

'Mother's Little Helper': The Crisis of Psychoanalysis and the Miltown Resolution

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In the 1960s and 1970s, psychopharmacological medications seemed to burst onto the American scene. Popularised and problematised in the notion that these drugs were 'Mother's Little Helpers', the pills became known as the treatments of choice for the pressures of motherhood, singlehood and other historically specific forms of essentialised womanhood. 'Doctor please/Some more of these' sang the Rolling Stones in the song 'Mother's Little Helper'.¹ Jaqueline Susann suggested that psychopharmaceuticals were a 'woman's best friend' when it came to dealing with the pressures of working in a man's world, while Barbara Gordon informed 'millions of Americans' about the untoward effects of a woman's treatment with, addiction to, and withdrawal from Valium.² And most important, nearly all of the research supporting the notion that psychopharmacological medications were over-prescribed to mothers was conducted during the benzodiazepine craze between 1965 and 1979.³

It is wholly understandable, then, that many social scientists, cultural critics and historians of medicine assume Mother's Little Helpers to be a 1960s and 1970s phenomenon. For example, Ruth Cooperstock's studies of medical communication link the propensity for women to be 'far more likely than men to describe their problems in psychological or social terms' (and thus 'more frequently diagnosed with psychoneurosis, anxiety, and other mental instabilities') to the wide availability of the other benzodiazepines in the 1970s.⁴ Elliot Valenstein similarly locates the problem in the 1970s, arguing that 'there is no doubt, as in the Rolling Stones song "Mother's Little Helper", far too many women had the habit of "running for the shelter" of the pill that would help them get through their day'.⁵ And Mickey Smith's analysis of pharmaceutical trends begins in the mid-1960s because, according to Smith, little data exists supporting the argument

that 'tranquillisers and other anxiolytics were overprescribed to women in the 1950s', in the way of outcome studies, cost-benefit analyses, or other means by which gender-imbalanced prescription patterns would later be assessed.⁶

Emphasis on the Valium craze of the 1970s, however, has caused many scholars to overlook the 1950s as a decade in which key links were forged between 'mothers' and psychopharmacological medications. During the 1950s, the notion that newly discovered tranquilisers for outpatient psychological problems treated existing concerns about a host of specifically maternal conditions entered the American cultural imagination. Whether or not this association between mothers and medications took place in clinical interactions,⁷ it clearly did in the popular print sources that are my focus in this essay. Over the time period of my study, 1955 to 1959, articles about pharmaceutical miracle cures filled leading mass circulation news magazines (*Newsweek*, *Time*, *Science Digest*) and women's magazines (*Cosmopolitan*, *Ladies' Home Journal*). These magazines reached vast audiences, and were immensely influential in presenting a new type of doctor-patient prescription interaction to middle-class America.⁸ Health columns such as Henry Safford's regular 'Tell me Doctor' section in *Ladies' Home Journal* and Walter Alvarez's 'Ask the Doctor' in *Cosmopolitan* explained how, thanks to psychopharmacology, 'emotional' problems could be cured simply by visiting a doctor, obtaining a prescription and taking a pill. Invariably, these problems ranged from a woman's frigidity, to a bride's uncertainty, to a wife's infidelity. The predominance of such conditions suggests how psychopharmaceuticals came of age in a post-war consumer culture intimately concerned with the role of mothers in maintaining individual and communal peace of mind. As a result, the 1950s set precedents connecting women and psychopharmaceuticals that lay the foundation for Mother's Little Helpers in the decades to come.⁹

In what follows, I explore this marriage of mothers and medications through the rhetoric surrounding Miltown (meprobamate), the 'miracle cure for anxiety' that became America's first psychopharmacological Wonder Drug. Brought to the market in 1955, the demand for Miltown and other 'minor' tranquilisers (Equanil, reserpine) soon surpassed any medications ever marketed in the United States.¹⁰ Patients flooded doctors' offices demanding the drug. Pharmacies hung window signs reading 'Out of Miltown' and 'More Miltown Tomorrow'.¹¹ By the end of 1956, according to the magazine *Consumer Reports*, one in twenty Americans was taking Miltown or another tranquiliser in a given month, and by 1957 'the number of prescriptions written for these drugs totaled 35 million – a rate of one prescription every second throughout the year'.¹² 'More than a billion tablets have been sold', added the January 1957 *Scientific American*, 'and the monthly production of 50 tons falls far short of the demand'.¹³

Ironically, historians of psychiatry often cite the Miltown phenomenon as psychiatry's first step away from a psychoanalytic paradigm unduly concerned with mothers, toward a self-described 'biological'¹⁴ paradigm concerned with chemical imbalances and other non-gender-specific, neurophysiological absolutes. For instance, Frank Ayd, Edward Shorter, Michael Stone and Valenstein all point to the period of Miltown's popularity as a time when biological psychiatrists first 'rejected' the prevailing psychoanalytic notion that symptoms were conscious manifestations of repressed early maternal-child conflicts.¹⁵ These authors rely on medical journal articles, laboratory reports and other scientific sources to argue that the success of Miltown (and other psychotropic drugs introduced in the 1950s)¹⁶ catalysed the belief that psychiatric symptoms were actually somatic phenomena resulting from aberrant electrical and chemical impulses. Such impulses could then be treated, not by an arduous progression of fifty-minute hours, but by quick, chemical interventions. For these authors, the Miltown era thus signifies the beginning of a 'biological revolution' in American psychiatry in the latter half of the twentieth century. Ayd, founding member of the American College of Neuropsychopharmacology, calls these developments the point of origin of 'Modern Psychopharmacology', while Valenstein describes psychiatry's shift from 'blaming the mother to blaming the brain'.¹⁷

Through examining popular representation, however, I show how Miltown, and a seemingly gender-blind science of the 1950s, did indeed blame mothers in ways that helped shape psychopharmacology's mass appeal – despite the obvious fact that many fathers were among the one-in-twenty treated Americans. In my reading, the maternal pathologies constructed in the popular press reveal how Miltown treated both biological symptoms, and the symptoms of a middle-class American culture facing a fundamental change in gender roles. The articles I examine share a common perception that white, middle-class, heterosexual 'mothers' voiced growing unrest with social pressures urging a return to the home, or with the constraints of a new femininity. Many articles explicitly state that this unrest destabilised middle-class American masculinity. As Miltown's amazing success grew, a novel biological modality can be seen to posit a wondrous treatment for these concerns. The mothers in these magazines are overtly assumed to reject their maternal duties, and spread a pathology that threatens to disrupt the well-being of their male husbands, sons and doctors. Left untreated, symptoms diagnosed in these mothers caused loneliness and suffering – in men. Yet, after taking 'the drug', as *Cosmopolitan* explained in January 1956, 'frigid women who abhorred marital relations reported they responded more readily to their husbands' advances'.¹⁸

In my analysis, this slippage between biological treatments and perceived social problems resulted from the ways psychopharmaceuticals were

shaped by the very psychoanalysis that biological psychiatry disavowed. This is because in American popular culture in the 1950s, psychoanalysis enabled the perception – indeed, the misperception – that women’s unrest led to symptoms in men. In the first part of the paper, I show how in spite of biology’s gains, Freudian psychoanalysis enjoyed near-hegemonic influence in defining popular notions of anxiety, depression and other ‘mental illnesses’ in American popular culture in the mid-1950s.¹⁹ Many popular articles praised the talking cure, and many more used psychoanalytic concepts and language to describe a host of larger, cultural issues. Key for my purposes is the wide acceptance in the 1950s of the central analytic notion that psychiatric symptoms resulted from early life experiences with mothers. Specifically, the belief that desire for one’s mother was repressed in the formation of the unconscious, only to return as anxiety and neurosis in adult life, provided a ready language for talking about (but not treating) the inquietude experienced by men when interacting with the mother figures in their lives. As I explain below, psychoanalysis’ binaries of ‘women’ and ‘men’ were easily adapted to the oversimplified gender binaries in popular representation, and worked to efface many mental illnesses that had little to do with the role of women in civilisation. The sources I examine focus these often-ambiguous anxieties onto women, during an era when a host of social, political and economic issues combined to create the perception of what historian Mari Jo Buhle and other scholars describe as a ‘crisis in patriarchal authority’ in post-War America.²⁰

In the second part of the paper, I turn to articles announcing the arrival of Miltown and other tranquillisers. To be sure, the scientific press claimed the discovery of a chemical treatment whose actions were not dependent on motherhood, daughterhood or other developmental constructs. Miltown ‘depresses multi-neuronal reflexes but does not significantly affect mono-synaptic reflexes’ and ‘has a selective action on the thalamus’, Hendley and colleagues wrote in the *Publication of the American Association for the Advancement of Science*.²¹ ‘Meprobamate’, its inventor Frank Berger wrote in the *Journal of Pharmacological and Experimental Therapies*, ‘possesses a muscle relaxant and sedative action of an unusual kind. It has selective action on those specific areas of the brain that represent the biological substrate of anxiety’.²² In the popular press, however, the gender implications of this scientific progress narrative are revealed by the fact that in nearly all of the articles, exposés and advice columns I cite below (and many I leave out), the patients in need of tranquillisers are frigid women, wanton women, unmarried women and other women who threatened to keep their wartime jobs, neglect their duties in nuclear households or reject their husbands’ amorous advances. Using language directly from psychoanalysis, these articles describe women as threatening, intimidating,

dyspareunic and other Freudian-inflected diagnoses suddenly amenable to pharmaceutical intervention.

I conclude by arguing that the overlap of psychoanalytic mothers and biological treatments complicates the notion that biological paradigms replaced psychoanalytic ones. Historians and sociologists of psychiatry might describe the 'biological revolution' as a process whereby diagnostic presuppositions and treatment options became 'largely discontinuous with previous formulations'.²³ Yet biology's seeming rejection of psychoanalysis is called into question by popular representations, which employ a hybridity of methods and assumptions regarding the role of women in maintaining individual and communal well-being. I thus describe the women in *Miltown* articles as psychoanalytic mothers. I suggest that the mother of *Mother's Little Helper* had Freudian origins that shaped the construction of psychopharmacological medications in mainstream print culture in the 1950s. Attention to the particulars of this gendering of psychopharmacology helps explain what took place in the 1960s and 1970s when, data would show, mothers and other women were far more likely than men to receive prescriptions for benzodiazepines in clinical practice.

A great many factors contributed to the *Miltown* phenomenon, and it is not my intention to provide an exhaustive analysis of a transformation from unknown compound to cultural icon.²⁴ Instead, using prevailing Freudian theories as both an object of study and a heuristic guide, I provide close readings of key articles describing popular sentiments about psychoanalysis, the physiologic effects of meprobamate, and the success of *Miltown* and other tranquillisers. In the process, I uncover resonance between the popularity of psychoanalysis and the social construction of the tranquillisers. Biological psychiatry may well have posited a new, chemical definition of anxiety and introduced a new, pharmaceutical cure – discoveries widely argued to render psychoanalysis obsolete. But in *Newsweek*, *Science Digest*, *Cosmopolitan* and other magazines, psychoanalytic gender formulations are given new life by biological cures for a host of ailments diagnosed in mothers, but of which fathers and sons are conceived to be the ultimate victims. As a result, the very medications assumed to replace Freud ultimately encapsulate and propagate his most problematic assumptions through time.

Psychoanalysis was not a uniform theory of practice in the United States in 1955. Deep divides between schools of thought, based on often incommensurate conceptual differences, balkanised clinicians and critics alike. Ego psychologists split from Sullivanians, who in turn rejected Rankians and Adlerians. In American popular culture, however, psychoanalysis often meant Freud. Ernest Jones' voluminous biography, *Sigmund Freud: Life and Work*, was a surprising addition to the best-seller

list in 1955.²⁵ Movies, Broadway plays and the popular press were so dominated by positive depictions of Freudian analysis that historian Nathan Hale calls 1955 the beginning of the 'Golden Age of psychoanalytic representation' in the United States – a phrase repeated by Buhle, who argues 'Psychoanalysis walked hand in hand with mass culture through its Golden Age. Its celebrity among intellectuals not only accompanied but nourished the rapid expansion of commercialized mass media'.²⁶ Similarly Glenn and Krin Gabbard describe the period between 1955 and 1960 as a brief 'Golden Age' of cinema. Calling on the work of John Burnham, Gabbard and Gabbard argue that Freudian psychoanalysts represented popular culture's 'authoritative voices of reason' in popular films, and that 'analysts were regularly engaged in providing a defence of traditional civilization'.²⁷ As Walter Cronkite later explained on the popular television programme 'You Are There', 'Freud's ideas have penetrated the intellectual life of civilisation. His words and ideas have become commonplace in literature, law, and medicine'.²⁸

I now argue that Freud's wide influence in popular culture was in part the result of the ways his theories justified structural imbalances between women and men, but that Freud-as-cultural-model was not performing this function in mass circulation magazines at the moment that Milton became a national phenomenon. The first part of this sentence is far from revolutionary. In and of themselves, Freud's later theories posit a direct correlation between the development of the male individual and the development of civilisation. Freud's definition of anxiety provides an important example, because his use of the term directly implicates the maternal repressed as the cause of symptoms in the rational male subject, and in the world where he lived and worked. In *Inhibitions, Symptoms, and Anxiety*, anxiety is defined as an uncanny alarm reaction that causes a subject to re-experience briefly the apperception of vulnerability first realised in the Oedipal crisis.²⁹ Before Oedipus, the child was believed to exist in a blissful, if wholly narcissistic, union with his mother. A crisis begins, however, when the child becomes aware of 'parental threats' of castration anxiety, recognises his sexual difference from his mother, who appears to him as castrated, as well as his guilt and murderous feelings toward his father-turned-rival for his mother's emotions. According to Freud, the child is overcome with the fear of the loss of his penis, and with it his primary source of both pleasure and power. A painful act of compromise is then the result: in what Freud calls a 'symbolic castration', the post-Oedipal child acknowledges and then identifies with the superior power of the father, gives up his primary identification with the mother (who is lost to the father), and proceeds, wounded but intact, to develop.

The child's identification with the father creates the policing conscious of the unconscious, the superego, representing the child's internalisation

of the father's moral authority, and specifically the prohibition of desire for the mother.³⁰ Since the fear of castration, or of being turned into a girl, is one of the most powerful forces in male psychic development, it serves as a 'forceful motive' toward the creation of a 'moral' superego.³¹ However, the child does not entirely give up the desire for mother – instead he places the emotions and memories that constitute the notion of mother below the radar of consciousness, and in this act of repression the unconscious is formed.³²

According to Freud, the superego's authority provides the 'rules' not only by which the child can live in culture, but the rules that organise culture itself. In *Civilization and its Discontents*, Freud describes 'the similarity between the process of civilization and the libidinal development of the individual'. When the child becomes 'civilized', Freud argues, he learns to assume his place in a like-structured civilisation, while contributing to the process whereby 'civilization is built upon the renunciation of instinct'.³³ By 'instinct', Freud meant the child's acceptance and internalisation of the father's moral authority, and specifically the prohibition of desire for the mother.³⁴ The renunciation-by-repression of the mother qua instinct, in other words, is the foundation upon which 'civilization' is built. Cultural identity, as a summation of individual identities, depends on a painful act of repression in which the desire for 'mother' is pushed into an unconscious that is only realised, as it were, by the return of the repressed: slips of the tongue, jokes, anxiety and other seemingly irrational symptoms that signify remnants of the desire for the mother, returned from the chthonic underworld to rupture the individual and civilisational pursuit of progress.

Critics of Freud rightly point out that this notion of civilisation both requires and justifies institutional imbalances between women and men. Feminist theorist Luce Irigaray, as one example, exposes the ways in which 'the social order that determines psychoanalysis rests on the unacknowledged and incorporated mother' in its very construction, and argues that civilisation is built upon a necessary 'symbolic matricide'. The mother needs to be repressed, in other words, in order to form the unconscious. Only with her symbolic death can the unconscious become separate from the conscious. This then allows the conscious, structured by the laws of the superego, to build a civilisation. When the 'maternal' returns and progress halts, as Irigaray argues in the end of *Speculum*, 'man turns away from his fears and projects them onto the woman'.³⁵

Yet these same assumptions go a long way toward explaining Freud's mass appeal in the 1950s, a time when the notion that civilisation was a man's world was reinforced by a backlash against the ambitions of mothers.³⁶ For instance, popular discourse concerning women's employment often focused on the notion that women's return to work was bad for the

American economy. In the 1940s, according to a prevailing stereotype, many men had gone off to war; women meanwhile had learned to rivet in their stead. Women worked in factories in unprecedented numbers – but they also held a host of other jobs traditionally held by men, including engineers, chemists, journalists and lawyers. Many women sought to keep their employment in the post-war period, even when men returned from the war and sought to return to work. Eighty percent of women surveyed by one major study responded that they wished to retain their employment after being laid-off from their wartime jobs.³⁷ Academics such as Georgine Seward argued that women's employment was vital to the economy: 'In the world beyond the home, women are needed as well as men for the tremendous task of reconstruction'.³⁸ Finally in the 1940s and 1950s, women workers were married as often as they were single, in contrast to the 1920s and 1930s – decades which saw mass employment for single women, while married women remained largely at home.³⁹

At the same time, the 1950s were also marked by rhetoric urging middle-class women to return to their pre-war roles. Often-overwhelming social pressure sought to have women give up their jobs and return to their positions as happy, reproductive home-makers, in order to ensure jobs for returning veterans. Popular culture extolled a 'new femininity' – really an old maternity – not by a picture of a woman in rolled-up, working sleeves, but rather by a mother at home with her children. One might say, thinking of *Civilization and its Discontents*, that a sudden onslaught of cultural pressure sought to return the repressed, married and out-of-work female back to the home as a mother. Magazines glorified the domestic sphere above all other pursuits. Articles told women to 'Have Babies While You're Young'. They asked women 'Are You Training Your Daughter to be a Wife?', and informed their readers that 'Really a Man's World Is Politics' and that life was fulfilled by 'The Business of Running a Home'.⁴⁰ In 1956, *Look* magazine celebrated the housewife as 'this wondrous creature' who 'marries younger than ever, bears more babies, and looks and acts far more feminine than the emancipated girls of the 1920s or even the 30s ... she gracefully concedes the top job rungs to men'.⁴¹

Feminist scholarship has of course complicated the simplistic notion that women returned to the tranquillity of the home in the 1950s.⁴² Yet many sources from that era suggest that the *perception* that women needed to give up their jobs and return to their homes, whether or not this perception was grounded in reality, enabled a certain transference between psychoanalytic theory and the concerns of what Rosalind Minsky calls 'masculine identity in patriarchal culture'.⁴³ Psychoanalysis' conflation between individual and cultural anxiety – and indeed its insistence on neat, often oversimplified binaries of 'women' and 'men' – provided a ready means for validating middle-class masculine inquietude in mainstream

American culture. This connection was fostered by analysts, psychologists and social critics who called on psychoanalytic methods to decry the American 'national neurosis' during an 'age of anxiety' beginning in the late 1930s.⁴⁴ By the mid-1940s, Freudian ideas were used to justify an entirely domestic femininity, and to mark a woman's 'ambition' as a symptom of mental illness.

The notion that in neurosis mankind was destabilised by the uncivilised presence of women thus proved an enormously popular conceptual weapon. For example, single women, working women, and other 'nonfeminine' women who rejected their maternal duties were pathologised in the popular book *Modern Woman: The Lost Sex*, by Marynia Farnham and Ferdinand Lunberg. Farnham and Lunberg used psychoanalytic methods to attack women's desire to leave the home as 'a deep illness that encouraged women to assume the male traits of aggression, dominance, independence and power'.⁴⁵ Benjamin Spock mixed Freudian techniques with his own version of American ego psychology in order to instruct new mothers to 'address themselves full time to the needs of their developing children'.⁴⁶ Finally, the term 'Momism' became common parlance in the 1940s and 1950s. Momism placed the blame for a vast array of psychological and social problems squarely upon a single group of culprits: 'American mothers'. In the hugely successful book, *Generation of Vipers*, Philip Wylie blamed women for the emasculation of men. Wylie attacked the domineering American mother as a 'domestic powerhouse' who assumed 'domestic authority' through 'aggression' and 'oppression'. The result was a dynamic that 'robbed men of their virility'. And since Wylie called on Freud to conflate the ills of the individual with those of civilisation ('the philosophy of the state is only a magnification of the philosophy of the person'), he blamed mothers for dismembering the country as well, creating an apathetic, 'sick society'.⁴⁷

Taking their cue from Wylie, depictions of large, intimidating women and microscopic men also appeared in images ranging from the cartoons of James Thurber, to representations in *Look* magazine, to the Osborne cartoon from Eve Merriam's 1958 satire in the *Nation* entitled 'The Matriarchal Myth, or The Case of the Vanishing Male'.⁴⁸ In each case, the constructed threat of woman is presented as destabilising the structure of society.

In implicit and explicit ways, the notion that civilisation was built on repressed desire for a mother whose return caused symptoms disrupting productivity resonated deeply with many prevailing gender tensions of the 1950s, as given voice through the interrelation between Freudian psychoanalysis and Wylie's misogyny, Spock's traditional maternity and Farnham and Lunberg's propriety. At the same time, when one looks at popular magazine articles in the years surrounding the Miltown phenomenon, it



Figure 1: 'The Matriarchal Myth, or The Case of the Vanishing Male'.

becomes clear that psychoanalysis was not controlling the symptoms of male neurosis it described. Mothers still caused problems, and men suffered the consequences. As a result, numerous articles from the popular press between 1954 and 1958 reveal that America's infatuation with psychoanalysis was not entirely what it appeared to be. Although analysts were often portrayed in a favourable light and depictions of miracle cures were commonplace, analytic words and ideas used to describe social relations, and specifically relations between women and men, failed to defend civilisation, as defined by Freud. Civilisation, once again, is built upon repression, and that which is repressed always threatens to return as a symptom, a joke, a slip of the tongue or the sensation of anxiety. Yet in many popular representations of psychoanalysis, anxiety ran rampant.

Numerous articles in which psychoanalytically-influenced talking cures are mentioned suggest that men's suffering did not improve. In the *Science Digest* article, 'How To Be a Good Listener', for example, Hans H. Toch, PhD and Richard E. Farson, PhD instruct readers about how to say the right thing 'when someone comes to you with a personal problem'.⁴⁹ The trick, the authors explain, is to think psychoanalytically: 'Let's see what

happened to Robert Robinson when he brought a personal problem to a group of friends. It might help to guess at what Bob and his friends *really mean* when they talk to each other'. Although the article proceeds to describe 'the psychotherapist's tools of listening', several key points identify its psychoanalytic intentions. Differentiating between what Bob and friends say and what they *really mean*', for example, suggests a disconnection between manifest content and latent intent. The article also suggests that 'Bob begin to achieve some insight into himself' as a result of this interaction. Most important, however, is the 'personal problem' Robert Robinson describes:

Bob: Don't you think a wife's place is in the home?

(I have a problem with my wife and I need your help.)

Mr. A.: Well, it all depends ...

(I'll bet you and Marge are having troubles. I wish I knew what to say in a touchy situation like this.)

Bob: Marge and I have argued about her working till we both turn blue. She won't even talk to me any more

(I wish you'd let me explain. It's probably hard for you to understand that I'm pretty desperate.)

Mr. A.: I wouldn't worry too much. These things have a way of taking care of themselves.

(This sort of talk makes me uncomfortable. You shouldn't wash your linen in public like that).⁵⁰

In this rich excerpt, the 'personal problems' are caused by a wife, and suffered in a husband. Marge's desire to work outside the home is presented as 'the problem' and thus the cause of a troubled emotional state, but Bob suffers the consequences. His conscious/spoken claim that he and Marge have 'argued till we both turn blue' is undone by his parenthesised/unconscious admission of 'desperation'. This emasculation, we are later told, keeps 'Bob from behaving effectively or from fully experiencing personal satisfactions', and from being promoted at work. Moreover, 'Bob's experience is by no means unique', but is generalisable to the multitudes of men who 'suffer' similar complaints. The 'treatment' described by the article then centres on helping Bob understand himself better, and learning to better 'express how he feels about something and observe what his motives are', which then helps him 're-evaluate his attitudes and his behaviour'. In other words, Bob is asked to change himself internally, instead of changing his external environment. And yet, such an approach clearly has no impact whatsoever on the source of the 'real' problem: nothing at all is done to curb Marge's desire to work outside the home. Bob may understand his problem better, but such understanding cannot neutralise the problem's maternal aetiology. Not surprisingly, Bob remains symptomatic and unhappy at the article's end.

Psychoanalysis' inability to treat the *real* problem, resulting in untreated symptoms afflicting a man's well being, is a theme in many articles of the mid-1950s – though as I argue in the following section, this therapeutic impotence is decidedly missing from Milton articles. *Cosmopolitan's* 'Motherhood Breakdowns', published in December 1955, follows 'cases of women who had mental breakdowns after the birth of a child'. The article diagnoses the problem as the realisation that 'some wives may destroy their husbands' 'masculinity', just as some husbands may destroy their wives 'femininity'. Either way, the result was a rampant case of 'Motherhood Breakdown', treated by the realisation that 'the husband must be encouraged to build up his "masculinity"'.⁵¹ Similarly, a newly-wed husband in Henry Safford's 'Tell me Doctor' column in *Ladies' Home Journal*, September, 1956, complains that 'my wife and I have been married for three months – yet it still seems impossible for us to have satisfactory marital relations'.⁵² Dr Safford, a psychoanalytically-attuned gynaecologist and noted author of books such as *The Intimate Problems of Women*, dispensed monthly advice concerning the 'many questions which women would like to ask a trusted physician, but there is not always the opportunity'.⁵³ The 'case of dyspareunia', however, represented something of a departure from the doctor's usual practice:

The doctor nodded pleasantly to the couple seated in his waiting room, noting the serious expression upon their good-looking young faces. Indicating by a wave of the hand the door to the consulting room, he was slightly surprised to see the man rising to follow him. Closing the door, he pointed out a chair.

'Your wife is not the patient?' he began.

'Honestly, I'm not sure, Doctor', was the reply. 'We have been married for three months now and – well, it seems impossible for us to have marital relations with any satisfaction whatsoever. Every such episode has ended disastrously since our wedding night. It's gotten so that we both dread even attempting it. Both of us want a family ...'

'I can understand that. A satisfying sexual relationship is essential to any happy marriage'.

'But what is a man to do, Doctor, when even at the beginning of each attempt she has a real spasm – and I mean an actual convulsion?'

'It might create a psychological barrier that could never be surmounted. You were wise to come to me'.⁵⁴

Only three paragraphs into the interaction, however, the Doctor realises that the young couple's problem is caused by a single pathogen. 'Now I'm going to ask you to step into the waiting room for a few moments', Dr Safford explains to the anxious husband, 'while I talk with your wife'. For the remainder of the three-page, five-column article, the wife is then described as 'the patient'.

'It is clear that you are suffering from *dyspareunia*', Dr Safford explains to his patient, 'which means painful or difficult intercourse. This condition

is commonly accompanied by *vaginismus*, which means spasm of the constrictor muscles that surround the vagina'. In true psychoanalytic fashion, however, the problem is ultimately revealed to be of unconscious aetiology. Vaginismus, Dr. Safford explains, results from 'subconscious and involuntary contraction of these constrictor muscles'. And dyspareunia, though initially diagnosed as having a 'physical cause (that) consists of a rather tough hymen', is similarly discovered to originate in the depths of the mind:

'Now the psychosomatic impediments are three in number, as I see them – fear of pregnancy, as inculcated by your mother, the feeling of inferiority in being female, and the childhood dogmas against sex as something sinful –'

'Oh, but I don't feel that way, Doctor'.

'Your intellect tells you that you do not, but I fear there remain the interdiction of the subconscious mind, which are difficult to override. They are at work even when you are not thinking. But once you have developed a clearer picture of the problems in your mind, you will be able to conquer them – I am positive of that'.⁵⁵

Volumes have been written about the psychoanalytic origins of frigidity called upon in this passage. Karen Horney, as but one example, defined frigidity as a means of women's emancipation. For Horney, frigidity was a 'determined rejection of the female role', and a 'weapon expressing women's inner bitterness against the male as the privileged one – similar to the concealed hostility of the worker against his boss'.⁵⁶ Within the context of Dr Safford's column, however, the man is neither privileged nor a boss. Instead, he is sitting in the waiting room, suffering from a condition otherwise located entirely in the body of his wife. The husband, to recall, is the initial patient in the article. He describes the illness, steps into the office and earnestly asks 'what is a man to do, Doctor?'. Thinking psychoanalytically, the doctor realises that in spite of the husband's protestations to the contrary, the wife is the 'patient' whose symptoms are inflicting pain on the man.⁵⁷ As such, the husband never re-enters the examination room, and never reappears in the text. Meanwhile, the wife's frigidity remains a potent weapon (even if the vector of illness was the mother of an 'inferior female') for the simple reason that the husband's complaints remain unacknowledged, unanswered and insufficiently addressed. Psychoanalysis may have focused its gaze disproportionately upon the mother. But in so doing, in Dr Safford's office at least, it paid insufficient attention to the complaints of fathers, who were left out in the cold both by their wife's symptoms and by the diagnostic system that defined them.

These clinical interactions also represent a dynamic taking place beyond the doctor's office. Following Freud, the problems caused by women and suffered in men plagued civilisation as well. *Cosmopolitan's* 'Bigger Mamas, Bigger Babies', for example, warned that Momism was an uncontrolled

genetic disease of entirely maternal transfer that would live on well beyond Wylie's generation:

Birth weights of babies tend to be related to their mothers' heights, report Dr. R.H. Crawley, Dr. Thomas McKeown, and Dr. R.G. Record (England). There was little relationship to fathers' heights, indicating that it is the prenatal environment provided by the mother that counts.⁵⁸

Science Digest's 'What's On Your Mind' – an article that explains how 'All women want to be bossed. It is in woman's nature to be so, and the wise man, whether her business supervisor or her husband, capitalizes on that fact of femininity' – reveals that men pay a high price for their manly role: the same men who boss their women ultimately fall prey to lost wages, 'ulcer-breeding', unending 'risks' and 'life-shortening pursuits'.

Even *Newsweek's* 'The Mind: Science's Search For A Guide To Sanity', an article that claims to celebrate Freudian psychoanalysis' 'progress' combating mental anguish, nonetheless describes a pandemic of middle-class masculine anxiety. By all outward appearances, the article reads as an exhaustive paean to psychoanalysis. Sections such as 'The Progress', 'The Treatment' and 'The Hope' celebrate Freudian psychoanalysis' expanding ability to combat mental illness. Yet in spite of these gains, an unexplainable anxiety afflicts ever-growing numbers of 'American' men:

At the most powerful and prosperous moment in their history, Americans are a notably tense people. Setting aside even the ominous mass of statistics – some 10 million suffering from mental ailments or disturbances – there is an important fact that almost every American, in one form or another, is complaining, or echoing complaints, of the pressures of his time – pressures of the mind, if not the soul.⁵⁹

Ultimately exposing as ineffectual the very analysis it claims to laud, the article then exposes men's incessant inquietude caused by repressed 'inner burdens'.

It is important to note that the voices of real women are almost never heard in these sources. Robert Robinson speaks freely about his problems with Marge's need to leave the home, but Marge never quite makes it into the discussion. 'Motherhood Breakdown' claims to trace the problems of psychotic mothers, but the actual mothers never get to voice their delusions, hallucinations and other first-order symptoms. And of course, the articles were all written by male reporters. Similarly, Safford and Wylie both use quotes attributed to women, but written in the author's own voice. In each case the 'mother' is defined through the perceptions, interpretations and reader responses of someone else. We might call these Freudian mothers not because Freud discovered the essential qualities of motherhood, but because Freud described the dynamic whereby 'mothers' were constructed through the projected anxieties of 'men', and thereby legitimated a wholly unquantifiable feeling of discontent known as anxiety in 1955. The Freudian

mother ruptured the progress of conscious mankind through ulcers, lost wages or a spasmodic dyspareunia in which the woman's spasm clamps down upon the member of the man. The pain of intimacy, in this case, was a dolorous sensation realised by only one member of the interaction. And as *Newsweek* makes abundantly clear, psychoanalysis was the only 'hope' of treatment.

Yet psychoanalysis was not working. To be sure, psychoanalysis provided an important diagnostic model for describing, and even for exploring the threat to men signified by the return of the maternal repressed. And the notion of neurosis allowed for recognition that a previously unlabeled and unacknowledged discomfort in the self was in fact a disease in someone else. Momism, for example, shifted this discomfort from inside to outside, the anxiety over lost virility suddenly located upon a familiar if overlooked vector, as if in a regression to the politics of the pre-oedipal state. Generalisable, the notion that mothers were the cause of civilisation's distress provided vocabulary for expressing despair. Diagnosis, as it often can, then became identity formation, and identity formation 'permeated every avenue of American thought and activity' much as Walter Cronkite claimed.

But it was only diagnosis. Despite the fact that psychoanalysis helped name and explain the health risks that resulted when women failed to comply with their requisite repression, it offered little in the way of decisive treatment. In Wylie's formulation, apathy and despair remained out of control. Momas kept getting bigger, and kept giving birth to ever-bigger babies. (Babies, meanwhile, inherited none of the genetic defects that caused their fathers to grow ever-smaller in stature.) Farnham's and Lunberg's attack on the modern woman's career intentions did not change the fact that women like Robert Robinson's wife Marge were about to begin a return to the US labour force that would continue, uninterrupted, for the next half century.⁶⁰ Even an article lauding the progress of psychoanalysis at the same time decried the spread of the very illness psychoanalysis claimed to treat. In these cases and others, psychoanalysis may well have insisted upon a symbolic matricide, but the mother was far from dead. Psychoanalysis was instead unable to treat the neurosis it had invented – a vital consideration, I turn to argue, for understanding how Miltown became the first mother's little helper in the American popular press.

It seems ironic that Miltown was associated with mothers at all: Miltown emerged from a biological science that sought to eliminate the mother from the conversation. Dreams, slips of the tongue and other referents of the unconscious were no longer considered valid sources of information for the diagnosis of anxiety. Instead, and in rejection of the psychoanalytic model, anxiety was supposed to be a wholly rational phenomenon.

At least this was the assumption when a series of scientific research reports announced the early success of meprobamate. At the same time

that psychoanalysis enjoyed near hegemony in dictating how anxiety was understood in many facets of American psychiatry, biological⁶¹ evidence quietly suggested that anxiety did not result from inner conflicts and frustrated drives, but was instead caused by aberrations of physiology, neurochemistry and other life sciences uncovered by the illumination of microscopes and electrical nerve tracings and then treated by the administration of medication.⁶² Numerous scientific journal articles between the mid-1950s and early 1960s demonstrated Miltown's unqualified success in the treatment of the corporal manifestations of anxiety. Dickel and colleagues gave Miltown to a group of 'tense, anxious and fatigued working people', and found a 'definite' improvement in the ability to perform tasks on command.⁶³ Rickels and colleagues found that Miltown effectively relieved the 'insomnia and GI symptoms of anxiety'.⁶⁴ Dixon reported a 'strikingly good response' in 86 percent of 104 anxious patients with tension headache.⁶⁵ Agitated children responded to Miltown.⁶⁶ The 'anxious, emotional component' of allergic asthma responded to Miltown.⁶⁷ Even dogs with the seemingly conflicting presentations of 'car sickness, hyperexcitability, viciousness, and shyness' responded to 100 to 400 milligrams of Miltown, orally supplied.⁶⁸

These examples suggest that much more than the treatment of anxiety was at stake with the development of the new medication – so was the very definition of anxiety. As we have just seen, the prevailing psychoanalytic model conceptualised anxiety as a conscious manifestation of unconscious symptoms. Unease in the present was always linked to past traumatic events. Yet the science behind meprobamate boldly suggested that anxiety was not a somatic remembrance of things past, but was instead merely somatic. Anxiety was not a deep conflict, it was a physical condition, a brain-mediated medical state, manifest and quantifiable by headache, asthma, tremor and a host of other physical symptoms. Whereas psychoanalysis posited that anxiety resulted from early-life developments with mothers and fathers, later mapped onto husbands and wives, meprobamate worked on the thalamus, the alimentary tract and other sexed structures that functioned independent of gender.⁶⁹ And whereas a psychoanalytic diagnosis implicated context and, ultimately, culture, biological anxiety remained fixated on the symptoms demonstrated in the examination room. Thus was Miltown assumed to herald the replacement of an outdated, gender-obsessed paradigm with a paradigm that saw beneath gender differences to the level of neurochemicals.⁷⁰

Similar themes played out in articles announcing the arrival of Miltown in the American popular press. Beginning in 1955 – at the height of the psychoanalytic Golden Age – the same magazines that lauded Freud also publicised what *Newsweek* described as the 'new era in mental health'.⁷¹ Articles in *Newsweek*, *Time*, *Science Digest*, *Cosmopolitan* and many other

popular magazines informed their readership of the basic tenets of biological psychiatry: that anxiety, and all personality, was in some way biologically based, and that the treatment for both lay in understanding the precise mechanism of chemical alteration demonstrated by tranquillisers. The July 1956 issue of *Science Digest*, for example, presented scientists engaged in a 'Search For New "Mental Chemicals"'.⁷² These 'psychochemists' worked at the intersection of 'psychiatry and the laboratory' in a 'search for sanity'. Synthesised in the laboratory, the 'incredible' tranquillisers were shown to work by:

decreasing the production of serotonin, the hormone-like compound in the body that can block the 'nerve switchboards' in the brain and central nervous system, stopping the transmission of messages. It is an imbalance of serotonin – an excess of this chemical – that may well be the cause of mental imbalance.

Subsequent articles described the 'dramatic' and 'amazing treatment of states of excitation and increased tension'.⁷³ Meanwhile the March 7th 1955 *Time* exposé 'Pills For the Mind: New Era in Psychiatry' explored a 'revolution' in the 'treatment of mental illness': tranquillisers that 'improved sleep' and 'rendered anxious patients quieter and calmer' – the same points made by Dickel, Rickels, Pennington and other biological scientists.⁷⁴ *Newsweek's* May 1956 Special Article 'Pills vs. Worry – How goes the Frantic Quest For Calm in Frantic Lives' explained that medications had 'revolutionized the treatment of mental and emotional patients ... when you have 600 drugstores and only 400 bottles of Miltown, how can you ration them?'.⁷⁵ Finally, the December 24, 1956 *Newsweek* article 'How Tranquillisers Work' raised the question 'How do these new drugs act on the nervous system?', and then answered it in definitively biological fashion: 'The tranquillisers seem to affect the globus pallidus ... which in turn influences motor movements'.⁷⁶

Yet these same articles suggest that something else drove this discourse, having as much to do with gender anxieties as with enthusiasm over a new form of treatment. Biology may have introduced an anxiety that saw a person as a globus pallidus, a thalamus or other structures that were thought to be largely the same in men and women. At the same time, the gender themes at play in articles about psychoanalysis also appeared in the articles that introduced biological principles to mass audiences. Like many information articles of the day, for example, *Cosmopolitan's* 'The New Nerve Pills And Your Health' calls on 'expert opinion' to describe the effects of the wondrous new treatment for everyday worries. Readers learned about the research of a 'pioneer' in pharmaceutical innovation and development:

Among the one hundred psychiatric patients given relaxant drugs for various conditions by Frank Ayd, Jr. of Baltimore, Maryland were a number of frigid women.

After taking the drug, 'frigid women who abhorred marital relations reported they responded more readily to their husbands' advances'.⁷⁷

In 'Live With Your Nerves and Like It', Dr Walter Alvarez, a 'famous doctor', describes cases such as 'an unmarried buyer of forty, who was frantic when examiners found nothing wrong with her' despite repeated headaches. 'What she did not know was that such headaches always come out of a sensitive place in the brain'. Yet on closer examination, Dr. Alvarez diagnoses the 'terrible strain' that resulted from her 'love life' – 'she was in love with an attractive man who was begging her to marry him ... When I insisted that she make a decision immediately', and of course through treatment with psychotropic medications, she showed 'marked improvement', and ultimately wed her suitor.⁷⁸ And *Time* magazine's 'Pills for the Mind' begins with the following statements:

The treatment of mental illness is in the throes of a revolution. For the first time in history, pills are enabling some psychiatrists to nip in the bud some burgeoning outbreaks of emotional illness, and treat many current cases far more effectively. When Cincinnati's Dr. Douglas Goldman told fellow psychiatrists that 'the revolution is at hand', some doctors scoffed, and most were skeptical. But at two recent meetings, psychiatrists packed the halls to hear dozens of papers reporting almost identical successes.⁷⁹

At the bottom of this very same page, the article proceeds to explain that the very 'revolutionary pills' that 'improved sleep' and 'rendered anxious patients quieter and calmer' also magically restored maternity, fidelity, and sexual compliance all at once:

A petite blonde, 36, wife of a journeyman carpenter ... in her hallucinations, she heard voices: ... her own daughter calling 'Mummy', and finally a woman telling her that her husband was unfaithful and she should leave him. She had left him many times, only to end up in hospitals, where electric shock made her outwardly calmer but with no normal ebb and flow of emotional responses ... After (medications), and with no more help from the psychiatrist than she had always had, the woman went home on a maintenance dose of one pill a day. Her husband had only one complaint: she had become so demanding in her newfound love for him he wondered whether the doctors could make the pills a bit smaller.⁸⁰

The husband could surely be a journeyman. But a woman's place, given her propensity to ebb and flow, was in the home, ebbing and flowing with her husband.

These and other articles illustrate how Miltown was part of the same cultural milieu that produced Momism, arguments about a mother's return to the home, male anxiety about women's work and Dr Safford's fear of dyspareunia.⁸¹ In countless examples, psychopharmacological drugs 'treat' mothers, and restore the social order in which fathers were the heads of patriarchal homes. While 'How To Be a Good Listener' asked

the pressing question ‘Do you think a wife’s place is in the home?’, tranquillisers answered the question with the precision of science, restoring a 1950s version of marital love while returning the mother to her rightful place in the home and in bed as if a conjugal strength Mickey Finn. And while the young husband in ‘Tell me Doctor’ complained of dyspareunia, the husband in ‘Pills for the Mind’ had more pareunia than he knew what to do with. In the process, tranquillisers promised to restore a man’s mastery of his own home and his sense of tranquillity within it. Karen Horney may well have described frigidity as a potent weapon in defiance of patriarchy; but as a cartoon embedded in ‘The New Nerve Pills and Your Health’ less than subtly suggests, patriarchy under the guise of ‘psychochemists’ fought back.⁸²

More broadly, a subtext that ran tacitly beneath these articles posited that biological formulations treated the larger, philosophical anxiety that psychoanalysis defined but could not control. Freud’s model of ‘civilization’ divided the world into a conscious realm and an unseen unconscious below. While this model proved an immensely popular means of justifying an era-specific notion of heterosexuality in the 1950s, pathologising a



Figure 2: ‘The New Nerve Pills and Your Health’.

woman's desire to work outside the home for example, it proved unable to stop the perception that many symptoms returned from the repressed – experienced as 'pressures of the mind', to recall *Newsweek's* description, 'if not the soul'. The notion of a bodily anxiety, however, not only ablated the possibility that symptoms could return from the repressed – it ablated the repressed altogether. As it came to be defined in the popular press, biological psychiatry treated the symptoms and deconstructed the diagnostic system that defined them. If anxiety was of the body, observable by electroencephalogram and quantifiable by laboratory assay, then the fallacy of the unconscious–conscious dichotomy was exposed by science. Biology thus not only demystified anxiety by making it entirely conscious, and entirely predictable; it also maintained that anxiety was a wholly civilised narrative.

For example, the May 1957 *Science Digest* article 'Mirror in the Brain' reported Dr Wilder Penfield's discovery that 'under certain circumstances a person may be possessed of two consciousnesses – one of the immediate surroundings and circumstances, and one of the circumstances of something subconsciously remembered'.⁸³ Dr Penfield, director of the Montreal Neurological Institute, realised this finding during surgical procedures for intractable epilepsy, 'when the cerebral cortex that covers one of the temporal lobes of the brain is stimulated with a wire during surgical operations'. Nearly seventy years earlier, a young Freud had reached something of a similar conclusion regarding a secret part of the mind that could be unlocked by the doctor's stimulation in the famous case of Anna O., later published (with Josef Breuer) as *Studies in Hysteria*.⁸⁴ Freud and Breuer theorised that Anna's hysterical deafness resulted from the guilt she experienced as a result of listening to music while caring for her dying father. These 'unacceptable' sentiments were blocked, repressed into her unconscious, until they were released by the talking cure. In 'Mirror in the Brain', however, Dr Penfield is not only able to unlock the passion of catharsis; he is able to reproduce it again and again:

Here is one of several instances reported by Dr. Penfield:

'A young woman heard music when a certain point in the cortex is stimulated. She said she heard an orchestra playing a song. The same song was forced into her consciousness over and over again by re-stimulation of the same spot'.

Dr Penfield explains that the woman's awareness of music does not represent proof of the unconscious, evidence of repression or other hysterical truths unearthed by Freud. Instead, this is evidence of 'double consciousness', two parallel conscious states whose mere presence disproves the unconscious altogether:

Doctor Penfield advances a possible explanation of the phenomenon. Apparently every sensory experience is carried by the appropriate nerves to a specific part of

the cortex. There it is coordinated with other sensory impressions to make up a total pattern of experience ... In some way, electrical stimulation of the temporal cortex reactivates one of the permanently recorded experience-patterns, and nerve pathways act as a mirror, a reflection of the former experience. Thus the double consciousness results.

The *Newsweek* article 'How Tranquillisers Work' is another example of how the construction of biology denatured the more troubling philosophical aspects of psychoanalysis. In explaining the mechanism of action of the tranquillisers, the article uncovers the biological substrate of desire:

The possible source of psychic energy (including the energy of the erotic instincts which Freud calls libido) is the basal ganglia. The tranquillisers seem to effect the globus pallidus, the most primitive of these structures.⁸⁵

Even the deepest and most troubling impulses are rendered rational and knowable, in other words, when the conditionality of 'possible' ('possible source of psychic energy') is negated by the certainty of 'is' ('is the basal ganglia'). The article connects biological and psychoanalytic assumptions that the unseen can be made visible and rational through the act of uncovering, whether by verbal interaction or by newly emerging technology. But unlike psychoanalysis, biology uncovers the 'fact' that these unseen entities had in fact been in mankind's purview all along; he only lacked the correct machinery to see them. Erotic instincts, for example, are localised to their anatomical points of origin, the basal ganglia, in much the same way that Dr Penfield discovered music in the temporal cortex. And if all the repressed is visible and knowable, then by extension the very idea of the unconscious – and with it, the notion of repressed conflict – is false.

Popular print sources thus suggest that the rejection of psychoanalysis, and the embrace of Miltown, was not simply based on one clinical model replacing another. Also at stake was the embrace of a new model for talking about a specifically gendered perception of 'cultural' problems. Of course this is the very point disavowed by early biological psychiatrists, who argued for a hermetically clinical, scientifically driven psychiatric language. Yet popular articles make clear that from its point of origin, biology was made to reject psychoanalysis on a cultural level as well – and in the process, presented a new means of justifying a specifically gendered, middle-class notion of unrest. In the popular press, biology rendered 'repressed subconscious conflicts' as being, quite literally, biological: of the body and on the body, observable, controllable and reproducible. As *Science Digest* explains, 'Today psychiatry and the laboratory have joined hands in *psychochemistry*, the science of the chemically-induced behavioural change'.⁸⁶ Chemical change then brought housewives in from the cold, and rendered psychotic mothers suddenly able to

perform their motherly duties. And if there was no unconscious, then anxiety could not have been a narrative of return. Anxiety-as-non-depth-model was in fact an aberration of chemicals and electrical impulses from the basal ganglia, having been corporeal all along. Milton may or may not have treated mothers in clinical settings – the data is inconclusive. But in popular print culture at least, Milton was a highly effective means of sedating the Freudian mother left unsedated by Freud.

Moreover, Milton solved the crisis of the failure of psychoanalysis in the most fundamental way possible: it worked. Even during psychoanalysis' Golden Age, mothers grew larger, and gave birth to ever-bigger babies, while husbands and wives slept in separate beds. However, Milton demonstrated a potency that Walter Cronkite attributed to psychoanalysis, but that psychoanalysis could not deliver. Milton selectively acted on the parts of the brain representing the biological substrate of anxiety. The result, as reported, was a decrease in symptoms. Muscles relaxed. Nerve impulses interrupted. Hyperexcitable conduction delayed and possibly even arrested. Frigid mothers came back to bed. Even 'neurotic mice' were treated by the new drugs, once it was discovered that their symptoms could be explained by the response to 'four-ring phenyl structures with flat benzene rings'.⁸⁷

What, then, did Milton portend? No doubt, psychopharmacology's success in the 1950s combined with a growing sense of frustration with psychoanalysis⁸⁸ to catalyse real political shifts in American psychiatry. In the 1950s, analysts chaired the country's leading academic psychiatry departments, headed important grant-making institutions and dominated the leadership of the American Psychiatric Association.⁸⁹ By the end of the 1970s, this power structure shifted such that biological psychiatrists took over many leadership positions in the field.⁹⁰ By the 1980s, psychiatric nosology had nearly completed a transformation from developmental to constitutional notions of disease.⁹¹ And by the 1990s, leading psychiatric journals defined mental illnesses through genetics, structural and functional neuro-imaging, neurochemistry and other methods that demonstrated how Frank Berger's once revolutionary idea of a 'biological substrate' was established as fact.⁹² Writing of these developments, historian Edward Shorter argues that psychiatry has moved 'from Freud to Prozac' in the latter half of the twentieth century.⁹³ Similarly, Paul McHugh writes of 'The Death of Freud and the Rebirth of Psychiatry'.⁹⁴

At the same time, close inspection of the Milton phenomenon suggests that this killing of the prodigal father precludes an important gender critique of psychopharmacology. When a gender lens is focused on the biological revolution, one begins to see how psychopharmaceuticals encapsulate the cultural and social baggage of psychoanalytic paradigms, but without the awareness of gender, and its socially constructed dimensions,

that those paradigms reveal and render problematic. This point does not even pretend to understand the impact on the lives of real women who were, by some studies, up to 70 percent as likely as men to receive prescriptions for benzodiazepines in the 1970s.⁹⁵ But it does help explain how, in the social construction of mother's little helpers in the 1960s and 1970s, the symptoms remained the same even when the treatments did not. This is because Milton propagated much more than information about drug half-lives or mechanisms of action. Milton also passed on a cultural logic whereby a 'woman's' return threatened the smooth running of civilisation, and a compulsive reproduction of the implications of this return. Biology's drugs conveyed a 1950s conceptual system connecting a 'man's' concern about change and a 'woman's' name on a prescription pad that would soon become known as a mother's little helper.

Such hybridity became increasingly apparent as messages that were but undercurrents in the 1950s expanded in the 1960s and 1970s to memoirs, songs and even psychopharmaceutical advertisements in leading academic psychiatric journals (which were, of course, the very journals heralding psychoanalysis' demise). Here, Valium, Librium and other benzodiazepines could be seen to follow Wylie, who in turn had drawn his inspiration from Freud. As a result, these new-generation drugs provided effective relief for two distinct types of anxiety set forth by Milton discourse. On one hand, these psychopharmacological drugs treated the anxiety suffered by 'patients' such as the mothers, daughters and mothers-in-law shown in advertisements for the sedative Deprol in 1964 (Figure 3) or Librium in 1971 (Figure 4).⁹⁶ On the other, these drugs treated the anxiety of 'doctors' who, like husbands in Osborne's cartoons, shrank in relation to the aggressions of the women in their lives. This latter anxiety was, once again, the pressure of keeping civilisation intact against the constant threat of domineering wives who returned to work, or feminist daughters who returned to school or the many other threats that caused white-coated authority figures to appear smaller than their large, well-manicured patients, and husbands to look up at their enormous wives. Untreated by psychoanalysis, these aggressive women caused psychic tension (Figure 5)⁹⁷ – in men. But in an ironically psychoanalytic promise whose manifest conviction was matched by its latent uncertainty, psychopharmaceuticals returned the phallus to its rightful owner, claiming a victory of man over nature, of civilisation over barbarism and of Dad over Momism. Acting on the very substrate of anxiety, order was restored.

Notes

1. The Rolling Stones (1967) 'Mother's Little Helper', *Flowers (Aftermath)*, UK.
2. Jaqueline Susann, *Valley of the Dolls* (Random House, 1966); Barbara Gordon, *I'm Dancing as Fast as I Can* (Harper & Row, 1979).

3. H. Parry, 'Use of Psychotropic Drugs by US Adults', *Public Health Reports* 83 (1968), pp. 799–810; H. Parry, et al., 'National Patterns of Psychotherapeutic Drug Use', *Archives of General Psychiatry* 28 (1973), pp. 769–38; M. Balter et al., 'Cross-National Study of the Extent of Anti-Anxiety/Sedative Drug Use', *New England Journal of Medicine*, 290 (1974), pp. 769–74.
4. Ruth Cooperstock and H. Lennard, 'Some Social Meanings of Tranquilliser Use', *Sociology of Health and Illness*, 1 (1979), pp. 331–47.
5. Eliot Valenstein, *Blaming the Brain: The TRUTH About Drugs and Mental Illness* (Free Press, 1998), p. 56. See also 'Leo Sternbach: The Father of Mother's Little Helpers', *U.S. News and World Report* (27 December 1999), front cover.
6. Mickey C. Smith, *Small Comfort: A History of the Minor Tranquillizers* (Praeger, 1985), pp. 4–9, 67.
7. Part of the paucity of outcomes data is because the US FDA only made prescriptions mandatory for new medication in 1951. To my knowledge, prescription rates broken down by gender did not appear until later in the decade.
8. Each title appeared in the list of leading US consumer magazines in the 1955, 1956 and 1957 World Almanac. For instance, in 1955, the circulation of *Ladies' Home Journal* was 4,950,472; *Time* was 1,860,512; *Cosmopolitan* was 1,043,220; while *Newsweek* reached 991,452 homes. *The World Almanac & Book of Facts* (Newspaper Enterprise Association, 1957), p. 483.
9. In a vastly expanded version of this argument, I connect Miltown discourse in the 1950s with Prozac and other SSRIs in the 1990s and 2000s. See Jonathan M. Metzler, *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* (Duke, 2003).
10. *Physicians' Reference Manual*, 5th edn, (Wallace, 1960); Frank Ayd, 'The Early History of Modern Psychopharmacology', *Neuropsychopharmacology*, 5, vol. 2 (1991), pp. 71–84.
11. 'Pills vs. Worry – How goes the Frantic Quest For Calm in Frantic Lives', *Newsweek* (21 May 1956), p. 69.
12. 'Unsettling facts about the tranquilizers', *Consumer Reports* (January 1958), p. 4.
13. 'The Tranquilizer', *Scientific American* (January 1957), pp. 68–9.
14. R.W. Gerard, 'The Biological Roots of Psychiatry', *American Journal of Psychiatry*, 112 (August 1955), pp. 81–98; Abraham Wilker, 'The Uses of Drugs in Psychiatric Research', *American Journal of Psychiatry*, 112 (June 1956), pp. 961–9.
15. Ayd, 'The Early History of Modern Psychopharmacology'; Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (John Wiley & Sons, 1997); David Healy, *The Antidepressant Era* (Harvard University Press, 1997); Michael Stone *Healing the Mind: A History of Psychiatry from Antiquity to Present* (Norton, 1997); Valenstein, *Blaming the Brain*.
16. Also in the 1950s, biological scientists announced the discovery of antidepressants, lithium, thiorazine and haloperidol, as well as new electromyographic techniques and several key neurotransmitters.
17. Ayd, 'The Early History of Modern Psychopharmacology', pp. 72–3. Valenstein, *Blaming the Brain*, 1.
18. Donald Cooley, 'The New Nerve Pills And Your Health', *Cosmopolitan* (January 1956), pp. 70–5, 70.
19. This influence is often correlated with the fact that psychoanalysts controlled the power structure of the profession of psychiatry throughout the decade. See Gerald Grob, 'The Origins of DSM I', *American Journal of Psychiatry*, 148 (1991), p. 427.
20. Mari Jo Buhle, *Feminism and its Discontents: A Century of Struggle with Psychoanalysis* (Harvard, 1998), pp. 280–318. Also see K. A. Cuordileone, "'Politics in an Age of Anxiety": Cold War Political Culture and the Crisis in American Masculinity, 1949–1960', *Journal of American History* (September 2000), p. 515.
21. C. D. Hendley, T. E. Lynes and F. M. Berger 'Effect of meprobamate on electrical activity of the thalamus and other subcortical areas', *Tranquilizing Drugs*, H. E. Himwich, ed. (The Publication of the American Academy of the Advancement of Science, 1957), pp. 35–46.

22. Frank Berger, 'The Pharmacological Properties of Miltown, a new ineroneuronal blocking agent', *Journal of Pharmacological & Experimental Therapies*, 112 (1954), p. 413. Also see D. G Marquis, 'Experimental studies on behavioral effects of meprobamate on normal subjects', *Annals of the New York Academy of Science* 67 (1957), pp. 701–11.
23. Loyd Rogler, 'Making Sense of Historical Changes in the Diagnostic and Statistical Manual of Mental Disorders', *Journal of Health and Social Behavior*, 38 (1997), p. 10; Paul R. McHugh, 'The Death of Freud and the Rebirth of Psychiatry', *The Weekly Standard* (17 July 2000), pp. 31–6.
24. For an important discussion of the gendered aspects of other somatic psychiatric treatments (including ECT, psychosurgery and insulin coma therapy) in the period leading up to the American Miltown phenomenon, see Joel T. Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatments in the First Half of the Twentieth Century* (California, 1997).
25. Ernest Jones, *Sigmund Freud: Life and Work* (Hogarth Press, 1955).
26. Nathan Hale Jr., *The Rise and Crisis of Psychoanalysis in the United States* (Harvard, 1995), p. 276; Buhle, *Feminism and its Discontents*, p. 170.
27. Glen O. Gabbard and Krin Gabbard, *Psychiatry and the Cinema*, 2nd edn (American Psychiatric Association, 1999), pp. 75–6.
28. John Schultheiss and Mark Schaulbert (eds), *To Illuminate Our Time: The Blacklisted Teleplays of Abraham Polonsky* (Sadanlaur, 1994), p. 177.
29. Sigmund Freud, *Inhibitions, Symptoms, and Anxiety* (also translated as *The Problem of Anxiety*), trans. Alix Strachey (Hogarth, 1936). The piece marks an important landmark in Freudian thought. Prior to this influential essay, Freud had believed anxiety to be the product of a frustrated libido.
30. *Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. and trans. James Strachey (Hogarth Press, 1953–74), 24 vols., vol 12, p. 322.
31. See among other sources Freud, Sigmund, 'Some Psychological Consequences of the Anatomical Distinction Between the Sexes' (1925), in *Standard Edition*, vol. 14, p. 181.
32. See Frank Alexander and Sheldon Selesnick, *The History of Psychiatry* (Harper, 1966), pp. 231–2.
33. Sigmund Freud, *Civilization and its Discontents*, in *Standard Edition*, vol. 21, p. 297.
34. Freud, *Standard Edition*, vol. 21, p. 322.
35. Luce Irigaray, *Speculum of the Other Woman*, parts I and III, (Cornell University Press, 1985).
36. See Rosalind Rosenberg, *Divided Lives: American Women in the Twentieth Century*, 1st edn, (Hill & Wang, 1992); Sara Evans, *Born For Liberty: A History of Women in America* (Free Press, 1997).
37. Evans, *Born For Liberty*, p. 247.
38. Georgine Seward, 'Sex Roles in Postwar Planning', *Journal of Social Psychology*, 19 (1944), p. 181.
39. For instance, see S. Mintz and S. Kellogg, *Domestic Revolutions: A Social History of American Family Life* (Free Press, 1988). Again, my goal is not to debunk these stereotypes, but rather to understand how the existence of these stereotypes may have set the stage for the early success of psychopharmacology.
40. These developments are of course well-defined in Betty Friedan's *The Feminine Mystique* (W. W. Norton, 1963), p. 33. Also see M. J. Zube, 'Changing Concepts of Morality: 1948–1969', *Social Forces*, 50 (1972), p. 388; H. H. Franzwa, 'Working Women in Fact and Fiction', *Journal of Communication*, 24 (1974), pp. 104–9.
41. For instance, as cited in Evans, *Born For Liberty*, pp. 249, 254.
42. See Rosalind Rosenberg, *Divided Lives: American Women in the Twentieth Century*, 1st edn (Hill & Wang, 1992), pp. 37–50; Evans, *Born For Liberty*, pp. 249, 254.
43. Rosalind Minsky, *Psychoanalysis and Gender* (Routledge, 1996), p. 43.
44. See among many other works, Karen Horney, *The Neurotic Personality of Our Times* (Norton, 1937); Erich Fromm *Escape From Freedom* (Farrar & Reinhart, 1941); Viola Klein, *The Feminine Character: History of an Ideology* (University of Illinois Press, 1972); and Franz Pappenheim, *The Alienation of Modern Man* (Monthly Review Press, 1957).

45. See also L.Y. Weiner, *From Working Girl to Working Mother: The Female Labor Force in the United States, 1820–1980* (University of North Carolina Press, 1985), p. 47.
46. See Lynn Z. Bloom, *Dr. Spock: Biography of a Conservative Radical* (Bobbs-Merrill, 1972).
47. Philip Wylie, *Generation of Vipers*, rev. edn (Pocket Books, 1955), pp. 1, 184, 201, 298.
48. Eve Merriam, 'The Matriarchal Myth, or The Case of the Vanishing Male', *The Nation* (8 November 1958), p. 332. Also see Arthur Schlessinger Jr. 'The Crisis in American Masculinity', *Esquire* (January 1959); 'The American Male: Why do Women Dominate Him?', *Look* (March 1959).
49. Hans H. Toch and Richard E. Farson, 'How To Be a Good Listener', *Science Digest*, 42, 6 (June 1957), pp. 1–4.
50. Toch and Farson, 'How To Be a Good Listener', p. 1.
51. Aram Scheinfeld, 'Motherhood Breakdowns, Single or Double Beds, and Office Collections', *Cosmopolitan* (December 1955), p. 16.
52. Henry B. Safford, 'Tell me Doctor', *Ladies' Home Journal* (September 1956), pp. 50, 55, 125.
53. Henry B. Safford, *Tell Me Doctor: Frank Advice on the Intimate Problems of Women* (Pyramid Books, 1955).
54. Safford, 'Tell me Doctor', p. 1.
55. Safford, 'Tell me Doctor', p. 125.
56. Karen Horney, *Feminine Psychology* (Norton, 1973), p. 74. Dyspareunia ('recurrent genital pain associated with intercourse') was later classified as a Psychophysilogic Genito-Urinary Disorder in the *DSM-II* (Washington: APA Press, 1968), p. 47.
57. See Burness Moore, 'Frigidity in Women', in *The Journal of the American Psychoanalytic Association*, 9 (1961), pp. 571–84. Here Moore discusses Helen Deutch's concerns about the implications of a frigidity in which 'psychotic women and aggressive, masculine women experienced intense vaginal orgasm, while loving, giving, maternal, and happy women did not, even though they felt fully gratified' (p. 571).
58. Aram Scheinfeld, 'Bigger Mamas, Bigger Babies' and 'Marriage Crises', *Cosmopolitan*, (November 1955), pp. 6–7.
59. 'The Mind: Science's Search for a Guide to Sanity. A Medicine Special Section', *Newsweek* (24 October 1955), p. 59.
60. See L. Y. Weiner, *From Working Girl to Working Mother: The Female Labor Force in the United States, 1820–1980* (UNC Press, 1985). See also S. Mintz and S. Kellogg, *Domestic Revolutions: A Social History of American Family Life* (Free Press, 1988).
61. It is important to note that concomitant popular notions of biology sought to present biology as 'proof' of sexual difference. See Edward R. Strecker and Vincent T. Lathbury, *Their Mothers' Daughters* (Lipincott, 1954), pp. 120–53; Abraham Kardiner, *Sex and Morality* (Bobbs-Merrill, 1954), pp. 220–34.
62. H. A. Dickel, et. al., 'Electromyographic studies on meprobamate and the working anxious patient', *Annals of the New York Academy of Science* 67 (9 May 1957), p. 780.
63. H. A. Dickel and H. H. Dickson, 'Electromyographic studies in the working, anxious patient', *Annals of the New York Academy of Science*, 67 (9 May 1957), p. 780.
64. K. Rickels, T. W. Clark and J. H. Ewing, 'An evaluation of tranquilizing drugs in medical out patients', *Journal of Pharmacological & Experimental Therapies*, 112 (1954), p. 413.
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66. H. Lincheiznich, 'Meprobamate in children', *Med Klin* 55 (9 May 1958), p. 148.
67. F. Leary, I. M. Palin and I. E. Chiron, 'Tranquilizing drugs and stress tolerance', *WADC Technical Report* (October 1958), pp. 58–64.
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69. This is in no way to say that Miltown threatened the existence of talking cures, either psychotherapeutic or psychoanalytic. Miltown was often touted as a facilitator of, rather than a threat to, the analytic notion of self-exploration.

70. See Lothar B. Kalinowsky, 'Appraisal Of The "Tranquillisers" And Their Influence On Other Somatic Treatments In Psychiatry', *American Journal of Psychiatry*, 115 (1958), pp. 294–300; Percival Bailey, 'The Great Psychiatric Revolution', *American Journal of Psychiatry*, 113 (1956), pp. 387–406.
71. 'Pills vs. Worry', *Newsweek*, p. 69.
72. Harry M. Schwalb, condensed from the *Laboratory*, pp. 83–6.
73. *Science Digest*, 'Truth About the Tranquilizers', (October 1956), condensed from *The Nation*, and later the 'New Clues About Mental Illness' (July 1957).
74. 'Pills For the Mind: New Era in Psychiatry', *Time* (7 March 1955), p. 63. Also see 'The New Nerve Pills and Your Health', *Cosmopolitan* (January 1956), pp. 70–5.
75. 'Pills vs. Worry', *Newsweek*, pp. 68–9.
76. 'How Tranquilizers Work', *Newsweek* (24 December 1956), p. 47.
77. Cooley, 'The New Nerve Pills', p. 70.
78. Walter C. Alvarez M.D., 'Live With Your Nerves and Like It: A famous doctor tells how to conquer the hazards of the Frantic Fifties by making our nerves work for us rather than against us', *Cosmopolitan* (February 1957), pp. 40–5.
79. 'Pills For the Mind: New Era in Psychiatry', *Time* (7 March 1955), p. 63.
80. 'Pills For the Mind', *Time*, p. 63.
81. See for instance Lawrence Galton, 'New Drug Brings Relief for the Tense and Anxious', *Cosmopolitan* (August 1955); 'My Husband Came Home', *Cosmopolitan* (March 1956); 'Sanity from Chemistry?', *Newsweek* (23 June 1958).
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83. 'Mirror in the Brain', *Science Digest* (May 1957), back cover.
84. The case of Anna O. began in 1880. In 1882, Freud initially 'misperceived' its significance as a case of 'organic' as opposed to 'unconscious' symptomatology – ironically the very same territory recovered by Dr Penfield. See Josef Breuer and Sigmund Freud, *Studies in Hysteria*, (Nervous and Mental Diseases Publishing Company, 1956).
85. 'How Tranquilizers Work', *Newsweek*, p. 47.
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87. 'Tranquillisers Shield Brain', *Science News Letter* (5 September 1959), p. 153. Here the neural effects of the tranquillisers are validated by their effects in treating the symptoms of 'neurotic mice'.
88. Hans J. Eysenck, 'The Effects of Psychotherapy: An Evaluation', *Journal of Consulting Psychology*, 16 (1957), pp. 319–24. See also Hans J. Eysenck, 'Training in Clinical Psychology: an English Point of View', *American Psychologist*, 4 (1949).
89. See Bertram S. Brown, 'The Life of Psychiatry', *American Journal of Psychiatry*, 133 (1976), p. 492; Robert S. Wallerstein, 'The Future of Psychotherapy', *Bulletin of the Menninger Clinic*, 55 (1991), pp. 421–3.
90. David Healy, *The Antidepressant Era* (Harvard University Press, 1997).
91. Klerman, 'The Advances of DSM-III', 539. See also Gerald Grob, 'Psychiatry and Social Activism', *Bulletin of the History of Medicine*, 60 (1980), pp. 477–501.
92. See for example, Susan Kornster et al., 'Gender Differences in Treatment Response to Sertraline Versus Imipramine in Chronic Depression', *American Journal of Psychiatry*, 157 (2000); J. F. Rosenbaum, 'Behavioral Inhibition in Children of Parents With Panic Disorder and Agoraphobia: A Controlled Study', *Archives of General Psychiatry*, 45 (1988), pp. 463–70.
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94. McHugh, 'The Death of Freud', p. 36. Also see Paul R. McHugh and Phillip Slavney, *The Perspectives of Psychiatry* (John Hopkins, 1998).
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