanalytical approaches, Fink asking 'Can you psychoanalyse yourself? I think so'.²³² He recommended making a note of one's actions throughout the day and then looking back and analysing them, presumably with the help of his book:

For purposes of helping your nerves, this analysis of words – tools of thought – can be useful to you. The next time that people or things get on your nerves, stop and think: how are you interpreting the situation?²³³

In one of the rare early recommendations to elicit professional help, Powell, in the mid-1920s suggested, 'Finally, look into your mental or psychic life. Or, better still let a trained psychologist or psycho-analyst look into it along with you.'²³⁴ Although there is some mention of doctors and advice to consult them in books across the whole period, it became more significant in the second half of the century, along with reference to their expertise and scientific progress, undoubtedly reflecting the wider societal turn.²³⁵ However, there were very apparent reasons for limited referral to doctors in a self-help book: most obviously that the purchaser of such a book wanted to help himself or herself; secondly in choosing to do so they may have been deliberately avoiding a formal diagnosis for what it might reveal (or not); thirdly, in the pre-NHS era a book might be more affordable; and finally, as Jackson and Kennedy explained at the mid-

²²⁹ Ash, Nerves in Order p. 82.

²³⁰ Inch, Away with Nerves p. 82.

²³¹ Bisch, Be Glad You're Neurotic p. 177.

²³² Fink, Release from Nervous Tension p. 158.

²³³ Ibid, pp. 163-165.

²³⁴ Powell, Sound Nerves p. 6.

²³⁵ Fink, Release from Nervous Tension p. 154. Rorie, Do Something pp. 108-110.

century, although doctors could help, it was ultimately down to the patient to help him or herself:

Doctors cannot hand out a ready-made philosophy of life but they can help to start the patient on the road to recovery...In some cases the help of a psychiatrist may be necessary, but the co-operation of the patient and a sincere desire to attain a well-organised mind are necessary to dissolve the obscure and complex tensions. Once the sufferer of 'nerves' has found his bearings, has learned enough about himself to regulate his daily work, sports, sleep, diet, love life and the rest of this complicated business of living, he will be able to take the bumps along the way without too much shock to the nervous system.²³⁶

What is significant about the suggested treatments discussed is how consistent they were across the period, with the exception of drugs; there was little difference in the advice given in the first decades of the century to that of the second half. The most notable absence is any great exhortation for the sufferer to share their problems and use talking as their cure. Although a handful of authors, unsurprisingly the psychoanalysts, suggested psychiatry, the overriding sense is of suffering with discretion. This contrasts hugely with the late twentieth-century obsession with sharing one's problems, whether in therapy or, increasingly towards the end of the century, in public on national television.²³⁷

Conclusion

Despite lacking definition as a genre, a range of self-help books for sufferers of mental distress, described popularly as 'nerves', was published throughout the twentieth century. They shared an assumption of lay readership and, for the great part, were written for a largely middle-class, educated audience. More generally, fundamental to all such books was an assumption of human agency that saw the reader/sufferer as able and empowered to improve their own condition. The potential downside to such a philosophy was the effective overlooking of any other environmental or social issues which might be causes of problems or require addressing to enable improvement. By its nature the self-help book could only work on the subject of the problem rather than their wider context. Indeed, it was rare for authors to reference potential environmental/social factors which might be causative, supporting Smail's suggestion

²³⁶ Jackson and Kennedy, *The Answer is...* p. 2.

²³⁷ Franny Nudelman, "Beyond the Talking Cure," *Inventing the Psychological: Toward a Cultural History of Emotional Life in America*, eds. Joel Pfister and Nancy Schnog (New Haven, London: Yale University Press, 1997) p. 310.

that psychology is loath even to consider that mental distress may be less about the individual and more about the ways in which power is exercised over them.²³⁸

The causes of nervous suffering were largely seen as inherent, either in terms of heredity, overwork or lifestyle choice and treatment followed suit. Its focus might be on behaviour either from a physiological standpoint, for example taking exercise and relaxing, or occupational such as keeping busy with hobbies or suitable work or on the psychological, highlighting attitude and life philosophy. Both causes and treatment were gendered, the books highlighting the problematic nature of housewifery and domestic occupation for women, while work-related problems were almost exclusively attributed to men. Particularly notable is the absence of consideration of unemployment, which although it may relate to the assumed middle-class audience for such books, still seems a surprising gap. Was it simply an issue of class and authors did not consider that the poor unemployed might suffer from stress other than through their own personal weakness or heredity? Certainly the often-expressed neurasthenic relationship between nervous suffering and status which persisted into the 1960s might suggest this. It is perhaps true that positioning nervous disorders as a sign of superiority acted as a palliative to the sufferer, but it also raises interesting questions about how else such status attribution might have been useful. I suggest that for the US psychoanalyst authors in particular, it was largely part of their marketing strategy. That neurasthenia itself survived into common medical textbooks of the 1950s suggests the need for a generic, vague and flexible diagnosis that GPs could use in addressing experiences of everyday mental distress, which is what the stress diagnosis ultimately offered.

Perhaps the most common external causative factor that appears across the books and period is the idea of modern life as damaging to mental health. It is disputed by some authors, but even they acknowledged it as a consistently held popular belief. It too raises an interesting question as to what purpose such an idea serves. It may be that an external cause of mental distress was simply more acceptable to individuals or it may be an expression of powerlessness in the face of a world of ever-increasing complexity.

The actual experience of nervous disorders was frequently linked to physiological symptoms rather than psychological ones to avoid any taint of madness, and this was reflected in contextual contemporary medical literature as much as the self-help books.

²³⁸ Smail, Unhappiness p. 23.

The language of nerves during most of the twentieth century reflected the useful imprecision of its nineteenth century predecessor, neurasthenia, and late twentieth-century successor, stress. This suggests strongly that these concepts were synonymous, at least in popular usage. Institutional medicine as represented in medical textbooks used more technical terminology, but for much of the first half of the century described similar symptoms, causation and treatment. Asher in 1957 explicitly highlighted the flexibility of the nerves/stress concept: 'if somebody says a relation has had a nervous breakdown it may mean they have been insane or it may only mean they have had a mild nervous upset.'²³⁹ Such imprecision enabled people to minimise the seriousness of their condition, drawing away from any implication of lunacy or mental instability. At the same time, it offered the converse, allowing individuals to infer more seriousness in their minor symptoms than they merited, enabling them to choose the patient identity as a way of fulfilling other unmet personal needs. The degree of flexibility of the nerves/stress concept arguably empowered people in a way that precise medical diagnoses did not necessarily allow. It allowed people to negotiate for themselves the meaning of their suffering experience and perhaps also enabled a more nuanced approach to mental health and the workings of the human mind, both of which are still contested. The agency allowed by the flexibility of the concept helped individuals to accommodate their experiences in a way which was congruent with their sense of self at a particular time in their life. Whilst later they might interpret and label the experience differently, as I will show in the next chapter, they were able to use the nerves/stress concept fluidly to work for them in a way which suited them. This suggests to me that the whole concept of nerves/stress might be seen as both an example of the medicalisation of everyday experience, and in its availability to individual interpretation, as a form of resistance to it. By labelling their own experience as nerves/stress the sufferer could choose to sit within or without the medical paradigm.

What stands out most in relation to treatment is the considerable continuity across the period. In spite of the supposed benefits of pharmaceuticals, medicine does not appear to have been able to offer the sufferer anything greatly different over a period of at least seventy years. The reader of a late twentieth-century self-help book on stress would find little difference, beyond linguistic style, from one of Edwin Ash's books in the 1910s and 1920s. This suggests either that the treatments offered in self-help books were effective, as they stood the test of time and books containing them continued to

²³⁹ Asher, Nerves Explained p. 19.

sell or that there is something else at work. By the late twentieth century there were medical 'solutions' to stress which included various therapies as well as pharmacological treatments. However, the number of people suffering did not diminish. If anything it increased. This might suggest that there was more to the concept of nerves/stress than a medical solution could address and that perhaps there were other factors involved in creating and interpreting this wide range of human experiences. In the following chapter I examine experiences of nerves/stress within the context of work and argue that among the reasons for the apparent increase in stress in the twentieth century, was the changing meaning of work and the relationship of workers to their employment and what this meant for their sense of self.

Chapter Two: Work and stress

Introduction

In this chapter I will examine the experience of stress in the context of work from the inter-war period to the 1980s. I use personal accounts from oral history interviews and Mass Observation and set them in context against the case study of Roffey Park Rehabilitation Centre, established by commercial organisations to treat industrial neurosis during the Second World War. This is further contextualised by an examination of the wider public discourse on stress revealed in newspapers in the post-war period. I have chosen to juxtapose these sources in order to reveal how personal, institutional and popular understandings of stress were increasingly woven together in the second half of the twentieth century.

I begin by foregrounding personal accounts of stress at work, arguing that these show considerable continuity across the period in privileging culturally acceptable physical explanations, supporting the argument about stigma made in Chapter One. They also show how the locations where stress appeared were often those which were socially or culturally acceptable and that colleagues and family played a significant role in enabling or preventing the individual from acknowledging or understanding their stress. By analysing accounts of working life across sixty years, I argue for changes in the meaning of work, experientially, institutionally and culturally, particularly for the post-war generations, and that these changes enabled new understanding and acknowledgement of stress to arise. Examination of early managerialist approaches to understanding the workers' psyche, particularly the increased interest provoked by productivity concerns during the Second World War and by high labour demand during the post-war economic recovery, suggests considerable continuity in framing stress as a problem of the individual worker. My analysis also illuminates the growth of professionalisation and the expansion of expert intervention into everyday life during the same period. It also highlights continuing attempts to categorise stressed workers, whilst largely disregarding any environmental context or employer responsibility. I argue that this was underpinned by often selective understanding of work motivation by employers and government. Using Roffey Park Rehabilitation Centre as an example, I argue that attempts at a large-scale approach to work stress were hampered by cost and the polymorphic nature and complex causes of workers' stress. Finally, through an analysis of newspaper coverage in tabloid and broadsheet newspapers of the post-war era, I argue that a popular discourse on stress began to emerge focusing initially on

categorising those prone to stress with the emphasis on high status, but gradually expanding to cover everyone. From the 1970s onwards this both fuelled and reflected the growing popular understanding of everyday work stress, providing a framework and language which enabled individuals to negotiate new interpretations of their own troublesome workplace experiences.

Exploring individual accounts of stress at work across six decades of the twentieth century presents a number of methodological challenges. The experience of stress is very personal, and throughout the period anything that might be associated with mental illness has tended to be stigmatized. This made people wary of disclosing their suffering even to close family and friends, certainly to doctors and most definitely to employers, for fear of what actions such a disclosure might prompt. So accounts of suffering from the individual's perspective, particularly prior to the 1980s when the British cultural script of stoicism and understatement began to crumble, are limited.¹ One type of account comes from life histories, and this chapter draws on the British Library Sound Archive's oral history collections.² These provide accounts of specific work-related episodes of stress in the voices of the people who experienced them, in the context of wide-ranging interviews covering their life stories. Most were recorded in the last twenty years and are therefore retrospective accounts, subject to the effects of recall, memory and hindsight. However, their timing also means that the interviewees applied a retrospective framework of understanding drawing on the ubiquity of the stress discourse at the end of the century. That they were also comfortable talking about these sorts of experiences supports Füredi's arguments about Britain's changing cultural script and increasing therapeutic paradigm, of which the stress discourse is undoubtedly a part.³ Similar methodological issues apply to another source: the 1983 Mass Observation Project directive on work.⁴ This usefully asked about contemporary views and experiences of work and unemployment, but also for recollections of the correspondents' parents' experiences in the early and mid-century. This enables a comparison of attitudes across the period as well as insights into experiences of work rarely recorded elsewhere.⁵ Both resources require methodological awareness, particularly with regard to the functions of memory, the risks of culturally constructed nostalgia, the mediating effects of interviewers and the variety of different ways in

¹ Füredi, *Therapy Culture* p. 19.

² Millennium Memory Bank, Lives in the Oil Industry, and the Mental Health Testimony Archive

³ Füredi, *Therapy Culture* p. 19.

⁴ Mass Observation Archive, Summer 1983 Directive, 'Work'.

⁵ McKibbin, *Ideologies of Class* p. 148. He argues we have little knowledge about attitudes to work before the 1930s.

which MO material can be read. Counterbalancing these concerns is partly effected by contrasting the sources with organisational and institutional materials as well as newspapers.

‘I didn’t know what it was, there wasn’t anything broken...’⁶

Through an examination of several personal accounts of work-related stress ranging from the inter-war period to the 1980s, I argue that there is a clear tendency for sufferers to privilege the more socially and culturally acceptable physical symptoms and explanations of their experiences. Similarly I show that the location in which stress manifested itself tended also to be the one which was most acceptable, not necessarily the one that was stressful. My examination of these accounts also draws out the variety of terminology employed and the sufferers’ negotiation of language when retrospectively identifying their experiences. These show particularly how the late twentieth-century discourse of stress provided language and labels and an explanatory framework for understanding stress, which had not existed at the time of the original experience. These accounts also bring to the fore the lack of understanding among family, friends and colleagues who often dismissed or were suspicious of stress. I argue that this could prevent the sufferer from admitting their experience, and also hinder their ability to interpret and explain the cause of their stress and thus deal with it.

The following extract is from Jeff Mills, interviewed in 1998, but talking about the early 1970s when he was a deputy head teacher of a medium-sized school in Lancashire. The timing of his experience is pertinent as despite a considerable public stress discourse in newspapers, Jeff did not understand his own experience. His, and other accounts, suggest that a tipping point in the ubiquity of the stress discourse had not yet been reached in the early 1970s:

...I was riding towards the traffic lights coming home one night in a place called Moses Gate and I got pains in my arms and, I thought, was in my chest. And I stopped the car and the lights were on red and I just opened the passenger door to ask a woman to get me an ambulance, to get me some help. I didn’t feel well at all, and I didn’t, I felt quite sick and the lights turned green and I thought, ‘no forget it’, and I never spoke to the woman, shut the car door and I should have been done for speeding ‘cos I drove that fast I just wanted to get home and I got home and I thought about it and then over the next three or four weeks I started to have all sorts of symptoms. Couldn’t sleep, the usual ones couldn’t sleep, bad eyes, bad head. I kept going into work, I think I was doing my job ... couldn’t sleep at night but could sleep as soon as I came back from

⁶ Peter Allen, 10/11/1998, Millennium Memory Bank Collection, British Library, C900/07016 © BBC.

work. Most people said 'well I've experienced that', but then I was sweating in the night and almost having nightmares consistently.⁷

What Jeff was describing was the onset of a serious episode of work-related illness:

...and what I didn't realise was I was working too hard, I realise it now, but it's taken a long time. I was working so hard it was unbelievable...I was almost running the school and I was obviously trying to impress and I wanted to be a Head and I was doing all sorts of courses and I did virtually everything; the school discipline, timetable, day to day cover and all this sort of business.⁸

Unfortunately his experience got worse before it got better:

I suddenly discovered I wouldn't go into shops. I didn't want to go anywhere where there were people and yet I would go into school where there were lots of people...we'd go to Bolton on a Saturday and I would sit in the car rather than go in a shop. Um, don't ask me what it was I just had feelings of terror, my mind would go blank, it was almost a fear I suppose. And, er, this was really getting to me and I thought, 'I don't understand this', and at the time I still thought it was physical.⁹

The persistence of his symptoms, despite a trip to his own doctor, whom he felt did not take him seriously, and a prescription for 'tablets' eventually led Jeff's father-in-law to recommend a second opinion. This resulted in a diagnosis of 'complete nervous exhaustion and stress, nothing but'.¹⁰ Jeff's experience illuminates an important point, that such experiences were often not taken seriously, by either sufferer or some medical professionals. His emphasis on distinguishing his experience from that of others, 'most people said 'well I've experienced that', but then I was sweating in the night and almost having nightmares consistently' underlines his need to have his experience taken seriously.¹¹ Also pertinent was the fact that in Jeff's case the identified cause of his problems, his work, was not the place in which his symptoms actually played out (or at least not as far as he was aware). Instead, it was in his life outside work that his symptoms manifested themselves. Work might cause his stress, but the stress itself affected his whole existence.

The interplay between the public arena (work) where Jeff did not express his stress and private space (home), where he could, is reflected in the experiences of others. An unemployed artist brought up in the 1950s and 1960s recalled, 'My mother didn't work but my father did. He was an accountant. It affected our family life because the

⁷ Jeff Mills, 9/12/1998, Millennium Memory Bank Collection, British Library, C900/05537 © BBC.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

strain of my father's job was one of the factors that made him an alcoholic.'¹² Accounts by family members or colleagues of other people's stress provide insight in terms of an observer's view of stress, but also illuminate how such stress affected others, often without the sufferer being aware. So a counsellor in Lytham St Annes growing up in the 1940s reported:

My father brought work home with him most evenings. His job was secure, but I gathered, highly stressful. He was often home later than expected and my mother worried so that as a child I couldn't settle until he was safely home. I was not allowed to 'bother' him until he had eaten once he came in. I was also not allowed to make a noise when he was working at home in the evening, preparing reports for meetings etc.¹³

Ignoring the assumption that a mother at home did not work, both of these examples from the mid-century show how the stress of work was played out in the domestic arena. They illustrate a cultural model that did not allow for the expression of emotional distress in public, or as part of a public identity. It was not acceptable to show stress at work, instead it was brought home where it could affect the family. The counsellor's example makes explicit the double impact of stress on the child, firstly from her mother's worrying and then from her father's stress, and exemplifies the concern which Kennedy was expressing in his self-help book of 1950, itself reflecting contemporary concerns about the psychological vulnerability of childhood.¹⁴

Recognition that something was wrong usually came only with physical symptoms, as a young Peter Allen working for his local authority in the 1970s discovered:

I didn't know what it was, there wasn't anything broken or twisted or anything, your lungs weren't bad, it was a nervous breakdown...

In those days, well people just used to say, 'he's had a nervous breakdown' and for the first two hours they were very sympathetic, but after that it was, you know, it's not like a broken leg, if you can't see it, if it's not manifest, then people, if it's in your head, can't quite understand it.¹⁵

Not only was his framework for understanding suffering a physical one, but evidently so was that of his colleagues, family and friends and this then limited their capacity for understanding and empathy.

Very often digestive trouble was a signifier for stress, and in particular ulcers, as one teacher corresponding with MO recalled of her father during her inter-war childhood:

¹² Mass Observation Archive, 'Work', A012.

¹³ Ibid, G226.

¹⁴ Kennedy, *Worry* p. 11. Thomson, "The Psychological Body" p. 302.

¹⁵ Allen, 10/11/1998.

His work was regularly interrupted by spells in bed with a duodenal ulcer. Much of his life he was in discomfort and sometimes severe pain. He never spoke about this or theorized as to what was the cause of the illness though the doctor talked a lot about “bottling up emotion” and being “over-conscientious”.¹⁶

It has been suggested that the linking of digestive problems and mental strain is part of a pattern whereby ‘particular symptoms appear in specific periods as a result of underlying cultural trends’.¹⁷ In work on the military population Jones and Wessely reported that the incidence of non-ulcer dyspepsia had become a major medical problem for the British military by 1941, to the extent that it was initially considered to be a new entity comparable with shell shock. However it became apparent that it was not uniquely a military issue as it reflected an increasing incidence of ulcer in the civilian population during the inter-war period.¹⁸ That ulcers and mental strain were linked, was a reflection of popular medical understanding and the real limitations of medical science itself.¹⁹ What is evident from this is that the symptoms of an ulcer or suspected ulcer were culturally more acceptable and better understood than a more psychological interpretation of such symptoms and experience.²⁰ Digestive symptoms notwithstanding, lack of visible symptoms of mental distress were not just a problem for Peter Allen, as Ken Duckworth, a civil servant in the 1960s recalled. His boss, despite knowing he’d already been off sick and had accepted demotion to reduce the pressure of his responsibilities, did not seem to grasp Ken’s condition, telling him to ‘stop moaning, try and do my job and stop worrying’.²¹

Such exhortations, whilst unhelpful, were not unusual. Between 1943 and 1956 Miss Richmond worked as a welfare officer for Hunter and Sons, a London furnishings business with premises and small business concerns all over London. She recorded her visits to Hunters’ employees who were on sick leave, including Mr S who had had a nervous breakdown. She reported what she told him during a visit of 1949:

Business worries are a dreadful nervous ordeal whilst they are happening: they seem to accumulate and no end can be seen. But once the end has come – bad or good isn’t the point, the fact that it has ended is what matters – the time for a nervous breakdown is over. One must just get on with things, life goes on,

¹⁶ Mass Observation Archive, 'Work', A008.

¹⁷ Edgar Jones and Simon Wessely, "War Syndromes: The impact of culture on medically unexplained symptoms," *Medical History* 49.1 (2005): p. 56.

¹⁸ *Ibid*, pp. 69-70.

¹⁹ *Ibid*, p. 71.

²⁰ Jones, "The gut war," p. 43.

²¹ Ken Duckworth, 3/11/1999, Mental Health Testimony Archive, British Library, C905/21/01.

that worry is over. There may be others in the future, who knows? Deal with them when they come but don't dwell on what is past.²²

Earlier in her report she had outlined the cause of Mr S's problem:

Mr S came to Hunters a few months ago, and was put in charge of work started by another surveyor who had left. Three orders were in a confused state and were incurring financial loss to Hunters. This worried Mr S considerably and as the financial losses increased with the progress of the work so did his worry, until it overwhelmed him and he had a nervous breakdown. He then said that Mr H and Mr F had talked the matter over with him; he had explained all the circumstances to them and they had told him not to worry.²³

However, despite her exhortations according to him 'the worry had taken too great a hold' of Mr S and he was now 'suffering from his nerves'.²⁴ For someone who normally showed considerable compassion for the many workers she visited, Miss Richmond demonstrated her lack of understanding in a somewhat uncharacteristic rant following this and a visit to another employee absent for the same reason:

Many illnesses, pneumonia etc cannot be helped and nobody falls and breaks a leg on purpose, but I have seen so much of this 'nervous breakdown' line and it is a thing that the individual can prevent – if taken in time. The red light is showing when you find yourself thinking about, and talking about, nothing else than your particular worry. Mental diversion is needed: people, amusements, hobbies, anything except sitting brooding and chain smoking. Above all get away. Weekends, even only Sundays, get away. The problem doesn't go but the mind is steadied and the person is able to regain a sense of proportion and see the problem for what it is; certainly something quite normal and capable of being dealt with. To hear these 'nerve' people talk one would think it was a question of life or death confronting them. They are quite out of focus with reality. It is no use talking to cases like these two I have seen this week. They are too far gone.²⁵

Notable are her suggestions on prevention which have much in common with those of the self-help books examined in the first chapter, but essentially the problem was due to weakness or self-indulgence in worry on the part of the sufferer. A few years later in 1954 she reported a conversation with the sister of Mr L, a storekeeper at the subsidiary firm Shaw's, who had 'been in hospital for the last three weeks receiving treatment for "nervous trouble". He had had the same "illness" in February 1952 when he was a costing clerk and was then in hospital for several months.' According to Miss Richmond, Mr L's sister claimed:

²² Mass Observation Archive, Personal Collections: Miss Richmond, 'Welfare Visitor's Report', 22/9/1949. Real names have been anonymised.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

...she did not think it had been right because he was working under the man who had his old job and he had had an inferiority complex all the time: he is now 'just a bundle of nerves, there is nothing wrong with him physically, it is something to do with his work that has got him like this.'²⁶

Mr L's sister's insistence that his condition was *not* physical, but related to his work was unusual among contemporary accounts, but perhaps attributable to an attempt to ensure the firm kept him on. Miss Richmond concluded her report with robust pragmatism:

It is a sad case and I am sorry for the Ls but, after all, Shaw's is not a Psychiatric Rehabilitation Centre for the employment of 'nervous trouble' cases. They did try to help Mr L but are now back where they were two years ago when he had a similar 'nervous breakdown'. Who can tell when another 'breakdown' will occur?²⁷

Miss Richmond's own role and her considerable itinerary of hospital visits and what amounted to informal social work amongst the employees, seem to suggest a level of compassion and care by her employer. Yet even the most paternalistic employer had limits, both in terms of keeping jobs open during sick leave and in admitting any culpability. The fact that Mr L had been returned to a demoted role in the same area he had worked in before, suggests a disregard for any contributing factor his working environment might have had in his condition. Indeed the organisation's apparent caring paternalism may be interpreted more coldly as self-interest, as labour shortages in the post-war period meant employers were keen to hang on to experienced employees, even if that meant enduring a period of sick leave. Certainly the scale of Miss Richmond's visiting, for example 412 visits on 179 days in 1945, and the length of some employee absences, could support either interpretation.²⁸

A bank worker who suffered a nervous breakdown in the 1970s reported to MO that, 'My family doctor urged my employers to permit me to retire early on the grounds of ill-health which they were good enough to do.' His nervous breakdown was attributed in part to 'pressures of work' largely due to 'racial problems, both in the matter of work and in personal relationships', but these were seemingly irrelevant. Instead he was merely grateful to his employers, for whom he'd worked from 1941 to 1979, for allowing him early retirement, without any hint that perhaps something might have been done to

²⁶ Mass Observation Archive, Personal Collections: Miss Richmond, 'Welfare Visitor's Report', 24/5/1954.

²⁷ Ibid. Shaws was a subsidiary of Hunter and Sons

²⁸ Ibid. Mass Observation Archive, Personal Collections: Miss Richmond, 'Annual Report of visits made by Welfare Visitor', 1946.

tackle the contributory factors.²⁹ Many workers of his generation held similar attitudes towards their employers, such as this bookkeeper from Telford, 'My abiding wish was to serve and to please my employer, who if making a sizeable profit from my labours (and those of other contemporaries) was of no concern to me.'³⁰ Such views suggest that whilst some workers were aware that their employment relationship might be interpreted as at best unfair, and at worst exploitative, they were largely unconcerned by this. A social worker talking about the 1950s and 1960s told MO, 'My father was exceedingly conscientious and loyal to his employers. He had very high standards and did not object to working at home in most of his spare time.'³¹ For much of the twentieth century many workers were simply glad to have any work, and thus the relationship between worker and employer was based on a psychological contract in which employers offered security of work for which workers traded loyalty and respect.

Therefore any experiences at work which created stress were most likely to be construed as physical, even by sufferers, and poorly understood by colleagues and employers who were likely to attribute them to the individual's own inherent weakness. To a great extent this disconnect between the experience of the worker and the effect of the work or workplace was simply a case of ignoring a problem which both wished to downplay: workers because they relied on their job for survival and for many the spectre of the Depression still loomed large, and employers because it did not register as their responsibility. If you were ill that was your problem and in such circumstances, it seems fair to conjecture that many whose work caused stress were scarcely able to acknowledge it themselves.

The meaning of work

It was not just stoicism in the face of harsh economics which fuelled such behaviour. In the following discussion I will explore beliefs and attitudes towards work and how they informed the experience of stress. I will show that for many people work enabled survival, but was also critical to identity, status and social life and for much of the century this was constant, changing only as the generations who grew up after the Second World War entered work.³² The resulting shift allowed work to be understood from the workers' perspective, in a much more individual manner, and as such opened it up to scrutiny in a way which enabled the stresses and strains of everyday work to be acknowledged.

²⁹ Mass Observation Archive, 'Work', H275.

³⁰ Ibid, C139.

³¹ Ibid, D826.

³² Sayers, "The Need to Work" p. 727.

Poverty and survival

'Work was 'life', without it you did not survive. It came first and last, always waiting to be done.'³³ This comment by a railwayman working in the 1930s illustrates how the necessity of work for survival framed everyday attitudes for most working-class and many lower middle-class families. Similarly a Police Sergeant recalled his childhood impressions of work in the inter-war period:

I formed the distinct impression that WORK WAS BLOODY UNENJOYABLE. Owing to my parents having to work hard – long hours...Work in those days was not secure – and a continual reminder was the WORKHOUSE situated right at the bottom of the street.³⁴

The threat of the workhouse and fear of poverty were powerful motivators to do work of any kind, regardless of its nature and regardless of how one felt about it. As a teacher recalled of his parents' experiences in the 1930s and 1940s:

Work was not enjoyable. They were exploited paid as little as possible, worked long hours. Work WAS hard then. Fear, too, was prevalent. Fear of the foremen, the tacklers, the boss, the manager, of making a mistake...³⁵

The frequency of unemployment in some regions in the inter-war period meant security was the priority and many people accepted whatever conditions of work and treatment were forthcoming. Economic security was the dominant consideration in providing the necessary context for happiness according to MO research carried out in Bolton in the late 1930s.³⁶ But even with the relative security established by reformed state welfare after the Second World War, such fear was ingrained and, for many, work would always be little more than instrumental in survival. There was no question of ambition or choice, as another MO correspondent explained 'my attitude to work is that for the human race it is a necessary and baleful evil as for ambition – ambition for what??????? The question to a working-class child of the 1930s is a sick joke.'³⁷

This instrumental approach to work resulted from circumstances of class, gender and geography, all of which influenced levels of education, expectation and thus employment options. Arguably those with a better education had an increased chance of entering a profession which might hold some inherent interest to them or at least offer more opportunity for satisfying work. However, this did not necessarily predicate

³³ Mass Observation Archive, 'Work', A005.

³⁴ Ibid, R461.

³⁵ Ibid, C118.

³⁶ Ian Gazeley and Claire Langhamer, "The Meanings of Happiness in Mass Observation's Bolton," *History Workshop Journal* 1.75 (2012): pp. 161-162 and 182.

³⁷ Mass Observation Archive, 'Work', M390.

a less instrumental approach as a housewife talking about her father in the inter-war period explained:

My father was a Dental Surgeon, but, although he was known to be good at his work, I felt he looked on it as a necessity to keep a large family, and probably didn't enjoy it very much, as he preferred to be in the open air instead of in the London atmosphere.³⁸

For those working or growing up during the decades before and immediately after the creation of the welfare state, work was simply a necessity for survival. It could be unpleasant, poorly rewarded and insecure and whether you liked it or not was irrelevant. Therefore, if your work created mental distress, you had little choice but to get on with it. Indeed it was scarcely relevant to even acknowledge that experience.

Status and identity

Work was also a fundamental factor in constructing a sense of identity and conferring status on individual and family and thus as important socially and psychologically as it was economically. It is pertinent to note that for much of the century it was also largely based on a gendered understanding of work outside the home which specifically valued men's work. The man mentioned earlier whose father was an alcoholic recounted 'I picked up a great deal of anxiety about work and how difficult it was but I also learned how it could bring you prestige and standing.'³⁹ As another MO correspondent reported of his childhood in the inter-war years, 'I remember feeling so proud walking home after meeting my father from work, as a schoolboy – him in working clothes and perhaps another workmate...'⁴⁰ Similarly a teacher talking about the same period explained:

Work was hard ("don't bother your father he's had a hard day"). Work was a bestower of status, in that inside the home the breadwinner was absolute king and certain work had status outside the home.⁴¹

Status came simply from having work and being perceived by your community to be doing your duty to your family and to society, as a retired railway worker explained, 'I have always felt that it is one's duty to work. To make some contribution towards society for one's existence.'⁴² For those born before the Second World War, the attitude to work of parents, particularly working-class parents brought up in the Victorian and Edwardian eras was influential, 'In my father's case it was a Victorian

³⁸ Ibid, D170.

³⁹ Ibid, A012.

⁴⁰ Ibid, A013.

⁴¹ Ibid, M361.

⁴² Ibid, A005.

'requirement' and duty. Work was equated with worthiness, respectability, one's ability to keep the head high,' wrote one man of his parents in the 1940s.⁴³ Another MO correspondent, referring to the inter-war period noted, 'There is little doubt that my generation were deeply influenced by the Victorian work ethic: to work hard is GOOD; to slack is SINFUL.'⁴⁴ Clearly there was a moral danger in being workless whether by choice or not. Within this conceptual framework to find work stressful was akin to a dereliction of duty, shameful and a threat to the family not just the individual.

Work was a measure of self-worth, particularly for men, acknowledged as the main breadwinner for most of the century. This tied the meaning of work very closely to meanings of masculinity such that it was 'bound up with the labour process, the notion of skills and the experience of work.'⁴⁵ As a machine tool operator who started work in the inter-war period explained, '35 years I worked in an engineering workshop. It was 'mans' work. Hard, dirty and to me, satisfying.'⁴⁶ The very hardship of some work in itself became a source of pride, as men reframed their experiences of dangerous, uncomfortable or distressing work in a way which created a masculine virtue of the toughness they needed to endure.⁴⁷ In this way 'industries and occupations were instinctively graded according to how masculine they were'.⁴⁸ Roper has argued that in the post-war era successive versions of masculinity can be seen, ranging from the paternalism of family capitalists to the 1980's revival of aggressive entrepreneurship. Whilst his focus is on managers, his point about the changing quality of masculinity is pertinent to workers at all levels.⁴⁹ What denoted a rugged toughness in the face of a hostile work environment in the 1930s might well be seen by the late twentieth-century as pig-headed stupidity in the face of evident danger and exploitation. The importance of work to the construction of a masculine identity made it all the more devastating for men, when work was removed. A civil servant who began work in the 1940s reported, 'I celebrated redundancy by going into a slow nervous breakdown culminating in unsuccessful suicide attempt.'⁵⁰ Another man, unemployed in the early 1980s explained, 'I am affected by unemployment in several ways. A grinding lack of money is one. Just as important is the way I cannot admire myself and the fact that others

⁴³ Ibid, O406.

⁴⁴ Ibid, A008.

⁴⁵ Maynard, "Rough Work," p. 159.

⁴⁶ Mass Observation Archive, 'Work', L689.

⁴⁷ Hayes, "Manual Workers ": p. 640. Paul Willis, "Shop-floor Culture, Masculinity and the Wage Form," *Working-Class Culture: Studies in History and Theory*, eds. John Clarke, C. Critcher and Richard Johnson (London: Hutchinson & Co Ltd, 1979) p. 196.

⁴⁸ Hayes, "Manual Workers ": p. 647.

⁴⁹ Roper, *Masculinity* p. 21.

⁵⁰ Mass Observation Archive, 'Work', H909.

cannot.⁵¹ Another unemployed factory worker talking about the 1980s explained, 'Unemployment has turned me into a thief. I steal anything and everything.'⁵² One interpretation of his willingness to confess his thieving is that at the very least it supplied an alternative, though scarcely a socially-acceptable one, to his lost work identity. If work was so aligned to identity, then to find that work distressing was existentially problematic. For many it was simply too damaging an admission to make, so where they could they worked on in the face of stress or nervous debilitation because that was the preferable option, as Jeff Mills explained about his experience in the 1970s, 'I don't think the people at work ever knew I don't think I ever showed it at work I just coped but out of work things were just falling apart...'⁵³ For those who became too ill to continue, then the admission of illness left them and their family open to the not always empathetic judgement of colleagues, family and wider community, as Peter Allen explained, '...it was very, very hard to go back to work I was very frightened to go back...'⁵⁴

Structure and purpose

Returning to work was important, and not just economically, for another of its functions was to give structure and purpose. A flying instructor born before the Second World War insisted, 'For the vast majority of people it is good to have regular work to give them something to achieve, which is as important as earning money.'⁵⁵ Recalling the inter-war period, a production director described the satisfaction his parents gained from their life in the mills:

To say my parents enjoyed their work is perhaps the wrong word but they did not dislike it. It was long (48 hours was standard then) and often with overtime was 52 hours per week and no nonsense about 'voluntary'. However because my father had total responsibility for his 'room' (as every overlooker had) his pride in producing a faultless product at almost a 100% efficiency was his satisfaction – and one which remained for the rest of his life. Similarly my mother although merely an operative and doing a routine but skilled job always produced faultless work – as did every other operator – and again that was her satisfaction.⁵⁶

Similarly, writing of her parents' work in the inter-war years, a clerk in Leeds recalls, 'I don't think they actually enjoyed it, but working hard was accepted as the 'norm' then

⁵¹ Ibid, A012.

⁵² Ibid, D158.

⁵³ Mills, 9/12/1998.

⁵⁴ Allen, 10/11/1998.

⁵⁵ Mass Observation Archive, 'Work', B054.

⁵⁶ Ibid, L920.

and I think they took a pride in what they did.⁵⁷ The protestant work ethic persisted powerfully across the period, despite a decline in religious beliefs. *Puzzled People*, a MO study published in 1947, asked what people thought was the most important thing in life, and whilst work rated fairly low at tenth in the list, it was one place higher than faith.⁵⁸ Whilst it would clearly be going too far to argue that work replaced religion, it may be true to say that in an increasingly secular society, it offered an alternative purpose for those who no longer looked to faith and religion. That there was a need for such purpose is underlined by a female fitness instructor in the early 1980s, 'I think it is most important for people to have regular work, however simple and brief it may be. It gives one a certain pattern to life and I believe in that most sincerely.'⁵⁹ Such external paid work could also be important to women who found the domestic sphere too limiting as a publicity assistant suggested of her mother in the 1950s and 1960s:

It is essential for people to work. It has been my experience that of most women the age of my mother, the generation who were brought up to believe that the woman should stay at home, end up dissatisfied and unfulfilled. It is essential for people to have a means of expressing their own individuality and feeling their own worth. It is essential to have some other purpose in life to cling to when other problems arise, and essential for people to have order and discipline in their lives – something to get up for each morning.⁶⁰

Work was not perceived as simply instrumental to survival, but a means of expressing individuality and enjoying a sense of worth. The need was for a job as an end in itself not merely as source of livelihood.⁶¹ Recording the experience of the generation working before the Second World War, another MO correspondent noted, 'To say my mother enjoyed her work would be an understatement. My mother was her work for many, many years, if not the whole of her life.'⁶² Whilst a teacher writing in the 1980s noted, 'Apart from the financial aspect I like the feeling of independence and being a person in my own right.'⁶³ This reflects the increasing participation of women in the workplace and the changed cultural context of women's work resulting from second wave feminism. However, it could also make the experience of stress at work even more problematic, if it came at the cost of a hard-won sense of independence. Having

⁵⁷ Ibid, T540.

⁵⁸ Mass Observation and Ethical Union, *Puzzled People: A Study in Popular Attitudes to Religion, Ethics, Progress and Politics in a London Borough* (London: Victor Gollancz, 1947) p. 105.

⁵⁹ Mass Observation Archive, 'Work', B035.

⁶⁰ Ibid, B787.

⁶¹ Sayers, "The Need to Work" p. 728.

⁶² Mass Observation Archive, 'Work', H675.

⁶³ Ibid, C109.

gained a foothold in the workplace, it would be hard for many women to admit that they were struggling.

Social needs

Any loss of ability to cope with work could also jeopardise another fundamental function; its role in meeting human social needs. Whether this was more significant for men or women is disputed, McKibbin arguing that for men, '...it was in the factory more than anywhere else that they had their social being,' while Burnett argued for women losing more socially if work was withdrawn.⁶⁴ Notwithstanding the debate, there is no doubt that the social function of work was significant, as one secretary recalled of the 1960s and 1970s, 'My father enjoyed his work but more so his work mates. He worked as a machine operator at one of the coal mines in South Yorkshire and had many good friends there.'⁶⁵ Similarly an engineering worker reflected, 'I feel it is good for people to have regular work. Most feel a sense of belonging. They have their mates 'at work'. Much social activity comes from the place of work...without it many would be completely lost.'⁶⁶ The enduring strength of these work-based social bonds is illustrated by a retired specialist coil winder from an electrical engineering firm whose working life began in the 1930s and who told MO in 1983, 'Six ex-winders meet together once a month for a lunch and tipple and still talk of the fun we had!'⁶⁷

For many people spending more hours with work colleagues than family and friends, the loss of that social interaction either through being too distressed to work or by the incomprehension of colleagues to any symptoms was again a powerful disincentive for acknowledging them. If you did, then fear of rejection and suspicion was powerful, as Peter Allen explained reflecting back on his experience of the early 1970s but also of the late 1990s when he was interviewed:

...it's very hard to understand how em how people react to them and I hear these days people say he's gone off with his, what do we call it now we call it pressure, stress that's it stress, gone off with stress, and people say well I don't know why he's stressed, he don't do anything. You know that sort of thing. But people don't realise that stress is brought on by a lot of different things.⁶⁸

His account showed him negotiating a new language, replacing 'pressure' with the more malleable 'stress', indicating the change in terminology over the intervening twenty years. His explanation also suggested that even by the end of the twentieth

⁶⁴ McKibbin, *Ideologies of Class* p. 156. Burnett, *Idle Hands* p. 291.

⁶⁵ Mass Observation Archive, 'Work', W581.

⁶⁶ *Ibid*, L689.

⁶⁷ *Ibid*, B092.

⁶⁸ Allen, 10/11/1998.

century, work colleagues could be less than understanding about stress; indeed, he implied that they were suspicious of such a diagnosis as their understanding of causation linked it only to visible overwork. In such a situation the social fabric of a workplace might be damaged by one person's experience of stress, further compounding that person's problems.

The instrumental approach to work that many people took meant that they did not consciously question what they were actually doing or whether it was meaningful. Economic necessity drove the kind of job you got, and after that you just got on with it. Working during the middle decades of the century, this MO correspondent summed it up:

Of course we all have dreams of being something or other when we were young, I fancied being a soldier (I was finally, but it was vastly different from my childhood fancy). But it was work we had to get. Any work. That was the order of the day and in some respects I feel in this working class of mine it still holds good. Most people feel it better to have a job, almost any job, and enjoy the benefits, a decent home, car, holidays a chance to, as much as possible, give the children a start in life. Most never find their ideal. For most it is monotonous and anything but enjoyable, tolerated for a large part merely for the money and satisfaction of just having a job.⁶⁹

His comments made in the 1980s, although suggesting considerable change in terms of the material benefits expected from employment, also suggested considerable continuity in the instrumental approach to work during the twentieth century. That approach was not unique to the working class, for even with additional educational and social advantages there were still those in the middle class too, such as the dentist mentioned earlier, whose circumstances led to a similar attitude. Such instrumentalism is arguably still the case for those of whatever class who find themselves with restricted employment choices whether due to economics, education or geography.

However, during the second half of the century there was change, as the generations who grew up with the umbrella of the welfare state and with greater educational opportunities were less constrained by basic economic survival.⁷⁰ A nursing agency manager explained, 'I think work should be a challenge not a daily grind to be endured so one could hold one's head up,' demolishing in one sentence any ideas of duty or work as bestower of status within the community.⁷¹ Similarly a journalist working in the

⁶⁹ Mass Observation Archive, 'Work', L689.

⁷⁰ W Ronco and L Peattie, "Making Work: a Perspective from Social Science," trans. R. E. Pahl, *On Work: Historical, Comparative and Theoretical Approaches*, eds. W. Ronco and L. Peattie (Oxford: Basil Blackwell, 1988) p. 710.

⁷¹ Mass Observation Archive, 'Work', B042.

1970s and 1980s stated, 'It is good for people to have regular work only if that makes them feel good. Work isn't any kind of absolute condition or pre-requisite of existence.'⁷² Such a view would have been incomprehensible to many of his parents' generation. Another man, who entered the workforce after the Second World War outlined his experience of work:

I lead a demanding and highly-paid working life, and through it meet interesting people. However it has its downside: you have to live with it almost 24 hours a day – as the mind must be constantly revolving business plans. It can also be worrying and frustrating.⁷³

His comment is interesting in acknowledging the worry and frustration of the job in a way that he might not have done had he been born a decade or two earlier. What these examples suggest is that the perspective on work was shifting and the emphasis of earlier generations on survival and status were less important, or in the latter case, important for different reasons. Status was no longer related to notions of duty and responsibility but to individual worth and economic success, as a teacher explained to MO in 1983 'Our society is, at present, dominated by the work ethic. The job a person does, the salary he earns, determines his social standing and value to society.'⁷⁴ The implication was that status no longer came from the respectability of being honestly employed and providing for one's family, but from a more superficial judgement about the nature of the job and its economic value.

I suggest that the relationship between work and stress was mediated by the meaning of work, which was constructed around economics, identity, purpose and social needs. For a significant part of the twentieth century that meaning remained relatively constant, so that, admitting even to oneself that something at work was causing psychological distress threatened poverty, loss of status for individual and family, social life and ultimately even one's sense of existential purpose in the world. Employers might be exploitative, conditions harsh, tasks boring or always to be completed at home, and colleagues difficult, but enduring all of that was the cultural norm. Any stress that was experienced was veiled behind physical explanations, and its impact hidden within the privacy and confines of the family. For most people the hope was for a job and work which might be secure, respectable and if you were really lucky even satisfying, if not enjoyable. And if it did not fulfil all those things then it was still a job. If underlying cultural trends support the appearance of particular symptoms, then the

⁷² Ibid, B719.

⁷³ Ibid, C110.

⁷⁴ Ibid, B668.

underlying trends associated with work at a popular level, well into the 1960s and 1970s, simply did not support the idea of stress in a work context.⁷⁵ The rare examples of nervous exhaustion or nervous breakdowns were exactly that, rarely visible in the everyday existence of ordinary people. The meaning of work for the majority of people changed only with the generations born after the creation of the welfare state. They benefited from its economic safety net, increased career opportunities created by wider educational opportunities and periods of relatively full employment. These factors enabled many people, although not all, an increased degree of agency in their choice of occupation. An individual might still choose employment in the local factory or other industrial concern, but it was with a sense of self-determination which gave such work different meaning. Additionally women began to make up a significant proportion of the full as well as part-time workforce, bringing different hopes and expectations with them, so that by the 1980s, for many work was no longer about basic human survival, but about new career ambitions, personal fulfilment and consumer aspirations. Of course there was still poverty and there were still those who struggled to find work, but within the new meanings there was also space for a more critical approach to work which could allow workers to question its effects on them and start to make more visible the nervous breakdowns and pressures it could cause. That these things had long been a subject of interest to employers seeking to maximise efficiency is explored next.

Industrial efficiency – the organisational perspective

I begin by examining organisational research from the 1930s-1950s, a period shaped by the growth of scientific management, and the intense drive for productivity of the Second World War and post-war economic recovery. Early research sought to identify workers susceptible to nervous conditions and to evaluate their impact on productivity, whilst the wartime focus was on maximising production by understanding every aspect of industry, including worker psychology and motivation. Later research returned to attempts to categorise potentially under-productive workers and educate management about them. I argue that such attempts to identify potentially susceptible workers were confounded by the range and inconsistency of worker experiences, whilst both organisational, and ultimately governmental, approaches to worker motivation were simplistically economic, and ignored the significance of other factors critical to the worker psyche.

⁷⁵ Jones and Wessely, "War Syndromes," p. 56.

The inter-war years saw the foundation of industrial psychology following the publication in the United States of Frederick Taylor's seminal monograph *The Principles of Scientific Management* in 1911.⁷⁶ Focusing on methods to increase efficiency, it prompted researchers to study how work was managed, but also the impact of different environmental factors in the workplace, with publications such as Elton Mayo's *The Human Problems of Industrial Civilisation* of 1934 producing influential findings on the psychological functioning of workers in the United States.⁷⁷ In the UK, the Medical Research Council's (MRC) 1930 report by the Industrial Health Research Board looked exclusively at the 'reduction of working efficiency by imperfect mental adaptation to conditions of work.'⁷⁸ Claiming to be a 'pioneer survey' this research aimed to investigate the prevalence of 'neurotic tendencies' in the British workforce and to:

...classify cases according to the estimated importance of the symptoms or emotional attitudes found in the experimental subjects and judged to be indicative of these nervous states; to collect information as to the prevalence of those states in different groups; to examine the relationships between their prevalence and the prevalence of nervous illness; and to study generally their influence upon industrial efficiency.⁷⁹

This was no mean feat, intending to clarify specific organisational problems including: 'absenteeism through sickness labelled 'nervous breakdown' or one of its synonyms'; selection for promotion of individuals able to direct 'without undue strain to themselves'; and erratic workers doing 'very good and very bad work for no apparent reason.' They also sought to understand why 'indifferent environmental conditions' could cause 'disproportionate suffering' to some.⁸⁰ The study covered over a thousand male and female workers including 'clerical workers in Government departments and commercial firms, factory workers, people in administrative posts, and students' aged from fourteen to sixty. It was based on answers to hypothetical situations posed in relatively unstructured personal interviews.⁸¹ While acknowledging that 'nervous symptoms are of infinite variety and often peculiar to the individual,' the authors classified two 'recognised clinical types.'⁸² The first worker suffered from 'fears connected with authorities, causeless apprehension, irrational worries connected with the work or with

⁷⁶ Frederick Winslow Taylor, *The Principles of Scientific Management* (New York: London: Harper, 1911).

⁷⁷ Elton Mayo, *The Human Problems of Industrial Civilisation* (New York: Macmillan, 1933).

⁷⁸ Millais Culpin and May Smith, *The Nervous Temperament: Medical Research Council Report 61*. (London: Industrial Health Research Board, 1930) p. iii.

⁷⁹ *Ibid*, p. 2.

⁸⁰ *Ibid*.

⁸¹ *Ibid*, pp. 2 and 7.

⁸² *Ibid*, p. 9.

the imagined judgements of other people' while the second had an unreasonable drive to dwell on certain thoughts, which if resisted created 'great stress'.⁸³ This latter type of obsessional worrying would certainly have sounded familiar to Miss Richmond and the case of Mr S, some twenty years later. The researchers provided examples from specific employees:

- 1) Woman aged 29; eldest of four. Engaged on routine clerical work and finds it monotonous; can think of other things when at work without affecting it. Had a month off lately for 'nerves'; had made a mistake and it worried her.
- 2) Man of 33. Second of two. In a responsible administrative position. Likes his work very much; wouldn't do work that did not demand his whole attention. Says he is highly strung. Wakes up and thinks about his work. Was on active service and tended to stammer afterwards. His noticeably slow speech, now a fixed habit, was an effort to overcome it...on being pressed he shows an obvious reluctance to talk of his war experiences (typical of 'post-war neurasthenic')...⁸⁴

These contrast the language the workers used to describe their experiences i.e. 'nerves' and being 'highly strung' with the researchers' diagnosis of neurasthenia. They also seem surprising for the extent of personal disclosure at a time when psychological ill-health could carry considerable stigma. Perhaps this was the novelty of someone being interested or the knowledge that the report would be anonymised.

Despite such assistance, the researchers were forced to conclude:

It is not easy to detect these people, for their symptoms may not be expressed in unusual behaviour and the subjects usually do not call themselves 'nervous', though they may admit to being 'nervy'...they tend to overwork, and give the impression of taking the line of greatest resistance. When breakdown comes it is usually ascribed to overwork though the overwork itself is a symptom and not the cause of the state. They may be over-conscientious either in general or merely with regard to some particular. The obsessional subjects tend to be intellectually superior, some occupying important positions; yet their mental conflicts, in which they use up much energy, seem to prevent them from attaining their highest possible efficiency.⁸⁵

This left them with many unanswered questions, not least being whether 'the presence of nervous symptoms make adjustments to the ordinary economic environment difficult in any way?' which was surely the nub of their enquiries and what organisations wanted to know.⁸⁶ They failed to establish this or whether being nervous definitely had a detrimental effect on output, and concluded that it was unclear whether nervous people's effectiveness was simply reduced some of the time by their condition, or

⁸³ Ibid, p. 10.

⁸⁴ Ibid, p. 12.

⁸⁵ Ibid, p. 10.

⁸⁶ Ibid, p. 27.

whether there were some nervous workers who were just 'ineffective in any walk of life.'⁸⁷ What they did establish was that there were considerable numbers of people with nervous conditions, some destined for long periods of absence from work, but others able to manage their work despite their mental distress. They concluded by suggesting that 'the problem is not one of merely academic interest.'⁸⁸

Indeed, within a dozen years it had become tangible for those responsible for high levels of production in a war-time economy based partly on conscript labour. Published in 1942, and based on conversations with 1200 workers in eighty firms including contributions from trade union officials, supervisors, managing directors and voluntary observers, *An Enquiry into British War Production (in Two Parts): Part 1 People in Production* by MO provided further insight into the issue of worker well-being and the thorny issue of productivity.⁸⁹ The authors were critical of the status quo, 'In view of its evident importance to production, the extent to which industries and unions concern themselves with the health of their workers is noticeably slight.'⁹⁰ However, their criticisms included the workforce:

...we make so bold as to suggest that quite a lot of illness wouldn't make people feel ill if they didn't have so much superficial knowledge now about the common afflictions. Reading as we do millions of words a month of conversation, interview, observation, letter, memorandum and diary, we can hardly fail to be impressed by what we can only call a massive latent hypochondria.'⁹¹

This hypochondria was largely attributed to the pernicious effects of patent medicine advertising, and the increased strain of wartime worries. Whether their ailments were real or not, it seems likely that such advertising provided a culturally-acceptable language of mainly physical ailments which workers appropriated to explain, and more easily admit, their psychological troubles. The outcome of the suggested hypochondria was clear, 'over thirty million weeks are lost each year in peacetime,' which was just not acceptable for a nation at war. The causes were mostly attributed to relatively minor coughs and colds, but also included 'nerves', which the authors claimed were

⁸⁷ Ibid, p. 30.

⁸⁸ Ibid.

⁸⁹ Mass Observation Archive, *An Enquiry into British War Production (in Two Parts): Part 1 People in Production A Report prepared by Mass Observation for the Advertising Service Guild* (London: Advertising Service Guild, 1942).

⁹⁰ Ibid, p. 256.

⁹¹ Ibid, p. 253.

preventable.⁹² The workers themselves mainly attributed their ills to dietary restrictions but also talked of 'nervous strain'.⁹³

One solution was well understood, 'the man or woman doing a real job of work needs (psychologically as much as physically) a relax [*sic*] right away from work, from time to time.'⁹⁴ This was increasingly difficult to obtain, with 'some holidays discouraged by the Government, and with normal holiday and recreational facilities severely cut by the war.'⁹⁵ Workers responded with absenteeism and 'Despite double-time on Sundays, many firms have had to give up working over weekends, or to make arrangements ensuring at least one day's break per week per worker.'⁹⁶ Arguably for many women workers, such a break was an absolute necessity 'to shop, to do domestic chores and attend to their own welfare and to that of their children,' and even with it, the combination of paid work and domestic responsibilities still led to fatigue and tension.⁹⁷

Additional strain came from the simple struggle to get to work and back as one Surrey aircraft worker explained:

We have now been compelled to travel by train, which involves men and women being away from home 13 and 15 hours a day in order to do a mere 8½ hours. In my own case I am away from home 84 hours a week and can only do 55 hours, that is assuming the train is punctual in the morning, and very often it is not.⁹⁸

The report concurred 'Even before the war getting to and from work was one of the biggest friction points of the British industrial set-up,' so additional war-time difficulties were 'making workers feel 'browed off.''⁹⁹ Some forty years later the vagaries of British Rail remained stressful, according to one bank worker who told MO in 1983, 'I became unemployed as a result of a nervous breakdown in January directly attributable to the pressures of office work and travel by British Rail.'¹⁰⁰

Environmental factors notwithstanding, the authors of *People in Production* also claimed, 'a direct correlation between the feeling of health and satisfaction with the job

⁹² Ibid, p. 257.

⁹³ Ibid, pp. 254-255.

⁹⁴ Ibid, p. 220.

⁹⁵ Ibid, p. 219.

⁹⁶ Ibid, p. 220.

⁹⁷ Penny Summerfield, *Women Workers in the Second World War: Production and Patriarchy in Conflict* (London: Routledge, 1989) pp. 135 and 123.

⁹⁸ Mass Observation Archive, *British War Production* p. 283.

⁹⁹ Ibid, pp. 280-282.

¹⁰⁰ Mass Observation Archive, 'Work', H275.

being done.’¹⁰¹ With organisational and governmental approaches focused almost exclusively on financial incentives for long shifts, weekend working and challenging productivity targets, the authors argued that this was limited thinking:

It seems to us as if the worker’s earnings *beyond a certain limit of necessity*, progressively decline in importance as compared with other factors, including prestige, interest, satisfaction, security, social group.¹⁰²

However, persuading employers of this was a challenge:

Now, most managements are hazy about all this; they know little about the emotions and potential emotions of their workers, and so the emotions they appeal to, and the incentives they apply, are often rather a muddle. They pay as high wages as they can afford, and hope that will encourage the workers to work harder; they appeal to patriotism, because the newspapers all do it, and it seems to be the done thing; when all else fails, they try to patch up the mess as best they can by miscellaneous and sometimes ineffective penalties.¹⁰³

There was frustration and dissatisfaction among factory workers, particularly at the abstract nature of their work, according to one woman quoted in another MO report on factory work in 1943:

...I’d like to do it properly – learn to do a more complicated job. You don’t feel you’re doing nothing like this. Of course, we know it helps, but you know what I mean – you don’t feel you’re doing anything.¹⁰⁴

The same report noted that ‘...not only do most of the machine shop girls not understand what they are making, but most of them have not the faintest desire to understand.’¹⁰⁵ Any notion of job satisfaction, pride or interest was risible, instead there were:

...gangs of bewildered and mainly reluctant girls, suddenly cut off from all their former interest and activities; suddenly released from almost all the social and material responsibilities which formerly gave their lives order and shape. Life has become for them a formless vista of days and weeks, from which most physical discomforts have been smoothed out, most cares lifted, and most pleasures and interests gone. Few gleams of aim or purpose lighten this vista, for their interest in the war has been blacked out by this sort of life as surely as their other interests. Instead of feeling ‘in it’ (as the newspapers would lead one to suppose working in a war factory makes one feel) they feel out of it, in every way, more than they ever have in their lives...this then is the background of

¹⁰¹ Mass Observation Archive, British War Production p. 254.

¹⁰² Ibid, p. 323.

¹⁰³ Mass Observation, War Factory (London: Gollancz, 1943) p. 114.

¹⁰⁴ Ibid, p. 48.

¹⁰⁵ Ibid, p. 43.

aimlessness, irresponsibility and boredom against which the organisers of this type of factory have to consider their problems.¹⁰⁶

Apparently meaningless work offering little in the way of satisfaction or purpose, coupled with the removal of their usual support structures, inevitably led such women to be 'browned off'. Such an experience contrasts strongly with the ways in which a negative work environment could be part of a positive construction of masculinity. Here there was no sense that the attributes of the work, meaningless and dislocated as they were, could in any way contribute to a constructive female working identity. That they fitted with an institutional and even governmental view that 'women's limited capabilities rendered them tolerant of boredom' as Summerfield has suggested, highlights further the selective approach taken to both work motivation and wider psychological responses to the situation.¹⁰⁷

According to the *British Medical Journal (BMJ)* this was compounded by the fact that:

The present health services of Great Britain – namely, the National Health Insurance Scheme, the fields of general and consultant practice, hospital services, and municipal and Government health services – do not cater fully for industry, because they have not given enough consideration to the varying physical and psychological factors within factories and business organisations which can so profoundly affect health.¹⁰⁸

The proposed solution included more emphasis on prevention and a closer association of the medical profession and industry.¹⁰⁹ However, despite the Factories (Medical and Welfare) Order of July 1940 requiring the appointment of doctors, the response to a parliamentary question of 1942 showed that 'only a hundred whole-time and four hundred part-time doctors had been appointed to works since the Order.'¹¹⁰

Furthermore according to the *BMJ*:

Our present industrial medical services are mainly in factories and are for the most part voluntary in nature, medical officers being appointed and paid by the employer. There is no control, therefore, either by the medical profession itself or by the State, over the development of this type of service. The efforts of individual factory doctors have done much to improve health in industry, but mainly in the larger firms which could afford the service; and because of the lack of a suitable propaganda medium these benefits have often not been fully available for the great mass of workers.¹¹¹

¹⁰⁶ Ibid, p. 113.

¹⁰⁷ Summerfield, *Women Workers* p. 167.

¹⁰⁸ Donald Stewart, "Industrial Medical Services in Great Britain: A critical survey," *British Medical Journal* 2.4221 (1941): p. 762.

¹⁰⁹ Mass Observation Archive, *British War Production* p. 256.

¹¹⁰ Ibid, p. 257.

¹¹¹ Stewart, "Industrial Medical Services," p. 763.

The 'critical survey' of industrial medical services from which the above quote comes called for the professionalisation of industrial medicine, at a time when practitioners were well aware that the BMA Planning Commission was putting together ideas for the framework and format of British medicine after the war. Stewart, the author of the BMJ article, was himself the Consulting Medical Officer for several companies including Austin Motor Company and General Electric and therefore had a personal stake in pressing for an improvement in the status and organisation of his particular specialism.

However, it was not just the appointment of medical staff into organisations, which was mooted as an answer to problems. There was also the provision of welfare, taking a myriad of forms, as the authors of *People in Production* admitted:

Everything to do with human interests of workers in the factory, including the treatment of their injuries, the feeding of them, any entertainments that may be provided, pension schemes, sports clubs, come under the heading of Welfare.¹¹²

They warned, 'Welfare is a vague word in the industrial vocabulary with a somewhat pious, Salvation Army tang to it' with 'limiting and confusing associations.'¹¹³ As Jones has highlighted it is one of those concepts that remains fluid, adapting and being adapted to the political and industrial climate of the day.¹¹⁴ Certainly at the mid-century, welfare was something 'added on to the factory in Britain, mostly added on recently and still to a minority.'¹¹⁵ *People in Production* included a depressing account from an Assistant Manager of what this actually meant:

The employees take to official welfare as a matter of course and have no interest in it. They feel they are part of a vast machine, which runs like a clock, without human personality, never seeing them, never blaming them, never praising them, never penalising them, never rewarding them, never driving them, never exhorting them, but expressing itself impersonally from time to time like a book of rules. My management acts as though it believes that it is sufficient for a certain rule or principle to be in writing or in print somewhere, for the workers to conform.¹¹⁶

This was certainly not the answer to problems of worker morale, psyche or absenteeism. Indeed the worker's response to welfare often confounded the intention, as one Midlands factory worker explained with relief after leaving a workplace famous

¹¹² Mass Observation Archive, British War Production p. 352.

¹¹³ Ibid.

¹¹⁴ Helen Jones, "Employers' Welfare Schemes and Industrial Relations in Inter-War Britain," Business History 25.1 (1983): p. 61.

¹¹⁵ Mass Observation Archive, British War Production pp. 352-353.

¹¹⁶ Ibid, p. 353.

for its welfare, 'You couldn't call your soul your own, they *welfared you to death*.'¹¹⁷ Female Welfare officers, especially those who were of a higher social class and emphasised discipline, were often perceived as 'nosy-parkers' and resentfully 'strung along.'¹¹⁸ The report acknowledged that 'Welfare which is merely given out from above, is accepted in that spirit, and frequently distrusted for that reason.'¹¹⁹ This was a distrust encompassing both workers and unions, the latter suspecting welfare as a:

...device by management to please workers and yet keep down their economic standard, that it had the effect of making the workers disinterested in joining a Union, because they were satisfied with their work, whereas, in the Union's view, they were being "tricked".¹²⁰

Such suspicion of employers' welfare provisions was not new, J B Priestley had drawn attention to Cadbury's extensive welfare in his *English Journey* of 1934, criticising its 'falsely mystical aura' and arguing for 'workers combining to provide these benefits, or a reasonable proportion of them, for themselves...far removed from the factory.'¹²¹ Implied was a concern that any welfare provision and apparent care for the well-being of the worker merely represented the forces of capital protecting their profit by mollifying worker revolt through an excess of benevolence. The strength of such a suspicion was such that forty years later, employer attempts to deal with the psychological side of welfare were still treated with scepticism, by no means limited to the unions, as a review of industrial medicine in the early 1970s suggested:

...workers are reported to have shown a great distrust of psychiatric services in industry, viewing them as a means whereby management can get rid of workers they do not want or can step up production by eliminating psychological bottlenecks.¹²²

Whilst possibly not unfounded, such wariness may also explain the unions' apparent tardiness in addressing the issue, even as late as the mid-1980s, according to *The Times*:

Nor do trade unions think to take mental health as seriously as the scale of occupational stress would seem to warrant. The issue does not figure in the TUC's 176-page handbook on health at work.¹²³

¹¹⁷ Ibid.

¹¹⁸ Summerfield, *Women Workers* p. 128.

¹¹⁹ Mass Observation Archive, *British War Production* p. 354.

¹²⁰ Ibid, p. 359.

¹²¹ J B Priestley, *English Journey* (London: William Heinemann Ltd in association with Victor Gollancz Ltd, 1934) pp. 98 and 100.

¹²² H B M Murphy, "The decline of industrial psychiatry," *Psychological Medicine* 3.4 (1973): p. 408.

¹²³ "Mystery disease here to stay," *The Times* 18 September 1985: p. 22.

Research in the 1930s had claimed a latent body of nervous workers, but acknowledged difficulties in both recognising who they were and how to quantify the effects of their suffering on their work. This might explain the apparent disinterest of employers in the worker psyche which became apparent when the Second World War prompted an accelerated interest in issues of absenteeism and morale affecting wartime economic production. What MO's research in factories demonstrated was implicit support for the earlier findings, in its recognition of a wide-scale 'hypochondria' interpretable as displaced anxiety and strain. It also served to highlight the growing understanding among researchers, if not among the leaders of industry, that beyond a point wages were not what motivated people and that meaning and purpose were also important. The response from government, the medical profession and industry of institutionalising industrial medicine and provision of welfare, was potentially inadequate, incoherent and certainly not universally perceived as a positive. That such endeavours were not mere altruism was obvious, productivity was the key driver, something which would become even more significant in the post-war period of labour shortage and the desperate drive for economic recovery. As a psychiatrist working in and writing about industrial health in the immediate post-war period remarked, 'labour is too short and conditions too severe to permit of sacking people. A cynical reason perhaps for suddenly starting to regard the worker as a human being, but there it is...'¹²⁴

'From Imagined Fears and Grim Depression Freed' – Roffey Park Rehabilitation Centre¹²⁵

The following analysis focuses on one attempt by commercial and medical interests to address the problem of nervous workers during and after the Second World War by examining their creation of Roffey Park Rehabilitation Centre (RPRC). The Centre offered treatment for workers and training and education for Human Resources and other relevant professionals, while its medical staff pursued a similar agenda to the MRC research of the 1930s by trying to categorise and identify potentially vulnerable employees. My analysis suggests that such attempts continued to struggle with the issue of what actually constituted work-related nerves or 'industrial neurosis.' As such they also revealed that some workplace stress had little to do with work at all and

¹²⁴ R F Tregold, *Human Relations in Modern Industry* (London: Duckworth, 1949) pp. 17-18.

¹²⁵ Quotation featured at the end of the pamphlet: National Council for the Rehabilitation of Industrial Workers, *Roffey Park Rehabilitation Centre: A Record of Two Years' Progress, 1944-1946*, London, 1946, Wellcome Library: Inside back cover.

efforts to identify categories of susceptible workers did little more than provide insight into the social and cultural prejudices of their author.

Roffey Park Rehabilitation Centre in Sussex was established in 1943 by the National Council for the Rehabilitation of Industrial Workers (NCRIW) under the auspices of St Thomas' Hospital in London. It was funded by a group of British industrial concerns, including Courtaulds, Cable & Wireless, the Co-operative Wholesale Society, Vauxhall Motors, and Ericsson Telephones to name but a few.¹²⁶ Contributions varied from a considerable £5,000 (from Courtaulds) to £3 3s from Energen Foods Ltd. The Centre's stated aim was to provide residential treatment for:

...the multiple cases of indeterminate ill-health arising from industrial fatigue, depression, nervous debility and other occupational or psychological disorders, with the object of returning as many workers as possible to a full-time productive capacity.¹²⁷

Its target patient population was wide with 'priority of admission being given to employees of subscribing firms'.¹²⁸ According to *The Lancet*, reporting on the Centre in 1945:

Patients are drawn from among managers, secretaries and accountants, as well as from those who earn their living with their hands; and this mixing of people from a wide range of economic and social backgrounds has never presented any difficulties; it has, in fact, benefited both patient and community.¹²⁹

Patients might come to Roffey Park for a number of reasons:

The quiet sensible man, after twenty years of steady service, may become depressed, bewildered, unable to concentrate or to complete his ordinary day's work; the young man or woman beginning to take responsibility may be overwhelmed by domestic or emotional disasters; the energetic, methodical middle-aged secretary may develop obsessional fears; and for others life is spoiled by morbid anxiety.¹³⁰

Recognising that such people were 'often a serious problem' not just for industrial doctors, but other professionals too, Roffey Park very quickly became a centre for their education, its Training Department opening in 1947 and a number of five and two day residential courses held in the first year for 354 people.¹³¹ These included 'doctors,

¹²⁶ Ibid, p. 4 and inside back cover.

¹²⁷ Roffey Park Rehabilitation Centre, *Health and Human Relations in Industry: The Courses at Roffey Park*, Horsham, 1947, Wellcome Library: Booklet has no page numbers.

¹²⁸ Ibid.

¹²⁹ "A Rest From Industry," *The Lancet* 246.6376 (1945): p. 607.

¹³⁰ Ibid.

¹³¹ Ibid.

works managers, personnel managers, trade union officials and social workers from hospitals'.¹³²

Despite enthusiasm for both treating industrial nervous conditions and educating employers and doctors, there was recognition that actually defining what was being treated was problematic, as the Centre's advisory panel reported in 1949:

The type of case admitted has been referred to as 'industrial' neurosis, but this is a loose expression which has no medical significance and can mean nothing beyond the fact that the patient has been engaged in some form of work.¹³³

Notwithstanding this apparent vagueness, there was a full programme of treatment, as the *BMJ* reported in an article co-authored by Roffey Park's Medical Director, Dr Ling in 1950:

"Talking out" of problems, "counselling" techniques, and narco-analysis are extensively employed. Electric convulsion therapy, modified insulin therapy, and other physical methods of treatment are utilized where necessary.¹³⁴

The emphasis on talking therapies contrasts with their apparent absence in the self-help books of the time noted in Chapter One. Perhaps even more significant was the use of potentially dangerous physical treatments, particularly when the advisory panel report seemed to suggest a certain level of imprecision about diagnosis.¹³⁵ The Centre's own booklet published in 1946 emphasised that 'each case is fully investigated by one of the three resident doctors and suitable medical, psychological and occupational treatment is arranged. Visiting specialists are available if required.'¹³⁶ Perhaps such emphasis on thoroughness was a vital reassurance in the face of the potential physical treatments, as well as a necessity in dealing with a condition that could vary so much between patients.

Photographs in the booklet showed patients using machines in workshops, entitled, 'The other fellow's job provides interest and relaxation to workers from a different sphere,' or taking part in physical exercise, gardening or after-dinner discussions,

¹³² RPRC, Courses at Roffey Park.

¹³³ Roffey Park Rehabilitation Centre Advisory Panel, Confidential Report of the Advisory Panel appointed by the Governors of St Thomas' Hospital in connection with Roffey Park Rehabilitation Centre (London: St Thomas' Hospital, 1949), Point 10.

¹³⁴ T M Ling, J A Purser and E W Rees, "Incidence and treatment of neurosis in industry," *British Medical Journal* 2.4671 (1950): p. 160.

¹³⁵ Roffey Park Rehabilitation Centre Advisory Panel, Confidential Report, Point 10.

¹³⁶ NCRIW, Record of Two Years' Progress: p. 6.

placing the emphasis more on occupational therapy than medical intervention.¹³⁷ The described regime suggested a rather utopian vision of communal living:

All patients take part in the work of the Centre, they are responsible for keeping their own rooms tidy, assisting in the kitchen and dining hall while occupational workshops and gardens give a complete change from normal routine and surroundings. Meals are planned by a trained dietitian, including fresh fruit and vegetables from the ten acres under cultivation...the patients are encouraged to help in the cultivation of produce under the instruction of a Horticulturist.¹³⁸

Evening leisure time was catered for by 'educational films, discussion groups, brains trusts, concerts, dances and talks of general interest by qualified speakers.'¹³⁹ After years of wartime hardships either in military service or on the home front, the opportunity of six weeks at Roffey Park away from responsibilities, eating a superior diet and enjoying interesting pastimes, was likely to benefit *anyone's* well-being, mental and physical. However, as *The Lancet* acknowledged in discussing the approach of industrial doctors to workers' breakdowns, getting that time might not be so easy, 'He may feel sure that given time and opportunity most of them will recover, but it may not be easy for the firm to spare them for long without replacing them.'¹⁴⁰

Firms might be reluctant to allow an opportunity to recover, but in some cases it was potentially their own fault that a problem had arisen. The case of May B, a typist suffering from depression and insomnia attributed to overwork, showed that it was her employer's failure to address a known personnel problem that led to her stay at the Centre:

Cooperation with the Personnel Department of the firm elicited the fact that there had been serious difficulties in her department for some months. The woman in charge was irrational, difficult and liable to have favourites, with the result that there had been marked difficulties in obtaining the required additional staff. A vicious circle had thus been produced which was the important factor in May's ill-health.¹⁴¹

Once this was addressed, the case study went on to confirm that 'after a few weeks May went back to work. Six months later she was reported to be well and working happily.'¹⁴² In other cases it transpired that illness had little to do with an individual's work and everything to do with the difficulties of readjusting to civilian life after being a prisoner of war. Thus Robert W was 'admitted complaining of inability to settle into

¹³⁷ Ibid.

¹³⁸ Ibid, p. 8.

¹³⁹ Ibid.

¹⁴⁰ "A Rest From Industry," p. 607.

¹⁴¹ RPRC, Courses at Roffey Park.

¹⁴² Ibid.

work. Before the war he had been employed satisfactorily as a clerk in the City and during the war saw action in North Africa and Italy.¹⁴³ The case study went on to explain that he was a prisoner of war for two years in Germany and since returning had had five unsatisfactory jobs:

On admission he was tense, irritable, hypercritical and sleeping badly. Physically his nutrition was poor and some of his teeth septic. Individual treatment was instigated, which showed that much of his trouble was due to half-forgotten experiences as a prisoner of war. Psychological tests showed good mechanical aptitude and appreciation of three dimensional proportions, but only average intelligence. While receiving appropriate treatment he was placed in the wood workshop, where he made good progress. After some weeks he had lost his irritability, was mixing well with the other patients and was sleeping without drugs.

Arrangements were made for him to be trained as a carpenter by the Ministry of Labour and enquiry twelve months later showed that he was employed satisfactorily on house construction.¹⁴⁴

The crucial point is that Robert W and others were treated for symptoms supposedly arising due to work because it was only within the context of work that their symptoms could have meaning and be culturally valid. Undoubtedly, plenty of other ex-servicemen struggled to readjust to civilian life, but if their symptoms arose in social or domestic settings rather than at work, they were more likely to be ignored or denied. I maintain that for some it was likely to be less problematic to relate psychological problems to work than to having served one's country in war. Certainly the military and Government preferred it that way.¹⁴⁵ Similarly, domestic strains that could not be expressed in situ might appear at work as the case of Margaret S, a dispenser in a chemist shop, showed:

On admission she was found to be in poor general health and very introspective. Further enquiry revealed an unsatisfactory situation both at home and at work, to which she was reacting adversely. Her home life was controlled by a dominating mother who treated her as a small child, with the result that she had no social outlets except at work...

She improved remarkably with appropriate treatment and before discharge arrangements were made for her to assist in the Research Laboratories of the Company, where she could live in a hostel and work under good, hygienic

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Allport, *Demobbed* p. 196. Allport suggests that the War Office was keen to define psychological casualties as victims of pre-existing constitutional weakness rather than of military service in order to deny thousands of war pension claims.

conditions. The mother was seen also, and her cooperation secured so that the girl could lead a fuller social life.¹⁴⁶

The manifestation of her problems at work, like Robert W's, gave them a validity which enabled treatment. However, amongst the great mass of the British workforce, these few cases were exceptional in having been identified and referred to Roffey Park.

These were the case studies which Roffey Park used in its publicity materials and as such suggest that both the Centre and its supporting organisations did not really care what was wrong with their workers as long as they returned to work. As such it did not much matter that industrial neurosis was a 'loose expression' as the Centre would simply treat whatever psychological problems patients presented. Whilst understandable when organisational focus was on wartime productivity, this was ultimately not going to be sustainable. It was expensive, costing £4 14 s 6d per week (roughly equivalent to a week's wages) for maintenance with an average stay lasting six weeks, despite producing good results.¹⁴⁷ According to the *BMJ* 33.8 per cent of the 512 patients treated in 1948 and who responded to a follow-up letter, indicated they were much improved, with 44.7 per cent improved and 21.5 per cent unimproved. Follow-up responses from industrial medical officers on 85 cases was even more positive with 54.1 per cent much improved and working full-time, 37.7 per cent improved and working full time, and only 8.2 per cent unimproved or had left the company. Twenty-eight per cent of cases followed up did not elicit a reply, and the authors suggested '...some of these ex-patients are unlikely to be well, but some who are now well wish to forget their nervous illness and will not answer as they wish to sever contact with the hospital.'¹⁴⁸ Despite the pragmatic approach to industrial neurosis, and the apparent success of the treatment, even Roffey Park doctors had to admit that any mental illness still carried considerable stigma.

Training for industrial medical staff, personnel and union officials focused on two elements: '1. the maintenance of fitness at work and 2. special problems of rehabilitation and resettlement.'¹⁴⁹ The latter focused on categories of patients believed to have their own particular requirements including: ex-servicemen; the disabled; gastric and neurosis cases; and one or two other 'special examples' such as

¹⁴⁶ RPRC, Courses at Roffey Park.

¹⁴⁷ NCRIW, Record of Two Years' Progress: p. 10. £5 per week was a 'respectable working-class income' in Jim Tomlinson, "Reconstructing Britain: Labour in Power 1945-1951," From Blitz to Blair: A New History of Britain since 1939, ed. Nick Tiratsoo (London: Weidenfeld & Nicolson, 1997) p. 95.

¹⁴⁸ Ling, Purser and Rees, "Incidence and treatment of neurosis in industry," p. 161.

¹⁴⁹ RPRC, Courses at Roffey Park.

'the chronic "grouser"' and 'the social misfit'.¹⁵⁰ These categories were also reflected in publications by the doctors working at Roffey Park including Dr Tregold, Boots Lecturer in Industrial Health. His book *Human Relations in Modern Industry* contained a chapter on specific susceptible workers, including, in its 1949 edition, the 'dullard', 'the accident-prone', the 'returned wanderer', the 'refugee' and, in its 1963 version, the 'ageing worker and executive'.¹⁵¹ Such categorisations seem simplistic now and despite agreeing with the earlier research regarding the limitations of financial factors in motivation, Tregold did not seem to consider issues of motivation when arguing that certain kinds of work ('drudgery') should be done by 'dullards perhaps – or perhaps those whose parents have given them less education'.¹⁵² Nor was he really offering any tangible methods of dealing with the identified categories, beyond drawing the attention of personnel and welfare managers (his intended readership) to their existence. Undoubtedly his categories reflected the changing concerns of the time, for example, of the ageing worker in 1963, he said:

The expectation of life is increasing – thanks to medical science; but we are less successful in staving off the mental deterioration of old age than the physical. On the other hand, the pressure of life and rapid changes in techniques are putting an increasing premium on flexibility and on quick judgement – which are less easy after forty. In many walks of life (fortunately medicine is still one) increased experience can compensate for decreased flexibility, but this is not always so.¹⁵³

So the ever-increasing ranks of the over forties were a potential problem, struggling to flex their slower wits, frustrated by the promotion of younger colleagues and generally anxious as a result, unless like Tregold they were lucky enough to work in medicine. Apart from such self-serving conclusions, what his work still suggested strongly was that both the medical profession and employers approached the propensity to work-related stress as being inherent to the individual. Where they did recognise environmental factors such as the poor supervisor in May B's case, the emphasis was still on the individual's predisposition. This suggests an on-going reluctance to consider their accountability for the worker's organisational environment and a continuing emphasis on personal rather than collective responsibility, whatever good intentions might be driving such research.¹⁵⁴ It was far easier to assume that the

¹⁵⁰ Ibid

¹⁵¹ Tregold, *Human Relations* p. 159. R F Tregold, *Human Relations in Modern Industry*, Second and revised ed. (London: Gerald Duckworth & Co Ltd, 1963) p. 127.

¹⁵² Tregold, *Human Relations* p. 41.

¹⁵³ Tregold, *Human Relations* p. 127.

¹⁵⁴ Jackson, *Age of Stress* p. 186.

problem lay with the individual due to some inherent weakness, than in what was being asked of them as a worker.

The pressing necessity of maintaining worker health to ensure production during the war and immediate post-war period was undoubtedly the driver for the creation of Roffey Park, although the welfarism that Priestley criticised before the war might also have been a factor.¹⁵⁵ There is little doubt that the workers who were sent to Roffey Park benefited, although probably to varying extents, but it was certainly not altruism which drove their employers to provide such a service. However, one specialist centre was clearly never going to be a solution, and although the interested parties envisaged an industrial and occupational health service forming part of the National Health Service (NHS), this did not come to fruition, largely because of the division of health responsibilities between ministries, according to Weindling.¹⁵⁶ More obviously, the imprecision of 'industrial neurosis' as a diagnosis and the length and expense of treatment must have made arguing for specific work-related psychiatric centres unrealistic when provision of psychiatric care in general was under strain. As the Treasurer of the NCRIW himself remarked in a confidential letter to a member of the St Thomas's Hospital Board about industrial neurosis and Roffey Park, 'neurosis beds are in short supply.'¹⁵⁷ Indeed Roffey Park became part of the NHS, as a general psychiatric hospital until its closure in 1983.¹⁵⁸

From the patient examples publicised by the Centre itself, it also appears that, despite mention of a range of psychiatric interventions, successful treatment was largely based on a long period of rest and the luxury of individual attention for the sufferer. They also highlight the fact that some of the patients were at Roffey Park less as a result of specific work-related stress and more because their mental distress was identified in a work context by employers who had subscriptions to the Centre. That those same employers were largely indifferent to the cause of the problem, as long as it was resolved, clearly relates back to the economic drivers of both welfarism in general and the creation of the Centre specifically. Industrial employers simply wanted an efficient and effective workforce. If one solution was to subscribe to somewhere like Roffey

¹⁵⁵ Priestley, *English Journey* pp. 98 and 100.

¹⁵⁶ Paul Weindling, "Linking Self Help and Medical Science: the Social History of Occupational Health," *The Social History of Occupational Health*, ed. Paul Weindling (London: Sydney: Croom Helm, 1985) p. 16.

¹⁵⁷ C Harold Vernon, Confidential letter to Hon. Arthur Howard, 1948-49, Roffey Park Rehabilitation Centre correspondence, memoranda and minutes of meetings, Wellcome Library, London.

¹⁵⁸ W John Giles, *The Firsty Forty: Roffey Park Institute 1946-1987* (Roffey Park Institute, 1988) p. 30.

Park, and it got results, then all to the good, but there is little evidence that for the majority their interest went beyond this. Similarly the Centre's role in training industrial doctors and personnel staff was driven by the same priority. Attempts to identify and categorise those workers who might be susceptible to work stress laid the emphasis very much with the individual rather than the workplace. That is not to say that such training was not helpful in educating a range of key people in organisations, including trade unionists, of the potential for work stress, but such education remained largely in the hands of those whose main task was to mitigate, remove or avoid hiring such workers. They might be alert to the signs of stress in workers, but workers themselves did not necessarily have the information or knowledge to recognise signs in themselves or to realise that such signs might be acknowledgeable. It took the increasing medicalisation and psychologisation of popular culture to begin to do that.

The plague of modern society¹⁵⁹

At the mid-century Britons read more newspapers per capita than any other people in the world.¹⁶⁰ In order to maintain such a position, particularly as television was becoming increasingly important, those papers sought to connect with the everyday experiences of their audiences by opening up discussion of topics previously considered private.¹⁶¹ This move can be seen in an examination of how ideas about work-related stress became increasingly popularised in the second half of the twentieth century, specifically through newspapers. What this also shows is continuity with previous attempts to categorise supposedly susceptible people, and the way in which those categories changed. My analysis illustrates how these shifts in ideas about susceptibility were accompanied by an increasing discourse on responsibility for workplace psychological problems, which began to move beyond the individual. Indeed, the MO comments about patent medicine adverts fuelling latent hypochondria mentioned previously, may be seen as an early example of this. My analysis provides evidence of the general growth in the stress discourse and the way in which media reporting problematised areas of working life which had previously been accepted as normal, and often private. Arguably this was part of a wider illness discourse which became a particular feature of media reporting in the late twentieth century.¹⁶² I argue that such problematisation in turn led to changed popular understandings and responses to the tribulations of working life.

¹⁵⁹ "Taking the pain out of strain," *The Times* 24 January 1985: p. 25.

¹⁶⁰ Bingham, *Family Newspapers?* p. 20.

¹⁶¹ *Ibid*, pp.11-12.

¹⁶² Healy, *Prozac* p. 6.

The word stress was fairly uncommon in newspapers before the 1960s in the sense that we understand it today. It was only following its adoption by scientists, such as Selye in the 1950s, to explain a range of both physical and psychosocial responses to stressors, that it began to refer to both cause *and* resulting experience.¹⁶³ Before that its use was mainly as an external cause of discomfort, for example 'the stress of modern life', or linguistically to emphasise something.¹⁶⁴ One instance of its early use comes in a *Daily Mirror* article in 1940 written by the paper's psychologist about the effects of fear and people's reactions to '...anxiety and stress and danger'.¹⁶⁵ It explained the functioning of adrenalin in dangerous situations and was evidently intended to calm a readership suffering the strategic bombing of Britain. However, the very fact of a dedicated psychologist's column is interesting in itself as an example of the growing psychologisation of everyday life, particularly in such a populist newspaper as the *Daily Mirror*, with its largely younger and working-class readership.¹⁶⁶ By the early 1950s stress was being identified as 'that modern illness caused by working too long at top pressure' and was coupled with 'worry' as a problem among the under forties, affecting 'as many as one in five younger people' according to the *Daily Mirror*.¹⁶⁷ The *Mirror's* concern about such problems was aired in a series of articles in September 1955, focusing on the explosion in pharmaceutical responses to medical complaints. Somewhat sensationalist in tone, the lead article about prescription of sleeping pills asked, 'Are they wrong in helping their patients to bear the stress of life more easily?'¹⁶⁸ Whilst work was not explicitly highlighted in this article, the companion piece the following day discussed the 'disease peculiar to civilisation called STRESS' and explained the flight or fight theory. It also identified a couple of groups of people it claimed were not susceptible to stress:

West African Negroes rarely contract stress diseases such as high blood pressure. North American Negroes often do. Farm Labourers rarely get ulcers. But city workers do. They suffer from stress.¹⁶⁹

¹⁶³ Jackson, *Age of Stress* p. 167. Jackson criticises historical accounts of the popularisation of stress for focusing mainly on Selye, suggesting that several other scientists were equally important.

¹⁶⁴ "Why People Fail Over Forty," *Daily Mirror* 1 March 1932: p. 8. Jackson, *Age of Stress* p. 145.

¹⁶⁵ "Fear!," *Daily Mirror* 18 September 1940: p. 4.

¹⁶⁶ Martin Pugh, "The Daily Mirror and the Revival of Labour 1935–1945," *Twentieth Century British History* 9.3 (1998): p. 434.

¹⁶⁷ "Keep pools a hobby - not worry says doctor," *Daily Mirror* 31 December 1953: p. 4.

¹⁶⁸ "Drugs - are they a help or a menace?," *Daily Mirror* 19 September 1955: p. 6-7.

¹⁶⁹ "Secrets of the pill-takers," *Daily Mirror* 20 September 1955: p. 9.

It is notable in distinguishing between the two black populations, and between blue collar and white collar worker. Presumably North American blacks were perceived as more civilised than those in Africa, and hence susceptible, whilst ulcers were once again a signifier of stress. This linked stress to social status and harked back to the nineteenth century neurasthenic tradition, and was a common theme in the self-help books of the time examined in Chapter One.¹⁷⁰

Being perceived as socially superior might have brought some comfort to one contemporary sufferer, Jeff Mills, a new student at Birmingham University in the 1950s. Earlier in the chapter I recounted his experience of stress as a deputy headmaster in the 1970s. His confusion at what was happening to him then was perhaps surprising, as it was not his first encounter with stress, as he explained:

I knew when I got to Birmingham that I was up against some cracking students in ability and I knew I would have to work me socks off and I did but unfortunately I found it got to me and I suspect it was the first sign in me life of nervous tension. Erm it did get to me and I can remember in my last year I had to go to the doctors once or twice, I didn't realise it at the time but I wasn't sleeping particularly well but it was all, I realise now, it was all evidence of stress.¹⁷¹

Studying can be seen as a form of work, fitting particularly well within the neurasthenic category of 'brain work' and discussed in Chapter One as a perceived cause of nervous disorders. Although he did not know it, Jeff was not alone for by 1963 the *Daily Mirror* reported that 'An early warning system is needed to detect excessive mental strain in Britain's most brilliant university students...' According to Dr Ronald Still, responsible for the health of students at Leeds University, 'Once I had the naïve idea that hard work did nobody any harm. I no longer take this view, I think hard mental work does sometimes cause mental disturbance.'¹⁷² Notable is the longevity of the connection between 'brain work' and stress, inherited from neurasthenia, and at this point being transferred onto a new more demographically-diverse population of students, benefiting from the educational reforms of post-war Britain.

Such hard-working students may have formed the nucleus of another group, identified in the 1960s as particularly at risk from the pressures of their work; the businessman or business executive. Almost always male, white and middle-class, an article in 1960 referred to the popular belief that 'the boss got more "stress disorders" than those

¹⁷⁰ Alvarez, *Live at Peace* p. 38. Harris, *Live With Your Nerves* p. 10.

¹⁷¹ Mills, 9/12/1998.

¹⁷² "'Early Warning' plan for swots," *Daily Mirror* 16 July 1963: p. 10.

working under him', although it did admit that the evidence for this was incomplete.¹⁷³ Meanwhile in the same year *The Guardian* reported the creation of an executive retreat at Ruthin Castle modelled on similar American institutions and aimed at important businessmen working under pressure. It offered a week's stay under medical supervision, with a medical check-up, rest and relaxation in a country-house atmosphere at fifty-five guineas for a private luxury room: apparently a more upmarket, though less democratic version of Roffey Park. The article concluded:

...it may well be that a visit to Ruthin will become an accepted part of the senior British executive's life, a status symbol in an age when stress is the affliction of successful indispensables.¹⁷⁴

For it to become a status symbol implied a considerable leap in public perceptions of stress. After all, the founders of Roffey Park were acknowledging only twenty years earlier that many patients would not respond to follow-up letters because of their desire to forget their contact with a psychological facility.¹⁷⁵ Evidently although the linking of status and neurosis was an old one, new ways of thinking about the human psyche and its susceptibilities and treatments were entering popular culture and becoming more socially acceptable.

By 1968 the *Daily Mirror* reported that an Institute of Director's survey had shown '...250 out of 2,000 directors were judged to be under stress,' although this was attributed not just to work but to the inadequacies of their wives' support for them.¹⁷⁶ Within ten years, those same women were just as likely to be suffering from stress as their husbands. 'Stress has become the dirty word of the Seventies. Everyone suffers from it,' reported the *Daily Mirror* in 1978 on its women's page next to a photograph of a woman apparently tearing her hair out.¹⁷⁷ In the preceding years newspaper headlines had ranged from: 'The seven ages of stress' in 1972, suggesting that from toddler to pensioner every age was susceptible to 'mental stress'; to 'STRESS: The big danger to your health' in 1976; and 'How to cope with a killer: STRESS' in 1978.¹⁷⁸ Evidently the dangers of stress required frequent capitalisation to hit home.

¹⁷³ "The boss and the deadly 10lb," *Daily Mirror* 25 November 1960: p. 16.

¹⁷⁴ "Status symbol of stress and strain," p. 7.

¹⁷⁵ Ling, Purser and Rees, "Incidence and treatment of neurosis in industry," p. 160.

¹⁷⁶ "A boss's burden begins at home," *Daily Mirror* 2 May 1968: p. 7.

¹⁷⁷ "Stress: you can't escape it...but here's how you can enjoy it," *Daily Mirror* 12 December 1978: p. 9.

¹⁷⁸ "The Seven Ages of Stress," *Daily Mirror* 20 October 1972: p. 25. "Stress: The big danger to your health," *Daily Mirror* 9 July 1976: p. 21. "How to cope with a killer," *Daily Mirror* 7 January 1975: p. 7.

By the mid-1970s it was also no longer the preserve of the managerial class, the *Daily Mirror* identifying a wider range of potential sufferers, 'Dad has an unrewarding job on a production line, Mum's trapped in a tower block flat with thin walls.'¹⁷⁹ Although acknowledging stress as 'an occupational hazard for overworked business executives weighed down with the burden of responsibility' it also suggested that they were 'far better able to cope with stress than an ordinary working-class person.'¹⁸⁰ Presumably, this was because they had the potential of a trip to centres such as Ruthin Castle, whereas 'Dad' most certainly did not. What is notable here however, is the change of emphasis. Now it was no longer just the pressurised executive who might be prone to stress from his work (and his inadequate wife), it was also the working man and the housewife. Yet status difference was still maintained because the executive would somehow cope better, perhaps because he'd had more than ten years of journalists telling him his work was making him ill, whereas the working man's job had apparently only just become stressful. Such was the extent of the problem that according to the *The Times*, 'A 1977 MORI survey reported that 12 per cent of the country's work force had taken time off work in the previous year with some form of mental strain.'¹⁸¹ According to *The Guardian*, 'manual workers have to put up with more stressful working conditions: their lack of control over their working lives and boredom with the job they do can induce frustration and anger,' something the female factory workers of the Second World War would have recognised. Such was the extent of the problem that a television series entitled '*How to Survive the 9-5*' was broadcast on Channel Four in 1986, looking at stress symptoms and causes and suggesting 'management practices, counselling and courses that can help.'¹⁸² By 1988 a trade union-funded research report was quoted claiming to 'explode the myth of stress as an executive disease,' claiming that 'Illnesses caused by stress are more likely to strike manual and clerical workers, particularly women, than the hard-pressed businessman as had generally been supposed.'¹⁸³ Somewhat late to the party and apparently casting aside previous suspicions about welfare and stress, the unions perhaps perceived the potential of stress as leverage in their increasingly difficult dealings with 1980s management.

Fears about employment identified yet another susceptible group as a *Daily Mirror* report suggested in 1980, 'family doctors in areas where unemployment is hitting

¹⁷⁹ "Stress: The big danger to your health," p. 21.

¹⁸⁰ Ibid.

¹⁸¹ "Taking the pain out of strain," p. 25.

¹⁸² "Hard work killed many," *The Guardian* 12 February 1986: p. 22.

¹⁸³ "Study finds stress hits workers most," *The Guardian* 29 February 1988: p. 3.

hardest are beginning to see more patients with stress symptoms brought about by worry over losing a job.¹⁸⁴ If such worries came true then being unemployed also created susceptibility to stress, as the same article entitled, 'Death on the dole...the new threat,' announced new research into 'the impact of a wide range of stresses on the unemployed.'¹⁸⁵ How helpful or otherwise it was to the already worried unemployed to be told they now risked the new problem of stress is debatable. Their parents and grandparents who had suffered the same fate during the inter-war years, with much less in the way of state support, would no doubt have been astonished at such a suggestion. The MO authors of *People in Production* might well have judged such pronouncements as fuel for 'latent hypochondria,' or at the very least highly suggestive to a group already struggling to make sense of their changed circumstances.¹⁸⁶

The Times suggested 'Stress and anxiety seem to be the plague of modern society. The pharmaceutical industry has certainly found it to be one of the most profitable illnesses,' and criticised the extensive use of Valium and other tranquillisers to deal with stress, hinting that this was one of the factors behind the apparent explosion in psychological problems.¹⁸⁷ Suspicion of the pharmaceutical industry was not new: a 1970 article in *Science* magazine had suggested that it was redefining and relabeling a range of human behaviours as medical problems requiring drugs, which until recently had been seen as the normal ups and downs of human existence.¹⁸⁸ Against such a background and with the growth of consumerism, encouraged by an ever-increasing and sophisticated world of advertising, the cultural conditions for creating a new construction of the old nerves, ulcers and gastric conditions were patently in existence.

The Times quoted Dr Cooper of the University of Manchester Institute of Science and Technology complaining in 1980 of the lack of response from British industry:

I find the British approach depressing. Management is doing nothing. Forget the moral argument – they have not even done their sums to find out what stress is costing them. I can count on the fingers of one hand those companies which have made a start.¹⁸⁹

By the end of the decade *The Guardian* had to agree, 'Acknowledgement of stress by employers was rare.'¹⁹⁰ Whilst management might have been doing nothing,

¹⁸⁴ "Death on the dole...the new threat," *Daily Mirror* 27 August 1980: p. 6.

¹⁸⁵ Ibid.

¹⁸⁶ Mass Observation Archive, *British War Production* p. 253.

¹⁸⁷ "Taking the pain out of strain," p. 25.

¹⁸⁸ Callahan and Berrios, *Depression* p. 110.

¹⁸⁹ "Why we should be worried by the high cost of stress," *The Times* 14 October 1980: p. 19.

¹⁹⁰ "Sick of work," *The Guardian* 12 April 1989: p. 27.

journalists were busy and a stream of newspaper coverage during the 1980s identified specific stress risk groups such as women, teachers, and users of new technology such as visual display units.¹⁹¹ They also offered numerous ways to deal with stress ranging from the strange: 'A London clinic 'injects' executives with nervous tension by putting them through stressful experiences to try to build up their resistance' a practice surprisingly similar to that advocated by Bisch in his 1936 self-help book; to the pharmacological, 'In 1981 there were more than 28 million prescriptions for minor tranquillisers written by NHS doctors in Britain, enough for more than 30 tablets for every man, woman and child in the population.'¹⁹²

The Guardian quoted Dr John Bonn whose title as director of the 'stress unit at St Bartholomew's Hospital in London' demonstrated the institutionalisation of stress in medicine, as well as apparently encompassing a wide remit for stress:

...high blood pressure (linked with stroke and heart disease); exhaustion and insomnia; digestive disorders (ulcers and irritable bowel); muscular and skeletal problems (low back pain); headaches and hyperventilation; infections; and faulty lifestyle – poor diet, smoking, alcohol and drug abuse, and over-consumption of tea and coffee.¹⁹³

The article continued, 'Stress has also been linked with the development of cancer, marital break-down and suicide,' and 'stress at work compounds stress at home (bereavement, illness and relationship change) and vice versa,' something which was already evident at Roffey Park forty years earlier.¹⁹⁴

Small wonder that stress was seen to be reaching 'epidemic proportions' for, according to Dr Bonn's list, almost any ill-health was due directly to stress or could be attributed to it indirectly. Stress was the new medical whipping boy, incorporating a huge range of symptoms, sufferers and solutions. That it could perform this function was due to a familiar issue, recognisable to Roffey Park's advisory panel and the MRC researchers of the 1930s, and described by *The Times* as, 'the difficulty in measuring stress.'¹⁹⁵ Problems in measuring stress arose from the same problems of defining industrial neurosis or nerves or nervous breakdown: all encompassed a wide range of physical and psychological symptoms and an apparently huge variation in the way that people

¹⁹¹ "Can women take the pressure?," p. 15. "Teacher stress worries ILO," *The Guardian* 4 July 1981: p. 5. "New technology, ergonomics and those VDU blues," *The Guardian* 19 August 1987: p. 25.

¹⁹² Bisch, *Be Glad You're Neurotic* p. 177. See quote in Chapter 1 p. 73 "Workaholics take the cure," *The Guardian* 29 September 1981: p. 5. "Taking the pain out of strain," p. 25.

¹⁹³ "Sick of work," p. 27.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid, p. 27.

experienced them. Whilst many attempts could be made to categorise those who were apparently susceptible to stress, the difficulties of effectively quantifying their experiences in a robust and valid manner, contributed to the fluidity of meaning within the stress discourse.

That meaning, incorporating wide variations in symptoms and experiences and a huge range of potentiality vulnerable and susceptible groups, had been clearly assembled and itemised in the popular press, and thus made available for people to identify with, appropriate and interpret for themselves. Receiving such consistent cultural signals, offering a pick and mix diagnostic guide to explain unhappy experiences at work, made it almost inevitable that some people would perceive themselves as ill.¹⁹⁶ Thus the explosion in popular newspaper coverage of stress, I argue, gave people a new and more meaningful label for existing experiences. However, this was a label that psychologised and medicalised such a wide range of experiences that its apparent ubiquity by the end of the 1980s was hardly surprising. The increasing popular discourse on stress effectively became a self-fulfilling prophecy.

Conclusion

'I think everybody should enjoy their work, though unfortunately this is not always possible – but I do consider it is a state of mind as to how you feel about work.'¹⁹⁷

With these words a retired woman identified a crucial element in the changing experiences of work during the twentieth century; the increasing notion that how people *felt* about it mattered. At the same time her simple statement also reflected both the stoic pragmatism of workers in the first half of the century and the increasingly individualist requirements of workers in the latter. A simple scale might show the experience of work for the majority of working-class and lower middle-class people ranging from basic economic survival at one end to personal fulfilment and identity at the other, with the balance shifting from the former to the latter across the period c.1920-1980. Against such a range of experience, the concept of work as something that might also cause stress may have always been present, but became increasingly visible and more widely and popularly understood as the century progressed.

Throughout the twentieth century there were people whose experience of work had a negative effect on their well-being. Their public presence, particularly in the first half of the century, was muted and the visibility of any nerves or nervous breakdown to which

¹⁹⁶ Füredi, *Therapy Culture* p. 113.

¹⁹⁷ Mass Observation Archive, 'Work', B092.

they might be prey, limited. For those who did suffer, it was often easier to identify their ill-health as physical, particularly gastric in origin. This was a far more acceptable ailment than anything 'mental', both for the sufferer and their family, friends and colleagues. Psychological problems were poorly understood and often carried a stigma. Most employees were reluctant to even acknowledge their experience, let alone approach their employer about it. Even at Roffey Park Rehabilitation Centre, where reasonably enlightened views were held, the Treasurer of the NCRIW could still comment in a confidential letter to a member of the hospital board, 'The advantage of Roffey Park lies mainly in the fact that neurotics can be treated without being labelled as such.'¹⁹⁸

It was not only the stigma that drove people's reluctance to acknowledge the potentially damaging nature of work. The experience of work had many different meanings for people: it offered status; involved duty; provided social interaction, purpose and structure to their lives; and for many it was a key part of their identity. Within that framework it was difficult then to make sense of any mental distress created by work, as the suggestion that work might be damaging did not sit comfortably or easily alongside those other meanings. However, such meanings were not static and as the century progressed, and the circumstances of people's lives changed thanks to the introduction of the welfare state, wider educational opportunities and greater material comfort, people increasingly began to expect more from work, as the various meanings superseded economic survival in importance. Work became more important in providing people with meaning and purpose, sitting comfortably alongside increasing consumerism in the absence of faith or other ideologies. Greater expectations of work as a means of satisfaction and self-expression opened up the experience of work to greater scrutiny and criticism by the 1980s.

From the employers' perspective how workers performed at work, and the things that prevented them from being effective, had always been of interest. That these things included psychological well-being was already understood by researchers in the 1930s. However, although they argued for a latent body of nervous workers who might be susceptible to stress, they also found them difficult to identify and the impact of their suffering on productivity hard to prove. The focus on production driven by the Second World War and on labour demand in the post-war recovery increased attention on worker motivation (and demotivation), and clearly identified that beyond a survival point it was driven by more than a simple economic imperative. Concern for production

¹⁹⁸ Vernon, Confidential letter to Hon. Arthur Howard.

drove government legislation to institutionalise industrial welfare, but with mixed results. A greater interest in the well-being of the worker was viewed with suspicion by workers and unions alike. In spite of this, attempts to treat psychological problems were made, including the creation of Roffey Park Rehabilitation Centre. Its ultimate disappearance into general NHS psychiatry highlighted several issues: the multiplicity of experiences classified as 'industrial neurosis'; the cost of treatment; and the role of cultural acceptability in the interplay between the location where stress manifested itself and that of its cause. These issues amongst others meant that a large-scale approach to industrial health and welfare within the new NHS failed to materialise, leaving Roffey Park to focus on training courses for industrial medics and personnel managers. These might help them better identify vulnerable workers, but offered little tangible by way of solutions.

Categorising susceptible people also played out in the popular press and fuelled a growing stress discourse. Increasing coverage of stress developed from the 1950s onwards, firstly following the neurasthenic tradition of associating work-related stress with high status, such as business executives or university students, but gradually extending to include the ordinary working man and housewife. The idea of work as a cause of stress became democratised and arguably enabled people to admit to their distress. The attitude to work had changed, in that despite the physical improvements in working conditions, and the fact that by the 1980s most people worked in far superior environments to their parents or grandparents, they tended to experience work as more problematic than their forebears did. The changes to the way people conceptualised their work in terms of survival, identity and belonging and how this was reflected in society, made it far easier to interpret an unhappy experience in a medicalised or psychologised way. By the 1980s, although work for the majority might not be physically dangerous, it did now have the potential to make you mentally ill.

Chapter Three: Domestic Strain

Introduction

In this chapter I examine the paradoxical nature of experiences of the home; a place which functioned as both retreat from the stress of work and the outside world, but also as the cause of considerable stress in itself. For the complex dynamics of domestic life could create just as much, if not more tension and strain for the members of the household, than the world of work. That the causes and experiences of these tensions were often gendered is a reflection of the differing function of the home in the lives of men and women. Such tensions were fuelled in part by changing conceptions of the home resulting from the increasing expectations and aspirations of a steadily more affluent population, particularly after the Second World War. These tended to frame the home as a desirable, domestic refuge.¹ Such changes affected perceptions of both domestic and marital roles which contributed to household stress. Although there was a limited popular articulation of such experiences for much of the twentieth century, partly, as second wave feminists came to suggest, because it 'had no name,' but also perhaps because of a reluctance to conceptualise the home and domestic life as problematic, this gradually began to change in the post-war period.² I reflect the gradual opening up of domestic domains in the structure of this chapter, by examining the topic firstly in its most private iteration, in the world of interpersonal relationships and then expanding outwards into the domestic domains which were more evidently in the public eye, ending with a discussion of the very visible nature of domestic stress in popular culture in the 1960s. To this end, the chronology of my evidence is not strictly linear but instead reflects those differing purviews of the domestic from c. the 1930s to the 1970s.

Inevitably, delving into the very personal realm of the home creates methodological challenges. The drawbridge of the Englishman's and woman's castle tends to be pulled up high against the curious, and sources which provide insight into what happens behind closed doors can be difficult to find. A popular discourse dealing explicitly with domestic stress is difficult to discern and patchy at best for much of the

¹ Elizabeth Wilson, Only Half-way to Paradise: Women in Postwar Britain, 1945-1968 (London: Tavistock, 1980) p. 50.

² Friedan, The Feminine Mystique p. 13. Ali Haggett, Desperate Housewives, Neuroses and the Domestic Environment, 1945-1970, ed. A. Haggett (London: Pickering & Chatto, 2012) p. 126. Haggett's housewife interviewees generally did not openly discuss their psychological problems and this only began to change in the late 1960s.

century. Because of this, as I did in Chapter One, I have deliberately chosen to interpret a wide range of explanations and differing contemporary terminologies as stress in order to reflect both the flexibility of the concept, but also because it is evident in some cases that the language in which to express these new and problematic domestic experiences was lacking: something which the term 'stress' ultimately addressed.

In this chapter I deploy a range of evidence institutional and personal, contemporary and retrospective. As well as MO directive responses, reports and diaries, I have drawn on social science research interviews and questionnaires. These are illuminating not just for their reported results, but also in highlighting the sorts of subjects that industry, academia and individual researchers considered pertinent at the time. Similarly, governmental research, particularly in relation to housing and noise, whilst intended to inform post-war house building and concerns about environmental stressors, also reveals some of the minutiae of the home. These sources are particularly pertinent as they reflect the increasing expansion of experts into the domestic realm, particularly in the post-war period. This professionalisation of areas of human experience which had previously been the domain of individuals and families, arguably helped to frame a discourse which increasingly constituted everyday life as problematic.

The other key sources I have drawn upon in this chapter come from popular culture. In particular I have analysed British New Wave films of the early 1960s as well as a television drama of that period. The New Wave directors of films such as *Saturday Night and Sunday Morning*, *A Kind of Loving* and *The Loneliness of the Long-distance Runner*, were interested in extending the representation of the changing working class and did so in a way which served to 'reinforce and accelerate these changes.'³ Their films highlight changes in the way that domestic life, class and housing were played back to audiences, displaying a discontent and dissatisfaction which was apparently recognised and accepted as representative of everyday life. Whilst I am mindful of the criticism that along with a commitment to a realistic aesthetic, these films shared a middle-class romanticisation of the working class, I find them meaningful in capturing contemporary constructions of domestic experience in Britain.⁴ Popular culture from

³ Samantha Lay, *British Social Realism: From Documentary to Brit-grit* (London: New York: Wallflower, 2002) p. 11. Arthur Marwick, "The 1960s," *Contemporary Record* 2.3 (1988): p. 19.

⁴ Jeffrey Richard, "New Waves and Old Myths: British Cinema in the 1960s," *Cultural Revolution?: the Challenge of the Arts in the 1960s*, eds. Bart Moore-Gilbert and John Seed (London: Routledge, 1992) p. 172.

the early 1960s is important because it illuminates change in social attitudes and social behaviour through media which themselves were changing and in turn effecting social change. The representation of working-class life which they offer, whilst not unproblematic, provides an insight into the way the meanings of everyday domestic experience were being reflected and constituted at the time. Thus I would argue the cumulative effect of exposure to specific portrayals of such experience was a contributory factor in changing notions of privacy, leisure and gender roles, all of which were pertinent in the development of the discourse and increased experience of stress.

However, I begin by examining how personal relationships between husband and wife contributed to domestic stress, particularly the effects of gendered domestic roles and issues of control of time and resources. This leads on to an examination of the experience of housewives, for whom home was the location of work, family life and leisure, and reveals the specific stresses created by this multiplicity of functions, but also the problematic nature of the changing identity of the housewife. The different experiences of the home which emerge from this can also be seen in gendered conceptualisations of the home. Exploring the meaning of home, I suggest that people's constructions of home were based around an ideal involving notions of authenticity and privacy. I contrast this with the materiality of experiences of living in the new housing estates built to replace the slums in the decades before and after the Second World War, and discuss specific perceived causes of stress. In doing so, I foreground the diagnosis of suburban neurosis, highlighting the ways in which it came to be undermined in the post-war period, despite the continuing existence of the underlying problems it encapsulated. Further analysis of experiences of home in the post-war period brings to light the stress caused by neighbours, housing shortages, living with relatives, and particularly the continuing changes in conceptions of privacy.

Nearest and dearest

By beginning with the examination of one personal account of a marriage, I argue that a key cause of domestic tension and stress was the relationship between husband and wife. This supports research among housewives of the 1950s and 1960s which suggested that it was problems in their relationships more than the nature of housewifery which led to any mental health problems they experienced.⁵ Whilst I will go on to make my own case for the contribution of housework to women's domestic stress, the role of interpersonal relationships was clearly critical. Unhappy

⁵ Haggett, "Housewives" p. 85.

relationships were not unique to the twentieth-century, but there were significant changes to domestic dynamics from the mid-century onwards, which I argue led to increased potential for them to be problematic and to contribute to stress. This account brings to the fore issues about love, marriage, domestic roles, the use and control of time, space and family resources within the home, all of which contributed to one woman's self-reported nervous breakdown. I argue that her individual case can be seen as indicative of the complex interplay of factors which led to stress and unhappiness in many marriages, but which until the late twentieth century remained largely hidden to the outside world. Evidence to support this contention comes from the analysis of MO and social science research, both of which point to the fundamental role that gendered household roles played in domestic tensions. By examining accounts of housework and the involvement, or lack of involvement of husbands in such domestic work, I foreground the conflicted nature of women's domestic roles and the challenge that changing expectations of both work and leisure brought into the home.

Mrs C worked as a nurse in Leeds and was married to Reg, with two daughters. From 1941 to 1944 she kept a diary for MO in which she detailed the strains of her unhappy marriage, as well as her day to day existence as a housewife and her work as a nurse at the local hospital. She wrote to MO in 1942 to explain a gap in her correspondence, telling the organisation that she had had:

...a bad mental breakdown against which I have been struggling for months! If you've read my diary, you must have noticed the great strain against which I've been working for months and months.⁶

According to her diaries such strain came from a combination of Reg's jealousy, her own lack of love for him, the trying nature of wartime living and the contradictions of duty and unwillingness which peppered their sexual encounters. In the early years of her correspondence Reg was in the army in the UK, and the diary littered with her anger and disappointment as he turned up on leave unexpectedly, apparently deliberately attempting to catch her out in some imagined misdemeanour, 'In the midst of bathing children in walks Daddy home for 48 hours. Much inward cursing on my part!'⁷ Even at Christmas, his arrival was a source of misery and despite the presence of relatives she could not bring herself to pretend she was happy to see him, '...door opens and in walks Reg! Could have been sick on the spot, with dismay and heaps of

⁶ Mass Observation Archive, D5284 letter to Mass Observation dated March 4 1942.

⁷ Mass Observation Archive, D5284 diary for October 6 1941.

other feelings. All wonder why I don't rush and fling my arms around him.'⁸ Her dismay resulted from the inevitable rows which accompanied Reg's homecomings, often fuelled by his jealousy:

Been at home just 20 mins; when the trouble begins. Suggests that I had had my day off on Wed on purpose to avoid him. As if I could! Burns his dinner, which includes one person's meat ration for one week. Go to work heartbroken. Dread home-time and think very, very seriously of ending myself. Met at 10pm by R who mutters at me all the way home and then starts onto me as soon as I get in. If I had no children I'd run away. As it is, I can't bear it any longer. I wonder what I'll do when the war is over? Went to bed in tears.⁹

Her reference to his burned dinner is significant in that a common thread in the diary was the way in which Reg upset the careful balance needed to run and maintain the home. In one account she complained that he had insulted the next-door neighbour whom she relied on for childcare, resulting in the woman refusing to look after the children until he had gone back to the army.¹⁰ His disruption of the niceties of the household's economics perhaps reflected the fact that managing the household budget and childcare were a wife's responsibilities, and therefore not his concern. The fact that his food and lodging were provided by the army when he was away from home, might also have added to his lack of domestic awareness. However, it seems unlikely that he would have been completely oblivious to the difficulties of rationing or of the need for childcare, so it was not surprising that Mrs C complained:

Fierce argument over lack of coal, sugar, tea and margarine. Told him straight that since he came home, we hadn't been able to save a crumb of anything towards Xmas. Ended in tears of sheer exasperation on my part! Had managed to save a bit of everything and had a cellar full of coal, last May - couldn't even close coal-cellar door. 6 months later, not a bit left, due to R's sheer callous extravagance!!¹¹

What this shows is that although the responsibility for managing their resources might lie with the housewife, she was largely powerless to prevent others from squandering her efforts. It was the way in which the time and effort that she had put in to managing those resources could be effectively negated by her husband that revealed to her the level of powerlessness in her situation. I suggest that it was the inherent frustration and pointlessness of such a situation which caused Mrs C so much stress. Yet there were contradictions in her experience, writing in 1944 she complained about the material condition of her home:

⁸ Mass Observation Archive, D5284 diary for December 26 1941.

⁹ Mass Observation Archive, D5284 diary for November 6 1941.

¹⁰ Mass Observation Archive, D5284 diary for November 7 1941.

¹¹ Mass Observation Archive, D5284 diary for December 8 1944.

Sat with my head resting in my hands too full for words – too full to cry even but desperately fed-up. Look around at old rugs, old walls, gaslight and think bitterly of all the money R has lost in the past.¹²

She clearly blamed Reg for the condition of their furnishings and fittings, because he had apparently squandered money. Yet she was working and earning money so possibly could have contributed to the purchase of such items. That she did not, suggests the strength of acceptance of gendered domestic responsibilities within the household; breadwinning for men and housekeeping for women.¹³ The failure of Reg to fulfil his part of the bargain, and his role in undermining her housekeeping efforts clearly contributed to tensions.

The bedroom also proved to be a site of conflict and Mrs C wrote frequently of their unhappy sex life in which she was an unwilling partner, 'Have a real old row at night as I am insulted and degraded beyond words, as I am – how can I put it – can a man rape his own wife, because that is what it amounts to.'¹⁴ Her response to his sexual demands was a complex mix of complaining bitterly about sex under duress, but also, in keeping with marital expectations of the time, accepting that it was part of her duty as a wife.¹⁵ Historians have suggested that the concept of being sexually available to a husband as a duty was often part of the perceived role of wife as care giver, and that many women saw it as a positive means of expressing care, and as emotionally, if not physically, satisfying.¹⁶ For Mrs C this was evidently not the case as she no longer loved Reg and her attitude towards him seemed to lack any sense of caring at all.

Mrs C's stress came certainly from the failure of her relationship with Reg, but also from her sense of being trapped. In some ways she was relatively lucky in that she had paid work outside the home, which provided some economic independence, social interaction and a sense of purpose. At one point she mentioned that Reg wanted her to give up work, which might suggest that he was very much hoping that by limiting Mrs C to the role of housewife he could gain some control over her activities, and limit the independence that earning money gave her. Clearly she grasped some of this, as commenting on work and her decision to continue, she wrote 'Have developed into a

¹² Mass Observation Archive, D5284 diary for November 5 1944.

¹³ Claire Langhamer, The English in Love: the Intimate Story of an Emotional Revolution (Oxford: Oxford University Press, 2013) p. 181.

¹⁴ Mass Observation Archive, D5284 diary for January 24 1942.

¹⁵ Simon Szreter and Kate Fisher, Sex Before the Sexual Revolution: Intimate Life in England 1918-1963 (Cambridge: Cambridge University Press, 2010) pp. 331-332.

¹⁶ *Ibid*, p. 327.

Someone and at home I'd be a 'NO-ONE'.¹⁷ For Mrs C being a housewife and mother was not a sufficiently satisfactory identity when she did not love her husband. It is impossible to know whether she would have felt differently if married to someone else. For many women, arguably it was that very fact of being a housewife that they found unsatisfying, and that caused their nervous conditions, according to researchers in the post-war period, regardless of whether they were happily married or not.¹⁸

An important source of Mrs C's stress was only revealed towards the end of her diaries when she became increasingly open about the flirtations she was carrying on with various men at work and about her love affair with a married man, with whom she hoped to escape after the war. It would appear that there was some substance to Reg's jealous accusations. Certainly if Mrs C was juggling illicit assignations with her lover, avoidance of Reg, a job as a nurse working ever-changing shifts, the care of two small girls and the running of a household, it would hardly be surprising if she sometimes wilted under the pressure. The emotional strain of deceiving Reg and living for a dream of what would happen after the war, saving money secretly by leaving her bank book with her mother, '...so that Reg cannot see how much I have saved,' must indeed have been stressful, if somewhat self-inflicted.¹⁹

I suggest that it is significant that she kept these diaries at all. The openness with which she discussed her situation, albeit with gradually increasing levels of disclosure about her own extra-marital activities, suggests that there were few if any other outlets for her to express her feelings and stress. Her family, despite her mother having her bank book, seemed to be unaware of the state of her relationship with Reg or of her mental breakdown. Writing to MO seems to have given her 'someone' to confide in without any risk of them responding. Certainly it has been argued that writing for MO gave correspondents a certain distance which enabled disclosure.²⁰ Arguably her lack of any other outlet for expressing her emotions must also have contributed to her sense of stress. The privacy for which many people strove in the twentieth century diminished the old community and familial supports where she might have been able to discuss her problems. It has been argued that increasing affluence tended to weaken neighbourhood ties and Mrs C although taking advantage of her neighbour as a child-minder, appeared to see herself as superior to her neighbours, and dealt with them on

¹⁷ Mass Observation Archive, D5284 diary for November 10 1944.

¹⁸ Judith Hubback, *Wives Who Went to College* (London: William Heinemann, 1957) pp. 1-2.

¹⁹ Mass Observation Archive, D5284 diary for November 11 1944. Mass Observation Archive, D5284 letter to Mass Observation dated February 4 1943.

²⁰ Carol Smart, *The Freedom to be Nasty: Families through the lens of the Mass Observation Project*, Mass Observation Anniversaries Conference (University of Sussex: 2012).

largely instrumental terms.²¹ There is no indication of whether she sought professional help for her nervous breakdown, but even if she did, her diaries for MO seem to have constituted a form of therapy in providing a rationale for the outpouring of her woes. Her diaries for MO ceased in 1944 as she reported that she no longer had time at work to write so was giving up.

Mrs C's case illustrates the realities of domestic tension and the strains of unhappy relationships. Despite her suggesting it to him, Reg did not become a MO correspondent so there is no way to read his side of the story, however, it does not require too much imagination to assume that it was equally stressful for Reg. What Mrs C's case illuminates is that, lack of love aside, there were certain points of conflict within their domestic sphere which contributed to her nervous breakdown and ongoing stress: control and use of resources, managing childcare, her work outside the home, and differing expectations of marriage and experiences of the home. The lack of love in their relationship undoubtedly compounded the factors which provoked their domestic tensions and strain; however, they were not alone in finding domestic life problematic as an analysis of further accounts from housewives and their husbands shows.

Home work

Women's accounts of their domestic relationships, and particularly the negotiation of roles and responsibilities within the home, illustrate some of the key contributors to domestic stress. By examining the experience of the home from the housewife's perspective, and analysing attitudes towards their domestic role I argue that the role itself brought inherent tension through work which was largely unrewarding, unremitting and often frustrating and boring: work could be a source of stress in the home, as much as it could in paid employment. What was different was that work outside the home could be validating in a way that work inside the home often was not. For much of the period the links between stress and work, as discussed in the preceding two chapters carried implications of status that domestic work simply did not. How and whether women were able to enjoy leisure was also a critical factor and the role which husbands and families played key to the amelioration or exacerbation of domestic strain. In the immediate post-Second World War period there were also underlying tensions in the fact that many middle-class women were having to negotiate a different housewife identity from the pre-war, servant-supported role they had been brought up

²¹ Elizabeth Roberts, *A Woman's Place: An Oral History of Working-class Women 1890-1940* (Oxford: Basil Blackwell Publisher Ltd, 1984) p. 198.

to expect. Lastly there was also a balance to be found between being a good enough housewife and becoming a neurotic who was obsessively house-proud to the extent that the home was no longer a home. For some women this was a complex set of circumstances to negotiate successfully to their own and their family's satisfaction and for those unable to do so, a source of considerable stress and anxiety.

As a MO report of 1944 entitled '*Will the factory girls want to stay put or go home?*' suggested, some women were all too keen to get back to a solely domestic role after their conscripted war work, 'The two jobs of home and work are getting me down. I'm tired.'²² On the other hand, for many women, working outside the home had been their norm before the war and they expected it to be so afterwards, 'I was here a long time before the war, and I'll go on when it's over.'²³ Braybon and Summerfield have argued against war work as a contributor towards women's 'emancipation' but pointed out that many women gained considerably from their work through friendships, increased confidence and 'the satisfaction of difficult work well done'.²⁴ This perhaps explains the ambivalence of a twenty-year old piece-worker who commented to MO, 'I don't want to stay on here myself, I wouldn't like to stay at home either, I'd get too bored.'²⁵ I suggest that it is partly such contradictions in women's experiences that contributed towards domestic stress in the post-war period.

Whether a woman continued to work outside the home after the war or not, what was indisputable was that she would most certainly be working *inside* the home. Indeed Haggett's interviews with housewives of the post-war period drew a surprised response when they were asked whether they would like to have worked at this point in their lives, as they definitely saw their job at home as work.²⁶ Somewhat unusually for the time, Roffey Park Rehabilitation Centre was also reported to have taken housewives as 'industrial neurosis' cases, suggesting a surprisingly progressive view of housework as work, or perhaps more likely, the influence of an expedient wartime ideology which conflated 'woman worker' with 'housewife' as Summerfield has suggested.²⁷

²² Mass Observation Archive, File Report 2059 'Will the Factory Girls Want to Stay Put or Go Home?', March 1944 p. 6.

²³ Ibid, p. 3.

²⁴ Braybon and Summerfield, *Out of the Cage* p. 281.

²⁵ Mass Observation Archive, 'Factory Girls' p. 5.

²⁶ Haggett, "Housewives" p. 89.

²⁷ Vernon, Confidential letter to Hon. Arthur Howard. Penny Summerfield, "Approaches to women and social change in the Second World War," *What Difference Did the War Make?*, eds. B Brivati and Helen Jones (London: Leicester University Press, 1993) p. 65.

For many women, especially working-class women, but also those of the middle classes who now found themselves servant-less and forced into the role of active housewife, the tension came partly from the conflicting nature of what the physical space of the home meant to its different inhabitants. Framing the home as a haven of belonging and security for men against the competition and challenges of the outside world of work ignored the fact that it could also be a location of unpaid, domestic labour and the locus of despair, anxiety and drudgery for women.²⁸ Home was predominantly a woman's workplace, whilst for the rest of the family its main function was leisure. Thus part of women's work in the home was about preserving that space of leisure and respite for the other members of the family. Research carried out in 1959 by Hilda Brown of the University of Sheffield into the effects of shift work on domestic life, provided a clear illustration of this:

The biggest complaint from the housewife was that she could not get on with her own work in the house if her husband was trying to sleep during the day....the nervous strain caused by the necessity to keep quiet during the day was a serious hardship to some of the women.²⁹

Brown's research involved interviews with 156 shift workers (and often their spouses) employed at five different factories in different areas of the Midlands and the North and was specifically focused on the social problems of shift working. She reported that one woman was so worried by the noise in the neighbourhood when her husband was trying to sleep that she could not get on with her work and went out of the house simply to keep out of the way. His shift work 'interfered both with her comfort and her peace of mind and [she] had become 'nervy' and irritable.'³⁰ Similarly another woman's 'chief anxiety was in trying to keep the toddlers and baby quiet in the morning while her husband was sleeping', which meant that 'she also found it difficult to get her own housework done then.'³¹ The author reported that as a result both husband and wife 'felt irritable on this shift, and this caused friction at home.'³² She also concluded that 'In view of the number of men who said they felt irritable or depressed when working at

²⁸ Judy Giles, "Narratives of Gender, Class, and Modernity in Women's Memories of Mid Twentieth Century Britain," *Signs* 28.1 (2002): p. 22. Judy Giles, "Help for housewives: domestic service and the reconstruction of domesticity in Britain, 1940-50," *Women's History Review* 10.2 (2001): p. 29. Stacey Gillis and Joanne Hollows, *Feminism, Domesticity and Popular Culture* (New York and London: Routledge, 2009) pp. 4-6.

²⁹ Hilda Brown, "Some Effects of Shift Work on Social and Domestic Life," *Yorkshire Bulletin of Economic and Social Research*. Occasional paper No 2 (1959): p. 25.

³⁰ *Ibid.*

³¹ *Ibid.*, p. 37.

³² *Ibid.*

night, it is probable that more women felt the strain of an irritable husband in the home than admitted it.³³

Paradoxically, for women in paid employment, shift work could be beneficial in enabling them to carry two working roles more easily, greatly extending their working day, but also giving them more control through larger blocks of time. However, Brown's research also concluded:

The burden which it imposed on her as a wife and mother was the strain of being out at the times of day when her husband or family needed her most. The extent of this burden depended very much on the attitude of the husband.³⁴

A husband's attitude was also revealed as pertinent in Judith Hubback's research among 1,500 women graduate and non-graduate wives in the 1950s. Hubback identified the issue of 'overtiredness', a condition she defined as:

... when the person in question enjoys life much less than she usually does, wakes up tired or grows irritable early in the day, and looks and feels in every way far older than she is, all of this for more than a short time. There are other symptoms in plenty, varying with different people but the loss of enjoyment of life is the essential one.³⁵

Such 'loss of enjoyment of life' sounds remarkably similar to the discussions of energy and fatigue which were common features in personal and professional accounts of nerves and the nervous conditions which equate to stress, and featured frequently in the self-help books examined in Chapter One. Indeed, tiredness was understood as both a cause and symptom of stress and tension from the early century onwards.³⁶ However, Hubback's questionnaire asked participants both about the causes of overtiredness, but also the causes of *not* feeling overtired. For 36 per cent of graduate wives and 27 per cent of non-graduate wives, helpful husbands were a key factor in not feeling overtired, for the former this constituted the highest scoring factor and for the latter was beaten only by 'good health'.³⁷ Hubback concluded that it was not straining the figures too far to state that a co-operative husband was a key factor in housewives avoiding 'overtiredness'. Unfortunately, not many husbands seemed to realise this:

³³ Ibid, p. 26.

³⁴ Ibid, pp. 8 and 11.

³⁵ Hubback, Wives p. 58.

³⁶ Jackson, Age of Stress p. 229.

³⁷ Hubback, Wives p. 67.

I am convinced that my home will never be a showpiece. For though my wife if given her time, will bring up everything to a spotless condition, the children and I will soon muck it up again.³⁸

This blithely unconcerned remark came from one husband responding to MO's research in 1943 on psychological factors in home building and is interesting for two reasons: firstly it acknowledges the husband's role in creating the endless cycle of housework; secondly it refers to the idea of the home as a showpiece, which raises questions as to whose aspiration that was. His dismissive comment would suggest that it was certainly not his; therefore it must have been his wife whose endless work was in service to this seemingly futile aspiration.

Some women did derive satisfaction from housework, not as a process but in terms of the resulting product, thus one explained '...though I dislike most of the jobs singly, collectively I derive satisfaction from housework because I have a nice home which rewards me with its beauty when cleaned.' Most pertinently, she also pointed out that 'I could not get this same satisfaction were I poor and my possessions tawdry and ugly.'³⁹ She made a clear link between housework and a 'nice home' which explicitly involved the evidence of consumption through the display of material possessions. For others, like this primary school teacher, that sort of pride in the result of such tedious daily work meant '...they are likely to become obsessed with tidiness and cleanliness so that they become most unpleasant people with whom to live and their home is only a house.'⁴⁰ Her comments are interesting in expressing revulsion at the idea of the home being nothing more than a way of projecting a story of external display. Here again was the concern that women could become obsessed with their homes, and that such an obsession could make them neurotic. A young man summed it up in explaining to MO that a housewife '... must not put her house before her home, becoming house-proud.'⁴¹ To be house-proud was negative because this was pride in the material and that was not apparently what constituted a home. Such an interpretation also suggested that the housewife had to find the point of balance between being an efficient housewife and becoming obsessed. The negative connotations of being house-proud are also interesting in that to some extent they deny women the natural outcome of working hard. Effectively finding purpose in what was often a rather purposeless set of activities was wrong because it somehow impinged on

³⁸ Mass Observation Archive, File Report 1616, 'Some Psychological Factors in Home-Building', March 1943 p. 12.

³⁹ Mass Observation Archive, March/April 1951 Directive, 'Housework', B4014.

⁴⁰ Ibid, B016.

⁴¹ Ibid, F896.

the idea of home as a place of relaxation and retreat. That men and women might have contradictory ideals of the home because it signified something different (for him a retreat, for her the product of her labour) would almost inevitably provide the potential for conflict and frustration.

In the post-war period many middle-class women found themselves struggling to maintain a home designed for a time before the servant class had all but disappeared into more lucrative and less exhausting work elsewhere.⁴² The issue was acknowledged at government level, where a report on the state of post-war domestic employment recounted 'There is much evidence of strain and consequent ill-health,' but could offer little in the way of help, beyond proposals to professionalise domestic service through training and improved pay.⁴³ Further evidence of the prominence given to the issue can be seen in a discussion on the BBC in 1946 entitled '*Help for Housewives*' which Giles suggests demonstrated attempts to salvage some class distinctions from a situation in which a middle-class housewife carried much the same burden as a working-class one, by focusing on the more genteel elements of housework such as sewing, decorating and cooking, which were more aligned to middle-class aspirations.⁴⁴ Such attempts were one way for middle-class women to reconcile themselves to their new housewife identity in a manner which maintained class differences.

However, the problems of housewifery and the effects of housework on women were still garnering public interest almost ten years later in a series of letters from middle-class housewives in *The Manchester Guardian* newspaper in October 1954. Margaret Hughes wrote to the editor:

For some time I have been seriously disturbed at the great strain under which we wives are living in these new housing estates with – as one would think – every modern convenience physically, and every emotional satisfaction, of a husband and young children just at their most endearing age. Two or three of my acquaintances are having mental treatment and almost every household nearby runs by a series of crises due to temporary minor collapses of the wife.⁴⁵

She went on to mention the '...great strain of never being off duty...' while other letters referred to acquaintances 'nervy with neurotic cleaning and polishing' who 'couldn't

⁴² Giles, "Help for housewives," p. 301.

⁴³ Violet Markham and Florence May Hancock, Report on Post-War Organisation of Private Domestic Employment. (Ministry of Labour and National Service: HMSO, 1944) p. 7.

⁴⁴ Giles, "Help for housewives," pp. 315-316.

⁴⁵ "Letters to the editor," Manchester Guardian 2 October 1954: p. 4.

leave the housework.⁴⁶ Another correspondent suggested that housewives should 'develop one or two outside interests – the best counterbalance to nervous strain brought on by inflexible devotion to household tasks,' which was exactly what Fink was suggesting for a neurotic housewife in his self-help book of the time.⁴⁷ However, other women wrote in to argue different causes and solutions. According to Mrs Saunders the nub of the problem was that actually a husband and young children did not offer emotional satisfaction as suggested by Mrs Hughes:

So many modern men tied to an office desk or factory bench for six days a week, quite voluntarily doing overtime in many cases, are far too emotionally restless to be anything but a source of aggravation to their wives.⁴⁸

In fact she believed that it was 'rash in the extreme to assume that fathers have begun sharing much of the work of the home.'⁴⁹ Another housewife suggested that material consumption (or at least the desire for it) combined with the current age of 'insecurity and instability' was a greater cause of women's woes than '...having too much to do and being too much in non-adult company.'⁵⁰ After a week or so of such published debate, *The Manchester Guardian* editor closed the correspondence, presumably worried that it would run and run. The fact that Mrs Hughes' original letter garnered such a response (and that the newspaper chose to publish the correspondence) was indicative of the nerve it had hit in terms of the debate over the role and experience of the housewife.

This debate was effectively part of a wider discourse about the nature of marriage itself, focused particularly on the concept of the companionate marriage which carried with it a range of ideas. These included such notions as marriage as 'teamwork', marriage based on sharing and companionship, partnership and equality. However, as Finch and Summerfield have argued, the ideas behind companionate marriage, as the letters to *The Manchester Guardian* show, were not necessarily realised. They have suggested that rather than being of benefit to women they simply created contradictory

⁴⁶ Ibid. "Letters to the editor," *Manchester Guardian* 11 October 1954: p. 4.

⁴⁷ "Letters to the editor," *Manchester Guardian* 5 October 1954: p. 6. Fink, *Release from Nervous Tension* p. 126.

⁴⁸ "Letters to the editor," *Manchester Guardian* 12 October 1954: p. 4.

⁴⁹ Ibid.

⁵⁰ "Letters to the editor," *Manchester Guardian* 6 October 1954: p. 6.

pressures which placed greater strain on women and pushed them towards a type of marriage which 'made extra demands without necessarily providing extra rewards.'⁵¹

There was a paradox at play in terms of the domestic space: on the one hand this was the female domain for which the housewife was almost totally responsible, and yet her control of the space and of her time within it were ultimately subject to others who could, albeit often unwittingly, within a short period nullify the work of many hours, and the planned activities of many more. As a result many found themselves bound to the home in a relentless effort to keep on top of their domestic role.

Research by MO in 1945 into the reasons for having small families reported that 'More women mentioned loss of freedom and extra work as an unforeseen snag of married life than any other item.'⁵² Conflicting attitudes towards use of time and control of domestic activities were not uncommon as Hannah Gavron found when carrying out interviews with 96 middle and working-class housewives in London in the early 1960s.⁵³ Her research was aimed at understanding their experiences as housewives and particularly any conflict they experienced as a result of their role. One working-class housewife told Gavron:

The trouble is when he comes home in the evenings all he wants to do is watch television, he's tired, you see. Whereas for me, well I've been home all day and I'd like to go out.⁵⁴

Her comments illustrate differing conceptualisations of home: for him it was a haven of rest and relaxation, but for her it was a workplace and therefore relaxation came from leaving it. Yet women who failed to provide such a haven were deemed to be at fault, as the title of the 1968 *Daily Mirror* article 'A boss's burdens begin at home', quoted in the last chapter, suggested. If they did not labour to create a restful home, then they were considered to be contributing to their husbands' stress.⁵⁵ No such equivalent public judgement was made of men's role in women's leisure.

Gavron's research found that in fact 31 per cent of the working-class couples in her survey never went out at all in the evenings. Some women without baby-sitting

⁵¹ Janet Finch and Penny Summerfield, "Social Reconstruction and the Emergence of Companionate Marriage, 1945-59," *Marriage, Domestic Life and Social Change: Writings for Jacqueline Burgoyne, 1944-88*, ed. David Clark (London: Routledge, 1991) p. 17.

⁵² Mass Observation Archive, File Report 2285, 'Women's Reasons for Having Small Families', September 1945 p. 10.

⁵³ Hannah Gavron, *The Captive Wife: Conflicts of Housebound Mothers*, ed. H. Gavron (London: Routledge & Kegan Paul, 1966).

⁵⁴ *Ibid.*, p. 105.

⁵⁵ "A boss's burden begins at home," p. 7.

arrangements let their husbands go out without them, which meant that 44 per cent of these mothers never went out in the evening at all. Of the 56 per cent who were able to go out only half of them did so regularly once a week compared with two-thirds of Gavron's middle-class sample.⁵⁶ This was hardly consistent with the advice in contemporary self-help books which advised relieving emotional tension through entertainment by going to the theatre or cinema as an opportunity for a 'good laugh or to enjoy a good weep.'⁵⁷

Gavron's research noted that since the Second World War there had been a reduction in the age at marriage so that by 1960 more than a quarter of all brides were under twenty.⁵⁸ This then partly explained the rueful tone of some of her interviewees, such as one working-class woman who told her, 'It's feeling so stuck what with the kids and everything' while another commented, 'Even if you've had your fling it doesn't make up for this tied down feeling.'⁵⁹ A husband in Wigan responding to a MO survey in 1949, told them, 'My wife I haven't much time for. I don't have time to take her out. She says that I think more of the horses than I do of her, but it isn't true.'⁶⁰ So in the post-war decades the norm was for many housewives to spend the majority of their time in the home, going out in the evening only rarely. Their ability to escape the home was largely outside of their control, being mediated by the attitudes of husbands, particularly their willingness to care for children, but also their acceptance of their wife's need for external leisure.

That there might be little awareness of such a need was linked to conceptual understandings of leisure which saw it as something earned through full-time labour. Even with the increased participation of married women in the workforce as part-time or casual labour, this was often denied them because combining housework with a part-time job was not perceived as 'deserving of a leisure reward.'⁶¹ The loss of control of one's own time, and with it a sense of personal agency, was at the heart of the issue for many housewives. Indeed, as discussed in the previous chapter, female wartime workers experiencing similar problems of external demands on their time through

⁵⁶ Gavron, *Captive Wife* p. 81.

⁵⁷ Rorie, *Do Something* p. 102.

⁵⁸ Gavron, *Captive Wife* p. 51.

⁵⁹ *Ibid*, p. 56.

⁶⁰ Mass Observation Archive, File Report 3110, 'General Attitudes to Sex', April 1949.

⁶¹ Langhamer, *Women's Leisure* p. 133.

conscripted factory work voted with their feet by refusing overtime and taking sick leave in order to re-establish control.⁶² For the housewife this was not an option.

This research suggests that the relationship between husband and wife could be the greatest cause of domestic tension and stress. Men as much as women were having to adjust in the post-Second World War period to the changes in women's roles. The example of Reg suggests that for some, a woman working outside the home was a threat to their desire to control, however economically necessary it might be. Equally women were adjusting to the changes in other ways, balancing their work outside the home by giving precedence to their housewifery as the shift workers did, or trying to negotiate opportunities for leisure as Gavron's research suggested. Inevitably such private and personal issues were rarely made public, yet a common link between many cases was the different way in which men and women conceptualised, and then experienced the home.

The meaning of home

The case of Mrs C showed clearly that for her, home was a place from which she wished to escape, whereas for Reg it was the place he came back to on leave and where he expected to find his family waiting for him. For the housewives discussed above, home was the location of their work, but also the heart of family life, while for their husbands it was their place of retreat from work. Historians and sociologists have identified numerous meanings for home, including ideas about material structure, permanence and continuity, security and control, refuge, status, family, reflection of self, shelter, haven, privacy, roots and shelter.⁶³ The relevance of any one of these depended largely on factors such as location, class, ethnicity and housing tenure.⁶⁴ A number of researchers have emphasised that home is about emotions, their presence or absence, both positive feelings and negative and that it is both material and affective/imaginative at the same time.⁶⁵ This sense of duality is similarly reflected in the understanding of home as a tension between individuals' perceptions of what it should be like (particularly the relationships within the home), often romanticised or viewed with nostalgia, and their actual experience. Thus the concept of home as ideal

⁶² Mass Observation Archive, British War Production P220.

⁶³ Alison Blunt and Robyn Dowling, Home (Hoboken: Taylor and Francis, 2012) p. 10.

⁶⁴ Shelley Mallett, "Understanding home: a critical review of the literature," The Sociological Review 52.1 (2004): pp. 68-69.

⁶⁵ *Ibid*, p. 79. Blunt and Dowling, Home pp. 2 and 22.

and reality may be held in tension simultaneously rather than in opposition.⁶⁶ I argue that differing and gendered conceptualisations of home were at the heart of much of the reported nervous strain mentioned in the correspondence in *The Manchester Guardian* and later in social science research. The following discussion provides some understanding of what contemporary conceptualisations were and then considers them against the lived experiences of home.

'Home means everything to me: something to live for, otherwise there would be no *raison d'être*.'⁶⁷ Such was one man's earnest response in early 1943, at the heart of the Second World War, to a MO question about the meaning of home. Unsurprisingly, to those experiencing the hardships of national service, the notion of home was suddenly much more dear, 'I never appreciated home before the war so much as I do now,' explained a soldier.⁶⁸ But if home was 'something to live for' and more greatly appreciated, what did that actually mean?⁶⁹ The following analysis of people's explanations helps to reveal the constructed ideal of the home. This was undoubtedly informed by the privations of living in poorly-built, old housing stock, of wartime constructions of the 'home front' and the hardships of conscription, separations, bombing, austerity and discomfort. However, I argue that it also suggests strong desires for privacy and a privileging of the home as a space for the authentic self.

Whilst twenty-first century sociology would suggest that home must now be understood as a multi-dimensional concept, requiring multi-disciplinary research, MO's aim when surveying people in 1943 was more limited in its focus.⁷⁰ They were interested in what people wanted of a home, particularly in the light of the intended mass house building that would be required after the war. MO reported that of a sample of 110 people, top of their lists in terms of what home meant to them were relaxation, freedom, peace, then the family, possessions, and comfort.⁷¹ That comfort should come well down the list, mentioned by only one in ten people, is perhaps not surprising considering the state of Britain's housing stock, which despite the rehousing of almost four-fifths of those living in slum dwellings in the 1930s, still left significant numbers living in squalid conditions, now made worse by aerial bombardment.⁷² However, despite the physical

⁶⁶ Peter Somerville, "Home sweet home: A critical comment on Saunders and Williams," *Housing Studies* 4.2 (1989): p. 116. Mallett, "Understanding home," pp. 69-70.

⁶⁷ Mass Observation Archive, 'Psychological Factors' p. 8.

⁶⁸ *Ibid*, p. 2.

⁶⁹ *Ibid*, p. 8.

⁷⁰ Mallett, "Understanding home," p. 64.

⁷¹ Mass Observation Archive, 'Psychological Factors' p. 1.

⁷² *Ibid*, p. 2. Clapson, *Suburbs* p. 33.

realities, as one wife, mother and housekeeper summed it up, 'Home means the spot where I can keep my family safe and sheltered and private, even if it may be only a hut or a cave.'⁷³ In some cases it was scarcely more than that.

The importance of the concept of home was clearly underlined by the whole notion of the 'home front' and the sense, clearly expressed by one man, of what Britain's conscripts were actually fighting for, '...my home demands my first loyalty. To me it comes before my job, my country, the Empire or anything else at all.'⁷⁴ For many it incorporated not just the location of their family, but their neighbourhood, their town, even their country of origin. For that very reason it is clear that the idea of home was a powerful force for rallying combat motivation, and an emotive concept necessarily romanticised and bathed in a nostalgic light that in many cases bore little resemblance to reality. These imagined 'fantasies of 'home'' were punctured by the few anonymous lone voices, such as this one, reporting a somewhat different view:⁷⁵

Home in the ordinary sense means nothing to me. It ought to be where people are tolerant of each other and try to understand. I never knew this, as there was constant friction between my father and stepmothers and no unselfish love anywhere.⁷⁶

For this individual home was also conceptualised and romanticised as a place of positive emotion, despite the fact that their experience was different. Other people, according to another MO survey, were rather more vague when asked if they *liked* their home or not, 'They are often surprised at the question, as if it had never occurred to them to think about whether they liked it, or why', commented the author.⁷⁷ MO's conclusion was that as most people had no real choice about where they lived, then their feelings about it, one way or the other, were largely irrelevant and so never considered.⁷⁸ Much like contemporary concepts of ill-health, if there was nothing one could do about it, there was no point in thinking about it. The experience of home was, of course, hugely varied particularly if there was no choice involved, but the *notion* of home, with rare exceptions, as MO's report explained, centred around 'a place of peace and rest, a place where one can be oneself, where one belongs by right, and

⁷³ Mass Observation Archive, 'Psychological Factors' p. 5.

⁷⁴ Ibid, p. 9.

⁷⁵ Langhamer, "Meanings of Home," p. 343.

⁷⁶ Mass Observation Archive, 'Psychological Factors' p. 13.

⁷⁷ Mass Observation Archive, An Enquiry into People's Homes: A Report prepared by Mass-Observation for The Advertising Service Guild, Bulletin of the Advertising Service Guild, vol. Change No. 4 (John Murray, March 1943) p. 53.

⁷⁸ Ibid.

where one can be free and alone.⁷⁹ So the imagined home was a place where you could be your authentic self, be relaxed and safe and cast off the tensions of performing an external role in the world. Hochschild has suggested that such roles, particularly at work, were becoming more complex and that the increasing privileging of the authentic in the mid-twentieth century was a cultural response to the increased social occurrence of guile, particularly in terms of its corporate use. Thus if people were managing their emotions in the external world, then the locations in which they could be spontaneous, such as the home, became more valued.⁸⁰

The fantasy of home as a place of safety, positive emotion, authenticity, rest and privacy was certainly a concept which might serve the country well as a 'centring value' in people's wartime lives, but it also created an inevitable tension when experience failed to live up to the ideal.⁸¹ That it was a fantasy, and the realisation that it was, problematic, can be understood by turning to work carried out by medical and sociological researchers during the middle decades of the century. Their research suggested that even when the material fantasy was apparently fulfilled by a move to a new suburban home, living in the new home did not necessarily fulfil the emotional fantasy, instead it could even prove psychologically harmful.

Suburban, urban and new town neuroses

By examining people's experiences of the new estates, created to rehouse those displaced by slum clearances before and after the Second World War, I highlight the problems which arose apparently as a result of their geography and materiality. Particularly relevant was the identification among women on these estates in the 1930s of a condition known as suburban neurosis, a diagnosis which went on to inform post-Second World War new town planning and only disappeared when research in the new towns in the 1960s failed to validate it. I also examine the apparently paradoxical findings that similar psychological problems also existed among the *urban* population involved in social and health experiments in Peckham in the 1930s and 1940s. Both of these analyses suggest that domestic stress was gendered and underpinned by lack of interaction with the outside world, often caused by the privileging of privacy.

Similar factors emerge from my analysis of research carried out in new towns in the 1960s and 1970s. Although that research effectively disproved the existence of

⁷⁹ Mass Observation Archive, 'Psychological Factors' p. 1.

⁸⁰ Arlie Russell Hochschild, *The Managed Heart: Commercialization of Human Feeling* (London: University of California Press Ltd, 1983) p. 192.

⁸¹ Langhamer, "Meanings of Home," p. 343.

suburban neurosis, it confirmed that there was still evidence of considerable nervous problems among suburban populations. I argue that the failure of researchers to link such nervous disorders to the specific suburban physical environment, despite their best endeavours, suggests that the cause of such stress was much more complex and involved practical and conceptual issues within the home.

I begin by examining the identification of the diagnosis of suburban neurosis which in the inter-war period pathologised the experiences of many of the women who moved from inner-city slums to the new suburban housing estates. While evidently there was huge relief on the part of the housewife to be living in a new, safe, cleanable home, away from the physical discomforts of the slums, the move to the modern, new housing estates was not without problems.⁸² Between 1932 and 1939 local authorities rehoused about four-fifths of those living in slums, and from 1919 to 1939 built 1.5 million dwellings, with most towns and cities gaining large municipal estates. That many of the rehoused were overjoyed at the nature of their new homes was recorded in the frequency of comments such as 'it was just like a palace'.⁸³ However, as a vicar interviewed as part of a survey carried out in the 1930s on the Watling estate in Hendon, built in 1927 by London County Council, reported:

The loneliness of the people here in the first months after their removal to Watling is extreme. The women are mostly affected by that desperate loneliness. They feel as if they have moved to the desert. I hear it over and over again.⁸⁴

It was similar complaints heard by Dr Stephen Taylor, practising medicine at the Royal Free Hospital that led him to conclude that there was a new, psychological complaint, attributable to living on such estates, which he called suburban neurosis. In a *Lancet* article of 1938, Taylor described a condition affecting young women, living on the 'wonderful new Everysuburb estate, adjacent to one of our great by-passes and only

⁸² See *Housing Problems*, 1935, Arthur Elton and Edgar Anstey, British Commercial Gas Association. This documentary provides a useful representation of the condition of the slums and the contemporary idealisation of the flats built to replace them. Considered authentic at the time for its use of slum-dwellers' direct testimony to camera, it shows the appalling physical condition of the slums in contrast with the new municipal housing built by local authorities and equipped with the gas appliances of the documentary's sponsor. Although largely framed by middle-class values which saw the demolition of the slums and building of new properties as part of a wider programme of social improvement, it provides a useful insight into the qualities of light, space, air and easy cleaning which both documentary makers and slum dwellers saw as ideal in the new housing.

⁸³ Clapson, *Suburbs* pp. 33-34.

⁸⁴ Ruth Durant, *Watling: A Survey of Social Life on a New Housing Estate* (London: P S King & Son, 1939) p. 60.

twenty minutes from the station.⁸⁵ His mocking description captures some of the snobbery that was felt (and continued to be felt throughout the twentieth century) about the suburbs and suburban life, but also the limitations of middle-class observers trying to understand without disapproval, values and practices they did not share.⁸⁶ It was perhaps a way to underpin the existing class boundaries which in many ways the expansion of cities and improvement of working-class housing stock threatened. However, despite his mocking tone he was serious about the identification of a specific psychological malaise. Manifesting itself in a variety of physical and mental symptoms relating to anxiety states, he suggested the causes were rooted in the environment:

Few who have not worked or lived in the suburbs can realise the intense loneliness of their unhappy inhabitants. There is no common meeting-ground like the pub and the street of the slum dwellers, and the golf and tennis club of the upper-middle classes. There is no community of interest such as is found in the village. Lack of individual enterprise, shyness and bashfulness prevent calling, and the striking up of friendships. It is respectable to keep oneself to oneself. The Englishman's home is still his castle, but for the Englishwoman too often it is her gaol.⁸⁷

However, the unfortunate Englishwoman could not solely blame the suburban estate, for Taylor suggested her own inadequacies of mind, false values that fetishized the home and consumption, and disappointment with a husband who 'turns out to be rather ordinary and grumpy' also played a part.⁸⁸ Thus:

The small labour-saving house, the small family, and the few friends have left the women of the suburbs relatively idle. They have nothing to look forward to, nothing to look up to and little to live for.⁸⁹

Subsequently, Hayward has argued that there was little basis for Taylor's image of a bored and leisured housewife, the uptake of labour-saving devices, for example, being extremely small at the time and his construction of suburban neurosis based partly on conflicting positions in psychiatry and partly in his own patrician suspicion of mass culture.⁹⁰

However, at the time it was accepted because the idea of the suburbs as somehow pathological was a staple of inter-war literature and presumably recognisable amongst

⁸⁵ Taylor, "The Suburban Neurosis," p. 759.

⁸⁶ Mark Clapson, "Working-class Women's Experiences of Moving to New Housing Estates in England since 1919," *Twentieth Century British History* 10.3 (1999): p. 347.

⁸⁷ Taylor, "The Suburban Neurosis," p. 760.

⁸⁸ *Ibid.*, pp. 760-761.

⁸⁹ *Ibid.*, p. 761.

⁹⁰ Hayward, "Desperate Housewives" pp. 51 and 56.

the professionals reading *The Lancet*.⁹¹ Taylor's solution to his identified problem was either the unrealistic establishment on each new estate of a team of psychoanalysts, clearly suggesting his own bent towards analysis, or the suggestion that 'A carefully graded reading list is perhaps of more use than a bottle of medicine,' revealing snobbery rather than pragmatism.⁹² Certainly his belief was that, 'We have allowed the slum which stunted the body to be replaced by a slum which stunts the mind.'⁹³ His most practical suggestion was that new estates should establish 'social non-religious clubs catering for all possible interests...something not unlike the Pioneer Health Centre at Peckham...'⁹⁴ This was an interesting conclusion as the Peckham project operated in an undoubtedly *urban* context, far from the suburban estates that concerned Taylor. However, Taylor was right in identifying a connection, as the researchers at Peckham had also pinpointed a concern about the stultifying effects of domestic life on the poor and had gone about tackling it from a social as well as a health perspective. Here was an apparent paradox: living in the suburbs could bring on neurosis, but apparently so could an urban environment.

As I shall argue, what the Peckham researchers found was also relevant to Taylor's suburban neurotics, as it suggested the importance of context and interaction with the outside world to people's experiences of home. It also revealed that much of the domestic distress that they encountered was gendered, with women coming off worst. Evidently there was something at work in the domestic environment which affected women, but Taylor's causative assumptions about the geography of the suburbs were too limited.

The Health Centre at Peckham was set up by two doctors as a research experiment to test their ideas about health and the necessary conditions for its maintenance. Operating between 1926-1930, 1935-1939 and 1945-50, it functioned as a kind of club to which families subscribed on the condition that they submit to regular medical examinations. It offered a range of services including a crèche, sports facilities and the sale of fresh produce from a farm in Kent.⁹⁵ The researchers at Peckham, as well as addressing physical illness among the poor population they worked with, also

⁹¹ Ibid, p. 43.

⁹² Taylor, "The Suburban Neurosis," p. 761.

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Jane Lewis and Barbara Brookes, "A Reassessment of the Work of the Peckham Health Centre, 1926-1951," *The Milbank Memorial Fund Quarterly. Health and Society* 61.2 (1983): p. 307.

concerned themselves with their psychological well-being, identifying the deadening effects of domestic life:

...the young urban family builds through no fault of its own, not a rich protean body – a *home* that grows out from the nucleus of parenthood, but a poor hovel of sleeping and eating, breeding and clothing. For all too often the family holds no converse with the outside world; its functional scope is restricted to its own hearth and there is little to sustain and feed its members but what happens within the four walls of the house. Compelled thus by circumstances endogenously to consume its own products, the exploratory tentacles of the family are withdrawn, and, shrunken around its nucleus, there forms a hard resistant crust of suspicion and defence.⁹⁶

According to the Peckham Centre researchers, they found a greater level of ‘disease, disorder and deficiency’ in women particularly those from age 20 to 45, than in men. They argued that for men, work although not necessarily fulfilling and often leaving little leisure, did at least provide a level of stimulation and external interaction to stave off ‘stagnation.’ However for women it was different:

Marriage is apt to lead her into conditions in which social stagnation and inaction are almost unavoidable, even have circumstances allowed her to develop her potentialities before that date – which is far from usual.⁹⁷

In their view, a wide range of problems, both medical and social, arose from the domestic norm of such families. Chronic and acute diseases as well as neurasthenia, parental neglect, difficult children, young offenders and anti-social behaviour of all kinds were all the result of the ‘functional starvation’ of people living in physical structures that were not really homes.⁹⁸

In their 1943 book about the first two phases of the project, *The Peckham Experiment: A Study in the Living Structure of Society*, Innes Pearse and Lucy Crocker described one such couple, Mr and Mrs X who had been married seven years and had two children aged four and two.

The wife was fat, flabby, constipated, dressed in slovenly clothes, was suspicious, diffident and negative. The husband was overweight, irritable with his wife in private, in public alternating between over-confidence and shyness.⁹⁹

This unfortunate couple were ‘disillusioned; life to them had become stagnant, if not sour’, the husband getting up at 6am for work, his wife at 9 or 9.30am to give the children their breakfast at 10am.

⁹⁶ Innes H Pearse and Lucy H Crocker, *The Peckham Experiment: A Study in the Living Structure of Society*, eds. I. H. Pearse and L. H. Crocker (London: George Allen and Unwin Ltd, 1943) p. 248.

⁹⁷ *Ibid.*, p. 254.

⁹⁸ *Ibid.*, p. 251.

⁹⁹ *Ibid.*, p. 249.

She cooked a desultory dinner of one course; walked up and down the shopping street three or four afternoons a week with the baby strapped into the pram, the elder child dragging beside her; went to the park once a week, speaking to no one and coming home early because the elder child was fretful: knew no one except for a passing acquaintance with the grocer's wife round the corner, and her in-laws, with whom she was on the defensive and did not find herself in sympathy.¹⁰⁰

The Peckham Centre researchers reported that 'Varying but slightly in detail, this story of early married life is repeated with *monotonous regularity*.'¹⁰¹ Their answer was to provide medical solutions to physical ills, and to address psychological problems via a wide range of social opportunities for both women and men through the Centre. For the unfortunate Mr and Mrs X discussed above, this meant a referral to a gynaecologist for her as well as taking up keep-fit classes, dress-making and badminton, whilst he joined the boxing club and started teaching boxing to boys as well as playing badminton with his wife. Such activities led to both losing weight, moving about 'more briskly' and looking healthier. The reported effects on their children included cessation of bed-wetting, weight gain and better socialisation.¹⁰² These treatments for their domestic ills largely reflected the kind of advice offered in contemporary self-help books, discussed in Chapter One, about hobbies and occupation which could 'help to preserve our youth and sanity and take our minds away from our worries.'¹⁰³

From the Peckham Centre researchers' point of view, a home only really functioned as such when its occupants also had outside interests and social interaction with the outside world. Without these, instead of being a source of comfort and safety, it was one of distress and misery. This is an interesting contrast to some of the statements about the meaning of home, discussed earlier, which emphasised privacy and a place to escape from the world. It was also effectively the opposite of what the poorest, working-class women aspired to: they wanted somewhere where they did not have to interact with others sharing resources and living under their scrutiny. For them the aspiration was that they *could* close the door on the world.¹⁰⁴ The suggestion from both the Peckham experiment and Taylor's identification of suburban neurosis was that the home was only meaningful as a home and could only fulfil those expectations indicated by the MO respondents, if it was juxtaposed with and fuelled by interaction with the world outside the home. It was only a haven if there was something to retreat

¹⁰⁰ Ibid, p. 250.

¹⁰¹ Ibid, p. 251.

¹⁰² Ibid, pp. 251-252.

¹⁰³ Powell, *Sound Nerves* p. 41.

¹⁰⁴ Judy Giles, "A Home of One's Own: Women and domesticity in England 1918-1950," *Women's Studies International Forum* 16.3 (1993): p. 243.

from, and as Taylor suggested, if there were no outside context, it was potentially only a gaol.

This suggests that although the drive to build new suburbs was very much focused on the improvement of physical conditions, the reality of how homes functioned was much less about the physical, and much more about home within the broader context of a person's life. What that might mean was that in fact the psychological problems which Taylor, Pearse and Crocker identified were not necessarily bounded by class, despite the fact that they were looking at predominantly working and lower middle-class populations: the potential was that anyone could suffer from this form of domestic stress. What was more obviously notable was that for the most part the problem was gendered and that although the Peckham doctors identified some men as suffering from this domestic malaise, they recognised that work outside the home often mitigated such problems, whereas for women, it was being tied to the domestic environment that caused them. If life revolved around nothing but the bricks and mortar of the home, however much of an improvement it might be on the slums, this limitation had the potential to create a state of generally unarticulated neurosis in women, whether they lived in the suburbs or urban London. What this suggests is that there was something much more complex and nuanced than simple environment creating women's stress, and whilst the Peckham project's social interaction approach appeared to mitigate the problem, it did not necessarily pin down the causes.

Concern about such causes was evident in the immediate post-Second World War period among the planners of new estates and new towns who were determined to create environments which would avoid the problem of suburban neurosis. Such was the influence of the concept, that considerable research was undertaken in both the immediate post-war period to further understand the problem and in the new towns themselves in the hope of proving that the problem had been overcome. However as the following analysis will show what resulted was the surprising conclusion that suburban neurosis did not actually exist, and that despite evidence of neurosis among new town inhabitants, researchers were unable to correlate such experiences with the specific physical and geographical environment. Again, the causes of domestic strain, stress and unhappiness were elusive.

The work of Taylor, Pearse and Crocker appeared in the 1930s and 1940s and thus their ideas about the dangers of domestic isolation and 'stagnation' informed the post-war building boom of the 1950s and early 1960s. Between 1946 and 1950 eleven new

towns were designated in England, including Harlow and Crawley.¹⁰⁵ A 1958 editorial in *The Lancet* reported that 'In the new towns, industry and homes have moved out together, imaginative social provision has done much to reduce the risk of neurotic reactions in a new environment.'¹⁰⁶ However, 'out-county, municipal estates' were suspected of repeating the pre-war problems and *The Lancet* reported research by the London School of Hygiene, which appeared to show that suburban neurosis was 'presenting itself again'. On one new estate admissions to mental hospitals between 1949 and 1954 were more than 50 per cent above what would be expected from national figures, with 'neurotic reactive depression among females predominating.'¹⁰⁷ Information from GPs showed that the self-estimate of 'nerves' on one estate was 223 per 1,000 adults, compared with a national figure of 126. Complaints of neurotic symptoms were higher among those who had lived on the estate for less than two years, than among those whose occupancy dated back over three years. The conclusion drawn was that 'Physical planning on the out-county estates appears to be out of step with social planning and rehousing has improved physical environment at the cost of mental wellbeing.'¹⁰⁸

The implications of Taylor's pre-war concerns and of the findings of such post-war research were not ignored by the planners of the new towns, as S P W Chave, one of the London School of Hygiene researchers wrote in 1966, reflecting back on the thinking which informed them, '...the new towns have been planned as relatively self-contained communities, providing not only houses to live in but also places of employment, for leisure and for entertainment.'¹⁰⁹ Chave was involved in large-scale research in the new towns, Harlow in particular, specifically focused on identifying the effects of this new kind of environment on the mental health of its residents, with a view to (hopefully) proving the efficacy of the planners' endeavours. As he explained:

There is a commonly held view that the housing estates create conditions which are conducive to the development of neurosis. This is said to arise from the strains consequent upon removal from a familiar to an unfamiliar area, in which ties with home and kin are attenuated or even severed altogether. The social isolation combined with the financial stresses arising from the move have been

¹⁰⁵ Clapson, *Suburbs* p. 45.

¹⁰⁶ "Suburban Neurosis Up to Date," *The Lancet* 1.18 January (1958): p. 146.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

¹⁰⁹ S. P. W. Chave, "Mental health in Harlow New Town," *Journal of Psychosomatic Research* 10.1 (1966): p. 38.

said to provide the predisposing conditions for worry, anxiety and sometimes for frank neurosis, especially among young housewives.¹¹⁰

The 'commonly held view' was one which Clapson suggests permeated much thinking in the late 1950s, reinforced by work such as *Family and Kinship in East London*, and subsequently repeated by sociologists and historians alike.¹¹¹ However, the results of Chave's research were surprising: there were fewer cases of mental illness receiving in-patient treatment from Harlow than was expected compared to the experience of the general population; the prevalence of anxiety and tension states reported by GPs was not highest among young housewives, but among women aged 45-54, that is menopausal women; and a comparison of those with 'nerves' and those without showed no difference based on length of residence, income, or extent of their contacts with relations and friends living outside Harlow. The only significant difference for this group was that they 'had made fewer friends, participated less in community activities, were more beset with problems, and expressed greater dissatisfaction with the town than the rest.'¹¹² That it was not necessarily the town that was the problem for this cohort of women was something that one of the few female self-help authors, Flora Klickmann, had explained forty years earlier in 1925:

While a woman's life is fully occupied with her children and household, or with business responsibilities, she has not the time to brood over little discomforts or small troubles. It is when her children no longer need her, when the home requires but little supervision from her, or when circumstances of one sort or another have cut her off from the running activities of life, that she suddenly find the hours drag and realises that she no longer has the physical elasticity that would enable her to embark on new ventures or a round of excitements.¹¹³

Klickmann's description of a specifically female nervous condition seems much more likely to be behind the distress of this group of women, suggesting issues that were specific to their age, their life experiences and their changing roles, rather than the location of their home. Based on the Harlow findings and others, Chave was indeed forced to admit that this was not suburban neurosis, and concluded that these symptoms were 'all the marks of an underlying emotional disturbance; that these are the people who carry their neurosis with them wherever they go and project their inner disharmony upon their environment.' Such people could be found anywhere, and 'the

¹¹⁰ Ibid, p. 39.

¹¹¹ Young and Willmott, *Family and Kinship*. Mark Clapson, *Suburban Century: Social Change and Urban Growth in England and the United States* (Oxford: Berg, 2003) p. 127.

¹¹² Chave, "Mental Health," p. 43.

¹¹³ Klickmann, *Mending Your Nerves* pp. 129-130.

people of the new town differed but little from those living in and around the metropolitan city which had once been their home.¹¹⁴

Despite the failure of the suburban neurosis concept there was still clearly a problem of nerves among suburban populations. Thus researchers persisted in trying to pin down its source. In the early 1970s Ineichen carried out research in the Bristol suburb of Southover into the problem of neurosis among women which, according to him, was reaching 'very high levels in suburban locations where many women of child-bearing age live.'¹¹⁵ However, his work found no more conclusive answers than Chave's had done a decade earlier. It suggested that women who were considered neurotic indicated dissatisfaction across a wide range of problems. However, the findings were paradoxical: what some found problematic, others found positive and vice versa. Social status was a particular example; some wives were 'dissatisfied with the district due to its low social status. Others found the area and its inhabitants socially superior...'¹¹⁶ In both cases their dissatisfaction with the social status fuelled their stress. Similarly, Ineichen found that:

While a number of wives gave familiar accounts of feelings of suburban boredom, or the frustration of lonely days in the company only of their young children, others complained of the tightness of family budgeting which obliged them to go out to work for extra money.¹¹⁷

Overall, the only distinction Ineichen was able to make related to the employment status of husbands and that '...marriage to a manual worker provides less of a shield against neurosis than marriage to a non-manual worker...'¹¹⁸ Again, despite an apparent link between location and levels of neurosis, research showed no substantive evidence for 'suburban neurosis'. What Ineichen confirmed was that although the environment could provide a focus for sufferers to project their unhappy feelings, it was not necessarily the cause of them.¹¹⁹ To find causes it was necessary to look at the aspirations and practicalities of people's living arrangements in the home.

Neighbours, noise and privacy

In 1943 one man told MO that 'Home means to me the one place...where I can go and on shutting the front door say, "I don't care a damn what happens to the outside world,

¹¹⁴ Chave, "Mental Health," p. 43.

¹¹⁵ Bernard Ineichen, "Neurotic Wives in a Modern Residential Suburb: A Sociological Profile," *Social Science & Medicine* 9.8-9 (1975): p. 481.

¹¹⁶ *Ibid.*, p. 485.

¹¹⁷ *Ibid.*

¹¹⁸ *Ibid.*, p. 486.

¹¹⁹ Hayward, "Desperate Housewives" p. 55.

nobody can disturb me now."¹²⁰ Unfortunately, for many that was not strictly true. The experience of other people observing one's everyday life was, for many during the twentieth century, almost unavoidable. For the poorest, poverty forced them to live their lives in public through the sharing of facilities and reliance on community for support.¹²¹ It was the desire to escape this that provided the key stimulus in persuading people to quit towns and cities for the suburbs according to Clapson.¹²² Paradoxically, as the majority pursued increased privacy in their domestic living arrangements, there was a growing willingness to discuss publicly, that which had previously been private, for example through the discussion of problems in newspaper and magazine advice columns.¹²³ Additionally, the increasing problematisation of many areas of day-to-day life, including, ironically, awareness of the dangers caused by the perceived isolation of the nuclear family, also led to greater incursion by state and experts alike.¹²⁴ By analysing people's accounts of their neighbours and government research into noise, from the pre-Second World War period to the 1960s, I will argue that the behaviour of neighbours and changing attitudes towards them, coupled with increasing expectations of privacy created tensions and fuelled the social isolation which contributed to the kind of stress experienced by the women of the suburbs and new towns.

A survey carried out in 1941 among residents rehoused mostly in flats on a new estate in Stepney, found that although the vast majority were glad they had moved, more than a fifth complained about the lack of privacy, and 18 per cent of hearing other people's radios through the walls.¹²⁵ Indeed, MO reported, '...the desire for a garden and the need for detachment in the home are two of the main reasons why so few English people would, ideally, live in a flat.'¹²⁶ 'Detachment' was clearly a key issue as neighbours and noise were undoubtedly a source of trouble, as one woman explained to MO in 1943, 'We had a dreadful woman underneath us at first, she knocked on the ceiling every time the children made a sound...'¹²⁷ Unfortunately, MO did not record the views of the 'dreadful woman' who perhaps felt similarly about her upstairs

¹²⁰ Mass Observation Archive, 'Psychological Factors' ADA2 p. 3.

¹²¹ Melanie Tebbutt, Women's Talk? A Social History of 'Gossip' in Working-Class Neighbourhoods, 1880-1960, ed. M. Tebbutt (Aldershot: Scolar Press, 1995) p. 88.

¹²² Clapson, Suburbs p. 133.

¹²³ Thomson, Psychological Subjects p. 50. Cohen, Family Secrets p. 181.

¹²⁴ Rose, Governing the Soul p. 175.

¹²⁵ Mass Observation Archive, File Report 861, 'Attitudes to Housing and Reconstruction', September 1941 p. 7.

¹²⁶ Mass Observation Archive, File Report 1593, 'The Sort of Home the Englishman Wants', February 1943 p. 4.

¹²⁷ Mass Observation Archive, People's Homes p. 48.

neighbour. A government survey of 1943 carried out on sound in dwellings and based on 2,000 interviews, predominantly with housewives, over a quarter of whom were in flats, reported that 83 per cent of interviewees said that they heard sounds from their neighbour's houses. Thirty per cent were troubled by the sounds, while almost a quarter had their sleep disturbed by them. The sounds that bothered people the most were doors banging, the wireless, people moving about and children playing. Unsurprisingly more people in flats were troubled by the noise of their neighbours than in houses. While four-fifths of house-dwellers heard sounds from their neighbours, only a quarter found the sounds troublesome, while 95 per cent of flat-dwellers heard noises from neighbours and 41 per cent were troubled by them.¹²⁸ Although overall the survey concluded that it was external sounds such as traffic which were the most problematic, it was evident that noise from neighbours was a source of annoyance.¹²⁹ As one woman living in an urban flat told MO, 'The main trouble is the noise, wireless going and children playing round the yard. You can hear everything going on and when my husband's doing night shift he can't get to sleep with it.'¹³⁰ As we have already seen, this could have a knock-on effect on her ability to work, and thus be a problem for both of them. The 'peace' that so many people said that they valued in a home was for many more aspirational than experienced.¹³¹ Unfortunately neither survey distinguished between families with and without children so it is impossible to judge whether their attitudes towards noise were different.

Whilst the government research into sound in dwellings was evidently intended to inform the approach to post-war building, it seems doubtful that it had much effect, for more government research twenty years later came to not dissimilar conclusions. The Committee on the Problem of Noise, reporting in 1962-63, identified that noise annoyance could be damaging to health. Whilst failing to find any 'direct or measurable physiological effect on the average person,' it identified that 'The general effect of noise on health must therefore be more psychological than physical; and we are led to consider those reactions to irritating or disturbing noise which are called, for brevity, "annoyance."¹³² The Committee reported that in 1960, seventy-two local authorities received 2, 350 complaints about noise, of which 680 were domestic in

¹²⁸ Dennis Chapman, Sound in Dwellings: An Inquiry Carried Out for the Building Research Station of the Department of Scientific and Industrial Research. (London: HMSO, 1943) p. 28.

¹²⁹ *Ibid*, p. 29.

¹³⁰ Mass Observation Archive, People's Homes p. 174.

¹³¹ Mass Observation Archive, 'Psychological Factors' p. 1.

¹³² Lord President of the Council and Minister for Science, Committee on the Problem of Noise Final Report. (London: HMSO, 1962) p. 7.

nature. Although not all the complaints were considered justified by the various local authorities that received them, undoubtedly reported complaints made up only a part of the actual number of disturbances people experienced because of noise.¹³³ The expectation that noise which caused annoyance might result in 'mental or nervous illness' was, to the Committee's surprise, not proven and they were left with the vague summation that noise might have an influence on health through '...preventing sleep or inducing stress...'¹³⁴ This is an interesting conclusion, in that stress was evidently not considered a medical 'mental or nervous illness' but instead functioned as a useful catch-all term for explaining the distress that might result from the incursions into privacy of other people's noise. Like suburban neurosis, the researchers had evidence that there was psychological distress, they just could not pin it down with the medical diagnoses available to them.

Despite this inability to substantiate the medical impact of noise on mental health, a survey carried out in London in the late 1960s noted that neighbour noise was still a problem, 'There is, however, a marked difference in awareness of and annoyance with sounds originating in neighbours' dwellings. Flat dwellers suffer most...'¹³⁵

Notwithstanding the knowledge that people preferred houses to flats, the desperate demand for housing and the land restrictions of a small island meant that in the post-war building boom, significant numbers of people found that a flat was the only option available. However, it was not the flats per se that were the issue, although some women found it harder to supervise their children's play in flats without gardens, it was the resulting proximity to neighbours. Not just because of the stress of hearing their noise, but because of the strain placed on privacy within the home.

Privacy was a major issue for many as they told MO in a survey in the early 1940s, one woman living in a new block of flats complained, 'Everyone should have privacy. We've got a balcony, but the lady next door can see into it', whilst another woman living in an urban flat explained, 'We have to wash in the scullery and people in the top of the opposite block can look in.'¹³⁶ Another woman, lucky enough to live in a house, commented on problems she had witnessed:

Every house should have its own entrance. It's terrible the rows with these porches. Last week I saw the woman over the way having a terrible set-to with

¹³³ Ibid, p. 8.

¹³⁴ Ibid, p. 7.

¹³⁵ P H Parkin, London Noise Survey (Building Research Station, Greater London Council, 1968), p. 59.

¹³⁶ Mass Observation Archive, People's Homes p. 172.

her neighbour on the step. She slapped her across the face with a wet flannel.¹³⁷

Most people, perhaps especially those moving from crowded slums, expected their new homes to finally give them privacy and were thus ripe for disappointment if the new homes could not meet their expectations. Sociological research carried out in the early 1960s suggested that privacy was a key source of dissatisfaction for many, and this could be exacerbated by the closeness of plots particularly in cheaper housing developments.¹³⁸ Privacy was one of the qualities which many considered defined a home, as one man told MO in 1943, '...On the whole what I want from a home is privacy, rather than companionship, or rather being able to choose my company, quietness and my own things around me.'¹³⁹ There was a powerful desire to pull up the drawbridge on the Englishman's and Englishwoman's castle, 'I keep myself to myself and I don't talk to any of them. I don't know the name of the lady next door and I don't suppose she knows mine,' was a typical attitude among new tenants on an estate outside London.¹⁴⁰ Similarly, another woman in a new block of flats explained, 'Well I'm not complaining. The neighbours here are very nice. But they have their reserve. You might be dead and they wouldn't know.'¹⁴¹ There was evidently a paradox in the desire for privacy which whilst highly valued, also involved losing some of the benefits of the community of the slums, as one woman who had moved out of London to new flats told MO:

They're not neighbourly here. My husband's out all day. There's nothing going on. As I say, I like a jolly good fight to watch. Mind you, I don't want to be in it. It's all right for young people out at business, they like it quiet when they come home.¹⁴²

Clearly she would have been better suited on the estate with the shared porches mentioned above. For her the quiet and privacy of her new home could not replace the action and interaction of the communal living and street life of the slums. Whilst her husband and the 'young people' could fulfil their social needs at work, she was realising that the new environment did not fulfil hers. A survey of the Watling estate in north-west London before the Second World War had noted, 'Housewives have no company, except perhaps their own family, and the new environment made them conscious of being lonely,' while research carried out in the late 1950s in the new town

¹³⁷ Ibid.

¹³⁸ Clapson, *Suburban Century* p. 134.

¹³⁹ Mass Observation Archive, 'Psychological Factors' p. 8.

¹⁴⁰ Mass Observation Archive, *People's Homes* p. 206.

¹⁴¹ Ibid, pp. 206-207.

¹⁴² Ibid, p. 198.

of Crawley reported that women there suffering from neuroses, 'found it more lonely, they participated less in local activities, were more bored and they missed those relatives more who previously lived near them.'¹⁴³ Whilst for some, the ability to shut the front door and lock out the world was perceived as a benefit, for others it compounded a situation where they already felt alienated from their new environment.

This suggests contradictory forces at play in the conceptualisation and experience of home. On the one hand people wanted the physical benefits of sanitation, space and light, and were very happy with new housing which provided this. However, the fulfilment of a desire for privacy revealed that it was not privacy per se that they had actually wanted, but the *option* of privacy. Many were used to living in communities sharing basic services such as lavatories and washing facilities, and were accustomed to the solidarity of shared deprivation. The new housing gave them greater privacy, but it also meant that there were fewer points of contact to maintain or rebuild communal feeling, and as the quotes above suggest, once a practice of living more privately became normalised, it created a self-fulfilling cycle which was very difficult to break. The tone of the words of the MO interviewee who liked 'a jolly good fight' suggest her perplexity at knowing what she had gained, but wondering why she was not more pleased about it. That this might create tension and strain, which was then compounded by loneliness, was not altogether surprising. What the paradox of this gain and loss also suggests is a link back to the findings of the Peckham project, which had shown that to a great extent it was the context, that is the life outside it, which created and validated the experience of 'home'.

The movement of working-class families from the slums of the cities into suburban housing estates arguably led to higher expectations and levels of material comfort, very much focused on the home as the material proof of burgeoning consumerism.¹⁴⁴ In turn this increased materialism helped to blur class boundaries. As such it goes some way towards explaining the reluctance of housewives on new estates to relieve their own unhappiness by approaching neighbours, who in most cases were in very similar situations of isolation themselves. The suggestion is that these women were afraid to expose their own homes to the scrutiny of others in case they did not come up to scratch, both in terms of standards of housework but also quality of material

¹⁴³ Durant, Watling p. 60. P. Sainsbury and Joyce Collins, "Some factors relating to mental illness in a new town," Journal of Psychosomatic Research 10.1 (1966): p. 51.

¹⁴⁴ Clapson, Suburbs p. 98.

possessions.¹⁴⁵ Being able to keep house more than adequately was integral to the housewife identity and for some women perhaps there was too much at stake to risk damaging that through the imagined criticisms of others. Certainly, as noted in the chapter on self-help books, there was a belief that some women could become obsessive about housework to the detriment of their nerves.¹⁴⁶ Also at work was the readjustment from the clearly understood working-class context of the slums to a more indefinite class understanding on new housing estates. As Ineichen's research showed, as late as the 1970s, some inhabitants were concerned that their new environment was too socially superior, whilst others found it inferior.¹⁴⁷ There were evidently blurred lines of distinction that had perhaps been less visible if not non-existent in the slums.

The drive for greater privacy might very well be explained in part as a result of the imposition of national service, billeting and evacuation during the war, but even before the war there was a societal undercurrent encouraging the private and discrete. Clapson suggests that the separation between home and work became ever greater with the increasing suburbanisation of Britain, to some extent reinforcing the Victorian values of the privatised family and distinctions of gender roles.¹⁴⁸ As one correspondent born in 1934 told MO in 1992, 'Privacy has developed over my lifetime. It doesn't concern me much as I like being surrounded by others, but it is clear that most people value increased privacy.'¹⁴⁹ The housing shortages of the post-war era were undoubtedly a further factor as many people were forced to live in much closer proximity and with greater inter-generational sharing of homes than they might have wanted. In such circumstances the experience of home as a place lacking in basic privacy inevitably also made it a place of tension and stress.

Housing problems

Post-war Britain was a country with a housing problem. The slum clearances and estate building of the 1920s and 1930s had been halted by the war, but the housing problems they had tried to address continued, compounded now by wartime damage and destruction. And whilst five million demobbed servicemen and women were only too glad to have returned home, the difference between the imagined home of their wartime separation and the experience of the people and place they found on their

¹⁴⁵ "Miserable Married Women 2: The Lonely," *The Observer* May 14 1961: p. 33.

¹⁴⁶ Alvarez, *Live at Peace* p. 64.

¹⁴⁷ Ineichen, "Neurotic Wives," p. 485.

¹⁴⁸ Clapson, *Suburbs* p. 25.

¹⁴⁹ Mass Observation Archive, Spring 1992 Directive, 'The Pace of Life', C110.

return was sometimes considerable, as was the impact of their homecoming on the family they had left behind.¹⁵⁰ Thus the practical disruptions of war also brought with them conceptual ones, as ideas about what home was and how family relationships might work were revisited, resolved or revealed as a source of conflict. By exploring the housing situation in the post-war period I will highlight the psychological as well as physical problems that arose from overcrowding and inter-generational conflict. In particular I examine how such issues were reproduced in feature films of the early 1960s, portraying a working-class domestic experience that contradicted the ideals of domesticity usually seen in popular culture and suggested a reframing of the home as a location of stress.

Despite the problems of life on the inter-war county estates and, in turn, in the post-war new towns, those who actually managed to get a house or even a flat in such areas were among the lucky, for if housing provision had been problematic before the Second World War, it was dramatically worse afterwards. As MO reported in 1945 in a survey on women's reasons for having small families:

Next to money, housing was the most frequently mentioned deterrent to having children. There were many comments on the difficulty of finding anywhere to live, particularly from the newly married who were often living with their parents under overcrowded conditions.¹⁵¹

A further MO report on the state of matrimony published two years later based on a survey in eight London boroughs and Gloucester, showed that of those married five years or less, 56 per cent were living with relatives. For those married between five and ten years, a fifth were still doing so, and for those married more than ten years, 10 per cent were still living with relatives.¹⁵² Other surveys supported this picture of limited housing provision, overcrowding and poor conditions.¹⁵³

Looking into provision for recreation and leisure in the early 1950s, Seebohm Rowntree drew up 220 case histories of English people via a network of interviewers, intending to produce a 'general impression of the philosophy of life of a majority of the people dwelling in England and Wales.'¹⁵⁴ His methods were very much grounded in the gentlemanly social science of the early twentieth century, based as they were on a

¹⁵⁰ Allport, *Demobbed* p. 3.

¹⁵¹ Mass Observation Archive, 'Women's Reasons' p. 6.

¹⁵² Mass Observation Archive, File Report 2495, 'The State of Matrimony', June 1947 p. 15.

¹⁵³ P G Gray, *The Housing Waiting Lists (England and Wales): An Inquiry carried out in July 1949 for the Ministry of Health* (Ministry of Health, 1949).

¹⁵⁴ B Seebohm Rowntree and G R Lavers, *English Life and Leisure: A Social Study* (London: Longmans, Green and Co, 1951) pp. xii-xiii.

practice of observation using 'cultivated' observers, who befriended people in order to elicit information without their knowledge. Such methods gave little weight to the contributions of the researched, but instead focused on categorising people, often based on appearance and the views of the observer, which were inevitably coloured by their own class and gender prejudices.¹⁵⁵ For example:

Miss E is the daughter of a working-class home. She is 21. The family live in very crowded conditions, the parents, three daughters and two sons, all grown up, in a two-bedroom house... There is no bathroom in the house, which has no garden, and only a narrow concrete yard to separate it from the back of the next house.¹⁵⁶

In another case, he reported an elderly widow, who was bed-ridden for most of the winter and could get about only in a wheelchair in the summer, living with her daughter and son-in-law, but well aware that 'The family are desperately anxious to get rid of Mrs D because she's a financial liability and anyhow they want the room.'¹⁵⁷ A further example described Mrs G who at 45 had three children and 'the only home they have been able to find is a small barn which has now been divided into a two-roomed wooden hut... There is no sanitation, no water, not even a drain.'¹⁵⁸ Other examples included a 19 year old female shop assistant who shared her bed with her six year old sister and another young woman who worked for a solicitor and had to share a bed with two sisters.¹⁵⁹ Such a dramatic lack of housing, and enforced overcrowding in what housing people had, could not but lead to tensions within the home.

Indeed, one young woman interviewed by MO gave such tensions as her main reason when asked why she wanted to get married:

To get out of my Mum's house more than anything. My Mum and Dad were always squabbling; he's fond of his pint, and he used to have more than was good for him, and that used to set them off. I wanted to get married and have a home of my own and a bit of peace.¹⁶⁰

A 1949 social survey carried out for the Ministry of Health, looking at the housing conditions of people on local authority housing waiting lists, found that 46 per cent gave their reason for wanting to move as overcrowding, 26 per cent as wanting a home of

¹⁵⁵ Michael Savage, *Identities and Social Change in Britain since 1940: the Politics of Method* (Oxford: Oxford University Press, 2010) p. 94.

¹⁵⁶ Rowntree and Lavers, *English Life* p. 26.

¹⁵⁷ *Ibid*, p. 49.

¹⁵⁸ *Ibid*, p. 58.

¹⁵⁹ *Ibid*, pp. 117 and 119.

¹⁶⁰ Mass Observation Archive, 'Matrimony' p. 16.

their own and 18 per cent on grounds of health.¹⁶¹ Research into changing marriage habits carried out ten years later as part of the Population Investigation Committee's Survey, found little change.¹⁶² Asked about 'marriage adjustment problems' a sample of 3,000 men and women, interviewed in 1959-60, reported housing at the top of their list. One couple's typical experience was explained:

...marrying in April 1957 when the groom was 21 and the bride only 16, with a baby on the way, lived first with one lot of parents and then the other until their second child was born in January 1959, when they obtained furnished rooms...this couple listed housing as the main problem, but both parents and in-laws as additional difficulties.¹⁶³

The conclusion of the research analysis whilst clarifying that housing problems led to a breakdown in marriage in only a few cases, concluded that 'the distress caused by inadequate housing was widespread.'¹⁶⁴ Housing was undoubtedly the main issue, the effects of short supply resulting in strain on family relationships due to sharing facilities.¹⁶⁵

By 1960 such previously private problems were becoming very visible in popular culture. Television ownership had spread rapidly during the 1950s so that by 1963, 82 per cent of households had a television enabling them to enjoy the common culture it was both reflecting and creating.¹⁶⁶ Starting in 1956 and broadcast in the Sunday evening slot for almost twenty years, the weekly *Armchair Theatre* drama anthology on ITV offered single performances which, according to their producer Sydney Newman, were intended to reflect contemporary change not the 'dated West End plays,' which perpetuated the old class-based society.¹⁶⁷ He told *The Observer* that one of the 'cardinal tenets of my thinking is the dynamic change which is taking place in Britain: it is these changing relationships that must be the subject matter for a good TV play.'¹⁶⁸ Indeed, he was open about his intent to dramatize the 'problems of an increasing materialism' but also to reflect how the 'manners and mores' of his 21 million television viewers were changing in response to their viewing.¹⁶⁹ That interchange between the products of popular culture and the changing nature of both society and the media of

¹⁶¹ Gray, *Waiting Lists*, p. 19.

¹⁶² Rachel M Pierce, "Marriage in the Fifties," *The Sociological Review* 11.2 (1963).

¹⁶³ Ibid, p. 233.

¹⁶⁴ Ibid, p. 238.

¹⁶⁵ Ibid, p. 236.

¹⁶⁶ Paul Johnson, "Introduction: Britain, 1900-1990," *Twentieth-Century Britain: Economic, Social and Cultural Change*, ed. Paul Johnson (London: New York: Longman, 1997) p. 11.

¹⁶⁷ "The rare bird," *Daily Mirror* 7 May 1962: p. 21.

¹⁶⁸ "Drama for the millions," *The Observer* 22 April 1962.

¹⁶⁹ Ibid, p. 22. "The rare bird," p. 21.

popular culture itself is what makes television and film such a significant historical source of evidence for the ways in which experiences of stress were being reproduced and assimilated. What Newman's view, unsurprisingly for a television enthusiast, did not acknowledge was the way in which viewing his product might actually change the dynamics within the home and alter the experience of everyday domesticity. The huge growth in television viewing in the late 1950s meant that the location of much leisure was shifting from outside the home to inside it. The implications of such a shift might on the one hand be interpreted as positive and lauded for increasing the focus on family taking their leisure together, but equally such a shift might also simply exacerbate any existing domestic discord through such togetherness.¹⁷⁰

The on-going tensions of inter-generational living were played back through a 1960 episode of *Armchair Theatre* entitled '*Where I live*' which dramatized the family conflict caused by a brother and sister battling over which one was to house their widowed father.¹⁷¹ In one scene, Jessy, the sister, is seen doing the dishes and her father approaches to help, but she rebuffs him telling him to 'sit down and keep quiet' and to 'go and read your paper in the lounge.' It is evident from her curt dealings with him that she simply does not want him around, even though he is clearly looking for company. He goes in search of the cat in the yard, and she stops him saying, 'I don't want him under my feet all the time when I'm trying to work,' a sentiment which is evidently directed at him just as much as the cat. The 'dynamic change' that Newman talked about was one in which the inter-generational living that had been the norm for many of the poorest working-class families for years, was now unacceptable to the members of a more aspirational consumer culture. Jessy's apparently sudden decision that her brother should take his turn in offering a home to their father is indicative of her changing expectations of her role as daughter, sister and housewife. The conflict that this creates only adds to the stress that she has been experiencing as she is torn between the societal norms of female caring responsibilities and her own desire for respite and to live a different sort of life.¹⁷²

¹⁷⁰ Lynn Spigel, "The domestic economy of television viewing in postwar America," *Critical Studies in Mass Communication* 6.4 (1989): p. 340. Although specifically working with US sources, Spigel's broad arguments about the contradictory responses to the reception of television in the home appear relevant to the UK context.

¹⁷¹ *Where I live*, 10 January 1960, Ted Kotcheff, *Armchair Theatre*, ABC for ITV.

¹⁷² Roberts, *Women and Families* p. 19. Roberts argues that the proportion of elderly in the community increased in the post-Second World War period with a concomitant effect on women's caring responsibilities.

Another source of British social realism presenting the issues of the day, and also defined by opposition to middle-class comedies and dramas, were the films of the so-called British 'New Wave', such as *A Kind of Loving*, *The Loneliness of the Long Distance Runner* and *Saturday Night and Sunday Morning*.¹⁷³ Winning multiple film awards in Britain and abroad and featuring among the most popular films released in the early 1960s, these films were, according to the *Daily Mirror* 'raw, earthy and bursting with a vital, provincial realism.'¹⁷⁴ They were also all 'X' rated by the British Board of Film Classification, a factor which perhaps proved useful in promoting their popularity amongst the young working-class men who now made up the majority of the cinema-going audience.¹⁷⁵ Marwick has argued as part of a broader thesis about the 'cultural revolution' in Britain at the time, that these films were different in being explicit in their criticism of the 'reticent conventions of British society' and that this showed 'that critical change was actually taking place during the particular few years in which they were made.'¹⁷⁶ Whilst acknowledging that they were by no means the first representations in feature films of the condition of the working class, he argued that what they did do was ensure that class differences were 'unambiguous and explicit.'¹⁷⁷ It was precisely because they centred on the lives of the industrial working class, that at the time they were acclaimed for offering greater authenticity than previous representations. Subsequently others have challenged claims for authenticity, arguing that the films can be seen as a middle-class interpretation of the realities of life for the working class precisely because by focusing on the personal they avoided the economic and industrial issues which underpinned many of the social problems portrayed.¹⁷⁸ However, according to one contemporary critic, writing in *The Times*, '...the new directors are showing us...aspects of England we have never been shown

¹⁷³ John Hill, "From the 'New Wave' to 'Brit-grit': Continuity and Difference in Working-Class Realism," *British Cinema: Past and Present*, eds. J Ashby and A Higson (London: Routledge, 2000) p. 250. *A Kind of Loving*, 1962, John Schlesinger, Vic Films Productions. *The Loneliness of the Long Distance Runner*, 1962, Tony Richardson, Woodfall Film Productions. *Saturday Night and Sunday Morning*, 1960, Karel Reisz, Woodfall Film Productions.

¹⁷⁴ "A Winner All the Way," *Daily Mirror* April 13 1962: p. 21. *Saturday Night and Sunday Morning* won BAFTA for best British film in 1961, Tom Courtenay won 1963 BAFTA for his role in *The Loneliness of the Long-distance Runner* and *A Kind of Loving* was nominated for four BAFTAs the following year, including best film. *British Academy of Film and Television Arts* Accessed: November 25 2013. *A Kind of Loving* also won the Golden Bear at the Berlin Film Festival. "Cartoons show the way," *The Times* July 7 1962.

¹⁷⁵ Bell, *Femininity in the Frame* p. 11.

¹⁷⁶ Arthur Marwick, "Room at the Top, *Saturday Night and Sunday Morning*, and the 'Cultural Revolution' in Britain," *Journal of Contemporary History* 19.1 (1984): p. 148-149.

¹⁷⁷ *Ibid*, p. 130.

¹⁷⁸ Danny Powell, *Studying British Cinema: The 1960s* (Leighton Buzzard: Auteur Publishing, 2009) p. 56.

before.¹⁷⁹ Indeed apparently so convincing were the problems portrayed, that two Labour MPs arranged for a special screening of *A Kind of Loving* in the House of Commons, because they believed it 'spotlights the housing problem better than any documentary.'¹⁸⁰

What the films depicted was a domestic life characterised by inter-generational conflict, divided social aspirations, contradictory ideals and the tensions of insufficient privacy. It showed young people constrained physically by the lack of housing and mentally by the knowledge that there were no quick solutions. They also illuminated the everyday aggravation of constant compromises to enable some sort of *modus operandi*, all of which pointed to a high level of domestic stress, which nevertheless was rarely articulated. A further contribution to such tensions was suggested by the increasing visibility of idealised versions of the home delivered to people who could scarcely envisage, let alone afford them, via the medium of television.

The middle-class occupants of Westminster may not have seen this England before, but the cinema-going population at which the films were aimed surely had. That population was largely young, male and working-class, the traditional family audience having largely transferred its allegiance to television by the early 1960s.¹⁸¹ If the authenticity of films comes less from portraying convincing details, and more from presenting a narrative which viewers perceive as a true picture of life showing a plausible universe consonant with their values and attitudes, then the popularity of these films with the regular cinema-going population of young men would seem to suggest that they found in them a fair reflection of their own lives.¹⁸² Certainly the main protagonists were young males, and it was their problematic relationships with family and women that were being explored. Whilst some historians have argued that the contemporary concerns about inter-generational conflict were overstated and that many working-class parents celebrated the opportunities that the economic security of the time offered their children, it was also the case that many of those parents still adhered to traditional social values, which meant their aspirations were somewhat at

¹⁷⁹ "All Our Own Work," *The Times* April 28 1962: p. 9.

¹⁸⁰ "'X' Film Show at Commons," *Daily Mirror* May 30 1962: p. 21.

¹⁸¹ Bell, *Femininity in the Frame* p. 11. Richard, "New Waves" p. 172.

¹⁸² Penny Summerfield, "Divisions at Sea: Class, Gender, Race, and Nation in Maritime Films of the Second World War, 1939–60," *Twentieth Century British History* (2011): p. 10. Philip Gillett, *The British Working Class in Postwar Film* (Manchester: Manchester University Press, 2003) p. 2.

odds with those of their children.¹⁸³ In *A Kind of Loving*, released in 1962, the leading character, Vic, moves into his mother-in-law's house after a shotgun marriage to his pregnant on/off girlfriend, Ingrid. The Britain in which the film was set was clearly still a country in which the institution of marriage was broadly supported, but the questions it raised about the nature of gender, family and domestic relations, highlight the level of contemporary anxiety about these issues.¹⁸⁴ As one critic identified, part of the conflict portrayed came from tensions around class and social mobility, Vic enduring the 'wailings of his mother-in-law about the class of various competitors who appear on her favourite zombie television quiz shows.'¹⁸⁵ Tension arose from the conflicting aspirations of different generations. Thus in *A Kind of Loving*, Vic's mother-in-law is shown to be disappointed in her daughter's marriage as she perceives herself and Ingrid to be socially superior, evidenced through the location, size and style of their semi-detached house and her material consumption. Vic comes from a traditional, terraced, back-to-back house, his father working for the railway and his mother seen scrubbing the front step. They represent the traditional working class, whereas his mother-in-law with her aspirations and consumerism represents the worst side of the new affluence.¹⁸⁶

A similar theme can be seen in *Saturday Night and Sunday Morning*, released in 1960, where the lead character Arthur Seaton, rejects his own parents' passive acceptance of their lot in the same back-to-back terraces, where neighbours bicker and interfere in each other's lives, 'They've got a television set and a packet of fags but they're dead from the neck up,' he claims.¹⁸⁷ Both Vic and Arthur want more from life, but both are trapped by circumstances living in houses with parents or in-laws with different values and expectations of them. That they will fail to escape and instead perpetuate this limited existence is the ultimate message of both films: Vic because he must live in poor and degrading housing in order to escape his mother-in-law's home and rescue his marriage and Arthur because his upwardly-mobile girlfriend has clear ambitions for a house on a new estate outside Nottingham that she can furnish with new goods, which he will have to work to pay for. Much of the tension in the protagonists'

¹⁸³ Selina Todd and Hilary Young, "Baby-boomers to 'Beanstalkers'," *Cultural & Social History* 9.3 (2012): p. 452. Gillian A M Mitchell, "Reassessing 'the Generation Gap': Bill Hayley's 1957 Tour of Britain, Inter-Generational Relations and Attitudes to Rock 'n' Roll in the Late 1950s," *Twentieth Century British History* advance access 21/6/13 doi:10.1093/tcbh/hwt013 (2013): pp. 16-17.

¹⁸⁴ Bell, *Femininity in the Frame* p. 69.

¹⁸⁵ "New author and old outlook: The first notable alignment," *The Guardian* 14 May 1962: p. 16.

¹⁸⁶ Stuart Laing, *Representations of Working-class Life 1957-1964* (Basingstoke: Macmillan, 1986) p. 131.

¹⁸⁷ *Saturday Night and Sunday Morning*, dir. Karel Reisz.

relationships with their partners and families is portrayed as coming from this inherent knowledge.

What these films also portray is the tension between experiences and idealisations of home. Vic's previous experience of domestic life with his own family in the back-to-back terraces shows a busy but largely caring home, which contrasts starkly with the sterility of his room in his mother-in-law's house. This is underlined in a confrontation with his mother-in-law when a drunken Vic exclaims, 'Home? Do you call this my home? I haven't even got a key.' Underlying this are issues of freedom and control which would be recognisable to the interviewees in MO's survey who valued the home most of all as a place of 'relaxation, freedom and peace,' none of which Vic has in his mother-in-law's house.¹⁸⁸ In another film of the period, *The Loneliness of the Long-distance Runner*, released in 1962, the lead character Colin Smith's home is in a pre-fab with his dying father and a mother impatient for his life insurance money. Her focus on material consumption is underlined by the large television she buys which is mocked by Colin and his friends, but holds the rest of the family in thrall. Her rush to purchase consumer goods might be seen as an attempt to create the kind of home she has previously seen portrayed on other people's televisions and at a cinema which up to that point had tended more to domestic idealisation than the gritty realities of the so-called kitchen-sink drama.¹⁸⁹ But her rapid spending of money which, it is hinted, she received by prematurely hastening her husband's death, simply serves to highlight how unlike the idealised home of popular culture her shabby and crowded pre-fab is. The television looms large over a room where nobody speaks and Colin is left to his own devices, ultimately ending up in borstal. His case proved unequivocally that television did not necessarily promote the family togetherness that the discourse of advertising and new technology might suggest.¹⁹⁰

The television can be seen as a symbol of increasing consumerism, particularly among the working class of the period, with their growing disposable income. However it also suggests a passivity which accepted the existing class and economic structure, and perhaps even protected against the inherent tensions of the home. Without the rooms to enable physical privacy, people escaped conflict by sitting silently in front of the television, switched off from human interaction. In *A Kind of Loving*, Vic's mother-in-law's commentary on the class of the participants in quiz shows fortified her own class

¹⁸⁸ Mass Observation Archive, 'Psychological Factors' p. 1.

¹⁸⁹ *The Loneliness of the Long Distance Runner*, dir. Tony Richardson.

¹⁹⁰ Spiegel, "Television viewing," p. 340.

prejudices, subtly reinforcing the difference she perceived between Vic and Ingrid, whilst in *Saturday Night and Sunday Morning* Arthur Seaton's father's mindless viewing served to block out the reality of his dreary existence and annoying neighbours. That film-makers portrayed television in a negative light is not altogether surprising when, between 1955 and 1960, cinema was experiencing a rapid audience decline and television a massive growth.¹⁹¹ However, in spite of any self-serving interest, their portrayal highlights some of the tensions and inadequacies of homes that did not fulfil their idealised function as places of comfort, love and privacy.

The latter is the key to the tensions in Vic and Ingrid's married life in *A Kind of Loving*, as living in her mother's house means living by her rules and with her constant interference. Similarly Arthur and his girlfriend Doreen, in *Saturday Night and Sunday Morning*, struggle to spend time alone together, for although her mother, like Ingrid's, has a large house in a better part of town than Arthur's parents, she insists on chaperoning them and disapproves when Doreen invites friends around. As a result Arthur has to pretend to leave then creep back into the house to spend time privately with Doreen. Despite being working adults, the lead characters must live like children within their parents' rules because of the shortage of housing. As Marwick noted, this must have rung true with many young people in cinema audiences at the time.¹⁹² However, even their parents struggle, as Arthur's father is portrayed suffering the intrusion of the nosey and complaining neighbours who make up the tightly-packed community in the terraced streets. The feuding, bickering neighbourhood illustrated would no doubt have been familiar to the MO correspondent who earlier bemoaned the lack of fights on her new estate.¹⁹³

In many ways the central characteristic of the British New Wave films was the fragility of families and the identification of home as a space of conflict and anxiety.¹⁹⁴ The representation of the domestic life of working-class people offered a much more troubled and contested space than the post-war discourse of domesticity might have

¹⁹¹ 1,182 million cinema audience in 1955 versus 501 million in 1960 and a growth from 4,503 TV licence holders to 10,469 in the same period. Patricia Perilli, "Statistical Survey of the British Film Industry," *British Cinema History*, eds. James Curran and Vincent Porter (London: Weidenfeld and Nicholson, 1983) p. 372.

¹⁹² Marwick, "Room at the Top," p. 147.

¹⁹³ Mass Observation Archive, *People's Homes* p. 198.

¹⁹⁴ John Hill, "Working Class Realism and Sexual Reaction: Some Theses on the British 'New Wave'," *British Cinema History*, eds. James Curran and Vincent Porter (London: Weidenfeld and Nicholson, 1983) p. 305.

suggested.¹⁹⁵ Both films and television drama were reflecting changes in society through the portrayal of inter-generational conflict, the effects of consumerist expectations and the changing values and morality of the post-war generation. At the same time popular culture itself was changing with leisure consumption shifting noticeably inside the home through the massively increased audience for television. This shift in itself might also be interpreted as contributing to the very domestic stresses it was representing on screen: firstly because it brought people together around the television within the contested space of the home, rather than providing a breathing space through external leisure activities; secondly through its promulgation of idealisations of everyday life which played a significant role in driving the consumer and social aspirations which in many cases were also at the heart of domestic conflict; and thirdly, when it did represent the discontents, unhappy compromises and frustrations of domestic experience, in dramas such as the *Armchair Theatre* series, by confirming and thus validating such negative experiences without necessarily offering any useful solutions. What popular culture offered was the normalisation of the idea that domestic life was stressful.

Conclusion

'Had planned to do all sorts but, oh God! How fed up I am! There's nothing to see for all I do and somehow I feel I can't go on much longer.'¹⁹⁶ Thus Mrs C summed up her feelings about her life in 1941 but her euphemistic 'fed up' might just as easily have been spoken by any number of other women, stressed by their experiences of home, but for a wide variety of reasons. Men and women were adjusting to re-housing, the outcomes of lives changed by the Second World War, to changing social mores and new ideas about marriage; all of which contributed to experiences of stress within the domestic context. For women in particular there was also the issue that home was, for the majority, their main location of work. The work itself could be cause enough of stress, with its Sisyphean repetition, but the attitude of the other household inhabitants could make this infinitely worse or better. Indeed, in the post-Second World War period for many middle-class women there was a requirement to resign themselves to taking on a somewhat different housewife role to the one they might have expected. Resolving how to fit this with their own expectations and ideas about their identity undoubtedly contributed to domestic tensions as well as the considerable debate about

¹⁹⁵ James Chapman, "Our Finest Hour Revisited: The Second World War in British Feature Films Since 1945," *Journal of Popular British Cinema* 1 (1998): p. 67. Quoted in Summerfield, "Divisions at Sea," p. 2.

¹⁹⁶ Mass Observation Archive, D5284 diary for October 27 1941.

housewifery that went on at both a government and popular level, although without any great resolution. And whilst the problems of difficult interpersonal relationships and domestic roles were not unique to this period, what was different was the gradually increasing willingness to articulate such domestic tensions, as seen in newspaper correspondence.

Certainly in the earlier decades of the century stress located in the home was not widely articulated, or at least the voices articulating it not widely heard. Stoicism and survivalism were the expected responses to an unhappy lot unless one happened to come under the scrutiny of medical or sociological research. Taylor's labelling of women's suffering on the inter-war housing estates as suburban neurosis attempted to pin the aetiology on the physical environment and the mental shortcomings of housewives whom he perceived to be under-occupied. At the same time the leaders of the Peckham project, whilst identifying a similar malaise within the urban environment, linked it more closely to the nature of home life and the risks of isolation therein. Both factors were clearly considered in the post-war housing boom, with research focused on measuring whether the new towns would cause a new version of suburban neurosis. To the surprise of researchers, despite evidence of considerable distress, neither the specifics of the new town environment, nor the experience of moving from the dense communities of the inner city to the more open spaces of new estates could be properly seen as causative. Populations in urban and suburban settings exhibited the same psychological problems. That there was apparent resistance to giving up the environment as cause would appear evident from the fact that researchers were continuing into the 1970s to examine suburban populations to try to wrinkle out of them some definitive proof that the suburbs themselves were the problem. This in itself raises an interesting question as to why the suburbs were so bounded by snobbery, mockery and, in this case an almost fifty year pursuit by researchers seeking to blame them for people's stress.

Perhaps inherent in some of the suffering of people (mostly women) living in new estates and new towns, was the fact that having escaped from inadequate housing into the ideal homes of their dreams, these homes did not make them happy, and in fact appeared to make them unhappy and even neurotic. Undoubtedly this could only be a cause of further tension as they questioned why this was so, for if it was true about their home, might it not be true of other things too? We might now explain this with theories of habituation and the 'hedonic treadmill' which show how quickly we

assimilate economic improvements in our lives, but clearly this was not something understood at the time.¹⁹⁷ Suggestions that some of that stress might arise from fears about their home as reflector of social status also highlights the increasing materialism, particularly in the post-war period as the working class had more disposable income and the younger generation greater aspirations. What it also infers is that the equality of the slum where everyone was largely badly-off to the same extent was replaced by an environment with greater potential for social comparisons, which if unfavourable to the individual were inversely linked to well-being and happiness.¹⁹⁸ For many people the meaning of home was changing from simply a physical place of safety and comfort to something perhaps more complex in terms of what it said about them. Evidently this was not a new phenomenon, as the wealthy had always used visible display as a way of indicating status and wealth, but it was new to a much wider population who had never before had the financial means.

However, it was not just the changing meaning of home in the latter decades of the twentieth century that might prove problematic, it was also the practical realities of what happened in the home. Whilst Taylor and numerous social researchers tried to specify the geographical environment as a cause of stress, there were perhaps more mundane factors at work. Noise and neighbours were both significant. That they were, is also indicative of changes in the way people wanted to experience their homes and in particular their sense of privacy. Ironically this was something which was at a premium after the Second World War, due to the housing shortage. The tensions of sharing a home among multiple generations, with the restrictions on freedom and privacy that this created for the younger generation, were evidently so widely understood as to make their way into wide-reaching popular culture in the form of successful feature films and television dramas. There was a great desire to be able to close the doors of the home against the world, but unfortunately in doing so, there was a tendency to find too many people still inside the home taking up the best seats in the living room. The combination of increasing visibility in popular culture, continuing research in social science and the emergence of second wave feminism in the 1960s undoubtedly marked the start of a period in which many of these issues began to be aired more publicly, if not resolved. The result was the popularisation of stress and its increasing appropriation by a wide range of people to explain their domestic experiences.

¹⁹⁷ Layard, *Happiness* pp. 48-49.

¹⁹⁸ Offer, *Affluence* pp. 274-275.

Conclusion

...I was working, well I was working three, four nights a week, weekends I was, just couldn't keep up with it ... I was violently sick going home in the car, for no apparent reason...and then on another occasion the same sort of thing happened, just out of the blue for no reason at all, and er anyway I went in for a check-up and they reckoned it was nerves or something was affecting my stomach. It was actually overwork and stress and stuff like that...¹

This quote from James Lyon talking in 2003 about his work in the oil industry in Scotland in the 1970s highlights a number of key threads that have run through this research. His reference to 'nerves or something' addresses one of the initial aims which was to find out how people understood their experiences of responding to the troubles of life before the concept of stress was readily available. James's description foregrounds the word 'nerves' which I argue was the linguistic and conceptual forerunner of stress and illustrates the gradual development of the popular stress discourse. His account also identifies a key idea that links stress with work, particularly for men, during the twentieth century but also illustrates the fact that the symptoms of stress did not always play out in the location of its cause. Indeed his admission that he 'just couldn't keep up with it' also reveals a key concept within much popular understanding of stress throughout the century, which was that causation was strongly linked to the individual's inherent weakness or predisposition. Finally, my use of his own description underlines the aim to explore stress from the perspective of those experiencing it, witnessing or trying to manage it, rather than from a medical position. In doing so I anticipated that what emerged would also shed light on how stress reached such a level of ubiquity in the late twentieth century. In this conclusion I bring together these threads to identify the significance of my research and its contribution to the history of stress and in doing so, summarise the key findings and discuss their implications as well as contextualising them within the existing literature. Additionally I discuss the methodological approach taken and its rationale as well as highlighting alternative approaches and why they were not adopted. Before finally summarising my conclusions, I also discuss some of the implications for further research and new areas of research suggested by both the process of my own work and the final outputs.

The significance of this research arises from several factors: firstly, although PTSD and insanity have been and continue to be the subject of considerable historical research, the more everyday experience of stress has remained under-researched;

¹ James Lyon, 13/10/2003, Lives in the Oil Industry, British Library, F14738-F14741.

additionally, much of the recent research on stress focuses largely on exploring the development and construction of the stress concept in socio-medical and socio-political terms, rather than examining the lived experience of the sufferer;² moreover, approaching stress from this perspective has required a multi-faceted, sometimes interdisciplinary approach drawing on social science literature and research as well as the histories of everyday life, emotion, organisations and medicine and thus provides a unique holistic insight.

My research contributes to our understanding of the history of stress in three ways: firstly it demonstrates that before the stress diagnosis emerged in popular discourse in the late twentieth century, the experiences that we now understand as stress existed and were articulated through the language of nerves and nervousness. The language and terminology that people employed to describe their experiences were largely historicised according to cultural and social acceptability. Thus physical explanations and understandings were privileged for a considerable part of the period researched and explanations of causes and treatments were influenced by both class and gender. Secondly, it shows that for much of the early part of the century economic necessity and the agency of a survivalist approach ensured that any stressful experiences were likely to go unacknowledged, as stoicism was largely understood as the appropriate response. I argue that changes in the ways that people understood their everyday experiences of work and domestic life and the strategies they used to manage them, particularly in the post-Second World War period thanks to increasing education, affluence and consumerism, led to such experiences being both problematised and the concept of stress popularised. What is also evident is that an increasing focus on the worker in the context of paid employment validated one form of work and stress whilst in many ways denying the domestic form. Finally, this research illustrates the way in which vague medical concepts like nerves or stress are useful to a range of stakeholders; the very multivalency of the concepts ensuring both their longevity and, for stress, its ubiquity.

Mindful of the challenges of examining a subject such as stress which is both intensely personal, and also associated with the stigma of mental ill-health, the research was deliberately structured around a variety of sources, including a sample of self-help books, existing oral histories, Mass Observation materials from both phases of its research and social scientific and government research. Whilst an alternative approach might have included carrying out new oral history interviews, this would have

² For example, Jackson, Age of Stress.

been disadvantaged, I believe, by the ubiquity of popular understandings of stress today which would have made it difficult to access 'pre-stress' experiences. Examples in the existing oral history interviews which I used substantiate this by showing how interviewees in the late 1990s corrected their own use of terminology to fit within the current stress paradigm. The time involved in carrying out, transcribing and interpreting such interviews would have meant that they would have needed to constitute a significant part of the research, and would have resulted in a somewhat different periodisation, focused much more on the decades after the Second World War when Selye and his peers were starting to publicise their work on stress. A longer perspective was gained by studying a sample of over fifty self-help books as these enabled longitudinal analysis of the way in which experiences of stress were explained for a lay audience. The decision to take this approach was based on consideration of how people might have tried to understand and deal with experiences of stress outside formal medicine. In many ways it was also seen as pertinent because while stress was ubiquitous by the end of the twentieth century so was the self-help book as a response to dealing with it, and many other everyday experiences, and these books provided information about lay conceptualisations that were simply not available elsewhere. The analysis of these books provided a detailed picture of causes, symptoms and treatments across most of the twentieth century. Whilst there is a clear shortcoming with this evidence, in that we have no way of knowing how readers used and responded to these books, the very longevity of some of them, in terms of reprints, new editions and new titles, for example Claire Weekes's prodigious output, suggests that there was both a need for them and that they did connect with their audience.³ Although the majority were written by doctors, many of them drew on their interactions with patients and used accounts of these and the language of their patients in the texts of their books, so that arguably they were reflecting lived experiences.

Having analysed the self-help books sample, the following chapters explored how, or even whether, the understanding of stress which emerged from them could be seen in two key locations of everyday life: work and the home. Focusing first on work was in keeping with the popular trajectory of understandings of the forerunner of nerves and stress, neurasthenia. From the nineteenth century this concept was linked to ideas of overwork, particularly mental or intellectual work and therefore work was significant in the early self-help books as a cause of nervous suffering. Work was also pertinent as

³ To name but a few: Weekes, Self Help. Weekes, Hope and Help. Weekes, Peace. Claire Weekes, More help for your nerves (London: Angus & Robertson, 1984). Claire Weekes, The Latest Help for your Nerves (Clio, 1990). Weekes, Complete Self-Help.

the focus, even in the early twentieth century, of organisational interest in identifying susceptible workers. Similarly an increasing focus on the home as a potential location of stress can be seen from the medical research of the 1930s to the feminist concerns of the 1950s-60s. Thus it was possible to see how the explanations and information of the books played out in different environments, but also to identify experiences of stress within these contexts and understand how changes to those contexts affected understanding and experience of stress. Mass Observation materials, oral history interviews and to a lesser extent social science and government research surveys provided illustrations of the experience of stress from both a witness and a sufferer perspective, as well as also offering supporting contextual evidence around the meaning of work and the complexities of post-war domestic relationships.

I argue that before the stress concept became popularly understood and widely disseminated people had the same sorts of experiences which would now be labelled stress, but referred to them using the language of nerves. Although Selye's formulation of the stress concept and its subsequent redefinitions within medicine were based around specific, technical medical diagnostic explanations, popular understanding is by its nature always more general, and I argue people did not make the distinctions which doctors might about variations within psychiatric explanations. The language and descriptions of symptoms in the self-help books as well as those from Mass Observation and oral histories offered up a variety of descriptions and explanations which to my reading are analogous with our contemporary stress paradigm. Certainly others have come to similar conclusions, seeing nerves and even neurasthenia as part of the same continuum as stress or acknowledging the affinities between concepts such as nerves, stress, strain and pressure.⁴ However, as I highlighted in the Introduction, some of the wide range of experiences which I constitute as forerunners for stress, might equally be claimed by those who equate some of the language of nerves with depression, such is the mutability of this grey area of human experience.⁵ What is clear from the evidence is that people used the language and explanations of their experiences which were culturally and socially acceptable and understood, hence the privileging of physical terminology and symptoms. Similarly, certain kinds of experiences and symptoms were gendered or conceptualised solely in the light of the middle class. Although these latter factors changed as social norms changed, for

⁴ Lutz, "Neurasthenia " p. 542. Busfield, *Madness* pp. 190-191.

⁵ For example, Oppenheim, *Shattered Nerves*. Although there is considerable discussion of neurasthenia and nervous breakdown and Oppenheim makes similar arguments to mine about the multivalency of certain medical diagnoses and the cultural and social drives behind their popularity, specifically depression, somewhat surprisingly, she does not even mention stress.

much of the twentieth century I argue that there was considerable continuity of experiences and explanations, and that it was largely only the language that people used to describe them which changed to focus on stress by the end of the century.

What made this possible was the considerable change in the way that people experienced and understood everyday life, particularly in the second half of the twentieth century. Before then, economic survival underpinned the practical experience of most working-class and many lower middle-class families. This ensured that any stressful experiences were likely to go unacknowledged unless they ultimately developed into a seriously debilitating condition. Stoicism was largely understood as the appropriate response to the troubles of life. It was only with the development of a more affluent and educated population with greater opportunities and expectations of both work and domestic life, that stoicism ceased to be the appropriate response, and experiences which might largely have been ignored before, could become problematised. Contributing to such a process was the increased focus within organisations on identifying susceptible workers, but also the increased expectations of a workforce which included more women and had a rapidly declining living memory of the workhouse and thus a changed attitude towards the meaning of work. At the same time, similar changes in domestic life arising from improvements to housing stock, growing consumerism, adjustments to ideas about marriage, and generational change also created tensions within the domestic arena. Recent research has questioned the feminist interpretations of housewifery as problematic, suggesting that it was interpersonal relationships rather than domestic drudgery which were key to experiences of unhappiness in post-war housewives.⁶ Whilst my research would certainly support the former, in that it illustrates the challenges of interpersonal relationships and highlights the changing expectations of the post-war generations, it does not support the idea that housewifery itself was not a significant cause of stress. Instead I argue that the descriptions of post-war domestic situations that emerge from multiple sources identify a range of complaints that show women's experiences of housewifery as often complex and contradictory, particularly in relation to their expectations of home-making and marriage, but do clearly identify them as problematic.

The last finding which I want to discuss is the function that stress, and before it nerves and neurasthenia, served. I have already discussed the way in which these concepts and the language used to express them incorporated a wide variety of different

⁶ Haggett, Desperate Housewives.

experiences, and a multiplicity of meanings. My analysis of the self-help books argues that such was the breadth of the symptoms, causes and explanations provided, almost anyone might find them applicable to their own situation. Although this was clearly inherent in ensuring a large audience when writing a popular self-help book, I suggest that evidence elsewhere supports the fact that this was not just a marketing strategy. A catch-all label for a wide range of experiences involving negative emotional responses to the troubles of life was, and is, hugely useful. It was useful to the person who needed a description for their bad experiences at work, but did not want to be medically diagnosed and risk the loss of that employment; it was useful to the busy GP who needed to acknowledge a patient's concerns and symptoms without the necessity for a detailed diagnosis, which must surely be the reason why neurasthenia was still being diagnosed in the 1950s; it was useful to the manager who wanted to classify a range of sub-optimal workers; and it was useful to the housewife unhappy in the face of apparently improved material domestic circumstances, fighting an often unspoken marital battle over roles and responsibilities and trapped within the confines of the home. An imprecise label that could be interpreted individually within a broad conceptual framework provided people with a way of categorising their own experience, without medicalising it in the way that a formal psychiatric diagnosis might. Such labels were useful shorthand because they provided an explanation of an experience, but at the same time left it undefined. Arguably this was empowering for the individual as they decided what constituted that experience. Nerves and stress gave validity to people's experiences in a world which valued medical diagnoses without having to be too explicit about what they actually meant. As discussed in the Introduction the imprecision of stress and its lack of clear definition have enabled its appropriation by many different researchers and stakeholders and arguably contributed both to its longevity and, by the end of the twentieth century, its ubiquity.

A number of potential areas for further study emerge from this research. Whilst work has been undertaken in the US on self-help books there is no equivalent UK study and several potential areas of research are suggested. Firstly, although my sample included American works or British editions of such works, there was clearly a British self-help genre and it would be interesting to trace its trajectory across the century where I suspect it might be seen to evolve in a way which maps Thomson's explanations of increasing psychologisation. Secondly, having researched the period prior to the 1980s, the considerable growth in the stress discourse in the last two decades of the century constitutes a significant area for research in itself and might easily sit within Füredi's framework of a therapeutic culture encouraging victimhood.

The irony of offering a self-help book for many everyday experiences is that the agency implied by self-help is undermined by the victim identity which may be appropriated by those interpreting their experiences as problematic in the first place. Changing understandings of stoicism, responsibility and even duty are implied within this and would also suggest fruitful areas of investigation.

People adopt the ideas and labels which are socially and culturally acceptable and this applies to medical diagnoses too. Thus for much of the twentieth century people's explanations of their nervous conditions or stress often privileged physical explanations and symptoms as these were both more acceptable and more acknowledgeable than psychological or psychiatric explanations. My contention is that before stress became the popular label for experiences of dealing with the troubles of life, the language of nerves and a multiplicity of synonyms for nerves and nervousness were how people explained their experiences. I also contend that from a popular perspective there is a continuum of such experiences which in the early twentieth century might sit within the umbrella of neurasthenia and by the end, that of stress. The way in which the concept was applied and used was historically contingent and thus we see both gendered and class-influenced ideas at different times across the century, appropriate to social and cultural norms of the time. This is broadly in line with the existing historiography, particularly Jackson's recent work.⁷ My thesis is that it was the change in these norms, particularly in the everyday experiences of work and home, which influenced and prepared the ground for stress to become so widely understood, acknowledged and discussed in late twentieth-century Britain. In the second half of the twentieth century the benefits of increased education, social welfare, better housing, greater employment opportunities and higher expectations also came with a counter balance: when everyday life failed to live up to our ideals and expectations our way of dealing with it was not to grin and bear it, but to succumb to stress.

⁷ Jackson, *Age of Stress* p. 16.

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Appendix A

Table shows my classification of self-help books 1907-1972

Instructive	Combative
<p>Nervousness: A Brief and Popular Review of the Moral Treatment of Disordered Nerves (1910)</p> <p>The Way with Nerves (1911)</p> <p>Mending Your Nerves (1925)</p> <p>The Safe Way to Sound Nerves (1926)</p> <p>How to Train Your Nerves (1926)</p> <p>Nervous Breakdown: its Cause and Cure (1933)</p> <p>You Must Relax: A Practical Method of Reducing the Strains of Modern Living (1934)</p> <p>Your Nerves: How to Release Emotional Tensions (1946)</p> <p>The Answer is ...Your Nerves (1947)</p> <p>Worry: its Cause and Cure (1950)</p> <p>You and Your Nerves: A Simple Account of the Nature, Causes and Treatment of Nervous Illness (1951)</p> <p>Cure Your Nerves Yourself (1953)</p> <p>How to Live 365 Days a Year (1955)</p> <p>How to Live with Your Nerves and Like It: a Family Doctor Book (1956)</p> <p>Prescription for Anxiety (1956)</p> <p>Nerves Explained: A Straightforward Guide to Nervous Illnesses (1957)</p> <p>Self-Help for Your Nerves (1962)</p> <p>Release from Nervous Tension (1963)</p> <p>Hope and Help for Your Nerves (1969)</p>	<p>The Conquest of 'Nerves' (1911)</p> <p>Nerves in Disorder (1918)</p> <p>Nerves and Personal Power (1923)</p> <p>The Conquest of Self (1923)</p> <p>Safeguarding Children's Nerves (1924)</p> <p>Strengthening the Nerves (1925)</p> <p>Outwitting our Nerves (1927)</p> <p>On Keeping our Nerves in Order (1928)</p> <p>The Conquest of Nerves (1932)</p> <p>From Terror to Triumph (1932)</p> <p>Mastering Nerves (1937)</p> <p>More Power to your Nerves (1938)</p> <p>Overcoming Fears and Worries (1945)</p> <p>Take It Easy: the Art of Conquering your Nerves (1945)</p> <p>Live at Peace with Your Nerves (1958)</p> <p>How to Win Over Worry (1959)</p> <p>Peace from Nervous Suffering (1972)</p>

Familiar	Descriptive
Why Worry? (1908) Those Nerves (1910) Our Nervous Friends (1919) Making Friends with our Nerves (1925) Be Glad You're Neurotic (1936) Just Nerves! (1940) Away with Nerves (1946) Do Something about those Nerves (1968)	Worry: the Disease of the Age (1907) Nervousness (1910) Nerves and the Nervous (1911) The Problem of Nervous breakdown (1919) Nerves and the Man (1920) Worry in Women (1941)