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# CAN'T A MOTHER SING THE BLUES? Postpartum Depression and the Construction of Motherhood in Late 20th-Century America

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Popular depictions of 20th-century American motherhood have typically emphasized the joy and fulfillment that a new mother can expect to experience on her child's arrival. But starting in the 1950s, discussions of the "baby blues" began to appear in the popular press. How did articles about the baby blues, and then postpartum depression, challenge these rosy depictions? In this article, we examine portrayals of postpartum distress in popular magazines and advice books during the second half of the 20th century to examine how the unsettling pairing of distress and motherhood was culturally negotiated in these decades. We show that these portrayals revealed a persistent reluctance to situate motherhood itself as the cause of serious emotional distress and a consistent focus on changing mothers to adapt to their role rather than changing the parameters of the role itself. Regardless of whether these messages actually helped or hindered new mothers themselves, we suggest that they reflected the rarely challenged assumption that motherhood and distress should not mix.

*Keywords:* childbirth, postpartum depression, motherhood, popular press

As if working a factory shift, new mothers are herded in, then herded out, pushed back into their lives with no social support and very few rituals. Never mind that our bodies have just performed an arduous biological feat and are experiencing tremendous hormonal flux. The dominant rituals in our culture are the baby shower and the birth announcement, which do little to bolster the new mother physically or emotionally. Once home we are expected to keep up with our jobs—though, if lucky, we have three months' maternity leave. We expect ourselves—I certainly did—to remain independent and carry on with our lives as before. But in this almost impossible expectation there is little room for feeling overwhelmed or frustrated or depressed. (McPhee, 2001, p. 540)

This personal testimonial from a woman suffering from postpartum depression, published in the pages of *Vogue* magazine in 2001, offers an interesting window on both personal and social expectations about new motherhood at the turn of the 21st century—and the difficulty of meeting them. Indeed, few experiences are as intensely personal, as highly public, or as culturally fraught as new motherhood. Expectations and ideas about what it is to be a good mother, or even a "good enough mother," have been subjected to constant cultural negotiation and

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scrutiny, particularly since the mid-19th century when motherhood itself came under the purview of a number of scientific and medical experts (Apple, 2006; Hays, 1996; Hulbert, 2003). Understandably, with so many expert voices weighing in on what it took (and takes) to be a good mother, coupled with the heavy practical demands of the job itself, motherhood became increasingly anxiety provoking for many women as the 20th century progressed (Stearns, 2002). But what happened when the anxiety of new motherhood gave way to something very different, when in addition to being anxious, new mothers reported being sad, apathetic, or seriously depressed? What happened when the stress of new motherhood *itself* appeared to elicit these reactions? Or, to echo the *Vogue* magazine writer quoted above, where did frustration and depression fit in the new mother script?

In this article, we use 50 years of popular press portrayals of the postpartum experience “gone wrong” to examine how emotional distress arising from new motherhood was culturally positioned in the United States for readers of popular magazines and advice books. We argue that this material reveals an intense ambivalence in mid-to-late 20th-century American culture toward situating motherhood as a cause of emotional distress and a persistent prescription to distressed mothers to fix themselves so that they can be good mothers. We argue that whether the baby blues were dismissed as normal and fleeting, transformed into a biologically based psychiatric disorder, or pinned on women’s preexisting emotional vulnerabilities, few portrayals grappled seriously with the possibility that motherhood in and of itself might bring on highly mixed emotions, including negative ones (for such accounts from mothers, see Lupton, 2000; Nicolson, 1998; Taylor, 1996). Furthermore, they consistently focused on changing individual mothers to make them happy again, rather than changing the motherhood ideal. Whether these portrayals helped or hindered new mothers themselves, they nonetheless rarely challenged deeply romanticized ideas about mothers, babies, and life after birth that held sway in this period.

The role of popular culture, particularly the popular press, in both conveying and shaping beliefs about mental health and illness has been examined by a number of scholars (e.g., Herzberg, 2009; Ilouz, 2008; Lupton, 1999; Metzl, 2003; Scott, 2006; Singh, 2002; Tone, 2009). Indeed, in the case of postpartum mental health, Taylor (2000) has documented that women participating in the postpartum self-help groups that began to proliferate in the late 1980s used popular books, magazines, and pamphlets as their key sources of information in recognizing their own postpartum depression. Historians also have used women’s magazines and advice books to explore messages to women about appropriate gender roles, arguing that these messages have both represented and regulated women’s experiences as girlfriends, wives, workers, and mothers (Apple, 2006; Ehrenreich & English, 1978; McDaniel, 2001; Meyerowitz, 1994; Walker, 2000). Given the role of the popular press in both expressing and shaping beliefs about motherhood and mental health, it seems particularly appropriate to use this body of material to investigate how postpartum mood changes have been culturally positioned since they first received significant attention starting in the 1950s.

Thus, we survey popular press representations of what eventually came to be

classified by the diagnostic label *postpartum depression*,<sup>1</sup> documenting its transformation from the baby blues to a serious mental health problem requiring expert intervention over the course of about 50 years. Other than a few references to moodiness after giving birth, there were no magazine articles dedicated to the baby blues prior to 1952.<sup>2</sup> Thus, we start our analysis in the 1950s, an era fraught with contradictory but powerful messages to women generally, and to mothers specifically.<sup>3</sup> In the first section, we propose a number of factors that contributed to the opening of a popular dialogue around mood and motherhood at midcentury: the role of child-rearing experts, the medicalization of childbirth, and the influence of psychoanalytic ideas on the importance of the mother–infant relationship. Here, we reveal the suggestion conveyed by magazine articles in this period that the unhappy mother is a woman with a preexisting character flaw.

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<sup>1</sup> The medical literature on postpartum psychiatric disorders, although vast, is nonetheless still equivocal with respect to what causes postpartum distress and how to distinguish reliably among its various forms. Currently, most literature distinguishes among three categories: the “baby blues,” postpartum depression, and postpartum psychosis (L. S. Cohen & Nonacs, 2005; Stern & Kruckman, 1983). At the mild end of the spectrum is what has been termed the *baby blues*, affecting up to 75% of new mothers. At the other end of the spectrum is postpartum psychosis or puerperal psychosis, a very rare psychotic reaction (0.1–0.2% incidence rate) following childbirth (Seyfried & Marcus, 2003). In between these extremes is postpartum depression, estimated to affect between 10 and 22% of new mothers (Josefsson, Berg, Nordin, & Sydsjo, 2001; O’Hara, Neunaber, & Zekoski, 1984). For this article, we have chosen to focus on the “baby blues” and postpartum depression as portrayed in popular magazines and advice books, leaving aside the much rarer experience of postpartum psychosis. The popular press material we surveyed routinely conflated these categories and did not distinguish among them in the same way the medical literature did, illustrating that the “translation” of medical/scientific literature into the popular press is not a linear process. For the purpose of the present article, the portrayals were read as sources of information about the cultural positioning of postpartum distress, not to explicate the translation process itself.

<sup>2</sup> We sourced popular press articles by searching the *Readers’ Guide to Periodical Literature* using the following key words: childbirth, depression, mental hygiene, motherhood, parenthood/parents, baby blues, postpartum depression, and pregnancy. All articles sourced up to 1960 were included in the analysis as there were fewer than 10 in total. For decades with more than 10 articles, we chose those representing a cross-section of publications—from magazines targeted to new mothers such as *Parents*, to news magazines such as *Time*, from women’s magazines such as the *Ladies’ Home Journal*, through to popular science periodicals such as *Science Digest*—in an effort to capture a more comprehensive picture of messages from a wide range of sources representing different readerships. The authors of the articles included medical experts as well as staff writers, thereby conveying different points of view. In total, 65 articles were included in the study, representing 31 magazines between the years 1952 and 2004 (although we do cite one article from 1944, it was not technically about the baby blues or postpartum distress). We also looked, although less systematically, at advice books that specifically mentioned postpartum depression. This genre became much more common in the late 1980s and 1990s, as postpartum depression gained more scientific attention.

<sup>3</sup> This requires a caveat. Our analysis of popular magazines and advice books is limited to material directed to a certain kind of readership, in this case, mostly White middle-class women. It is difficult to know what messages were being conveyed to women *not* representative of the readership of such magazines and whether they experienced new motherhood in the same way. Plant (2010) has suggested that by the 1950s Black mothers, who purportedly relied on their “instincts,” were portrayed as better caregivers to babies and young children than their better educated, White counterparts. Interestingly, as postpartum depression garnered more attention in the last decades of the century, magazines targeted to African American readers such as *Ebony* and *Jet* began publishing more articles on the subject (see “Chicago Woman’s Suicide,” 2001; Hughes, 2001; Walker, 2001).

We then move to the drug culture and counterculture of the 1960s and 1970s to explore the effects of a growing psychopharmaceutical industry, the women's liberation movement, and discourses around role conflict on the complex representations of postpartum depression and motherhood. In the 1980s, we show how the antifeminist backlash, Reaganomics, a resurgence of mother-blaming, and a biology-is-destiny mindset again reconfigured the motherhood–distress relationship. And finally, we illustrate how in the 1990s, a link between unhappiness in pregnancy and its subsequent effect on children created additional pressure to be a happy expectant mother. We conclude that despite changes in the political, economic, cultural, and social contexts in which motherhood has been embedded over these decades, the pervasive normative assumption that motherhood and distress should not mix was rarely seriously challenged.

### **Modern Motherhood and the Baby Blues**

Portrayals of the postpartum experience that began to appear in popular magazines of the 1950s were part of a longstanding discourse around motherhood itself. This discourse underwent a discernible shift starting in the mid-19th century with the emergence of a new class of professionals offering expert child-care advice. Historian Rima Apple (2006) has described this shift as the call for a “scientific, trained motherhood, which insisted that women learn healthful, modern, child-care practices from contemporary experts” (p. 25). This trend intensified as social scientists joined male physicians on the child-rearing advice circuit by the early 20th century, participating (along with mothers) in the child study movement (see Siegal & White, 1982; Zenderland, 1988). With the emergence of scientific motherhood, the authority and expertise of mothers were often challenged on the basis that trained professionals were required to understand the increasingly important and complicated task of child rearing, and that only dispassionate, objective experts could really do justice to this task (Apple, 2006; Cahan, 2006; Noon, 2004). The rise of mass print media provided the vehicle for transmitting expert child-rearing knowledge such that some historians have referred to this generation of mothers as the first to raise children by the book (Grant, 1998; Thurer, 1994).<sup>4</sup>

By the late 1920s, child rearing gained additional scientific footing with the publication of John Watson's (1928) *The Psychological Care of Infant and Child*. Watson, one of the early psychological experts, spurned cuddling and affection and suggested that a morning kiss be replaced by a handshake. Stressing regularity, punctuality, discipline, and cleanliness, his behaviorist approach minimized and sometimes denigrated the role of mothers, and he even went so far as to suggest that children might be better off trained in controlled environments rather

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<sup>4</sup> Mechling (1975) has cautioned historians against assuming that advice literature aimed at mothers necessarily effected a change in their child-rearing practices, noting that these manuals (and other prescriptive literature) should more appropriately be analyzed as indicating a new source of knowledge that called into question traditional sources of advice (i.e., theology, other mothers, etc.). In this article, we do not assume a correspondence between advice and actual behavior. We are interested in the sociocultural and professional factors that influenced the emergence of a popular discourse on postpartum mood experiences in the 1950s and that shaped the content of this discourse during subsequent decades.

than in the family home. Watson's approach would be eclipsed in the 1930s by Arnold Gesell's emphasis on each child's autonomy and development, for which he armed mothers with charts to track infant and childhood milestones (Hulbert, 2003).

By the end of World War II, a new era of permissiveness in child rearing was ushered in. The greatest popularizer of the more child-centered view was the pediatrician Dr. Benjamin Spock, who published *The Common Sense Book of Baby and Child Care* in 1946. Not nearly as "permissive" as has been commonly assumed, he did, in contrast to his predecessors, promote relaxed discipline, play as healthful, and greater autonomy for the child.

What were mothers to expect in this new era of permissiveness? This new prescription seemed to dictate more work for mothers given that old-fashioned scheduling—which spared mothers from being on call all day—was no longer acceptable. Although in a 1944 article entitled "Childbirth and the First Days of Life," mothers were told that "The baby must learn that every cry does not bring attention; he will soon conform if let alone" (Wycoff, 1944, p. 189), by 1952 the *Ladies' Home Journal* reported that

... the new mother's next big psychological hurdle is to adjust herself to a household routine that is dominated by the baby's demands. Modern infant care permits the baby to eat and sleep according to its individual desires, instead of being on a rigid, time-clock schedule, as we required a few years ago. (Bundesen, 1952, p. 87)

The prescriptions of midcentury child-rearing experts were primarily rooted in the ideas of the postwar psychoanalysts. Freud himself refused to give advice to parents, arguing that any form of child rearing was bound to meet with failure (Badinter, 1981). Influenced by the cultural ethos of the Victorian era, Freud moved fathers to the fore in the drama of child development, which spared mothers from blame for mental illness in their children. However, Freud's benign, ineffectual mother did not remain so for long. Following World War II, his followers (including daughter Anna) replaced her with a far more powerful and potentially malevolent model:

The post-Freudians branded mother all-powerful, and whatever she did to her child underwent microscopic scrutiny. In psychoanalytic terms, mother must be sure to offer timely and proper doses of "ordinary devotion," "mirroring," "empathy," "psychological attunement," and must allow herself to be "idealized," all the while making sure she provided "optimal frustrations." To do otherwise was to invite a pejorative diagnosis of herself, such as a character disorder. (Thurer, 1994, p. 279)

Psychoanalytic ideology played a significant role in the obliteration of mothers as persons. Psychoanalysts like Helene Deutsch, whose two-volume *The Psychology of Women—A Psychoanalytical Interpretation* was published in 1944, asserted that normal femininity would be achieved by renouncing all personal goals and seeking fulfillment through the activities and goals of husband or son. Deutsch defined the good mother as constituted by the harmonious interaction of narcissistic tendencies and the masochistic capability to tolerate suffering.

Another psychoanalyst-pediatrician, Donald W. Winnicott (1953, 1957), characterized the good mother's behavior as that of the "ordinary devoted

mother.” The “ordinary devoted mother,” according to Winnicott, must demonstrate an almost complete adaptation to the needs of the child, providing a psychological prolongation of the intrauterine biological relationship. Winnicott’s “ordinary devoted mother” or “good enough mother” was required to meet the needs of her child to the exclusion of any other interest.

John Bowlby’s view that the quality of young children’s early environment was of utmost importance to their subsequent emotional development was yet another extension of this view. According to Bowlby, a warm and loving mother or mother-substitute—from whom the child was never significantly separated—was crucial for normal psychological growth. As early as 1939, but increasingly through the 1950s, Bowlby preached that even minor separations from the mother or mother-substitute could have dire lifelong consequences for a child (van der Horst & van der Veer, 2010). Although mother-substitute could mean father, the burden of creating and maintaining this all-important connection clearly fell on mothers. As Marga Vicedo (2009) has argued, this emphasis on the crucial role of mother love in a child’s emotional, and even physical, development began to be framed in biological terms

The view that mother love and care are important for a child’s moral and psychological development has long been present in American culture . . . . But now, in the years after World War II, child analysts argued that maternal love was an innate biological need on which the child’s psychic and even physical—as well as moral—development depended. (p. 274)

How were new mothers advised to cope with this new imperative to be completely attuned to these deep-seated biological needs? The *Ladies’ Home Journal* (Bundesen, 1952) warned mothers that their next psychological hurdle, after overcoming the third-day blues, was to adjust to a household routine that was dominated by the baby’s demands. However, the author noted, mothers were often upset to find that they rarely had time they could call their own. The remedy was an understanding husband who would take over some of the baby care responsibilities in the evening or on weekends so that mom would get a few hours to read, rest, or visit with friends. This, the article noted, “is all that is needed, usually, to restore her buoyant spirits” (p. 87). Thus, rather than questioning the imperative of complete attunement itself (and reflecting a specific class-based configuration of home life), this author suggested that if the new mother could simply get the odd break from meeting her baby’s every need, all would be well. Mother would be returned to her usual, buoyant self, focused once again on baby.

Under the influence of this psychoanalytic literature, a clear “good” mother versus “bad” mother dynamic began to define how the “normal” mother should feel and act. To be an ordinary devoted mother, a woman not only had to sacrifice herself to her children, but also be *happy* about it. A new mother, reported *McCall’s*,

must make the transition from delicious dependence to sober responsibility, not only for herself but for a fragile new human being. She must alter her life completely—rise with the cold dawn, sniff without disgust the sour odor of spit-up milk, adjust to changing relationships with her husband and relatives, and adjust to a new personality—her baby. (McGowan, 1957, p. 143)

Clearly, an unhappy or depressed mother was not fully adjusting to her new role. More seriously, it was assumed among these experts that her moodiness would affect her ability to provide the conditions that were vital to ensuring her child's healthy psychological development.

At the same time that women were told to educate themselves in the expert child-care literature and adjust themselves to their babies' demands, childbirth itself became increasingly medicalized. The shift in childbirth practices during the first quarter of the 20th century from women helping other women birth their babies to male physicians delivering women's babies is well documented (see Brodsky, 2008; Simonds, Katz Rothman, & Meltzer Norman, 2007; Wertz & Wertz, 1977).<sup>5</sup> Whereas fewer than 5% of women delivered their babies in hospitals in 1900, the numbers increased dramatically in the 1920s, with more than half the births in many American cities taking place in hospitals by 1921 (Michaelson, 1988). By 1939, half of all women and 75% of all urban women were delivering in hospitals, largely due to its many attractions: the provision of nursing care, the chance to rest, a pain-free delivery, and safe procedures. Mothers were told that ". . . proper equipment and enough trained assistants tremendously decrease the hazard in a modern hospital" (Wycoff, 1944, p. 188), although the author did marvel at just how many of the older generation—upward of 90%—somehow survived the "ordeal" of home birth.

Although many women did choose to give birth in hospitals in the pursuit of safety, comfort, and efficiency, such births frequently became an unpleasant and frightening experience. Women reported becoming alienated from their bodies, isolated from family and friends, and removed from their communities (Wertz & Wertz, 1977). In 1957, the *Ladies' Home Journal* printed a letter from a maternity nurse urging an investigation into the cruelty of maternity wards. In response, the magazine received hundreds of letters reporting experiences of dehumanization and unconcern for mothers and babies. Common complaints were that when the mother was ready to deliver, the staff were not ready to attend; that women were tied and trussed to the delivery tables like trapped animals; and some reported they had been left with their feet in stirrups and their shoulders tied and clamped for as long as 8 hours (Wertz & Wertz, 1977). In the same year, the *Ladies' Home Journal* ran an article in which a doctor linked a woman's postpartum mood to her institutional experiences in the course of the usual hospital delivery:

Modern women have been taught that a hospital is the place to have a baby. They must accept whatever is done. They have no right to complain. The well-bred woman swallows her anger, thrusts resentments or frustration way down deep. The result, says this psychiatrist . . . is the third-day blues. (Shultz, 1957, p. 141)

Evidently, the characterization of the hospital birth experience as safer, less painful, and more efficient stood in stark contrast to women's *actual* birth experiences as uncovered by the flood of responses to the *Ladies' Home Journal* article. In addition, with doctors and nurses in attendance, the hospital became a public forum for recognizing the postpartum experiences of mothers, thus opening a public dialogue about them. In *McCall's*, it is clear that the blues were well

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<sup>5</sup> Although, for histories that complicate the story of a top-down domination of childbirth by doctors seeking to professionalize obstetrics and gynecology, see Borst (1995) and Leavitt (1986).

known and recognized by the hospital staff: "Every doctor who delivers babies, every nurse who works on a maternity floor, is familiar with the letdown which frequently follows childbirth" (McGowan, 1957, p. 4). Thus, the medicalization of childbirth appeared both to contribute to women's postpartum psychological distress and to open the popular dialogue about that distress. Kaledin (1984) has suggested that the *Ladies' Home Journal* letter about cruelty in maternity wards was possibly the decade's most important contribution to female consciousness-raising, with hospital deliveries producing more "feminists" than any other single demeaning experience women had.

Whereas the popular press articles of the 1950s almost exclusively restricted discussions of postpartum malaise to a few days of the baby blues and labeled these reactions as normal and temporary, there was an apparent disconnect between what was being reported in these articles and the reality of women's lives after having babies. Public child-care services spawned by the needs of women war workers (while never entirely meeting demand) were withdrawn just as the postwar baby boom began (Douglas & Michaels, 2004). Women were idealized as enjoying total involvement with their children, but there was an increasing contradiction between the growing number of women entering the workforce and the ideology of the mother at home (see Hartmann, 1994; Margolis, 1984). Women were giving birth in hospitals where they were promised physical safety for themselves and their babies, but in reality many of them were subject to the psychic scars of an uncaring medical staff and a dehumanizing birth experience. Finally, the relative prosperity of the postwar period made it economically viable for many newly married couples to maintain a separate household. As a result, the extended family as an institution, along with the support this arrangement might bring the new mother, began to erode (Potter, 1970).

These multiple disconnects were, however, masked by a powerful motherhood script that appeared unable to accommodate depressed mothers, let alone offer them support. As May (2008) has argued, the resurgence of idealized motherhood extended to pregnancy itself. Any hint of ambivalence in pregnancy was labeled pathological, and miscarriage was often construed as the result of ambivalence or even rejection of the motherhood role. When distress after birth was acknowledged, it was attributed to a preexisting characterological problem rather than the stress of motherhood itself. A 1952 *Ladies' Home Journal* article stated that the great bulk of new mothers were needlessly upset, but allowed as how a few severe cases of the blues emerged from instability or deep-lying emotional disorders and required psychiatric treatment (Bundesen, 1952).

In "What Causes the Third-Day Blues?" (Shultz, 1957), the experts all agreed that the blues had to be distinguished from psychoses that attack some women after delivery. The article went on to report that most normal women may experience the blues, but the more neurotic and those with real troubles were likely to feel them most. In McGowan's (1957) *McCall's* article "The Doctor Talks About Postnatal Blues," new mothers were assured that brief, transient blues were normal and that mental illness following childbirth was rare. The article reported that less than one patient in 100 required psychiatric treatment and one in 500 required hospitalization. Women who suffered breakdowns usually had had severe emotional problems for a long time; unhappy mothers had been unhappy long before baby arrived on the scene. The popular press focused on

women's postpartum psychological adjustment as normal, fleeting, and self-correcting (the baby blues) or attributed persistent maladjustment to preexisting characterological flaws rather than the stress of new motherhood. This was consistent with an era that enforced traditional gender roles, beliefs about the importance of early mother-child attachment, and the idea that motherhood should be a blissful and all-consuming task.

### Medication or Liberation? Motherhood and Postpartum Depression in the 1960s and 1970s

The first minor tranquilizer—Miltown, dubbed “mother’s little helper”—appeared on the American market in the mid-1950s, thus laying the groundwork for the medical treatment of an increasing array of psychosocial problems and the increasing patient demand for medication to deal with these problems. As Tone (2009) has indicated, the popularity of these drugs was fuelled by a culture that prized convenience and efficiency and was increasingly consumer-driven. Unhappiness arising out of a variety of problems was increasingly interpreted in biological terms, as psychodynamic formulations increasingly gave way to biomedical explanations (Herzberg, 2009; Tone, 2009).<sup>6</sup> That the use of tranquilizers and, later, antidepressants became heavily gendered has been noted by several historians (Herzberg, 2009; Hirshbein, 2009; Metzl, 2003; Tone, 2009) and was reflected in popular culture with the Rolling Stones’s 1966 hit song, “Mother’s Little Helper,” which mocked housewives for needing pills to get through the day. It was in this context that the diagnostic term *postpartum depression*, as opposed to the more colloquial *baby blues*, made its appearance in popular magazines.

The first use of the term *postpartum depression* appeared in *Good Housekeeping* magazine in 1960 (“Those Mysterious Childbirth Blues,” 1960), although it was not clearly distinguished from the baby blues: “When a woman goes into an apparently causeless state of depression . . . chances are she is having an attack of ‘third-day blues’, ‘childbirth blues’, or what doctors call ‘postpartum depression’” (p. 165). While this “apparently causeless” postpartum depression was lumped together with the blues, a subtle distinction was nonetheless made between what the lay person might term the blues and what doctors called postpartum depression. The same article went on to advise that “. . . if symptoms persist for more than three days or seem to be increasing, a woman will need to get help from her doctor. He might prescribe tranquilizers, sedatives, or one of the relatively new drugs called antidepressants” (p. 166). This same message was repeated in a later issue of *Good Housekeeping* (“How Doctors Treat,” 1966): “Many women overcome childbirth blues by themselves or with reassurance from their doctor. In some cases, a doctor may prescribe sedatives, tranquilizers, or

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<sup>6</sup> There is a long list of previously unpathologized experiences that have been subject to medicalization since the 1950s, including but not limited to premenstrual symptoms (medicalized as premenstrual dysphoric disorder; see Caplan, McCurdy-Myers, & Gans, 1992; Ussher, 2006); difficulties concentrating and paying attention (medicalized as attention deficit/hyperactivity disorder; see Singh, 2002); sorrow, grief, and sadness (medicalized as depression and complicated grief; see Granek, 2010; Horwitz & Wakefield, 2007); shyness (medicalized as social anxiety disorder; see Lane, 2007; Scott, 2006); and lack of sexual desire, especially in women (medicalized as hypoactive sexual desire disorder or female sexual dysfunction; see Tiefer, 2006).

antidepressant drugs after delivery to lessen any anxiety reactions which occur” (p. 185).

Engstrom and Hong (1997) have suggested that the psychopharmaceuticals introduced in the 1950s dramatically changed our thinking about mental illness. With respect to postpartum psychiatric disorders, there was a subtle shift in the popular press from downplaying the condition in the 1950s to presenting it as a psychiatric problem requiring a pharmacological solution in the 1960s. In both cases, however, mothers were not allowed to sing the blues for long. The onus was on mother to regulate herself—this time by taking pills—so that she could adapt to the demands of new motherhood. As the 1960s progressed, the growing reality that many new mothers also worked outside the home signaled a new challenge: role conflict.

By the 1960s, the recognition and expression of maternal role conflict began to appear as a contributing factor in postpartum distress. A 1960 *New York Times Magazine* article acknowledged the “special problems” faced by professionally trained women who marry and become mothers, a relatively new, significant phenomenon of increasing interest to sociologists and family specialists: “They may face the sometimes distressing problem of either returning to their jobs with a ‘mother substitute’ at home, and the attendant expense, or disrupting their careers by staying at home until the children start school” (Ehrlich, p. 68). A 1963 *Science Digest* article (“Disenchantment of Motherhood”) reported that,

Half of all new mothers suffered from “disenchantment syndrome” shortly after returning home with the child. They felt an unexpected depression; a sense of being trapped within the house. Here they come into emotional conflict with one of society’s “demands”: Mothers must always enjoy their children, and be with them constantly. (p. 42)

In 1968, *Redbook* cited role conflict—despair at juggling roles as mother, housewife, and career woman—as a potential cause of postpartum depression (Brandt, 1968).

But there was no wholesale abandonment of 1950s values during the 1960s, despite acknowledgment of role conflict and the rise of second-wave feminism. The pronatalist tenor of the 1950s was fueled by the persistence of the baby boom, and for many women their primary identification was still with the role of mother, creating a lag between the requirements of daily life and the potential receptivity to the greater range of options becoming available to women (Umansky, 1994). As in the 1950s, there was still a conflict between the real and the ideal, with women’s increasing representation in the workforce running counter to the ideology of the mother at home. The inability to deal with this role conflict, insofar as it might produce postpartum emotional maladjustment, was still pinned on supposed preexisting character problems in women themselves, as reflected in *Today’s Health*:

Perhaps stresses and attitudes associated with rapid socioeconomic advancement are interfering with homemaking and childbearing functions and values, and helping to upset, acutely, the emotional adjustment of the constitutionally susceptible, sensitized in childhood, or marginally adjusted housewife. (Carner, 1967, p. 35)

This reference to the “marginally adjusted housewife” indicated the persistence of some of the psychoanalytic formulations of the 1950s. The psychoanalytic penchant for mother blaming picked up momentum in the next decade. In a 1960 *New York Times Magazine* article, Dr. Margaret Benz, Professor of Sociology at New York University, was quoted as stating: “Immature young women may resent their lost status as the ‘baby doll.’ This type of mother, whose every whim was indulged before the real baby arrived, may never be mature enough to adjust to happy, normal parenthood” (Ehrlich, 1960, p. 68).

Numerous mainstream works popularized the “schizophrenogenic” mother (see Hartwell, 1996, for a review)—a woman too involved in her children’s lives, coddling, berating, intruding, and eventually destroying their human potential (Umansky, 1994). Rene Spitz, in his 1965 book *The First Year of Life*, attempted to trace childhood disorders to specific disorders in the mother in the same way bacteriologists would trace each disease to a specific microbe. He connected maternal attitudes to corresponding infantile disturbance (i.e., hostility in the guise of manifest anxiety is linked with infantile eczema). A deficient mother would be exposed by the symptoms of her child’s pathology—a message that was transmitted to new mothers via the popular press. As Dr. Bernard F. Riess, research director of the Postgraduate Center for Mental Health in New York City reported in *Good Housekeeping* (“How Doctors Treat,” 1966), if childbirth blues persist for longer than a couple of weeks, a woman should consult with her doctor because if unattended, it could put stress on her family and affect the personality and physical development of her child.

By the 1970s, women were having fewer children.<sup>7</sup> When popular columnist Ann Landers asked readers to write about their experience as parents, 70% of the huge number who responded reported negative experiences (Thurer, 1994). Part of the problem, writers mentioned, was the new, onerous myth of motherhood. Although there had been harbingers of this problem in the 1960s, in the writings of Ann Sexton, Sylvia Plath, Tillie Olsen, and Grace Paley who spoke honestly about the experience of mothering, few were listening (Thurer, 1994). Betty Friedan’s (1963) feminist articulation of the “problem that has no name,” however, did resonate with many middle- and upper middle-class women, and an increasing number became disillusioned with the idea that marriage and motherhood would provide them with their greatest life satisfaction.

Feminism continued to influence the perception of motherhood, contrasting the stultifying 1950s-style mothering with the potentially healing power of liberated motherhood (Ladd-Taylor & Umansky, 1998). According to one feminist position, women were united by actual or potential motherhood. As more early feminists began having children of their own, feminist writings on motherhood increased and, by the mid-1970s, their discourse about motherhood was drawn from their immediate experiences of mothering (e.g., Chesler, 1979; Oakley, 1979; Rich, 1976).

The first feminist popular press article on postpartum depression appeared in

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<sup>7</sup> This was in part due to the wide availability of oral contraceptives, at least to women of means, by the late 1950s. See Part 3 of Andrea Tone’s (2001) book *Devices and Desires: A History of Contraceptives in America* for an account of the development, approval, marketing, and reception of “the Pill.”

*Ms.* and was an excerpt written by the Boston Women's Health Book Collective, who had produced the landmark volume *Our Bodies, Ourselves* in 1973. It recognized mothers' ambivalence and normalized the yearning for the freedom of childlessness and the feelings of anger and resentment toward kids that can result from mothers' needs not being met. The article stressed that a major cause of postpartum depression was the societal pressure on mothers to drop their major areas of interest in order to be with babies constantly:

In becoming a mother for the first time, we experience an abrupt social discontinuity. We drop out of work. We exchange a fairly egalitarian relationship . . . for a more traditional relationship in which the expectations for us are more stereotyped. ("Postpartum Blues," 1976, p. 115)

The struggle with role conflict and its relationship to postpartum depression first articulated in the 1960s continued in the 1970s. In *Parents* magazine, one woman, in a support group for new mothers, noted, "The jobs which all of us held before motherhood kept us in touch with the world, and we are now trying to determine whether those jobs have places in our new lives" (Thatcher-Renshaw & Kirsch, 1978, p. 20). Another mother went on to say, "I have to stop myself from apologizing for being 'just a mother' when one of my feminist friends asks me what I'm doing now" (pp. 20, 34).

By 1980, feminist interpretations of postpartum mood disorders took hold, if briefly, in the popular press. *Time* presented what amounted to the first feminist theory of postnatal blues, quoting feminist sociologist Ann Oakley:

The recipe for depression, she says, is to create an unrealistic myth about motherhood, offer unfeeling medical care, and then set the new mother down in a social system that offers her little support for her new child and new role. Oakley, the mother of three, thinks childbirth is so oversold as women's greatest achievement that women believe something is wrong with them if they have ambivalent feelings after giving birth. ("Postbirth Blues," 1980, p. 58)

As feminists weighed in on the issue of postpartum mood disorders, the assumption that such disorders were problems solely within individuals began to be questioned. An article in *Glamour* stated that many mothers were beginning to attribute the blues and depression to sexual politics, complaining that the disproportionate load of child care and responsibility fell on them (Collins, 1980). In the same article, Dr. Mary Howell, pediatrician and developmental psychologist, was quoted:

An overwhelming sense of responsibility is another reason new mothers are subject to depression . . . Married or not, most women are single parents . . . Motherhood can be even more difficult for women in intact families because they're not seen as being alone in their tasks. (p. 78)

Women in the 1970s, trying to balance both children and careers, attempted to live up to a new superwoman ideal. In the face of problems such as nonexistent maternity leave and day care, and a job market insensitive to the needs of mothers and children, the pressures began to mount. However, in the absence of the political will to address these very real issues, feminist explanations for postpartum malaise viewed through a more sociological lens and the all-too-brief rec-

ognition that new mothers can be good mothers while also experiencing ambivalence about their new role were short-lived.

### **Backlash, Biology, and Blame**

The new breed of superwomen ultimately found their careers sabotaged by motherhood. The burgeoning profamily constituency of the New Right was delighted and in the 1980s launched an effective media campaign against working mothers, portraying them as greedy, ambitious, ball busters who no one would want as mothers (Thurer, 1994). The 1980s ushered in a cultural nostalgia for the 1950s traditional family.

With the slowing momentum of the feminist movement and the economic crisis of the early 1980s, the relation of women to paid employment came under scrutiny. With higher unemployment, women's liberation was threatening to patriarchal family structures and women were discouraged from participating in the workforce (Levine, 1983). An antifeminist backlash was apparent in the media with stories of young women who had rejected feminist ideology (Stacey, 1986). The internal backlash was foreshadowed by Alice Rossi's (1977) article *Biosocial Perspective on Parenting*, a startling rejection of feminist cultural analysis by a well-known and respected feminist scholar, as well as Betty Friedan's (1981) *The Second Stage*, which blamed the women's movement for developing a "feminist mystique" that was more problem than solution (Stacey, 1986). First-stage feminism, according to Friedan (1981), encouraged a male model of careerism and public achievement as female goals, thus denying women's need for family and children. Shifting priorities away from sexual issues and toward fighting for a multifaceted approach to child care would allow feminists to retrieve the prolife, profamily values from the political Right.

Caught in the contradictions of the political atmosphere, many women dropped their illusions about the new feminine mystique during the Reagan-Bush era. In fact, more babies were born in 1989 than in any other year in U.S. history (Thurer, 1994). A large number of wives in 1991 *Washington Post* and *USA Today* polls said they would quit work if they did not need the money, and some young women said they spent a great deal of time contemplating the comfort of a "motherhood and apple pie fantasy life" (Berry, 1993).

Reflective of the 1980s' step back into the 1950s, an article in *Essence* began with the apparently progressive acknowledgment: "With society's increasing respect for parents has come a more realistic picture of what motherhood involves. The romanticized image projected for so long is being firmly discarded. . ." (Cobb, 1985, p. 122). However, by the end of the article, the reader would be hard pressed to distinguish the prescriptions from those found in articles from the 1950s:

The maxim that if you look good, you'll feel good never applies more than during the emotionally draining period after childbirth. New mothers in the hospital often look shell-shocked. By the time you get home and confront the chaos and other demanding members of the family, you may feel worse. If you can make the effort to look glowing, it is a tremendous boost to your self-confidence. Here's how: Buy yourself at least two feminine and practical nightgowns . . . (p. 122)

The Conservatives trotted out romanticized profamily images, although women were now too important to the economy to simply send back to their homes. They were expected to do double duty—work and take care of the household. The old psychoanalytic image of the martyr–mother had been reincarnated, along with a new round of mother blaming. Phyllis Schlafly and other antifeminists blamed working mothers for tripling the divorce rate between 1960 and 1980 (Berry, 1993), while tell-all celebrity biographies like *Mommie Dearest* (Crawford, 1979) became popular. Fueling the mother-bashing of celebrity children was the contemporary “pop” psychology and self-help industry that looked for pathology in everything mothers do. Recovery-movement sage John Bradshaw (1988), as an example, encouraged his clients to make a list of parental (usually meaning maternal) flaws and failures.

The tenor of popular press articles about postpartum distress began to change in the mid-1980s. No longer did the articles focus on the normal, brief, self-correcting baby blues. Nor did the articles mention the balance among biological, psychological, and social factors as possible causes for postpartum depression that had been expressed by some second-wave feminists and briefly penetrated the popular press. A *Newsweek* article stated that since postpartum depression had become widely recognized in the mid-1980s, doctors understood it much better and believed it to be caused largely by physiological factors (Greenberg & Springen, 2001). In 1980, a rethinking of postpartum problems began when Dr. Ian Brockington, then at the University of Manchester, England, called a conference on postpartum psychiatric illness. Suddenly, a large number of independent investigators and practitioners around the world learned of each other’s work and thinking. They founded the Marcé Society, an international organization to advance knowledge and improve treatment of postpartum patients (Hamilton & Harberger, 1992). The shift in government toward biomedical approaches continued to increase, and Lewis Judd, then director of the National Institute of Mental Health (NIMH), hailed the 1990s as “The Decade of the Brain,” noting that NIMH had already sponsored an enormous amount of neuroscience and psychological research and would build on this base (C. I. Cohen, 1993). In 1992, psychiatrist James Alexander Hamilton and psychologist Patricia Neel Harberger edited a collection, *Postpartum Psychiatric Illness: A Picture Puzzle*, comprising writings of professionals advocating for the medicalization of postpartum illness.

Coincident with this move toward biological explanations was a change in how postpartum mood disorders were portrayed in the popular press. Whereas previously described as normal and self-correcting, postpartum depression was now definitely an illness requiring medical intervention. Whereas a 1980 article in *Glamour* (Collins, 1980) stated that antidepressant drugs were rarely prescribed for postpartum depression, a 1988 *Time* article (Toufexis, 1988) reported that medical treatment for the entire gamut of postpartum disorders, from depression to psychotic episodes, had become quite effective and could include medication, hospitalization, electroconvulsive therapy, and counseling. In *Parents*, one new mother was quoted as saying, “I learned that my illness was caused by dramatic hormonal changes and the adjustments to becoming a mother” (S. F. Cohen, 1997, p. 86); she went on to credit medication as the key to her recovery. In fact, when she became pregnant again, she began taking Prozac right after delivery. Published first in 1987, Maggie Comport’s book *Toward Happy Motherhood* (repub-

lished in 1990 as *Surviving Motherhood*), an advice book for mothers suffering from postpartum illness, noted, "It is generally accepted that the biochemical changes and hormonal adjustments following birth . . . are the main element contributing to the postnatal blues" (p. 278). Although she acknowledged that a range of other factors, including social ones, might contribute, her assumption appeared to be that these were too difficult to fix, or perhaps that not everyone was motivated to do so: "We could change society, and make the way women experience birth and motherhood happier . . . if we all wanted to" (p. 282).

Popular press depictions of postpartum mood disorders also became more sensational, concurrent with TV talk show exposés. In 1986, the *Phil Donahue* show featured Glenn Comitz, whose wife was serving 8 to 20 years for killing their 1-month-old son in 1985 (Taylor, 1996). A *Time* article entitled "Why Mothers Kill Their Babies" opened with this attention-grabber: "It is a bizarre and frightening deed, one that elicits an almost primal horror: an apparently normal mother suddenly snaps and kills her newborn child. Sadly, it is not all that rare" (Toufexis, 1988, p. 81). In a content analysis of popular press treatments of postpartum psychiatric disorders from 1980 to 1998, Martinez, Johnston-Robledo, Ulsh, and Chrisler (2000) concluded that the popular press pathologized and sensationalized women's postpartum affective disturbances. The purpose of 32% of the postpartum depression articles appeared to be to warn or scare readers, and three of the articles were written in reaction to cases of infanticide for which postpartum depression was the legal defense. Stories about infanticide often did not distinguish postpartum psychosis from postpartum depression and the baby blues. As the media sensationalism surrounding postpartum mood disorders intensified in the 1980s and 1990s, this blurring became more problematic. Sadness and negative feelings postbirth were positioned as increasingly—and dangerously—abnormal for a subset of new mothers.<sup>8</sup>

The mother-blaming that escalated after World War II began to take a different form by the end of the 20th century. The implicit assumption that mothers' actions toward infants could have long-term psychological consequences as children grew persisted, but the 1980s' focus on fetal rights extended interest into how pregnancy might affect the physical and psychological health of children. Expectant mothers were now pressured to do pregnancy "right" as soon as they had conceived. A 1993 study described in *Pediatrics* linking troubled pregnancies with postpartum depression filtered down to the popular press in both *Science News* ("Pregnancy Troubles," 1993) and *Psychology Today* ("Problem

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<sup>8</sup> Taylor (1996, 1999) describes the postpartum self-help movement that arose in the 1980s and gathered steam from the media focus on stories of infanticide precipitated by postpartum psychosis as survivors, their family members, and/or activists appeared on television talk shows. Although increasing numbers of women and men in medical fields began questioning the idealized motherhood narrative in the popular press, they were often responding to the overwhelmingly "rosy" picture of pregnancy, birth, and new motherhood that dominated resources aimed at expectant and new mothers. Although the self-help movement encouraged women to accept that they might not be automatically joyful about their new role, women still expressed seeing themselves as "less than ideal" mothers because of their ambivalence. Thus, although Taylor (1996) has highlighted the complex dialectic between individual empowerment and collective social change that is evident in these groups, it is not clear that they have as successfully chipped away at the motherhood myth as she might have us believe.

With,” 1993). It was reported that depressed mothers felt that their children were more vulnerable, not only to depression, but to physical illness, a concern, according to *Psychology Today*, that may linger for years and distort the mother–child relationship. Yale psychologist Sarah McCue Horowitz was quoted,

These mothers are filled with a pathological dread that something could still go wrong with their kids. As a result they may become overprotective or have trouble separating themselves from their children—both of which can take a toll on the kids’ mental well-being. (“Problem With,” 1993, p. 9)

This link between a mother’s mental state during and after pregnancy and her children’s mental health continued and remains a popular topic in periodicals and even advice books. In the 1998 book *The Depressed Mother: A Practical Guide to Treatment and Support*, the author notes ominously that, “There have been findings of raised levels of psychiatric disturbance, greater insecurity in attachment relationships, and impairment in attention and lowered IQ levels in children of mothers who have suffered from postnatal depression” (James, 1998, p. 76). *Psychology Today* reported in 2001 that infants exposed to prenatal maternal stress had lower mental development scores than infants with stress-free moms (Formichelli, 2001). According to a 2004 article in *USA Today*, depression during pregnancy increased the chances of a lower birth weight, premature birth, birth complications, delayed cognitive and language development, and behavioral problems. Even minor depression, the article stated, may affect the unborn child (“Depressed Women,” 2004). The pressure to be a happy mother now began from the moment of conception.

### **Complicating Motherhood and Mood**

Over the course of the second half of the 20th century, there have been variations in how the motherhood–mood relationship has been portrayed and explained in the popular press. However, with the exception of a short-lived period of feminist analysis, we have shown how these portrayals have failed to grapple seriously with the complexity of new mothers’ personal and material experiences—from pregnancy, to childbirth, through to the first year of caring for a baby. Our examination of the postpartum distress–motherhood narrative expressed in popular magazines illustrates the absence of any prolonged or consistent discourse acknowledging that a new mother can simultaneously feel joy and loss, love her baby and yet also resent it, and be a good mother while also feeling unhappy in the motherhood role.

These dynamics, although documented and examined extensively by contemporary feminist scholars (see, e.g., Abrams & Curran, 2009; Hollway & Featherstone, 1997; Phoenix, Woollett, & Lloyd, 1991; Nicolson, 1998; Taylor, 1996), have not consistently penetrated popular discourse. In fact, since the 1980s, magazines have perpetuated a hypernatality characterized by “ridiculously romantic images that insist that having children is the most joyous, fulfilling experience in the galaxy . . . Images of ideal moms and their miracle babies are everywhere. . .” (Douglas & Michaels, 2004, p. 8). And even when the ambivalence and disappointments of new motherhood are acknowledged, as in the advice

book *This Isn't What I Expected: Overcoming Postpartum Depression* (Kleiman & Raskin, 1994), the authors state,

Making matters worse, your weakened psychological state prevents you from dealing with those disappointments in your usual way. Unfulfilled expectations, unanticipated losses, and lack of support create a potential for [postpartum depression] to develop if a woman is biochemically predisposed. (p. 197)

Unfulfilled expectations, unanticipated losses, and lack of support are, *in themselves*, not sufficient to foment postpartum depression, leaving unexamined the following questions: Why are the expectations of new mothers unfulfilled? Why are the losses that come with new motherhood unanticipated? Why do new mothers lack support?

We have demonstrated the deeply held and unexamined assumption running through more than 50 years of magazine articles that negative emotions following childbirth should not be allowed to persist—that unhappiness and motherhood are incompatible, rather than truly part of the story. The shift from the 1950s accounts of normal, harmless, and fleeting baby blues to a disease model to account for postpartum maladjustment did little to foster a cultural climate open to exploring a more nuanced, multilayered motherhood narrative. In fact, by the 1990s, the increasingly common message being sent to women was that good and happy mothering must begin at conception because uneven mood *even during pregnancy* could have long-term consequences for the child.

Although we began this examination looking for changes in the discourse about postpartum moodiness and mothering over time, we have concluded that certain fundamental ideas remained in place, despite shifts in the scientific, cultural, and political landscapes. The medicalization of childbirth, the influence of male experts, the postwar psychoanalysts, the advent of psychopharmaceuticals, second-wave feminism, the resurgence of the New Right all shaped characterizations of motherhood and the meaning of postpartum distress. But, the message that motherhood itself should not produce negative emotions, and if it did something was wrong with mother rather than motherhood itself, transcended these shifts, with the brief exception of some feminist critiques (see also Warner, 2005; Wolf, 2001). Fifty years after the first article on the baby blues, women's complicated experiences of motherhood were still obscured by the overwhelming preoccupation with good mothers as happy mothers, at all costs.

Has anything changed? In 1983, Marie Osmond graced the cover of *Good Housekeeping* proclaiming, "Happiness is having a baby" (as cited in Douglas & Michaels, 2004, p. 17). Eighteen years later, she published her book, *Behind the Smile: My Journey Out of Postpartum Depression* (Osmond, 2001), in which she blamed the unrealistic demands of perfect motherhood for fueling her postpartum distress and spoke about the need for self-acceptance as well as physical, emotional, social, and spiritual healing. Other well-known celebrities have also gone public with their postpartum struggles (e.g., Shields, 2005a). Although the rise and proliferation of this new genre of celebrity tell-all about postpartum distress extends beyond the timeframe of our analysis, Brooke Shields, for one, has expressed her relief in learning that her postpartum depression was actually a "serious disease" and has become an advocate for antidepressant medication, noting in a *New York Times* op-ed article that medication allowed her to become

the “loving parent that I am today” (Shields, 2005b). Although not suggesting that postpartum depression has no biological substrates, we do suggest that the overwhelming emphasis on changing mother’s biology can serve to obscure a more nuanced and complicated dialogue about motherhood. When the most important job in the world becomes one of the most distressing, perhaps we need to look seriously, not only at mother, but at the job itself.

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