

Electronic Thesis and Dissertation Repository

7-7-2022 1:00 PM

You Go to My Head: Women's Prescription Pill Use in Postwar America

Erin K. Brown, *The University of Western Ontario*

Supervisor: Shire, Laurel Clark, *The University of Western Ontario*

A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in History

© Erin K. Brown 2022

Follow this and additional works at: <https://ir.lib.uwo.ca/etd>



Part of the [Social History Commons](#), [United States History Commons](#), and the [Women's History Commons](#)

Recommended Citation

Brown, Erin K., "You Go to My Head: Women's Prescription Pill Use in Postwar America" (2022). *Electronic Thesis and Dissertation Repository*. 8727.

<https://ir.lib.uwo.ca/etd/8727>

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.

Abstract

During the postwar era, US pharmaceutical companies grew their production and distribution of prescription pills, which included barbiturates, minor tranquilizers, and amphetamines for mass consumption. Middle- and upper-class women were the majority users of these pills, finding assistance with the aid of prescribed drugs that helped correct difficulty with sleeping, eased anxiety, provided energy, and reduced the users' size. This dissertation works to bring drug history and women's history together to integrate the impact prescription pills had on women's lives, positive and negative, and how and why consumers sought these drugs and the effects they promised. This project uncovers interactions between women, prescription pills, and feminism from the 1950s through 1970s in both explicit and subtle ways. The Second-Wave Women's Movement expanded over the years of women's heightened pill use, and feminism notably addressed these drugs as they were an integral part of millions of women's lives. For many, pill use was a sign that women were unhappy with traditional roles and needed society to change. Pills aided women in achieving gender expectations, which feminists would critique as problems with a patriarchal society and gender roles. Women noticed the way they encountered problems and wanted to solve them. Pills were a tool society heralded as a suitable fix and physicians easily supplied them, noting that women benefited from this assistance. Based on personal accounts, prescription pills were not just the oppressive tools that media narratives often imply, leaving women lethargic and indifferent to their lives. The rise of women's pill use reveals that gender roles were unmanageable, both in traditional standards and new forms as expectations shifted. Prescription pills provided aid to deal with what felt like personal issues and frustrations that feminists later pointed out as larger systemic problems, reflecting a breaking point in many

women's acceptance of gender roles and norms. The relationship between pill use and women was complex. Prescription pills helped some fill traditional norms and others to become more progressive. They raised the standards and possibilities in both cases and brought both needed aid and unintentional harm.

Keywords

Prescription Pills, Barbiturates, Minor Tranquilizers, Amphetamines, United States, Postwar America, Hollywood, Suicide, Overdoses, Marilyn Monroe, Jacqueline Susann, Sylvia Plath, Suburbia, Housewives, Addiction, Weight loss, Dieting, Body Image, Women's Health, Feminism, Second-Wave Women's Movement, Popular Culture

Summary for Lay Audience

Following World War II, three categories of prescription pills played a significant role in the lives of middle- and upper-class white women in America. They used barbiturates to aid in sleep, minor tranquilizers to ease anxiety, and amphetamines to help lose weight and boost energy. Despite the cultural imagery that persists, pill users were not just apathetic to their lives, as we encounter in narratives depicting overdoses and the escapism of bored housewives. Nor were they solely the victims of drug companies seeking profits or of male doctors enforcing control, which feminist narratives and critiques on consumerism forwarded in the 1970s. Users willingly participated in their consumption, at times expressing influence in their drug use. They were not passive consumers but played an active role in their purchase and ingestion of drugs. The ideals that women sought prescriptions to assist in reaching often facilitated maintaining the *status quo* to the benefit of society and women's ability to secure their acceptance within it. When we seriously consider the role of the users' agency rather than viewing them within the common cultural narrative of victimhood, we can see the tensions between gender expectations and real women's lives in the postwar era. Women's pill consumption signals their difficulties, at times, before feminism of the era explicitly touched upon them. For some, this meant noticing their daily anxieties or mild depression, for others, it highlights the importance of meeting gender expectations for their personal relationships and financial security. Prescription pills shaped possibilities for women, although also pointed to the unnatural demands of womanhood and brought unintended physical side effects. Women's prescription pill use and critiques of it often reflected societal concerns about gender roles and feminist narratives and indicated a need for change.

Acknowledgments

I would like to thank my supervisor Dr. Laurel Clark Shire for years of her thoughtful comments, guidance, and support. She made me feel welcome at Western University and always provides invaluable help and warmth to her students. I am indebted to the years of aid and advice from my second reader, Dr. Robert MacDougall, who provided detailed and crucial critiques of my dissertation. Many thanks to other Western History Department members, Dr. Aldona Sendzikas, Dr. Monda Halpern, Dr. Nancy Rhoden, Dr. Francine McKenzie, and Dr. Katherine McKenna, who aided in years of support with this project. From serving as defense and proposal committee members, offering advice on award applications, proposal drafts, and early research, to gestures of kindness and support, my years at Western would not be the same without them. To my university reviewer, Dr. Jessica Polzer, and external reviewer, Dr. David Herzberg, I am extremely grateful for your helpful and thoughtful questions and comments. Additionally, I would like to extend special thanks to our department graduate program coordinator Kara Brown, whose encouragement and care makes everyone feel supported.

To my fellow history graduate students, I am grateful for our long office and hallway chats and laughter. A special mention to my cohort Luana Buckle, Bryan McClure, Sara Poulin, and Allen Priest for continued motivation and support for each other and our work since day one. Our countless coffee and tea breaks, among other things, kept me sane and ensured lots of smiles and warm memories amongst the years of work.

Finally, I would like to express my appreciation to my family and friends for their years of love. Thanks for always supporting my adventures. I “get by with a little help from my friends,” my family, and my music. To paraphrase Elizabeth Wurtzel, thank you to the great inventors of words and music, like Bruce, Bob, and Joni, who help us all survive.

Table of Contents

Abstract.....	ii
Acknowledgments	v
Table of Contents.....	vi
Introduction.....	1
Chapter 1: One Pill Too Many: Women’s Barbiturate Overdoses and Need for Control	41
Chapter 2: From Aid to Addiction: Housewives and their Minor Tranquilizer Use	88
Chapter 3: Doing It All: Amphetamines to Trim Down and Pep Up	133
Chapter 4: “Liberation Not Librium”: The Women’s Movement and Pill Use.....	175
Conclusion	217
Bibliography	233
Curriculum Vitae	276

“You Go to My Head: Women’s Prescription Pill Use in Postwar America”

Introduction

In 1961, a *Cosmopolitan* article theorized how a mother in 2001 would live. The expectation was that “Medicine long since has wiped out most illnesses and all fatigue and has made women, except for two or three hours’ sleep at night, perpetually alert. Pills and injections make her chassis the shape she wants it.” The home’s electronics would cook and clean for her, and she would hold a Ph.D. in addition to working as a lawyer.¹ While this prediction did not come true, it reveals how US society had come to view new drugs as tools to improve the lives of American women. Removing tiredness, boosting productivity, and perfecting her shape seemed to be the epitome of the fantasy life for women of the future, as it was in the early 1960s. Such narratives, and women’s mass consumption of the pills that promised these effects, demonstrated their importance. Women’s use of barbiturates, minor tranquilizers, and amphetamines became a central flashpoint in debates about women’s roles, health and health care, feminism, and power in postwar America. Pills were a sign of the ideals women worked to achieve during the era and the habits and qualities they tried to limit and control, for the perceived benefit of themselves and others. Gender roles were not fixed but evolving for many during this period and prescription pills could assist women in trying to meet long-term expectations and recent trends. Their drug use also revealed how many women required aid and that societal expectations were often unattainable without them.

During the postwar era, US pharmaceutical companies grew their production and distribution of prescription pills, which included barbiturates, minor tranquilizers, and

¹ Phyllis Battelle, “The American Woman: What Awaits Her in The Years Ahead,” *Cosmopolitan*, March 1961, 57 from *The Feminine Mystique*. Notes. Portrayal of women by advertisers, ca.1957-1963. Papers of Betty Friedan, 1933-1985, MC 575; T-97; T-125, Vt-1; Phon-7, 2021. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

amphetamines for mass consumption. These drugs were part of a developing pharmaceutical industry that promised better living through chemistry. While barbiturate and amphetamine use expanded in the 1940s, minor tranquilizers entered the market with meprobamate's 1955 release and Americans consumed an estimated 1.25 billion "tranquilizing pills" by 1957.² The media initially praised the positive attributes of these readily obtainable prescription drugs, labeling tranquilizers, for example, "peace pills" and "emotional aspirins."³ These psychoactive drugs, also known as psychotropic or mood-altering, influence nervous system functions and alter consciousness and mood. The ease with which many Americans could gain the pills allowed for a greater social influence than other substances.⁴ For instance, while certain drugs can bring immediate harm to many users if taken outside the medical need and allotted dosage, these three drugs were understood to be harmless, and patients could relay to physicians their desire for barbiturate, minor tranquilizer, and amphetamine prescriptions. Unlike some other prescription products, there was no conclusive test to decide whether patients required these drugs. Although doctors could observe signs someone had trouble sleeping or relaxing, they strongly relied on a patient's testimony that they were necessary. As these drugs gained notoriety, they became increasingly popular among women.

Through the 1950s to 1970s, prescription barbiturates, minor tranquilizers, and amphetamines rose to acclaim, reshaping medical options and gender standards for millions of women. It is imperative to comprehend these three drugs together, in part because users of one would also rely on another to help balance out the side effects. By examining personal accounts and media representations of multiple prescription pills, this work highlights how

² Thomas Whiteside, "Onward and Upward with the Arts: Getting There First with Tranquility," *The New Yorker*, May 3, 1958, 98.

³ "Pills vs. Worry - How Goes the Frantic Quest For Calm in Frantic Lives?" *Newsweek*, May 21, 1956, 68.

⁴ Mickey C. Smith, *A Social History of the Minor Tranquilizers: The Quest for Small Comfort in the Age of Anxiety* (New York: Pharmaceutical Products Press, 1991).

pill use necessitated more pill use. Understanding these interconnected influences demonstrates the far-reaching significance of pills on women's lives and the gender expectations women faced. If one only analyzes one drug, it can seem as if gender issues or motivations for pill use stemmed from a single cause. Yet recognizing their intersections and correlations displays the broader expansion of their impact on women. Minor tranquilizers, for example, demonstrate dissatisfaction in suburbia and homemaking in narratives, but through expanding the analysis of pill categories, we see how frustrations existed in various lifestyles, including those with careers. Additionally, women did not always take a certain drug because of the frequent cause linked to its use in popular narratives. Some users of amphetamines sought them out not because of the need for weight loss but because their barbiturate use left them tired the next day, and some women took minor tranquilizers not out of displeasure with being housewives but because amphetamines caused too much stimulation and they needed to calm their nerves.

Women were the majority users of these pills, finding assistance in their daily lives with the aid of prescribed drugs.⁵ Examining the discourses about them provides a window into the multifaceted issues that Americans believed were vitally important. As repeatedly shared in the press, women were consuming pills to “help pep them up, slim them down, put them to sleep, or ease real or imagined pains,” as part of a “tranquilizer-amphetamine-barbiturate boom that began in the early fifties.”⁶ Exploring this trifecta of pills within this dissertation reveals the ways women in the postwar era attempted to find betterment and control through their actions and the pressures from others. When these prescription pills first

⁵ “The Better Way: Do Americans Suffer from Medicine-Cabinet Addiction?” *Good Housekeeping*, November 1969, 196.

⁶ “Women Especially Cited for Dependency on Drugs,” *Christian Science Monitor*, May 22, 1978, 8; Allen Geller and Maxwell Boas, *The Drug Beat* (New York: Cowles Book Company, Inc., 1969), 234.

grew in popularity, the medical industry and media touted them as aids to make improvements with. They could, and did, help correct difficulty with sleeping, ease anxiety, provide energy, and reduce the users' size; results the drug companies marketed the pills as offering and desires consumers sought products to fulfill in the decades following World War II. Pills could help middle- and upper-class women achieve more in life, including modern successes like having professional careers. These intended solutions resulted in a social framing of these pills as magical, as demonstrated in the opening paragraph.

Yet, after the immense success of these pills, by the 1970s, narratives regarding women's consumption shifted towards blaming users, seeing reliance on pills as unethical and an easy way out of hard work and discipline. Additional narratives also addressed the ways that pill use oppressed and harmed women. For example, some feminists felt pills hurt women as they helped them meet the demands of a patriarchal society, which stopped them from questioning the gender concepts they were working to uphold, preventing collective feminist action.⁷ While these contrasting narratives each held kernels of truth, they often lacked a nuanced comprehension of the experiences and motives behind women's consumption. This project seeks to explore ways prescription pills were not fully oppressive or dependable for their users.

This dissertation contributes to twentieth-century US history by clarifying women's experiences with prescription drugs in the postwar era, specifically the 1950s through 1970s, and increasing our understanding of the representation of their prescription pill use in American culture. Gender influenced how women became the majority users of these pills and how society reacted to their consumption, along with how people framed attacks against women's use. Popular culture shaped and distributed drug concepts to Americans and it

⁷ "How to Get Hooked: Your Family Doctor as Pusher," *Mother Lode* 4 (Spring 1972): 12.

helped to form powerful stereotypes of users, with a specific focus on middle- and upper-class white women, the most frequent users of the pills. History and popular memory closely associate prescription pill use with the 1950s stereotypical housewife, who appeared happy but was deeply dissatisfied underneath. Although some drug users of the era fit this description, women also consumed the same drugs through the 1970s, while expanding numbers of mothers worked outside the home in addition to their homemaking duties, pressured into completing a “second shift” of work.⁸ Approximately 30 to 40 million American adults, most of whom were women, consumed mood-altering drugs in the early 1970s.⁹ Critiques from feminists emerged about these pills in the 1960s and 1970s, viewing them as damaging to women’s bodies and gender expectations. According to one feminist journal of the 1970s, reasons given for why a housewife would be a majority user of prescription pills included her “unfulfilling and generally frustrating life or role,” and this motivation for pill use, historically, has endured.¹⁰ Along with cultural representations, it has cemented them in memory as “mother’s little helper” that tranquilized women’s motivation and altered historical attitudes towards gendering pill use as a middle-class woman’s activity. For instance, in 1978, with growing discussions about the risks of drugs, including addiction, some still viewed women’s pill consumption through popular culture’s narratives.¹¹ A woman interviewed at a New Jersey counseling center claimed that her prescription pills “were mother’s little helper. They were ‘bout the only things to get me through my day,”

⁸ Arlie Hochschild with Anne Machung, *The Second Shift: Working Families and the Revolution at Home* (New York: Penguin Books, 2012).

⁹ Mauree McKaen, “Prescription Drug Abuse,” *Her-Self* 1, no. 7 (December 1972-January 1973): 15.

¹⁰ *Ibid.*

¹¹ The word “addiction” carries various meanings throughout history and in numerous contexts. When used in this dissertation, it is not the writer’s judgment of any person’s pill use but a reflection of the historical sources and their language. Based on context, this refers to habits and serious dependency requiring medical intervention.

clearly referencing the Rolling Stones' 1966 song.¹² This legacy still exists in popular culture and women's history, and this project works to integrate a further understanding of women's prescription pill consumption into the historical narrative. Despite the cultural imagery that persists, pill users were not just apathetic to their lives, as we encounter in narratives depicting overdoses and the escapism of bored housewives. Nor were they solely the victims of drug companies seeking profits or of male doctors enforcing control. Users initiated and participated in their consumption. They were not passive consumers but played an active role in their purchase and ingestion of drugs. The pills women turned to were not just about tranquilizing their minds but, instead, I argue, about increasing their abilities in sleep, homemaking, paid labor, weight loss, and happiness. Although we often think of cultural stereotypes of women's prescription pill use, their experiences contain diverse stories of gender expectations and reflect evolving concepts of what women should want to be and do.

Women's history includes few, if any, details on the way women embraced these drugs in vast numbers. The topic of prescription pill use is a very minor theme in the existing literature. History often views this period as one of great conformity among white women, as presented in narratives of suburbia and housewives, and pushback against these expectations, especially with the Second-Wave Women's Movement.¹³ Remarks on women's pill use, if existing at all, normally are brief and speak to cultural stereotypes or a sign of the "unhappy housewives'" boredom. Studies that do address women's health and medicine typically center on reproductive health. The greatest exploration exists in histories of anxiety. Many

¹² "Drugs and Drug Abuse," *ABC Evening News*, ABC, July 26, 1978. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #54895.

¹³ The labeling of the feminism of the 1960s and 1970s as the Second-Wave Women's Movement in this dissertation does not ignore women's work for greater equality and rights in the decades before. I use it to name the collective forms of feminist activism and consciousness throughout the era, such as liberal and radical feminism.

historical works examine minor tranquilizers as part of twentieth-century antianxiety pharmaceuticals, such as the works of Andrea Tone and David Herzberg, or psychoanalysis and psychiatry, like Jonathan Metzl's *Prozac on the Couch*, which includes an analysis of women and gender.¹⁴ Postwar popular culture includes many references to individual pill use and fictional representations, but the best remembered are celebrity stories, like Marilyn Monroe's death or the character Fran's suicide attempt in *The Apartment*, which emphasize individuals' experiences. These sources and histories are well-known but not present within the context of the significance of pills in postwar women's lives and the feminist movement. This dissertation brings drug history and women's history together to integrate the impact prescription pills had on women's lives, positive and negative, and how and why consumers sought these drugs and the effects they promised. We need to address pill use with seriousness to fully comprehend how a deeply large and engrained area of culture and society has generated so little specific attention in women's history, especially regarding women during a time of massive change in their rights and opportunities.

This dissertation relies on women's testimony about their own experiences with pills, in order to expand understanding of their motivations in the context of the rising historical use of pills in postwar America. Women's stories tell of lived experiences or perspectives that contrasted and merged with the public discussions that recommended and discouraged pill use. Recognizing women's knowledge about pills and the pressures around their use are paramount if one is to understand their situations and choices. As evidenced in this work, women faced expectations with narrow definitions, and they looked for ways to meet or

¹⁴ Andrea Tone, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (New York: Basic Books, 2009); David Herzberg, *Happy Pills in America: From Miltown to Prozac* (Baltimore: The Johns Hopkins University Press, 2009); Jonathan Michel Metzl, *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* (Durham: Duke University Press, 2003).

manage them with pills. Physicians and drug companies additionally identified how middle- and upper-class women could use assistance, and afford it, as the marketing and prescribing of pills towards them increased, bringing expanded sales. Taking a pill was something women could do for themselves, allowing them personal improvements. It also stresses what features society wanted from women, like productivity and certain appearances, while meeting the demands and improving the lives of husbands, children, and employers. The ideals that women sought to live up to with the help of prescriptions facilitated maintaining the *status quo* to the benefit of society. Women sought to secure their acceptance within that society by meeting these ideals.

Despite the critiques against women's pill use that expanded in the 1960s and 1970s, barbiturates, minor tranquilizers, and amphetamines could create the results that users desired. Many narratives and histories focus on the harms of pill consumption; thus, they ignore the positive effects and experiences and how pills often provided empowerment to their users by providing the effects women sought them for. These pills allowed women to succeed in situations and expectations that were difficult for them to meet without aid. Consuming prescription pills gave some women avenues to liberation and change; for others, tossing them aside brought this step. When some women criticized these drugs, it could help them find new paths of achievement. The relationship between pill use and women was complex. The pills helped some fill traditional norms and others to become more progressive. They raised the standards and possibilities in both cases and brought both needed aid and unintentional harm. Although many women seemed to find positive results with prescription pill use, these pills could also bring dangerous results, physically, mentally, and socially, and in some cases even death. Yet, when historically, we focus so strongly on the negative side effects, we ignore vital complexities in women's expectations, motivations, and needs.

As it recounts the history of women and barbiturates, minor tranquilizers, and amphetamines, this project uncovers interactions between women, prescription pills, and feminism of the postwar era in both explicit and subtle ways. Considering the years of the Second-Wave Women's Movement overlap with much of women's mass pill use, feminism notably addressed these drugs as they were an integral part of millions of women's lives, and for many, a sign that women were unhappy kept in traditional roles and needed society to change. Pills aided women in achieving gender expectations, which feminists would critique as problems with a patriarchal society and gender roles, even when not explicitly about drug use. Before feminist work addressed them, many of these topics were already apparent advertisements for pills and in the motivations that women expressed for taking them. Women understood the challenges they faced and wanted to overcome them. Society heralded pills as a suitable solution for troubles and physicians supplied them, and many women benefited from this assistance. The issues that fed into liberal feminism's development were ever-present, such as balancing forms of labor and presenting thin bodies, and pills often disbursed temporary and personal relief rather than the challenging of gender roles. Women's pill use and narratives for and against it demonstrate how society dealt with gender in the postwar era in sometimes inexplicit ways and how a need to maintain or push away from gender roles uniquely permeated into American society. Sometimes interactions were unequivocally feminist, such as references to the need to halt pill use in feminist texts like *The Feminine Mystique* and *Our Bodies, Ourselves*.¹⁵ Not all those questioning gender expectations considered themselves feminists, however. They were women working to uphold traditional roles or breaking away from them who noticed that pills could help them.

¹⁵ Betty Friedan, *The Feminine Mystique* (New York: A Dell Book, 1963); The Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973).

They wanted the effects pills promised or the security and benefits society would bestow if they met these gender standards. However, even if not feminists, some women criticized pill use because of the lack of informed knowledge and adverse side effects like addiction. At times, cultural narratives focused on pill use to avoid discussing the issues with gender in society, offering a solution to a small segment of people in what seemed like an individual fix to personal problems that were actually systemic. Unfortunately, as women's access and desire to take pills weakened, the opportunity to deconstruct harmful gender expectations of women did not take place. There was a division between the purchasing and consuming of certain pills and the social environment that influenced their use. While the women's liberation movement worked to address both areas, many of the social pressures remained. The consumption of barbiturates, minor tranquilizers, and amphetamines fell by 1980 but women turned to different aids to help them meet many of the same milestones.¹⁶ The societal ideals women worked to uphold with their use of prescription pills frequently presented a need for greater feminist work.

Prescription pills were not just the oppressive tools that narratives often imply, however, leaving women lethargic and indifferent to their lives, nor were they fully advantageous. Women's interest in taking pills, which they frequently sought out, demonstrate that they wanted to change their lives. For some, this meant noticing their daily anxieties or mild depression. For others, it highlights the importance of meeting gender expectations for their personal relationships and financial security. Pills could help women meet societal expectations that impacted their material and emotional lives. When we seriously consider the role of the users' agency rather than viewing them within the common

¹⁶ Tone, *The Age of Anxiety*, 207; Nicolas Rasmussen, *On Speed: The Many Lives of Amphetamine* (New York: New York University Press, 2008), 220.

cultural narrative of victimhood, we can see the tensions between gender expectations and women's lives in the postwar era. Their pill consumption signaled their challenges, at times, before feminism of the era explicitly touched upon them. The rise of women's pill use reveals that gender roles were unmanageable, both in traditional standards and new forms as expectations shifted. Prescription pills provided aid to deal with what felt like personal issues and frustrations that feminists later pointed out were larger systemic problems, reflecting a breaking point in many women's acceptance of gender roles and norms.

Historiography

This section contextualizes women's use of prescription drugs in the past. This historiography focuses on drug history and women's and gender history, with a focus on the 1950s and 1960s. The historiography of drug use has not engaged with gender extensively, particularly not prescription pills or users' personal perspectives. Much of the available scholarship on the history of drugs focuses on specific substances or describes and analyzes the treatment and effects of addiction. As highlighted in this work, the intersection of poly drug (multi substance) use exists in primary sources but lacks historical study. More recent work in this field integrates new social history features, paying attention not to the drug itself but how social factors shaped cultural understandings of drugs. This dissertation aligns more closely with these recent trends. It is less about the creation of the drugs and more about their majority users and the portrayal of these consumers in popular culture. Women's and gender history influences the questions and the methods used for research analysis, especially the construct of a feminine ideal. Postwar histories examine the categorization of women as housewives or feminists, both of which were part of prescription pill stories. Instead of looking at one category or the other, this work analyzes the links between these groups,

aware that those not engaged in activism also desired change and that feminist reactions to pill use influenced the larger cultural narrative about women's pill consumption. My dissertation contributes to the study of drug use among women in the mid-century and how gender roles motivated not only the desire to use them, but also various cultural narratives and criticisms of women who used pills.

Drug History:

Drugs have played a significant role in the history of America, and their function has constantly evolved. Psychoactive substances such as caffeine, cannabis, and coca have brought a significant global impact, as examined in books like David Courtwright's *Forces of Habit*.¹⁷ Social, political, economic, and religious elements have shaped America's habits with a myriad of drug and alcohol products.¹⁸ Just as the legal classification of drugs has changed over time, so too has their social acceptability. Psychoactive substances have been a part of American history for centuries, beginning with tobacco and alcohol use.¹⁹ Newer critiques of women's substance use emerged during the nineteenth century in America when women consumed morphine to deal with chronic pain or meet social expectations, and if others knew of their use, they viewed the users with pity.²⁰ As morphine addiction became framed as a feminine trait, certain groups of men in the early twentieth century would openly engage in drug use to reject "conventional male gender roles."²¹ In some urban areas like

¹⁷ David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge: Harvard University Press, 2001).

¹⁸ Sarah W. Tracy and Caroline Jean Acker, eds., *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000* (Amherst: University of Massachusetts Press, 2004), 2.

¹⁹ *Ibid.*, 9.

²⁰ Caroline Jean Acker, *Creating the American Junkie Addiction Research in the Classic Era of Narcotic Control* (Baltimore: The Johns Hopkins University Press, 2002), 6.

²¹ Mara L. Keire, "Dope Fiends and Degenerates: The Gendering of Addiction in the Early Twentieth Century," *Journal of Social History* 31, no. 4 (Summer 1998): 809.

Chicago, about one-third of women opiate addicts were prostitutes.²² Reformers alleged white prostitutes needed to use opiates to handle the objectionable nature of their work. As historian Mara L. Keire asserts, “They believed that prostitutes’ addiction was a sign of the extremes to which the agents of vice had to go to overcome women’s innate morality.”²³ Similarly, feminists decades later argued housewives’ reliance on prescription pills kept them in their homes, completing unfulfilling labor for sometimes ungrateful husbands and children. Drugs, for some, were substances that signified women’s oppression in roles they would not have embraced under different circumstances.

In the twentieth century, evolving concepts of medicine in American history would influence millions of women to adopt prescription pill use with confidence. In his work *The Social Transformation of American Medicine*, Paul Starr remarks that doctors hold a social and cultural authority to give guidance and interpret signs and symptoms for their patients. This counsel helps patients confirm whether they are “really” sick. That said, the doctors render advice but typically have no power to enforce their suggestions.²⁴ As the economy boomed during the postwar era, the ability to focus on chronic illness and health conditions like obesity and neurosis as well as mental health grew, in part because new treatments for infectious diseases became available, such as penicillin, vaccines, and hygienic measures.²⁵ The endorsements the medical community provided for prescription pills, and the respect patients had towards doctors, allowed for expanded awareness and use of prescription pills.

Substance abuse, especially with alcohol, played a prominent role in developing concepts of addiction that would transfer to drug abuse in the years following World War

²² Ibid., 810.

²³ Ibid., 811.

²⁴ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 14.

²⁵ Ibid., 336, 337.

II.²⁶ New approaches to the study of alcoholism as a disease in the postwar era often ignored women as alcoholics but usually accepted white, middle- and upper-class men as those affected.²⁷ Congress passed The National Mental Health Act in 1946 in response to war veterans and the National Institute of Mental Health worked to understand and treat issues of mental health, eventually covering topics like alcoholism and suicide prevention.²⁸ Formal addiction treatments and support grew in the postwar era, however, users also had other paths to overcome substance use problems. In the mid-century, some who sought drug addiction treatment faced various forms of punishment or abuse in hospitals and asylums.²⁹ Youth drug rates and ties between crime and drug use led to societal concerns and encouraged expanded addiction research and treatment in the late 1960s. Policy reforms and increased treatment came with the Controlled Substances Act that passed in 1970.³⁰ During the 1970s, national alcoholism organizations pushed for raised awareness that alcoholism was a disease that deserved empathy. Into the 1980s, treatment centers would offer similar assistance for drug addiction.³¹ This help, historically, would focus on affluent white drug users while continuing to punish minority drug users.³²

Government interventions would impact the regulation and availability of prescription pills. The Food and Drug Administration (FDA) oversees the safety and

²⁶ Tracy and Acker, eds., *Altering American Consciousness*, 13, notes recent scholarship on alcohol has brought into analysis insights gleaned from using intersectionality, ethnicity, and the role that gender has had on the substance's attitudes and perceptions. See Catherine Gilbert Murdock, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940* (Baltimore: Johns Hopkins University Press, 1998), for analysis on alcohol's shift from masculine spaces to the domestic sphere of the home.

²⁷ Lori Rotskoff, *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America* (Chapel Hill: University of North Carolina Press, 2002), 12.

²⁸ Starr, *The Social Transformation of American Medicine*, 346.

²⁹ Claire D. Clark, *The Recovery Revolution: The Battle Over Addiction Treatment in the United States* (New York: Columbia University Press, 2017), xi.

³⁰ *Ibid.*, 116.

³¹ *Ibid.*, 186.

³² *Ibid.*, 13.

effectiveness of drugs in the United States and gained greater influence over the twentieth century. In 1951, the Durham-Humphrey Amendment brought labeling to drugs to clarify whether they required a prescription to obtain legally.³³ The Controlled Substances Act brought the scheduling of licit and illicit drugs based on their level of abuse potential, reducing access to and quantities of prescription pills. The federal involvement in approving drugs, limiting access through prescriptions, requirements of labeling and refills, and the development of addiction treatment options impacted what drugs Americans could use in specific amounts and also which Americans could easily obtain them.

The pharmaceutical industry developed, researched, and marketed the prescription drugs discussed in this work.³⁴ In the postwar era, pharmaceutical companies provided physicians with circulars and periodicals on their products.³⁵ As new products frequently entered the market, this was an imperative way to keep doctors informed on what pills were new and the issues they could target. Since doctors were the consumers of this marketing, pharmaceutical companies directed the problems drugs could solve towards them, at times offering products that would remove the frequency patients would bother doctors rather than the relief they brought the pill users.³⁶ Pharmaceutical companies, such as Hoffmann LaRoche, Smith, Kline & French, and Eli Lilly, government agencies, and doctors all provided essential framing of prescription pills for potential users and worked as gatekeepers to the products.

³³ Mickey C. Smith with E.M. (Mick) Kolassa and Walter Steven Pray, *Government, Big Pharma, and the People: A Century of Dis-Ease* (Boca Raton: Routledge, 2021), 154, 305.

³⁴ For more on drug regulation and marketing see: Dominique A. Tobbell, *Pills, Power, and Policy: The Struggle for Drug Reform in Cold War America and Its Consequences* (Berkeley: University of California Press, 2012); Melody Petersen, *Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs* (New York: Sarah Crichton Books, 2008).

³⁵ Robert Seidenberg, "Drug Advertising and Perception of Mental Illness," *Mental Hygiene* 55, no. 1 (January 1971): 21.

³⁶ *Ibid.*, 25.

Turning to works on drugs themselves, general histories regarding drugs have evolved over recent decades but, for the most part, have focused on individual substances. Initial histories of drugs in the United States addressed addiction to opium at the turn of the century and expanded further into studies on other specific drugs that dominated use or media attention.³⁷ Much of the literature published through the 1980s centered on opiate use or other substance histories, such as the hallucinogen LSD.³⁸ These singular drug or drug category monographs have continued into the twenty-first century although more recently have added significant social history analysis. Histories widely overlook barbiturates and amphetamines, especially their licit consumption among women, aside from the works of Nicolas Rasmussen.³⁹

Historians provide elevated attention to the drug category of minor tranquilizers over other prescription pills. *A Social History of the Minor Tranquilizers* by Mickey Smith is one of the earliest monographs exploring these drugs. Smith forwards one crucial insight that minor tranquilizers are “more social than medical,” providing a need to study these drugs

³⁷ Tracy and Acker, eds., *Altering American Consciousness*, 17. This included works like: David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America* (Cambridge: Harvard University Press, 1982).

³⁸ H. Wayne Morgan, *Drugs in America: A Social History, 1800-1980* (Syracuse: Syracuse University Press, 1981); Jay Stevens, *Storming Heaven: LSD and the American Dream* (New York: The Atlantic Monthly Press, 1987); Martin A. Lee and Bruce Shlain, *Acid Dreams: The CIA, LSD and the Sixties Rebellion* (New York: Grove Press, Inc., 1985). Books that address the hippie culture directly discuss drug use, but few attend to women or gender within the drug-using counterculture. Timothy Miller, *The Hippies and American Values* (Knoxville: The University of Tennessee Press, 2011) for instance, dedicates its first chapter to drug use but ignores gender in its analysis. Regarding women who were part of the hippie culture, there is minimal historical work that addresses their experiences. Gretchen Lemke-Santangelo, *Daughters of Aquarius: Women of the Sixties Counterculture* (Lawrence: University Press of Kansas, 2009) argues that female hippies were not entirely separate from those fighting for feminist rights but infused features of feminism into their lifestyle. Aspects of women’s lives include how they experimented with drugs as a form of community and spiritual growth. However, historian Gretchen Lemke-Santangelo notes that history usually ignores this drug use and labels women in the counterculture as either victims or “shallow thrill seekers.”

³⁹ Rasmussen, *On Speed*, which provides a multi-decade examination of amphetamine drugs; Nicolas Rasmussen, “Goofball Panic: Barbiturates, ‘Dangerous’ and Addictive Drugs, and the Regulation of Medicine in Postwar America,” in *Prescribed: Writing, Filling, Using, and Abusing the Prescription in Modern America*, eds. Jeremy A. Greene and Elizabeth Siegel Watkins (Baltimore: The Johns Hopkins University Press, 2012), which looks at the “menace” to the public barbiturates brought due to their illicit trade and use among youth.

apart from histories of medicine and disease but rather in relation to the societal values they display.⁴⁰ Published in 2009, *The Age of Anxiety* by Andrea Tone explores the history of minor tranquilizers, which she argues played an essential role in major changes to the pharmaceutical industry, psychiatry, and society.⁴¹ The book's title, *The Age of Anxiety*, references a popular theme Tone references throughout the book: the underlying anxieties that filled Americans during the postwar era, the treatment of which launched the remarkable popularity and celebrity status of the first minor tranquilizer, Miltown, and its successors, Librium and Valium. Tone highlights how America addressed anxiety through minor tranquilizers and created a "tranquilizer culture," a culture that normalized the use of these drugs for middle-class white men and women and the buying of happiness.⁴² She explores the history of anxiety, including the nineteenth-century development of neurasthenia, and the need for calmness, which influenced the marketing and appeal of minor tranquilizers.⁴³ Within *The Age of Anxiety*, Tone provides the history of the creation of Miltown, the role of its inventor Frank Berger, and the drug firm Wallace Laboratories. Also released in 2009, David Herzberg's *Happy Pills in America* highlights the journey of blockbuster drugs of the twentieth century that reduce anxiety or depression.⁴⁴ Through the presentation of case studies, Herzberg provides readers with a more thorough understanding of how pharmaceutical companies medicalized "a need to be happy" and gained commercial success. Herzberg also addresses identity, showing how anxiety became a middle-class experience and how access to medication varied for those who occupied different race and class

⁴⁰ Smith, *A Social History of the Minor Tranquilizers*, 2.

⁴¹ Tone, *The Age of Anxiety*, ix.

⁴² *Ibid.*, xiv, 56. Tone covers various topics and themes, including discussion on concepts of anxiety, the creation and development of meprobamate and benzodiazepines, their marketing, elements of publicity and popular culture, and their users.

⁴³ *Ibid.*, xx, 9.

⁴⁴ Herzberg, *Happy Pills in America*, 3.

positions.⁴⁵ He additionally reveals how narratives in the 1970s used antidrug fears to create panic over Valium's surging sales.⁴⁶ The works of Smith, Tone, and Herzberg provide valuable foundational histories that this dissertation builds upon. Having already contributed detailed descriptions of the pharmaceutical development of these drugs and analysis of multiple decades of their use, they allow future work to move beyond these first principal matters and explore new concepts.⁴⁷ This dissertation closely focuses on the experiences of the majority consumers of prescription barbiturates, minor tranquilizers, and amphetamines and their portrayal in the mass media rather than the stories of the drugs themselves and the pharmaceutical development, marketing, sales, government regulations, and medical gatekeeping.

Society attaches moral values to the consumption of prescription pills, including concepts of gender and social class. The designation of appropriate risk to take a drug for medical purposes versus pleasure changed on a per person basis in the postwar era.⁴⁸

Opinions varied whether a person had the right to "pursue potentially socially or medically

⁴⁵ Ibid., 57-59.

⁴⁶ Ibid., 122-149.

⁴⁷ Other works that concentrate on pharmaceuticals during the twentieth century have impacted this dissertation. Books such as Richard DeGrandpre, *The Cult of Pharmacology: How America Became the World's Most Troubled Drug Culture* (Durham: Duke University Press, 2006) touch on numerous legal and illegal drugs of the last century and how they worked together to build concepts surrounding drug use in America. Jonathan Michel Metzler, *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* (Durham: Duke University Press, 2003) examines the relationship between psychoanalysis, psychiatry, and psychotropic medications from the 1960s to the twenty-first century, tying it to concepts of gender through Freud's theories. David Healy, *The Antidepressant Era* (Cambridge: Harvard University Press, 1997); David Healy, *The Creation of Psychopharmacology* (Cambridge: Harvard University Press, 2002); David Healy, *Let Them Eat Prozac: The Unhealthy Relationship between the Pharmaceutical Industry and Depression* (New York: New York University Press, 2004) tie together the history of pharmaceuticals and psychiatry, and the book Dan J. Stein, *Philosophy of Psychopharmacology: Smart Pills, Happy Pills, and Pep Pills* (Cambridge: Cambridge University Press, 2008) explores additional connections between drugs and psychiatric disorders. Janet Walker, *Couching Resistance: Women, Film, and Psychoanalytic Psychiatry* (Minneapolis: University of Minnesota Press, 1993) displays how advertisements for drugs featured men as the authority figures and women as needing help to better fit into her role. These books address concepts of psychiatry, psychology, reform policies, advertisements, and pharmacology connected to prescription pills.

⁴⁸ Donald R. Wesson, George R. Gay, and David E. Smith, "Clinical-Political Issues of Barbiturate Use and Abuse," *Contemporary Drug Problems* 1, no. 3 (July 1972): 464.

dangerous or self-destructive activities.”⁴⁹ Media reports and public sentiments expressed the abuse or misuse of barbiturates differently, for instance, based on the judgment of a person’s age, occupation, marital status, social standing, the amount of drugs used, how they consumed them, how they obtained them, and why they used them.⁵⁰ However, we must comprehend that many women who took these drugs were unaware of the side effects, making proper risk assessment decisions difficult. For example, physicians prescribed women amphetamines during the 1950s and 1960s to combat fatigue and assist in weight loss, even among pregnant women they deemed gaining too much weight.⁵¹ Ultimately, the media would increasingly share narratives that amphetamines were particularly dangerous for those pregnant or with heart conditions and, for many users, induced problems with insomnia, confusion, anxiety and occasionally delirium, hallucination, and cardiovascular abnormalities in larger doses.⁵² In short, awareness of the risks of taking certain legally prescribed pills would evolve, yet when escalated dangers received focus, the side effects, including serious addiction, were already established in long-term users. As society grew more aware of the problems prescription pill use could create, some women faced harsh criticism of their “weakness” for relying on pills, but slowly society better recognized that these drugs could cause physical dependence and addiction.

Critical theories regarding women and anxiety are also significant in recognizing some women’s relationship with prescription pills. In the 1972 book *Women and Madness*, Phyllis Chesler observed that taking pills had become “feminine,” and different standards of

⁴⁹ Ibid., 455.

⁵⁰ Ibid., 454.

⁵¹ Bernard I. Coopersmith, “Dexedrine and Weight Control in Pregnancy,” *American Journal of Obstetrics and Gynecology* 58, no. 4 (1949): 664.

⁵² McKaen, “Prescription Drug Abuse,” 15.

mental health and ideal behavior existed between sexes, races, and classes.⁵³ Chesler argues that private analysis and therapy held availability only to those who could afford it. The medical community did not sell the lower class the same idea that they should be happier than anyone else; the price of happiness was not within reach.⁵⁴ This plays a considerable role in understanding the focus of narratives on the middle- and upper-class women who were the majority of pill users. They had the financial security to purchase pills, and drug manufacturers, advertisers, and doctors viewed them as entitled to not only the pills but also the happiness they promised. Through Chesler's study of women who entered psychiatric hospitals or private therapy, she found only a minority of them to be genuinely "mad." Instead, she felt that society misunderstood the need for assistance and these women were "pitied, mistrusted, tranquilized, physically beaten, given shock therapy, lied to, yelled at, and ultimately neglected."⁵⁵ Feminists reacted to this concept in their critiques of prescribing pills in the 1970s. They believed that women did not need the assistance physicians or psychiatrists offered and their help often caused further harm.

Histories that center on women's history and prescription drugs tend to discuss the birth control pill or hormonal drug DES (diethylstilbestrol), along with their tie to women's rights and women's health movement, and these studies generally ignore psychoactive prescription pills.⁵⁶ These drugs assisted with specific medical concerns like reproduction and, at times, brought unintended health risks to the consumers and their children.⁵⁷ Doctors

⁵³ Phyllis Chesler, *Women and Madness* (Garden City: Doubleday & Company, Inc., 1972), 51, 67.

⁵⁴ *Ibid.*, 111.

⁵⁵ *Ibid.*, xxiii.

⁵⁶ Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002); Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger Publishers, 1978), 14. For larger changes in women's health over the nineteenth and twentieth century see Carol S. Weisman, *Women's Health Care: Activist Traditions and Institutional Change* (Baltimore: The Johns Hopkins University Press, 1998).

⁵⁷ Elaine Tyler May, *America and the Pill: A History of Promise, Peril, and Liberation* (New York: Basic Books, 2010); Rachel VanSickle-Ward and Kevin Wallsten, *The Politics of the Pill: Gender, Framing, and Policymaking*

began prescribing birth control pills to American women in 1960 and they quickly attained a historic status for the medical and social progress they represented. By 1970 the birth control pill had 8.5 million users. For comparison, tens of millions of women took mood-altering pills. However, historical attention focuses on the Pill to a much larger degree.⁵⁸ Although some critiques point to the Pill as a male conspiracy, historian Elizabeth Siegel Watkins contends that this removes women as actors in their own lives, making them passive victims.⁵⁹ Likewise, through expanding our study to feminist reactions to other prescription pills beyond the birth control pill, we can understand how women and the media altered perspectives and framing around women's prescription pill use.

Women's and Gender History:

Over the last few decades, approaches to women's and gender history have shifted from studying women who made influential contributions to studies of ordinary women and the impact of race, class, sexuality, and gender on their experiences. The Second-Wave Women's Movement played a significant role in encouraging more female historians and new forms of analysis. Additionally, the influence of new social history has created a space to highlight those women that history has forgotten. Historical works and accounts of women from the recent past provide key insights to assess constructions of womanhood over time. While women's and gender history on the postwar era focus heavily on women's conformity

in the Battle over Birth Control (New York: Oxford University Press, 2019); Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950-1970* (Baltimore: The Johns Hopkins University Press, 1998); Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Grossman Publishers, 1976); Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001); Heather Munro Prescott, *The Morning After: A History of Emergency Contraception in the United States* (New Brunswick: Rutgers University Press, 2011); Lara V. Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven: Yale University Press, 2010); Nancy Langston, *Toxic Bodies: Hormone Disruptors and the Legacy of DES* (New Haven: Yale University Press, 2010).

⁵⁸ Muriel Nellis, *The Female Fix* (New York: Penguin Books, 1980), 118.

⁵⁹ Watkins, *On the Pill*, 6.

and unhappiness in traditional roles, especially during the 1950s, and the growth of the feminist movement during the 1960s and 1970s, both subjects widely ignore the impact of prescription pills, which influenced the expectations and perspectives of each group. This work elevates awareness of the pill use of millions of American women into this history while simultaneously merging the histories of gender conformity and feminism, each a vital area of inquiry for prescription pill narratives and gender roles.

Following World War II, popular literature pushed for increased femininity in women after expressing concerns for her problems, as illustrated in the 1947 book *Modern Woman: The Lost Sex*. The book points to unhappiness that grew not because of poverty or disease but women's expanding neurosis.⁶⁰ Women visit doctors for physical illnesses that hold no cure, suggesting their neurosis presented with depression or sleeplessness.⁶¹ As a result, it then follows that a pill could alter or ease symptoms or neuroses they had and return them to a healthier, feminine state. Alternatively, the English translation of Simone de Beauvoir's *The Second Sex* in 1953 explores the idea that a woman has fewer biological differences from a man but more social differences, which leads to her becoming a woman. As a woman, she develops into her position through limited opportunities and modes of escapism that society deems acceptable for her.⁶² Through working in the home, a woman gains no autonomy but finds herself dependent on her husband and children.⁶³ A woman faces expectations to "make a good showing" with their home and physical appearance to showcase their family's social standing and wealth.⁶⁴ Through sports and diets, she can decide what weight and size of her

⁶⁰ Ferdinand Lundberg and Marynia F. Farnham, *Modern Woman: The Lost Sex* (New York: Harper & Brothers Publishers, 1947), 23, 71.

⁶¹ *Ibid.*, 238.

⁶² Simone de Beauvoir, *The Second Sex* (New York: Vintage Books, 1989), xxxvi.

⁶³ *Ibid.*, 456.

⁶⁴ *Ibid.*, 528.

body she wants.⁶⁵ Her activity can stop her from gaining weight, but she becomes an object to those who control her as she achieves the goal.⁶⁶ In understanding Beauvoir's work, we can see how pills could help their user become the expected woman, and avoid the punishment or consequences of not embodying a specific look or attitude.

Throughout the early postwar era, social discussions emerged in popular culture regarding the dissatisfaction with women's lives, including the assessment of women's body image problems, homemaking, and careers. Experts reflected in *Life* magazine in 1947 several reasons that women seemed "not particularly happy." Some specialists mentioned that dilemmas came no matter what path women chose, with feminists tying unhappiness to staying in the home and antifeminists viewing unhappiness sprouting from women distancing themselves too far away from it.⁶⁷ In the 1955 book *Gift From the Sea*, author Anne Morrow Lindbergh observed modern women's lives expanding in demands from the family, community, and nation. "My mind reels with it...This is not the life of simplicity but the life of multiplicity that the wise men warn us of. It leads not to unification but to fragmentation. It does not bring grace; it destroys the soul. And this is not only true of my life, I am forced to conclude; it is the life of millions of women in America."⁶⁸ Without the tools to make changes, these displeasures in their lives would create an environment in which women may seek assistance in ways that were available to them.

In understanding why women chose to consume prescription drugs, we must also recognize opinions about women and why male physicians and spouses may have further encouraged women to take pills that altered their disposition and appearance and also judged

⁶⁵ *Ibid.*, 534.

⁶⁶ *Ibid.*, 535.

⁶⁷ Frances Levison, "What the Experts Say," *Life*, June 16, 1947, 114.

⁶⁸ Anne Morrow Lindbergh, *Gift From the Sea* (New York: Pantheon, 1955), 26, 27.

their consumption, usually from a sexist perspective. Popular writings of the 1950s featured negative opinions of the modern woman and mother. Philip Wylie's *Generation of Vipers* described women as an idle class who spent money and made their homes centers of disillusionment.⁶⁹ They created dependent children, gave their husbands ulcers, and were "ridiculous, vain, vicious, a little mad."⁷⁰ When dealing with female patients who seemed to embody these issues, physicians could decide that the women, their families, and even doctors themselves would benefit from altering female patients' states with pills, medicalizing their problems and demonstrating the power of their role. Contrarily, at the end of the 1960s, some authority figures labeled women vain for consuming pills to solve their issues. On July 17, 1969, as the Apollo 11 crew was about to land on the moon and achieve a remarkable feat of science, ABC aired a news story titled "Mind Drugs," on another technological advancement. In it they shared some harsh opinions of women. Health officials spoke out against prescription drugs saying, "mind drugs like tranquilizers and stimulants are used mostly by fat girls wanting a better shape and middle-aged people wanting a placid stomach." At the end of the report, anchor Howard K. Smith wryly noted that women were the vast users of pills, "which could mean that the female world is much harder to take than the male world."⁷¹ These views that women were shallow for wanting drugs to improve their figure or delicate for thinking their lives were difficult display prevailing opinions of the era towards women and drugs. Women during the period faced judgments for either their poor mental attitudes without drugs or for trying to improve themselves with them.

⁶⁹ Philip Wylie, *Generation of Vipers* (New York: Rinehart & Company, Inc., 1955), 52.

⁷⁰ *Ibid.*, 195-202.

⁷¹ "Mind Drugs," *ABC Evening News*, ABC, July 17, 1969. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #6230.

Historians examining gender in the 1950s argue against stereotypes of women's roles, especially that of happy housewives, perhaps in an attempt to counter popular stereotypes. The books written on the early postwar era tend to address women in two varying ways. The first is a continuation of the image of women critiqued in *The Feminine Mystique*, the unhappy housewife.⁷² History books like *The Dark Ages* point to how the 1950s were a period of antifeminism, full of rules and fears, and harmful to women's well-being.⁷³ Stephanie Coontz's *The Way We Never Were* contends that unhappiness with their roles led to women's increased pill use, especially when they were unable to meet standards of perfection.⁷⁴ These perspectives imply that conditions for women held such pain and displeasure that they needed to turn to substances like pills to emotionally escape. The other approach shows that there were women who did not fit into that category but instead had a variety of fulfilling experiences outside of the home, some working for women's rights and volunteering with national organizations. Other women could not stay at home, even if they wanted to, and worked for economic survival or as a creative outlet.⁷⁵ Women navigated expectations, their place in the world, personal relationships, and in growing numbers, the workplace.

⁷² See also: Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 2017); Stephanie Coontz, *The Way We Never Were: American Families and the Nostalgia Trap* (New York: Basic Books, 2000); Stephanie Coontz, *A Strange Stirring: The Feminine Mystique and America Women at the Dawn of the 1960s* (New York: Basic Books, 2010); Brett Harvey, *The Fifties: A Women's Oral History* (New York: HarperCollins Publishers, 1993); Wini Breines, *Young, White, and Miserable: Growing up Female in the Fifties* (Boston: Beacon Press, 1992); Marty Jezer, *The Dark Ages: Life in the United States 1945-1960* (Cambridge: South End Press, 1982).

⁷³ Jezer, *The Dark Ages*, 226.

⁷⁴ Coontz, *The Way We Never Were*, 9, 36.

⁷⁵ Leila J. Rupp and Verta Taylor, *Survival in the Doldrums: The American Women's Rights Movement, 1945 to the 1960s* (New York: Oxford University Press, 1987); Susan Lynn, *Progressive Women in Conservative Times: Racial Justice, Peace, and Feminism, 1945 to the 1960s* (New Brunswick: Rutgers University Press, 1992); Kate Weigand, *Red Feminism: American Communism and the Making of Women's Liberation* (Baltimore: Johns Hopkins University Press, 2001); Eugenia Kaledin, *Mothers and More: American Women in the 1950s* (Boston: Twayne Publishers, 1984); Joanne Meyerowitz, *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* (Philadelphia: Temple University Press, 1994).

During this era, most women lacked access to the independence that many women hold today. There were limited sex-segregated career opportunities, fewer political rights, and restrictions on individual credit, for example, which showcase just some of the ways that women felt heightened pressure to meet the expectations of the men and systems that supplied them with some security and support. Alongside these inequalities were areas of change, with higher numbers of women graduating from colleges and receiving advanced degrees in the 1950s, in addition to growing numbers of women entering the paid workforce.⁷⁶ As historian Joanne Meyerowitz argues in her study on postwar mass culture, representations of domestic conformity existed next to examples of women's public successes. However, in most celebrated stories, women maintained their femininity, with remarks on their beauty and charm in addition to their other achievements. Women strove to meet the "traditional gender distinctions," providing examples of the parameters within which society would accept their accomplishments.⁷⁷ Helen Gurley Brown's non-fiction book *Sex and the Single Girl* worked to reduce judgment towards single women in the 1960s, demonstrating ways women who remained single and engaged in paid employment led fun and fulfilling lives. However, as Meyerowitz points to existing in 1950s postwar culture, Brown implies women should strive to remain fashionable and attractive while doing so.⁷⁸ If rejecting certain expectations, like full-time homemaking, it was easier to find support if observing other standards. Understanding these gender roles provides us the clearest acceptance of why women would find interest in consuming prescription pills, even as their

⁷⁶ Claudia Goldin, *Career & Family: Women's Century-Long Journey Towards Equality* (Princeton: Princeton University Press, 2021), 86; Claudia Goldin, "The Role of World War II in the Rise of Women's Employment," *The American Economic Review* 81, no. 4 (September 1991): 741; May, *Homeward Bound*, 24.

⁷⁷ Joanne Meyerowitz, "Beyond the Feminine Mystique: A Reassessment of Postwar Mass Culture, 1946-1958," *Journal of American History* 79, no. 4 (March 1993): 1460.

⁷⁸ Helen Gurley Brown, *Sex and the Single Girl* (New York: Bernard Geis Associates, 1962).

rights and opportunities expanded, noting that across lifestyles and conditions, women felt they must uphold social and cultural expectations.

Within women's history on the 1960s and 1970s, narratives frequently examine the fight for greater equality. This includes the creation of the National Organization for Women (NOW), which worked to gain equal rights for women in areas like the workplace, and the activism that grew alongside it, the radical feminism of the Women's Liberation Movement (WLM).⁷⁹ In this area of feminism, one sees broadened challenges to the patriarchy and structures of society. While NOW focused on finding women places in the existing systems, the WLM questioned the hierarchies and inequalities inherent in sexuality, gender expectations, beauty, and modern medicine and used consciousness-raising to inform and transform society. Like feminist activists in the nineteenth and twentieth centuries who worked to reduce men's alcohol consumption to gain power and protect their safety and security, many Second-Wave feminists would argue against women's pill use. They viewed it as detrimental to women's lives and, by speaking out, helped direct attention to the need for greater female influence in political arenas. Together, histories on the conformity of the 1950s and its unhappy housewives and the feminist activism of the 1960s and 1970s inform the historical context for this dissertation. When converged in analysis, we amplify the

⁷⁹ Sara Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left* (New York: Vintage Books, 1979), 161. Similar to *Personal Politics* is Alice Echols, *"Daring to Be Bad": Radical Feminism in America 1967-1975* (Minneapolis: University of Minnesota Press, 1989). Echols writes about the years 1967 to 1975 and radical feminism, which she believes was the generator of change and reform. She also addresses how radical factions influenced cultural transitions. *"Daring to Be Bad"* explains how the grassroots feminism that Evans addressed evolved after women in left-wing organizations broke away to form their own groups. While these organizations were small, Echols details their variations and political actions in her pages. She believes that it is their work that brought radical issues to the women's rights movement. For more on women's progressive narrative since 1960 see: Flora Davis, *Moving the Mountain: The Women's Movement in America Since 1960* (Toronto: Simon & Schuster, 1991); Gail Collins, *When Everything Changed: The Amazing Journey of American Women from 1960 to the Present* (New York: Little, Brown and Company, 2009). For discussion on the cultural history of female baby boomers during this era, see: Susan J. Douglas, *Where the Girls Are: Growing up Female with the Mass Media* (New York: Times Books, 1994).

importance of their impact on both the popularity and criticism of women's pill use, bringing comprehension of the shifts in gender expectations and a deeper context of the environment in which feminism flourished.

Methods and Argument

A number of the primary sources analyzed for this dissertation originated in the media and popular culture. These include influential national newspapers and magazines which yield analyses of women and drug culture, such as the *New York Times*, *Good Housekeeping*, *Time*, and *Ladies' Home Journal*. The volume of women's magazine articles on prescription pills demonstrates the awareness editors had of their audiences' interest and fear of the drugs. Stories and references to pills illustrate how the press framed drug use and how society's views of drugs shaped their narratives. Additionally, the experiences of pill users provide another set of primary sources. Accounts coming from non-fiction books, autobiographies, and television news, as well as the letters women wrote to Betty Friedan contribute details of women using prescription drugs and why they stopped. Furthermore, I explore elements of popular culture that include Hollywood feature films and literature like *Valley of the Dolls*, whose plots focus on the use of prescription pills. Popular culture also reveals insights into feminist and antifeminist views and how they shaped and expressed public opinion. Author of *Where the Girls Are: Growing up Female with the Mass Media*, Susan Douglas, shares that postwar culture, especially since the growth of the Second-Wave, had been a constant "struggle between feminism and antifeminism" and that it demonstrated conflicting ideas about women's roles.⁸⁰ Discourses surrounding pill use and women's roles

⁸⁰ Douglas, *Where the Girls Are*, 12.

present these concepts as well. The assessment of sources for entertainment and advice helps provide a comprehensive look at the era.

Media representations can tell us a lot about social values and interests, although they are not always fully representative of all women's experiences with prescription pills. However, they do reveal the realities for some and contain the opinions and information that millions of Americans consumed on the subject. Since pharmaceutical companies could not advertise directly to consumers until the late twentieth century, media portrayals of prescription pills were a primary source of public information. The social awareness of drugs played a vital role in Americans' attitudes towards them and interest to use, bringing knowledge of availability and effects. Consumers often received little information about drugs from their doctors or pharmacists, therefore the culture surrounding them assisted in legitimizing their use and advising about potential risks, alongside developing certain stereotypes and helping to normalize pill use. Accounts reported or shared about women's drug use may not have always been a universal experience, but consumers' exposure to this advice influenced their behaviors and personal views.

Within the chapters of this dissertation, I will examine representations of women's pill use in the media alongside testimonies of women's lived experiences. Presenting the stereotypes and narratives the public encountered provides us vital comprehension of prescription pill norms within culture and influences on understanding women's self-reflection on their use. Narratives of prescription pill users follow these cultural depictions, taking their perspectives seriously. At times, these stories align with larger trends and clichés, while others reveal contrasting realities that history frequently has failed to represent. Through analyzing women's pill consumption accounts, we can better comprehend their

choices and motives, such as what sent them to doctor's offices and pharmacies, the rewards they sought, the unintended benefits, and the unexpected negative consequences.

So, who was the type of person who took prescription pills? As barbiturates, minor tranquilizers, and amphetamines expanded in use, so too did their association with women – particularly white, middle-class women styled as “housewives” and “mothers.” Cost and access to health care led to a certain demographic gaining access to these drugs more readily, but many kinds of Americans - including men - used them. While companies did not initially manufacture these pills for a targeted user, by the 1960s, middle- and upper-class women consumed the highest amounts of these prescription pills.⁸¹ They were the most frequent consumers, who later discovered their use brought dependency and potentially serious side effects after seeking out initially celebrated substances. They also were the bodies society encouraged to shift with pill use and worried about when risks no longer seemed to outweigh the benefits. Over time, they encountered criticism for taking pills (as they were unnatural or harmful) but also pressure to meet the standards and qualities (thin, energetic, attractive, happy) that pills could produce. These women were housewives overwhelmed with their daily duties but also women who held paid employment or attended college and took pills to meet the demands of their lives.⁸² The women who consumed prescription pills include some of the era's most notable women. Actresses, singers, models, authors, and journalists took these pills alongside average middle-class wives, mothers, working women, and students. As with the consumption of alcohol and antianxiety medications today, women in the postwar

⁸¹ Sam Shapiro and Seymour H. Baron, “Prescriptions for Psychotropic Drugs in a Noninstitutional Population,” *Public Health Reports* 76, no. 6 (June 1961): 484; Rasmussen, *On Speed: The Many Lives of Amphetamine* (New York: New York University Press, 2008), 135.

⁸² I have chosen to refer to married women who do not work for pay as “housewives,” as it is not only the term used in literature and by themselves, historically, but also provides a clear historical understanding of the lifestyle and values of the people in discussion.

era held a variety of reasons for using psychoactive prescription pills. Some users felt calmness, pleasure, and relaxation through use, some held diagnosed or undiagnosed mental illnesses and health concerns, and still others struggled through past or current traumatic situations and turned to pills to cope. Some shared their reasons, others did not. While not all stories may spark empathy with modern readers, we must realize the acceptability and availability of these pills, the assistance they brought, and the limited options women held.

The conflicting pressures women felt reveal that women's relationship with prescription pills was neither complete victimhood nor independent agency. Through the study of their experiences, it becomes clear that no single label applies to all women's drug use in the postwar era. Women were able to use this system for their own desires and comfort. They also used their involvement for creative inspiration, benefiting financially and culturally from sharing their stories. As Katie Wright argues in *The Rise of the Therapeutic Society*, the therapeutic views of psychology offered ways for patients to frame problematic situations.⁸³ Therefore, applying this to the consumption of psychoactive drugs like minor tranquilizers, we can find ways that the acknowledgment from physicians and society that consumers should treat the "emotional realm" provided a legitimization of women's troubles and solutions that targeted the mind.⁸⁴ These reflections offer a deeper look into motives for pill consumption and criticism not only of drugs but gender expectations. Women's interventions in their pill consumption and memories of it are within what Walter Johnson calls "power-structured processes."⁸⁵ Limits existed on how they could gain pills, consume them, and halt use as well as the access to finding alternatives within power structures.

⁸³ Katie Wright, *The Rise of the Therapeutic Society: Psychological Knowledge & the Contradictions of Cultural Change* (Washington, D.C.: New Academia Publishing, 2011), 4.

⁸⁴ *Ibid.*, 8.

⁸⁵ Walter Johnson, "On Agency," *Journal of Social History* 37, no. 1 (Fall 2003): 119.

Middle- and upper-class women held greater access to prescription pills within social structures and the medical community viewed them as more deserving of aid, being able to afford it. Although it is clear through the historiographical works on drugs that pharmaceutical companies, the government, and physicians controlled avenues to obtaining prescription pills, users also demonstrated a significant impact on their consumption. This work explores these levels of influence on women's pill use and interpretation of their agency versus pressures of systems of power, and how, like broader feminist action, the acknowledgment of the existence of problems and awareness of structural causes and limits could provide comfort and paths to acceptance and change.

During the twentieth century, the growth of consumerism and technology played substantial roles in why some Americans embraced prescription pills and why others criticized them. Many in America during the first half of the twentieth century ascribed to what some have labeled a Protestant work ethic that focused on industry, sobriety, moderation, and self-discipline while avoiding self-indulgence.⁸⁶ These values would present themselves again and again in critiques against all forms of drug use, especially in the 1960s, as psychoactive drugs that brought pleasure like LSD would become the focus of heightened attention. As consumerism rose during the twentieth century, consumers were active not passive in their experiences, placing their attention and money on certain commodities.⁸⁷ They desired products to increase their personal welfare.⁸⁸ Many Americans sought to adopt consumer goods in their lives to better themselves. Prescription pills were a small segment of purchasable products and experiences that catered to improving one's daily life. The postwar

⁸⁶ Christopher Lasch, *The Culture of Narcissism: American Life in an Age of Diminishing Expectations* (New York: W.W. Norton & Company, Inc., 1979), 53.

⁸⁷ Richard Wightman Fox and T.J. Jackson Lears, eds., *The Culture of Consumption: Critical Essays in American History, 1880-1980* (New York: Pantheon Books, 1983), x.

⁸⁸ *Ibid.*, xii.

nation also believed, following many experts' advice, that technologies could better all areas of life. With the continuing invention of new medical technologies with their awe-inspiring qualities, people fantasized about all the problems that pills could solve. However, others feared the power of technology in their lives with a desire of not wanting others to rely on it either. Drug use reflected for some the belief that medicine and technology could improve their lives. Still, for others, drugs were a danger that represented the terror that technologies could control too much.

This dissertation examines discourses about prescription pill use among women in America during the 1950s, 1960s, and 1970s and their relationship with changes in women's roles and feminism. This is not a definitive survey of all prescription pills or drugs of the postwar era nor of all women who used these products. Instead, it is a collective look at how women used three categories of pills that profoundly impacted their lives, popular culture, and understandings of gender in American history. I have selected particular prescription substances because they were prevalent among consumers, especially women, and widely known. They include barbiturates (Seconal, Nembutal), minor tranquilizers (Miltown, Valium), and amphetamines (Dexedrine), each frequently referenced and understood in postwar culture. This focus will allow for analyzing drugs used legally but not medications used directly to treat physical illnesses. The study of these drugs explains their role in reactions to and debates about broader issues of American history, such as changing gender norms, women's rights, consumer culture, and self-fulfillment. Although this dissertation examines barbiturates, minor tranquilizers, and amphetamines, it does not provide a full history of the drugs themselves but the stories of their use among women and the influences they brought to society, especially in relation to gender expectations.

This dissertation draws from historical debates on prescription pill use. Although opinions towards pills evolved as women became majority users and concepts on drugs, addiction, consumerism, and feminism captured greater discussion, numerous narratives of criticism addressed the users, debating for instance whether motivations of use appeared acceptable. Often more recent cultural references superficially touch upon women's pill use as a joke about the hypocrisy of the older generation that criticized illicit drug use in the 1960s or the lack of knowledge of side effects that led to harmful situations. In fact, women's stories highlight a complex thread of impact. By exploring prescription pill use in history, we can better grasp how women managed societal pressures in the postwar era and how their gender impacted their need, or perceived need, for certain health care. It is not the intention of this work to praise or criticize the drug use of women discussed. Although the dissertation will address numerous opinions on drug consumption, there is nothing inherently wrong with any form of use. Most substances move between legal and social acceptance and disapproval, sometimes over short periods of time. Drugs can both help and harm Americans, and my work will not judge whether the specific substance was inherently "good" or "bad" for any individual woman, but how narratives framed and portrayed these drugs. In recent years society has worked to remove the stigma surrounding the use of certain prescription pills like antidepressants and anti-anxiety pills, recognizing it is not a sign of weakness but can often give the user essential support. The existence of prescription pills has a proper place in medicine, alongside the users' consent of the potential effects. I do not shame women's choices but seek to comprehend their position based on available options and information. Similar to themes the histories on women's fitness and cosmetic use have explored, pill consumption was uplifting and rewarding to women as well as harmful in side effects and

influences on social standards.⁸⁹ This work helps to recognize the wide presence of prescription pill use among women in the postwar era. Stories of their use and cultural concepts surrounding it demonstrates the importance of changing gender roles. It highlights the way women sought assistance and control over their lives in a manner that was frequently offered and acceptable for them and the positive and negative consequences of their attempts to do so.

Chapter Outline

This dissertation, “You Go to My Head: Women’s Prescription Pill Use in Postwar America,” begins by looking at the oldest of the prescription pills examined in this work, barbiturates, and how the stereotype of unlucky in love women overdosing on these pills emerged. Following World War II, as the production and consumption of barbiturates expanded, women’s use received particular attention. Also known as sleeping pills, barbiturates were an aid for insomnia, yet the press often discussed them in the context of their use in suicide. In the 1940s and 1950s, as the nation learned about women overdosing with sleeping pills, a specific narrative emerged. Media reports and popular culture presented a stereotype of unmarried, emotionally unstable, and glamorous women who ended up dead after swallowing too many pills in their disheartened state. This helped solidify perceptions of sleeping pill issues as stemming from personal problems. During the 1960s, as a wider variety of notable women overdosed on barbiturates, some women openly shared their experiences with heavy pill use. As accounts of women’s barbiturate use in the postwar era

⁸⁹ Kathy Lee Peiss, *Hope in a Jar: The Making of America’s Beauty Culture* (New York: Metropolitan Books, 1998); Shelly McKenzie, *Getting Physical: The Rise of Fitness Culture in America* (Lawrence: University Press of Kansas, 2013).

continued to reveal diversification and firsthand experiences, complexities arose. Through analysis of these stories, Chapter 1 argues that many women demonstrated a need for control when they turned to barbiturates. It allowed for the forced structure of sleeping patterns as they overcame insomnia or required strict schedules. The pills also helped control anxiety and depression, bringing relief from overwhelming states at the end of the day. For example, Sylvia Plath's writings reveal barbiturate use for a nonfatal suicide, complications with sleep and insomnia, and assistance in creating a disciplined work schedule with childrearing responsibilities. After learning of her husband's affair, she also turned to them in an emotional crisis. Sleeping pills brought women assistance as they lost control over areas of their lives. They also presented how society viewed women's struggles with pills as individual problems and not concerns requiring larger structural change.

While cultural sources strongly associated barbiturates with unmarried women, they tied minor tranquilizers to housewives and their unhappiness, analyzed in Chapter 2. First prescribed in the mid-1950s, minor tranquilizers gained attention in the media for their use among businessmen and celebrities before they held association with housewives, as part of the recent technological developments that brought relief to labor amidst their daily routines. As the drugs' popularity spread, awareness of growing dissatisfaction among housewives also became a matter of national concern. Doctors reported women coming in with frustrations they labeled "housewife's fatigue," and Betty Friedan's *The Feminine Mystique* release in 1963 further cemented what she designated "the problem that has no name" in society. Since housewives had also continued to grow as majority users of minor tranquilizers, popular culture and history intrinsically tied the lack of fulfillment in homemaking and minor tranquilizers together. It also suggested that the ideal image of the American housewife was a façade. Although cultural narratives targeted women's pill

consumption with negative judgments, women's use continued to grow, pushing the tranquilizer sold under the brand name Valium to ground-breaking sales. Finally, in the late 1970s, former First Lady Betty Ford publicly shared her struggles with pill use, which raised awareness of the addiction risks of these drugs. As society realized respectable women using acceptable pills brought addiction, the mistrust of licit drugs expanded. Women who met gender expectations were also at risk for pill abuse, contrasting with barbiturate narratives that tied threats to women with nonconforming lifestyles. Concerns about minor tranquilizers also reflected clashes in society between those who empathized with the need for women's roles to change and those who felt traditional ideals should remain.

Chapter 3 examines prescription amphetamine pills, also called diet pills or pep pills, which women used to lose weight and combat tiredness and unproductivity in the postwar era. Dexedrine, an amphetamine drug frequently used in medically assisted weight loss, was one of the most notable forms. Weight-loss culture increased in the 1950s and 1960s, and diet pills were another form of the growing trend. In 1967, doctors wrote a peak of 31 million prescriptions for amphetamines.⁹⁰ While criticism against minor tranquilizers pointed to their use as a sign of women's unhappiness, when people observed women as overweight, it signaled overeating and dissatisfaction. Media representations demonstrated how women benefited from losing weight, gaining more positive attention from boyfriends, husbands, or potential suitors, those we know offered these women access to support and security. There was also an economic benefit from using amphetamines to manage paid work, as they increased productivity while working and balancing household duties, with added opportunities for those who were thin. Amphetamines were a tool that women could use to

⁹⁰ M. Douglas Anglin et al., "History of the Methamphetamine Problem," *Journal of Psychoactive Drugs* 32, no. 2 (April 2000): 138.

aid in their perceived improvement, both in physical appearance and achievement in daily tasks. They also led to advantages for employers and husbands who secured status and comfort from the labor and appearance of women who controlled their weight and productivity. Amphetamines, with their dual benefits of weight loss and increased energy, allowed women to “have it all.” They could maintain physical appearances society placed growing importance on while juggling tasks in the home and workplace with raised standards. The pills provided help achieving traditional gender roles with weight reduction and household tasks. They also boosted women’s ability to embrace careers and new roles.

Chapter 4 addresses the shifts in criticism of women’s prescription pill use, focusing on growing explicit feminist reactions. These concepts added political and public thoughts and actions to areas frequently viewed as personal problems for middle- and upper-class women. The expansion of liberal and radical feminism brought a push to amplify knowledge about women’s health, including the need to have more control over their bodies. Narratives included the victimhood of women from the patriarchy and the medical community and how pills were a way that women lacked command over their natural state. A growing number of people perceived physicians as drug pushers who kept women down, and some attacked drug companies for their sexism in advertising and profiting from women’s oppression. By the late 1970s, the mass media incorporated feminist critiques of prescription pill use. These ideas informed a rethinking of past women’s pill consumption and left a legacy that focused on the victimhood of users rather than their agency. However, these concepts ignore why some women took them, centering on the lack of liberated options. Other influences led to pill use, like mental illness and trauma. Of course, the lack of women’s rights could exacerbate these elements as well, yet not all users understood their use through more than the personal problems they worked to solve. The expansion of women’s health played a vital role in

furthering consumer knowledge and consent, however, as the victimhood of women who took prescription pills found wide acceptance in the 1970s, it shifted the understanding of women's numerous reasons for embracing pills in postwar decades.

Women prescription pill users of the postwar era represented a diverse set of experiences. Still, they often shared a similar motivation: a need to control themselves, emotionally and physically, during a period when most women lacked access to alternative tools or viewed them as less acceptable. This control would allow women to demonstrate their discipline and respect for society and raise their economic and social status. Narratives about their pill use, however, lacked empathy for women users who desired assistance. Although frequently they addressed problems with gender norms, narratives usually focused on the troubles of subsets of women. This created a context in which dialogue and imagery represented and analyzed women's use but unfortunately also reflected negative assumptions about their reliance on prescription pills. While some viewed them as an aid that kept them in seemingly traditional gender roles, above all, it demonstrated the way society and culture failed to impart support in meaningful ways. Instead of deconstructing why women sought out pills, media accounts shamed women for turning to the affordable, accessible temporary help at their disposal. There were limits on areas of power, like the larger systems of the patriarchy, that women could influence and change. Using and criticizing pills was one area that women could interact with, taking them to aid in meeting expectations they could not change and as a tool for feminists to attack sources of power. Criticism against women's pill use already existed and feminists repurposed it to highlight women's need for evolving gender roles. These drugs signified not only the control of women but also the ways of her emancipation. Prescription pills are a powerful lens through which to examine women's lives from the 1950s to the 1970s. The way women viewed barbiturates, minor tranquilizers, and

amphetamines demonstrate deep connections to struggles they fought against and changes they sought to improve their lives. It reveals the dissatisfaction many felt about gender expectations within various lifestyles and circumstances. Prescription pill consumption and disapproval echoed frustrations, both directly and broadly, regarding the fractured systems of gender roles and their shift towards change.

Chapter 1

One Pill Too Many: Women's Barbiturate Overdoses and Need for Control**Introduction**

“You take a couple of sleeping pills, and you wake up in 20 minutes and forget you’ve taken them. So you take a couple more, and the next thing you know you’ve taken too many. It’s happened to all of us; it happened to me. Luckily, somebody found me and saved my life.”¹ Judy Garland shared these thoughts with *Ladies’ Home Journal* in 1967 while discussing the barbiturate death of fellow movie star Marilyn Monroe from five years earlier. While Garland believed Monroe was lonely and afraid, she did not think she died by suicide. Garland, herself, had close calls with death from pills but reflected on those experiences as cries for help rather than serious desires to die.² Both Monroe and Garland spent most of their adult lives consuming prescription pills, especially barbiturates. Garland publicly vocalized some of her difficulties with pills before her death in 1969 from the overconsumption of barbiturates. The press reported on Garland’s troubles throughout the decade, with some of her hospitalizations announced as illnesses, such as kidney ailments and emotional upset, and others discussed as overdoses.³ Her many years of pill and alcohol use were infamous, with the novel *Valley of the Dolls* providing a thinly veiled fictionalized example of her hardships. With Monroe, most of the cultural discussion regarding her pill use came after her death from too many sleeping pills. Although physicians prescribed barbiturates primarily for sleep, they would play a salient role in accidental and intentional

¹ Judy Garland, “The Plot Against Judy Garland,” *Ladies’ Home Journal*, August 1967, 113.

² *Ibid.*

³ “Judy Garland Felled; Report Pill Overdose,” *Los Angeles Times*, September 15, 1962, 1; Earl Wilson, “Pill Overdose Fells Judy Garland,” *Los Angeles Times*, March 16, 1963, 1; “Judy Garland Faces Several Days in Hospital,” *The Hartford Courant*, June 15, 1965, 12.

overdoses, especially among women, in the postwar era. As Garland noted, it was easy to misjudge quantities of the pills taken, which unfortunately brought risks of life and death in the attempt to control one's sleep. With this in mind, the following chapter will emphasize two vital elements of women's barbiturate consumption in the postwar era. This includes overdose cases, how the press and popular culture portrayed them and the similarities and differences of personal accounts, and the need for control. Users took sleeping pills to regulate their schedules and sleeping patterns and feel in command of areas of their lives when losing dominance over others, also demonstrating their discipline and respect towards the values of society that rewarded their dedication. Through the analysis of women's experiences, many women clearly felt compelled to use barbiturates in ways that varied from the media accounts that focused on emotional overdoses, and this provides us with a deeper understanding of the motivations in postwar women's lives and sleeping pill use. It also demonstrates how individuals conceived their problems as personal and learned to handle them accordingly with pills, in an era before "the personal is political" would become a feminist slogan for change and greater collective action. The stories of barbiturate use often signaled the lack of larger societal support for middle- and upper-class women and a necessity for advancement.

While news articles in the initial postwar era would point to diverse barbiturate use, much of the attention that followed centered focus on repetitive fatal overdoses that primarily involved unmarried celebrity women who often forwent conforming lifestyles and lacked support in their choices. During the 1940s, Seconal overconsumption caused the high-profile deaths of Aimee Semple McPherson, Lupe Velez, and Carole Landis. These stories would prevail in much of the news media and popular culture in the early postwar era. Reports would solidify stereotypes of the glamorous, emotional women who overdosed on sleeping

pills that would inform the century's most prominent death from barbiturates: Marilyn Monroe, who represented the height of this concept, dying alone in her bedroom with empty pill bottles beside her. These women held an attraction for the media, combining tragedy with the beauty and stardom the deceased already held. The frequency of media focus and similarities highlighted between cases display just how deep-seated this stereotype became. It would not be until the late 1960s that expanded concepts of women and barbiturates would enter a more in-depth public conversation on prescription drugs. These celebrity cases, along with other overdoses throughout the subsequent years, would tie barbiturate use in the media more closely to middle- and upper-class women, who made up 73 percent of habitual users by 1971.⁴ As these examples suggest, accounts of suicide would establish national perceptions of women's sleeping pill use.

The thorough descriptions of barbiturates in the media accounts of tragic overdoses worked to connect these "dolls" to women's consumption and often demonstrated judgment towards users' nonconforming lifestyle choices. Much of the media representation surrounding barbiturate use focused on what became a stereotypical user: a usually unmarried, heartbroken, and beautiful woman who falls asleep for eternity after taking too many pills. The focus on such women reinforced notions of the era that an inability to meet specific gender standards, such as marriage and children, brought failure. As a result of such emphasis on this narrative, public discourses implied that the women would have avoided overdosing through different personal life choices, cautionary tales more of the lifestyles they led than the consequences of sleeping pill use. Society deemed these women atypical and usually felt it understood the reasons for their unhappiness and overconsumption of pills.

⁴ Carl D. Chambers and Dodi Schultz, "Housewives and the Drug Habit," *Ladies' Home Journal*, December 1971, 138.

Unfortunately, this reduced attention to why the majority of users took barbiturates to begin with and consumed them in such immense quantities. This deflected focus away from the dangers of pills, such as the vulnerability of overdose any user could experience and what society could do to support women's lives.

Beyond celebrity deaths in the news, popular films and literature strengthened stereotypes about barbiturate users and, contrarily, highlighted the variety of experiences women had with them. Few are as detailed and based on reality as the works of Sylvia Plath and Jacqueline Susann. Like Ernest Hemingway and his narratives of alcohol use, these women had deep connections to the stories they wrote. They consumed prescription pills for many years, and their most famous writings have cemented them to women's pill use in the twentieth century, the topic at the heart of many of their notable works. Despite common critiques of its scandalous nature, Susann's most renowned novel, *Valley of the Dolls*, provided an inside exploration into women's sleeping pill consumption, expressing their motives, requirements for control, and difficulties fulfilling their needs without the pills. Susann's personal connections to prescription pills allowed for insight without harsh judgments. That said, her incorporation of celebrity stories and details, only slightly fictionalized, also played into preconceived notions of what a curious and intrusive public expected.

While fictional and journalistic accounts often neglected the control over sleep that women sought from prescription pills, when women wrote about their own experiences they clearly addressed this theme. Whether used sporadically or nightly, barbiturates would bring ease to sleeping patterns, asserting the command they required. According to their accounts, users could ensure they slept when having physical discomfort or mental anxieties that hindered natural rest, and they took solace in knowing they held control over their schedules

and bodily or emotional states. This came as a way of improvement or a way to express some form of command when powerless in other areas of life. Although the press warned of some difficulties sleeping pills might bring, the media, physicians, and users generally accepted them as safe. However, as we follow the expanding knowledge of barbiturates, we will see that the drugs held greater risks than initially recognized.

Barbiturate users regulated their bodies' states and actions with sleep fitting into enforced patterns. Structured sleep could provide release from daily anxieties, with moments away from uncontrollable stressors or feelings of unhappiness. It also allowed for management over their lives, such as keeping a schedule and a sense of security. At the same time, accidentally overdosing on the pills brought risks of unintended harm after seeking temporary relief for the night when overcome with insomnia or depression. Additionally, some users eventually faced a lack of control. They required higher doses of barbiturates to achieve desired outcomes or the need for other substances to balance out or heighten effects. While barbiturate users in the postwar era sought the pills for greater discipline over their lives, unfortunately, it sometimes brought undesired situations. With a lack of supportive assistance to turn to for help, often, they consumed other substances to counterbalance out-of-control addiction or emotional problems.

Surprisingly, although women turned to barbiturates in suicide attempts and encountered death when mixing the pills with other substances or accidentally overdosing, the drugs received little attention from society for their connection to American women and their collective unhappiness. Instead, cultural accounts attached the pills to those it deemed abnormal in the era: movie stars and young unmarried women who were unlucky in love. Since most press on barbiturates was before the more significant feminist examination of prescription pills, stories focused more strongly on individual failings that caused misuse,

rather than ties to political and structural influences. Narratives focused on individual faults and users too felt compelled to use the pills for their personal problems. As mentioned, women's writings about their experiences forwarded themes not previously focused on, such as motivation, a need for control, and addiction. Personal stories even brought some attention to struggles with mental health that led to pill misuse. They presented ways they sought change and assistance and indicated how women could benefit from greater support systems. Analysis of women's barbiturate use reveals problems with concepts and expectations of women's roles and the lack of societal aid for women. However, stereotypes of lonely celebrities and their dramatic overdoses would endure.

Of the prescription pills associated with women's use in the postwar era, barbiturates first captured favor. Barbiturates are a classification for numerous drugs that help users rest, leading to their labeling as sedatives or sleeping pills. Although discovered in the nineteenth century, physicians did not prescribe barbiturates for sleep until the twentieth century. They gradually gained popularity in the postwar era as companies manufactured newer forms of drugs in larger quantities. Within the United States, the forms of barbiturates sold as Seconal and Nembutal, the trade or brand names for the drug sold in red capsules (secobarbital) and yellow capsules (pentobarbital) respectively, received the most attention. As the market for barbiturates expanded in the 1940s, Americans increasingly engaged in their licit and illicit use, the former most notably to sleep.⁵

Within the field of history, especially women's history, barbiturates receive less attention than other prescription pills. The histories of psychopharmacology, psychiatry, and medicine touch upon barbiturates but these analyses lack concentration on cultural elements

⁵ Edward M. Brecher, *Licit and Illicit Drugs: The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens, and Marijuana - including Caffeine, Nicotine, and Alcohol* (Boston: Little, Brown and Company, 1972), 256.

or the experiences of consumers.⁶ The historian Nicolas Rasmussen published an article titled “Goofball Panic: Barbiturates, ‘Dangerous’ and Addictive Drugs, and the Regulation of Medicine in Postwar America” in 2012 and followed it up with his work “Controlling ‘America’s Opium’” in 2017, which brought crucial recent analysis of the “moral panic” surrounding sleeping pills. Rasmussen demonstrates how public health advocates worked to enforce greater regulation of the prescription of barbiturates following World War II, in part due to its ties to “drug fiends” and “wayward youth.”⁷ Although advocates regarded the pills as narcotics and therefore addictive, the pressures from drug manufacturers and the medical community fought against further government interference in the labeling and prescribing of licit drugs until the Food and Drug Administration (FDA) acquired enforcement power in 1965.⁸ His works highlight legal practices and reactions to barbiturates and focus most closely on descriptions of use often deemed as criminal and for “thrills.” Within popular history and culture, examples of barbiturate use exist in the memoirs or biographies of individuals, like Marilyn Monroe, or references to cultural works that included pill use, such as *Valley of the Dolls*, and fail to set barbiturate consumption within a larger historical narrative. That is why the study of barbiturate use among its largest demographic, middle- and upper-class women, and this representation in the media are integral to understanding not only barbiturates’ history but also the lived experiences, social expectations, and imagery of American women. Sleeping pills did not exist in a bubble but as part of a growing prescription pill culture embraced most heavily by women, illuminating the way stereotypes

⁶ For examples on the development of barbiturates see: Francisco López-Muñoz, Ronaldo Ucha-Udabe, and Cecilio Alamo, “The History of Barbiturates a Century After Their Clinical Introduction,” *Neuropsychiatric Disease and Treatment* 1, no. 4 (2005): 329-43.

⁷ Nicolas Rasmussen, “Controlling ‘America’s Opium’: Barbiturate Abuse, Pharmaceutical Regulation, and the Politics of Public Health in the Early Postwar United States,” *Journal of Policy History* 29, no. 4 (October 2017): 548.

⁸ *Ibid.*, 556, 560.

of users formed and how women viewed their own use. It reveals ways some women felt overwhelmed by social and cultural expectations in their lives and sought control in an acceptable form, which could bring individual solutions to problems that usually required larger structural change.

The Melodramatic Suicide and Accidental Overdose Accounts of Hollywood

Suicide and accidental overdose cases dominated media accounts of women and barbiturate use from the mid-1940s through the early 1960s, forming imagery of young, unmarried, and emotional casualties. With numerous notorious incidents of death involving barbiturates during these years, the press and popular culture generated detailed analyses of the connection between famous but “failed” women, barbiturate use, and suicide (or accidental suicide). This section reveals that reactions of the media generated a specific stereotype surrounding the drama and intrigue of their deaths.

Many people initially began barbiturate use for sleep. As consumers developed a tolerance to the drug, they required increased dosages to achieve the same effect of drowsiness. This caused various debates on whether women who died from barbiturates had intentionally died by suicide or taken too many and accidentally poisoned themselves. Some authorities suggested a third possibility that certain women swallowed substantial amounts to induce an alarming reaction as a cry for help. Whether users purposefully overdosed in hopes of someone saving them or were trying to die, accidents happened that could cause unintended consequences, and in both cases, users gambled with their lives and the outcome.⁹ Initial guesses of the intention would evolve following coroner reports, as well as judgments of the women’s mental states and their past behavior. These motives behind overdoses also

⁹ Gene Lester and David Lester, *Suicide: The Gamble with Death* (Englewood Cliffs: Prentice-Hall, Inc., 1971), 2.

affected narratives of blame and victimhood, expressing whose bodies society cared about in death. Narratives contained greater depth on barbiturates and their celebrity connection than most prescription pills, leaving an impact that barbiturates' problems were less of a concern for the millions of users but instead moral failings or irresponsibility of a few. Yet, of the pills that achieved popularity in the postwar era, barbiturates held a serious risk of death from taking too many, whether purposefully or accidentally. Not until expanding conversations surrounding minor tranquilizers and amphetamines, alongside feminist narratives, did concerns for broader demographics rise in the media. Until then, the stories of suicide with barbiturates would highlight female public figures and place degrees of fault with users.

Barbiturates, more than minor tranquilizers and amphetamines, connect to death through suicide, attempts of suicide, and accidental overdoses. The risks were not only for those who abused the prescription pills in vast quantities but also for those who may have miscounted their dosage or mixed them with alcohol or other drugs. For example, using amphetamines and barbiturates together may increase the likelihood of death with adverse reactions they cause, create extreme swings in mood and energy levels, and a harmful cycle in which the patient must keep taking them to counterbalance the other drug's side effects.¹⁰ Sleeping pills were also among the most frequent suicide poisons in the United States, with 1000 to 1500 deaths a year reported in the late 1950s.¹¹ Narratives of glamorous women and pill overdoses maintained the interest in the press and fictional works. The tragedy of their stories fascinated the public and embedded stereotypes that endured not only in the era's reactions to barbiturates but in their cultural memory today.

¹⁰ Ibid., 130.

¹¹ Elijah Adams, "Barbiturates," *Scientific American* 198, no. 1 (January 1958): 62.

During the mid-1940s, a series of public figures died from sleeping pills, many of them prominent women. The accounts of their deaths introduced familiar themes from other narratives about woman and womanhood, especially victimhood and blame, linking barbiturates to already established assumptions and narratives. Public discourse about their deaths focused on whether these women deserved their fate or not, given their actions and relationships. The deaths of Lupe Velez and Carole Landis would ignite the beginning of the narrative about lovesick, unmarried, overly emotional women who lost control of their lives and turned to pills to die by suicide. By the time of Marilyn Monroe's death in 1962, the media and public had grown accustomed to this archetype and continued to maintain stories of personal failings that led to such tragedy. The examples chosen informed long-lasting concepts and present an interconnectedness to each other (similarities between Landis and Monroe) and additional barbiturate accounts (Landis' relationship with Susann informing the fictional *Valley of the Dolls*). While the mid- to late-1960s would bring greater variance to narratives on barbiturate overdoses including accounts of survival and accidental death from mixing small quantities with alcohol, memories of past incidents would still hold fascination and gossip about their details.

One of the earliest barbiturate deaths of the era brought interest from the press that treated it with greater compassion than in the cases that would follow. When news reports broke of the death of celebrity preacher Aimee Semple McPherson in 1944, at age fifty-three, they listed her cause of death as a sudden heart attack, yet when realized it was impacted by pills, most viewed it as accidental.¹² McPherson was a respected evangelical Christian minister in Hollywood, who founded the Foursquare Church, an early megachurch. There, she used entertainment-style preaching to fill the pews and even baptized Marilyn Monroe as

¹² "Aimee Semple M'Pherson, 53, Dies in Hotel," *Chicago Tribune*, September 28, 1944, 18.

a child.¹³ After McPherson died, details emerged that sleeping capsules surrounded her dead body, and while they were prescription pills, they lacked a physician's name and prescription number on the bottle.¹⁴ After a more substantial investigation into her death, the press revealed that the drug scattered on her pillow was Seconal, and she "died of shock and respiratory failure due to an overdosage of barbital compound and a kidney ailment."¹⁵ The press provided little focus or judgment of the fact that she may not have legally obtained her pills, possibly because her age and career did not fit the narrative of a typical abuser of illicitly obtained drugs. McPherson received the benefit of the doubt that her death was an accident due to mental impairment and poor health.

Lupe Velez's death would raise racial stereotypes and themes of crime and blame, alongside an emergence of a beautiful and overly emotional sleeping pill fatality. When the Mexican-born Hollywood actress Lupe Velez died from an overdose of sleeping pills not long after McPherson, the press reacted to the news differently. One of the earliest reports claimed that she "ended her tempestuous career today by committing suicide with an overdose of sleeping tablets."¹⁶ Reports suggested that Velez killed herself because she was pregnant and unmarried. To some, this was a convincing explanation for her suicide and encouraged little sympathy.¹⁷ The press also suggested that her Seconal pills came into the country from Mexico, and if they had, that framed her drug use as criminal rather than respectable.¹⁸ While pregnant, Velez's drug overdose raised attitudes of racial stereotypes, crime, the sanctity of life, and blame. McPherson and Velez were both born outside of the

¹³ Norman Mailer, *Marilyn: A Biography* (New York: Grosset and Dunlap, 1973), 25.

¹⁴ "Aimee's Death Probers Hunt New Clues," *The Atlanta Constitution*, September 29, 1944, 2.

¹⁵ "Aimee's Death Blamed on Overdose of Capsules," *Los Angeles Times*, October 14, 1944, 1.

¹⁶ "Lupe Velez Kills Self Over Unborn Baby," *Chicago Daily Tribune*, December 15, 1944, 1.

¹⁷ *Ibid.*

¹⁸ *Ibid.*, 14.

United States, Canada and Mexico, respectively, yet McPherson's whiteness and respected career offered her a greater level of victimhood in death than Velez. However, Velez's death did establish themes of drama, beauty, emotion, and gossip tied to barbiturate overdoses presented in narratives for years to come.

The death of the American, bleached-blond actress Carole Landis appeared to most as a definitive account of suicide during the era. Her case brought a lasting image of the stereotypical Hollywood drug overdose: a woman unlucky in love. Landis had four divorces, an affair with a married man, a declining career, and a seemingly emotional overreaction in ending it all. This would set the stage for similar narratives that reappeared into the 1960s with Marilyn Monroe's death and Landis' Broadway co-star Jacqueline Susann's novel *Valley of the Dolls*. In 1946, Landis received a bottle of fifty Seconal pills when hospitalized.¹⁹ Two years later, that legally obtained bottle was empty by her side. The night she died, Landis hosted a private dinner with actor Rex Harrison, who was married to someone else. It is unclear what they discussed during the meal, but many assumed that he ended their affair before leaving. After having multiple drinks, Landis allegedly wrote a letter to her mother and then swallowed numerous sleeping pills.²⁰ When a concerned Harrison came over the next day, he and the maid discovered Landis' dead body. Reports described Landis as lying on the bathroom floor with her head on a jewelry box, wearing a patterned skirt, white shirt, and gold pumps, glamorous even in death.²¹ The autopsy showed a 0.12 alcohol level, below the era's legal limit, 0.15, and poisoning due to the ingestion of

¹⁹ E.J. Fleming, *Carole Landis: A Tragic Life in Hollywood* (Jefferson: McFarland & Company, Inc., Publishers, 2005), 211.

²⁰ "Carole Landis, 29, Is Found Dead With a Suicide Note in Next Room," *New York Times*, July 6, 1948, 1.

²¹ *Ibid.*; "Mystery Cloaks Last Hours of Actress Carole Landis," *Los Angeles Times*, July 7, 1948, A1.

Seconal.²² As the empty pill bottle was two years old at the time of Landis' death, authorities presumed she was not a frequent user who may have miscounted how many she took.

Instead, it appeared that she decided to kill herself while drinking, using pills she already had in her home. Although Landis' family believed that Harrison and the police covered up details surrounding her death, public memory has widely accepted her death as suicide from sleeping pills.²³ The descriptions of her emotional state, what she wore, and theories of whether she died by suicide or others altered her death scene to look that way, touched on themes referenced in narratives for years afterward.

Fictional accounts of young unmarried women who are overly emotional and connected to sleeping pill overdoses expanded in the following decade, building off stereotypes that most explicitly grew following the deaths of Velez and Landis. Released in 1958, Rona Jaffe's novel *The Best of Everything* detailed an intimate perception of pills, that of a method for a man to calm a highly emotional woman and for a woman to harm the man she loved. The book follows the lives of three young women struggling in their work and love lives. The character Gregg is a glamorous aspiring actress who loses sight of her career and friendships when she falls in love with David. When Gregg argues with David, he offers her a sleeping pill to calm her down during their fight.²⁴ Gregg later notices the whole bottle of sleeping pills and daydreams of taking them all, to have David find her unconscious body and feel guilty about his role in it. "He would know why she wanted to kill herself. She would never have to tell him how unhappy she was again."²⁵ Luckily, Gregg comes to her

²² "Coroner Starts Probe of Landis Suicide Today," *Daily Boston Globe*, July 8, 1948, 7; "Rex Harrison Awaits Quiz in Landis Death," *Chicago Daily Tribune*, July 8, 1948, A6.

²³ Tammy Powell, "Was Carole Murdered?" *Carole Landis Hollywood Legend*

<http://carolelandisofficial.blogspot.com/2012/11/was-carole-murdered.html> Accessed March 27, 2020.

²⁴ Rona Jaffe, *The Best of Everything* (New York: Simon and Schuster, 1958), 216.

²⁵ *Ibid.*, 217.

senses, thinking, “This pill bit was a woman’s trick, a device of the lovelorn. It didn’t take courage. Courage was to live.”²⁶ Although Gregg does not die from pills, she accidentally falls to her death when spying on David after their breakup. Jaffe portrayed Gregg as a beautiful yet emotionally unstable young woman, whose desire to have David love her had her contemplate an overdose of pills to spark his attention. However, it is intriguing how David first offers her a sedative when they argue. He does not do it for her sake but rather to save himself from dealing with his girlfriend’s feelings, the benefit of subduing a woman through pill use. Yet, as Gregg’s emotions and behavior grow increasingly unstable as her relationship with David ends, her thoughts and actions seem extreme and unrelatable. Gregg is a beautiful young woman who has a bright future ahead of her but when David refuses to return her love, her emotions become volatile and bring her demise.

The 1960 film *The Apartment*, directed by Billy Wilder, is one of the most prominent films of the era to showcase a barbiturate overdose, displaying a young single woman with love troubles pushed to the edge in an emotional outburst. However, as a romantic comedy, it treated the drugs with much less seriousness than other popular culture narratives. Elevator operator Fran Kubelik finds herself distraught that the married man she is dating had a series of affairs before her. Fran, alone in the apartment they meet in, notices a bottle of Seconal in the medicine cabinet and swallows a dozen capsules. When the apartment’s owner, C.C. Baxter, arrives home and finds Fran unconscious in his bed, he has a physician rush over. Dr. Dreyfuss pumps Fran’s stomach, serves her coffee, and slaps her to keep her awake. As Fran recovers, she questions Baxter as to why he did not let her die, upset that she always falls “in love with the wrong guy in the wrong place at the wrong time.”²⁷ As Fran improves over the

²⁶ Ibid., 218.

²⁷ Billy Wilder, *The Apartment* (United States: United Artists, 1960).

next few days, she realizes she has now fallen in love with Baxter, who feels the same. While the film's success brought another example of sleeping pill overdose into the larger narrative, audiences do not see the taking of the pills or the pumping of her stomach; both take place off-camera. Likewise, with Fran's use, we do not see the danger of long-term consumption of the pills but rather a heartsick young woman taking too many in a cry for help after her romance with a married man reveals its flaws.

Arguably the most famous death from sleeping pills was that of Marilyn Monroe, which epitomized the archetype solidified in the postwar era. Mentions of her sex appeal and failed romances quickly appeared as one news report announced following her death that "The thrice-married, 36-year-old actress was nude and was lying face down on the bed."²⁸ Like Landis, Monroe had bleached her hair and changed her name before achieving Hollywood stardom. Monroe starred in renowned films of the 1950s, such as *Gentlemen Prefer Blondes*, *The Seven Year Itch*, and *Some Like It Hot*, and earned prominence as the era's ultimate glamorous sex symbol. Monroe eerily anticipated her fate when sharing an account from early in her career, exhibiting an understanding of the pattern so embedded into cultural imagery. Describing the incident when she refused the proposition to spend the night with a film studio head, she wrote: "Yes, there was something special about me, and I knew what it was. I was the kind of girl they found dead in a hall bedroom with an empty bottle of sleeping pills in her hand."²⁹ This identity also appeared in Truman Capote's *Breakfast at Tiffany's*, where one describes the protagonist party girl Holly Golightly as "strictly a girl you'll read where she ends up at the bottom of a bottle of Seconals."³⁰ Whether Landis,

²⁸ "Marilyn Monroe Dead; Victim of Sleeping Drug," *The Washington Post*, August 6, 1962, A1.

²⁹ Marilyn Monroe with Ben Hecht, *My Story* (New York: Taylor Trade, 2007), 79.

³⁰ Truman Capote, *Breakfast at Tiffany's: A Short Novel and Three Stories* (New York: Random House, 1958), 31.

Monroe, or the fictional Holly, Gregg, or Fran, the expanding stereotype focused on beautiful and glamorous unmarried women whose inability to lead conforming lives seemed to influence their fate as victims of barbiturate overdoses.

Monroe spent much of her adult life using prescription pills for sleeping and energy and used large quantities when upset. She overdosed after the death of a close friend in 1950 and continued using pills for years.³¹ Photographer and friend Milton Greene remembered Monroe took amphetamines for a long time, and one makeup artist recalled Monroe had a bag full of “uppers, downers, vitamins, and God knows what.”³² Like many pill users, Monroe would need sleeping pills to fight insomnia, then amphetamines in the morning when the barbiturates left her drowsy. The stimulants could still leave users energized at bedtime, solidifying the dependence on more sleeping pills.³³ After Monroe died in 1962, investigators discovered an empty bottle that had contained twenty-five Nembutal pills near her body.³⁴ A nearly empty bottle of chloral hydrate, another sedative, which had included fifty pills, also sat close by.³⁵

When news of Marilyn Monroe’s death broke, the *New York Times* suggested that she died by suicide. Reports revealed that she had been seeing a psychoanalyst for a year. She was “in low spirits” and had become “a virtual recluse” after recent years of setbacks such as box office disappointments, her third divorce, and firing from her latest film. Regarding her death, they reported that “beside the bed was an empty bottle that had contained sleeping pills” as well as fourteen other bottles. Additionally, the coroner had already shared that it

³¹ Anthony Summers, *Goddess: The Secret Lives of Marilyn Monroe* (London: Victor Gollancz Ltd., 1985), 48.

³² *Ibid.*, 85.

³³ *Ibid.*, 148.

³⁴ *Ibid.*, 309.

³⁵ *Ibid.*, 319.

“was not a natural death” as it was related to drugs, but the intention was unclear.³⁶ Focusing on Monroe’s many problems, the newspaper reports clearly framed her death as a potential suicide.

Other news reports would express uncertainty about Monroe’s death, but leaned towards accepting it as suicide. Authorities found no suicide note, a critical element in preventing precise conclusions, but stated that there were numerous prescription pill bottles beside her bed.³⁷ While the police said that there was “nothing to indicate Miss Monroe’s death was due to suicide,” the descriptions of empty pill bottles left the impression that she took more than one too many.³⁸ *The Washington Post* reported that Monroe’s mother had spent time in a mental institution and both her maternal grandparents died in “asylums,” hinting toward Monroe having mental instabilities.³⁹ Journalist Dorothy Kilgallen would describe how Monroe’s pill consumption and drinking were widely known and how it seemed inescapable that she would end up nude and alone with a pill bottle. Yet, she believed that while Monroe died by suicide, it was not overtly but her desire to sleep and escape her torture. “I think she took a few pills to help her get over whatever her last problem was, and sleepily thought, ‘Oh. THAT feels better!’ and took a few more to make sure she wouldn’t awaken until someone came along to make the next day safe for her.”⁴⁰ As discussed later in this chapter, Kilgallen would become the subject of a similar discussion in 1965. Although some reports may have questioned whether entirely intentional or not, many people believed that Monroe would have purposely chosen suicide.

³⁶ “Marilyn Monroe Dead, Pills Near,” *New York Times*, August 6, 1962, 1.

³⁷ Howard Hertel and Don Neff, “Marilyn Monroe Found Dead: Sleeping Pill Overdose Blamed,” *Los Angeles Times*, August 6, 1962, 1.

³⁸ “Marilyn Monroe Dead; Victim of Sleeping Drug,” A1.

³⁹ *Ibid.*, A3.

⁴⁰ Dorothy Kilgallen, “Marilyn’s Life Was a Suicide Note,” *The Washington Post*, August 10, 1962, D10.

Writing to *Time* following Monroe's death, a doctor hoped her passing brought greater attention to the danger of sleeping pills. They led users into stupors where they retake their doses "with no self-destructive intent because they were not fully conscious."⁴¹ Sadly, his hopes did not materialize. Instead, media attention continued to debate whether she died by suicide or not, less concerned about whether the pills posed a danger and instead increasingly speculating about suicide and a variety of conspiracy theories, such as government agencies murdering her due to her affair with President John F. Kennedy. By focusing on motives or suppressed secrets surrounding Monroe's relationships and death, unsurprisingly, public discussion on barbiturates and the risks of accidental overdoses associated with her story waned.

The way that the media portrayed various deaths from sleeping pills shifted based on the woman and circumstance. However, the remembrance of some cases contained less dignity than others. They also diverted attention away from topics like how users obtained pills, why they took them frequently, or their long-term dangers but rather the overdose scene, which was commonly the bedroom. Kenneth Anger's popular gossip history book, *Hollywood Babylon*, described Monroe's death as suicide, along with actresses Lupe Velez and Carole Landis.⁴² Although published in the mid-1970s, when the media showed a growing understanding of the unintentional consequences of barbiturate use, Anger listed them as suicides with little room for debate or compassion. Gossip, publicity, and memory regarding these women created myths and falsehoods about their deaths and pill consumption. Anger treated Velez's death with especially harsh descriptions. When noting how the maid discovered her, Anger wrote that "she found her mistress, Señorita Velez, head

⁴¹ "Letters," *Time*, August 17, 1962, 3.

⁴² Kenneth Anger, *Hollywood Babylon* (New York: A Dell Book, 1975), 401.

jammed down in the toilet bowl, drowned. The huge dose of Seconal had not been fatal in the expected fashion. It had mixed retch-erously with the Spitfire's Mexi-Spice Last Supper."⁴³ He claimed she ran to the bathroom after taking the Seconal, slipped on the tile, and landed with her head in the toilet; Anger's gossip creating a false visual for his readers without any evidence. An early morning edition of the *Los Angeles Times* the day following Monroe's death ran the headline "Marilyn Monroe Dies; Pills Blamed."⁴⁴ However, in the decades that followed, it was rarely the pills that faced blame for her death, Instead, she and others like Velez and Landis were the subjects of gossip and whispered secrets of their death scenes.

As we have seen, the narratives presented in the media from the 1940s through the early 1960s brought forward judgment toward women who overdosed on sleeping pills. The stereotype of emotional, unlucky in love, unmarried women held fascination when discovered dead from too many barbiturate pills. Ultimately, the media did not scrutinize what influenced these women to purchase pills or why they took so many at once. Instead, the stories fit a repetitive format of personal tragedy infused with glamour and myth. Some women became victims of the miscounting of pills, others were held in contempt for purposefully ending their lives. Narratives of these women created distance between overdosing and any larger societal problem. It bound taking too many pills to extreme situations not relatable for other consumers or public concern because it seemed distant from common and acceptable use. Details about death scenes, gossip, and conspiracy theories on how women like Velez and Monroe may have actually died, unrelated to barbiturates, additionally reduced focus on conversations regarding the risks of sleeping pills. These

⁴³ Ibid., 339, 342.

⁴⁴ "Marilyn Monroe Dies; Pills Blamed," *Los Angeles Times*, August 6, 1962, 1.

narratives focused on the failings of individual women, often judging their choices, not only in irresponsible pill consumption but also in their lifestyles.

The Fleeting Attention Given to Barbiturate Stereotype Exceptions

Moving into the 1960s, notable incidents of sleeping pill overdoses held exceptions to cases that came before. The women involved gave stronger examples of the risks of use to the public. Moreover, they varied in age, race, motive, and outcome. Despite the attention the press gave to them individually, they lacked long-term analyses. Historical accounts frequently overlook their stories, not fitting into the romantic and macabre deaths of young beauties but representing more common predicaments the media and Americans failed to acknowledge fully.

When African American singer Dinah Washington overdosed on her sleeping pills a year after Marilyn Monroe, she received much less mainstream press on whether it was an accidental or intentional case. Although she died in her bedroom and had been married multiple times, those in the press media treated Washington with less romance and emotion. Perhaps due to her race, they did not view her as the fragile white women that came before. Remembered as the “Queen of the Blues,” Dinah Washington died in December 1963, at age thirty-nine, from an overdose of sedatives. A box of frequently taken pills sat beside her bed, and police believed she mistakenly took too many.⁴⁵ The autopsy would reveal amobarbital and secobarbital, the two barbiturates that comprise Tuinal sleeping pills, in Washington’s body.⁴⁶ A medical examiner’s report would confirm that she “took the pills by accident.”⁴⁷ A

⁴⁵ Dave Potter, “Mourn Dinah Washington,” *The Chicago Defender*, December 14, 1963, 1; “Pills Found Near Body of Singer,” *Boston Globe*, December 15, 1963, 21.

⁴⁶ Nadine Cohodas, *Queen: The Life and Music of Dinah Washington* (New York: Billboard Books, 2006), 439.

⁴⁷ “Dinah’s Death Was Accident,” *Chicago Daily Defender*, December 23, 1963, 4.

few months after her death, *Ebony* magazine provided a detailed exploration of her life and death. The article described Washington as having taken pills that “rushed her to sleep and kept her tranquilized for a few hours so that she felt as though she had slept for a long time, and drained her of weight and made her believe that the slimness she had forced on herself was beautiful.”⁴⁸ To those closest to Washington, they shared an understanding that it almost seemed inevitable she would die after years of frequent pill use. Her agent Joe Glaser claimed that he knew her pill use would end badly.⁴⁹ “She always thought she was too nervous, so she’d take pills for that. Then she got the idea that she was too fat, so she took some kind of pills for losing weight. I’ve seen her take off 15 to 20 pounds in just a few days. Her system just couldn’t stand all that medicine. That’s all it was. She just took one pill too many.”⁵⁰ Washington’s death signified the danger of mixing prescription drugs, needing to combat the effects of each and possibly confusing the dosage. Yet, the lack of media attention towards her passing, perhaps because of timing (only weeks after President Kennedy’s assassination) and because she was African American, not fitting into the common prescription pill consumer conceptions, missed a significant opportunity to highlight barbiturate dangers. Those close to Washington noticed the ill effects multiple pills brought her, alongside the desired weight loss and sleep, but like Monroe, Washington still obtained and used the pills to death.

After years of media attention towards sleeping pills focusing on those in Hollywood and judgments on their lives and actions, the 1960s began to see greater complexity of women’s suicide attempts that did not lead to death. A 1964 *Life* article outlined the account of one woman’s attempt to end her life with sleeping pills. Nell was a wife and mother who

⁴⁸ Charles L. Sanders, “Requiem for Queen Dinah,” *Ebony*, March 1964, 146.

⁴⁹ *Ibid.*, 148.

⁵⁰ *Ibid.*

worked as a waitress and secretary to support her family as her hospitalized husband was unable to work.⁵¹ Completely exhausted and upset about family troubles, Nell reached out to two doctors for help, fearing that she might hurt herself, something she had done a few years before following a fight with her husband. They both brushed her off, not caring to talk with her as she was not their patient.⁵² She then checked herself into a hotel and purchased alcohol with which she planned to take the envelope of pills she had been carrying around with her for weeks.⁵³ After taking the mixture of pills, including sleeping pills, with the alcohol, Nell called the hospital to leave a message for her husband. The nurse who answered realized there was a problem and kept Nell on the phone in her drugged state while authorities traced the call, and she was able to receive medical attention to revive her.⁵⁴ While the *Life* article highlighted how medical services could help prevent death, as well as ways physicians failed to protect women, many other stories presented the danger of sleeping pills. In other accounts, married women died before any of the people in their households could even call for help.

During the mid-1960s, the media provided greater attention to barbiturate overdoses that included awareness of their effects when mixed with alcohol and their accidental consequences. On November 9, 1965, the *New York Times* reported the death of columnist Dorothy Kilgallen, who died from unknown causes in her home with her children and husband nearby.⁵⁵ Days later, the medical report revealed that a combination of alcohol and barbiturates had caused her death. While the amounts of both were not high, pointing to the likelihood of her death as accidental, the assistant medical examiner stressed that mixing

⁵¹ Shana Alexander, "Decision to Die," *Life*, May 29, 1964, 75.

⁵² *Ibid.*, 78.

⁵³ *Ibid.*, 81.

⁵⁴ *Ibid.*, 82, 86.

⁵⁵ "Dorothy Kilgallen, 52, Columnist and TV Panelist, Dies in Sleep," *New York Times*, November 9, 1965, 43.

depressants could have extremely dangerous effects.⁵⁶ Accidental overdoses, of pills or the mixing of pills and alcohol, gained attention in the press, especially following Kilgallen's death. As Beth Day succinctly wrote in *Cosmopolitan*, "you don't count your pill intake so well when you're loaded."⁵⁷ While *Newsweek* noted that sleep was necessary, and therefore sleeping pills have a practical medical use, people were not to use them every night. Medical examiner Dr. Spelman reported that "the typical barbiturate addict is a middle-aged woman with emotional problems," spotlighting that adult women not only used sleeping pills more frequently but that they often had underlying issues if they became addicted to the drug.⁵⁸ These reports point to a more serious concern towards women's sleeping pill use, especially when combined with alcohol, moving narratives beyond earlier concepts.

During the 1960s, as Kilgallen and other married women and mothers died from barbiturate poisoning, greater seriousness in tone entered the narrative. No longer could the media contain sleeping pill narratives to the tropes that dominated the years before. Some women died from moderate pill consumption but mixed with alcohol in a fatal misstep. Others exposed years of drug overconsumption or cries for help when overwhelmed. Cases in the early and mid-1960s provided some education on how pills brought unintended results, however, analyses did not address the ways many women used pills as tools to handle societal pressures. Ultimately, these stories failed to register nationally in a significant way. Instead, attention concerning barbiturates still focused on the stereotypes established in the 1940s and 1950s. Within this culture, one of the most significant novels of the 1960s captivated the nation, infusing expected narratives of pill users with insider details.

⁵⁶ "Alcohol and a Drug Traced as Causes of Kilgallen Death," *New York Times*, November 16, 1965, 49.

⁵⁷ Beth Day, "What You Should Know About Everyday Pills," *Cosmopolitan*, February 1967, 95.

⁵⁸ "The Pill Addicts," *Newsweek*, December 20, 1965, 64.

Valley of the Dolls: Interlacing Glamorous Stereotypes and Real-Life Insights

Following two decades of sleeping pill notoriety for suicide and accidental overdoses came one of the most detailed fictional accounts of barbiturate use in the postwar era, heavily linked to both stereotypes of pill users and real-life events. The novel *Valley of the Dolls* turned the prescription pill from not just an object used in overdoses but into a promotional and popular culture symbol. The pills brought comfort and control to their users, helping them meet expectations in their lives that lacked other options for help. Yet, despite the pills' assistance, the book provides narratives of how the characters lose discipline the more they embrace the pills. In a period before society commonly discussed or understood women and prescription drug addiction, author Jacqueline Susann exposed an inside look at women requiring greater quantities of pills, the mixing of substances, hospitalizations, treatments, and overdoses. The narratives predate much of the detailed analyses of pill use that expanded during the 1970s, providing context to the continuing celebrity deaths and insight from Susann's use and the stories of those around her. She presented motivations in use and perspectives from the point of view of the consumers, a depth typically ignored in barbiturate stories. Susann's frank and provoking novel brought her significant success and cultural attention. *Valley of the Dolls* left a considerable widespread cultural impact on the imagery of barbiturates through the telling of three women's pill use. Susann provided an awareness of what pill users felt but also, through incorporating details from infamous overdose cases, helped solidify existing stereotypes.

The book that embodied women's drug use in the 1960s, like no other, quickly became one of the best-selling books of the decade after its release in 1966, showcasing the way three women controlled various perceived flaws with pills. *Valley of the Dolls* follows the intertwining stories of Anne, Neely, and Jennifer, who all achieve fame and success, yet

feel driven to consume “dolls.” The sleeping pill use is not the same in the three women, nor are their experiences. Jacqueline Susann revealed her book was about three girls who, after coming to New York to pursue their dreams, find “emptiness and loneliness” when they reach the top. They are most lonely at night, and like a child who may clutch a ragdoll, lonely women have their red or yellow doll, the sleeping pill.⁵⁹ Susann said, “By taking the pills, the girls were reverting to childhood, reverting to the stage of helplessness when they played with dolls - toys.”⁶⁰ Additionally, the word doll is usually a female descriptor, tying further the connection between these prescription pills and women. Dolls are also gender-appropriate toys that teach girls society’s expected skills, values, and roles. Likewise, the pills help the women frequently achieve or stay within expected roles in their careers and personal lives. The character Anne best signifies the loneliness that comes when she achieves everything she desires. Anne finds pills the only way to escape at night, knowing that after years of working to have her perfect husband, a baby, wealth, and fame, her spouse cheats on her. When Anne swallows her first Seconal, she thinks of how it indeed is “a doll.”⁶¹ Anne lacks the confidence or support to take their young daughter and leave her husband, so she turns to her pills, thinking, “There were always the beautiful dolls for company. She’d take two of them tonight. Why not?”⁶² Despite her knowledge of the potential danger, it is the only outlet Anne thinks she has to survive the unhappiness that comes from finally marrying the only man she loves and having him seek intimacy from others. Susann’s *Valley of the Dolls* brought women’s prescription pill use front and center in one of the 1960s’ most popular

⁵⁹ Alan Foshko, *Jacqueline Susann & The Valley of the Dolls* (Circle 7 Productions. Television special. 1967).

⁶⁰ Norma Lee Browning, “How They Pushed ‘Pill-Takers,’” *Chicago Tribune*, December 28, 1967, A8.

⁶¹ Jacqueline Susann, *Valley of the Dolls: Fiftieth Anniversary Edition* (New York: Grove Press, 2016), 444.

⁶² *Ibid.*, 466.

literary works, exhibiting how the drug could provide the only dependable source of comfort, like a doll, as exemplified in Anne.

The promotion of the book did not shy away from addressing drugs but instead used the attention paid to pills to market it. Media mailings for the work contained sugar-filled red pills, the color of Seconal, and fake prescription pads, creating discussion before the book's release.⁶³ By 1968, the book had sold 350,000 hardcover copies and 8 million in paperback. The seeming glamorization of the pills, as Susann ascribed them to celebrity characters, shadowing the lives of real stars, deteriorates as the novel unfolds. These women did not use pills as a status symbol but instead embraced pill use to deal with their problems, a lack of support systems, the challenges of success and fame, and the pressure to maintain them. The publicity of the novel took advantage of society's expanding postwar interest in prescription pills to gain an audience, but Susann's writing brought a broader context to their use and increased pill imagery and discussion.

Although a work of fiction, *Valley of the Dolls* closely relates to some real women's experiences. *Time* magazine described that Susann based *Valley of the Dolls* on her life. They did not hide their criticism of the book and Susann as they wrote that "it would seem that Author Susann has spent most of her time watching people swallow Seconal, slurp Scotch and commit sodomy." They noted that while a bestseller, it was "the Dirty Book of the Month. It might more accurately be described as a highly effective sedative, a living doll."⁶⁴ Although *Time* felt Susann's work and life boring, the prescription pill use brought the author a career-making hit. Susann disagreed that *Valley* was a dirty book, claiming that she wrote

⁶³ Barbara Seaman, *Lovely Me: The Life of Jacqueline Susann* (New York: William Morrow and Company Inc., 1987), 303.

⁶⁴ "Dirty Book of the Month," *Time*, April 22, 1966, 92.

what she knew: show business.⁶⁵ Susann said, “we control everything with pills - weight, depression, pregnancy” and felt it held merit to discuss.⁶⁶ Whether the mainstream press enjoyed it or not, Susann understood that pills played an essential role in the lives of many women just like her and brought essential control.

Jacqueline Susann consumed prescription drugs throughout her adult life while struggling with issues just as serious as those she wrote about. Susann took Dexedrine for dieting when young, and as she grew older, to energize herself after using sleeping pills at night.⁶⁷ When she hospitalized her only child due to his severe autism, she turned to greater pill use to restrain her pain and guilt over the situation, taking sleeping pills and stimulants.⁶⁸ When Susann kept a busy schedule touring to promote *Valley of the Dolls*, “She lived out of suitcases and in airports – and also in part on ‘dolls.’”⁶⁹ During the 1960s, Susann underwent a mastectomy, which led her to take antidepressants, minor tranquilizers, and pain killers until she died in 1974.⁷⁰ The decades of use and variety of pills illustrate a depth of first-hand knowledge Susann had on the subject.

Aside from inspiration from her own use, numerous celebrities influenced the characters in Susann’s *Valley of the Dolls*. The whispers over what real-life celebrity stories Susann included within the book not only bring audience intrigue but add weight to events that might seem farfetched otherwise. It was clear that Anne Welles held characteristics of Susann, Neely O’Hara resembled Judy Garland, and Jennifer North was close to pinup and actress Carole Landis. Hollywood gossip and numerous biographies claim Landis was the

⁶⁵ Jane Howard, “Happiness is Being Number 1,” *Life*, August 19, 1966, 77.

⁶⁶ *Ibid.*, 78.

⁶⁷ Seaman, *Lovely Me*, 69, 159.

⁶⁸ *Ibid.*, 213; Irving Mansfield, *Life With Jackie* (Toronto: Bantam Books, 1983), 147.

⁶⁹ Howard, “Happiness is Being Number 1,” 69, 71.

⁷⁰ Seaman, *Lovely Me*, 263, 372, 455.

friend and possible lover of Susann in 1945, a few years before she overdosed on sleeping pills, providing stronger evidence that Susann incorporated details of her life.⁷¹ The character Jennifer is a struggling actress who can not overcome her sexpot image and has difficulty sleeping, with pills the only fix.⁷² After she gains a Hollywood studio contract, her fear leads her to swallow half a bottle of Seconal, an attempt to escape her insecurity and uncertainty.⁷³ Later in her life, after gaining success, Jennifer faces a breast cancer diagnosis, and unable to envision a life without her breasts, connected so strongly to her career and love life, she swallows a bottle of sleeping pills.⁷⁴ Jennifer begins her Seconal use to sleep and continues to take them for their release at night and from situations that evoke fear and doubt. When facing the loss of her breasts, bodily attributes that the world tells her are all she has to offer (an opinion those closest to her reinforce repeatedly), she dies by suicide with Seconal, the ultimate escape and release.⁷⁵ Susann discovered she had breast cancer in 1962 but kept her mastectomy private, with only her family and closest friends knowing, despite her growing fame.⁷⁶ Like her character Jennifer, Susann did not want to have her breasts removed. Her husband, Irving Mansfield, revealed right after her death that she had told her doctor she feared he would leave her if she did. Susann did have the procedure, and Mansfield stayed with her, however, she lost confidence in her body.⁷⁷ Thus, Jennifer's sex symbol image and suicide with sleeping pills may resemble Carole Landis, but the difficulty of breast cancer came straight from Susann's own experiences.

⁷¹ Fleming, *Carole Landis*, 188, 189.

⁷² Susann, *Valley of the Dolls*, 201-203.

⁷³ *Ibid.*, 322.

⁷⁴ *Ibid.*, 350.

⁷⁵ *Ibid.*, 324, 325.

⁷⁶ Joyce Haber, "She Didn't Want People to Know," *Los Angeles Times*, September 25, 1974, F8.

⁷⁷ Judy Klemesrud, "After Breast Cancer Operations," *New York Times*, October 1, 1974, 46.

The other extensive connection in the novel to actual events comes in the character of Neely O'Hara, who resembles the movie star Judy Garland. The book's most dramatized user, Neely, takes amphetamines and barbiturates in vast amounts and mixes them with alcohol, leading to multiple hospitalizations and accidental overdoses. Neely's first drug use begins with amphetamines to help her lose weight, and she adds sleeping pills to calm down later.⁷⁸ Meanwhile, Neely's drug use cycles into unhealthy habits. She finds she requires Dexedrine diet pills to wake up in the morning and combines her sleeping pills with alcohol for deeper sleep, leading her to miss family events and work requirements.⁷⁹ Neely opens up about her unhappiness to a director and reveals how exhausting she finds life even though she is only twenty-five. "All I know is to study lines, songs, dance routines, to starve, to sleep with pills, stay awake with pills...There's got to be more than that to living."⁸⁰ Her unhealthy substance habits lead Neely to misjudge the safety of taking a massive amount of pills with Scotch, in an attempt to lose weight, sending her to the hospital instead, with newspaper headlines that announce her overdose.⁸¹ Eventually, Anne takes Neely to a facility to help cure her habit after another overdose. The doctors reveal that Neely took fifty pills in her last overdose, with alcohol, "a dangerous combination," and has become a drug addict. He states that sleeping pill "addiction can be as serious as any other addiction and harder to cure" and that Neely seeks out prescriptions from multiple doctors to get enough pills for the tolerance she has developed.⁸² When released from treatment, Neely overdoses and finds herself in the hospital again.⁸³ Neely's mixing of various pills and alcohol, frequent overdoses, and

⁷⁸ Susann, *Valley of the Dolls*, 236, 239.

⁷⁹ *Ibid.*, 265.

⁸⁰ *Ibid.*, 279.

⁸¹ *Ibid.*, 291, 292.

⁸² *Ibid.*, 360, 361.

⁸³ *Ibid.*, 462.

hospitalization portrayed a deeper look into the struggles beyond suicide or singular emotional outbursts that led to a suicide attempt, typically showcased in barbiturate abuse narratives.

Susann presented no closure of Neely's problems in the book. Neely continues to cycle through heavy use and alienates those trying to help her, leaving her with nothing but pills and alcohol to find comfort. Judy Garland, like Neely, lived through years of hardships that those close to her observed and, at times, so too did the world when her problems brought media reports. During the 1940s, reporters would frequently discuss Garland's weight, applauding her for finally losing her baby fat, then worry she was too thin and congratulate her when she regained a few more pounds.⁸⁴ In 1951, she shared with *Cosmopolitan* that she had troubles with nerves, which made it difficult to sleep. To combat the problem, she often used sleeping pills. Paired with issues in her marriage and a busy career, this led to an eight-month hospital stay for "rest and recuperation" after a nervous breakdown.⁸⁵ Years later, complications continued. Eventually, Liza Minnelli, her eldest daughter, obtained a stomach pump for their home in case she needed to save Garland from an overdose.⁸⁶ For decades, Garland felt alone, telling *New York* that while they may call her a legend, she was still terribly lonely.⁸⁷

While Susann left the end of Neely's story unclear, we do know how Garland's life continued. In the late 1960s, producers fired Garland from a high-profile film role in the *Valley of the Dolls* adaptation and her concerts received mixed reviews of her physical and

⁸⁴ "Mistakes I'll Never Make Again!" *Silver Screen*, November 1942, 117; "A Visit with Judy..." *Screen Stars*, March 1945, 138; "Love Song for Judy," *Photoplay*, April 1945, 142 in Randy L. Schmidt, ed., *Judy Garland on Judy Garland: Interviews and Encounters* (Chicago: Chicago Review Press, 2014).

⁸⁵ "My Story," *Cosmopolitan*, January 1951, 193 in Randy L. Schmidt, ed., *Judy Garland on Judy Garland: Interviews and Encounters* (Chicago: Chicago Review Press, 2014).

⁸⁶ "Liza – Fire, Air and A Touch of Anguish," *Time*, February 28, 1972, 67.

⁸⁷ "Over the Rainbow and Into the Valley Goes Our Judy," *New York*, April 2, 1967, 394 in Randy L. Schmidt, ed., *Judy Garland on Judy Garland: Interviews and Encounters* (Chicago: Chicago Review Press, 2014).

mental state. With the passing of Judy Garland in 1969, the coroner ruled that she died accidentally from “an incautious self-overdose of sleeping pills.” Her body consumed so many barbiturates that it could not continue to function. *Time* magazine wrote that in recent years before her passing, Garland “drank too much, gained too much weight (then lost it too quickly) and made periodic, halfhearted attempts at suicide.”⁸⁸ Not even in death did judgments of her life from the press end. Only a few years later, one Hollywood history book would describe her as “*hundreds* of years old” after a lifetime of emotional drama and suicide attempts.⁸⁹ She was forty-seven. Unlike other pill deaths, Garland had suffered for decades from the side effects of pills, and the press would sensationalize her various hardships and unflattering appearances from the years of unhealthy behaviors. Yet, despite her past suicide attempts, those closest to her did not believe she decided to commit suicide. Minnelli remarked, “She let her guard down. She didn’t die from an overdose. I think she just got tired.”⁹⁰ Like the fictional Neely, Garland had no happy ending, only years of weakening health and substance dependency that would receive disrespect and gossip due to her immense fame.

In spite of the media attention Garland’s temporary casting in *Valley of the Dolls* brought, audiences did not embrace the film version of the story with the same enjoyment as the book, but surprisingly, it receives greater examination in the twenty-first century. In 1967, only a year after the book’s release, the story hit the big screen, but the film struggled to translate the book’s drama, cutting significant depth, insight, or seriousness of the characters’ drug use. It superficially showed pills a few times, but any serious critique of the drug use vanishes in the film’s overacting and over-the-top costumes, wigs, and set designs.

⁸⁸ “End of the Rainbow,” *Time*, July 4, 1969, 64.

⁸⁹ Anger, *Hollywood Babylon*, 413, 416.

⁹⁰ “Liza – Fire, Air and A Touch of Anguish,” 70.

Susann was so unhappy with the movie that after the premiere, she took Seconal with Scotch, and cried.⁹¹ The film's legacy, tied to Sharon Tate's role as Jennifer and the unintentional campiness fringe audiences have embraced over the decades, seems to have overshadowed the book. Over the years, culture's infatuation with Tate's murder at the hands of the Manson Family and its connection to the drugs, sex, and chaos of the era, and problems with the film, resulted in shifting attention away from the memory of serious prescription pill misuse within the novel.

Jacqueline Susann's novel *Valley of the Dolls* provided one of the most significant detailed analyses of women's prescription pill use in the 1960s. By focusing on three different women, it highlighted the variety of experiences consumers had and the consequences that it brought to their lives. Susann's personal prescription pill history, along with her decades of connections to celebrities, brought depth to her story but also reinforced imagery of famous sleeping pill users. While the promotion of the book may have treated pills like an "it" product, the novel displayed warnings to readers of dependency and harm that came from prescription pill use after the women in the book took pills to improve and control themselves. History has cast aside much of the momentous success of the novel with the judgment of the film, however, it brought substantial pill discussion to millions of readers. While Susann did not explicitly protest against barbiturates or the systems that provided them to women, as members of the women's movement would in the 1970s, she offered a glimpse into how individual women turned to pills for assistance when they saw no other option and the harm it brought them all. *Valley of the Dolls* touched on narratives that came straight from the media headlines, allowing its audience familiarity with the stories they understood about celebrities like Landis and Garland. Yet, Susann also experienced

⁹¹ Jeffrey Ventura, *The Jacqueline Susann Story* (New York: Award Books, 1975), 92.

years of pill use, as did those closest to her. Her perspectives on prescription pills straddled the expected imagery of glamour, celebrity, and drama and first-hand recognition of the motives and complexities that real women encountered.

Women's Writings and Asserting Control with Barbiturates

As presented in *Valley of the Dolls*'s fictional narrative of prescription pill use and in the personal accounts of women like Susann, the awareness and disclosure of women's involvement with the drugs provided layered comprehension of why they began to use and continued when they no longer brought the intended outcomes. Similar to Susann, one of America's most celebrated female writers, Sylvia Plath, not only consumed prescription pills but also addressed the drugs in her notable works. Alongside growing chronicles of other women's ordeals with pills, she brought an intimacy into sleeping pill consumption narratives and established how they brought assistance and harm. These works also strengthened the emphasis on control some women exerted in their pill use versus the unstable outbursts of emotions that stereotypical overdose accounts conveyed. For many women, the pills brought support for what they viewed as personal troubles but also exhibited how women needed larger systems of aid.

As argued earlier in this chapter, the narratives that dominated so much of the media's reports on barbiturates focused on overdoses, suicide, and the stereotypical unmarried female consumers. Yet, women viewed barbiturates, commonly also known as sleeping pills, as attractive and accessible tools to use not only in instances of fatal and nonfatal suicides but most obviously sleep. Shifting to the accounts of barbiturate usage from women who spent years consuming the pills, a contrasting perspective on them and their

users appears. As their examples suggest, some women asserted control over their lives with their barbiturate consumption, especially through sleep.

As media accounts of barbiturate misuse expanded in the latter half of the twentieth century, women increasingly disclosed insight into their own experiences, some of which they previously kept private. Women's writings, including their personal letters, creative work, and memoirs, shared stories about turning to barbiturates to sleep, curb anxiety, and enforce discipline over their bodies. They did not want to waste time getting to sleep or from tiredness the next day and sleeping pills could provide what seemed like a simple fix to this problem. In addition, women used barbiturates for emotional assistance, when upset or suffering from what experts deemed serious issues with anxiety or depression. Women also reflected on their nonfatal suicide attempts, giving readers a greater understanding of how some overdosed with barbiturates.

Many turned to barbiturates to sleep, bringing to women's history of pill consumption themes of controlling the body, attempting to overpower anxiety that interfered with sleep, keeping schedules, and a sense of security. Perspectives on sleep during the era described it as an escape possible for everyone when they find life unbearable.⁹² The inability to sleep can often be a sign of depression, however, at this time, many viewed it as insomnia and treated it with sleeping pills.⁹³ People frequently used these pills in suicide yet could easily access them for sleeping issues, creating a particularly worrisome problem. Edwin Shneidman's 1964 study that sleep patterns can influence suicidal behavior points to how one may use sleep as a regular way to escape their problems. When insomnia interferes, suicide may be the only way to gain this feeling.⁹⁴ Relieving sleeping problems with a pill could

⁹² Gay Gaer Luce and Julius Segal, *Sleep* (New York: Coward-McCann, Inc., 1966), 31.

⁹³ *Ibid.*, 118.

⁹⁴ Lester, *Suicide*, 48.

allow users to manage their daily patterns and reduce mounting anxiety through what appeared to be at least a good night's sleep.

As the use of barbiturates grew, the media initially praised the assistance with sleeping troubles they brought. Early in 1944, a *Washington Post* article discussed the growing problem of insomnia and the use of barbiturates for support. The article's writer Logan Clendening outlined that barbiturate users might become reliant on the medication. Many reported feeling unrested in the morning, as pill-induced sleep only imitated real sleep. Clendening assured concerns with habituation or poisoning were slight, and he cited anecdotal cases in which individuals took too many pills with suicidal intent but still awakened the next day.⁹⁵ Despite some minor discomforts that barbiturates caused, they were not strong enough to bring substantial concern.

Sleeping pills could also aid in controlling one's schedule, bringing sleep when one desired it, as addressed in American author Sylvia Plath's writings. The letters Plath wrote, many of which were to her mother, made frequent mention of her use of prescription pills throughout her life, often when she needed to sleep in order to study or work later.⁹⁶ Her unedited letters bring new connections to sleeping pills and mental health. Plath's use of sleeping pills from college to her years as a writer and mother, provide insight into the importance of sleep in her life. The first mention was in 1950, while at Smith College, where after studying for an exam, she took a "hot bath & sleeping pill, & so should get 8 good hours of sleep in."⁹⁷ In the following two years, Plath related her use of sleeping pills to cope

⁹⁵ Logan Clendening, "Using Drugs As Hypnotics Is Dangerous," *The Washington Post*, January 11, 1944, B6.

⁹⁶ Although Plath's mother published a selection of letters that Sylvia wrote in the collection *Letters Home* in 1975, edited out were many references to sleeping pills, especially language implying addiction or frequent use. With the recent publication of the two-volume collection *The Letters of Sylvia Plath*, a new understanding of Plath's pill use and her feelings towards her drug use is available outside of her fictional published work.

⁹⁷ Sylvia Plath, *The Letters of Sylvia Plath: Volume I 1940-1956*, eds. Peter K. Steinberg and Karen V. Kukil (London: Faber & Faber, 2017), 210.

with rigorous study habits and frequent colds.⁹⁸ These early mentions of sleeping pills were occasional, and to help Plath get plenty of rest during exams or illness so she could continue to perform well at school, as she felt the lack of sleep was detrimental to her studies and health.

Before starting her final year of university Sylvia Plath survived her suicide attempt with sleeping pills. On August 26, 1953, the *Daily Boston Globe* reported that local “brilliant” and “beautiful girl” Sylvia Plath was missing. The article shared that she was likely suffering from “nervous exhaustion” and left her home with a bottle of sleeping pills.⁹⁹ The police confirmed that according to her mother, “There is no question of a boy in the case” to reduce concern that she may have run off or harmed herself over romantic entanglements.¹⁰⁰ Plath’s family eventually located her after they heard a moan from the home’s crawlspace, with one newspaper reporting the headline “Sleeping Beauty Found at Home.”¹⁰¹ When Sylvia awoke in the hospital and saw her mother, she shared that her suicide attempt was her “last act of love.”¹⁰² Plath was hospitalized and recovered to finish her degree and pursue a career in writing. This experience of attempted suicide would become quite familiar to readers of Plath’s novel *The Bell Jar*, in which she revealed a semi-autobiographical telling of the scene.

At the end of 1953, Plath wrote a friend to tell of her attempted suicide in August of that year, which led to “friends, relations, perfect strangers and religious crackpots” sending her letters after newspapers carried her story.¹⁰³ She explained that the work of her senior

⁹⁸ *Ibid.*, 237, 269, 384, 386, 415, 525, 578.

⁹⁹ “Day-Long Search Fails to Find Smith Student,” *Daily Boston Globe*, August 26, 1953, 1.

¹⁰⁰ “Sleeping Pills Missing with Wellesley Girl,” *Boston Herald*, August 26, 1953, 1.

¹⁰¹ “Sleeping Beauty Found at Home,” *The Daily Oklahoman*, August 27, 1953, 24.

¹⁰² Sylvia Plath, *Letters Home*, ed. Aurelia Schober Plath (New York: Harper & Row, Publishers, 1975), 124, 125.

¹⁰³ Plath, *The Letters of Sylvia Plath: Volume I 1940-1956*, 654.

thesis was overwhelming and she went to psychiatrists, which did not seem to help. “I became immune to increased doses of sleeping pills. I underwent a rather brief and traumatic experience of badly-given shock treatments on an outpatient basis. Pretty soon, the only doubt in my mind was the precise time and method of committing suicide. The only alternative I could see was an eternity of hell for the rest of my life in a mental hospital, and I was going to make use of my last ounce of free choice and choose a quick clean ending.” Plath explained that she took sleeping pills in her cellar but inadvertently vomited and was too weak to come out of the crawlspace herself.¹⁰⁴ The following year, a recovered Plath decided to apply for a Fulbright to study overseas, though worried that they “aren’t hospitable to lady-suicides,” knowing they might learn about her mental health issues when evaluating her application.¹⁰⁵ Plath did win the Fulbright and studied in England, where she met and married writer Ted Hughes. Although sleeping pills brought Plath close to death, in her life and work they appeared in this case to be a tool she used to harm herself when she suffered from an unbearable mental state, and she did not portray pills as harmful in of themselves.

In the early 1960s, Plath often described her sleeping pill use in letters while living in England, especially during pregnancy or when suffering from medical concerns.¹⁰⁶ As problems in her marriage arose, Plath struggled to write and care for her two young children, and she took sleeping pills more regularly to help. In the summer of 1962, Plath revealed her husband was having an affair and, after experiencing nausea, wrote to her mother that she

¹⁰⁴ Ibid., 655, 656.

¹⁰⁵ Ibid., 852.

¹⁰⁶ Sylvia Plath, *The Unabridged Journals of Sylvia Plath 1950-1962* (New York: Anchor Books, 2000), 603; Sylvia Plath, *The Letters of Sylvia Plath: Volume II 1956-1963*, eds. Peter K. Steinberg and Karen V. Kukil (New York: Harper, 2018), 399, 447, 450, 709, 711, 715.

“got the doctor to knock me out for 8 hours after a week of no eating or sleeping.”¹⁰⁷ That fall, Plath wrote, “I do have to take sleeping pills, but they are, just now, a necessary evil, and enable me to sleep deeply & then do some writing & feel energetic during the day if I drink lots of coffee right on waking, so I shall go on taking them as long as I have to.”¹⁰⁸ After a few months, Plath decided to end her use and visited the doctor to stop the sleeping pills she was “now addicted to,” but it did not seem to help.¹⁰⁹ In February of 1963, she wrote, “I am living on sleeping pills & nerve tonic... & I am scared to death I shall just pull up the psychic shroud & give up.”¹¹⁰ Later that month, Plath died by suicide using the gas from the kitchen oven. In the last year of her life, her constant pill consumption exposed her weakening state, the deteriorating of control over her life, and the hope that the pills would maintain some structure until she resolved her problems. Unfortunately, that never came.

Plath’s pill use would inspire numerous poems, a short story, and most notably her novel *The Bell Jar*. Released in the United Kingdom only a month before her death, and not in the United States until 1971, *The Bell Jar* did not receive widespread attention at first but slowly captured notoriety, sharing Plath’s story of her month working at *Mademoiselle* in New York, her suicide attempt, and hospitalization from 1953. In *The Bell Jar*, the protagonist Esther, based closely on Plath, returns to her mother’s home after her New York internship at a women’s magazine and experiences intense insomnia. She repeatedly visits her family doctor for sleeping pills, as they are never strong enough to work.¹¹¹ Esther takes the pills to a gap in the cellar wall and swallows as many as she can before falling asleep.¹¹²

¹⁰⁷ *Ibid.*, 796.

¹⁰⁸ *Ibid.*, 839.

¹⁰⁹ *Ibid.*, 931, 944.

¹¹⁰ *Ibid.*, 968.

¹¹¹ Sylvia Plath, *The Bell Jar* (London: Faber and Faber, 1966), 132.

¹¹² *Ibid.*, 179.

Esther's suicide attempt and publicity aligned closely with Plath's experience, allowing readers insight into a young woman's overdose of sleeping pills.

Within much of Plath's writings, readers encounter her prescription pill use with a sense of agency, her implementing command over her desire to sleep, force a schedule, reduce mental and physical distress, or die by suicide, however, control from someone else exists in one poem.¹¹³ In the poem "The Jailor," Plath wrote, "I have been drugged and raped.../ Something is gone. / My sleeping capsule, my red and blue zeppelin, / Drops me from a terrible altitude.... / My ribs show. What have I eaten? / Lies and smiles."¹¹⁴ Perhaps implying the conditions of a troubled relationship, it seems fitting that this piece was part of the popular feminist text, *Sisterhood is Powerful*, which revealed the variety of ways women handled oppression and male supremacy.¹¹⁵ Within Plath's work and the expanding discussion of its themes in the 1970s, she provided examples of pill use that feminists would gravitate towards.

Plath's use of sleeping pills throughout her adult life, from college to motherhood, and her detailed perspectives reveal various intentions in their consumption. Their assistance brought control over her schedule, relieved pain from illnesses and pregnancy, and eased insomnia. While she also used them to attempt suicide, Plath's survival from the incident and her openness of the situation in her writings left an intricate account of how a young woman related to the pills that almost ended her life and how they continued to help her years later. Yet, it is also possible that her use of drugs influenced her suicide. Biographer Heather Clark

¹¹³ For other examples of pill use and death see: Sylvia Plath, "The Wishing Box," *Atlantic Monthly*, October 1964; Sylvia Plath, "Edge," in *Collected Poems* (London: Faber & Faber, 1981).

¹¹⁴ Sylvia Plath, "The Jailor" in *Sisterhood is Powerful: An Anthology of Writings From the Women's Liberation Movement*, ed. Robin Morgan (New York: Vintage Books, 1970), 510.

¹¹⁵ Robin Morgan, ed., *Sisterhood is Powerful: An Anthology of Writings From the Women's Liberation Movement* (New York: Vintage Books, 1970), xvi.

theorizes that the combination of Plath's barbiturates and amphetamines, mixed with codeine and a new MAO inhibitor drug to reduce her depression, may have increased her insomnia and suicidal thoughts that led to her death.¹¹⁶ It is unclear whether the increase in pill consumption brought greater suicidal thoughts, or if she took more pills to combat the deeper depression she felt. However, it is evident that Plath relied more heavily on sleeping pills when she faced challenges and did find some assistance, at times, in their use. In Plath's writings, she shared how pills could be a necessary evil to help her through difficult periods. She lost command of her marriage and work schedule at the end of her life and pills, while holding a painful history, brought results that seemed easier to manage.

Following increased conversations regarding women's barbiturate use and the shift away from blaming the users for their potentially harmful misuse, described in more detail following chapters, some women would provide detailed accounts of their pill problems within their memoirs. While much of the attention to sleeping pill use in Hollywood focused on premature deaths, some actresses suffered from continued use, battling insomnia and trauma, but lived to tell their stories.

During the 1950s, actresses Shelley Winters and Rosemary Clooney encountered and consumed prescription pills in their lives but moved into prevalent use following the need to control sleeping problems and emotional stressors. Marilyn Monroe's former roommate and fellow movie star, Shelley Winters, known for her roles in *A Place in the Sun*, *The Diary of Anne Frank*, and *Lolita*, wrote detailed accounts of her prescription drug use in her autobiographies. During her marriage, Winters would quickly turn to sleeping pills when she suspected her husband was out late having an affair or when he failed to congratulate her on

¹¹⁶ Heather Clark, *Red Comet: The Short Life and Blazing Art of Sylvia Plath* (New York: Alfred A. Knopf, 2020), 879.

her career successes.¹¹⁷ Winters' lack of support from her husband and growing insomnia influenced her expanding use of barbiturates. When the popular singer and *White Christmas* actress Rosemary Clooney miscarried her sixth child in 1960, it severely affected her, and she stated that she was already in "emotional disarray" before it happened. She would turn to pills to get sleep in an attempt to recover.¹¹⁸ Following her divorce, Clooney experimented with more prescription pills as she could no longer rely on any one to help her sleep.¹¹⁹ Although the need to sleep triggered increased consumption of barbiturates for Winters and Clooney, emotional situations like dissolving marriages and loss also played an important role.

Rosemary Clooney would battle for years with addiction and her pill use caused damage to her career. The drugs Clooney took weakened her voice, a significant issue for the singer and actress, and she would end up forgetting whole days of her life.¹²⁰ By 1967, she had no memory of attending certain events, despite seeing photographs of herself at them looking thin and anxious. She described her life as taken over by drugs.

It no longer occurred to me to ask whether I needed them to sleep. The question was no longer relevant. I didn't ask it when I went into the bathroom at someone's house, opened the medicine cabinet, and just scooped up whatever I found. All I asked was my first question to myself in the morning: *How many pills have I got? How's my stash?* As soon as I woke up, I had to make sure that I'd be all right for that night. I loved seeing the colors of the pills, like a bouquet in the palm of my hand: Percodan, Seconal, Miltown, Tuinal, sunshine and lipstick and snowdrifts. *Red white yellows see the pretty fellows down the hatch.*¹²¹

¹¹⁷ Shelley Winters, *Shelley II: The Middle of My Century* (New York: Simon and Schuster, 1989), 254, 300.

¹¹⁸ Rosemary Clooney with Joan Barthel, *Girl Singer: An Autobiography* (New York: Doubleday, 1999), 178.

¹¹⁹ *Ibid.*, 192.

¹²⁰ *Ibid.*, 198, 201.

¹²¹ *Ibid.*, 205, 206.

Although she loved the routine and comfort of the pills, they did not always have the desired effect. Sometimes the sleeping pills would leave her agitated and paranoid.¹²² This escalated in 1968, when Clooney attended Robert Kennedy's speech at the Ambassador Hotel in Los Angeles, on the night of his assassination. Following the event, she had Demerol shots and handfuls of Seconals, yet nothing sedated her.¹²³ This led to her hospitalization in a psychiatric unit for "drug-induced psychosis."¹²⁴ After her release, Clooney would relapse and consume pills at times, but she worked hard to rebuild her career and stay healthy over the years.¹²⁵

Unlike Winters and Clooney, Tina Turner did not spend years taking sedatives but sought them out once to end her life. In the 1980s, the pop music legend revealed that during her relationship with her music partner and husband Ike Turner, she experienced years of heavy physical and emotional abuse.¹²⁶ At the end of the 1960s, Ike had affairs with multiple women, and after failed attempts to run away, Tina decided she would die by suicide.¹²⁷ She obtained a bottle of sleeping pills from a doctor, who warned her not to take too many. Turner swallowed as many as she could but received medical attention that saved her life.¹²⁸ Contemplating her suicide attempt from decades earlier, Tina Turner shared that she did not view the incident as a cry for help or an accident. "When I took those pills, I chose death, and I chose it honestly. I was unhappy when I woke up." However, she did not try again, feeling that if she lived, there was a grander purpose for her, and she needed to survive.¹²⁹ Turner's

¹²² *Ibid.*, 207.

¹²³ *Ibid.*, 214.

¹²⁴ *Ibid.*, 218.

¹²⁵ *Ibid.*, 248.

¹²⁶ Clarence Waldron, "Tina Turner's Book Tells of Beatings, Sex Abuse and Why She Tried To End Her Life," *Jet*, September 22, 1986, 54-56.

¹²⁷ Tina Turner, *My Love Story* (New York: Atria Books, 2018), 66.

¹²⁸ *Ibid.*, 67-68; Tina Turner, *I, Tina* (New York: William Morrow & Company, 1986), 134, 135.

¹²⁹ Turner, *My Love Story*, 70.

years of physical, sexual, and emotional abuse provide another layer of understanding as to why some women felt compelled to risk their lives with pill consumption. Many women did not survive or have the platform or ability to share all the reasons they wanted sleeping pills or to escape. Speaking openly of abuse in one's personal life was not common until later in the twentieth century and it is likely that Turner was not the only woman who sought a way out with pills.

These accounts from women of their own problems with barbiturates during the 1950s and 1960s came years after their use. Their stories describe frequent difficulties with insomnia and sleep, unhappy marriages, and unstable mental health, the latter two uncommon topics of public discussion during the time of their pill use. Through revealing the accounts of their barbiturate use, the public encounters how fragile a line those who used sleeping pills found themselves between life and death and addiction and recovery, in an era where society encouraged them to keep their problems private. As we have seen, the stories women provided of barbiturates magnify the roles of influence and control in their use. They worked at managing their sleeping patterns and schedules and would, over time, encounter pills as a lifeline that brought attempts to dominate situations when they felt a loss of command. At times, the influences of the pills would contradict the users' desired outcome and bring powerless situations such as addiction and accidental overdoses. In sum, examining women's voices and their perspectives on barbiturate consumption enlarges our understanding of lived experiences versus the conceptions of the mass media. It also demonstrates how pills provided the control and support which women needed and how society lacked other forms of help. Their stories present an environment in which many women perceived their problems as personal and ways a collective discussion of gender expectations would provide beneficial change.

Conclusion

In the early postwar era, it was barbiturates that society would first connect to women and prescription pill use. Female-created representations evidenced how they controlled sleeping patterns, brought limited comfort, and produced overdoses. Ultimately, most public attention centered around the judgment of a specific type of user: the young, beautiful, unmarried woman who was emotionally unstable. Though encountered in both fictional publications and news stories, she was an example that millions of other barbiturate consumers would not see themselves in. The allure of her tragedy and melodramatic elements of the overdoses deferred attention away from narratives that presented the pervasive threat barbiturates could bring to any user, and from the complex realities of many women's lives that required aid. When accounts of overdoses strayed from this familiar nature, they failed to find the same recognition or longevity in the media. We most commonly find stereotypical overdoses in media narratives while personal accounts of women and barbiturates present the theme of control, desire for assistance, and frustration with sexism. Comprehension of these topics reveals how barbiturates both served and interfered with women's needs and how the media latched on to a specific image of their use. Women's stories presented the change and assistance many of them required and the benefits that larger societal action and support systems could provide.

Marilyn Monroe and Judy Garland are two of the twentieth century's most recognized barbiturate users, dying from their consumption. However, neither was naïve at the time of her death about the risks of their prescriptions. Both had nonfatal overdoses prior to their deaths and spoke about the dangers they brought. To the media, Monroe's death was the epitome of the stereotype of the lovesick, emotional, and glamorous overdose case. Following her death, the press quickly accepted that she died by suicide, her lifestyle and

history fitting so well into the archetype of sleeping pill suicides in the postwar years. Garland illustrated the pitfalls of years of overconsumption of pills, slowly deteriorating and lacking public empathy for her struggles. The outcomes for both seemed so inevitable, yet they and others could not prevent what happened. With a cultural narrative that focused so closely on the user instead of the pills, and the lack of comprehension of licit drug addiction among middle- and upper-class women, it would have been difficult for these women to feel the confidence they could prevail against the destiny of ending up as Monroe once shared, dead “with an empty bottle of sleeping pills.”¹³⁰

Through the fictional works of female writers in the 1960s, such as *Valley of the Dolls* and *The Bell Jar*, which relied heavily on details from the authors’ real lives, and revelations of other women’s personal adversities with sleeping pill use, testimonies provided acknowledgment of complexities surrounding women’s drug use. Barbiturates brought assistance through forming sleeping patterns, reducing insomnia and discomfort, and easing loneliness; the outcomes that many users sought. However, the drugs could also bring a lack of restraint, evidenced in breakdowns, hospitalizations, and accidental overdoses. Through first-hand accounts that came later in the century, we can observe the absence of other options some women felt they had to handle issues such as mental health problems and physical abuse. The media, and often their own perspectives, viewed the issues as personal troubles to handle individually, not through social or cultural change. The pills were accessible and, while they did not always have the desired effect, could bring temporary help. Women felt increased discipline using pills to enforce schedules and release them from stress, especially when denied the ability to control other areas of their lives. Users often needed control and sleeping pills could provide this desired assistance.

¹³⁰ Monroe, *My Story*, 79.

In the 1970s, increased adverse reactions to sleeping pills entered the public discussion with a greater focus on adult women's use. Studies revealed barbiturate users were also most commonly middle- to upper-class, who obtained the drug through their physicians and easily gained refills due to their wealth and respectable class status.¹³¹ Yet, problems with physicians overprescribing pills and women forging prescriptions also emerged during this period.¹³² A build-up in tolerance to barbiturates was common, which led to larger doses, with up to fifty pills a day reported.¹³³ Barbiturates still caused problems of abuse and, at times, death, with psychiatrist and substance abuse expert Dr. Robert L. DuPont stating that a family having sleeping pills in their medicine cabinet "is like having a loaded gun in the house." Additionally, insomnia could frequently be a symptom of depression and anxiety, which patients inadequately address by only using sleeping pills.¹³⁴

By the late 1970s, the press featured less attention to barbiturates as fears surrounding other drugs rose, however, they still held connections to famous single women. Yet, rather than highlight the moral failings of the user, examples demonstrated the dangers of the pills. One of the decade's most successful television programs, *The Mary Tyler Moore Show*, follows the life of the unmarried, thirty-something-year-old Mary Richards as she works in a television news station. During the series' last season, an episode finds Mary struggling with insomnia and seeking pills from her doctor to solve what she describes as one of life's most frustrating problems. After two weeks of blissful sleep, Mary's father-figure boss, Lou, lectures her on consuming addictive barbiturates, the same drugs he argues drug pushers sell to school children. Mary insists she is not addicted but after realizing her dependency,

¹³¹ Donald R. Wesson, George R. Gay, and David E. Smith, "Clinical-Political Issues of Barbiturate Use and Abuse," *Contemporary Drug Problems* 1, no. 3 (July 1972): 458.

¹³² Leonard D. Brahen, "Housewife Drug Abuse," *Journal of Drug Education* 3, no. 1 (Spring 1973): 14.

¹³³ *Ibid.*, 21.

¹³⁴ "Study Links Sleeping Pills to 5,000 Deaths a Year," *Los Angeles Times*, November 28, 1977, B4.

requires help to avoid them. Although the episode exhibited older concepts of barbiturates, like a single career woman consuming them and even fear experienced by others that she may have overdosed when her phone was off the hook for an hour, it also presented newer ideas regarding the ease of addiction and association with illicit drug pushers.¹³⁵ In short, it was the pills that could cause problems, even when the most respectable, trusted consumers used them temporarily.

Despite the cases of suicide with barbiturates, historical narratives about postwar women and unhappiness usually refrain from including their use. Instead, the minor tranquilizers, namely Miltown and Valium, would generate the most focus and criticism of continued use. Media accounts connected these drugs to white, middle-class women, especially housewives. Unlike the women highlighted in narratives of barbiturates, the housewives lived what many envisioned as the dream life. They were an ideal that society encouraged others to emulate, a model of gender expectations. However, through their pill use, groups wondered why the comfort and privilege they held were not enough. Why did they need pills when they held the spoils of capitalism, technology, and suburbia? The following chapter will explore this dissatisfaction in women's roles and the help sought with minor tranquilizers.

¹³⁵ James Burrows, "Mary's Insomnia," *The Mary Tyler Moore Show* (Los Angeles: CBS, aired December 4, 1976).

Chapter 2

From Aid to Addiction: Housewives and their Minor Tranquilizer Use

Introduction

A 1960 article in *Time* magazine discussed how the suburban housewife kept the family and community running. It devoted paragraphs to listing her duties, including managing the home, cooking, policing the children, doing the laundry and dishes, cleaning, shopping, gardening, sometimes watching her weight, and chatting with neighbors. The article also added that “Spotted through her day are blessed moments of relief or dark thoughts of escape.”¹ For some women in the suburbs, the prescription bottle evidently aided in that relief and escape from stress, anxiety, or loneliness. The pills would also find association with the imagery of the housewife and enter conversations surrounding her dissatisfaction with the role. Despite the assistance they brought millions of women, minor tranquilizers became a beacon for judgment against women’s labor, consumerism, and gender roles as the exemplar housewife model deteriorated.

History and popular culture often remember adult women in the postwar era as classic housewives in their shirtdresses, pearls, and heels – the ideal of the expanding middle-class. Likewise, there is a recurrent narrative that this was a façade, that these women felt dissatisfaction underneath their polished exterior. A majority of historiography on American women in the postwar era focuses on the unhappy housewife, challenging the happy housewife image that many strived to embody.² Histories also showcase ways some women

¹ “The Roots of Home,” *Time*, June 20, 1960, 16.

² Marty Jezer, *The Dark Ages: Life in the United States: 1945-1960* (Boston: South End Press, 1982); Stephanie Coontz, *A Strange Stirring: The Feminine Mystique and American Women at the Dawn of the 1960s* (New York: Basic Books, 2011); Brett Harvey, *The Fifties: A Women’s Oral History* (New York: HarperCollins Publishers, 1993); Stephanie Coontz, *The Way We Never Were: American Families and the Nostalgia Trap* (New York: Basic Books, 2000); Elaine Tyler May, *Homeward Bound: American Families in the Cold War* (New York: Basic Books, 1988).

found fulfillment, such as involvement in politics, their communities, and even employment in addition to their duties as wives and mothers.³ Some women in the postwar period challenged opinions that there was one experience for women, steadily entering the job market while full-time homemaking held the popular ideal.⁴ The developing women's movement of the 1960s and 1970s brought heightened association between homemaking and dissatisfaction. In the realm of pharmaceuticals, this narrative links prescription pills and female discontent, as women consumed the majority of these drugs. When unmarried women used sleeping pills, society appeared to comprehend their disappointment, unable to achieve the ideals and gender expectations Americans held so dear. But when housewives, who lived the American Dream, embraced minor tranquilizers for their perceived malaise, this challenged appreciation for the systems of capitalism and patriarchy during the Cold War.

Although some women did use pills to reduce displeasure with their lives, the narrative that dominated much of the cultural attention on women and pills, their use did not always consist of stereotypical concepts of boredom or forced domesticity. Criticism against minor tranquilizer use did focus on these narratives, however. Users expressed degrees of choice in seeking out the pills independently and continuing to take them when they liked how the pills made them feel. Some women felt better using the pills, shared this with others, and requested prescriptions from physicians. For some women, using tranquilizers provided a way to improve or continue their tasks or outlook. It also provided medical intervention, assisting with anxiety and even bringing moments of pleasure or relaxation. The stability

³ Eugenia Kaledin, *Mothers and More: American Women in the 1950s* (Boston: Twayne Publishers, 1984); Susan Lynn, *Progressive Women in Conservative Times: Racial Justice, Peace, and Feminism: 1945 to the 1960s* (New Brunswick: Rutgers University Press, 1992); Leila J. Rupp, and Verta Taylor, *Survival in the Doldrums: The American Women's Rights Movement: 1945 to the 1960s* (New York: Oxford University Press, 1987).

⁴ Joanne Meyerowitz, *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* (Philadelphia: Temple University Press, 1994), 3.

from controlling anxiety also gave women the clarity or ability to change areas of their lives that brought dissatisfaction, not tranquilizing them into heavy states of lethargy. While many judged women's pill use, they ignored the benefits that a portion of users obtained from them. For example, some women suffered from mental health issues and experienced relief or an easing of symptoms with minor tranquilizers. This is similar to the barbiturate use discussed in Chapter 1, where some users endured years of insomnia or emotional pain that sleeping pills alleviated. With physicians confirming that women's problems were medical in origin and treatable with a prescription, users would find validation that they should not blame themselves for their state and they could improve their symptoms and daily life.⁵ The pills were a viable and accessible way for many women to reduce anxiety, engage with a popular consumer item, and maintain societal expectations and pressures. However, as this chapter explores, the growing commentary against women's tranquilizer use in the 1960s and 1970s concentrated on the unfavorable consequences, frequently including narratives on gender that critiqued attempts to expand women's roles and stoked fears that expectations would change.

This chapter examines the popular correlation between the housewife and minor tranquilizers, in American culture, during the postwar era, when married women most frequently used these pills. Cultural discussion at the time focused on the housewife who "popped pills," coming most often in the harsh or negative judgment of women for seeking escape, although this was not the only reason they consumed pills. As evidenced in this chapter, women took minor tranquilizers due to their popularity and acceptability for anxiety

⁵ This would play into the "Sick Role" concept forwarded by sociologist Talcott Parsons in 1951. Parsons argued that being sick brought a person certain rights, like the right to be taken care of, and obligations to seek medical help to improve and return to their normal role. See: John C. Burnham, "Why Sociologists Abandoned the Sick Role Concept," *History of the Human Sciences* 27, no. 1 (2014): 71.

control. However, both feminists and antifeminists pointed to women's reliance on tranquilizers as detrimental, and the cultural texts connecting housewives and pills framed women's dependence on pills as generally negative. This obscures the reasons women sought out tranquilizers in the first place and why they continued to take them for so many years. This is not to say that women did not encounter an overprescription of pills even though some issues would have been eased by other means. Some women also clearly improved from learning about the concept of the "unhappy housewife," seeing themselves in this narrative and finding encouragement to reduce external factors that prompted some of their anxiety. However, we must understand the degree to which history and popular culture associated prescription pills and the women who used them, and how that cultural narrative has informed our image of housewives, tranquilizers, and their relationship.

Minor tranquilizers became closely associated with housewives in the late 1950s and into the 1960s, their use among women rising as the beginnings of the Second-Wave Women's Movement took root. During this time, cultural discussions on the so-called "suburban syndrome" grew, observable in housewives' stress and unfulfillment, tied to their domesticity and consumer roles. As women like Betty Friedan built upon, this was a common experience and this cultural pattern helped link pill use to women's subordination and unhappiness in American social and cultural discourses. Friedan did not view pills as a cure for these problems, but rather as a symbol that suburban housewives' lives needed to change.⁶ Women should not find ways to be happy with what they had but rather they should seek fulfillment in an identity outside of their homemaker roles, specifically in the workplace. This gave hope that women could reduce their anxiety by pursuing careers beyond their homes and families. By ridding themselves of pill use, housewives were to

⁶ Betty Friedan, *The Feminine Mystique* (New York: A Dell Book, 1963), 303.

throw out what eased their dissatisfaction or allowed them to cope and make changes to their lives that would bring them long-term satisfaction instead. These initial conversations engaged with women's unhappiness and presented evident ways there was mounting awareness of gender problems that required more than individual situations.

At times, the media framed pills as an innovative technology that could improve people's lives and create new and improved standards of living. Yet, as tranquilizers became seen as a sign of housewives' unhappiness, many disparaged such women harshly - either for escaping rather than fighting for their own liberation, or for daring to complain at all about their relatively comfortable position in life. People wondered whether they enjoyed too much leisure or, alternatively, engaged in an excess of boring and redundant work. Of course, not all suburban housewives could change either their roles or their own mental health alone. Society did not offer many choices for women to improve themselves outside of acceptable avenues. Doctors provided minor tranquilizers easily and they could fit into women's lives often with little disturbance to those who relied on their current lifestyles, such as their husbands, children, and society. There was no problem outside of "ungrateful women," or the problem was more extensive than tranquilizers and yet still somehow women's fault. The postwar era contains diverse representations of women's drug use and opinions towards it, some of which oppose other critiques or experiences. Like other encounters with modern life, women's use of prescription pills broached specific criticism due to their identities as consumers, wives, and mothers.⁷ While society in the postwar era frequently celebrated these roles, adversely, cultural critics also scrutinized these areas when they denounced women and their use of prescription pills.

⁷ Rita Felski, *The Gender of Modernity* (Cambridge: Harvard University Press, 1995), 21.

In the 1970s, while many American women advocated for greater rights and opportunities, the use of minor tranquilizers continued to flourish, thinning the argument that full-time domesticity was the root cause of their anxiety. Despite growing concerns that minor tranquilizers might be escapist in the 1960s, consumers took high amounts of drugs like Valium well into the 1970s.⁸

As women increasingly worked outside of the home and sought greater independence and rights, the substantial pill use weakens the argument that users required these pills to find happiness only within the confines of homemaking and conformity, the imagery that persists strongly in historical narratives and popular culture. Instead, women still felt pressure and doctors continued to prescribe pills to ease anxiety. Those in the 1970s who criticized women's minor tranquilizer use had shifted from blaming women for not being happy to believing that they misused the pills. As this chapter will demonstrate, after a couple of decades in which experts hailed these popular drugs as safe, some consumers began to identify significant problems with minor tranquilizers. Specific examples would also point to the fears of mixing prescription pills and how this could intensify physical harm. In 1978, former First Lady Betty Ford's openness with the press about her struggles drew widespread attention to the problem of women's prescription pill use, alongside the perspective of addiction. By the end of the decade, addiction narratives brought understanding that long-term misuse of minor tranquilizers could be the fault of the pill itself and its response on the consumer's body, not a moral weakness. While it is imperative to note that minor tranquilizers did lead to serious addiction problems for some users, contrary to their early sales claims, this was not a uniform experience. This is not to diminish the damage done by the pills but to clarify that like alcohol or the antianxiety pills of today, there was a viable

⁸ Gilbert Cant, "Valiumania," *New York Times Magazine*, February 1, 1971, 34.

place for these items in the consumer market and they could bring comfort and enjoyment to some consumers. However, worse-case scenarios overwhelmed the narratives and while those accounts positively warned women of the dangers taking pills could hold, they did not acknowledge that women still had issues that could benefit from assistance. Conversations ignored structural influences, instead blaming the user, the pills, and the drugs' interactions with other substances. The shift in narratives on minor tranquilizers in the 1970s is integral to understanding women's experiences with these drugs fully. It demonstrates that motivations for use did not stem solely from a displeasure in homemaking but that women could use assistance in varying lifestyles and situations. Additionally, the addiction narratives would play an important role in weakening acceptance of Valium as a daily aid in millions of American women's lives.

The use of minor tranquilizers, like other prescription pills, displays the ideals and pressures that women living in the postwar era experienced and the stereotypes formed about them. Taking pills helped many women maintain or excel at expected characteristics that they or society wanted them to achieve. It demonstrates how society encouraged and judged ideals during the period and the appropriate methods to achieve them. These methods usually provided improvements for others and did not increase the individual women's self-identity and fulfillment. Pills assisted women in the continued performance of expected gender roles and maintained their femininity. Ultimately, as women entered the job market in growing numbers and some revealed widespread dissatisfaction with homemaking, cultural sources shifted from celebrating minor tranquilizers for their helpfulness to a sign of challenges to the idealized nuclear family in suburbia with the stay-at-home mother, entrenched in ideas of consumerism, leisure, work, and gender. These drugs became a source of frustration for many groups, with the women who used them facing the brunt of the criticism. Women faced

disapproval for making their circumstances more manageable with pills and for not turning away from pills and traditional expectations.

Throughout the postwar era, as some women sought out minor tranquilizers and others pushed them aside, they demonstrated reactions to gender roles and a need for action. Although *The Feminine Mystique* and other discourses on unhappiness influenced the lives of numerous women, traditional views and expectations remained. While the book helped raise awareness of the malaise some experienced, it did not erase the desire some had for minor tranquilizers. Millions of women still led lives that benefitted from the aid of pills, either out of choice or a lack of privilege or support to make lifestyle changes. But whether women named minor tranquilizers as harmful to gender roles or continued to embrace them for the assistance they needed, both presented acknowledgment of the difficulties in meeting and maintaining social norms.

The Arrival of Minor Tranquilizers

With the release of minor tranquilizers in 1955 came a high demand for these prescription pills and *Time* estimated doctors would write 35 million prescriptions for tranquilizers in 1956.⁹ Women sought and used the pills in such large numbers to ease their anxiety, in part because of their popularity. First, meprobamates Miltown and Equanil, then the benzodiazepines Librium and Valium, would find substantial acceptance among America's middle- and upper-classes. Medical experts heralded the vast number of physical and psychological issues they could help with, including anxiety, and the press shared their wonder-like properties, all with little risk. Unlike barbiturates, they did not induce severe drowsiness or bring the risk of accidental suicide. Celebrities revealed positive first-hand

⁹ "Capsules," *Time*, July 16, 1956, 68.

experiences, and word-of-mouth appreciation of the drugs from friends and acquaintances created a curiosity for others to try. Minor tranquilizers became a coveted consumer product, enjoyed by those with the money and privilege to access them. The labeling of drugs as minor tranquilizers has fallen out of favor today and instead, we often refer to these pills as anxiolytic or antianxiety, which highlights their ability to treat a real problem called anxiety, rather than to “tranquelize” women with “emotional problems” (an explanation that often blamed the patient, rather than their circumstances). This section will describe the initial widespread reach of these drugs to illustrate the speed at which minor tranquilizers gained attention and acceptability.

In the early 1950s, new prescription drugs brought an important change to psychiatric hospitals and their patients and would influence the expansion of pill-taking for many Americans. The first tranquilizers, such as Thorazine, allowed for the release of many patients from mental hospitals by calming their manic episodes, allowing them to live outside of institutions.¹⁰ The drugs also reduced the need to rely on heavy barbiturates to sedate patients and the frequency of lobotomies and shock therapies.¹¹ The vast differences these tranquilizers delivered to patients with schizophrenia and other serious psychotic disorders amazed Americans. Not long after, Carter Products released the drug meprobamate, a minor tranquilizer, which expanded its popularity by attaching it to the remarkable success of earlier tranquilizers. However, unlike Thorazine, a major tranquilizer used on people with debilitating disorders, the new minor tranquilizer, known by its brand names Miltown and Equanil, was accessible to most Americans.¹² Easing distress was possible for the price of a pill.

¹⁰ “Pills For the Mind: New Era in Psychiatry,” *Time*, March 7, 1955, 63.

¹¹ *Ibid.*, 64, 66, 69.

¹² “Medicine: Don’t-Give-a-Damn-Pills,” *Time*, February 27, 1956, 98.

Not long after the release of Miltown in 1955, news articles explained how these nerve pills could benefit one's health. They described minor tranquilizers as not only useful for those with mental illness, like major tranquilizers, but how the pills assisted "perfectly normal people who need temporary help" with stress and worry, and brought about some "peace of mind."¹³ A *Time* article from 1958 wondered how the popularity of tranquilizing drugs would grow. Were tranquilizers bringing "a parade of drugs that will cure a wide variety of man's emotional disorders, increase and prolong his mental efficiency, perhaps decrease his need for sleep?"¹⁴ These early reports on tranquilizers notified the public of the progress made in pharmaceuticals, and put that in the context of postwar culture's love of expertise and belief in better living through technology with the advances of new drugs.

Physicians also received materials that echoed the seemingly endless benefits of the drug. The booklet *Miltown: The Tranquilizer with Muscle Relaxant Action*, used for physician reference, stressed that the pill had "low toxicity and relative freedom from side effects."¹⁵ The literature informed doctors to prescribe Miltown for muscle spasms as well as anxiety caused by insomnia, headaches, premenstrual tension, allergies, and psychoses.¹⁶ Studies touted its specific results for numerous issues, including pregnancy, by helping with nausea, vomiting, headaches, and emotional disturbances like crying.¹⁷ The booklet's conclusion restated how the drug was "unusually free of side effects," with a majority finding "no habituation problems."¹⁸ Miltown seemed to be a wonder drug for physicians who could prescribe it for various concerns, big and small, without the fear of harmful side effects.

¹³ Donald G. Cooley, "The New Nerve Pills and Your Health," *Cosmopolitan*, January 1956, 70.

¹⁴ "Medicine: Drugged Future?" *Time*, February 24, 1958, 35.

¹⁵ Wallace Laboratories, *Miltown: The Tranquilizer with Muscle Relaxant Action*, 4th edition (New Brunswick: Wallace Laboratories, 1958), 6.

¹⁶ *Ibid.*, 7.

¹⁷ *Ibid.*, 25, 26.

¹⁸ *Ibid.*, 50-51.

Authorities proclaimed that Miltown and Equanil were not only safe but helpful to a variety of people. The pills helped with relaxation, calmed juvenile delinquents, and assisted frigid women (viewed as having an aversion to sex or unresponsive to it). Dr. Frank J. Ayd reported that with the pills' consumption, "frigid women who abhorred marital relations reported they responded more readily to their husbands' advances."¹⁹ The consistent publicity around the drug led to patients bringing press clippings to their doctors asking for the new pills they read about.²⁰ One woman asked a doctor for "happiness pills" after noting that "everybody" took them when she vacationed in Florida.²¹ Market research in 1957 reported that pharmacists filled 36 million prescriptions for tranquilizers.²² Meproamate could help solve problems like non-conforming adolescents and wives uninterested in sex, reduce general anxiety, or itch the curiosity of those wanting to try the new "it" product, with little concern of harm. As businessmen, wives, and mothers used meproamate, it also received attention through word of mouth and the entertainment industry.

Pharmacists sold millions of Miltown pills as the drug reached incredible levels of success, and minor tranquilizers infused themselves into the popular culture of the late 1950s and early 1960s. An article in *The New Yorker* stated that in 1957 Americans had consumed 1.25 billion "tranquilizing pills."²³ Its celebrity use kept its name on people's minds. Comedian Milton Berle made frequent jokes about the drug and author James Jones claimed to live on gin and Miltown while finishing a draft of his work.²⁴ The drug's name even became slang for relaxation, with one author using it to describe soft crooner Perry Como as

¹⁹ Cooley, "The New Nerve Pills and Your Health," 71.

²⁰ Thomas Whiteside, "Onward and Upward with the Arts: Getting There First with Tranquility," *The New Yorker*, May 3, 1958, 109.

²¹ "Medicine: Happiness by Prescription," *Time*, March 11, 1957, 59.

²² Whiteside, "Onward and Upward with the Arts," 98.

²³ *Ibid.*

²⁴ *Ibid.*, 119; "The Good Life and Jim Jones," *Life*, February 11, 1957, 83.

“A walking Miltown.”²⁵ Meprobamate’s vast domination of the marketplace brought the U.S. Justice Department to charge drug manufacturers in 1960 for monopolizing the market, leading to a price up to six times higher than that in other nations for the same drug (approximately ten cents a pill in 1960), but the drug continued to sell.²⁶ It was clear that Miltown had quickly integrated into society, and there was a demand for the drug no matter the markup.

The use of tranquilizers by the early 1960s was commonplace enough for books and movies to reference them, and this included women’s consumption. Helen Gurley Brown’s *Sex and the Single Girl* advised that young women might use pills to avoid speaking to men on trains or to work up the courage to ask for a raise.²⁷ In the film *Psycho*, when Marion Crane revealed to her co-worker, Caroline, that she had a headache, Caroline smirked while she said, “I’ve got something. Not aspirin. My mother’s doctor gave them to me the day of my wedding. Teddy was furious when he found out I’d taken tranquilizers.” But Marion refused to take them, responding that people “can’t buy off unhappiness with pills.”²⁸ When Caroline mentioned the doctor gave the tranquilizers for her wedding night, she exposed how they thought she would be anxious about sex. The situation closely aligns with a *Time* magazine reference about a woman who asked for pills for her daughter to take on her honeymoon.²⁹ These early mentions of tranquilizers in popular culture provided millions of Americans with examples of women using them to ease nerves at work or face their anxieties about sex.

²⁵ “People at the Top of Entertainment’s World,” *Life*, December 22, 1958, 163.

²⁶ “Business: Government: Trouble in Miltown,” *Time*, February 8, 1960, 83.

²⁷ Helen Gurley Brown, *Sex and the Single Girl* (New York: Bernard Geis Associates, 1962), 58, 100.

²⁸ Alfred Hitchcock, *Psycho* (United States: Paramount Pictures, 1960).

²⁹ “Medicine: Happiness by Prescription,” 59.

While the initial success of meprobamate was incredible, mental health professionals raised some concerns about its effects on emotions. The American Psychiatric Association declared the prevalent drug use for “common anxiety, emotional upsets, nervousness and the routine tensions of everyday living” as troubling, even if known side effects remained low.³⁰ Articles in *Time* during 1957 focused on multiple elements of Miltown, briefly mentioning issues that would gain more significant analysis over the next two decades, including problems of mixing alcohol with drugs and consumers pressuring physicians. One article warned not to mix tranquilizers with alcohol as it could increase the effect of alcohol and alter how the body breaks substances down.³¹ The magazine wrote that doctors tended to fill requests as they knew other doctors would provide them if they did not, and they lacked time to help everyone with emotional problems.³² While some raised these important points, mainstream discourse did not concentrate on further details or meaningful discussions on these topics.

Within a decade, new minor tranquilizers, the benzodiazepines Librium and Valium, replaced meprobamates like Miltown in popularity. Released in 1960, the new drug Librium reached popularity as “one of the fastest-selling tranquilizers.”³³ As some started to question Miltown and Equanil’s effectiveness, physicians and the public adopted Librium as possibly a better alternative to help remove anxiety and fear.³⁴ A flight attendant taking Librium for the first time described that “I thought that the world around me had turned all warm and mellow. Colors became softer and more diffuse. I felt like I had been wrapped up in a wonderfully protective coating of foam rubber that insulated me from the dirt, the grime, the

³⁰ “Capsules,” *Time*, July 16, 1956, 68.

³¹ “Medicine: Miltown? No Martinis!” *Time*, June 3, 1957, 48.

³² “Medicine: Happiness by Prescription,” 59.

³³ Peter Bart, “Makers Worried on Tranquilizers,” *New York Times*, August 28, 1960, F10.

³⁴ T.R. VanDellen, “How to Keep Well: Evaluating Tranquilizers,” *Chicago Daily Tribune*, July 23, 1961, 16.

madness, and the noise of New York.”³⁵ Valium, also known by its generic name diazepam, entered the market in 1963, a benzodiazepine drug like Librium. Although it did not encounter the same initial fanfare as Miltown or even Librium, it would eventually surpass both in sales, as well as most other prescription medications, during the late 1960s and 1970s.³⁶

With the initial release of minor tranquilizers in 1955, there came rapid sales and cultural popularity. Media attention focused on the variety of pill users and medical literature heralded the vast number of issues minor tranquilizers could assist with while avoiding older drugs’ potential side effects. It also brought a medicalization to problems of stress, deepening it as an issue solvable with a pill. Minor tranquilizers were a wonder drug that promised greater ease to American life like other new technologies and consumer products. For the most part, society recognized the purchase and consumption of these pills as a positive enterprise. Consumers expressed their privilege and determination to ease their problems with safe and celebrated drugs.

The Housewife and Tranquilizer Use

With the expansion of minor tranquilizer use came its increase in consumption among white, middle- and upper-class married women and discussion about the pills and gender expectations. According to media reports and representation, women’s initial motivation to take tranquilizers included the need for conformity and comfort. The drugs could calm what they viewed as women’s fear of sex with their new husbands and provided physicians a way

³⁵ Richard Hughes and Robert Brewin, *The Tranquilizing of America: Pill Popping and the American Way of Life* (New York: Harcourt Brace Jovanovich, 1979), 5.

³⁶ Lawrence K. Altman, “Valium, Most Prescribed Drug, Is Center of a Medial Dispute,” *New York Times*, May 19, 1974, 1.

to pacify complaints from their patients regarding their lives. These perspectives, at the time, seemed a continuation of the initial praise of minor tranquilizers, focusing on the problems they eased, only directed specifically on women. However, with an expanding narrative in the late 1950s and early 1960s regarding the unhappiness some wives and mothers felt with their roles, these psychoactive drugs became a symbol of the unhappy housewife, needed to alter her mood. Although this could have maintained the positive attributes first attached to minor tranquilizers, that of improvement and betterment, as they reduced anxiety, negative connotations arose. The public discussion on pills no longer celebrated their medical advancements but dismissed them as unnecessary. Minor tranquilizers shifted from a liberating tool to an impediment to women's self-fulfillment. What follows in this section is an examination of the growth of the unhappy housewife narrative and how prominent discussion surrounding this narrative depicted her tranquilizer use. It frequently reflects concepts on women's roles, awareness of their problems beyond individual failings, and the desire for expectations to change.

Although the earliest reactions to minor tranquilizers stressed their ability for everyone to enjoy them, it did not take long for an association to surface between the drugs and housewives, and for judgments to arise about the women who used them. Following World War II, the book *Modern Woman: The Lost Sex* argued that women's unhappiness came when outside of the home.³⁷ With women creating a "traditional" home and not dividing their time with paid labor, the authors Ferdinand Lundberg and Marynia F. Farnham asserted that there would be diminished damage and dysfunction in women, men, and

³⁷ Ferdinand Lundberg and Marynia F. Farnham, *Modern Woman: The Lost Sex* (New York: Harper & Brothers Publishers, 1947), 20.

children.³⁸ Much of society seemed to reflect this opinion in the following years, encouraging women to concentrate their energies on their families and homes.

In 1956, *Life* magazine described “suburban syndrome” as an unhappy feeling of housewives. Humiliation with the role led some to find outlets in destructive behavior and tranquilizers for boredom.³⁹ Some felt that the tensions women encountered that caused them to turn to tranquilizers and sleeping pills would vanish if they embraced “a balance among work, rest and play.”⁴⁰ But as historian David Herzberg addresses, in the drug ads targeted at physicians, minor tranquilizers offered solutions to issues with “malaise” and “fatigue.”⁴¹ It was evident others acquired awareness of how pills could improve housewives’ concerns, however, greater notoriety would come with a negative critique of this use. While the housewife was clearly not the only Miltown consumer, the drug became linked with her lifestyle. It was another product that seemed to make her life easier and more enjoyable when she was tense about her role as a housewife.

In 1963, Betty Friedan’s *The Feminine Mystique* built upon growing opposition to and frustration with expectations placed on women, forwarding the opinion that women would be happier and better wives and mothers if they had areas of self-fulfillment outside of the home, such as employment. While present before *The Feminine Mystique*, the narrative of unhappy housewives quickly expanded after its release, providing a feminist perspective to the idea. Friedan’s momentous nonfiction book highlighted how women suffered from “the problem that has no name.”⁴² Her argument that women were unhappy devoting their

³⁸ Ibid., 117, 233.

³⁹ Robert Coughlan, “Changing Roles in Modern Marriage,” *Life*, December 24, 1956, 111, 114.

⁴⁰ Hortense Myers, “Educator Claims Too Many Gals Take Tranquilizers,” *The Hartford Courant*, November 2, 1958, 7E.

⁴¹ David Herzberg, “‘The Pill You Love Can Turn on You’: Feminism, Tranquilizers, and the Valium Panic of the 1970s,” *American Quarterly* 58, no. 1 (March 2006): 90.

⁴² Friedan, *The Feminine Mystique*, 15.

entire existence to their husbands, children, and home brought the book unparalleled attention, which led to society vocally questioning the norm middle-class housewives encountered. Through women's worry about conforming to others' standards, they halted making changes to improve their status. Instead, housewives' fulfillment would come in further education and paid employment, which would reduce their need to alter themselves with pills.

Friedan addressed briefly in her pivotal book that pills may give temporary relief for users and those around them, but they kept women in their roles of housewives. This perspective brought an important feminist element to growing media narratives about domesticity, consumerism, and women. Although her book was not the first or last cultural source to point to the symbolism between tranquilizer use and housewives' unhappiness, its success and magnitude of reach created an unparalleled impact. Within her work, Friedan provided some references to women's prescription drug use as part of this malaise. She noted that housewives took tranquilizers like cough drops to make them less concerned about their meaningless life.⁴³ Physicians reported numerous similar cases of women who seemed to suffer from "housewife's fatigue."⁴⁴ Housewives grew tired of repetitive, low-reward tasks and either stretched out chores to fill their time or escaped with food, alcohol, or pills.⁴⁵ Some housewives would spend their energies on dieting and exercising to balance their overeating.⁴⁶ Although women could ease their anxiety with tranquilizers, Friedan argued that the pills did not lead to self-realization but rather women could find fulfillment in careers.⁴⁷ One press summary on Friedan's work mentioned how women suffered from

⁴³ Ibid., 26.

⁴⁴ Ibid., 25.

⁴⁵ Ibid., 241.

⁴⁶ Ibid., 243.

⁴⁷ Ibid., 303, 325.

housewife fatigue and “obesity, alcoholism, addiction to tranquilizers and sleeping pills.”⁴⁸ These revelations brought *The Feminine Mystique* and its message to the public and further cemented the idea that housewives may have consumed too much food, alcohol, or pills because of their unhappiness.

After reading *The Feminine Mystique*, numerous women felt compelled to share with Friedan the dissatisfaction they experienced and observed in others. For some, the book was the first way they sensed validation and realized they were not alone in the unhappiness they felt. One housewife wrote how her entire neighborhood had women who suffered from the problems Friedan outlined, and they caused serious physical issues. One neighbor of the writer lived “on pep pills, tranquilizers and sleeping pills” and the writer revealed that she ate compulsively, had extreme depression, and had considered suicide. Yet, she moved forward, expressing herself with part-time writing, and planned to return to college when her youngest child started kindergarten.⁴⁹ Author Constance Ahrons revealed that before she earned a professional career, she married young and had two children but was unhappy with her life. When she read *The Feminine Mystique*, she realized others felt the same and flushed her tranquilizers before returning to school and earning a Ph.D.⁵⁰ For some women, learning about the widespread nature of unhappiness brought legitimization to their experience.

Friedan’s work would inspire women in various ways, and some readers wrote about their experiences with prescription pills in their letters to her. One housewife in 1963 felt overwhelmed and anxious, and her doctor placed her on tranquilizers without discovering the

⁴⁸ *The Feminine Mystique*. Correspondence: publishers re: promotion and publicity, 1961-1963. Papers of Betty Friedan, 1933-1985, MC 575; T-97; T-125, Vt-1; Phon-7, 710. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

⁴⁹ *The Feminine Mystique*. Reader letters (redacted photocopies), March-May 1964. Papers of Betty Friedan, 1933-1985, MC 575; T-97; T-125, Vt-1; Phon-7, 690. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

⁵⁰ Coontz, *A Strange Stirring*, 87.

cause. She wrote that she was now seeing a psychologist and going back to school and that *The Feminine Mystique* made her feel less alone with her problems.⁵¹ Another letter thanked Friedan for her book, which helped the writer realize that she devoted all her energy to her husband and kids. However, she noted that working could also bring unhappiness, sharing that before she went back to school and married, she had worked an uninspiring job and had taken pills for two years to survive.⁵²

Not all who wrote to Friedan had made positive changes, but some expressed hope that their lives would evolve. A reader shared that at twenty-two years old, she was already four years married and a mother. She wrote, "I have been driven to my doctor's office with complaints that could not be cured."⁵³ Some women still suffered but held hope for the future because of Friedan. After reading *The Feminine Mystique*, one woman realized she must return to university and then work as a teacher because otherwise, she would continue struggling with depression. "I have been afraid of this increasing feeling of uselessness for when there is no reason for living, there is no longer any reason for continuing to live (or exist)."⁵⁴ Although not happy, having Friedan speak to their problems encouraged hope for the future.

The women who shared their experiences after reading *The Feminine Mystique* had a lot in common. Many turned to prescription pills for problems that seemed difficult to define,

⁵¹ *The Feminine Mystique*. Reader letters (redacted photocopies), March-April 1963. Papers of Betty Friedan, 1933-1985, MC 575; T-97; T-125, Vt-1; Phon-7, 685. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

⁵² *The Feminine Mystique*. Reader letters (redacted photocopies), 1969. Papers of Betty Friedan, 1933-1985, MC 575; T-97; T-125, Vt-1; Phon-7, 703. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

⁵³ *The Feminine Mystique*. Reader letters (redacted photocopies): "good letters set aside to keep," 1963-1964. Papers of Betty Friedan, 1933-1985, MC 575; T-97; T-125, Vt-1; Phon-7, 683. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

⁵⁴ *The Feminine Mystique*. Reader letters (redacted photocopies): "mail," n.d. Papers of Betty Friedan, 1933-1985, MC 575; T-97; T-125, Vt-1; Phon-7, 680. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

very much falling into what Friedan classified as “the problem that has no name.” Lacking other solutions, their doctors gave them pills, yet they remained dissatisfied. Through learning that their outlook was not unique, there was a glimmer of hope. Some sought self-identity through returning to education or the workforce and noticing that pills would not solve what bothered them. Although not all immediately transitioned their lives, they displayed shifts in understanding their positions and a broader connection to the shared experiences of other women.

Despite the positive stories that came from women reading *The Feminine Mystique*, the book also provided strength to the narrative that women’s problems and need for prescription pills came from a situation that a career or self-identity outside of mother and wife would remedy. However, some women already worked or had more complex lives and still turned to prescription pills, and other consumers would continue to do so as they worked outside the home. Taking or halting the use of prescription pills would not instantly solve all American housewives’ issues, even if they attained knowledge as to what may have caused the anxiety or depression that compelled their pill use. Throughout the 1960s and 1970s, many women continued to seek pills. The culture’s expectations and views towards women remained. While Friedan did bring forth a feminist critique of prescription pills, it was not a focus of her activism. It would be a few more years before greater feminist attention, mostly tied to women’s health, would bring real feminist attention to the issue. That said, *The Feminine Mystique* helped to cement the unhappy housewife into postwar representation and forward the concept that minor tranquilizers kept women in the position. To Friedan and those who supported her message, pills hindered women’s personal development and indicated the need for greater equality for women. Meanwhile, apprehension of housewives’ consumption of tranquilizers would continue from various perspectives.

Expanding Judgments against Tranquilizer Use

While some argued against the need for women to make the changes championed in *The Feminine Mystique*, others did agree that women were unhappy but observed no reason they should be. Betty Friedan felt minor tranquilizers halted housewives from making changes to their lives, and some men also addressed their frustration with these same women using pills. They judged women for needing to alter their state, unclear why they were unhappy, to begin with. They felt the middle- and upper-class women who often did not work for pay outside their home lived a life of luxury. They did not struggle with the rat race, spent their husbands' incomes on new consumer goods, and frequently lived in pleasant suburban communities. If they were unhappy with their lives, they appeared ungrateful for what their husbands provided. The unhappy housewife presented flaws in the larger patriarchal system that Americans worked hard to conform to and preserve in the postwar era. Some critiques implied something was wrong with women who felt unhappy. They suggested that their work was too boring or, alternatively, not enough as they had too much leisure and privilege to use pills and relax. In addition, narratives on consumerism questioned the safety of embracing prescription pills so readily and the risks it may bring both users and society. Similar to the early feminist emphasis on the negative ramifications of consuming tranquilizers, the judgments fixated on housewives and the social fallout their use of tranquilizers brought.

Although Friedan's argument struck a chord with many, plenty of Americans refused to support the idea that housewives were unhappy or should enter the job market *en masse*. To numerous Americans, the place for women was "still in the home."⁵⁵ For some, this represented what it meant to live in the United States and hold values that respected the

⁵⁵ "Letters to the Editor," *Life*, November 22, 1963, 27.

nuclear family ideal. The alternative brought imagery of women leaving their children in government centers to work that was “less like America than Russia.”⁵⁶ Writing to *Life* magazine, one housewife admitted that while housework was boring, it was preferable to having others raising her children, which is the “most important job.”⁵⁷ Not all women acknowledged dissatisfaction with their homemaking role. Samuel Grafton reported in the *Los Angeles Times* that he could not find many truly unhappy housewives when surveying suburban communities, nor could popular counseling agencies. While some had minor complaints, they did not feel imprisoned with domesticity but “accomplishing what a woman is supposed to accomplish.”⁵⁸

The concept that working only in the home was inherently women’s role was common in disagreements with *The Feminine Mystique*. One woman responded to the *Chicago Tribune* that women’s bodies pointed to the differences in their created purpose in life.⁵⁹ Another pointed to the tradition of women as homemakers, implying that the problem was not with the role but the difference women approached it with today. Women for generations “made motherhood and homemaking a creative experience and have not felt unfulfilled.”⁶⁰ Aside from the natural state some felt the role was for women, others noted the benefits others obtained from this work. One man argued against Friedan, explaining, “If most mothers followed her advice, divorce and juvenile delinquency would increase tremendously because then husbands and children would lose their most stabilizing influence.”⁶¹ These types of positions did not always address the benefit that shifts in

⁵⁶ “Women Against Women,” *Wall Street Journal*, November 6, 1963, 18.

⁵⁷ “Letters to the Editor,” 27.

⁵⁸ Samuel Grafton, “The Myth of the Unhappy Housewife,” *Los Angeles Times*, May 10, 1964, R14.

⁵⁹ “Letters from Readers: In Defense of Today’s Woman,” *Chicago Tribune*, June 9, 1963, H40.

⁶⁰ “Letters from Readers: More on the Mystique,” *Chicago Tribune*, July 7, 1963, G29.

⁶¹ “Letters to the Editor,” 27.

women's roles would bring for their self-fulfillment in modern American life. Instead, they pointed to women's biology, tradition, and the harm it may cause to husbands and children.

While some felt that women's place was in the home, they believed that the modern housewife was spoiled and underappreciated her position. Abroad and at home, the American woman became associated with her prescription drug use alongside other consumer products, which many recognized as improving her life. Speaking to an Indian man in Bombay (Mumbai), William Brinkley learned how some of those abroad perceived American women. "Oh, the American woman! With her air conditioners, her washing machine, her freezer unit, her Camay soap, her Elvis Presley records, her Benzedrines, her Miltowns..." Yet as the man became enraged talking about them, "he indulged in a custom he himself had learned from the Americans: he picked up a small white tablet" and swallowed a Miltown.⁶² *The New Yorker* reported that doctors prescribed tranquilizers for the discomforts of pregnant women and relief from pain brought to mothers by children loudly playing, implied to be only slight inconveniences.⁶³ Media accounts presented minor tranquilizers as a luxury product for women that eased their homemaking and reduced displeasure that might arise in their duties as mothers, but not necessary.

Women's magazines included the perspectives of mothers and the dissatisfaction that led some to take pills, while also including others' judgment of this state. In 1960, *Redbook* published an article titled "Why Young Mothers Feel Trapped," which expanded to a series of readers' experiences and, eventually, a book featuring a collection of the articles.⁶⁴ In the

⁶² William Brinkley, "They All Say: 'Look at the American Signora!'" *Life*, December 23, 1957, 72.

⁶³ Whiteside, "Onward and Upward with the Arts," 98.

⁶⁴ Robert Stein, ed., *Why Young Mothers Feel Trapped: And How They Solve the Problem of Too Little Time and Too Much Pressure* (New York: Pocket Books, Inc., 1966), xii.

original article, interviewers asked a husband his opinion on what problems wives may experience. In response, he lost his temper and said,

My wife is well educated and in perfect health. We have three fine children and she doesn't have to have any more unless she wants to. She has the face and figure of a teenager and closetful of clothes. She has a home of her own and sixteen different kinds of push-button machinery to do her housework for her. She has a car to drive. I take her out to dinner. We give parties and go on vacations. What's more, all her friends and neighbors have the same advantages. No women in the world's history ever had it so good! I am getting sick and tired of hearing about the problems of today's married woman!⁶⁵

While not all submissions and experiences were the same, it was clear that some women did indeed feel trapped and lacked support from their husbands, who questioned the problem. One reader's response outlined how she was in a constant state of stress, being pregnant, raising her children, and having an unemployed husband. Her doctor, however, was upset with her for letting herself become stressed. "I was getting through the days and nights chiefly on nerve pills and tonics. Yet there was nothing I felt I could do to relax the tension. I wanted peace at any price in the household."⁶⁶ Despite the opinions of some men, who perceived young mothers as having it all, many women shared their inability to cope.

As *The Feminine Mystique* and women's magazines helped cement the image of the unhappy housewife who turned to pills for help in American culture, rock music unexpectedly also provided another example of this image. The Rolling Stones released the song "Mother's Little Helper" as a single in the United States during the summer of 1966.⁶⁷ The song's catchy lyrics criticize a mother's use of pills to calm down and help her through her busy day of tasks that she finds uninviting and tiring, yet are implied to be easy to

⁶⁵ Jhan Robbins and June Robbins, "Why Young Mothers Feel Trapped," in *Why Young Mothers Feel Trapped*, 3.

⁶⁶ Anonymous, "I Escaped From My In-Laws," in *Why Young Mothers Feel Trapped*, 81.

⁶⁷ Philippe Margotin and Jean-Michel Guesdon, *The Rolling Stones: All the Songs* (New York: Black Dog & Leventhal Publishers, 2016), 143.

complete. It is telling that the song's mother takes pills because of her family and the expectations they place upon her. She is not engaging in drug use for pleasure, the manner associated with youth culture users, but rather as a form of survival. For the Rolling Stones, the song points out the hypocrisy of adults lecturing youth on their drug use, something the band frequently experienced.⁶⁸ While far from achieving the iconic status of the Rolling Stones' most renowned songs, it has left its mark on concepts of housewives' pill use for decades, that of mothers tranquilized to avoid trivial tasks, despite expressing the point of view of young British men.

Moving into the late 1960s, accounts of pill use among women shifted towards behaviors of housewives that caused increasing damage. Beyond the press on women who gained individual attention for their overdoses, explored in the previous chapter, one nonfiction book of the era tied together the unhappiness of middle-class women with barbiturate use and suicide. During the mid-1960s, around 20 million Americans received barbiturate pills a year and spent \$100 million on sedative prescriptions and \$250 million on tranquilizers.⁶⁹ With these figures, some realized that the typical drug abuser was not someone in a slum with heroin but a "wealthy suburban housewife or a respected professional."⁷⁰ Since overdosing on minor tranquilizers was not nearly as frequent, sleeping pill overdoses among housewives began to receive traction. The now-famous 1967 sociological study *The Levittowners* featured findings on the new suburban community of Levittown, New Jersey. The author, Herbert Gans, noted that "during my three years of research, 14 suicide attempts took place, all but one by women and only one successful. In

⁶⁸ Dora Loewenstein and Philip Dodd, eds., *According to the Rolling Stones* (San Francisco: Chronicle Books, 2003), 341.

⁶⁹ Gay Gaer Luce and Julius Segal, *Sleep* (New York: Coward-McCann, Inc., 1966), 141.

⁷⁰ *Ibid.*, 142.

most instances, women took sleeping pills and then called the police, their doctor, or their minister immediately, reversing what was surely an impulsive and pathetic cry for attention. Two women accounted for four of the unsuccessful attempts.”⁷¹ The “malaise” in town that he noticed appeared to be more female than suburban in description.⁷² He wrote that some women felt isolated in Levittown if they did not keep busy with organizations and that some had issues of mental illness or emotional problems.⁷³ Gans connected sleeping pills with malaise and the attention a suicide attempt could bring. He did not blame the drug itself, nor the environment, but problems with the female users.

Criticism against prescription pills also came in the 1960s through narratives of the consumer movement. Consumer protection was not a new concept in America. For instance, the Food and Drug Administration’s (FDA) development at the turn of the century helped ensure protocols in manufacturing, labeling, quality, and product safety. In 1938, Congress passed the Federal Food, Drug, and Cosmetic Act, giving the FDA greater authority over the safety of legally sold drugs.⁷⁴ In the 1960s, grassroots activism and best-selling exposés from Vance Packard, Rachel Carson, Jessica Mitford, and Ralph Nader pointed to damages companies caused, which helped reinvigorate consumer protection.⁷⁵ Books such as *The Greening of America* further critiqued America’s consumerism with the rise of corporations and uncontrolled technology.⁷⁶ The expanding violence and death count of the Vietnam War,

⁷¹ Herbert J. Gans, *The Levittowners: Ways of Life and Politics in a New Suburban Community* (New York: Pantheon Books, 1967), 225.

⁷² *Ibid.*, 226.

⁷³ *Ibid.*, 227, 237.

⁷⁴ John E. Lesch, *The First Miracle Drugs: How the Sulfa Drugs Transformed Medicine* (Oxford: Oxford University Press, 2007), 275.

⁷⁵ Vance Packard, *The Hidden Persuaders* (New York: David McKay Company Inc., 1957); Rachel Carson, *Silent Spring* (New York: Houghton Mifflin Harcourt Publishing Company, 1962); Jessica Mitford, *The American Way of Death* (Greenwich: Fawcett Publications, 1964); Ralph Nader, *Unsafe at Any Speed: The Designed-in Dangers of the American Automobile* (New York: Grossman, 1965).

⁷⁶ Charles A. Reich, *The Greening of America* (New York: Random House, 1970), 4, 7.

without gains in America's fight against the Communist regime, weakened trust in the government's goals.⁷⁷ Within this environment, commentary on the safety of licit drugs, drug manufacturing, and advertising would intensify in the 1960s and 1970s and work to inform an expanding narrative. The media expressed reduced trust in prescription drugs and the morals surrounding the power doctors had over patients and the medical field's self-interest.⁷⁸ Books like *The Therapeutic Nightmare* by Morton Mintz focused attention on the dangers of prescription drugs and their manufacturers, building off concepts of the consumer movement. Mintz wrote in 1965 that doctors assumed that if a drug was on the market, it was safe to use, as did patients.⁷⁹ Yet, he claimed that companies fraudulently tested drugs.⁸⁰ He also asserted that writers planted stories on new drugs in the press, alongside years of the drug industry taking advantage of free publicity of stories on wonder drugs in the news.⁸¹ The message became more apparent that these so-called wonder drugs were not as wonderful as they had at first seemed, and critics openly questioned the safety and morals of the pill industry.

Despite growing criticism, prescription drug consumption continued to rise during the 1960s, and into the 1970s, partly from the legitimacy they held for many physicians. From 1964 to 1970, the use of minor tranquilizers in the United States increased by almost 78 percent, a staggering amount considering the accounts just discussed that sprung up during these years.⁸² In 1970, drug companies in the United States produced "five billion doses of

⁷⁷ *Ibid.*, 216.

⁷⁸ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 380, 392.

⁷⁹ Morton Mintz, *The Therapeutic Nightmare: A Report on the Roles of the United States Food and Drug Administration, the American Medical Association, Pharmaceutical Manufacturers, and Others in Connection with the Irrational and Massive Use of Prescription Drugs That May Be Worthless, Injurious, or Even Lethal* (Boston: Houghton Mifflin Company, 1965), xiii.

⁸⁰ *Ibid.*, xiv.

⁸¹ *Ibid.*, 60, 57.

⁸² Milton Silverman and Philip R. Lee, *Pills, Profits, and Politics* (Berkeley: University of California Press, 1974), 293.

tranquilizers, three billion doses of amphetamines, and five billion doses of barbiturates.”⁸³ Users visited pharmacies to fill 202 million prescriptions for drugs, including stimulants, sedatives, tranquilizers, and antidepressants.⁸⁴ Women comprised the largest group of tranquilizer users. As of 1971, the largest group of pill users were 25 to 39-year-old middle-class women who had graduated high school (and in some cases continued into higher education).⁸⁵ According to the book *Mystification and Drug Misuse* from 1971, there was still a sense in society that if a doctor prescribed it, a drug had less risk.⁸⁶ Americans produced and consumed vast amounts of the drugs, bringing reduced anxiety through physicians, which legitimized their use, although fears regarding their use continued to grow.

During the 1970s, some experts and opinion-makers believed that problems with drugs in society existed because of the users. Unlike similar conversations a decade before, this highlighted less of a critique of housewives but rather how users should view pills like illicit drugs. An article published in 1972 described that if society lost one drug, users would simply turn to another. It was the compulsive drug users’ problems that caused the concern.⁸⁷ Some judged Americans for relying on pills for their issues and women’s misuse as a sign of weakness. They deemed functional forms of anxiety, depression, and insomnia normal symptoms of modern life and therefore not requiring psychoactive drug use to reduce. These concepts would find labeling as pharmacological Calvinism, which according to Dr. Gerald Klerman is defined as if it “makes you feel good, it must be morally bad.” To abstain completely from drugs used for nontherapeutic reasons from this viewpoint was the “purest

⁸³ Henry L. Lennard and Arnold Berstein, “Perspectives on the New Psychoactive Drug Technology,” in *Social Aspects of the Medical Use of Psychotropic Drugs* ed. Ruth Cooperstock (Toronto: Addiction Research Foundation of Ontario, 1974), 150.

⁸⁴ Henry L. Lennard, Leon J. Epstein, Arnold Bernstein, and Donald C. Ransom, *Mystification and Drug Misuse: Hazards in Using Psychoactive Drugs* (San Francisco: Jossey-Bass Inc., Publishers, 1971), vi.

⁸⁵ Roland H. Berg, “The Over-Medicated Woman,” *McCall’s*, September 1971, 110.

⁸⁶ Lennard, *Mystification and Drug Misuse*, 1.

⁸⁷ Leon Wurmser, “Drug Abuse: Nemesis of Psychiatry,” *The American Scholar* 41 (Summer 1972): 394.

route.”⁸⁸ These perspectives allowed many prescription pill users to encounter condemnation for their consumption during the 1970s.

Some journalism spotlighted the ways women chose pill use and that their selection was more aligned with illicit drugs than medicine. A 1971 article, “Women and Drugs: A Startling Journal Survey,” included a chart of prescription drugs with “which respectable, middle-class Americans are increasingly ‘turning on.’”⁸⁹ The article worked under the assumption that readers still thought the term “women and drugs” referred to Janis Joplin and her heroin overdose, a young woman at a festival who was on an acid trip, or perhaps a seedy New York City prostitute using illicitly.⁹⁰ However, most female drug users were an “average, middle-class American - one of the folks next door.”⁹¹ The article’s authors wrote that doctors usually stayed well-informed and it was the patients who knew what drug they wanted and would visit multiple doctors until they obtained it. They did not see the patients as faultless and this narrative also tended to deny them any empathy.⁹² This view of women’s prescription drug use credited women with the influence they used to acquire prescription drugs, and it lectured to its audience that this consumption was drug use, even if it was legal. However, it offered even less critique of the gender norms that had put women into a position where they sought help from pills.

By showcasing warnings to consumers and prescription pills’ similarities to illicit drugs, it illustrated weakness in needing to escape, and that they could become a product of abuse, especially if mixed with other substances. These narratives around minor tranquilizer

⁸⁸ Gerald L. Klerman, “Psychoactive Hedonism vs. Pharmacological Calvinism,” *The Hastings Center Report* 2, no. 4 (September 1972): 3.

⁸⁹ Carl D. Chambers and Dodi Schultz, “Women and Drugs: A Startling Journal Survey,” *Ladies’ Home Journal*, November 1971, 131.

⁹⁰ *Ibid.*, 131.

⁹¹ *Ibid.*, 191.

⁹² *Ibid.*, 192.

use among women brought scrutiny that women would continue to seek their consumption when they knew of potential dangers. Although these opinions harshly judged users, they differed from ideas a decade before. Instead of pushing women to find happiness in their expected roles without the aid of minor tranquilizers, these narratives of the 1970s centered on the message that people should not expect happiness. They viewed anxiety as natural among people and to escape it was akin to illicit drug use. Pharmacological Calvinism, that newly created term, encompassed the idea that using prescription drugs unessentially to feel good was morally suspect.

Throughout the 1960s, some negatively judged housewives' pill use as it signified their lack of happiness in the roles that society told them to embrace. Many who encouraged women to remain dedicated to staying in the home felt frustrated that this life did not bring satisfaction. Although turning to minor tranquilizers may have eased anxiety to maintain the expected lifestyle, the anger towards women's pill use at this time manifests the caution some had with this solution. To some, it was unnatural for women not to be happy with the luxuries in life they seemed to have and to desire pills to ease this state demonstrated the instability of the fabric of American society. These narratives against pill use, especially by housewives, shifted away from discussions of the 1950s that often presented the new product as a safe and easy way to find comfort and instead, presented growing grievances with altering concepts of gender, drugs, and consumerism. Together these perspectives helped solidify cultural discourses that pill use among middle- and upper-class women was unnecessary and potentially harmful. These women faced criticism for turning to pills for unhappiness instead of finding gratitude in what they had, others unaware or apathetic that it may provide essential assistance with mild forms of anxiety and depression. Furthermore, concerns that society encountered harm through consumerism, including licit drugs,

weakened the widespread acceptance that women should embrace these new products. Although some narratives mentioned the physical and psychological impacts on users of the pills, much of the judgment and discourse focused on the societal implications of housewives senselessly consuming these drugs and not the risks on their bodies. These areas of disapproval directed at women's minor tranquilizer use, along with Friedan's feminist perspective discussed earlier, would damage the reputation and prestige of the products in the 1960s, but not reduce their sales. While consumption of minor tranquilizers continued to rise during the 1970s, the negative discourses surrounding their prescription pill use deepened. Some media accounts furthered the impression that licit pills held the same risks typically viewed as only dangers of illicit drugs. As a result, these theories would build a foundation with which narratives of addiction and pills could emerge.

New Perspectives on Women and Addiction

As stories of addiction to prescription pills like Valium grew in the 1970s, they shifted from viewing pill abuse as a personal failing to seeing women as suffering from the disease of addiction. While some reports on Valium would mention concerns with addiction in the 1960s and early 1970s, the consensus was that it was a danger when taken outside of the prescribed dosage and mixed with other drugs. For instance, a 1969 article in *Good Housekeeping* noted that according to the National Institute of Mental Health, women made up 67 percent of psychotropic drug use, with some of their medication synergistic, that is creating more potent effects when mixed with other drugs or alcohol.⁹³ Furthering the dangers of tranquilizers for women, especially if mixed with other substances, one well-

⁹³ "The Better Way: Do Americans Suffer from Medicine-Cabinet Addiction?" *Good Housekeeping*, November 1969, 196.

publicized tragedy brought this aspect into the dominant discourse about pills. Karen Ann Quinlan was twenty-one in 1975 when she consumed Valium and alcohol while at a party and slipped into a coma. Quinlan's friends witnessed her "popping pills" and drinking gin and tonics at a party and took her home to sleep but called for medical help when she was no longer responsive. She would never awaken, but stayed in a coma with severe brain damage for years before dying.⁹⁴ Media writings influenced users to stay away from pills altogether, with their concerns over what tragedy pills could bring, whether masking other medical problems, or causing physical harm. While it was important to educate consumers about the risks of pills and the motivations of the drug industry and physicians, it reduced confrontation of the problems that led so many to seek tranquilizers, to begin with. Within a few years, narratives shifted to showcasing rehabilitation and recovery from pill addiction. This type of assistance had not existed in a meaningful way before, the media not viewing the typical female pill user as someone suffering from "addiction." Through the examination of two of the most preeminent addiction cases from the late 1970s, this section will demonstrate how cultural narratives surrounding prescription pills, especially minor tranquilizers, informed the way users and media interpreted new concepts of women and pill addiction.

The hospitalization of former First Lady Betty Ford for tranquilizer and alcohol misuse in 1978 and the open discussion of her battle brought considerably more attention to the subject. Betty Ford's prescription pill use began in the 1960s and slowly increased over the years before revealing problems. When Betty Ford's husband, Gerald Ford, was working in Congress, she suffered from a sore back and felt a lot of pressure raising their children in

⁹⁴ Mary Breasted, "Karen Quinlan's Life Before the Coma," *New York Times*, October 14, 1975, 39.

Michigan with little involvement from her husband, who was often in Washington, D.C.⁹⁵ She took pills to reduce pain and more when tolerances developed.⁹⁶ When Gerald Ford became president after Richard Nixon's resignation, the press reported that Betty Ford admitted taking Valium three times a day for a pinched nerve and seeing a psychotherapist. Yet, they added that she appeared emotionally stable, so there was no need to worry about her dependability in the White House.⁹⁷ Not long after becoming the First Lady of the United States in 1974, Ford had a mastectomy, and as she recovered, took even more pills.⁹⁸ Two assassination attempts on President Ford's life the following year, one by Manson Family member Lynette Fromme, increased Betty's anxiety.⁹⁹ Ford's growing anxieties and physical pain over the years led to her expanding pill and alcohol use. The mention of her Valium use in the press demonstrated how the media no longer celebrated tranquilizers but questioned them; however, believing her use to be moderate, deemed the prescription of minor concern, in part because she still carried out expected appearances and duties. Betty Ford took prescription pills for years as they offered her essential support and, as society regarded them as acceptable substances and she fulfilled expected gender demands, nobody, including Ford herself, perceived this as problematic.

As with many women's experiences in the postwar era, the licit status of pills, their acceptability in the medical community and culture, and the lack of conversations surrounding middle- and upper-class women and addiction would cause shock on the part of Ford that her pill use created problems requiring professional treatment. Betty Ford was

⁹⁵ Betty Ford with Chris Chase, *The Times of My Life* (New York: Harper & Row, Publishers, 1978), 124.

⁹⁶ Betty Ford with Chris Chase, *Betty: A Glad Awakening* (Garden City: Doubleday & Company, Inc., 1987), 35.

⁹⁷ Mary Daniels, "What Do the Stars Have in Store for President Ford -- And for Us?" *Chicago Tribune*, August 25, 1974, D2.

⁹⁸ Ford, *The Times of My Life*, 192.

⁹⁹ *Ibid.*, 197.

confused following an intervention her family held about how anyone could think she had troubles with her substance use as she only took prescribed items.¹⁰⁰ However, Ford weaned herself off pills with medical supervision and they encouraged her to end drinking as well, clearly working on formal addiction recovery. She discovered that the legally prescribed tranquilizers and dry martinis brought her the same physical and mental relief.¹⁰¹ “Pills are infinitely preferable to alcohol if you’re trying to convince yourself you’re an innocent victim. Doctors prescribe pills, you don’t have that excuse with alcohol.”¹⁰² By facing what experts labeled her pill and alcohol addiction, Ford uncovered an understanding that the use was not solely for medical concerns but also to reduce mental anguish with the tools society deemed appropriate for her to utilize.

The press announced Betty Ford’s problems with medication when she entered the rehabilitation program, beginning an extended analysis of her experience that frequently treated her with compassion. Her statement, released in April 1978, noted that she had been overmedicating herself, and she wanted to overcome the possibly damaging effects this could bring about.¹⁰³ Quickly, many experts conveyed hope to the press that Ford’s openness would help other women seek assistance with drug problems.¹⁰⁴ Patients interviewed about reactions to addiction at a New Jersey counseling center claimed that they were not “addicted” because physicians prescribed the drugs: their concept of the word addiction was so strongly tied to illicit drugs.¹⁰⁵ The nation praised Betty Ford’s candor in discussing her struggle with drugs and alcohol. Substance abuse expert Dr. Robert DuPont stated that Ford’s

¹⁰⁰ Ford, *Betty: A Glad Awakening*, 7.

¹⁰¹ Ford, *The Times of My Life*, 282.

¹⁰² Ford, *Betty: A Glad Awakening*, 40.

¹⁰³ “Betty Ford in Hospital for Drug Use,” *Boston Globe*, April 11, 1978, 1.

¹⁰⁴ Matt Clark, “The Prisoners of Pills,” *Newsweek*, April 24, 1978, 77.

¹⁰⁵ “Overmedication/Betty Ford,” *CBS Evening News*, CBS, April 14, 1978. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #257369.

issue “did not grow out of a thrill-seeking, escapist motivation,” and that numerous women like her “are falling prey to pills which help pep them up, slim them down, put them to sleep, or ease real or imagined pains.”¹⁰⁶ Following her treatment, Ford returned home to Palm Springs and took acupuncture treatment to help the physical pain that remained.¹⁰⁷ As Ford’s addiction gained attention in the press, they revealed how she could be an example for other women, demonstrating how prescribed drugs could cause problems previously tied to illicit drug consumption. This was a substantial shift from narratives in previous years that blamed individual pill misuse on the irresponsibility of the user.

Betty Ford’s consumption of multiple types of pills alongside alcohol displayed the consequences that the mixing of substances could cause. However, one wonders if Ford may have abstained from substances if confronted about her use earlier. At the time of her recovery, her husband’s busy political career ended, and her children were young adults. If she still had the pressures of running a household with four children while her husband was primarily absent and felt chronic pain and feelings of anxiety, would she have overcome her use? Additionally, society rarely discussed addiction recovery for women in the previous decades of heavy prescription pill use. Although Ford was known for her outspokenness on topics that many in society still viewed as taboo, changing narratives on pill use allowed her a platform that did not have the same prominence the decade before. Unfortunately, it seems unlikely that Ford would have experienced the same assistance or compassion if her use spiraled out of control in the 1960s.

As narratives surrounding women and the dangers of licit drugs grew in the 1970s, some users decided themselves that pill use was unnecessary and not in their best interest.

¹⁰⁶ “Female Drug Abuse Grows, Expert Says,” *Chicago Tribune*, April 16, 1978, 28.

¹⁰⁷ “Betty Ford/Drug and Alcohol Problems...,” *ABC Evening News*, ABC, May 4, 1978. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #54125.

However, for some, halting their use had unintended outcomes. In 1979, Barbara Gordon's memoir *I'm Dancing as Fast as I Can* appeared, in which she recounted her Valium addiction and withdrawal during 1976. Unlike many other stories of Valium that writers presented in the 1970s, Gordon's experience demonstrated a complete deterioration of her life. In analyzing her experience, Gordon unabashedly accused men and society's gender expectations of what she represented as a conspiracy against women. Gordon blamed the doctors and Valium for her problems in an abusive relationship and her difficulties with a serious mental illness. Her story reveals not the previous narrative of a housewife but a career woman who requires hospitalization. The extremes of her case portrayed Valium as debilitating to use and even to quit taking, reinforcing newer 1970s narratives that one should never start using the drug.

Gordon began her book by introducing readers to her busy and successful career in making documentaries and how she contended with intense anxiety in certain situations. She visited her therapist, Dr. Allen, each week for a decade, and she would take the Valium he prescribed, but her self-described terror still increased.¹⁰⁸ After Dr. Allen offered her additional medication, Gordon responded that she was not that weak, and the answer to her problems was not pills.¹⁰⁹ Gordon clearly felt unsatisfied with the help she received but also refused to comprehend that she may have more serious issues that required treatment beyond the scope of Valium. After years of use, it appeared that narratives on minor tranquilizers as a sign of weakness, unnecessary for contentment, and the mistrust in the medical community had influenced Gordon's perspective on her pills.

¹⁰⁸ Barbara Gordon, *I'm Dancing as Fast as I Can* (New York: Harper & Row, Publishers, 1979), 8, 16-19.

¹⁰⁹ *Ibid.*, 37.

Instead of seeking additional expert opinions on pill use, Gordon's boyfriend Eric reinforced her ideas on drugs, despising her Valium consumption.¹¹⁰ Gordon wanted to stop consuming it as she imagined pill dependence as a weakness, yet she did not consider it as dangerous as illicit drugs. When she cut herself off the pills, she had tremors and convulsions but stayed away from medical assistance.¹¹¹ As Gordon's emotional health became unstable without the pills, she cried frequently and was depressed. This caused Eric to snap at her, especially when she did not express interest in sex.¹¹² As her mental health issues worsened, he began beating her and tied her hands together when she attempted to leave her apartment.¹¹³ Eventually, after fifty-seven days in her apartment, her friends noticed how controlling and abusive Eric was and took her away. She believed it was all because of the pills.¹¹⁴ Gordon's withdrawal had continued to grow worse over time, with serious mental and physical symptoms. Still, her abusive boyfriend endangered her health and added emotional and physical torment to her experience.

As Gordon finally secured medical attention thanks to the forceful intervention of her friends, she was able to regain perspective, yet still viewed the assistance medical experts offered as detrimental. In an attempt to find help, Gordon visited multiple psychiatrists but was angered when they tried to prescribe her medications.¹¹⁵ One doctor suggested she was still suffering from Valium withdrawal and should admit herself into a hospital to assist in finding a safe drug for her.¹¹⁶ This upset Gordon to the point that she debated dying by suicide with sleeping pills. "Pills. There was a pill for everything – for tranquillity[sic], for

¹¹⁰ *Ibid.*, 49-51.

¹¹¹ *Ibid.*, 52.

¹¹² *Ibid.*, 62.

¹¹³ *Ibid.*, 76.

¹¹⁴ *Ibid.*, 85.

¹¹⁵ *Ibid.*, 117.

¹¹⁶ *Ibid.*, 138.

sleep, for death. Maybe there was a miracle pill that would give me back my life? I knew now there was no miracle pill, but I admitted to myself I wanted one. Without it, I wanted to die.”¹¹⁷ At this, Gordon decided to enter a hospital and seek focused help, six months after stopping her Valium consumption. As Gordon’s need for pills subsided, Dr. Julie Addison, her psychologist, told her how Valium had repressed her ability to deal with any of her emotions.¹¹⁸ Gordon agonized about how many other women were “incapable of yelling, feeling, smelling, tasting. It isn’t healthy to walk around with half your senses burned out by a chemical you’re ingesting, supposedly to help yourself.”¹¹⁹ Through her treatment, Gordon came to understand that Valium hid her emotions and ability to make changes.

While receiving treatment, Gordon continued to reinforce her idea that all drugs brought harm. When talking to other patients, she realized doctors also prescribed them the wrong drugs or too many of the right ones.¹²⁰ Her fellow patient and friend Jim engaged in political activism “then drugs, lots of drugs – grass, acid, speed, more acid. Although he made no connection between his illness and the drugs, I decided there had to be one.”¹²¹ Gordon’s writings evidenced her transition to seeing prescription pills as just as harmful as illicit drugs and the cause of most patients’ problems. While this was helpful to understand that prescription pills could cause harm, she also transferred broader social fears and misconceptions about illicit drugs to legal ones. She did not see that some of the drug use was perhaps a way to cope with mental illness or emotional trauma and that not all illicit drug use causes debilitating problems. When living on her own again, Gordon read about the benefits of vitamins and took at least fifty with each meal, hoping they were her new magic

¹¹⁷ *Ibid.*, 139.

¹¹⁸ *Ibid.*, 169.

¹¹⁹ *Ibid.*, 176.

¹²⁰ *Ibid.*, 106.

¹²¹ *Ibid.*, 209.

pill.¹²² Despite her work at recovery and evident frustration with all drugs, Gordon was still looking for a magic pill to fix her.

By the end of the decade, criticism against the lack of systems and support for women with mental health problems and addiction expanded, society viewing women's issues with greater significance. Studies attempted to comprehend the stigma around women's licit drug habits as society realized that women suffered from prescription pill and alcohol problems. As of 1978, 36 million women used tranquilizers, 16 million used sedatives, and 12 million used stimulants.¹²³ Muriel Nellis' book *The Female Fix* addressed how society held many women to such strict feminine standards that it made it difficult to seek assistance. Even as Betty Ford spoke openly about her struggles, Nellis overheard women question why Ford would reveal such a private matter and embarrass her family by drawing attention to her problems.¹²⁴ According to Joseph Hirsh, "Women represent important social and moral symbols that are the bedrock of society. And when angels fall, they fall disturbingly far. We would rather have them in their place; which is another way of saying that they define and make our own place possible and even more comfortable."¹²⁵ Nellis described women as "hostages of legal drug and alcohol habits. We, who are the sisters, daughters, wives, and mothers of tradition, mask our moods for everyone else's comfort, to assure continuity and affirm our lives."¹²⁶ The difficulties society had comprehending addiction among those it respected also demonstrated the challenges some users would have recognizing and accepting problems with their own pill consumption. Nellis' work highlighted how feminine ideals placed on women made it hard for them to come forward for assistance. As presented

¹²² Ibid., 290.

¹²³ Muriel Nellis, *The Female Fix* (New York: Penguin Books, 1980), 1.

¹²⁴ Ibid., 3.

¹²⁵ Ibid., 2.

¹²⁶ Ibid., 33.

throughout the last two chapters, many women struggled to ask for help in numerous aspects of their lives, finding pills usually an acceptable outlet to turn to. When this aid no longer eased troubles or helped users find control, women had not only to admit struggles with substances but reveal that they maintained the ideals others relied on and praised with the aid of pills. This would leave its legacy on the historical memory of housewives, realizing that behind the expectations they met may have been emotional pain and addiction.

Institutions also realized the need for clearer guidelines and warnings on the consumption of prescription pills. Society no longer accepted them as safe, magic pills but understood they held risks, including addiction. A 1979 report claimed that Americans had shifted their opinions on drugs like Valium, realizing they should only use them temporarily. The report recommended that one should seek help if they used drugs for more than a few weeks or needed a pill to get through each day.¹²⁷ Hoffmann LaRoche representative Robert Clark argued that people misused Valium and that the company would draft new warnings to inform proper use.¹²⁸ In 1979, Americans held 68 million prescriptions for minor tranquilizers, and the FDA in 1980 spoke out that they wanted doctors to continue to be more selective in prescribing them. The FDA hoped that new warnings targeted at doctors would further reduce prescriptions for “casual, everyday use” of these drugs.¹²⁹ Greater federal concern arose about the overprescription of licit drugs, which brought not only potential side effects but the risk of dangerous addiction.

¹²⁷ “Valium,” *ABC Evening News*, ABC, September 10, 1979. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #61593.

¹²⁸ “Valium,” *NBC Evening News*, NBC, September 10, 1979. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #506262.

¹²⁹ “Tranquilizer Warning,” *NBC Evening News*, NBC, July 10, 1980. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #511400.

Addiction narratives exhibited the problems with specific pills, such as Valium. While some would banish the use of all prescription drugs as part of their recovery, by naming certain pills, threads of hope existed that while Valium brought addiction, not all pills would hold addictive compounds, or only certain people would develop problems of addiction. There was also less conversation on alternatives to taking pills but how the pills could bring reliance and addiction. The experiences of Betty Ford and Barbara Gordon significantly demonstrated that addiction was not just a problem of illicit drug users or alcoholic men. Even women with access to superior health care and knowledge endured affliction with addiction using drugs prescribed to them. Narratives of the late 1960s and early 1970s would allow these stories to find acceptance in the culture, building from aspects already understood. In sum, discussions around questionable ethics of the medical community and the dangers of all drugs including licit pills would strengthen acknowledgment of minor tranquilizer addiction when sufferers revealed their battles, giving both users and the press concepts to frame pill abuse around. Pill addiction also highlighted the difficulties many idealized women faced in maintaining gender expectations and navigating support.

Conclusion

Throughout the 1950s to 1970s, minor tranquilizers' popularity helped solidify pill-taking as a widespread practice. While the worst-case scenarios of barbiturates like fatal overdoses made headlines throughout the postwar era, minor tranquilizers had nearly twenty years of extensive use before harmful physical side effects received attention on a large scale, allowing them to create norms in using prescription pills to regulate one's mental state. As argued in *Cosmopolitan* in 1967, everyone took these "ordinary pills" but lacked knowledge

of their dangers.¹³⁰ After initial praise for their wonder drug qualities, prescribed safely for countless mental and physical issues to all Americans, middle- and upper-class women consumed mass amounts of tranquilizers. Some actively sought out prescriptions from their doctors, most would have filled the prescriptions themselves, and they encountered enough benefits to continue their use. Women desired minor tranquilizers and eased their anxiety with pills, both a consumer product they had access to and a socially acceptable manner of treating physical and psychological issues. These users were typically housewives and soon cultural discourses critiqued pill consumption among this demographic.

Groups viewed women's ideal roles and their prescription pill use from alternating positions but latched strongly to the cultural narrative of the unhappy housewife to reinforce arguments against gender roles. Housewives experienced judgment from those frustrated that they needed a substance to handle dissatisfaction, some wishing instead that they would naturally find gratitude for what they had and others wanting them to make changes to find self-realization. Some early feminists felt that women needed to embrace identities outside of the home, and their pill use kept them from making this shift. Others wanted to hold on to what they viewed as the traditional women's roles. Although many women took pills to maintain and excel at these traditions, some were against this pill use, wanting women to achieve traditional expectations without pharmaceutical help. Later people would also denounce the need to find betterment with a pill, wanting Americans to accept that no magic solution would bring complete happiness. Multiple reasons existed for resisting women's prescription pill use, leading to narratives that expressed frustration with women's use. These examples signify the changes in society, including how women were questioning their roles and encouraged to evolve while at the same time told to return to traditional expectations.

¹³⁰ Beth Day, "What You Should Know About Everyday Pills," *Cosmopolitan*, February 1967, 94.

Those who held most access to the postwar American Dream, the white, middle- and upper-class women companies targeted their products for, embraced the comfort that came from taking minor tranquilizers. But discourses of the housewife's use came to focus on her ungratefulness and unhappiness in the luxuries many perceived her as having, such as a husband who provided wealth, a new suburban home, and children. Yet, if one was unhappy with this American Dream life, it brought questions of what society held as its ideal. When glamorous unmarried women overdosed on barbiturates, it brought less discussion of their unhappiness, as their unconventional choices spoke to why they were unfulfilled. But when housewives, held on a pedestal, sought pills to change their state, it was more difficult for everyone to understand. Therefore, frustration from husbands and physicians frequently was not about housewives using pills specifically or the "improved" state it may bring but rather that they would speak out and complain about their condition, unable to be fulfilled with what they already had in life, and a role that seemed their biological destiny. It is no coincidence that the patriarchal displeasure of housewives' minor tranquilizer use overlapped the years of women entering the workplace in greater numbers, gaining equal rights, and finding independence and fulfillment in new avenues while questioning the structures of power held by men.

In the 1970s, despite the disapproving narratives surrounding minor tranquilizer use, their sales continued to climb, growing an understanding that unhappiness with domesticity and consumerism were not the only motivations for women's use. The term pharmacological Calvinism helped capture concerns that turning to prescription pills was weak and unnecessary. Areas of blame focused on users who ignored the expanding warnings of licit drugs and took them anyway, influenced by larger social questioning of authority and the use of drugs of all kinds. When Betty Ford and Barbara Gordon came forward about their trials

with prescription pill addiction, they built upon these already existing narratives. Both portrayed incidents beyond the narratives of the 1960s that continued to forward affiliation between tranquilizers, housewives, and unhappiness. Yet, years later, as the histories of women in the postwar era heavily targeted narratives of the unhappy housewife, this discourse would find longevity in cultural memory.

As this chapter reveals, the housewife became heavily associated with minor tranquilizers in the postwar era. The popular consumer status of the pills, their touted safety, and the respect women earned when they reduced anxiety made it a viable option for middle- and upper-class women to seek out. Like many other prescription pills that became culturally connected to women's use, they soon became a source of judgment. Some groups, like early feminists, observed the pills as reducing women's ability to leave their expected roles and gain self-fulfillment outside the home. Others viewed the pills as a sign of women's ungrateful nature for the privileges they should enjoy without drugs. Similar to other prescription pills of the era, most cultural representations objected to women's expanding use. Through these widespread perspectives on consumers grew the imagery of housewives as unhappy and tranquilized with pills. However, this also reduces a comprehension of the anxiety women controlled with medical intervention and how this could assist their lives. Hindsight would decrease the understanding of women's motivations when first purchasing and consuming the pills, instead categorizing it in concepts that centered on the negative elements, not fully grasped when consumption began. Women's conversations about their malaise and minor tranquilizers revealed their awareness that gender expectations required change. For some, this was pushing pills aside but for others consuming pills could bring temporary relief. The cultural narrative of the unhappy housewife helped support larger

discussions on gender roles and is still a historical and cultural touchstone for unfavorable consequences of domesticity, suburbia, and conformity.

While pharmacological Calvinism defined the judgment of taking psychoactive pills, viewing pill-taking that made the user feel good as morally questionable, other actions would receive similar criticism. Perspectives in the postwar era implied that overeating that resulted in weight gain signaled to others in society that one felt dissatisfied or lacked control over their impulses and turned to food for pleasure. The next chapter will explore how women faced discrimination in their social lives and in the workforce if overweight and how the use of diet pills could help them find acceptance and support.

Chapter Three

Doing It All: Amphetamines to Trim Down and Pep Up**Introduction**

In 1967, *Good Housekeeping* magazine published an article outlining an anonymous woman's addiction to diet pills.¹ In the 1960s, connecting a typical middle-class housewife's pill problems to the descriptor of addiction was an uncommon narrative. Like many Americans at that time, the anonymous author said she had viewed drug addicts as an almost fictional element existing in the "underworld."² Yet, over a few years, she would realize the prescription pills she had been consuming each day had led her into a serious addiction problem. While she led an acceptable life as a devoted wife and mother, the licit drugs she took to solve challenges with her size and productivity brought dependency ordinarily tied to illicit substances. Although the diet pills brought her years of benefits, they also generated destructive side effects.

Her problems, she reported, began after giving birth to her first child, leaving her a few pounds heavier and feeling slower and unproductive. The weight she gained during her pregnancy would not disappear, despite her attempts to reduce, which drew concern. She was now a size eighteen but her "husband liked slim girls!"³ Additionally, when her husband came home to a messy house and no dinner on the table at the end of the day, he scolded that she would have more energy to complete her tasks if she lost weight. Once pregnant with her second child, she visited a new doctor, who also expressed concern over her size. He wrote

¹ It is unclear whether the author chose to remain anonymous to protect her identity or if the publishers created the narrative using a composite of stories, as seen in the anonymous drug accounts like *Go Ask Alice*.

² "Addicted," *Good Housekeeping*, May 1967, 12.

³ *Ibid.*

her a prescription for a pill to reduce her appetite, which he warned may also make her feel “jumpy.” Yet, she quickly viewed this side effect as a benefit as it gave a “tremendous lift,” providing her a feeling of happiness and excitement after the first pill.⁴ She discovered she could not only do more around the house but also balance a part-time job, as she was “bursting with energy.” This left her feeling “alive and wonderful” for running the household efficiently and keeping off the extra weight.⁵ Continuing to take the pills while pregnant with her third child, she could maintain her mothering and wifely duties. The advantages of taking these pills seemed almost magical.

The situation began to change in 1966 after coming across an article stating the risks of amphetamine drugs. Only then did she realize that she might be ingesting amphetamines that brought risks to her health.⁶ Eventually, she began to feel exhausted, pained, and forgetful, which led to a brief hospital stay.⁷ This culminated in accepting her addiction and working with a doctor to halt her consumption. When writing her story, the author was gaining strength and slowly recovering from her addiction to diet pills. While she missed the “pretty figure” and “extra zip” of the pills, she felt confident that with willpower she would not need drugs to have those qualities again.⁸

This article showcases important themes and details about prescription amphetamine use during the postwar era. The consumer of the pills, like a majority of American pill users, was a middle-class woman. She needed more energy to maintain a home, raise three children, supplement her husband’s income with a part-time job, and care for her spouse’s needs. Amphetamines allowed her to complete tasks she previously had not been able to, a situation

⁴ Ibid.

⁵ Ibid., 16.

⁶ Ibid., 12.

⁷ Ibid., 18.

⁸ Ibid., 20, 22.

that had disappointed her and her husband. Achieving these markers of successful homemaking was important to her as it was to many middle-class women. Furthermore, she felt pressure to be thin, in particular, to please her husband, as did so many other women. Additional themes in this article recur across many of the sources of this chapter: her doctors did not share that it was dangerous for her to consume drugs long-term, nor that the pills could be addictive. Lastly, it was never a doctor or pharmacist who brought forward the concerns about her pill use, rather she learned of these potential hazards from the American mass media.

American society closely tied prescription amphetamine use, especially dextroamphetamine, to women throughout the 1950s to 1970s. Consumers and the media would commonly refer to them as “diet pills” or “pep pills,” descriptive names for their intended purpose of consumption. The introduction of many “diet” and “low-fat” foods and various diets in books and magazines in the postwar era expressed society’s growing concern for reducing women’s size. Diet pills were one element of this culture to help consumers drop weight and maintain it as well as increase their participation in postwar consumerism. They also fit into the growing medicalization of behaviors like eating and concern for one’s health, offering a pill as a solution to perceived weight problems.⁹ If taken continually, experts noted that amphetamines might become habitual like coffee, but actual addiction was very rare.¹⁰ Doctors also provided amphetamines as part of “rainbow” pill prescriptions in diet clinics in the 1960s, named so for the various colored pills taken together. The mixing of numerous drugs to increase potential weight reduction brought a higher risk of physical side

⁹ Robert Crawford, “Healthism and the Medicalization of Everyday Life,” *International Journal of Health Services* 10, no. 3 (1980): 370, 373.

¹⁰ Chauncey D. Leake, *The Amphetamines: Their Actions and Uses* (Springfield: Charles C. Thomas Publisher, 1958), 65.

effects, alongside less regulation than obtaining pills from one's family physician.

Amphetamines also increased their users' energy and productivity and heightened the need for additional pills. Barbiturates could assist with sleeping if amphetamines kept one awake in the evening. Some consumers only began amphetamine use when barbiturates left them groggy the following morning, and they needed aid to awaken and have a productive day. Minor tranquilizers could also calm the jitters that might accompany amphetamine intake.

Like minor tranquilizers, amphetamines seemed to bring control to women's lives, implementing, for some, the desired outcome to the way they wanted to feel and how others expected them to be. Yet, culturally they held very different imagery and narratives of womanhood. Minor tranquilizers came to represent the unhappy housewife, the drudgery of her tasks, and boredom. Groups pointed to tranquilizer use as evidence of problems with women's roles. Alternatively, narratives associated amphetamines for many years with women's betterment. On amphetamines, women sought and achieved career opportunities while still handling the expected standards of homemaking and staying slim. Adhering to beauty standards while increasing their productivity allowed some women to "have it all" – such were the benefits of taking amphetamines. The energy and dieting influence of amphetamines were intertwined for many users, letting women demonstrate their success and control over their bodies and lives, as well as their capability to meet social expectations. While minor tranquilizer discussions usually centered on how they maintained traditional gender roles, the effects of amphetamines also let women improve them but with the addition of more feminist achievements like holding professional careers. Popular writings from the late twentieth century, such as Betty Friedan's *The Second Stage* and Susan Faludi's *Backlash*, discussed concerns with the superwoman complex and "having it all," that is,

women achieving success in their careers and in homemaking.¹¹ But as evident with women's prescription pill use, especially amphetamines, they struggled with the gender expectations of *doing* it all decades before.

Many women embraced amphetamines as part of seeking self-improvement. Taking these pills made them thinner, which they believed would lead to better social opportunities and self-confidence. It brought more attention from potential boyfriends and husbands and kept them happier once together. The energy they produced also allowed users to accomplish more. It brought admiration, not only due to how it made the user feel (having increased stamina or a slimmer figure), but also how society rewarded their new productivity and thinness. As in other eras, appearance was a way to gain privilege and dieting illustrated the control and discipline one held.¹² Those who did not regulate themselves to a specific look discovered that others judged them as lazy and weak, and it provided fewer opportunities for certain employment or relationships. As one young woman shared, she felt pressure from her mother to be thin as she told her that "you expressed gratitude and obeisance to society by looking a 'certain way.'"¹³ While it is likely some amphetamine users continued to suffer from body image problems as they lost their unwanted weight, it is undeniable that media accounts celebrated weight loss and that certain benefits accrued to thin, pleasing female bodies in American society. Many female users of amphetamines would first consume them for weight loss assistance or the need for extra pep. Once they began using, some would notice the additional advantage, increasing prolonged consumption. For users, both the energy and weight loss desires motivated their continued consumption. As demonstrated in

¹¹ Betty Friedan, *The Second Stage* (New York: Summit Books, 1981); Susan Faludi, *Backlash: The Undeclared War Against American Women* (New York: Anchor Books, 1991).

¹² Katharina Vester, "Regime Change: Gender, Class, and the Invention of Dieting in Post-Bellum America," *Journal of Social History* 44, no. 1 (Fall 2010): 39, 40.

¹³ Judith Thurman, "Never Too Thin To Feel Fat," *Ms.*, September 1977, 51.

this chapter, the ability to display productivity and thinness could demonstrate success as a housewife and employee, improving one's quantity and quality of labor and appearance. Turning to these stimulant drugs could bring women in the postwar era significant assistance. The ability to perform tasks while maintaining a certain look met the expectations of employers, husbands, and society, allowing for their greater economic benefit, social status, and comfort. Prescription amphetamines explicitly demonstrated how women's financial security depended on the gender roles and demands they met. Discussions on these ideals would reveal the ways society was gaining awareness of women's roles and their importance to her comfort and security. For some, this pointed to what needed to change and would benefit from women's liberation.

Understanding amphetamines and their connections to women's body image and productivity in the postwar era is essential in comprehending women's prescription pill use. They also help explain how, while people typically no longer use amphetamines for weight reduction, the market for exercising, dieting, and plastic surgery continues to thrive and expand. Additionally, the need for extra energy would not leave as amphetamines fell out of favor. Women would continue to enter the job market in greater numbers throughout the twentieth century while still fulfilling larger amounts of the household work and finding praise for their attempts to be superwomen and have it all. Many women who consumed prescription amphetamines in the postwar era sought ways to accomplish it all, living up to expanding gender expectations they felt compelled to uphold or elevate. With the help of amphetamines, they could attempt to improve their productivity in homemaking and careers and demonstrate their thinness and sex appeal, all qualities encouraged and valued for women in American society.

Postwar America and the Growing Interest in Amphetamines

Amphetamines are stimulants that comprise numerous drugs created over the last century that treat a variety of problems, most recently attention deficit hyperactivity disorder (ADHD). The three primary forms of amphetamines prominent during the mid-twentieth century were levoamphetamine, dextroamphetamine, and methamphetamine. Benzedrine, a blend of levoamphetamine and dextroamphetamine, was the first amphetamine product to gain popularity in the United States. Dextroamphetamine, sold commonly under the brand name Dexedrine, rose in prominence with America's middle and upper classes during the 1950s. Businessmen and housewives could easily obtain Dexedrine from doctors for tiredness and weight loss throughout the 1950s and early 1960s. Users of methamphetamine frequently obtained the drug illegally during the 1960s and consumed it through injection, which led to fears of "speed freaks" in society.¹⁴

Although Dexedrine became the amphetamine pill most strongly associated with women during the mid-twentieth century, Benzedrine set the initial precedence of what amphetamines could accomplish as well as established lingering stereotypes of the drug and its users. Frequently known by the nickname "bennies," Benzedrine entered the American marketplace in the 1930s to treat narcolepsy before eventually seeing directed use as a stimulant and aid for weight reduction, as people consume less food after taking it.¹⁵ In 1947, *Newsweek* reported on the abuse of over-the-counter Benzedrine inhalers, sold for clogged nasal passages. Instead of taking the drug in small doses, people opened the inhalers and soaked the medicinal strips in coffee for a "kick."¹⁶ College students used this method to cram for exams, and subgroups such as beatniks took the drug in large doses for the euphoric

¹⁴ Nicholas von Hoffman, "The Acid Affair-VI," *The Washington Post, Time Herald*, October 20, 1967, A8.

¹⁵ "Benzedrine and Dieting," *Newsweek*, September 8, 1947, 48, 51.

¹⁶ "Medicine: Jags From Inhalers," *Newsweek*, December 15, 1947, 54.

state it brought.¹⁷ Critics noted this as a misuse of amphetamines and that it was irresponsible of users to take in nondirected manners. These early amphetamine narratives also focused on the productivity that they brought, helping truck drivers work longer hours and students achieve higher grades, a concept that would continue with Dexedrine and women's use years later.

Fears surrounding Benzedrine focused on truck drivers' abuse in the mid-1950s. The *Saturday Evening Post* in 1956 noted that pharmacies sold amphetamines through prescriptions, and when under the supervision of one's doctor, the drug was unlikely to cause any "ill effects."¹⁸ Yet, the concern about amphetamines came from their availability via illegal purchasing by truck drivers. This type of unsupervised use led to horror stories of driving for days without sleep, accidents, and even death after letting "Benny" take control of the wheel.¹⁹ In 1956, the FBI trained Food and Drug Administration (FDA) agents to go undercover as truck drivers. In this disguise, agents learned where to buy amphetamines quickly. By telling one drugstore they were going to resell the drug to their fellow drivers, they obtained two thousand pills. Truck companies expressed their concern over the misuse of the drug when they posted signs for their employees that stated, "Get your rest - bennies can kill."²⁰ Examination of the ease of gaining Benzedrine and its misuse by truck drivers drew scrutiny towards the drug. Numerous types of Americans consumed Benzedrine during the initial postwar era. While it could assist "respectable" citizens, the stories of its misuse caught national attention.

¹⁷ John Kifner, "The Drug Scene: Many Students Now Regard Marijuana," *New York Times*, January 11, 1968, 18.

¹⁸ Arthur L. Davis, "Death in Small Doses," *Saturday Evening Post*, January 21, 1956, 25.

¹⁹ *Ibid.*, 89.

²⁰ "Benny Is My Co-Pilot," *Time*, June 11, 1956, 50.

In addition to the long-haul truck driver, the beatnik community brought Benzedrine abuse to the foreground. One of the most famous works of the beat writers is Jack Kerouac's novel *On the Road*, published in 1957. Although a work of fiction, Kerouac uncovered inspiration for many of the characters and events from his real life. Kerouac presented women and men's drug use differently, with women facing greater judgment for veering away from their expected gender roles. When the male characters Marx and Dean took Benzedrine, it allowed them to communicate "with absolute honesty and absolute completeness."²¹ Like the drug use of counterculture men that flourished in the following years, Kerouac tied this male-centered use to experimentation that awarded expansion and growth. Yet, Kerouac described the character Jane, whom he based on Joan Vollmer, as "wandering on Times Square in a benzedrine hallucination, with her baby girl in her arms and ending up in Bellevue."²² At one point, she consumed three tubes of Benzedrine a day, which made her face look "stony and red and gaunt."²³ Kerouac illustrated that the drug left Jane unattractive and an unfit mother who required hospitalization. While the drug use in *On the Road* may not be glamorous for any of the characters, Kerouac clearly placed harsher judgment on the lifestyle it brought on Jane and the way it harmed her expected female roles.

As Benzedrine use became associated with truck drivers, students, and beatniks, recommendations for Dexedrine grew in the medical community. The form of amphetamine called dextroamphetamine, sold commonly under the brand name Dexedrine, increased in popularity in the 1950s and 1960s, after its approval for weight loss in 1947. Although authorities approved Benzedrine for weight loss use and its producer marketed it for similar purposes in the late 1940s, doctors and consumers embraced Dexedrine in greater numbers,

²¹ Jack Kerouac, *On the Road* (New York: Penguin Books, 2000), 38.

²² *Ibid.*, 7.

²³ *Ibid.*, 129.

as it was noted for its less jittery effects.²⁴ Additionally, Dexedrine did not have the cultural attachment to abuse that Benzedrine did. Pharmaceutical company Smith, Kline & French produced and sold both drugs, holding the patent on these amphetamine compounds until 1949. They continued to receive market attention as they released Dexamyl (an amphetamine and barbiturate blend) and “Spansule” time-release capsules in the 1950s, both of which created leveled energy rather than initial bursts.²⁵ Most frequently used for weight control and as a stimulant, Dexedrine would eventually see an association with middle- and upper-class women. Medical journal advertisements for the drug targeted women as the ideal patients, with women also visiting doctors for their problems most readily and feeling greater pressure from others and themselves to be thin. By the late 1950s, millions of people took prescription amphetamines, and when taken properly, told that it offered little potential for harm.²⁶

Women’s Pressure to Slim Down

Influences to be thin came from the ease it would bring to fit in socially, demonstrating conformity with ideas of “success,” and gaining positive attention from men. Some women felt that maintaining their appearance to specific standards was part of “earning their keep” as housewives. Society tied their identity to their physical appearance. It displayed their happiness, hard work, leisure, wealth, and control. Women’s thinness and productivity allowed them to create a better version of themselves, based on their self-esteem and the opinions of others. Frequently the media, popular culture, and medical establishment told women that larger bodies held disadvantages to love lives, health, and social respect. If

²⁴ Nicolas Rasmussen, *On Speed: The Many Lives of Amphetamine* (New York: New York University Press, 2008), 50, 116.

²⁵ *Ibid.*, 116, 120, 130.

²⁶ Leake, *The Amphetamines*, 5, 18.

women were overweight, it implied that they lacked willpower, evidenced greed and gluttony, were unhappy, and were inactive. Therefore, diet pills would easily provide American women a way to meet the expectations of thinness and acceptability in society.

Medical experts encouraged pregnant women to use amphetamines for weight loss. Women used diet pills for energy and to maintain their size when pregnant, partly because of doctors' recommendations to control weight gain. Dr. Bernard Coopersmith listed the potential dangers of obesity when pregnant as high blood pressure and lengthy and challenging labor. Dexedrine was therefore helpful because it could "decrease appetite, stimulate the patient mentally and physically, reduce boredom, raise 'morale' and be relatively non-toxic."²⁷ Studies on pregnant women and Dexedrine from 1945 to 1947 had participants taking two tablets a day alongside consuming a mere 1000 to 1200 calories.²⁸ Most of those in the study "were happy when contemplating the cosmetic result of weight control" and gained less weight than the control group.²⁹ The strict weight control and use of amphetamines in pregnancy may appear dangerously incorrect to the modern reader, yet women frequently encountered these opinions and advice about Dexedrine during this era. As with discomfoting past ideas about cigarettes, society would eventually learn the risks of amphetamine use, but until then, Americans widely viewed diet pills as safe.

While physicians would recommend weight control during pregnancy, social pressures also exhibited growing attention to the need for weight loss. Part of the expanding influence to lose weight came from the changes to many Americans' lifestyles in the postwar. Suburban environments brought less walkable communities and greater reliance on

²⁷ Bernard I. Coopersmith, "Dexedrine and Weight Control in Pregnancy," *American Journal of Obstetrics and Gynecology* 58, no. 4 (1949): 664.

²⁸ *Ibid.*, 665.

²⁹ *Ibid.*, 667-8.

car travel.³⁰ The “New Look” in women’s fashion, pioneered by designer Christian Dior, led to thinner models and clothing that manufacturers expected women to fit into rather than clothing made for the way women were.³¹ Although exercise grew in practice in the postwar era, it was usually for improving one’s health rather than weight loss.³² Exercising evidenced one’s motivation and discipline, and for women, a sign they cared about their body.³³ While exercise during the 1950s and 1960s expanded as an American activity and demonstrated prevalent body image concepts, many did not see it as a serious way to shed unwanted pounds but instead for toning. *Newsweek* magazine in 1956 described to its readers how the need for weight loss played a role in commercial consumption. Americans’ desire to lose weight led to the increased demand for low-calorie foods and those with reduced sugar and salt.³⁴ The use of prescription drugs for weight loss achieved popularity at this time as well. Physicians were “considerate” for giving pills to those needing to reduce their pleasurable eating habits. Additionally, amphetamines created an increase in physical movement, allowing for the burning of more calories.³⁵ With a nation worried about weight loss, providers of specialty products not only benefited from the business but supplied a welcome service.

Women’s writings and magazines provide an expanded understanding of the culture that surrounded weight-loss pills. Author Jean Kerr’s best-selling collection of writings from 1957, *Please Don’t Eat the Daisies*, touched upon the suburban housewife’s battle with weight. She explained with humor and truth how the “married woman, mother of three,

³⁰ Shelly McKenzie, *Getting Physical: The Rise of Fitness Culture in America* (Lawrence: University Press of Kansas, 2013), 3.

³¹ *Ibid.*, 63.

³² *Ibid.*, 1.

³³ *Ibid.*, 7, 70.

³⁴ Russell Chappell, “The Big Bulge in Profits,” *Newsweek*, July 23, 1956, 61-62.

³⁵ *Ibid.*, 62.

lumpy, dumpy” was the focus demographic to lose weight in most magazines. To Kerr, the reasons why they should lose weight were to live longer, have more energy, and be so “desirable that strange men will pinch you at the A & P and your husband will not only follow you around the kitchen breathing heavily but will stop and smother you with kisses as you try to put the butter back in the icebox.”³⁶ Women’s magazines consistently informed readers on ways to lose weight quickly. One article suggested the “lazybones diet” that could help reduce two and a half pounds over a weekend by consuming a meager 800 to 1000 calories a day.³⁷ Diets of the era were not usually to create a sustainable lifestyle change, but solely to help women quickly reduce their size.

In 1954, *Life* magazine featured the story of a woman who struggled with weight issues and, as standard during the period, discovered benefits from losing weight. The article declared that one must lose weight through diet and “strong will power, which Americans, despite the current national interest in reducing, had not shown.” They heralded the health advantages as reasons to stay trim and exposed the growing problem of the greed and gluttony of overeating.³⁸ The article followed a young woman, Dorothy Bradley, who they considered overweight and self-conscious of her appearance. As she watched others dance, she said, “No boy I’d have would marry me at this size.”³⁹ After consistent strict dieting, she lost sixty-seven pounds and graduated nursing school looking forward to new opportunities.⁴⁰ This piece highlighted important concepts concerning size by correlating weight loss, willpower, and social opportunities.

³⁶ Jean Kerr, *Please Don’t Eat the Daisies* (Garden City: Doubleday & Company, Inc., 1957), 173.

³⁷ “Lazybones Dieting,” *Harper’s Bazaar*, July 1958, 81.

³⁸ “The Plague of Overweight,” *Life*, March 8, 1954, 120.

³⁹ *Ibid.*, 122.

⁴⁰ *Ibid.*, 123.

When young women married, they encountered a social environment that still judged their character based on their appearance. As noted in Chapter 2, Betty Friedan remarked on dieting and weight gain in *The Feminine Mystique* alongside minor tranquilizers. Like interest in calming pills to ease the unhappiness of leading an unfulfilling life, gaining weight was another symptom that presented to people the housewife malaise, using food to fill the void they felt.⁴¹ Others viewed an overweight housewife as a sign that she was idle and had misled her spouse, who had married a thin woman. A diet book from 1966 cautioned readers with the story of one young woman who was 118 pounds when she married yet she had little to do and therefore ate. When her mother lectured that her husband married a “slim, attractive girl,” this pressure made her eat more to act out.⁴² Through the connection perceived between overeating and unhappiness, women faced added pressure to present themselves as thin to demonstrate their satisfaction with life. It was clear that maintaining a slender figure throughout marriage was respectful to husbands who selected women of a certain size, while it also attested that the women were happy and energetic.

Women’s desire to lose weight frequently stemmed from their relationships with men. *Redbook* magazine featured a unique piece in 1969 that shared insights from a group interview between eleven overweight women aged twenty through thirty-four, led by psychiatrist Dr. George Krupp.⁴³ The discussions centered on the experiences of overweight women and how they viewed themselves. One interviewee wanted to lose weight for the man in her life, noting, “Now I think I want to lose weight because of my fiancé. He would like me to be thinner. It’s not that he isn’t proud of me, but if I could lose weight, he’d like to

⁴¹ Betty Friedan, *The Feminine Mystique* (New York: A Dell Book, 1963), 241.

⁴² Sidney Petrie with Robert B. Stone, *Martinis and Whipped Cream: The New Carbo-Cal Way to Lose Weight and Stay Slim* (West Nyack: Parker Publishing Company, 1966), 10, 11.

⁴³ George Krupp, “My Mother Made Me Fat,” *Redbook*, January 1969, 52.

show me off.”⁴⁴ Some of the other women agreed with the sentiment of men demonstrating more interest in them when they were thinner and had more active social lives whenever they lost weight. However, they felt guilty when on dates at a lower weight as they believed the man saw a fake version of themselves. The doctor suggested altering their mindset to instead think of an incentive that, “I have this nice guy and I want to keep him, so I’m going to remain thin.”⁴⁵ When thinking about their bodies, interviewee Claire shared that she viewed her overweight body as a physical handicap, such as a limp.⁴⁶ To many of the women, it was clear that part of their body image came from gaining positive feedback from men.

Expert opinions on women’s size frequently came from men and directly blamed individual women and their mothers. Dr. Krupp shared his analysis with the women, pointing out what he viewed as their inadequate coping skills and the sources of their problems. When one woman tried to express that she thought she was beautiful no matter what her size, the doctor responded with, “How can you do that when you weigh two hundred pounds and are five feet four?” By pointing this out, Dr. Krupp challenged the women to understand that society did not always follow their individual opinions, including men who did not pursue them when they were larger. Dr. Krupp concluded that women were overweight due to their fear of sexual relationships or the lack of independence from having overly involved mothers who fed them too much food to express love.⁴⁷ One woman, Fran, was large even as a child and took diet pills at the age of eight. She felt it very confusing the way her mother told her to lose weight but also kept fattening foods in the home.⁴⁸ Dr. Krupp concluded that even if

⁴⁴ Ibid., 54.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Ibid., 105.

⁴⁸ Ibid., 53.

one's mother made them fat, they could choose to alter their size moving forward.⁴⁹ To Dr. Krupp, their overweight bodies were symptoms of women's inner problems that required solving to live a normal life of attention from men.

Throughout the era, news articles and books frequently touched upon the connection between improving one's romantic relationships and staying thin. One diet book of the 1960s outlined some of the reasons why people wanted to lose weight. This included the "prestige" that came from dieting, and increased appeal to the opposite sex, which brought more dates, a higher chance of marriage, and a greater likelihood of staying married.⁵⁰ When expanding upon these reasons, the author explained that "ungainly, overweight, unmarried young women who are not sought out for dates and fear that no one will ever fall in love with them and that they will never get married" was an especially common social motivator to be slim. Once married, it was the wife that "finds a reason for staying thin in that she doesn't want to run the risk of losing her husband to 'another woman.'"⁵¹ Needing to catch and maintain the attention of men seemed to be a key factor in women's lives and their desire to be thin.

At times, diet recommendations even came from men, including the use of amphetamines to help. Madeline Johnston shared in *Cosmopolitan* how she overate when stressed about problems with her boyfriend. Noticing her weight gain, her boyfriend suggested she take Dexedrine to suppress her appetite.⁵² The pills not only brought the desired weight control but lifted her spirits as well. Yet, with continued use, she realized the unfavorable fluctuation in her moods. When her boyfriend reacted to her moods with

⁴⁹ Ibid., 105.

⁵⁰ Justus J. Schifferes, *What's Your Caloric Number? A Prudent Guide to Losing Weight* (New York: The Macmillan Company, 1966), 105.

⁵¹ Ibid., 111.

⁵² Madeline Johnston, "How I Got Hooked On Pep Pills," *Cosmopolitan*, March 1969, 62.

violence, Johnston stopped their consumption with her psychiatrist's assistance and ended her relationship.⁵³

Due to the social pressures to achieve thinness, millions of American women took amphetamine diet pills. Some felt that using pills kept them from engaging in risky crash diets and that they visited their doctors more often for monitoring.⁵⁴ For one housewife, Pauline Miller, diet pills were the only weight loss option that worked. She visited her doctor frequently over the years she consumed small doses of diet pills. Her opinion was that it was a safer option than starving the way she did when younger and wanting to lose weight.⁵⁵ Pleased with the success the diet pills brought them, some mothers ushered their teen daughters to the doctors to lose weight with prescriptions too.⁵⁶

As women sought out amphetamines and enjoyed the benefits, it also led to growing expenses and reliance on other drugs, but users felt this was worth the cost. Needing to temporarily obtain a job outside of the home to assist her family, housewife Betty Ann decided to sell cosmetics door-to-door, however, she knew there was an expectation to look one's best, so visited a specialist to lose weight. The pills she took not only helped her reduce weight but left her feeling energetic and confident. Betty Ann's husband "complimented her on her glamorous appearance," and she performed well when selling cosmetics.⁵⁷ Soon she had difficulty relaxing, a common side effect of amphetamines, so the family doctor prescribed her pills to calm down. When she no longer worked outside the home, Betty Ann still took both pills, which cut into the household budget. Her husband did not complain

⁵³ Ibid., 63, 64.

⁵⁴ *Diet Pill (Amphetamines) Traffic, Abuse and Regulation* (Washington: U.S. Government Printing Office, 1972), 699.

⁵⁵ Ibid., 700, 701.

⁵⁶ Claire Safran, "Drugs and Your Daughter," *Pageant*, February 1967, 102.

⁵⁷ Carl D. Chambers and Dodi Schultz, "Housewives and the Drug Habit," *Ladies' Home Journal*, December 1971, 66.

about the cost of the drugs, however. Betty Ann noted, “Don doesn’t say much about the cost; we never really discuss it. He likes me thin.”⁵⁸ For Betty Ann, her pills allowed her to do everything, excel in her homemaking, and hold a job that would bring better rewards with her hard work and thin and attractive physical appearance, all while keeping her husband’s approval.

The weight loss that amphetamine diet pills could provide to users came in an era in which social and cultural narratives expressed intense concern regarding women’s size. Young women faced fears over social acceptance due to their weight. This would influence their ability to gain attention from men who held entry into a life of marriage and believed security. Once married, women still felt the pressure to maintain a specific look. If they were larger in size, society viewed them as unhappy, turning to food to find pleasure, as well as lazy and disrespectful to their husbands who would want thin wives. If wives gained weight, narratives informed that marriages would weaken along with the security they seemed to provide. Presenting specific appearances was integral to acceptability from society, intensifying the usefulness amphetamines brought to millions of women as they met gender ideals.

Thinness, Pep, and Productivity for Work

As many women endured concerns about the impact that their size would have on their romantic and personal lives, others felt pressure to remain thin for their professional lives. The use of amphetamines brought advantages to paid labor on two fronts. The first was the trimness in appearance that employers expected. Some examples of employment present as obvious, such as acting or modeling, however, numerous sectors offered rewards for

⁵⁸ Ibid., 68.

thinness. Amphetamines could provide women a way to lose weight to gain and maintain certain career opportunities. As truck drivers, students, and businessmen discovered with amphetamine consumption years earlier, increased productivity also resulted from their use. Known also as “pep pills,” amphetamines assisted in greater energy for women, allowing them to meet standards in their careers while many still shouldered the burden of homemaking duties. The productivity and physical appearance amphetamines could assist with were frequently intertwined as beneficial to women’s success and their influence and control over possibilities available to them.

While the desire to be thin or productive may seem like shallow reasons for some to purchase prescription pills, many women relied on pills for support due to these reasons. According to the 1976 analysis titled *Women, Money & Power*, “Women of all classes and ages spend a great deal of thought and money on trying to look ‘good’: young, beautiful, sexy, or classy - ‘above suspicion.’ Their jobs - economically and psychologically - often depend on it.” They survive “psychoeconomically by looking ‘beautiful’ or ‘sexy’ and by maintaining other essential appearances. (A ‘good’ reputation, or a ‘spotless’ home.)”⁵⁹ There was no specific size of women who the diet industry did not view as potential clients. “Diet pills, diet cures, obesity clinics, health clubs, rest farms exist for women of all classes, all ages and, I might add, for women of all *weights*. (A one-hundred-pound woman is often found dieting as fiercely and as frantically as her two-hundred-pound sister.) There apparently is no such thing as being ‘too thin’ for modern American women.”⁶⁰

Understanding these concepts highlighted in the 1970s allows for a stronger grasp of why women felt such pressure to adhere to certain standards. Women not only needed to use

⁵⁹ Phyllis Chesler and Emily Jane Goodman, *Women, Money & Power* (New York: William Morrow and Company, Inc., 1976), 40.

⁶⁰ *Ibid.*, 42.

amphetamines to remain thin but also discovered that it increased their productivity. Those holding part-time jobs sought them out as they had so much work, paid and unpaid, to complete.⁶¹ According to 1969's *The Drug Beat*, housewives not only desired more energy but were also bored and in need of stimulation.⁶² Yet, this narrative that women were "bored" was relatively rare in women's experiences with the drug, as many consumed the drug in order to work more, not for pleasure. Many career opportunities relied on thinness, and employees experienced discrimination for their weight if it did not measure up to expectations. While feminist narratives would eventually point to the harm of systems that rewarded and limited women's opportunities based on their appearance, many women in the 1950s and 1960s grew increasingly aware of how meeting ideals influenced their options.

Even before entering the workforce, discrimination against women's weight could limit their opportunities. In academics, it was not only students' grades that led to college acceptances but also their size. A Harvard School of Public Health study showed that "fat students are accepted less frequently" into the prestigious Seven Sisters colleges. Since these women's colleges were the counterparts to Ivy League schools restricted to female students during the era, entry held access to elite education. Researchers found that admissions officers observed obese girls during the interview and thought their size meant they would not be a good fit at the school. The study evidenced that "an intelligent-but-fat suburban high school girl has one third less chance of getting into college than her intelligent-but-thin classmate." Admissions officers viewed larger female students as less likely to fit in with others.⁶³ Not even intellectual pursuits within female spaces held acceptance for those who did not adhere to the physical standards of the era. One's physical appearance impacted the

⁶¹ Allen Geller and Maxwell Boas, *The Drug Beat* (New York: Cowles Book Company, Inc., 1969), 248.

⁶² *Ibid.*, 242.

⁶³ "College Admission Hint: Lose Weight," *New York Times*, November 24, 1966, 45.

ability to access respected academic environments, which could lead to better careers or social circles and potential suitors. Thinness was a marker of current success and the ability to continue achievements in future avenues.

Possessing a thin body for women, tied to beauty and femininity, was not only an advantage in their social lives and education, but it could also be a requirement in areas of employment. Airlines made clear their high standards in appearance from the beginning of the application process. National Airlines, for example, stated that an applicant “must be of perfect physical condition, no disfigurements, attractive, even teeth, clear skin texture, well-shaped hands, attractive hair and style, straight attractive legs, straight and well-proportioned facial features.”⁶⁴ Depending on the flight attendant’s height, the requirement was for her weight to stay between 100 to 138 pounds.⁶⁵ After women passed the hiring process and secured employment, worries about maintaining their job developed. Flight attendant Elizabeth Rich noted how she observed charts with weight maximums for varying heights with frequent checks by the employer to ensure one stayed within the “correct” range. While she explained that this was helpful to someone who struggled to maintain a good shape, this was not the experience for all.⁶⁶ Paula Kane recalled that when in training, she lacked enjoyment during meals. “We had to worry about our weight. I am five foot five and my weight limit was 120, which became a continuous struggle when eating was the main pleasure of the day. There were scales all around to remind us of the consequences of overeating.”⁶⁷ Even literature featuring flight attendant characters addressed similar themes.

⁶⁴ Mary F. Murray, *Skygirl: A Career Handbook for the Airline Stewardess* (New York: Duell, Sloan and Pearce, 1951), 234.

⁶⁵ Mary O’Connor, *Flying Mary O’Connor* (New York: Rand McNally & Company, 1961), 140.

⁶⁶ Elizabeth Rich, *Flying High: What It’s Like to be an Airline Stewardess* (New York: Stein and Day Publishers, 1970), 78.

⁶⁷ Paula Kane with Christopher Chandler, *Sex Objects in the Sky: A Personal Account of the Stewardess Rebellion* (Chicago: Follett Publishing Company, 1974), 37.

Girl on a Wing's stewardess Carol learned about dieting during her training classes and the job left her so exhausted that she complained she needed Benzedrine, demonstrating the ways her position required both thinness and high energy levels.⁶⁸ Women flight attendants' weight was under constant scrutiny throughout their careers. Thinness was not only a helpful quality but a requirement to gain work hours and pay in this instance.

The entertainment business also commonly forced control over women's bodies. Many movie stars of the postwar era experienced the abuse of prescription pills, often due to the pressures their studios put on them to remain thin and work long hours. Two-time Academy Award winner Shelley Winters shared in her autobiographies that throughout the 1950s, the studio gave her diet and sleeping pills. Although Winters estimated she weighed 105 pounds when she moved to Hollywood, studio heads told her she needed to lose weight.⁶⁹ Her work schedule would include visits to the studio hospital on lunch breaks where they provided pills rather than food.⁷⁰ She was often so hungry that she could not fall asleep naturally at night and required barbiturates.⁷¹ Like Winters, Judy Garland's film studio fed her amphetamines, starting when she was only fourteen.⁷² In 1964 with *McCall's* magazine, the actress recalled that when she worked as a teen, the filming schedule would have her working full days and nights with a lot of singing and dancing, leaving her exhausted. The studio gave her "pep-up pills" to keep her functioning, then sleeping pills to force her to rest during breaks. When filming needed to resume, they gave her more pep pills to wake up after only four hours of sleep.⁷³ Amphetamines controlled her weight to the limits

⁶⁸ Bernard Glemser, *Girl on a Wing* (New York: Random House, 1960), 220, 229.

⁶⁹ Shelley Winters, *Shelley: Also Known as Shirley* (New York: William Morrow and Company, Inc., 1980), 74.

⁷⁰ *Ibid.*, 87.

⁷¹ *Ibid.*, 304.

⁷² Judy Garland, "Judy Garland's Own Story: There'll Always Be an Encore, Part I," *McCall's*, January 1964, 142.

⁷³ *Ibid.*

her employer felt acceptable and formed rigid work schedules to speed up filming and reduce costs. As with many ordinary housewives, even movie stars started taking pills to lose weight or stay thin, only to find later in life that they had uncontrollable problems with prescription drugs, some of which they had added to counteract the effects of amphetamines.

Unlike the actresses who film studios encouraged to take amphetamines, Jane Fonda began her use for success in school and uncovered their added benefit of weight loss accidentally, but welcomed their assistance in her already unhealthy dieting methods. As Fonda grew, she began to feel “plump and clumsy.”⁷⁴ She would binge food through college at Vassar in the mid-1950s, sometimes vomiting after to gain control, along with undertaking crash diets to lose weight before important events. College was also a period when she first encountered Dexedrine, calling them pep pills, as they helped her cram for exams. With continued use, she realized Dexedrine reduced her appetite, so she used it to lose weight.⁷⁵ Working hard to maintain her appearance, Fonda would feel proud of being one of the thinnest in her school class and tied power and success with a slender figure.⁷⁶ As Fonda transitioned into adulthood, her body continued to be a source of obsession. Fonda began modeling, although she still felt too plump, so along with her diet of “cigarettes, coffee, speed and strawberry yogurt” and use of diuretics, she dropped to under 110 pounds on her 5’8” frame.⁷⁷ Fonda continued using pills for decades to remain thin and attained significant success as a movie star and sex symbol during the 1960s.

Amphetamines could help women work at a level they otherwise may not be able to accomplish and, from their perspective, seemed a viable and acceptable way to find

⁷⁴ Jane Fonda, *Jane Fonda’s Workout Book* (New York: Simon and Schuster, 1981), 13.

⁷⁵ *Ibid.*, 14, 15.

⁷⁶ Jane Fonda, *My Life So Far* (New York: Random House, 2005), 85.

⁷⁷ Fonda, *Jane Fonda’s Workout Book*, 15; Fonda, *My Life So Far*, 116.

assistance. Explanations for their use include themes of the desire or expectation of success, the need for stamina, and improvements in how they felt. Writer Diane DiPrima experienced using amphetamines both as a student and mother. When she was in college, her aunts, who worked in hospitals, would bring her and her family Dexedrine, and a bottle of a thousand pills always sat in their study. They perceived the drug as a tool to improve the family's status and future achievements. "Dexedrine, they said, wasn't a *drug*, not in that *bad* sense. It was an aide, an ally: something to help us get even more things done. Be even smarter, and even more productive."⁷⁸ After college, DiPrima would consume amphetamines only on occasion. However, following her daughter's birth, she felt too exhausted to resume work as a writer, so she turned to Dexedrine to start a routine. She assumed that there was no problem taking them if she did not increase her use.⁷⁹ She remembered not thinking of the pills as a "hard drug" as dangerous or addictive as heroin.⁸⁰ Using amphetamines became a way for DiPrima to continue her writing career and raise her child, to balance a busy life.

With continuous use and larger doses, DiPrima no longer felt her life was better because of amphetamines. She would take a time-release capsule in the mornings and after the baby went to bed for the night to allow her to write and spend time with friends.⁸¹ This pace was not sustainable, however. After using Dexedrine, she began to take Dexamyl instead, an amphetamine mixed with a sedative, which calmed the high and jitters. Due to this balance, DiPrima would consume larger quantities, not noticing physically when she needed to reduce the amount.⁸² Eventually, DiPrima felt sick to her stomach, blaming it on

⁷⁸ Diane DiPrima, *Recollections of My Life as a Woman* (New York: Viking, 2001), 200.

⁷⁹ *Ibid.*, 201.

⁸⁰ *Ibid.*, 204.

⁸¹ *Ibid.*, 201.

⁸² *Ibid.*, 205.

mixing pills and coffee, so she stopped taking the drug to improve her health.⁸³ In an era where women increasingly supported themselves and their families financially, alongside household and childrearing duties, amphetamines were a helpful tool in balancing these demands, even if they only provided temporary relief.

Some users of amphetamines felt compelled to share the positive outcomes they experienced with the pills. One woman from Ohio was happy with her diet pill results, having dropped from 198 pounds to 135 pounds. She explained that she had “a whole new opinion of myself, a new life (popular!), a new job, doubled income. I still take the ‘maintenance’ pills and if I knew that each one of them was subtracting a week from my life, I wouldn’t hesitate for a single moment. I would rather live my present, happy, full life for half as long than to prolong the miserable, self-hating half-life of a fat woman.”⁸⁴ This quote provides an intriguing point of view. Losing weight had a real influence on her self-worth, social life, and salary, and while pills may have undesired physical consequences, she recognized the potential risk as worth the proven reward that touched numerous areas of her life.

Weighing less and possessing energy had benefits for women in their careers. In the workplace, amphetamines could help boost women to accomplish more. Helen Gurley Brown, the author of the advice book for single career women, *Sex and the Single Girl*, theorized that any working girls who possessed decent careers and beauty were at the “very least on pep pills.”⁸⁵ While writing one of her most famous articles, “Slouching Towards Bethlehem,” Joan Didion consumed alcohol and prescription pills to fuel her work. She revealed that “for twenty and twenty-one hours a day I drank gin-and-hot-water to blunt the

⁸³ Ibid., 418.

⁸⁴ “Letters to the Editors,” *Life*, February 16, 1968, 18A.

⁸⁵ Helen Gurley Brown, *Sex and the Single Girl* (New York: Bernard Geis Associates, 1962), 90.

pain and took Dexedrine to blunt the gin and wrote the piece.”⁸⁶ Writer Jacqueline Susann told *Pageant* magazine in 1967 that she took amphetamines when promoting *Valley of the Dolls*, which helped her increase buzz about her work.⁸⁷ The publicity tour for this book set new standards in marketing and led to substantial sales figures. It was clear that many women felt they could profit from the productivity amphetamines helped them create.

Women felt pressure to present thin bodies as part of their professional lives. Employers intensified the social influences by specifying weight maximums in rulebooks and punishments for those who did not adhere. Additionally, women felt that they benefited from the extra energy they acquired from amphetamines. Writers like Joan Didion and Diane DiPrima used the drug to assist in working longer hours and pushing through their tiredness. In an era where women struggled to find respect or stability in the workplace, amphetamines could bring a much-needed boost in productivity and appearance that set them apart from others. A 1959 research study to motivate pep pill use felt that drug companies could encourage customers to take them as they allow the users to see their full potential. “It allows you to work at your best, to be your best; it liberates the real you.”⁸⁸ Prescription amphetamine pills, alone or paired with sedatives, assisted women in having and performing it all and finding ways to be what they and society rewarded as a better version of themselves. Evolving women’s roles in the postwar era liberated women to achieve more and amphetamines brought assistance to both new opportunities and traditional standards.

⁸⁶ Joan Didion, *We Tell Ourselves Stories in Order to Live: Collected Nonfiction* (New York: Alfred A. Knopf, 2006), 6.

⁸⁷ Safran, “Drugs and Your Daughter,” 102.

⁸⁸ Institute for Motivational Research, Inc., “A Creative Memo on the Psychology of Pep Pills,” (December 1959), 6.

Confronting the Dangers of Women's Amphetamine Use

Following the integration of diet and pep pills into American women's lives, which assisted in meeting and solidifying standards in their appearance and productivity, came an escalation in questioning amphetamines' safety and large-scale use. Unlike barbiturates, whose troubles made headlines for years as users overdosed, amphetamines' risks varied more among consumers, types of the drug, quantity, and length of use. Therefore, public opinion tended to differ on whether it was safe for women to use them and in what amount. Magazines and books presented warnings of amphetamines with extreme cases that stoked fear but also mollified readers that average, physician-supervised use was safe. The shift to selling amphetamines in obesity clinics, alongside numerous other pills that worked to help one lose weight quickly, however, brought greater risk to consumers and concerns of the physical damage they may create. This amplified adverse reactions towards prescription amphetamine use among women and judgment for potential harm they may endure for the sake of "vain" pursuits like thinness. Some critiques incorporated displeasure at the laziness to take pills for weight loss or energy rather than finding self-discipline and motivation. The press amplified this concept as they vilified obesity clinics for having less regulation and scruples than family doctors. Several perspectives portrayed women as victims of systems that betrayed the trust or naïveté consumers held. But alternatively, many perceived women as to blame for the situation they put themselves in. As with judgments towards users of different prescription pills when negative side effects captured greater awareness, they held sexist assumptions about why women used the pills, not grasping the pressures women lived with. While they could come from a place of concern for the harm pills could bring, that did not erase the critical tone and shaming of women and their amphetamine consumption.

Like other prescription pills in the mid- to late-1960s, amphetamines also received media attention on the ethics of their use. Critics viewed them as unnatural to rely on to solve life's problems. In 1966, a *Good Housekeeping* article focused on the safety of dieting pills. The author stated that the success of weight-loss drugs was due to the high rates of overweight Americans, as well as the public growing "accustomed to the magnificent results achieved by various wonder drugs, such as penicillin. Consequently, many overweight persons are willing to accept the possibility that someone has produced the magic pill - a drug that causes weight loss without dieting."⁸⁹ Proper diet and exercise were the only ways to keep weight off in the long term.⁹⁰ One news report from 1968 noted that diet pills were not "safe or effective" for weight loss specifically. The theory that seemed the best to follow for weight loss was to eat less.⁹¹ Although media narratives frequently referenced potential problems with diet pills, most of this criticism pointed to how they lacked reliability for prolonged results, like fad crash diets. They also implied a level of laziness in people's desire to look for an easier solution that would reduce their self-discipline and work ethic in losing weight on their own.

During the 1960s, the diet industry expressed concerns about obesity clinics and their lack of oversight, although not always about the physical dangers involved. A diet book titled *Martinis and Whipped Cream*, quite possibly the most alluring diet option in the era, stressed the problems of diet pills and their lack of potential for weight loss.⁹² One married woman, Betty, used appetite suppressants and diuretics for over four years. They gave her ankle and

⁸⁹ "The Better Way: Dieting Drugs: How Good and How Safe?" *Good Housekeeping*, January 1966, 131.

⁹⁰ *Ibid.*, 132.

⁹¹ "Fat Business," *ABC Evening News*, ABC, November 11, 1968. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #483.

⁹² With the release of Herb Albert & the Tijuana Brass's *Whipped Cream & Other Delights* in 1965 and the introduction of Cool Whip in 1966, the mid-60s appear to be a golden age for whipped cream.

wrist pain as well as heart palpitations. By halting her pill consumption and cutting carbs instead, the book's diet plan, she lost both weight and her discomfort.⁹³ The book highlighted the lack of sustainability in using pills for weight loss. The "use of pills is somewhat like trying to stop a baby from crying by putting your hand over its mouth." When one stops, their appetite will be stronger than before, and if they continue for too long, it can be lethal.⁹⁴ Diet books like this criticized a growing competitor of the standard dieting industry, weight-loss clinics that provided pills as a solution to undesired weight, promoting their diet methods instead. While these concerns about women using amphetamines hold some care for potential harm, they also still forward concepts that women should be losing weight.

With the popularity of clinics and rainbow pills for weight loss, journalistic writings warned of their potential physical harm. Obesity specialists did not administer full physicals and follow-up care to their patients but provided little medical attention, increasing possible risks.⁹⁵ To clarify, obesity clinics were for any person who felt overweight, not a clinically obese definition tied to the Body Mass Index (BMI) that the medical community presently uses. Within these clinics, doctors would, after a brief consultation, prescribe "rainbow" pills to patients, a variety of different colored medications. This included diuretics to lose water weight (which can cause severe dehydration and kidney stones), laxatives (which reduce nutrient absorption from food), and amphetamines. *Coronet* magazine noted the latter as the same drug beatniks, truck drivers, and students abused, which could lead to insomnia, jitters, and "require a long, painful cure" for some.⁹⁶ One patient noticed she was gaining weight on the pills rather than losing. She later discovered that she was pregnant, which the doctor had

⁹³ Petrie with Stone, *Martinis and Whipped Cream*, 29.

⁹⁴ *Ibid.*, 234.

⁹⁵ Lester David and Irene David, "Beware the 'Reducing' Doctors," *Coronet*, December 1960, 40.

⁹⁶ *Ibid.*, 43-44.

not screened her for when prescribing the pills.⁹⁷ A specialist told a *Coronet's* reporter that drugs given were “harmless, not habit forming,” yet the magazine’s research discovered that unfortunately, that was not always the case.⁹⁸

Media writings and their concerns about weight-control clinics that prescribed rainbow pills grew more serious over the decade. In the book *The Overweight Society*, Peter Wyden explained the problem of “filling stations,” where doctors prescribed amphetamines and other drugs for weight loss that increased the risk of strokes and heart attacks.⁹⁹ Unlike the prescription for most diet pills through family physicians, these clinics held less respect and regulation. By the late 1960s, magazines like *Good Housekeeping* reported that doctors at weight-reduction clinics were not always aware of all drugs’ dangers and were too quick to give them to patients.¹⁰⁰ The doctors said that they were “not habit forming” even though they typically contained amphetamines, which the American Medical Association stated people should not consume for more than a few weeks for weight reduction.¹⁰¹ Physicians additionally gave barbiturates to help sleep since amphetamines can interfere with rest, along with diuretics, digitalis, and thyroid drugs, all of which can be harmful, and patients should have been properly advised about the risks.¹⁰² Although these writings on obesity clinics and rainbow pills could provide critical informative background for users and prospective consumers, they also followed many worse-case scenarios.

Despite these magazine articles pointing out potential dangers in clinics, intense public attention towards them did not come until 1968. It was then that *Life* magazine

⁹⁷ *Ibid.*, 44.

⁹⁸ *Ibid.*, 42.

⁹⁹ Peter Wyden, *The Overweight Society: An Authoritative, Entertaining Investigation into the Facts and Follies of Girth Control* (New York: William Morrow & Company, 1965), 207.

¹⁰⁰ “The Better Way: The Dangers in Those Dieting Pills,” *Good Housekeeping*, July 1967, 149.

¹⁰¹ *Ibid.*, 150.

¹⁰² *Ibid.*, 151.

published an exposé on rainbow pills, sending their undercover reporter to purchase pills from various diet clinics. The FDA estimated that five thousand to seven thousand “fat doctors” in the United States sold over two billion diet pills a year. Susanna McBee reported stories of young college women who consumed rainbow pills and died suddenly, possibly from potassium loss. Taking these pills in combination or in excess could have toxic or lethal consequences. Although some doctors would monitor patients taking these pills for medical issues, others treated numerous patients and quickly sent them off with pills and no follow-up appointments.¹⁰³

To learn more about prescribing practices, McBee, who was 5’5” and 125 pounds, went undercover and visited ten doctors to understand the purchasing of rainbow pills. In total, she bought 1439 pills. The FDA had raided a Kansas City doctor only a month before her visit, where he had 2.5 million pills seized. Yet, after a weigh-in and short questionnaire, McBee obtained 140 pills from his clinic.¹⁰⁴ Although some doctors told her that she was not overweight, they gave her the rainbow pills regardless, charging \$10 to \$20 for the appointment.¹⁰⁵ It was clear that neither her size nor previous federal charges impacted the ease with which doctors would sell her rainbow pills. McBee obtained more pills than she needed with a short visit to a clinic and some money. However, the magazine, by pointing out what they considered McBee’s lack of need for the pills, also displayed who they felt was an appropriate patient. If she weighed twenty or forty pounds more, would the article still perceive it as appalling that the doctors gave her pills without concern? They also frame the concentration on the number of pills she obtained to come across as shocking. Still,

¹⁰³ Susanna McBee, “Diet Pills,” *Life*, January 26, 1968, 23.

¹⁰⁴ *Ibid.*, 24.

¹⁰⁵ *Ibid.*, 26, 27.

considering that most prescription pills in the 1960s had unlimited refills, this was not an atypical practice for only obesity clinics.

These new and more specific fears revealed in the media's investigations into rainbow pills resulted in new and harsh judgments of the consumers who sought them out. The authors of *Martinis and Whipped Cream* described clinics that specialized in diet pills as assembly lines "with a so-called obesity specialist who substitutes pills for discipline" when patients cannot reduce food intake on their own.¹⁰⁶ They did not stress the physical dangers as deterrents so much as the lack of restraint from using drugs rather than following their suggested diet plans. In response to the popular *Life* article on rainbow pills, the magazine published letters to the editor the following month. One doctor who wrote *Life* insisted that many physicians treat overweight patients properly with drugs but anyone looking for a quick fix "gets, and may possibly deserve, what it is buying."¹⁰⁷ This insensitivity towards users of legally prescribed pills blames them for misuse and side effects. Additionally, coming from a physician demonstrates shame patients may have held speaking honestly with their doctors about struggles. Attitudes like this may make patients feel worse about losing control over their weight or pill consumption. It is not surprising that many women learned to handle unwanted side effects with other pills or gained diet pills from doctors with less oversight, where questioning was minimal. These opinions suggest that some believed people deserved the harmful side effects of losing weight unnaturally. They implied that women lacked restraint in not regulating their body weight, yet the pressures women felt to find a way to control their weight and productivity caused their use of amphetamines, to begin with.

¹⁰⁶ Petrie with Stone, *Martinis and Whipped Cream*, 244.

¹⁰⁷ "Letters to the Editors," *Life*, February 16, 1968, 18A.

While the media focused judgment on amphetamines and the obesity clinics that provided them, prescription amphetamines were legal substances. Yet, the socially accepted supervised use of middle- and upper-class adult women in the 1960s started to fade at the end of the decade. Jane Fonda received public scrutiny in 1970 for possessing the drug, highlighting the shifting reputation of amphetamines alongside scrutiny for the user. When Fonda landed at the Cleveland airport arriving from Canada in November 1970, she had her bags searched. According to Fonda, she had 105 plastic bottles in her suitcase, marked B, L, and D (breakfast, lunch, and dinner), along with vitamin supplements.¹⁰⁸ News reports remarked on Fonda's arrest for smuggling drugs, hitting a customs officer, and kicking a police officer. CBS reported that some of her pills were tranquilizers and Dexedrine, the latter noted as a diet pill.¹⁰⁹ Fonda stated, "Dexedrine is not a drug; it's a medicine to help you stay awake when you haven't slept for two nights. I had bought it in the States with a prescription."¹¹⁰ Fonda was charged with assault and pill smuggling and spent ten hours in a county jail before she was released.¹¹¹ NBC News shared Fonda's outrage at authorities harassing her for having legal substances and remarked it was for speaking out about issues of race and against the Vietnam War.¹¹² Despite Fonda being a mother, she recently became an activist, and she was not afforded the acceptance of prescription pill use housewives encountered previously but was treated as a drug smuggler. Mainstream attitudes towards prescription amphetamines shifted, evidently viewing them no longer as a simple diet or pep pill.

¹⁰⁸ Fonda, *My Life So Far*, 261.

¹⁰⁹ "Fonda/Arrest," *CBS Evening News*, CBS, November 3, 1970. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #207345.

¹¹⁰ Thomas Kiernan, *Jane: An Intimate Biography of Jane Fonda* (New York: G.P. Putnam's Sons, 1973), 313.

¹¹¹ "Accused of Smuggling: Jane Fonda Charged in Pill Case," *Boston Globe*, November 4, 1970, 2.

¹¹² "Fonda/Arrest," *NBC Evening News*, NBC, November 3, 1970. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #449014.

Governmental interference in how amphetamines were labeled, controlled, and sold evolved by the 1970s, forcing stronger regulation of drugs that were already decreasing in popularity. In 1965, the Drug Abuse Control Amendment classified barbiturates and amphetamines as “dangerous drugs,” but physicians frequently still prescribed them.¹¹³ The Controlled Substances Act of 1970 amplified the risks of amphetamines, bringing intense restrictions to obtaining them medically. When the FDA placed new restrictions on amphetamines in 1970, *Newsweek* reported that youth used the drug looking to get a high alongside “dieting housewives,” implying that both were superficial consumers and therefore acceptable to restrict access to.¹¹⁴ Amphetamines became Schedule II drugs in 1971, where they remain today, which notes that they have a high potential for abuse, significantly reducing the narrative that amphetamines were non-habit forming, an opinion widely touted for prescribed consumption. By the mid-1970s, even doctors shared concerns with amphetamines, stating their risk of addiction, birth defects, and potential to commit violent crimes. This came with recommendations for further regulation and federal control.¹¹⁵

The media and popular culture expressed deeper concerns over amphetamine consumption among women as legal access waned in the 1970s. In 1973, *Newsweek* announced that seemingly magical drugs like amphetamines were not a viable option for weight loss as consumers could not take them long term and they would cause “irritability and insomnia to heart palpitations and psychological dependence.”¹¹⁶ In 1973, *McCall's* magazine outlined the risks of taking pills to its readers and ways to reduce their abuse. The

¹¹³ Jim Hogshire, *Pills-A-Go-Go: A Fiendish Investigation into Pill Marketing, Art, History, and Consumption* (Venice: Ferrel House, 1999), 187.

¹¹⁴ “Medicine: Slowdown for Pep Pills,” *Newsweek*, August 17, 1970, 77.

¹¹⁵ “Amphetamines/Senate Hearing,” *NBC Evening News*, NBC, November 9, 1976. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #486522; “Amphetamines/Senate Hearings,” *ABC Evening News*, ABC, November 10, 1976. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #40722.

¹¹⁶ “Medicine: Dietmania,” *Newsweek*, September 10, 1973, 78.

article's author, William Nolan, described a woman as having emotional problems that led to her overweight state. She was not a suitable candidate to take diet pills, however, a doctor gave her them anyway. She took larger doses over time, rarely sleeping, and eventually, she needed to attend a psychiatric ward for drug misuse.¹¹⁷ Another woman, Mary, requested a pep pill from her doctor when she found herself tired during pregnancy and needed help to complete her housework.¹¹⁸ After taking the amphetamine pills, her husband noticed she argued and cried more during the evenings, so he had her stop the pill use, and "her normal good nature returned."¹¹⁹ Nolan warned that most doctors were not quick to administer injections of amphetamines to give their patients a speedy "emotional lift" and, therefore, should be just as cautious about prescribing them in pill form. Although "Dr. Feelgood" could provide drugs to remove any undesired mood one may have, fellow doctors or patients should report unethical prescribing of mood drugs, as amphetamines, barbiturates, and tranquilizers should only have infrequent usage.¹²⁰ It was not only the drugs' side effects that drew criticism but the falsehood they brought with the article stating, "The person who uses drugs to get through the daily routines of life isn't participating in the real world at all. He's in a dream world - and sometimes the dream becomes a nightmare. It's a wasteful, sad and dangerous way to live."¹²¹ Although this article featured similar themes against drug use occasionally brought up in earlier years, such as the unnatural state of being they manufacture, they also brought new criticism of doctors and suggested reporting them if they improperly prescribed amphetamines.

¹¹⁷ William A. Nolan, "Tired? Nervous? Here's a Pill..." *McCall's*, April 1973, 16.

¹¹⁸ *Ibid.*

¹¹⁹ *Ibid.*, 18.

¹²⁰ "Dr. Feelgood" became a well-known term for doctors who provided amphetamine injections, but also most specifically, Dr. Max Jacobson, who went by this nickname.

¹²¹ Nolan, "Tired? Nervous? Here's a Pill..." 22, 152.

By the end of the 1970s, other narratives portrayed the housewife who took licit amphetamines for weight loss not only as a victim of her doctor's advice but also as comparable to a "junkie." Hubert Selby Jr.'s *Requiem For a Dream* was published in 1978 and follows a fictional mother and son who both struggle with drug addiction. The mother, Sara, is a widow and without employment, finding her days empty. After Sara receives an invitation to appear on a television quiz show, she quickly realizes the need to diet.¹²² The doctor Sara visits notes she is a little overweight and in good condition for diet pills.¹²³ Within a week, Sara loses ten pounds from taking her rainbow pills.¹²⁴ When Sara's son Harry notices her teeth grinding, he questions what pills she takes. Sara insists they are perfectly safe as they come from the doctor, although she does not know what they are named, only the colors.¹²⁵ Sara's energy bursts from the pills lead to the doctor also prescribing Valium to help calm her down.¹²⁶ Eventually, the influence of the drugs, physically and emotionally, along with the lack of food intake, lead to a public breakdown and long-term hospitalization.¹²⁷ The juxtaposition of the mother's deterioration on her physician prescribed amphetamines while her son and his friends live a life of crime and illicit drug addiction unsubtly ties together the drug use of the housewife to the typical junkie.

As women who used amphetamines looked back on the dangers they faced with the pills, their narratives continued to present harm usually connected to illicit drugs and the inadequate medical system they encountered. Johanna Garfield's memoir, *The Life of a Real*

¹²² Hubert Selby Jr., *Requiem For a Dream* (Boston: Marion Boyars, 1978), 27.

¹²³ *Ibid.*, 122.

¹²⁴ *Ibid.*, 133.

¹²⁵ *Ibid.*, 139.

¹²⁶ *Ibid.*, 169.

¹²⁷ *Ibid.*, 215.

Girl, is one of the most significant accounts of a young woman grappling with the abuse of diet pills. Garfield struggled to control her weight as a teenager, so she went to a diet specialist to obtain pills to help, and the effects were immediate.¹²⁸ “It was miraculous, marvelous, the very magic I had been looking for - a wonder pill that would set me free from fat forever. At the end of the week, I had lost six pounds.”¹²⁹ After years of use, Garfield took amphetamine pills in larger doses, which led to extreme side effects: an inability to sleep, sores on her body which she would constantly pick at, and even hearing chanting when in the shower.¹³⁰ After four years of amphetamine and barbiturate use, she entered a psychiatric hospital to rest and understand how to be a better version of herself without the aid of pills.¹³¹ Multiple pills, along with unhealthy eating habits, would take a physical toll on Jane Fonda’s body as well. She took diuretics for almost twenty years, alongside amphetamines, continually increasing the dosage as they are less effective the more one takes. Over the years, she had many doctors who gave her stimulants and diuretics, yet they never warned her about the side effects. While in Europe in 1976, Fonda met a naturopathic doctor who explained that her diets and pills damaged her body, leaving her feeling she was the “victim of medical malpractice.”¹³² Although women like Garfield and Fonda took amphetamines for years and felt the benefits had positively impacted their life, the pills also brought unintended consequences and damage.

The investigation of obesity clinics and rainbow pills brought a better comprehension of the dangers of prescription amphetamines to Americans. Articles and books on dieting and pills questioned the ethics regarding drugs and addressed the side effects that pills could

¹²⁸ Johanna Garfield, *The Life of a Real Girl* (New York: St. Martin’s Press, 1986), 50.

¹²⁹ *Ibid.*, 57.

¹³⁰ *Ibid.*, 114.

¹³¹ *Ibid.*, 145, 152, 290, 291.

¹³² Fonda, *Jane Fonda’s Workout Book*, 16.

cause. Yet, with the focus on clinics and rainbow pills during the 1960s, women also received mixed messages on whether limited quantities were safe. Although critiques of prescription amphetamines often came with concern for the negative side effects, they also held judgment towards the users. Some viewed consumers as unable to contemplate the risk of use, and others felt women deserved the consequences that befell them for their laziness or shallowness in wanting them in the first place. In addition to narratives that framed licit amphetamines as risky and comparable to illicit drug judgments, government regulation would reduce women's comfort with amphetamines and their ability to fill prescriptions.

Conclusion

Amphetamines in the form of diet pills gave their users increased energy and reduced their appetite. As we saw with the opening story from *Good Housekeeping*, this allowed one of their largest consumers in the 1960s, middle-class women, to keep their houses clean, make meals, raise children, increasingly hold jobs outside the home, and keep their husbands happy, all while staying thin. Some women became dependent on the extra boost amphetamines gave them to get through their busy days, many required aid for losing weight and maintaining a slim figure, and others appreciated the multiple benefits. Although some consumed the pills according to their doctor's orders and suffered minimal side effects, additional users developed a tolerance to the drugs and needed to consume exponentially larger doses to gain the same results, as well as other prescription pills to balance out the unpleasant side effects. As noted in one 1970s' book on amphetamines, an American woman "knows that there is more to life - or could be more - if only she had the energy, if only she

did not feel so worn-out, frustrated, trapped, and used.”¹³³ Pills seemed a continued acceptable helper rather than reassessing the expectations placed on women. As this chapter demonstrates, amphetamines let women live what they perceived as a better life, elevating their ability to find not only a solution for just one problem but many.

Dexedrine and alternative diet and pep pills played a significant role in connecting middle- and upper-class women to prescription pill use in the 1950s and 1960s. By the late 1960s, the media’s growing concerns over the physical damage diet pills could bring and the lack of regulation of rainbow pills and obesity clinics pushed public opinion towards viewing these drugs as dangerous substances. Unlike minor tranquilizers that doctors continued to prescribe to adult women throughout the 1970s with various shifts in amounts, refills, and warnings, amphetamines lost favor as a tool for women’s weight control and productivity, even though drug companies and doctors had medicalized both issues as problems they could help control. Criticism of women’s amphetamine use generally did not show concern that women wanted to lose weight or accomplish more, the welcomed effects of the pills, but the unnaturalness of using pills for the outcome instead of hard work and discipline or potential for harm. While minor tranquilizers for many represented women giving up on possibilities and change, amphetamines could open doors to new opportunities. Amphetamines let women reduce their size and increase their productivity and sociability during an era when they became important to women’s success at home and the workplace, distinctly illustrating women’s dependency on meeting expected gender roles. The use of diet and pep pills also set new standards on what some women could achieve. While access to amphetamines declined,

¹³³ Lester Grinspoon and Peter Hedblom, *The Speed Culture: Amphetamine Use and Abuse in America* (Cambridge: Harvard University Press, 1975), 290.

the pressures to perform “it all” remained. Women would have to look to different avenues to accomplish these feats into the 1980s and beyond.

The restrictions placed on amphetamines did not end the social expectations of women. Society still expected women to run their homes with limited assistance from their husbands or children, women increasingly took jobs outside the home to raise or maintain the family’s standard of living, and they remained beholden to ideals of thinness and beauty. Although fewer women continued to use amphetamine diet pills, the obsession with weight loss continued throughout the twentieth century, maintaining unhealthy eating habits and disorders, and the use of risky elective cosmetic surgeries to fix what diet, exercise, and luck could not. Implementing new laws and restrictions on amphetamines did not, and could not, improve the social expectations that influenced women to start taking prescription pills, to begin with. However, that was not the reason restrictions existed. Prescription drug companies targeted the social conditions they could assist with to sell their products, but as government regulation and classification systems evolved, women no longer held the decision to consume the pills that brought them aid. By understanding socially and culturally why women initially sought amphetamines, one recognizes their drug use in the context of their roles and lives in the mid-century and how gender expectations would not leave with the disappearance of Dexedrine from millions of women’s medicine cabinets and purses.

Like many women in America, Jane Fonda realized the ill effects of diet pills in the 1970s and looked for new methods of controlling her weight. Fonda wrote, “in an effort to conform to the sought-after female image, I abused my health, starved my body, and ingested heaven-knows-what chemical drugs. I understood very little about how my body functioned, and what it needed to be healthy and strong. I depended on doctors to cure me, but never

relied on myself to stay well.”¹³⁴ When Fonda turned to ballet classes, she felt more disciplined with her body. She happily noticed that ballet would suppress her appetite afterward, as well.¹³⁵ As exercise classes began to grow in popularity, Fonda also instructed others and was amazed at the impact it made. Students lost weight, improved their health, and some even reduced their amount of medications.¹³⁶ Fonda liked how people spent less attention on their dieting when exercising.¹³⁷ Yet, she stressed that it was not a shortcut to a different body. One had to commit to hard work, lots of sweat, and sore muscles to make a real change.¹³⁸ Sharing the opinion of numerous critics against amphetamine diet pills, Fonda spoke against the unnaturalness of drugs to stay thin, and that physical work was instead the better option. However, the change was how to still achieve an ideal figure, not to reimagine whether one should devote time to altering their body.

Despite the judgment that came to adult women’s diet pill consumption, there was little acceptance of women’s natural bodies. In the 1970s, feminist works shared perspectives on gender and appearances. An article on the progress of women in American history shared that “Our pleasure and our womanhood are still defined by what men want from us.”¹³⁹ The authors claimed women could stop distorting themselves if “we did not still need to purchase from men what should be ours by right - equal opportunity for making money, for doing work we like, and equal responsibility on the part of individual men, and from the society, for taking care of the children.”¹⁴⁰ Although it was clear that society no longer supported

¹³⁴ Fonda, *Jane Fonda’s Workout Book*, 9.

¹³⁵ *Ibid.*, 21.

¹³⁶ *Ibid.*, 23.

¹³⁷ *Ibid.*, 53.

¹³⁸ *Ibid.*, 55

¹³⁹ Connie Brown and Jane Seitz, “‘You’ve Come A Long Way, Baby’: Historical Perspectives,” in *Sisterhood is Powerful: An Anthology of Writings From the Women’s Liberation Movement*, ed. Robin Morgan (New York: Vintage Books, 1970), 28.

¹⁴⁰ *Ibid.*

women turning to amphetamines to lose weight, women still felt pressure to maintain the appearance that the pills had helped some achieve. Yet, as we will examine in the next chapter, these growing feminist opinions and actions would influence gender concepts, expectations, and perceptions of prescription pill use among women.

Chapter 4

“Liberation not Librium”: The Women’s Movement and Pill Use**Introduction**

As described in the previous chapters, many narratives about women’s prescription pill use focused on elements of women’s unhappiness – in love, in singlehood, in homemaking, or regarding their appearance – as reasons they began and continued consumption. This differed from the motivations women shared about their pill use due to insomnia, stress, productivity, or their desire for control. As the feminist movement developed throughout the 1960s and 1970s, the feminist narratives of women’s prescription pill consumption centered more on these familiar “unhappy” archetypes rather than on the concrete, internal motivations many women had for seeking out aid. Criticisms also included anger over physicians controlling women’s bodies with pills to encourage behavior that served men. As Linda Gordon shared, “many feminists of my generation at first saw ourselves as the victims of male supremacy, battling an ideology of femininity created by men for their benefit.”¹ Feminist reactions would bring critical awareness about the risks of drugs to women’s bodies alongside noting the lack of understanding many women had about their medical treatments. They also continued narratives of the unhappiness in women’s lives that led to their use and frequently presented women as victims of the medical establishment and patriarchy. As feminists provided heightened perspectives of victimhood, they also reduced an understanding of the avenues of agency and choice some women expressed in their prescription pill consumption, as well as the desired benefits they may have received in

¹ Linda Gordon, *Woman’s Body, Woman’s Right: A Social History of Birth Control in America* (New York: Grossman Publishers, 1976), xiii.

their use. Instead, feminists pointed to women's drug use as an indication of greater activism that the nation required.

Knowledge and perceptions of individual drugs influenced the fluctuating popularity of barbiturates, minor tranquilizers, and amphetamines, but there were also additional social transformations that changed dominant discourses about women and drug use during the 1960s and 1970s. One area that necessitates further exploration is feminist responses and criticisms of women's prescription pill use and how the women's movement impacted cultural concepts of the topic. Voices in the women's health movement questioned traditional medical practices and the risks of drugs to women's bodies. They expressed how social demands left women exhausted, and in return, physicians gave them dangerous pills.² Feminists aimed their frustrations toward doctors and criticized them for "pushing" pills like criminal drug dealers onto women who only sought help for their problems. As Sheryl Burt Ruzek argued in her 1978 book, *The Women's Health Movement*, "Drugged into lethargy, women are robbed of the motivation to reexamine their lives and make needed changes. In short, psychotropic drugs remove symptoms without touching causes."³ Understanding these ideas about women and drugs in the 1960s and 1970s clarifies another aspect of pills' reduction in popularity in this period. These women's health and feminist discourses influenced the shift towards society viewing prescription pills as drugs harmful to women, causing more problems for users than they could ease.

² Coalition for the Medical Rights of Women, *The Rock Will Wear Away: Handbook for Women's Health Advocates* (San Francisco: Coalition for the Medical Rights of Women, 1980) from Series II. CORRESPONDENCE, 1962-2007, n.d. (#9.10-22.8, PD.4-PD.5). Wolfson, Alice, 1973-2006. Additional papers of Barbara Seaman, 1933-2008 (inclusive), 1966-2006 (bulk), MC 695; CD-61; DVD-76; T-468; Vt-242, 22.1. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

³ Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger Publishers, 1978), 77.

It is important to note that some feminist criticism that targeted women and prescription pills did not come from users of these substances. Like narratives about specific pills that spread throughout the media, these views were not always true to women's own experiences and motivations for taking pills, even though they could provide consideration and concern for pill consumers. While they typically held more sympathy and understanding for women's positions than earlier narratives, at times, some also employed stereotypes and lacked first-hand perspectives within critiques. As the discourses those in the Second-Wave Women's Movement forwarded saw greater acceptance in the late 1970s, cultural and historical concepts on women's pill use would also accept feminist narratives. Feminist voices are not the only lingering point of view on women's prescription pill use of the past. Yet, they play a key role in understanding how pill narratives evolved and overshadowed elements that stressed greater consumer agency in pill use.

As outlined with the drugs in the previous three chapters, in the mid- to late-1960s public debates about the use and necessity of prescription pills emerged and then exploded. Criticism focused on their unnatural qualities, at times linked to technological advancement that some deemed unethical to embrace or dangerous due to uncertain consequences in the future. It also connected to the expanding questioning of authority in society. With the lack of trust Americans felt toward their government over the expansion of the Vietnam War, an erosion of faith in numerous institutions took place. Drug companies were part of this shift. Some Americans wondered if the billions of pills produced each year were necessary or a way to seek profits. The arguments of female activists would include a deep mistrust of patriarchal and capitalist authorities that had proven to be untrustworthy, like drug companies and physicians. Within this context, the focus was not just on the motives authorities had to garner profits and power, but also on the harm brought to women's bodies.

A common slogan and value of the Second-Wave Women's Movement was that "the personal is political," meaning the individual problems that many women experienced were part of broader political and social problems; and that the intimate and personal aspects of women's lives (reproductive, marriage, housework) were not "private" and apolitical concerns, but relations taking place under the patriarchy and therefore, political (as opposed to natural or biological). It elevated the idea that women's experiences and lives were of social importance to address publicly, not only within the domestic sphere. This chapter examines the distinct perspectives that came from such feminist concepts. Narratives analyzed in earlier chapters frequently centered on the actions of individuals or subsets of women and how their life choices led them to take too many pills, such as when lovesick, emotional women overdosed on barbiturates. These concepts assumed that other personal choices would have quashed the irresponsible pill use and did not always view the *drugs* as problematic but rather how certain women *used* them. Yet, through "the personal is political" slogan, the narratives argued that larger women's issues influenced the wide use of pills. Women took prescription pills to individually manage problems that they and others viewed as unique to them. However, they were actually part of larger cultural problems that society needed to address so women were not in positions where chemical intervention seemed to be the only solution.

This helps explain why some women during this period gravitated towards criticizing pill consumption. While the earlier feminist narratives of Betty Friedan, addressed in Chapter 2, observed women's pill use as hurtful to certain individuals' self-fulfillment (such as middle- and upper-class white housewives), radical feminists tied consumption to problems with the patriarchal system that harmed many. This perspective increased the intersectionality of discussion on women's pill use, looking at collective answers rather than

individual fixes. Pharmaceuticals and their control over female users caused many to fear drug companies had exploited them for the economic and sexual benefits of men. To many women involved in the feminist movement, what they viewed as the mass drugging of women - especially in ways that made them more pliable or acceptable for men - was a symbol of patriarchal power. Doctors were, at times, a scapegoat for all men, as their actions in terms of women's health and well-being were visible. Throughout the 1970s, feminist and mass media critiques referenced how it seemed easier for physicians to prescribe pills than to investigate the root causes of women's issues, both on an individual basis and societally. These opinions helped reframe that individual women were not at fault for the issues they handled with pill use. However, they blamed doctors who were also in no position to create mass social change; doctors often provided aid in the form of pills that their patients benefited from, and denying their female patients those prescriptions would not have solved the larger social problems while it might have prolonged women's suffering. In addition to blaming male doctors for the whole patriarchal system, this narrative framing also tended to overlook individual women's agency – women visited doctors, asked for help and sometimes for particular pills, and filled prescriptions, all in an attempt to assert control over their lives.

As feminist work in the 1970s argued, centuries of male-led medicine had weakened women's knowledge of their bodies and placed unnatural expectations on them in return, which strengthened male physicians' power as experts. According to historian Ruth Rosen, the Second-Wave Women's Movement displayed the "hidden injuries of sex" – the unique experiences of women because of their sex. The women's health movement of the 1960s and 1970s was one group that expressed these concerns. They believed that the medical establishment frequently viewed women as "ignorant or hysterical," a view that was prevalent in the medical establishment for centuries prior, and these opinions caused women

humiliation and sexist treatment.⁴ Gena Corea reasoned that male physicians of the postwar era, still influenced by their nineteenth-century predecessors, observed women's health complaints as hysteric, part of their "neurotic imaginations."⁵ This led to physicians keeping information and decision-making from female patients. Doctors also held power over women's bodies, especially reproductively, like prescribing forms of female birth control and needing to approve abortions.⁶ In regards to the importance of the birth control pill in feminist discourses, writers like Barbara Ehrenreich and Deirdre English felt women's need for reproductive medicine also exhibited how they were different and influenced the sexist ideology in medical science.⁷ It was this medical sexism that they believed limited women's options and roles.⁸ Although they saw this system impacting all women, they acknowledged that classes of women experienced oppression and sexism differently, with middle- and upper-class women viewed as suffering from health issues more frequently than the working class, impacted by eugenic concepts of the late nineteenth century and early twentieth century that stressed the differences between those of varying race and class, as well as their ability to afford the recommended medical aid.⁹

Childbirth, which included a high risk of complications and even death, was a frequent avenue of criticism for those writing on women's health and history in the 1970s. Feminist writings pointed to the significance of childbirth in women's lives. Lucinda Cisler argued that "society has ultimately always defined woman as a childbearer - that is, as she

⁴ Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America* (New York: Penguin Books, 2000), 175.

⁵ Gena Corea, *The Hidden Malpractice: How American Medicine Treats Women As Patients and Professionals* (New York: William Morrow and Company, Inc., 1977), 75.

⁶ Rosen, *The World Split Open*, 176.

⁷ Barbara Ehrenreich and Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (The Feminist Press, 1973), 5.

⁸ *Ibid.*, 8.

⁹ *Ibid.*, 11-12; Barbara Ehrenreich, "Gender and Objectivity in Medicine," *International Journal of Health Services* 4, no. 4 (1974): 618.

relates to children and to men, rather than as an individual.”¹⁰ The foremost childcare expert in America, Dr. Benjamin Spock, stated in 1969, “Biologically and temperamentally I believe, women were made to be concerned first and foremost with child care, husband care, and home care.”¹¹ These concepts informed feminists’ focus on women and drugs used in pregnancy and childbirth. Following the tragedy of thalidomide in the early 1960s, the dangers of pill use had a tangible worst-case scenario in pregnancy and justification for fears. The use of prescription drugs in childbirth, from the early use of chloroform, morphine, and scopolamine to barbiturate sedatives in the mid-twentieth century, brought concerns about drugs into feminist debates and then expanded to include the use of pills in other areas of women’s lives.

The narratives on women’s reproduction present important themes that informed much of the reaction from those active in the women’s movement and would eventually flourish in widespread prescription pill criticism in the late 1970s. As some women experienced negative consequences from certain medical encounters, they questioned their and other women’s treatment in what society considered normative practices. Much of the attention the growing women’s health movement gave to licit drug use was those directly tied to reproduction or used in pregnancy, childbirth, and postpartum. Advocates argued that female patients lacked proper education or warnings from their doctors on the risks involved with taking pills. Without the ability to assess knowledge of potential dangers, health advocates perceived women as taking drugs without consent.

¹⁰ Lucinda Cisler, “Unfinished Business: Birth Control and Women’s Liberation,” in *Sisterhood is Powerful: An Anthology of Writings From the Women’s Liberation Movement*, ed. Robin Morgan (New York: Vintage Books, 1970), 245.

¹¹ Pat Mainardi, “The Politics of Housework,” in *Sisterhood is Powerful: An Anthology of Writings From the Women’s Liberation Movement*, ed. Robin Morgan (New York: Vintage Books, 1970), 454.

Alongside feminist reactions to prescription pill use, especially in the 1970s, an expanded discourse on women's drug use emerged. As feminists discussed women and reproductive health, they connected health care to women's oppression under the patriarchy. Borrowing terminology used against those selling hard illicit substances on the street, some feminists referred to doctors as drug pushers who cared more about creating additional users than providing any help to the people they treated. If doctors were pushers and drug companies were unethical, then pills were devices steeped in sexism and patriarchal control. They drugged women, keeping them from seeing the systems that caused their individual problems. Some feminists encouraged women to seek doctors they could trust and stop paying for pills that poisoned their bodies and dulled their initiative. Such narratives emphasized the self-serving dominance men held over women through controlling their pill use and began to overshadow earlier arguments against society's reliance on pills as a moral weakness. Feminists pointed out how the institution of medicine enforced the power structures of the patriarchy and traditional gender roles. This reflected much of society, and activists encouraged women to rethink their interactions with standard medical practices. Instead, women should support women's health initiatives that empowered them to make informed decisions about their bodies and medical care.

Moving into the late 1970s, feminist narratives framed pill users as victims of the systems that encouraged prescription pill use and supplied the drugs. In this way of seeing women and pills, feminists somewhat ironically denied the women any meaningful agency. Instead, the critiques of doctors and pharmaceutical companies as agents of an oppressive patriarchy obscured the countless reasons women sought pills themselves. Greater awareness of feminist concepts on prescription pills existed in the mainstream as well. Perspectives surrounding women and prescription pills notably shifted during this period. Feminist

narratives illustrated a weakening in women's acceptance of the "wonder" pill qualities that made them so desirable. Paired with the critiques of individual prescription pills and changes to federal oversight and restrictions on drugs, the comfort and acceptance of prescribing and consuming barbiturates, minor tranquilizers, and amphetamines among adult women dissipated. The feminist discourses on prescription pill use throughout the 1960s and 1970s reflected the larger evolution of the Second-Wave Women's Movement and its' forms of activism, moving from an emphasis on individual change to critiques of political systems and the patriarchy.

Pills and Reproductive Health

As discussed in earlier chapters, in the 1960s, the American press and the public expressed growing suspicions that barbiturates, minor tranquilizers, and amphetamines were unsafe for users, and that those hooked on such pills were morally weak. However, during the period, other drugs also played a crucial role in forming concepts of women and pills. Although men and women both used barbiturates, minor tranquilizers, and amphetamines, they became most frequently used among women and narratives focused on gendered elements of their use. The drugs women used that targeted areas of female reproduction, alongside certain drugs to assist with pregnancy, childbirth, and breastfeeding, brought explicit narratives on how they directly affected women's bodies. During the 1950s and 1960s, physicians typically advised patients it was safe to take prescription pills while pregnant or breastfeeding, along with trusting in the new wonder drug: the birth control pill. When potential side effects of drugs tied to women's reproductive health appeared, they helped intensify conversations regarding women and their knowledge of prescription pills. Since cultural narratives frequently demonstrate concern about women's reproductive nature,

they increased attention towards the impact of pills on women's bodies. Women's health advocates shared insight into how prescription drugs harmed babies during childbirth, wanting women to question what physicians gave them. By speaking out, women were collectively building an understanding that they should have a greater say in what drugs they took with a personal assessment of the risks rather than trusting male medical authorities, building stronger consumer awareness. Feminist writers like Barbara Seaman expressed concerns during the 1960s regarding women's reproductive health, which helped introduce discourses that would further change prescription pill narratives in the 1970s.

In the 1950s, popular opinion had been that many prescription drugs were safe for both women and their children, but experiences would test some users' beliefs. In 1957, Barbara Seaman told her doctor she wanted to breastfeed her child. His response was, "You wouldn't make a good cow."¹² Like other physicians at the time, the doctor believed formula would be of higher nutritional value, but Seaman argued against his point and thought he understood her decision.¹³ As Seaman's newborn grew sicker, the more he nursed, she learned that he consumed laxatives through her breast milk.¹⁴ Seaman's doctor assumed she would follow his advice to give only formula and therefore prescribed postpartum drugs that harmed her son.¹⁵ This event influenced Seaman in her future career in health advocacy (along with her receiving cigarettes from a doctor when she was a teenager to lose weight).¹⁶ While numerous medical authority figures recommended various licit substances to their

¹² Barbara Seaman, "Dear Injurious Physicians," *New York Times*, December 2, 1972, 35.

¹³ *Ibid.*

¹⁴ Chapter drafts for third edition, 1980. Subseries A. The Doctor's Case Against the Pill, 1969-2005 (#22.9-23.9, OD.1, PD.6). Additional papers of Barbara Seaman, 1933-2008 (inclusive), 1966-2006 (bulk), MC 695; CD-61; DVD-76; T-468; Vt-242, 22.9. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

¹⁵ Barbara Seaman with Laura Eldridge, eds., *Voices of The Women's Health Movement: Volume One* (New York: Seven Stories Press, 2012), 189.

¹⁶ Barbara Seaman with Laura Eldridge, eds., *Voices of The Women's Health Movement: Volume Two* (New York: Seven Stories Press, 2012), 347.

pregnant and nursing patients, women like Seaman began to question the safety of drugs on women's health and the trust placed with physicians.

In 1962, the publicity surrounding the side effects of the sedative drug thalidomide during pregnancy brought significant concern. The press revealed judgment against mothers for not knowing what they were taking, despite physicians rarely giving consumers information on prescription pills. Pregnant women also lacked support to decide how to handle the side effects that harmed their bodies. A 1962 *Newsweek* article, published in the same edition as the account of Marilyn Monroe's overdose of Nembutal, outlined another tragic story about women and drugs that continued to make headlines. It described thalidomide, sold as a sedative and nausea reducer, as bringing about "the worst disaster in pharmaceutical history." The article argued that the problem revealed that doctors and pill makers were "not infallible" and that not all drugs were "wonder drugs."¹⁷ The Food and Drug Administration (FDA) had not yet approved thalidomide use in the United States, yet some American doctors had access to the drug and gave it to patients, while others obtained the drug when abroad.¹⁸ Released in other nations in the late 1950s, early conclusions on thalidomide made it appear to be the ideal sleeping pill.¹⁹ Unlike barbiturates, fatal overdoses are difficult with it. Despite the initial positive attributes, the drug ended up leading to "a frightening medical nightmare" of women who had consumed the drug giving birth to babies with "hideous malformations."²⁰ Authorities recommended Americans dispose of any unidentifiable pills in their medicine cabinets as thalidomide came in various shapes and

¹⁷ "Medicine: Tragedy From a Pill Bottle, Some Sad Lessons Learned," *Newsweek*, August 13, 1962, 52.

¹⁸ "The Thalidomide Disaster," *Time*, August 10, 1962, 32.

¹⁹ Milton Silverman and Philip R. Lee, *Pills, Profits, and Politics* (Berkeley: University of California Press, 1974), 94.

²⁰ "Medicine: Sleeping Pill Nightmare," *Time*, February 23, 1962, 86.

colors.²¹ As a result of the pharmaceutical industry marketing the drug under more than fifty different trade names, consumers were slow to recognize that their pills were the same ones making headlines for causing significant congenital abnormalities.²²

Since doctors in the United States did not widely prescribe the pill, US media did not pay intense attention to its harmful birth defects but rather to one mother's actions.

Throughout 1962, some news stories applauded Dr. Frances Kelsey, from the FDA, for her delays in approving thalidomide in the United States and for saving the nation much tragedy. Studies estimated that fourteen babies were born with deformities to American mothers who consumed the drug, out of approximately seven thousand children globally.²³ Increased awareness of thalidomide in the mainstream US news came through a story about a woman's fight to obtain an abortion after taking the drug. Sherri Chessen Finkbine's husband had been to England, where he received prescription medication to help him rest. He brought the drug home with him and placed it on a shelf.²⁴ When Finkbine saw her husband's pills while suffering from morning sickness that other drugs would not fix, she gave them a try and noticed that they helped her pregnancy discomfort and to "quiet her nerves and ensure sleep."²⁵ A few weeks later, she read about problems in England with babies born "grotesque" due to the mothers' use of a drug. The doctor Finkbine contacted advised her to have an abortion as she was unlikely to have a "normal baby" after taking the same drug, thalidomide.²⁶ Her worry that other American women may have taken the drug led to Finkbine contacting a newspaper editor to share what she learned to spread the word. Her

²¹ "U.S. Again Warns on Thalidomide," *New York Times*, August 24, 1962, 12.

²² "The Drug That Left a Trail of Heartbreak," *Life*, August 10, 1962, 29.

²³ Robert C. Toth, "Drug Approvals By U.S. Decline," *New York Times*, December 13, 1962, 7.

²⁴ Sherri Finkbine, "The Lesser of Two Evils," in *The Case for Legalized Abortion Now* ed. Alan F. Guttmacher (Berkeley: Diablo Press, 1967), 16.

²⁵ "Medicine: Abortion & the Law," *Time*, August 3, 1962, 30.

²⁶ Finkbine, "The Lesser of Two Evils," 17.

experience became a front-page story and created so much publicity that the hospital canceled her therapeutic abortion.²⁷ After receiving hate mail and death threats towards herself and her family, Finkbine could only gain an abortion by traveling to Sweden.²⁸ Over time Finkbine's story highlighted the need for accessible and legal abortions in the United States and deflected conversation away from questioning the consumption of pills not prescribed to you, risks of drugs during pregnancy, and confusion over the various names and labels on prescription pills. In the harsh criticism and attempts to halt a doctor and patient's decision for what was best for the pregnancy, Finkbine represented the control others wanted to place on a woman's body and judgments of their actions.

Oral contraception entering the marketplace in the 1960s also played a role in awareness of the connections between women and pharmaceuticals. The birth control pill, like most drugs, has a complex history. The Pill intersects with discourses on technology, gender, race, population control, poverty, privilege, accessibility, sexuality, family planning, ethics, and physical side effects. Within these narratives, we find both support and criticism of the Pill. Like barbiturates, minor tranquilizers, and amphetamines, we can understand how the birth control pill allowed women to assert control and choice over their bodies and lives. Keeping this in mind will help comprehend how some cultural ideas on reproduction and drugs led to critiques on other women's use of additional pharmaceutical pills. Historians have demonstrated the roles of women's agency in birth control use. As Andrea Tone addresses in *Devices and Desires: A History of Contraceptives in America*, women often demanded the birth control pill. Some physicians felt pressured to prescribe the drug to patients, placing women as influential consumers who would either gain the product from

²⁷ Ibid., 18.

²⁸ Ibid., 20, 23.

their doctor or give their business to another.²⁹ In *America and the Pill: A History of Promise, Peril, and Liberation*, Elaine Tyler May points both to the liberation some women felt using the Pill, not needing to make male partners aware of their use, but also mixed reactions to requirements that physicians provide medical monitoring and approval for pill prescriptions.³⁰ When women's health advocates questioned the safety of the birth control pill, they contributed to expanding women's health awareness and feminist reactions to the institution of medicine. Even though many women involved in feminist work supported women's ability to access birth control, some felt doctors held power over the Pill and women had become victims of male decision-making.

The birth control pill influenced the broader cultural understanding that pills could alter human nature. The birth control pill reduced some women's need to rely on condoms, diaphragms, or the unreliable rhythm method to inhibit conception and allowed women to control when they had children, discreetly if they chose. Physicians prescribed the birth control pill Enovid for contraceptive use starting in 1960. Throughout the decade, widespread use of the Pill grew first with married women (as by law in most states) and eventually unmarried women, as legal restrictions were struck down in the courts.³¹ Millions of women in the United States could take a small pill each day and control their fertility and life in profound ways. It could also represent enhanced feminine stereotypes and ideals. One of the first articles published after Helen Gurley Brown's takeover of *Cosmopolitan* in 1965 highlighted the remarkable positive physical influences of various pharmaceutical products. This included the benefits of estrogen supplements and the hormone-heavy birth control pill,

²⁹ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 240, 241.

³⁰ Elaine Tyler May, *America and the Pill: A History of Promise, Peril, and Liberation* (New York: Basic Books, 2010), 4, 5.

³¹ May, *America and the Pill*, 72.

making the user more womanly, such as rounding of breasts and increased sexual response.³² Like other pills of the era, consumption of the birth control pill also brought about undesired reactions. Furthermore, those unanticipated and sometimes negative consequences added to ongoing discussions about the dangers of prescription pills for women.

When Barbara Seaman wrote *The Doctors' Case Against the Pill* in 1969, she noted that around 8 million women in America were using birth control pills, however, giving “*uninformed consent.*”³³ Seaman argued that women were taking the Pill when it was inconclusive what harm the drug might bring, and drug companies and physicians kept possible concerns quiet to reduce alarm and loss to their profits.³⁴ Although package inserts that listed side effects of the Pill existed, it was usually only doctors that saw them, not patients. This was out of fear that if patients knew of the side effects, it would make them more likely to think they were experiencing them, even if they were not.³⁵ This belief concerning female consumers rested largely on old stereotypes of “hysterical” women who would be emotionally unable to cope with complete information about the drugs their male doctors prescribed them. While the birth control pill would bring some new freedom in controlling reproduction, among other social benefits, within a decade, women noticed the negative influences that the drug could bring. These opinions would align with other growing opposition to women’s use of prescription pills.

By the early 1970s, opinions on the safety of the birth control pill continued to vary as the focus on the physical dangers expanded. Throughout the 1960s, the media occasionally reported on the potential risks of the birth control pill. Some feared that the estrogen levels of

³² Lin Root, “Oh What a Lovely Pill!” *Cosmopolitan*, July 1965, 33.

³³ Barbara Seaman, *The Doctors' Case Against the Pill* (New York: Peter H. Wyden, Inc., 1969), 5.

³⁴ *Ibid.*, 7.

³⁵ *Ibid.*, 9, 10.

the Pill led to breast cancer and blood clots. Yet, with the need for greater research, many in the mainstream media admitted that the Pill's benefits might outweigh the risks for some women.³⁶ As people like Seaman increased attention to these dangers, the medical establishment defended the drug. The American Medical Association ensured that women should not let conflicting reports frighten them, but they should continue to use the Pill under their physicians' supervision.³⁷ Critiques on the birth control pill outlined the adverse side effects, but many perceived this as alarmist and feared notifying the public about these risks. CBS News proclaimed some women as "militant" when they attended Senate hearings on the dangers of the birth control pill and spoke out about its threat. These women declared to the public that the Pill should not be on the market and that drug companies were treating women like guinea pigs, adding, "You're murdering us."³⁸ Conflicting attitudes on risks versus benefits highlighted the personal autonomy some consumers demanded during the 1970s and how some women advocated for change. Focus on the birth control pill acknowledged the lack of awareness consumers had with potential physical side effects. Since they were the possible victims of the Pill's effects, they wondered why society did not fully accept that they should know the dangers. While feminists shared concerns about the health risks of birth control pills that gained notoriety, they also set the groundwork for feminists to question ways other prescription pills could endanger women's bodies and the social implications this brought.

³⁶ "FDA Still Investigating Enovid Birth Control Pill," *The Hartford Courant*, December 24, 1962, 11; Harry Nelson, "Report Causes Stir on Birth Control Pill," *Los Angeles Times*, June 18, 1964, 30; "Tests Raise Queries Of Birth Control Pill," *The Washington Post*, January 15, 1966, A15; Louise Hutchinson, "Benefits of Birth Control Pill Outweigh Risk, Report States," *Chicago Tribune*, September 5, 1969, 3.

³⁷ "Birth Control Pill," *NBC Evening News*, NBC, January 15, 1970. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #447814.

³⁸ "Feminist Movement/NOW/Protest," *CBS Evening News*, CBS, March 9, 1970. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #209127.

Beyond reactions to birth control pill consumption, early 1970s feminists engaged in serious discussions regarding the impact of sedatives on pregnancy and childbirth and the effects on the fetus and newborn. The feminist movement in the 1960s and 1970s incorporated consciousness-raising sessions, in which groups of women would discuss a variety of problems they faced and educate themselves on solutions, often recognizing forms of oppression that previously seemed personal but through discussion discovered collective commiseration. As feminist Carol Hanisch wrote, individual women should not adjust to their personal problems but understand the collective truth to reduce self-blame.³⁹ One meeting held in Boston during 1969 highlighted information on women and their bodies. The conversation led to women's anger and frustration towards doctors, finding them "condescending, paternalistic, judgmental and non-informative."⁴⁰ This influenced further research and writing, bringing about the ground-breaking women's health text *Our Bodies, Ourselves*. During this period, some in the women's health movement provided medical advice and treatment to each other from guiding gynecological exams, using yogurt to clear yeast infections, and in one feminist collective even performing abortions, reducing the need for women to turn to physicians for their health concerns.⁴¹ However, not everyone had access to this type of support. With the publication and dissemination of *Our Bodies, Ourselves*, women across the country acquired access to intimate medical knowledge about their own health to reference information written for women by women.

³⁹ Carol Hanisch, "The Personal is Political," in *Notes from the Second Year: Women's Liberation*, eds. Shulamith Firestone and Anne Koedt (New York: 1970), 76.

⁴⁰ The Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973), 1.

⁴¹ Flora Davis, *Moving the Mountain: The Women's Movement in America Since 1960* (Toronto: Simon & Schuster, 1991), 232, 167.

While *Our Bodies, Ourselves* brought a far-reaching awareness to women on the dangers of prescription pills like barbiturates and amphetamines, the writers addressed these drugs only within the context of pregnancy and childbirth and fears of their influence on the baby. Medical experts expressed concerns that the placenta could pass drugs to the fetus during the 1960s, with one report claiming that the placenta might not provide a barrier to the fetus from the drug consumption of the mother as initially believed.⁴² *Our Bodies, Ourselves* informed readers that women should only use drugs in childbirth during emergencies, as they could reach the baby. This brought great danger to premature newborns and could lower the respiration and responsiveness of many infants.⁴³ The book stressed that expectant mothers should not receive a single drug without finding out what it was, along with possible side effects, warning that if one did not ask, the hospital staff likely would not share that information.⁴⁴ Although *Our Bodies, Ourselves* seriously addressed apprehension about numerous drugs' use in the delivery room, it did not expand this discussion to women's use of these drugs for other areas of their life, only reproductive concerns. The book focused on adverse risks from drug use in labor, encouraging "natural" experiences, and questioned those with medical authority to make suggestions and decisions for patients.

In the 1970s, many women felt that avoiding prescription drugs in pregnancy and during birth was the only way to prevent the problems other women had faced. Barbara Katz Rothman's letters to friends, published in *Ms.* in 1976, described her reasons for having a home birth. She did not want to place potential problems in the hands of doctors but solely on herself. Multiple friends of her mother had taken doctor-prescribed pills during their

⁴² J.B.E. Baker, "The Effects of Drugs on the Foetus," *Pharmacological Reviews* 12 (March 1960): 38.

⁴³ The Boston Women's Health Book Collective, *Our Bodies, Ourselves*, 192.

⁴⁴ *Ibid.*

pregnancies, but these drugs later became known for their dangers.⁴⁵ This demonstrated to her the fallibility of licit drugs heralded as wonder products only years before and physicians' inability to properly care for the women who placed their health in their hands. Rothman wrote that women took the hormonal drug DES (diethylstilbestrol) to prevent miscarriage, and still in the 1970s were left wondering what dangerous side effects their child may develop after learning the drug brought an increased risk of cancer in adult females exposed to the estrogen when they were in utero.⁴⁶ It was clear to some women that medical professionals made faulty decisions that harmed women's pregnancies, leading Rothman to do what she felt was natural and correct during her pregnancy and birthing experience.⁴⁷ To Rothman and a growing number of others, the medical field brought harm, not assistance.

The 1960s provided important questioning of the drug use of Americans. Women noticed problems with taking pills and thought critically about the medical advice they easily accepted. They wondered how they could fully consent to use pills when they lacked knowledge about their side effects. Thalidomide and DES's side effects on fetal development, and the birth control pill's hormones increasing the concern of blood clots and cancer, weakened acceptability of the new wonder drugs that medical companies and the press heralded as advances to women's lives. Those involved in the women's health movement, such as Barbara Seaman and the Boston Women's Health Book Collective, brought attention to the role of reproductive drugs in women's lives and how other prescription pills held potential risks in childbirth. Seaman was among the women who founded the National Women's Health Network (NWHN) in 1975. The network forwarded

⁴⁵ Barbara Katz Rothman, "In Which a Sensible Woman Persuades Her Doctor, Her Family, and Her Friends to Help Her Give Birth at Home," *Ms.*, December 1976, 25, 29, 30.

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*

women's voices on healthcare issues, focusing on estrogen-based pharmaceuticals in its early years.⁴⁸ As feminists expressed concerns regarding the side effects of pills on women's reproductive health, an issue historically of importance medically and socially, they increased recognition of the risks of prescription pills. Those in the women's health movement informed narratives that demanded women advocate for greater knowledge of their physical health and questioned the respect and authority women should give physicians to make decisions for them.

Feminist Narratives on Sexism and Prescription Drugs

The debate and discussion about women's general consumption of prescription pills continued alongside the criticism about physicians administering prescription drugs to pregnant and breastfeeding women. While discourses in the women's health movement centered on physical dangers, informed consent, and medical authority, other women recognized pill consumption from a varied perspective. With the influence of the emerging feminist movement, some women expanded their review of traditional gender roles and denounced what they observed as oppression. In the 1970s, feminist narratives encouraged greater analysis of how doctors pushed pills on patients. To an expanding number of people, "God damn the pusher man" was not only the illicit drug dealer on a street corner but now the man prescribing pills. Feminists expressed concerns regarding barbiturates, tranquilizers, and amphetamines by highlighting their opinions on the power of physicians and drug companies, sexism, and the negative impact they brought women. They believed it was deep-rooted structures of sexism that brought minor tranquilizers to millions of medicine cabinets

⁴⁸ Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002), 10.

and made finding other solutions to women's anxieties difficult. Focusing on the impact of most users of the drugs, rather than the consumption of certain subjects, allowed for feminists to provide greater collective analysis. They argued drug companies, doctors, and, at times, husbands worked to silence women with prescription pills, having brainwashed them to maintain traditional gender roles or lacked enough concern to do anything else to help. The benefit, according to critiques, was not for the women that took the pills however, they were the ones to suffer from potential side effects. This narrative would reduce discussion on women's input in their consumption and increase their role as victims.

One cultural source that captures an early feminist questioning of the purpose of prescription pills for women is the 1967 novel *Diary of a Mad Housewife*. Influenced by the shifting understanding of women's roles throughout the 1960s, the book's protagonist examines her life and what causes her dissatisfaction. The novel follows an overwhelmed wife and mother, Bettina, who lives in New York City and describes herself as disorganized, emotional, paranoid, and depressed. Throughout most of the novel, she cries alone and secretly consumes vodka or pills to calm down.⁴⁹ During her family's summer holiday in the Hamptons, she feels anxious and visits the local doctor who prescribes her sleeping pills and tranquilizers.⁵⁰ While Bettina does not take them every day, she notices that she does not need a sleeping pill when her husband Jonathan is away on business. Additionally, she turns to a minor tranquilizer when he criticizes her for being mentally unwell, which happens when she spends less time on her personal grooming and housekeeping, attaching concepts that not maintaining appearances brought failure.⁵¹ At the end of the novel, Jonathan confesses that over the previous few months, he had made poor investments that depleted most of their

⁴⁹ Sue Kaufman, *Diary of a Mad Housewife* (New York: Random House, 1967), 5.

⁵⁰ *Ibid.*, 53.

⁵¹ *Ibid.*, 20, 81.

wealth, his career suffered, leading to a demotion, and he had an affair with a secretary.⁵² It becomes apparent that Bettina's state is in reaction to her husband's stress throughout the book and not her craziness, as her husband implies. She does not suffer from mental health issues but feels unstable because of the conditions her husband places on her, and her reactions to the pressures feel relatable to the audience. The book leaves readers wondering how many other husbands or doctors influenced housewives to question their mental health when they were reacting to situations out of their control rather than suffering from problems requiring pharmaceutical aids. Author Sue Kaufman argues that it is not the housewife that is mad, despite the doctor's ease with prescribing pills and the husband's repeated criticism that the tension and dissatisfaction she feels are problems in her head. Bettina, like many women in the 1960s, struggles with expectations and blames herself for failures but begins to understand that there were wider issues at play. This book presents a helpful bridge in understanding growing conceptions of housewives and women's roles in the 1960s. People demonstrated that finding employment outside the home, or other individual fixes, was not the sole solution for what caused women anxiety. Often it was the patriarchal systems that they were beholden to that caused concern and when they understood this power, women were better able to comprehend what motivated their actions and emotions. During the late 1960s, feminist arguments began expanding on connections between housewives, prescription pills, and unhappiness, as presented a few years before with Betty Friedan. Only it was no longer about throwing away pills to find self-realization but instead a way to understand the dominant societal problems rooted in sexism that kept women in traditional positions.

⁵² *Ibid.*, 302.

As addressed in Chapter 2, history often credits the Second-Wave Women's Movement as beginning with the heightened discussion of women's issues that expanded as *The Feminine Mystique* gained popularity in 1963. Its author, Betty Friedan, was also among the women who founded the National Organization for Women (NOW) in 1966. The organization worked to enforce the Civil Rights Act of 1964 that had included protection against sexual discrimination, focusing on equal opportunities for women within employment. Alongside this engagement grew activism for women's rights that sprung out of other groups such as the Student Nonviolent Coordinating Committee (SNCC) and Students for a Democratic Society (SDS) after female members experienced sexism within these organizations. This Civil Rights and New Left faction of feminism assembled events like the 1968 Miss America protest. There, protesters threw into a "freedom trashcan" items that they felt women should liberate themselves from, such as mops, cooking pans, false eyelashes, girdles, and high heels – the accessories of housewives and beauty queens.⁵³ As feminist Carol Hanisch reflected on the demonstration, she asserted that "we women are all *forced* to play the Miss America role – not by beautiful women but by men who we have to act that way for, and by a system that has so well institutionalized male supremacy for its own ends."⁵⁴ Although pills were not among the items thrown into the trashcan, based on narratives analyzed in previous chapters, we can understand the way prescription pill use helped achieve traits society held as feminine ideals and how feminists could view them as among the products women should abandon. Through the growth of women's liberation, feminists questioned forms of oppression that stretched across various platforms. With

⁵³ Sara Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left* (New York: Vintage Books, 1979), 214.

⁵⁴ Carol Hanisch, "A Critique of the Miss America Protest," in *Notes from the Second Year: Women's Liberation*, eds. Shulamith Firestone and Anne Koedt (New York: 1970), 87.

prescription pill narratives highlighting the way pills made women more attractive and compliant for men - assisting in reducing women's size to increase their sexual attractiveness, helping them do more housework, or completing it with fewer complaints - it follows that feminists would challenge their use as part of women's oppression.

A growing number of books and articles in the 1970s encompassed the fears that feminists conceived in prescription pills. This came as many involved in women's liberation centered activism towards specific issues such as abortion and sexuality.⁵⁵ Some perspectives towards women's drug use argued that women were victims of an oppressive, patriarchal system that forced them into unfulfilling roles. One feminist writer in *Mother Lode* from 1972 did more than hint that physicians were responsible for women's drug problems, titling the article "How to Get Hooked: Your Family Doctor as Pusher." The piece discussed that overwhelmed women sought the help of doctors. They, in turn, wrote prescriptions that helped "by masking your problems from you in a chemical haze, by making you dependent on a drug for any sense of personal worth and well being and thus preventing you from confronting your situation and seeing it as something which is not your 'personal' problem but the result of societal, political conditions."⁵⁶ The author claimed that women's anxiety was not an illness but a symptom of their lives. Pills would not make real change, and instead, women must "attack the real social causes of our oppression" and force doctors to reveal the side effects of drugs they prescribed.⁵⁷ Others viewed doctors as too quick to prescribe pills for anxiety and symptoms, not looking for the cause of the problems. They prescribed drugs to "get these patients 'off their backs' and concentrate on people who are

⁵⁵ Evans, *Personal Politics*, 225.

⁵⁶ "How to Get Hooked: Your Family Doctor as Pusher," *Mother Lode* 4 (Spring 1972): 12.

⁵⁷ *Ibid.*

‘really sick.’”⁵⁸ Another feminist journal article revealed the story of a pregnant woman who shared with her gynecologist that her husband was beating her. The doctor told her she needed to relax more and prescribed her tranquilizers. The article’s author, Mary Sojourner, wrote that women had higher chances than men of being “poisoned by a psychotropic drug” and that doctors were like drug dealers who did not care about the products’ side effects but only cared about obtaining more users and making more money.⁵⁹ Sojourner told readers that when a doctor gave them a pill, they should not just take it but pause and compare the experience to taking a pill from a pusher on the street. It was important to understand that just because the drug was legal, it did not mean they were any more aware of the chemicals inside and what they would do to them. She hoped that women would learn and teach each other about medical issues to not be the “helpless victim in an ignorant and careless health ‘care’ system.”⁶⁰

These articles reveal a profound feminist narrative on women’s prescription pill use. They presented doctors and drug companies as scapegoats of the patriarchy for increasing women’s struggles and forcing gender expectations. They compared physicians’ ability to prescribe legally manufactured and FDA-approved pills to drug dealers selling unregulated substances. While existing in small journals, their themes would find acceptance in the mass media. The narratives also did not entertain the possibility that women held problems that pills could assist with or that any drugs might provide what the user wanted, even if there was a benefit to the physicians and drug companies in positions of power. They stated that anxiety was only a side effect of societal pressures and that users were victims of an industry

⁵⁸ Carole Koetzle, “Getting Clear,” *Women’s Time*, July 9, 1976, 3.

⁵⁹ Mary Sojourner, “Sister-Woman-Sister,” *New Women’s Times* 3, no. 9 (September 15–October 15, 1977): 9.

⁶⁰ *Ibid.*, 10.

that caused harm, not care. It negated that some women felt in control of their size, anxiety, or sleep with prescription pills, obtaining a product to help them.

Drug advertisements aimed at doctors strengthened critics' argument that the industry forwarded sexist messages about female patients. Since doctors consumed the ads, not the patients, ads addressed the needs of the physician. For example, one ad noted that prescribing a drug would reduce the visits of a "bothersome patient."⁶¹ Some drug advertisements attempted to show that giving women powerful drugs would also improve their husbands' lives, suggesting that the pills were really for the benefit of men married to the women who consumed them.⁶² Marketing demonstrated awareness that women's lives were evolving, targeting not only the stereotyped housewife pill users as potential drug consumers. One article shared how, in the 1970s, drug ads targeted specific elements, such as "changing social roles, job and career pressures, parenting difficulties, displaced homemaker, empty-nest syndrome, menopause, high divorce rates, marital discord, single parent families. Essentially the pharmaceutical industry has used the women's movement to define new areas of stress and new reasons for prescribing Valium for women."⁶³ According to the historian Ruth Rosen, ads for products like Virginia Slims cigarettes ("You've come a long way, baby") during this era congratulated the independence and feminist gains of women because capitalist systems evolve to sell and accept expanding social values.⁶⁴ However, from feminist perspectives, advertisers of prescription pills embraced the negative consequences they encountered in the 1970s, finding new ways to continue selling their products to middle- and upper-class women through their physicians. These ads presented drugs to physicians as

⁶¹ Robert Seidenberg, "Drug Advertising and Perception of Mental Illness," *Mental Hygiene* 55, no. 1 (January 1971): 25.

⁶² Roland H. Berg, "The Over-Medicated Woman," *McCall's*, September 1971, 109.

⁶³ Anne S. Kasper, "Women Victimized By Valium," *New Directions for Women* 8, no. 5 (Winter 79-80): 1.

⁶⁴ Rosen, *The World Split Open*, 311.

the fastest and easiest solution for various women's problems, whether she was conforming to gender ideals or breaking away from them. Understanding that drug companies encouraged doctors to view worried or unhappy women as needing certain pills played a role in feminist opinions on physicians. These ideas implied that it was the doctors who were the beneficiaries of the drug use, not the consumers whose use of pills removed anxiety.

Stories on physicians prescribing pills stressed not only the seriousness of the problem but many worst-case scenarios, continuing to build off narratives that questioned authority figures. *Playgirl*, which frequently included articles on women's health during the 1970s, featured an article in 1974 about prescription drugs. It told of a woman who went to the doctor with pain in her stomach, which she later discovered was a tubal pregnancy. The doctor, however, told her it was just her nerves that were causing the pain, saying to her, "Now just take these, they're mild tranquilizers, and don't you worry your pretty little head about it."⁶⁵ Feminists examined this authority physicians had over female patients. Some concluded that society taught women to respect male authority over their bodies and not to question what they believed was best.⁶⁶ As one medical rights pamphlet outlined, women engaged in the health care system in numerous ways. "Because we have special reproductive health needs and because we are the primary caretakers of children, women use the health care system far more frequently than men. In receiving health care, we are programmed to be passive and dependent upon authority."⁶⁷ The perceived inability of physicians to diagnose

⁶⁵ John J. Fried, "Tranquilizers - Rx for the 'Woman Problem,'" *Playgirl*, July 1974, 53.

⁶⁶ Corea, *The Hidden Malpractice*, 19, 79.

⁶⁷ Coalition for the Medical Rights of Women, *The Rock Will Wear Away: Handbook for Women's Health Advocates* (San Francisco: Coalition for the Medical Rights of Women, 1980) from Series II. CORRESPONDENCE, 1962-2007, n.d. (#9.10-22.8, PD.4-PD.5). Wolfson, Alice, 1973-2006. Additional papers of Barbara Seaman, 1933-2008 (inclusive), 1966-2006 (bulk), MC 695; CD-61; DVD-76; T-468; Vt-242, 22.1. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

physical problems, along with condescending attitudes, revealed concern that doctors did not take women's discomforts seriously, but more women demanded change.

Voices against prescription drug use from the women's rights movement multiplied throughout the late 1970s with more frequent critiques of prescription drug companies and their profits. As the collection of writings, *Seizing Our Bodies: The Politics of Women's Health*, asked, "Who controls a woman's body - and why?"⁶⁸ For many, it was those that profited financially from this control. One article published in 1975 by Jeannie Woodcock argued that women were paying companies to keep them drugged, and if the pills tranquilized too much, they would provide another pill to pep women up. However, women could stop purchasing pills and put the drug companies out of business. Woodcock pointed out that their depression was from oppression and that - for women to move forward, they needed to stop being "exploited to such an extent that we have to be drugged into mindless submission."⁶⁹ Another feminist journal argued that drug companies "make money off keeping us in our place, even if it maims or kills us."⁷⁰ Even women's magazines, whose circulation reached millions of Americans, challenged former attitudes towards medicine, ensuring women knew they could shop around for doctors they trusted and that they should be in control of their bodies, not physicians.⁷¹ With the feminist picketing and sit-in of the *Ladies' Home Journal* office in 1970 to encourage greater feminist content and the success of feminist periodicals, it made financial sense for this expanded support of feminist perspectives on health care.⁷² A letter to *Ms.* in 1975 in response to an article on the dangers

⁶⁸ Claudia Dreifus, *Seizing Our Bodies: The Politics of Women's Health* (New York: Vintage Books, 1977), xxx.

⁶⁹ Jeannie Woodcock, "Drugged Up or Fighting Fit," *Women's Voice*, September 1975, 2.

⁷⁰ "How to Get Hooked," 12.

⁷¹ Philip H. Dougherty, "Advertising: Woman for All Seasons? McCall's Says Yes," *New York Times*, March 22, 1970, 155; Ruzek, *The Women's Health Movement*, 218.

⁷² Grace Lichtenstein, "Feminists Demand 'Liberation' In Ladies' Home Journal Sit-In," *New York Times*, March 19, 1970, 51.

of Valium shared how one mother realized she was taking the drug in reaction to a stressful year.⁷³ Although she did not feel she was addicted, she realized that taking a pill would not solve any problems. Instead, she would find solutions and ask friends and family for help rather than turning to Valium.⁷⁴ These narratives suggested that as consumers, by discontinuing support through their pocketbooks, women could boycott pills and thereby reduce their tranquilization and fight off their oppressors, men that did not treat them seriously. To remove the oppression that licit drugs could bring to users, women encouraged each other to assess how others benefited from not solving the issue but continuing it with expanding pill consumption.

Throughout the decade, women sharpened their critiques of pill use and sexism around themes of beauty and weight. As with other prescription pills, amphetamines for weight loss also became a focus of feminist analysis, with women making up 80 percent of diet pill users.⁷⁵ With the rise in discussion regarding the sexualization of women's bodies within the women's movement, feminist texts included the problems with weight loss and diet pills. By the end of the 1970s, women used amphetamines for weight loss in lower quantities, as consumers discovered they brought "psychological and physical dependence." Feminist work additionally provided a connection between diet pills and oppression.⁷⁶ Released in 1978, Susie Orbach's *Fat is a Feminist Issue* discussed how women's bodies connect to society's expectations.⁷⁷ When women turned to doctors with problems related to weight, they often told them to eat less, not caring to study why they "got fat in the first

⁷³ Mary Thom, ed., *Letters to Ms. 1972-1987* (New York: Henry Holt and Company, 1987), 129.

⁷⁴ *Ibid.*, 130.

⁷⁵ Michael Castleman, "Men Get Cured...Women Get Drugged," *Her-Self*, April 1974, 12.

⁷⁶ Morris E. Chafetz with Patrick Young, "The Complete Book of Women and Pills," *Good Housekeeping*, April 1979, 82.

⁷⁷ Susie Orbach, *Fat is a Feminist Issue* (New York: Berkley Books, 1978), xviii.

place.”⁷⁸ Doctors typically were male, and Orbach noted they lacked the training to help women with the social issues that they faced. This led to prescribing drugs “to lift the spirits of these women so that they can function well enough again to clean up their own kitchens and not be a nuisance to anyone. The underlying social cause of distress is not dealt with. Medication is offered, the women are drugged.”⁷⁹ Orbach’s focus on weight and its link to feminist issues, blaming men and doctors for keeping women thin and drugged, followed similar tones of other works of the 1970s against prescription pills. If the oppression of the patriarchy gained the benefits from having women on prescription pills, they would lack the motivation to change the systems in place.

While the 1960s did introduce many important concepts on women’s pill use, it would take a few more years for the feminist arguments to develop in diversity and credibility. Moving into the 1970s, feminists questioned the patriarchy, setting the stage for further analysis of men’s roles in prescribing pills and the patriarchal nature of modern medicine. This would bring a political nature to pill narratives, seeing problems not only within certain groups of women, like unmarried women or housewives. They were not personal issues but those that required political solutions. The common feminist narrative was that doctors viewed drugs as an acceptable or even ideal way to handle dissatisfaction in women’s roles, and it shifted away from the need to suggest a longer-term or broader social feminist solution to their problems. As feminist counselor Mary Sojourner expressed, women did not need to take minor tranquilizers as they “need to feel their anxiety and rage to the fullest so that they can begin the genuinely infuriating and frightening process of changing

⁷⁸ *Ibid.*, 183, 184.

⁷⁹ *Ibid.*, 193.

their lives.”⁸⁰ Profits and a desire to ease their lives motivated drug companies and typically male physicians’ actions, not the needs of consumers. Feminist debates spoke out against doctors, labeling them as “drug pushers” that did not care about their patients’ well-being. With this discourse came the questioning of any use of prescription pills, seeing them as risky, illicitly produced and sold drugs. Sexism in establishments like the pharmaceutical industry, according to feminists, was responsible for creating women’s heavy pill use and did so by pressuring them to conform to traditional gender roles.

A Wider Acceptance of Feminist Narratives

During the late 1970s, society questioned the safety of prescription pills in more comprehensive ways, with widespread attention. While some worried about the immediate physical dangers, many also engaged in a deeper analysis of the emotional and social impact women felt due to what they characterized as the patriarchal system that prescribed drugs. Some continuing narratives saw women who used pills as victims of a system that benefited from female oppression. These concepts influenced an evaluation of not only the current culture surrounding prescription pills but past use of these drugs among women. While society previously viewed many women with judgment for misusing pills, the latest information on gender demands and victimhood brought many to rethink longstanding assumptions. Paired with further national attention and federal regulation of prescription pills, the discourses on drugs so intensely tied to postwar American women argued that these pills were a deterrent to true women’s liberation. The agency women may have asserted in seeking out pills, attempting to solve their problems, continued to fade as narratives pivoted

⁸⁰ Mary Sojourner, “Alternative Healing: Therapist or The Rapist?” *New Women’s Times* 3, no. 9 (September 15-October 15, 1977): 7.

towards understanding the lack of options women held in society and the potentially hazardous qualities of licit drugs.

Throughout the 1970s, mass media representations would not only discuss the potential dangers of prescription pill use but include a reflection of feminist tones on the issues. As displayed in previous chapters, women's magazines throughout the 1960s contained warnings and concerns about numerous prescription pills and even highlighted stories of women's health problems that led to pill use or addiction, often before the mainstream media addressed these issues. A new element in the 1970s narratives, however, was the focus on blaming physicians and drug companies as destructive servants of the patriarchy. As historian David Herzberg has discussed, there were mounting criticisms about Valium in the press during the 1970s, especially within women's magazines, which aligned with feminist arguments, increasing their visibility and acceptance.⁸¹ The growing narrative, which placed blame on doctors and pharmaceutical companies, therefore did not fault women for their use of tranquilizers, but also stripped them of consideration in their own consumption. In the 1970s the prescriber came to be framed as the active agent in the chain of use, an element forwarded in feminist narratives.

By the end of the 1970s, criticism towards doctors prescribing pills to women continued to move from feminist and women's health texts to national reports, especially following the substance treatment of former First Lady Betty Ford. CBS News aired a special report in 1978 on pill abuse. According to the report, the "explosion" in pill use took place in the 1960s, when many Americans, especially women, began to receive prescriptions for pills that would help them sleep, relax, cheer up, ease their pain, lose weight, or have more

⁸¹ David Herzberg, "'The Pills You Love Can Turn on You': Feminism, Tranquilizers, and the Valium Panic of the 1970s," *American Quarterly* 58, no. 1 (March 2006): 81.

energy. In the 1970s, the media demonstrated greater awareness of the dangers of prescription drugs, however, white women continued to encounter abuse issues as society frequently viewed their struggles as trivial. Dr. Robert DuPont expressed that society was “more tolerant of inadequate behavior in women. There is a kind of conspiracy to protect the poor functioning women in the sense that this has to be covered up, not talked about. It’s okay if Sally doesn’t really function very well, whereas with Sam you’d think there was something wrong, he’d have to get help.”⁸² NBC News addressed the growing problem of women and substance abuse in a segment titled “Women, Moods and Rx Drugs.” The report listed Valium as the most popular drug women used and abused and was typically easy to get from a physician. Doctors frequently viewed women’s problems as emotional and in need of chemical assistance. Reporter Betty Rollin affirmed that both physicians and patients needed more significant information on when and how they should prescribe or use pills. Rollin concluded that women were the “victims of carelessness and ignorance of the potential dangers of medicine.”⁸³ These nationally televised reports pointed to the failures of physicians and the victimhood of women who consumed prescription pills. The media integrated the acceptance of narratives of women’s health and feminism on licit drug use to larger audiences.

For some women, new narratives on prescription pills would come to capture a divergent understanding of women’s unhappiness and struggles in the past. These concepts influenced women to rethink the housewife image of earlier decades, the judgments of women who died from pill use, and their own experiences with pills and mental health. They

⁸² “Pill Addiction,” *CBS Evening News*, CBS, May 1, 1978. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #257759.

⁸³ “Segment 3 (Women, Moods and Rx Drugs),” *NBC Evening News*, NBC, May 22, 1978. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #498936.

would also strengthen historical narratives that viewed women's use of pills through a lens of oppression from pharmaceutical companies, physicians, and the patriarchy, along with women's victimhood.

In the novel, *The Women's Room*, from 1977, author Marilyn French incorporated pill use alongside the story of a 1950s and 1960s housewife. Using hindsight to present an analysis of stereotypical postwar housewives, French represented prescription pill use very differently from previous narratives. Women in her novel did not seek them for assistance with sleep or anxiety. Instead, one overdoses when physically abused and another declares her use as forced to keep her docile. The protagonist Mira marries and has two children yet feels dissatisfied with her life.⁸⁴ When her husband begins making more money, they move into a suburban community where their neighbors are women in similar states of unhappiness. Martha falls in love and leaves her husband, but when her lover refuses to leave his wife, she swallows a bottle of sleeping pills before deciding to purge them.⁸⁵ Martha reveals that she and David verbally and physically fought each other when he told her he was staying with his wife and that her pain was so intense that she no longer wanted to live.⁸⁶ Mira's other friend Lily demonstrates unstable behavior that leads to her husband placing her in a mental hospital. Lily reveals, "I kept screaming, I shrieked. So he locks me in here... Doctors by the thousands give barbiturates and tranquilizers to all the housewives: keep the natives quiet."⁸⁷ Lily adds that when drugs no longer work, they lock women in hospitals, unable to bother society with their noise any longer. These accounts of Mira's friends expose to her just how far displeasure with life can push women. Soon Mira's husband shocks her

⁸⁴ Marilyn French, *The Women's Room* (London: Penguin Books, 1977), 37.

⁸⁵ *Ibid.*, 210.

⁸⁶ *Ibid.*, 212.

⁸⁷ *Ibid.*, 221.

from her unhappy yet stable life when he asks for a divorce. Confused, Mira thinks about how “She had been presented with a set of terms: your function is to marry, raise children, and if you can, keep your husband. If you follow these rules (smile, diet, smile, don’t nag, smile, cook, smile, clean) you will keep him. The terms were clear and she had accepted them and they had failed her.”⁸⁸ French reveals through these housewife characters how women of the past used pills as a tool to escape pain and the patriarchy used them to subdue women who exhibited undesirable behaviors. Through the observations of Mira, she also demonstrates that doing everything the right way to avoid displeasing anyone besides herself brought no guarantees of happiness nor of protecting the life she helped her family build. French presents that, drugged or not, the traditional lives of housewives brought a vulnerability for damage and disruption from men who held power in their relationships.

As these 1970s critiques revealed, the new and growing mistrust of all pills also reflected an intense distrust of those providing care. One woman shared with *Cosmopolitan* in the late 1970s that she would never take pills again as they brought memory impairment and an inability to work. She asserted that “Drugs are truly the rape of the mind, and you spend the rest of your life fighting their influence.”⁸⁹ Feminist Kate Millett was hospitalized during the 1970s for mental illness and wrote about her experiences and relationships with pills in *The Loony-Bin Trip*.⁹⁰ Her problems led physicians to place her on lithium, with Millett writing how they thought, “An unsound mind like mine must be tranquilized and occluded with a drug; left to itself it was tainted, unstable.”⁹¹ Her girlfriend also tried to make her take Valium, hoping it would calm her, yet Millett had read it was “awful” and

⁸⁸ Ibid., 228.

⁸⁹ “Pill Poppers,” *Cosmopolitan*, March 1979, 342.

⁹⁰ Kate Millett, *The Loony-Bin Trip* (New York: Simon and Schuster, 1990), 11.

⁹¹ Ibid., 12.

“addictive” and tried to refuse.⁹² Following suicide attempts, Millett was prescribed Elavil, an antidepressant, but she feared chemical drugs would make her a “zombie.”⁹³ By the late 1980s, Millett had quit taking pills, feeling in greater control of her life and mental illness without chemicals.⁹⁴ These experiences capture the elements of the new critical understanding of pills in the 1970s: overcoming and rejecting the feeling that patients had a duty to take what the doctor prescribed, caregivers who hoped a pill could fix a loved one, and patients beginning to question the safety or usefulness of taking any type of prescription drug.

A new analysis of the most famous prescription pill death of the century, Marilyn Monroe, attempted to comprehend her tragedy through understanding the prominent societal problems that influenced her life. The photographic biography of Marilyn Monroe written by Gloria Steinem in the 1980s addressed her death and pill use without sensationalized gossip and theories but rather with a feminist perspective not often applied to Monroe’s life. Steinem noted the numerous conspiracy theories that claimed the Mafia, the CIA, the FBI, the Kennedy family, or the Communist Party murdered her. However, she argued that none held enough evidence for anyone to take them seriously.⁹⁵ People embraced them, she theorized, because if they admit Monroe chose to commit suicide, then they had to admit her life and “sugary smile was false, that her external beauty covered intense pain.”⁹⁶ Having written about Monroe initially in her magazine, *Ms.*, Steinem focused on noting her misunderstanding of the actress’s seriousness hidden behind her sex symbol image.⁹⁷ Yet,

⁹² *Ibid.*, 64.

⁹³ *Ibid.*, 75.

⁹⁴ *Ibid.*, 310.

⁹⁵ Gloria Steinem, *Marilyn* (New York: MJF Books, 1986), 133.

⁹⁶ *Ibid.*, 135.

⁹⁷ Gloria Steinem, “The Woman Who Died Too Soon,” *Ms.*, August 1972, 35-37, 104.

response to the article from 1972 contained stories of other women who felt overmedicated and faced doctors who considered their pain to be in their heads. This helped Steinem to understand how women received chemical help for their problems and tied this to Monroe, seeing that “Physicians had been more likely to prescribe sleeping pills and tranquilizers than to look for the cause of Monroe’s sleeplessness and anxiety. They had continued to do so even after she had attempted suicide several times.”⁹⁸ However, she did recognize that Monroe held some agency in the situation, using multiple doctors “to get more prescriptions or to take drugs in combinations that few would have approved, but her dependencies were also nurtured and encouraged by many movie executives and doctors.”⁹⁹ Steinem’s ability to express the sizable problems beyond the conspiracy theories evidenced the complexities of doctors’ ease with placating women’s issues with drugs, employers encouraging drug use to overwork their employees, and women’s desires to ease their pain. Although compelling, the media and public have not sustained Steinem’s analysis of Monroe but, instead, continue the bizarre conspiracy theories that reduce significant study and understanding of women’s pill use. Still, Steinem provides us with an alternative examination of women and their reliance on pills during this era, one that tried to take sexism into account and to reframe women, barbiturate use, and suicide with less bias against their life choices. Steinem failed to contemplate the accidental nature of Monroe’s overdose, however, seeing her death only as suicide instead of murder. Despite the progressive elements of her analysis, it still demonstrated the inability many have of comprehending the full extent of the realities of women and pill abuse.

⁹⁸ Steinem, *Marilyn*, 19, 22.

⁹⁹ *Ibid.*, 148.

The national attention given to prescription pills, including from the federal government, displayed how far-reaching growing concepts regarding women and drugs had come. Female representation in the federal government amplified issues with women's misuse of drugs and what many deemed the unchecked power of physicians. While the federal government implemented restrictions on the production and prescription of certain licit pills during the early 1970s, illicit use, trade, and abuse drove much of the action. The government's regulation of all drugs was, in part, to reduce smuggling, illegal sales, and youth use.¹⁰⁰

In the late 1970s, a national review demonstrated a spike in the threat of tranquilizers. In 1978, the Food and Drug Administration ordered the manufacturers of minor tranquilizers to reevaluate them to ensure continued safety. This was partly due to the FDA reports that there was a lack of evidence that minor tranquilizers worked effectively for long-term treatment.¹⁰¹ In July 1978, a House committee on drug regulation heard testimony that pharmaceutical companies did not do enough to warn doctors and women of the risks of "mood-altering drugs." An estimated 20 million American women suffered from abuse of these substances. Testimony declared that these women needed "liberation not Librium and education across the board" to reduce the crisis of abuse. Representative Barbara Mikulski argued that the drugs were not from "back-alley pushers" but men from elite universities with prescription pads.¹⁰² Representative Patricia Schroeder added that society accepted male addiction as more serious and harmful than women's drug addiction. The National Institute

¹⁰⁰ Bill Hazlett, "Police Chiefs Told of Worldwide Battle to Halt Dope, Drugs," *Los Angeles Times*, September 29, 1971, A3; "Nixon Creates Policy Panel on Narcotics," *Los Angeles Times*, September 8, 1971, A11.

¹⁰¹ "FDA/Tranquilizers," *CBS Evening News*, CBS, January 9, 1978. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #254983.

¹⁰² "Drugs and Drug Abuse," *ABC Evening News*, ABC, July 26, 1978. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #54895.

on Drug Abuse officials had no programs directed for women, but they hoped to correct this in the future.¹⁰³ After years of some women speaking out about the oppressive nature of prescription pills, they received a stronger platform not only to amplify their message but to advocate for change through governmental recognition.

In the late 1970s, there was a growing awareness of the risks of prescription pills on women. The expansion led to an attack on licit drugs and the medical establishment's part in women's oppression, which helped magnify conversations around these themes on a national scale. With prevalent narratives on victimhood relating to women and drugs, new observations emerged on past pill use. Women reconsidered concepts surrounding housewives and famous overdose cases through the lens of victimhood, realizing women previously judged harshly for their decisions to use prescription pills lacked the opportunity to escape their consumption or make other choices.

Conclusion

Throughout the evolution of the Second-Wave Women's Movement, transitions in critiques of women's prescription pill use often reflected changes taking place in the larger feminist movement. It began with reflections on knowledge about the pills women consumed, especially wives and mothers, to analyzing the larger patriarchal system that influenced most women's daily lives and options. Many of these perspectives would permeate into national consciousness and critiques. In the 1960s and early 1970s, women increasingly advocated that the consumers of the Pill and drugs used in childbirth needed greater awareness of the risks, bringing vital recognition towards women's knowledge of

¹⁰³ "Women and Drug Abuse/House," *CBS Evening News*, CBS, July 26, 1978. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #258937.

pills and their bodies. They felt women should ask questions about their reproductive health care and drugs and assess the benefits and dangers themselves rather than relying on physicians to make decisions for them. These debates influenced wider feminist reactions to doctors prescribing women other pills. They envisioned doctors as pushers of drugs, using quick fixes to silence women's complaints, which kept them from resisting forms of sexism and oppression. Some feminists believed that the medical community brainwashed women to continue traditional housewife duties, unable to understand why women would maintain this role without drugs keeping them submissive. These transitions expanded feminist narratives from a segment of pill users, like pregnant women, to a larger analysis of the systemic problems that influenced most women receiving prescription pills that required political solutions.

By the end of the 1970s, there was greater discussion about the need for patients to understand the side effects of the drugs they took and whether they needed them, not just in feminist outlets but in the mainstream media. As a feminist principle, some believed that women should have greater control over their own bodies and voice their desires in medical assistance. They perceived prescription pills as giving control over women's bodies to the doctors and pharmaceutical companies who profited from the consumption of pills. In these narratives, women who consumed pills continued to exist as victims, reducing the reasons behind their use that did not involve blame. The expanding feminist analysis of the risks of women's prescription pill use incorporated a growing inclusion of users through not placing blame on certain misuse of consumers or subsets of women but examining the risks and damage from the systems of power that provided pills to millions of women.

A special news report in 1979 argued that while taking pills easily reduced stress, it was a crutch, not a cure. According to reporter Jules Bergman, "We live in a society of pills.

There are pills for everything, except to learn how to live without them.” Since people held greater awareness of prescription pill problems, they looked for new outlets for stress relief.¹⁰⁴ With continued requests for more significant warnings and protection from drugs, pill use declined. The number of prescriptions for Valium alone fell from over 60 million in 1975 to 33.6 million in 1980.¹⁰⁵ As the 1970s ended, it was clear that society was more aware of the dangers of the prescription pills they once embraced. Narratives on barbiturates, minor tranquilizers, and amphetamines weakened consumer and cultural confidence in the assistance they could bring, and greater federal oversight reduced their ease in availability.

By the time of the release of *The New Our Bodies, Ourselves* in 1984, the impact of knowledge surrounding prescription pills and women’s bodies had grown substantially. The newer edition featured a small chapter titled “Alcohol, Mood-Altering Drugs and Smoking,” which provided information on these substances in the context outside of only pregnancy and labor.¹⁰⁶ It noted that barbiturates are addictive and easy to overdose with, and in smaller amounts can bring grogginess and reduced motor performance.¹⁰⁷ The writers reported that amphetamines lost their approval from the FDA for weight loss in 1978 because they had high abuse and dependency rates.¹⁰⁸ In significant amounts, these pills cause heart failure, intense appetite loss, malnutrition, and weakened states.¹⁰⁹ The updated edition still cautioned against drugs in childbirth in most cases.¹¹⁰ The considerable additions to *The New*

¹⁰⁴ “Special Assignment: Stress,” *ABC Evening News*, ABC, May 3, 1979. Accessed from Vanderbilt Television News Archive, Nashville, TN. Call #59819.

¹⁰⁵ Philip M. Boffey, “Worldwide Use of Valium Draws New Scrutiny,” *New York Times*, October 13, 1981, C1.

¹⁰⁶ The Boston Women’s Health Book Collective, *The New Our Bodies, Ourselves: A Book By and For Women* (New York: A Touchstone Book, 1984), 33.

¹⁰⁷ *Ibid.*, 35.

¹⁰⁸ *Ibid.*

¹⁰⁹ *Ibid.*, 36.

¹¹⁰ *Ibid.*, 379.

Our Bodies, Ourselves demonstrated the expansion of feminist concepts on licit drugs and improved awareness of their risks.

With this new detailed account of women and drugs from the 1980s, we can see the ways knowledge and understanding permeated and expanded into areas of health and feminism in a brief period. Women's rights work on reproductive health and radical feminist concepts on social structures played essential roles in shifting narratives surrounding women and prescription drugs. Unlike the individual pill types explored in earlier chapters, where only specific uses or drugs would receive reassessments, these issues impacted pivotal concepts in society. The construction of categories like licit or illicit drugs lost some stability as narratives presented doctors as pushing drugs on female patients. Feminist narratives of the 1960s and 1970s also inform the legacy today of women's pill use of the past, providing a female reaction to the consumption but not always from the users' point of view. Although the birth control pill would continue to play a vital role in women's lives in the following decades (and the Pill would get safer as the level of hormones in them lessened), the barbiturate, minor tranquilizer, and amphetamine use so widely embraced waned considerably over time.

Conclusion

In 1972, the novel *The Stepford Wives*, followed in 1975 by the film of the same name, provided an exaggerated and satirical look at idealized women's roles. Author Ira Levin centers his story around Joanna, a wife, mother, and photographer, who moves to a beautiful suburban community with her family and grows increasingly suspicious of most women in the town. These women are docile housewives, focused on keeping their homes clean, their husbands happy, and presenting perfectly groomed, thin, and curvaceous bodies. To Joanna and another new resident, Bobbie, these women seem pathetic, lacking knowledge of feminism and focusing attention on undeserving achievements. Soon Joanna and Bobbie debate whether someone or something is brainwashing or drugging the women, seeing no other reason they would act in a manner that benefitted their families and community over their own well-being. Eventually, the issue concerns Joanna to such a point she obtains a prescription for pills to ease her anxiety, before learning that the town's men are replacing all women with robots, and she is the next victim.¹ The story reveals themes of women's roles and men's worries about losing the advantages of traditional expectations many enjoyed. Betty Friedan summarized the book's events as fearful men replacing women "with Disneyland robots who can make hot breakfasts, wax floors, shop supermarkets, drive cars, sing lullabies to children, and even fill brassieres and put on lipstick more efficiently than women who are people."² Over the decades, the terms "Stepford wife" and "housewives" have almost become synonymous and leave an impression that millions of real women who lived seemingly traditional lives and met the expectations of a patriarchal society were as

¹ Ira Levin, *The Stepford Wives* (London: Bloomsbury Publishing Plc., 2000).

² Betty Friedan, *It Changed My Life: Writings on the Women's Movement* (New York: A Dell Book, 1976), 311.

naïve as the robotic Stepford residents.³ When we add prescription pills to the discussion, they appear as another level of the control and mindlessness women faced, or as a numbing agent of their oppression. Culturally, we often view the pills like the technological advancements in *The Stepford Wives*, which may have brought advantages, but they were to the detriment of women. Yet, as this dissertation has demonstrated, many women sought prescription pills for numerous reasons and could find elements of power, security, and enjoyment in their use. The pills were not solely destructive, even if, at times, they brought harmful physical side effects or benefitted those other than the user. Many consumers expressed finding desired and comforting results in their prescription pill use.

Barbiturates, minor tranquilizers, and amphetamines, like many once-favored products, have lost popularity over time and with that, the recognition of their significance and multiple effects has also declined. Tens of millions of Americans consumed and frequently referenced these drugs and they were an integral part of society. During the 1950s and 1960s, middle- and upper-class women became the majority users of these drugs, having the time and money to visit doctors and acquire prescriptions. Beyond their notoriety, these pills provide a guide to comprehending the lives of women in the postwar era and their desires for transformation. The initial respectability of certain prescription pill use signified what society held dear, such as consumerism, technology, domestic bliss, productivity, and women's appearance. The history of prescription pills demonstrates how their use brought women comfort and pleasure, as well as harmful effects and addiction and reveals neglected stories about women's rights and bodies in this era. The reasons women desired the pills and how society critiqued women's use and motivations all provide a complex understanding

³ Ira Levin, "Fashion for Dummies: Redressing the Fatal Flaw in 'The Stepford Wives,'" *New York Times*, December 7, 2003, SM85; Margaret Talbot, "A Stepford for Our Times," *Atlantic Monthly*, December 2003, 28.

beyond their references as “mother’s little helper.” These pills reinforced concerns women felt social pressure to maintain and also adoption for less traditional expectations that signified women’s changing roles.

This dissertation examines the impact of women’s relationships with prescription pills on their daily lives, gender roles, and the feminist movement. Women were under a critical eye to uphold gender expectations of the era, amplifying motivations to consume pills to alter their physical and emotional selves. Making these changes could improve relationships with their spouses, children, and employers, give women enhanced security and reward, and increase self-esteem. The success of these drugs to ease insomnia, anxiety, and weight loss demonstrate the pressures women felt and wanted to help reduce. Women relied on using these pills to adhere to social obligations, as they were an accessible tool to help attain these goals or handle other pressures placed on them. Women in the postwar era often felt that they faced standards they could not achieve and experienced criticism for their choices no matter their intentions. With the aid of pills, strengthened with the social acceptability they carried for years, women could meet these challenges and elevate their own success and quality of life. As women turned to these pills to assist with gender expectations that they felt pressure to uphold, they also raised the expectations that women could or should be able to accomplish.

This dissertation highlights women’s voices on pill use to move away from the cultural imagery of tranquilized or jittery women, instead, bringing a more nuanced inspection of women’s circumstances and usage. Popular culture and women’s history have recalled women’s pill use in the postwar era through the stereotypes generated in cultural narratives and many lack detailed analysis of the use and critiques of these pills.

Understanding women’s experiences in general without properly unpacking their use of

prescription pills, an element so engrained into society, allows stereotypes of their drug use to perpetuate in historical memory, or allows a key element to remain outside the story. Looking at modern thoughts on postwar drug use, we often concentrate on the growth of the War on Drugs and use among the counterculture, usually focusing on men. By shifting our attention to women and pills during this time, we see just how deeply a part of drug culture women were in the postwar era. Jacqueline Susann once told a reporter that she felt history would remember her alongside the Beatles and Andy Warhol as representative of the 1960s.⁴ Given the immense success of her novels, especially *Valley of the Dolls*, and how she captured the world of her and other women's pill use, this comment would not have seemed far-fetched during her life. Yet, history has not often generated that level of attention or significance towards women and their experiences with pills. As demonstrated, women's use was very present and diverse in the past, portrayed in positive and negative contexts, and an important part of the era's culture.

While some of the stories of postwar prescription pill use exist in the histories of anxiety, medicine, drugs, and celebrities, we must examine the narratives together to develop a clearer picture of the impact pills played in the era. Thinking of stereotypes like how Old Hollywood movie stars died by suicide from swallowing too many sleeping pills and the added noise of conspiracy theories and fictional gossip surrounding Marilyn Monroe and Lupe Velez, we lose the more significant representation that these stories tell us. Women faced immense pressures that new medical advancements could assist with, and it seems apparent why they turned to them in the way they did. Women's history has widely left out the degree to which women consumed prescription pills and the lessons this demonstrates

⁴ Subseries C. Lovely Me: Correspondence, 1981-2003. Additional papers of Barbara Seaman, 1933-2008 (inclusive), 1966-2006 (bulk), MC 695; CD-61; DVD-76; T-468; Vt-242, 26.7-26.9. Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study.

about the expectations and demands of the era. Over the course of these drugs' expansion in popularity and decrease in use, we recognize transitions in social perspectives towards medicine, consumerism, gender expectations, and feminism. Women's postwar drug stories reveal essential concepts of gender and women's history. By comprehending how cultural narratives formed and analyzing women's own words, we can understand how prescription pill users engaged with their consumption and the culture at large.

Women were often at the center of conversations about prescription pills. Some narratives promised that pills would help them live up to certain ideals, while others told them to stay away from pills. As criticisms against pill use grew in the 1960s and 1970s, they contained sexist attacks and judgments against women and their consumption. Groups used the popularity and awareness of these pills to forward messages and concerns regarding the fear of change and at other times, the need for it. Gender roles motivated the influence to take these pills and for others the reasoning on why women should halt consumption. Stereotypes of women who consumed prescription pills often implied that users placed themselves in situations requiring chemical aid. When the nuclear family held special significance in the early Cold War, reactions conveyed that the unmarried women who overdosed on barbiturates failed to successfully form traditional lives and families. As more women began questioning the lack of fulfillment of living as housewives and entered the paid workforce, criticism came from those confused that some women did not appreciate the luxuries and privileges of suburbia and consumerism. In contrast, others perceived users as foolish for thinking pills would provide any relief to their unhappiness. While society expected women to uphold traditional homemaking skills with modern technologies to ease their work (or improve the standard), they were supposed to physically appear a certain way, too, demonstrating their thinness as an extension of their discipline, conformity, and family's

success. The inability of women to perfectly perform social ideals, and their battles to try, weakened confidence in the traditions and values America held as an example of success. Women faced multiple pressures, and we find in the specific pills and quantities they took the scale to which they felt they must work to adhere to them. Pill use also reflects issues with gender expectations that the feminist movement would want society to amend.

Liberal and radical feminists were some of the most vocal in expressing displeasure with women's pill use in the 1960s and 1970s. Opinions varied in extremity with early thoughts that they kept women pacified with their lives that lacked self-fulfillment. Later, fears over sexism in prescription practices, oppression from the patriarchy, and concerns over side effects that focused on reproduction and childbirth fueled attacks on pill use. However, they failed to ask whether women's knowledge of certain influences or risks was enough to outweigh their need for help. While some critiques of licit drugs would provide expanded consumer awareness and education about their use and possible addictive nature, women's need for assistance did not vanish. Women would seek out other items to assist them, and the pills they took would continue to exist, only shifted towards different purposes or demographics. Women who took pills on doctors' suggestions and out of a desire for self-betterment later felt not only the unexpected physical or psychological side effects but also the unexpected social and cultural backlash against their use.

The height of women's use of barbiturates, minor tranquilizers, and amphetamines converges across areas of gender roles and the Second-Wave Women's Movement. Their use and denunciation demonstrate ways in which women's lives and concepts of self were shifting even when not explicitly involved in feminist activism. There was variation in experiences with some women speaking against pill use as they viewed it as reducing women's ability to find self-fulfillment and break away from traditional gender standards.

Others argued that embracing pill consumption allowed them to achieve new expectations, balance careers, and find areas of expression and enjoyment alongside homemaking.

Pressures of gender roles, both traditional and nonconforming, led to women's increased pill use. Feminists' desire to deconstruct gender norms also impacted women's relationship with these pills. Women's postwar era consumption of prescription pills and feminist criticism additionally demonstrate another layer of how intertwined women's history and the cultural narratives of housewives and feminist activism are.

Women's use of barbiturates, minor tranquilizers, and amphetamines in such high numbers provide us with examples of just how serious issues with gender roles and frustrations with maintaining them were. Women's consumption of prescription pills helps us understand the lengths they would go to for aid, such as what side effects they would endure for the benefits that pills could bring. This evolved as the understanding of these pills shifted from that of medical and technological advancement towards substances holding potential for physical harm, addiction, and patriarchal control. The prevalence of these pills demonstrates women's relationship with their bodies, emotional states, and duties. As women sought them out and physicians frequently offered them, both acknowledged that there were problems that needed solutions. While some stressed that they desired self-betterment through pill consumption, it also exhibited their inability to handle gender expectations on their own (or a lack of desire to even try). It also explains the roles and harmful situations women endured in society, reminding us why the expansion of feminism was important to women's rights and equality. The movement was not only about legal opportunities and women's marches but also amplifying awareness that the widespread gender expectations women worked to achieve, at times with the aid of pills, were a result of structural systemic social problems not individual women's failures or weaknesses. Millions of women struggled to control their

issues with pills, which stimulated the feminist movement's need for expansion. As the Second-Wave developed in the 1960s and 1970s, the media and feminist narratives would provide heightened attention to these concerns, both in conversation with prescription pills and without. While awareness of women's rights and the need for evolving gender roles grew, challenges for many women remained, even though their use of these pills declined.

Epilogue

By the early 1980s, books on prescription pills continued to stress the negative impacts of their use. The authors of *The Tranquilizing of America: Pill Popping and the American Way of Life* forwarded the idea that drug use stopped people from leading authentic lives. This created a harmful situation where science had influenced society to believe that if drugs can cure physical disease, they could help with all other difficulties.⁵ *Pills & the Public Purse* stressed that there were pills for all ills, even if non-medical.⁶ Through prescription drugs, the medical and pharmaceutical industries told patients that they had real symptoms that a doctor and their prescription could heal.⁷ These theories directed toward pill-taking were nothing new. They addressed them for years before, however, they now gained greater mainstream coverage, at least towards barbiturates, minor tranquilizers, and amphetamines. The tone had shifted, seeing a pill to help every problem as a harmful reliance rather than a feat of modern technology and progress. Criticism from feminist and consumer protection groups aimed at the pharmaceutical industry and physicians weakened the idea that pills could solve all issues or were needed to meet societal expectations.

⁵ Richard Hughes and Robert Brewin, *The Tranquilizing of America: Pill Popping and the American Way of Life* (New York: Harcourt Brace Jovanovich, 1979), 20.

⁶ Milton Silverman, Philip R. Lee, and Mia Lydecker, *Pills & the Public Purse: The Routes to National Drug Insurance* (Berkeley: University of California Press, 1981), 46.

⁷ *Ibid.*, 48.

In the 1980s, increased research on addiction uncovered that women's experiences of drug use and dependence varied from men's, and therefore women would benefit from gender-specific assistance. The criticisms against prescription pill abuse in the 1960s and 1970s usually placed culpability with either users or physicians. As awareness of addiction grew, acknowledgment of the multiple threads of influence deepened. A medical doctor told the *Los Angeles Times* that it was not useful to blame doctors or patients for pill abuse: "It's not a question of fault here, but of awareness."⁸ The recognition that there were side effects and undesired outcomes of pill consumption beyond the expected risks allowed for elevated responsibility in prescribing and recovery. The stigma attached to being an addict and seeking help prevailed, but that would decrease as women addicted to prescription drugs came forward with their stories.

To assist others with their recovery, the Betty Ford Center in California opened in 1982, a complex where patients could combat chemical dependency. The center opened with mixed-gender treatments, as Ford herself had experienced. By the mid-1980s, there was enough demand to offer gender-specific recovery, demonstrating the growth in accepting addiction among women and their desire to find assistance.⁹ One of the earliest notable patients of the Betty Ford Center was actress Elizabeth Taylor. After her stay, Taylor disclosed that she had used pills and alcohol to overcome pain for decades.¹⁰ Following the death of Taylor's husband in 1958, she experienced growing insomnia and began sleeping pill use to rest before early arrival times on film sets. She ultimately learned that barbiturates were addictive but at the time thought they were just a "crutch" to get through a devastating

⁸ Lorraine Bennett, "Group Helps Curb Addiction," *Los Angeles Times*, February 16, 1978, 16.

⁹ Betty Ford, *Healing and Hope: Six Women from the Betty Ford Center Share Their Powerful Journeys of Addiction and Recovery* (New York: G.P. Putnam's Sons, 2003), 8.

¹⁰ "I Was Stuttering, Stumbling," *Los Angeles Times*, February 29, 1984, A2.

and painful period.¹¹ Eventually, she lost command of the situation, admitting, “I was stuttering, stumbling, incoherent. I needed sleeping pills for 25 years. I had learned to rely on them.”¹² On December 5, 1983, she entered the Betty Ford Center for her self-described “overeating” and alcohol and pill misuse.¹³ Taylor thought most people would not sympathize with her issues as they viewed her as “just another movie actress who’s been married too many times,” a narrative common in the postwar regarding sedative users. She decided to share her struggles anyway and openly discussed how addiction treatment and dieting helped her recover and improve her health.¹⁴ Despite the progress that reduced women’s embarrassment about admitting to addiction, barriers remain. Women’s drug and alcohol use are still isolating for some, and society often frowns on their consumption.¹⁵ Many female addicts are also victims of emotional, physical, or sexual abuse, making it harder for them to reach out for help.¹⁶ However, as targeted assistance for women’s overuse and abuse of barbiturates, minor tranquilizers, and amphetamines grew, alongside expanded education and reduced availability, women’s use of these products declined.

During the 1980s and 1990s, Americans reduced their consumption of the drugs like barbiturates, minor tranquilizers, and amphetamines that had been so prevalent in the previous decades. Eventually, the new selective serotonin reuptake inhibitor (SSRI) drugs, including antidepressants like Prozac, emerged as the new predominant prescription pills for mood and anxiety. As Prozac’s notoriety expanded in the early 1990s, Harvard sociologist David Riesman commented that American culture encouraged everyone to be “busy,

¹¹ Elizabeth Taylor, *Elizabeth Takes Off* (New York: G.P. Putnam’s Sons, 1987), 81.

¹² “‘I Was Stuttering, Stumbling,’” A2.

¹³ Taylor, *Elizabeth Takes Off*, 98.

¹⁴ *Ibid.*, 100.

¹⁵ Ford, *Healing and Hope*, 2.

¹⁶ *Ibid.*, 5.

stressed, and happy,” and chemical help to relieve those tensions seemed an obvious fit.¹⁷ Within a few years of Prozac’s favor with physicians and consumers, Elizabeth Wurtzel captured the nation’s attention with her memoir *Prozac Nation: Young and Depressed in America*. This honest and detailed look at Wurtzel’s battle with depression and her use of many drugs, Prozac included, also contains ties to pill use of decades earlier. She compares herself to Sylvia Plath, grappling with suicidal pain and sensing she will die young as she could not continue having this feeling forever.¹⁸ Wurtzel calls her doctor the “pusherman” because he seems to only write prescriptions and give her pills.¹⁹ While taking lithium and Prozac, among other drugs, she worries they will harm her, even as the doctor assures her that he is monitoring her health. She thinks about DES and Valium with the dangers physicians told women to ignore and panics that “taking drugs breeds taking more drugs” and she consumes “too damn many pills.”²⁰ While Wurtzel presents a candid exploration into growing concepts of young adults and serious depression of the late 1980s and early 1990s, she also speaks directly to frequent narratives and historical ideas that prescription pills cause harm and physicians have untrustworthy intentions influenced by unexamined sexism in providing chemical relief. Through the experiences of Taylor and Wurtzel in the 1980s and 1990s, we encounter ways cultural narratives on women’s pill use left their mark on these women’s understanding of their own consumption.

While present in earlier decades, exercise and fitness culture rose to prominence in the 1980s. Exercise and fitness illustrated one’s ability to work hard and be productive,

¹⁷ Sara Rimer, “With Millions Taking Prozac, A Legal Drug Culture Arises,” *New York Times*, December 13, 1993, 1.

¹⁸ Elizabeth Wurtzel, *Prozac Nation: Young and Depressed in America* (Boston: Houghton Mifflin Company, 1994), 8.

¹⁹ *Ibid.*, 4.

²⁰ *Ibid.*, 17.

something previously accomplished with the aid of amphetamines.²¹ The cover story for *Rolling Stone* magazine by Aaron Latham in June 1983, “Looking for Mr. Goodbody,” discussed the mistrust Americans were feeling towards medicine, and that exercise was a popular form of self-help to avoid this system. One regular health club member shared with Latham that she was also planning plastic surgery to obtain greater perfection and to be “prettier.” Latham commented that perfection brings a greater likelihood of love and that it seemed very American to see perfection as an accomplishment through the hard work of continued exercise and suffering of plastic surgery.²² The film based on the article, *Perfect*, features a fitness instructor defending exercise culture, feeling pride in her clients’ desire for improvement and perfection.²³ To her, aspiring for perfection is not a state to condemn but rather an illustration of ambition and achievement.

As Americans worked hard to acquire perfect bodies through exercise, women continued to stay thin and demonstrate physical perfection in other ways. Susie Orbach wrote about how a woman learns that her body is a commodity that helps her find a place in the world.²⁴ She is more critical of herself as, “A woman’s body is one of the few culturally accepted ways a woman has to express herself and yet the scope of this expression is limited by a contradiction: the pressure to look a certain way, to conform to today’s slim image.”²⁵ As discussed in Susan Faludi’s best-selling book *Backlash: The Undeclared War Against American Women*, plastic surgery was also a growing industry in the 1980s. Strategies used in publicity incorporated the opportunity it would bring patients, increasing women’s

²¹ Shelly McKenzie, *Getting Physical: The Rise of Fitness Culture in America* (Lawrence: University Press of Kansas, 2013), 164, 180.

²² Aaron Latham, “Looking For Mr. Goodbody,” *Rolling Stone*, June 9, 1983, 25.

²³ James Bridges, *Perfect* (United States: Columbia Pictures, 1985).

²⁴ Susie Orbach, *Fat is a Feminist Issue 2* (London: A Hamlyn Paperback, 1982), 20.

²⁵ *Ibid.*, 21.

confidence and helping them achieve their career goals.²⁶ As serious fitness regimes and plastic surgery increased in popularity during the 1980s and the following decades, the expectations that once surrounded diet pill consumption altered. To reduce one's appetite and size was no longer enough, but the new standard was perfection, often not attainable naturally or without greater levels of income and time. Naomi Wolf argues in *The Beauty Myth* that culture's attention to female thinness was not necessarily about beauty but more about female obedience.²⁷ As women secured enhanced legal freedom in the twentieth century, Wolf also noticed a shift away from the feminine mystique towards the beauty myth where women perfected diet and personal appearance rather than the household, leading to a rise in eating disorders and cosmetic surgery during the 1980s.²⁸ Even though American society no longer viewed prescription diet pills as acceptable, expectations placed on women's bodies still brought potentially harmful behavior.

Prescription pills consumed in recent years hold similarities and differences to pills of the postwar era. Antidepressants and anti-anxiety pills provide relief to those contemplating suicide or struggling to perform daily tasks. Drugs like Ritalin and Adderall, which are chemically similar to diet and pep pills, can assist those with hyperactivity to find balance and concentration.²⁹ The stigma of taking medications for mental illness has also significantly decreased. Yet, stories of their overuse, especially with children and young adults, still circulate as warnings. Society relies heavily on the benefits of numerous drugs, and there are still concerns about addiction and dependence related to them.

²⁶ Susan Faludi, *Backlash: The Undeclared War Against American Women* (New York: Anchor Books, 1991), 217.

²⁷ Naomi Wolf, *The Beauty Myth* (Toronto: Vintage Books, 1990), 187.

²⁸ *Ibid.*, 10, 11.

²⁹ Elaine A. Moore, *The Amphetamine Debate: The Use of Adderall, Ritalin and Related Drugs for Behavior Modification, Neuroenhancement and Anti-Aging Purposes* (Jefferson: McFarland & Company, Inc., Publishers, 2011).

In October 2020, when the greatest challenges of the COVID-19 pandemic were far from over, Jessica Grose revealed to *New York Times* readers how parents, overwhelmed with homeschooling and working from home, were turning to alcohol and marijuana to relax at the end of stress-filled days. The “hellscape that is pandemic parenting” kept them in the home with their family members day after day. It often meant that typical outlets of unwinding like going to the gym or out with friends were no longer available for parents. Some studies demonstrated that alcohol use rose among white women aged 30 through 59, and states with legal marijuana sales encountered increased sales when the pandemic began. Yet, the pandemic is not the only time parents have recently used substances in socially concerning ways. The term “wine mom” has been around for the last decade, and talk of “mommy juice,” according to Grose, can seem hilarious to some, but those coping with addiction recovery find it harmful to encounter so frequently.³⁰ Whether to provide moments of relief in busy or overwhelming days or to help relax and sleep, it is not hard to see comparisons between the stressed-out parents of today and the women using prescription pills in the past. One significant difference, however, is that men are now part of the conversation as dads parent much more actively than they did in the postwar era. Women often still bear more of the burden, but both were likely to be at home with children during the pandemic.

After analyzing decades of widespread prescription pill use, women clearly sought substances to assist with their attempts to meet or cope with social, cultural, and personal demands and expectations. Yet, although many consumed them for what they viewed as individual issues, they often exposed deeper troubles with society and culture. While no item has revealed itself as free of side effects, people continue to turn to accessible products. As

³⁰ Jessica Grose, “Parents’ Little Helpers,” *New York Times*, October 4, 2020, ST1.

Aldous Huxley wrote in the 1950s in *The Doors of Perception*, “What is needed is a new drug which will relieve and console our suffering species without doing more harm in the long run than it does good in the short.”³¹ Despite hope placed on technological advancements in the postwar era, the new drugs did not satisfy this dream. The stories of women’s use of barbiturates, minor tranquilizers, and amphetamines demonstrate unforeseen consequences. Instead of providing the magical technological and lifestyle advancements heralded in the 1961 *Cosmopolitan* article discussed in the introduction, these substances both relieved suffering and added to it.

Women’s pill consumption intersects numerous lifestyles, themes, gender roles, and the feminist movement in fascinating and complicated ways. Pills were not merely a way to escape unhappiness with conformity, but women also used them to assist in meeting or improving standards. Women’s connections to pill use in narratives and their experiences highlight numerous ways some perceived pills as aids of support and tools of betterment in an era where expectations felt unreachable on their own. As much of the criticism against women’s prescription pill use in the postwar decades argued, the conformity users upheld was harmful to progress. Many hoped that by ending pill use, the women would move away from the influences that led them to begin taking pills. However, many of the challenges that caused women to turn to pills remain today. Just as Second-Wave feminism did not erase all the problems it fought to change, such as inequalities in pay and childcare systems, gender expectations that led to women’s high pill intake continue to exist. Women still encounter daily anxieties, a need to reduce and maintain their size, and pressure to increase productivity. While some realize that pills are not harmless tools but can lead to potential

³¹ Aldous Huxley, *The Doors of Perception and Heaven and Hell* (New York: Harper & Row, Publishers, 1990), 64.

side effects, including addiction, alternative solutions do not always exist, and pills can provide essential support to those who require them. Not all women taking pills in the past were doing so to fit into the conformity enforced by others or naïve about all risks, but some had mental health or physical issues that improved with chemical help, just like today. Pills also may have been the only accessible way for many women to find assistance with in what they observed as their problems or faults. It seems that for all the developments that warned women of the potential dangers of barbiturates, minor tranquilizers, and amphetamines, many of the issues they raised for Americans continue to exist. Social and cultural expectations, including those linked to gender, require reconstruction, and reveal that while the United States sustained some progress, there are still many challenges ahead. While awareness of women's prescription pill use uncovered damaging gender standards and the need for transformation, reducing their intake did not bring substantial change to their lives. Individually, many women benefitted from learning the side effects of pill use and chose different coping aids. However, many of the expectations women faced remained in the following decades and are still prevalent today.

Bibliography

Selected Archives and Collections

Selected Periodicals:

Newspapers: *The Atlanta Constitution, Boston Globe, Boston Herald, Chicago Daily Defender, Chicago Tribune, Christian Science Monitor, The Daily Oklahoman, The Globe and Mail, The Hartford Courant, Los Angeles Times, New York Times, Syracuse Post-Standard, Wall Street Journal, The Washington Post.*

Magazines: *Atlantic Monthly, Boxoffice, Collier's, Coronet, Cosmopolitan, Drug Topics, Ebony, Esquire, Glamour, Good Housekeeping, Harper's Bazaar, Harper's Magazine, Her-self, Hygeia, Jet, Ladies' Home Journal, Life, Look, Mademoiselle, McCall's, Mother Lode, Ms., Nature, New Directions for Women, Newsweek, The New Republic, New Women's Times, New Yorker, Pageant, Parents' Magazine, Playboy, Playgirl, Psychology Today, Redbook, The Reporter, Rolling Stone, Saturday Evening Post, The Saturday Review, Seventeen, The Survey, Time, U.S. News & World Report, Vogue, Women's Time, Women's Voice.*

Trade Journals: *Advertising Age, American Journal of Obstetrics and Gynecology, The American Journal of Psychiatry, The American Scholar, American Quarterly, Contemporary Drug Problems, The Hastings Center Report, International Journal of Health Services, Journal of American History, Journal of Drug Education, Journal of Social History, Mental Hygiene, The New England Journal of Medicine, Pharmacological Reviews, Public Health Reports, Science Digest, Scientific Journal.*

Archives:

- Arthur and Elizabeth Schlesinger Library on the History of Women in America, Radcliffe Institute for Advanced Study, Harvard University. Cambridge, MA.

Friedan, Betty. Papers of Betty Friedan, 1933-1985. Series III. WRITING, 1951-1985.

Seaman, Barbara. Additional papers of Barbara Seaman, 1933-2008 (inclusive), 1966-2006 (bulk). Series III. WRITINGS AND RESEARCH, 1937-2007. Subseries A. The Doctor's Case Against the Pill, 1969-2005. Subseries C. Lovely Me: The Life of Jacqueline Susann, 1937-2006.

- Vanderbilt Television News Archive at Vanderbilt University, Nashville, TN. CBS, NBC, and ABC news footage from 1968 through 1980 was accessed.

Selected Primary Sources

Multimedia:

Bridges, James. *Perfect*. United States: Columbia Pictures, 1985.

Burrows, James. "Mary's Insomnia." *The Mary Tyler Moore Show*. Los Angeles: CBS, aired December 4, 1976.

Cassavetes, John. *Faces*. United States: Continental Distributing, 1968.

Forbes, Bryan. *The Stepford Wives*. United States: Columbia Pictures, 1975.

Foshko, Alan. *Jacqueline Susann & The Valley of the Dolls*. Circle 7 Productions, 1967.

Hitchcock, Alfred. *Psycho*. United States: Paramount Pictures, 1960.

Hofsiss, Jack. *I'm Dancing as Fast as I Can*. United States: Paramount Pictures, 1982.

Lazarus, Margaret, and Renner Wunderlich. *Taking Our Bodies Back: The Women's Health Movement*. United States: Cambridge Documentary Films, 1974.

Nye, Louis. "Five Martinis and a Miltown." *Heigh-Ho Madison Ave*. New York: Riverside Records, 1960.

Oz, Frank. *The Stepford Wives*. United States: Paramount Pictures, 2004.

Polanski, Roman. *Rosemary's Baby*. United States: Paramount Pictures, 1968.

Robson, Mark. *Valley of the Dolls*. United States: 20th Century Fox, 1967.

The Rolling Stones. "Mother's Little Helper." *Aftermath*. United Kingdom: Decca Records, 1966.

Wilder, Billy. *The Apartment*. United States: United Artists, 1960.

Books and Articles:

"6 Youths on LSD 'Trip' Blinded By Sun." *New York Times*, January 13, 1968.

"10 Drugs Found in Presley's Body." *Los Angeles Times*, October 19, 1977.

Abbott, Sydney. "The People's Forum." *The Hartford Courant*, December 31, 1944.

"Accused of Smuggling: Jane Fonda Charged in Pill Case." *Boston Globe*, November 4, 1970.

Adams, Elijah. "Barbiturates." *Scientific American* 198, no. 1 (January 1958): 60-67.

"Addicted." *Good Housekeeping*, May 1967.

Advertising Today Yesterday Tomorrow: An Omnibus of Advertising Prepared by Printer's Ink in its 75th Year of Publication. New York: McGraw Hill, 1963.

"Aimee's Death Blamed on Overdose of Capsules." *Los Angeles Times*, October 14, 1944.

"Aimee's Death Probers Hunt New Clues." *The Atlanta Constitution*, September 29, 1944.

"Aimee Semple M'Pherson, 53, Dies in Hotel." *Chicago Tribune*, September 28, 1944.

"Aimee McPherson Dead at 53 After Taking Sleeping Tablets." *The Washington Post*, September 28, 1944.

"Alcohol and a Drug Traced as Causes of Kilgallen Death." *New York Times*, November 16, 1965.

Alexander, Shana. "Decision to Die." *Life*, May 29, 1964.

Altman, Lawrence K. "Valium, Most Prescribed Drug, Is Center of a Medial Dispute." *New York Times*, May 19, 1974.

Angrist, Shirley S., Mark Lefton, Simon Dinitz, and Benjamin Pasamanick. *Women After Treatment: A Study of Former Mental Patients and Their Normal Neighbors*. New York: Appleton-Century-Crofts, 1968.

Anonymous. *Go Ask Alice*. Englewood Cliffs: Prentice-Hall, Inc., 1971.

"Are the Little Yellow Pills Really Mother's Helper?" *The Washington Post*, January 22, 1967.

Arnold, Martin. "The Drug Scene: A Growing Number of America's Elite." *New York Times*, January 10, 1968.

Ayd, Frank J. Jr., and Barry Blackwell, eds. *Discoveries in Biological Psychiatry*. Philadelphia: J.B. Lippincott Company, 1970.

Azima, H. "Truth About the Tranquilizers." *Science Digest*, October 1956.

Bacall, Lauren. *By Myself*. New York: Alfred A. Knopf, 1979.

Baker, J.B.E. "The Effects of Drugs on the Foetus." *Pharmacological Reviews* 12 (March 1960): 37-90.

Bart, Peter. "Makers Worried on Tranquilizers." *New York Times*, August 28, 1960.

Barthel, Joan. "Judy Collins: 'Life Is Groovy, Not War and Hypocrisy.'" *New York Times*, July 9, 1967.

Battelle, Phyllis. "The American Woman: What Awaits Her in The Years Ahead." *Cosmopolitan*, March 1961.

"Beatles Leading Acid Society: Linkletter." *Chicago Tribune*, October 25, 1969.

Beauvoir, Simone de. *The Second Sex*. New York: Vintage Books, 1989.

Bennett, Lorraine. "Group Helps Curb Addiction." *Los Angeles Times*, February 16, 1978.

"Benny Is My Co-Pilot." *Time*, June 11, 1956.

"Benzedrine and Dieting." *Newsweek*, September 8, 1947.

Berg, Roland H. "The Over-Medicated Woman." *McCall's*, September 1971.

Berg, Roland H. "Why Americans Hide Behind a Chemical Curtain." *Look*, August 8, 1967.

"The Better Way: The Dangers in Those Dieting Pills." *Good Housekeeping*, July 1967.

"The Better Way: Dieting Drugs: How Good and How Safe?" *Good Housekeeping*, January 1966.

"The Better Way: Do Americans Suffer from Medicine-Cabinet Addiction?" *Good Housekeeping*, November 1969.

"Betty Ford in Hospital for Drug Use." *Boston Globe*, April 11, 1978.

Bird, Caroline. *Born Female: The High Cost of Keeping Women Down*. Richmond Hill: Simon & Schuster of Canada, Ltd., 1969.

Block, Jean Libman. "Who Says American Women Are 'Trapped?'" *Los Angeles Times*, October 6, 1963.

Boffey, Philip M. "Worldwide Use of Valium Draws New Scrutiny." *New York Times*, October 13, 1981.

The Boston Women's Health Book Collective. *The New Our Bodies, Ourselves: A Book By and For Women*. New York: A Touchstone Book, 1984.

The Boston Women's Health Book Collective. *Our Bodies, Ourselves: A Book By and For Women*. New York: Simon and Schuster, 1973.

Boyd, Pattie, with Penny Junor. *Wonderful Tonight: George Harrison, Eric Clapton, and Me*. New York: Harmony Books, 2007.

- Brahen, Leonard D. "Housewife Drug Abuse." *Journal of Drug Education* 3, no. 1 (Spring 1973): 13-24.
- Brecher, Edward M. *Licit and Illicit Drugs: The Consumers Union Report on Narcotics, Stimulants, Depressants, Inhalants, Hallucinogens, and Marijuana - including Caffeine, Nicotine, and Alcohol*. Boston: Little, Brown and Company, 1972.
- Brenton, Myron. "Women, Drugs, and Alcohol." *Redbook*, May 1979.
- Brinkley, William. "They All Say: 'Look at the American Signora!'" *Life*, December 23, 1957.
- Brothers, Joyce. "Why Would Glamour Girl Decide to Kill Herself?" *Boston Globe*, August 6, 1962.
- Breasted, Mary. "Karen Quinlan's Life Before the Coma." *New York Times*, October 14, 1975.
- Brown, Helen Gurley. *Sex and the Office*. New York: Bernard Geis Associates, 1964.
- Brown, Helen Gurley. *Sex and the New Single Girl*. New York: Bernard Geis Associates, 1970.
- Brown, Helen Gurley. *Sex and the Single Girl*. New York: Bernard Geis Associates, 1962.
- Browning, Norma Lee. "How They Pushed 'Pill-Takers.'" *Chicago Tribune*, December 28, 1967.
- Bruch, Hilde. *The Golden Cage: The Enigma of Anorexia Nervosa*. Cambridge: Harvard University Press, 1978.
- Buchwald, Art. "Mrs. Brown Speaks Her Mind Frankly." *The Washington Post*, November 4, 1962.
- Burroughs, William S. "Kicking Drugs: A Very Personal Story." *Harper's Magazine*, July 1967.
- Burroughs, William S. Jr. *Kentucky Ham*. Woodstock: The Overlook Press, 1984.
- Burton, Gabrielle. *I'm Running Away From Home, But I'm Not Allowed to Cross the Street*. Pittsburgh: Know, Inc., 1972.
- "Business: Government: Trouble in Miltown." *Time*, February 8, 1960.
- "Business: Miltown in Cowtown." *Time*, June 10, 1957.
- Cant, Gilbert. "Valiumania." *New York Times Magazine*, February 1, 1971.

Capote, Truman. *Breakfast at Tiffany's: A Short Novel and Three Stories*. New York: Random House, 1958.

"Capsules." *Time*, July 16, 1956.

Carey, James T. *The College Drug Scene*. Englewood Cliffs: Prentice-Hall, Inc., 1968.

Carlisle, Norman, and Madelyn Carlisle. "Thrill Pills Can Ruin You." *Collier's*, April 23, 1949.

"Carole Landis, 29, Is Found Dead With a Suicide Note in Next Room." *New York Times*, July 6, 1948.

Carson, Rachel. *Silent Spring*. New York: Houghton Mifflin Harcourt Publishing Company, 1962.

Cassady, Carolyn. *Off the Road: Twenty Years with Cassady, Kerouac and Ginsberg*. London: Black Spring Press, 1990.

Castaneda, Carlos. *The Teachings of Don Juan: A Yaqui Way of Knowledge*. Berkeley: University of California, 1998.

Castleman, Michael. "Men Get Cured...Women Get Drugged." *Her-Self*, April 1974.

Chafetz, Morris E., with Patrick Young. "The Complete Book of Women and Pills." *Good Housekeeping*, April 1979.

Chambers, Carl D., and Dodi Schultz. "Housewives and the Drug Habit." *Ladies' Home Journal*, December 1971.

Chambers, Carl D., and Dodi Schultz. "Women and Drugs: A Startling Journal Survey." *Ladies' Home Journal*, November 1971.

Chappell, Russell. "The Big Bulge in Profits." *Newsweek*, July 23, 1956.

Cheever, John. *Bullet Park*. New York: Alfred A. Knopf, 1969.

Chesler, Phyllis. *Women and Madness*. New York: Doubleday & Company, Inc., 1972.

Chesler, Phyllis, and Emily Jane Goodman. *Women, Money & Power*. New York: William Morrow and Company, Inc., 1976.

Clark, Matt. "The Prisoners of Pills." *Newsweek*, April 24, 1978.

Clark, Matt. "Valium Abuse: The Yellow Peril." *Newsweek*, September 24, 1979.

Clendening, Logan. "Using Drugs As Hypnotics Is Dangerous." *The Washington Post*, January 11, 1944.

Clooney, Rosemary, with Joan Barthel. *Girl Singer: An Autobiography*. New York: Doubleday, 1999.

Coalition for the Medical Rights of Women. *The Rock Will Wear Away: Handbook for Women's Health Advocates*. San Francisco: Coalition for the Medical Rights of Women, 1980.

Cohn, Victor. "Women's Drug Dependency Called an Epidemic." *The Washington Post*, April 12, 1978.

"College Admission Hint: Lose Weight." *New York Times*, November 24, 1966.

Collins, Amy Fine. "Once Was Never Enough." *Vanity Fair*, August 26, 2013.

"Connecticut Finds Excessive Drug Use." *New York Times*, March 18, 1964.

Connell, Evan S., Jr. *Mrs. Bridge*. New York: The Viking Press, 1959.

Cooley, Donald G. "The New Nerve Pills and Your Health." *Cosmopolitan*, January 1956.

Coopersmith, Bernard I. "Dexedrine and Weight Control in Pregnancy." *American Journal of Obstetrics and Gynecology* 58, no. 4 (1949): 664-672.

Cooperstock, Ruth, ed. *Social Aspects of the Medical Use of Psychotropic Drugs*. Toronto: Addiction Research Foundation of Ontario, 1974.

Corea, Gena. *The Hidden Malpractice: How American Medicine Treats Women As Patients and Professionals*. New York: William Morrow and Company, Inc., 1977.

"Coroner Starts Probe of Landis Suicide Today." *Daily Boston Globe*, July 8, 1948.

"Correspondence." *The New England Journal of Medicine* 281, no. 24 (Dec 11, 1969).

"Correspondence." *The New England Journal of Medicine* 282, no. 6 (February 5, 1970).

"Correspondence." *The New England Journal of Medicine* 282, no. 15 (April 9, 1970).

"The Couch vs. The Pill." *Look*, February 2, 1960.

Coughlan, Robert. "Changing Roles in Modern Marriage." *Life*, December 24, 1956.

Cousins, Margaret. "Feminine Mystique." *McCall's*, June 1964.

Cowan, Belita H. "Placidyl for Pregnant Women?" *Her-Self* 3, no. 1 (1974): 16.

"Crazy About Reducing." *Time*, August 6, 1956.

Daly, Mary. *Gyn/Ecology: The Metaphysics of Radical Feminism*. Boston: Beacon Press, 1990.

“Danger Ahead! Valium – The Pill You Love Can Turn On You.” *Vogue*, February 1, 1975.

Daniels, Mary. “What Do the Stars Have in Store for President Ford -- And for Us?” *Chicago Tribune*, August 25, 1974.

David, Lester, and Irene David. “Beware the ‘Reducing’ Doctors.” *Coronet*, December 1960.

Davidson, Bill. “The Case for and Against Induced Labor.” *Good Housekeeping*, January 1964.

Davidson, Bill. “The Thrill-Pill Menace.” *Saturday Evening Post*, December 4, 1965.

Davidson, Muriel. “How ‘Nice’ Drugs Killed My Sister.” *Good Housekeeping*, September 1970.

Davidson, Sara. *Loose Change: Three Women of the Sixties*. Garden City: Doubleday & Company, Inc., 1977.

Davis, Arthur L. “Death in Small Doses.” *Saturday Evening Post*, January 21, 1956.

Davis, Patti. *The Way I See It: An Autobiography*. New York: G.P. Putnam’s Sons, 1992.

Day, Beth. “What You Should Know About Everyday Pills.” *Cosmopolitan*, February 1967.

“Day-Long Search Fails to Find Smith Student.” *Daily Boston Globe*, August 26, 1953.

“*The Decision Makers Speak*”: *A Study of Health and Beauty Products Shopping Habits*. McCall’s/National Wholesale Druggists’ Association, 1964.

Denham, Alice. *Sleeping with Bad Boys: A Juicy Tell-All of Literary New York in the Fifties and Sixties*. Las Vegas: Book Republic Press, 2006.

“Dentist Dies in Auto Blaze; Wife Arrested.” *Los Angeles Times*, October 9, 1964.

“Dentist Under Drug Influence, Jury Will Hear.” *Los Angeles Times*, October 20, 1964.

Des Barres, Pamela. *I’m With the Band: Confessions of a Groupie*. Chicago: Chicago Review Press, 2005.

Deutsch, Albert. “Escaping Boredom or Unhappiness.” *The Saturday Review*, September 19, 1953.

DeVries, Peter. *The Mackerel Plaza*. London: Victor Gollancz Ltd., 1958.

Didion, Joan. "On Being Unchosen by the College of One's Choice." *Saturday Evening Post*, April 6, 1968.

Didion, Joan. *Play It As It Lays*. New York: Farrar, Straus & Giroux, 1970.

Didion, Joan. *We Tell Ourselves Stories in Order to Live: Collected Nonfiction*. New York: Alfred A. Knopf, 2006.

Diet Pill (Amphetamines) Traffic, Abuse and Regulation. Washington: U.S. Government Printing Office, 1972.

Dietz, Jean. "Housewife Image Shattered." *Boston Globe*, March 10, 1963.

"Dinah's Death Was Accident." *Chicago Daily Defender*, December 23, 1963.

DiPrima, Diane. *Memoirs of a Beatnik*. San Francisco: Last Gap, 1988.

DiPrima, Diane. *Recollections of My Life as a Woman*. New York: Viking, 2001.

"Dirty Book of the Month." *Time*, April 22, 1966.

"Divorce Action by Dead Dentist's Wife Disclosed." *Los Angeles Times*, October 10, 1964.

"Dorothy Kilgallen, 52, Columnist and TV Panelist, Dies in Sleep." *New York Times*, November 9, 1965.

Dougherty, Philip H. "Advertising: Woman for All Seasons? McCall's Says Yes." *New York Times*, March 22, 1970.

Dreifus, Claudia. *Seizing Our Bodies: The Politics of Women's Health*. New York: Vintage Books, 1977.

"Drug Overdose Blamed in Death of Pier Angeli." *Los Angeles Times*, September 12, 1971.

"The Drug That Left a Trail of Heartbreak." *Life*, August 10, 1962.

"Drugs in Suburbia." *Wall Street Journal*, November 12, 1970.

"Drugs and the Stars: Hollywood's Own Horror Story." *Ladies' Home Journal*, March 1979.

"Drugs: Speed Demons." *Time*, October 31, 1969.

Duke, Patty, and Gloria Hochman. *A Brilliant Madness: Living with Manic-Depressive Illness*. New York: Bantam Books, 1992.

Duke, Patty, and Kenneth Turan. *Call Me Anna: The Autobiography of Patty Duke*. New York: Bantam Books, 1987.

Duke, Patty, and William J. Jankowski. *In the Presence of Greatness: My Sixty-Year Journey As An Actress*. Albany: BearManor Media, 2018.

“Edie Sedgwick, Warhol Star, 28.” *New York Times*, November 23, 1971.

Ehrenreich, Barbara, and Deirdre English. *Complaints and Disorders: The Sexual Politics of Sickness*. The Feminist Press, 1973.

Ehrenreich, Barbara. “Gender and Objectivity in Medicine.” *International Journal of Health Services* 4, no. 4 (1974): 617-623.

“End of the Rainbow.” *Time*, July 4, 1969.

Ephron, Nora. “The Love Machine.” *New York Times*, May 11, 1969.

Faberow, Norman L. *Suicide in Different Cultures*. Baltimore: University Park Press, 1975.

“Facts About Those ‘Diet Pills.’” *U.S. News & World Report*, February 19, 1968.

Faithfull, Marianne. *Faithfull*. London: Michael Joseph, 1994.

Faludi, Susan. *Backlash: The Undeclared War Against American Women*. New York: Anchor Books, 1991.

Farber, Leslie H. “Ours Is The Addicted Society.” *New York Times Magazine*, December 11, 1966.

Farrell, Barry. “Swept Up in a Psychic Revolution.” *Life*, March 25, 1966.

“FDA Special Report: Drug Abuse: Bennies and Goofballs.” *U.S. Public Health Service*, 1966.

“FDA Still Investigating Enovid Birth Control Pill.” *The Hartford Courant*, December 24, 1962.

“Fearful of Deformed Baby, Asks Abortion.” *Chicago Daily Tribune*, July 27, 1962.

“Female Drug Abuse Grows, Expert Says.” *Chicago Tribune*, April 16, 1978.

Finney, Jack. *The Body Snatchers*. Boston: Gregg Press, 1976.

Firestone, Shulamith, and Anne Koedt. *Notes from the Second Year: Women’s Liberation*. New York: 1970.

“The First Lady Bird.” *Time*, August 28, 1964.

Fishbein, Morris, ed. *Your Weight and How to Control It*. Garden City: Doubleday & Company, Inc., 1963.

- Fonda, Jane. *Jane Fonda's Workout Book*. New York: Simon and Schuster, 1981.
- Fonda, Jane. *My Life So Far*. New York: Random House, 2005.
- Fonda, Jane. *Prime Time*. New York: Random House, 2011.
- Ford, Betty. *Healing and Hope: Six Women from the Betty Ford Center Share Their Powerful Journeys of Addiction and Recovery*. New York: G.P. Putnam's Sons, 2003.
- Ford, Betty, with Chris Chase. *Betty: A Glad Awakening*. Garden City: Doubleday & Company, Inc., 1987.
- Ford, Betty, with Chris Chase. *The Times of My Life*. New York: Harper & Row, Publishers, 1978.
- Fort, Joel. *The Pleasure Seekers: The Drugs Crisis, Youth and Society*. New York: The Bobbs-Merrill Company, 1969.
- French, Marilyn. *The Women's Room*. London: Penguin Books, 1977.
- Fried, John J. "Tranquilizers-Rx for the 'Woman Problem.'" *Playgirl*, July 1974.
- Friedan, Betty. *It Changed My Life: Writings on the Women's Movement*. New York: A Dell Book, 1976.
- Friedan, Betty. *The Feminine Mystique*. New York: A Dell Book, 1963.
- Friedan, Betty. *The Second Stage*. New York: Summit Books, 1981.
- Gamage, James R., and Edmund L. Zerkin, eds. *Hallucinogenic Drug Research: Impact on Science and Society: Proceedings of the First Annual Symposium of the Students Association for the Study of Hallucinogens*. Beloit: Stash Press, 1970.
- Gans, Herbert J. *The Levittowners: Ways of Life and Politics in a New Suburban Community*. New York: Pantheon Books, 1967.
- Garfield, Johanna. *The Life of a Real Girl*. New York: St. Martin's Press, 1986.
- Garland, Judy. "Judy Garland's Own Story: There'll Always Be an Encore, Part I." *McCall's*, January 1964.
- Garland, Judy. "The Plot Against Judy Garland." *Ladies' Home Journal*, August 1967.
- Geller, Allen, and Maxwell Boas. *The Drug Beat*. New York: Cowles Book Company, Inc., 1969.

- Gifford-Jones, W. *On Being a Woman: The Modern Woman's Guide to Gynecology*. New York: The Macmillan Company, 1969.
- Glemser, Bernard. *Girl on a Wing*. New York: Random House, 1960.
- Goffman, Erving. *Gender Advertisements*. London: The MacMillan Press Ltd., 1979.
- Goldman, Robert P. "Instant Happiness." *Ladies' Home Journal*, October 1963.
- Goldsmith, Barbara. "One Step At a Time." *Boston Globe*, May 1, 1983.
- "Gold Tranquilizer Pins to Jerry Lewis Staff." *Boxoffice*, January 14, 1963.
- "The Good Life and Jim Jones." *Life*, February 11, 1957.
- Gordon, Barbara. *I'm Dancing as Fast as I Can*. New York: Harper & Row, Publishers, 1979.
- Gordon, Noah. "The Hallucinogenic Drug Cult." *The Reporter*, August 15, 1963.
- Gould, Jack. "TV: Peril in Small Pills." *New York Times*, December 23, 1955.
- Gornick, Vivian, and Barbara K. Moran, eds. *Woman in Sexist Society: Studies in Power and Powerlessness*. New York: A Signet Book, 1971.
- "Governor Shafer Calls LSD Blindings a Hoax." *New York Times*, January 19, 1968.
- Grafton, Samuel. "The Myth of the Unhappy Housewife." *Los Angeles Times*, May 10, 1964.
- Green, Hannah. *I Never Promised You a Rose Garden*. New York: Holt, Rinehart and Winston, 1964.
- Greene, Gael. *Sex and the College Girl*. New York: The Dial Press, 1964.
- Greer, Germaine. *The Female Eunuch*. London: Paladin, 1971.
- Grinspoon, Lester, and Peter Hedblom. *The Speed Culture: Amphetamine Use and Abuse in America*. Cambridge: Harvard University Press, 1975.
- Grose, Jessica. "Parents' Little Helper." *New York Times*, October 4, 2020.
- Guttmacher, Alan F., ed. *The Case for Legalized Abortion Now*. Berkeley: Diablo Press, 1967.
- Haber, Joyce. "She Didn't Want People to Know." *Los Angeles Times*, September 25, 1974.
- Haire, Doris B. *The Cultural Warping of Childbirth*. Hillside: International Childbirth Education Association, 1972.

- Harney, Susan. "Exercise." *Ladies' Home Journal*, November 1965.
- Havemann, Ernest. "The Wasteful, Phony Crash Dieting Craze." *Life*, January 19, 1959.
- Hazlett, Bill. "Police Chiefs Told of Worldwide Battle to Halt Dope, Drugs." *Los Angeles Times*, September 29, 1971.
- Hertel, Howard. "Doors Shattered at Miller Trial." *Los Angeles Times*, January 21, 1965.
- Hertel, Howard, and Art Bernman. "Judge Rules Miller Murder Case Mistrial; Re-set Jan. 11." *Los Angeles Times*, December 8, 1964.
- Hertel, Howard, and Tom Goff. "Dentist's Wife Indicted for Car Fire Death." *Los Angeles Times*, October 21, 1964.
- Hertel, Howard, and Don Neff. "Marilyn Monroe Found Dead: Sleeping Pill Overdose Blamed." *Los Angeles Times*, August 6, 1962.
- Hertel, Howard, and Henry Sutherland. "Loved Hayton Until Husband Was Dead, Mrs. Miller Says." *Los Angeles Times*, February 18, 1965.
- Hess, Beth B., and Myra Marx Ferree, eds. *Analyzing Gender: A Handbook of Social Science Research*. Newbury Park: Sage Publications, 1987.
- Hochschild, Arlie, with Anne Machung. *The Second Shift: Working Families and the Revolution at Home*. New York: Penguin Books, 2012.
- Hodgins, Eric. "The Search Has Only Started." *Life*, October 22, 1956.
- Hoffman, Abbie. *The Autobiography of Abbie Hoffman*. New York: Four Walls Eight Windows, 2000.
- Hoffman, Abbie. *The Best of Abbie Hoffman*. New York: Four Walls Eight Windows, 1989.
- Hopkins, Jerry. *The Hippie Papers: Notes From the Underground Press*. New York: Signet Books, 1968.
- Hopper, Hedda. "Marilyn Monroe is Dead: Pill Death Secret Goes With Marilyn." *Chicago Daily Tribune*, August 6, 1962.
- "Housewives Among Top Users of 'Drugs.'" *Los Angeles Times*, June 25, 1971.
- "How to Get Hooked: Your Family Doctor as Pusher." *Mother Lode* 4 (Spring 1972): 12.
- "How Tranquilizers Work." *Newsweek*, December 24, 1956.
- Howard, Jane. "Happiness is Being Number 1." *Life*, August 19, 1966.

Hughes, Richard, and Robert Brewin. *The Tranquilizing of America: Pill Popping and the American Way of Life*. New York: Harcourt Brace Jovanovich, 1979.

Hutchinson, Louise. "Benefits of Birth Control Pill Outweigh Risk, Report States." *Chicago Tribune*, September 5, 1969.

Huxley, Aldous. *The Doors of Perception and Heaven and Hell*. New York: Harper & Row, Publishers, 1990.

Hyams, Joe. "Playboy Interviews: Frank Sinatra." *Playboy*, February 1963.

"I Was Stuttering, Stumbling." *Los Angeles Times*, February 29, 1984.

"In Regimen Trial Actress Testifies She Lied in Ads." *Advertising Age*, March 15, 1965.

Institute for Motivational Research, Inc. "A Creative Memo on the Psychology of Pep Pills." December 1959.

Institute for Motivational Research, Inc. "Draft Outline of Progress Report on Ortho." *Ortho Pharmaceutical Corporation*, July 24, 1958.

"Is U.S. Becoming a Drug-Ridden Society?" *U.S. News & World Report*, August 7, 1978.

Jackson, Bruce. "White-collar Pill Party." *Atlantic Monthly*, August 1966.

Jacoby, Susan. "The Tranquilizer Habit." *McCall's*, January 1980.

Jaffe, Rona. *The Best of Everything*. New York: Simon and Schuster, 1958.

James, Catherine. *Dandelion: Memoir of a Free Spirit*. New York: St. Martin's Press, 2007.

Johnson, Joyce. *Minor Characters*. Boston: Houghton Mifflin Company, 1983.

Johnson, G. Timothy. "Drugs with the Rx for Abuse – Barbiturates and Pain Killers." *Chicago Tribune*, June 2, 1978.

"Johnson Widens Narcotics Fight." *New York Times*, February 8, 1968.

Johnston, Madeline. "How I Got Hooked On Pep Pills." *Cosmopolitan*, March 1969.

Joplin, Laura. *Love, Janis*. Petaluma: Acid Test Productions, 1992.

"Judge Balks at Legal Abortion For Victim of Deforming Drug." *The Washington Post*, July 31, 1962.

"Judy Garland Faces Several Days in Hospital." *The Hartford Courant*, June 15, 1965.

“Judy Garland Felled; Report Pill Overdose.” *Los Angeles Times*, September 15, 1962.

Kane, Paula, with Christopher Chandler. *Sex Objects in the Sky: A Personal Account of the Stewardess Rebellion*. Chicago: Follett Publishing Company, 1974.

Kasper, Anne S. “Women Victimized By Valium.” *New Directions for Women* 8, no. 5 (Winter 79-80): 1, 7.

“Kastor Hilton, Client Found Guilty of Fraud.” *Advertising Age*, May 10, 1965.

Kaufman, Sue. *Diary of a Mad Housewife*. New York: Random House, 1967.

Kaysen, Susanna. *Girl, Interrupted*. New York: Vintage Books, 1993.

Kerouac, Jack. *On the Road*. New York: Penguin Books, 2000.

Kerr, Jean. *Please Don't Eat the Daisies*. Garden City: Doubleday & Company, Inc., 1957.

Kesey, Ken. *One Flew Over the Cuckoo's Nest*. New York: A Signet Book, 1962.

Kifner, John. “The Drug Scene: Many Students Now Regard Marijuana.” *New York Times*, January 11, 1968.

Kilgallen, Dorothy. “Marilyn's Life Was a Suicide Note.” *The Washington Post*, August 10, 1962.

Kilgallen, Dorothy. “Storm Follows Sherri Finkbine Home.” *The Washington Post*, September 6, 1962.

Kleeman, Rita Halle. “Sleeping Pills Aren't Candy.” *Saturday Evening Post*, February 24, 1944.

Klemesrud, Judy. “After Breast Cancer Operations.” *New York Times*, October 1, 1974.

Klemesrud, Judy. “A Week at a Health Manor on the Last Resort Diet.” *New York Times*, October 29, 1974.

Klerman, Gerald L. “Psychotropic Hedonism vs. Pharmacological Calvinism.” *The Hastings Center Report* 2, no. 4 (September 1972): 1-3.

Koetzle, Carole. “Getting Clear.” *Women's Time*, July 9, 1976.

Korman, Seymour. “Save Susan Hayward from Suicide by Pills.” *Chicago Daily Tribune*, April 27, 1955.

Kramer, Jane. *Allen Ginsberg in America*. New York: Vintage Books, 1970.

Krupp, George. “My Mother Made Me Fat.” *Redbook*, January 1969.

- Lake, Alice. "How to Get Sick on Pills and Capsules." *Seventeen*, August 1967.
- Larned, Deborah. "Do You Take Valium?" *Ms.*, November 1975.
- Larned, Deborah. "The Selling of Valium." *Ms.*, November 1975.
- "The Last Time I Saw Marilyn." *Life*, August 1982.
- Latham, Aaron. "Looking For Mr. Goodbody." *Rolling Stone*, June 9, 1983.
- Laurie, Peter. *Drugs: Medical, Psychological and Social Facts*. Baltimore: Penguin, 1967.
- "Lazybones Dieting." *Harper's Bazaar*, July 1958.
- Leake, Chauncey D. *The Amphetamines: Their Actions and Uses*. Springfield: Charles C. Thomas Publisher, 1958.
- Lear, Martha Weinman. "The Second Feminist Wave." *New York Times*, March 10, 1968.
- Leary, Timothy. *Flashbacks: An Autobiography*. Los Angeles: J.P. Tarcher, 1983.
- Lennard, Henry L., Leon J. Epstein, Arnold Bernstein, and Donald C. Ransom. *Mystification and Drug Misuse: Hazards in Using Psychoactive Drugs*. San Francisco: Jossey-Bass Inc., Publishers, 1971.
- Lennon, Cynthia. *John*. New York: Crown Publishers, 2005.
- Lester, David. *Suicide in Creative Women*. Commack: Nova Science Publishers, Inc., 1993.
- Lester, Gene, and David Lester. *Suicide: The Gamble with Death*. Englewood Cliffs: Prentice-Hall, Inc., 1971.
- Lester, Valerie. *Fasten Your Seat Belt! History and Heroism in the Pan Am Cabin*. McLean: Paladwr Press, 1995.
- "Letters." *Time*, August 17, 1962.
- "Letters to the Editor." *Life*, November 22, 1963.
- "Letters to the Editors." *Life*, February 16, 1968.
- "Letters from Readers: In Defense of Today's Woman." *Chicago Tribune*, June 9, 1963.
- "Letters from Readers: More on the Mystique." *Chicago Tribune*, July 7, 1963.
- Levin, Ira. "Fashion for Dummies: Redressing the Fatal Flaw in 'The Stepford Wives.'" *New York Times*, December 7, 2003.

- Levin, Ira. *Rosemary's Baby*. New York: Random House, 1967.
- Levin, Ira. *The Stepford Wives*. London: Bloomsbury Publishing Plc., 2000.
- Levison, Frances. "What the Experts Say." *Life*, June 16, 1947.
- Lichtenstein, Grace. "Feminists Demand 'Liberation' In Ladies' Home Journal Sit-In." *New York Times*, March 19, 1970.
- Lindbergh, Anne Morrow. *Gift From the Sea*. New York: Pantheon, 1955.
- Lindesmith, Alfred R. *Addiction and Opiates*. Chicago: Aldine Publishing Company, 1968.
- Linkletter, Art. "How Do I Tell If My Kid Is Hooked?" *Syracuse Post-Standard*, March 3, 1970.
- "Linkletter: LSD Led to Daughter's Death." *Chicago Tribune*, October 6, 1969.
- "Linkletter on Tragedy of Drugs." *Los Angeles Times*, February 5, 1970.
- "Linkletter Record to Aid Drugs Fright." *Los Angeles Times*, October 23, 1969.
- "Linkletter to Help Make Film On Drugs." *Los Angeles Times*, November 14, 1969.
- "Linkletter Urges Drug Crackdown." *Boston Globe*, October 24, 1969.
- "Lisa Howard, 35, News Analyst, Dies of Pills." *Los Angeles Times*, July 5, 1965.
- "Lisa Howard, Newsgirl, An Apparent Suicide." *Boston Globe*, July 5, 1965.
- Liu, Aimee. *Solitaire*. New York: Harper Colophon Books, 1979.
- "Liza – Fire, Air and A Touch of Anguish." *Time*, February 28, 1972.
- Luce, Clare Boothe. "What Really Killed Marilyn." *Life*, August 7, 1964.
- Luce, Gay Gaer, and Julius Segal. *Sleep*. New York: Coward-McCann, Inc., 1966.
- Lukas, J. Anthony. "The Drug Scene: Dependence Grows." *New York Times*, January 8, 1968.
- Lundberg, Ferdinand, and Marynia F. Farnham. *Modern Woman: The Lost Sex*. New York: Harper & Brothers Publishers, 1947.
- "Lupe Velez Kills Self Over Unborn Baby." *Chicago Daily Tribune*, December 15, 1944.

Lyons, Richard D. "Science's Knowledge on the Misuse of Drugs..." *New York Times*, January 9, 1968.

MacLaine, Shirley. *My Lucky Stars: A Hollywood Memoir*. New York: Bantam Books, 1995.

Manheimer, Dean I., Susan T. Davidson, Mitchell B. Balter, Glen D. Mellinger, Ira H. Cisin, and Hugh J. Parry. "Popular Attitudes and Beliefs About Tranquilizers." *The American Journal of Psychiatry* 130, no. 11 (Nov 1973): 1246-1253.

Marcuse, Herbert. *One-Dimensional Man: Studies in the Ideology of Advanced Industrial Society*. Boston: Beacon Press, 1964.

"Marilyn Monroe Dead, Pills Near." *New York Times*, August 6, 1962.

"Marilyn Monroe Dead; Victim of Sleeping Drug." *Washington Post*, August 6, 1962.

"Marilyn Monroe Dies; Pills Blamed." *Los Angeles Times*, August 6, 1962.

"Marilyn Monroe: The Last Interview." *Life*, August 1992.

"Massive Overdose of Pills Cited in Lisa Howard Death." *New York Times*, July 17, 1965.

Masters, R.E.L. "Sex, Ecstasy and the Psychedelic Drugs." *Playboy*, November 1967.

McBee, Susanna. "Diet Pills." *Life*, January 26, 1968.

McBee, Susanna. "A Legal Blow at the Diet Pill Business." *Life*, September 27, 1968.

McGinley, Phyllis. *Sixpence in Her Shoe*. New York: A Dell Book, 1965.

McKaen, Mauree. "Prescription Drug Abuse." *Her-Self* 1, no. 7 (December 1972-January 1973): 15.

McLendon, Winzola. "Behind the Glamor of Show Business." *The Washington Post*, February 22, 1966.

McMillan, Penelope. "Women and Tranquilizers." *Ladies' Home Journal*, November 1976.

"Medicine: Abortion & the Law." *Time*, August 3, 1962.

"Medicine: The Anatomy of Angst." *Time*, March 31, 1961.

"Medicine: Dietmania." *Newsweek*, September 10, 1973.

"Medicine: Don't-Give-a-Damn-Pills." *Time*, February 27, 1956.

"Medicine: Dopers' Decline." *Newsweek*. December 20, 1948.

- “Medicine: Drugged Future?” *Time*, February 24, 1958.
- “Medicine: Drugs: Letdown for Miltown.” *Time*, April 30, 1965.
- “Medicine: Happiness by Prescription.” *Time*, March 11, 1957.
- “Medicine: ‘Ideal’ in Tranquillity.” *Newsweek*, October 29, 1956.
- “Medicine: Jags From Inhalers.” *Newsweek*, December 15, 1947.
- “Medicine: Legalized Addiction.” *Newsweek*, January 7, 1957.
- “Medicine: Miltown? No Martinis!” *Time*, June 3, 1957.
- “Medicine: Mom Is the Villain.” *Time*, May 21, 1965.
- “Medicine: Prescription from the Bench.” *Time*, June 1, 1959.
- “Medicine: Psychiatry: What Tranquilizers Have Done.” *Time*, April 24, 1964.
- “Medicine: Sins of the Mothers.” *Newsweek*, May 7, 1962.
- “Medicine: Sleeping Pill Nightmare.” *Time*, February 23, 1962.
- “Medicine: Slowdown for Pep Pills.” *Newsweek*, August 17, 1970.
- “Medicine: To Nirvana with Miltown.” *Time*, July 7, 1958.
- “Medicine: Tragedy From a Pill Bottle, Some Sad Lessons Learned.” *Newsweek*, August 13, 1962.
- “The Menace of Dope.” *Parents’ Magazine*, October 1962.
- Merson, Ben. “One Woman’s Ordeal: When Too Much Medicine Is a Dangerous Thing.” *Ladies’ Home Journal*, November 1969.
- Miller, Debra J. “A Mother’s Crime.” *Los Angeles Times*, April 2, 2006.
- Millett, Kate. *The Loony-Bin Trip*. New York: Simon and Schuster, 1990.
- Mills, Nancy. “Liza Minnelli is Taking A New Look at Herself.” *Los Angeles Times*, June 26, 1985.
- Mintz, Morton. *By Prescription Only*. Boston: Houghton Mifflin Company, 1967.

Mintz, Morton. *The Therapeutic Nightmare: A Report on the Roles of the United States Food and Drug Administration, the American Medical Association, Pharmaceutical Manufacturers, and Others in Connection with the Irrational and Massive Use of Prescription Drugs That May Be Worthless, Injurious, or Even Lethal*. Boston: Houghton Mifflin Company, 1965.

“Missing Co-ed Found.” *Chicago Daily Tribune*, August 27, 1953.

Mitford, Jessica. *The American Way of Death*. Greenwich: Fawcett Publications, 1964.

Modell, Walter, and Alfred Lansing. *Drugs*. New York: Time Inc., 1967.

Monroe, Marilyn, with Ben Hecht. *My Story*. New York: Taylor Trade, 2007.

Morgan, Marabel. *The Total Woman*. New York: Pocket Books, 1973.

Morgan, Robin. *Going Too Far: The Personal Chronicle of a Feminist*. New York: Random House, 1977.

Morgan, Robin. *Monster*. New York: Random House, 1972.

Morgan, Robin. *Monster*. New York: Open Road Integrated Media, Inc., 2014. Ebook.

Morgan, Robin, ed. *Sisterhood is Powerful: An Anthology of Writings From the Women's Liberation Movement*. New York: Vintage Books, 1970.

Mosby, Aline. “Barker Flies to Susan’s Bedside; Doctor Says Actress’ Act ‘Accident.’” *Daily Boston Globe*, April 27, 1955.

Murray, Mary F. *Skygirl: A Career Handbook for the Airline Stewardess*. New York: Duell, Sloan and Pearce, 1951.

Myers, Hortense. “Educator Claims Too Many Gals Take Tranquilizers.” *The Hartford Courant*, November 2, 1958.

“Mystery Cloaks Last Hours of Actress Carole Landis.” *Los Angeles Times*, July 7, 1948.

Nabokov, Vladimir. *Lolita*. London: Weidenfeld and Nicolson, 1955.

Nader, Ralph. *Unsafe at Any Speed: The Designed-in Dangers of the American Automobile*. New York: Grossman, 1965.

“Narcotic Addiction Among Teen-Agers.” *The Survey*, July 1951.

Neff, Don. “Marilyn’s Death Points Up Suicide Squad Work.” *Los Angeles Times*, August 7, 1962.

Nellis, Muriel. *The Female Fix*. New York: Penguin Books, 1980.

Nelson, Harry. "Report Causes Stir on Birth Control Pill." *Los Angeles Times*, June 18, 1964.

"The New Addicts." *Newsweek*, August 13, 1962.

Newland, Constance A. *My Self and I*. New York: Coward-McCann, Inc., 1962.

Nielsen, Georgia Panter. *From Sky Girl to Flight Attendant: Women and the Making of a Union*. Ithaca: ILR Press, 1982.

"Nixon Creates Policy Panel on Narcotics." *Los Angeles Times*, September 8, 1971.

Nolen, William A. "Tired? Nervous? Here's a Pill..." *McCall's*, April 1973.

Nolen, William A. "Tranquilizers: Their Use and Abuse." *McCall's*, May 1976.

Norman, Dawn Crowell. "The Fabulous Formula." *Ladies' Home Journal*, December 1956.

O'Connor, Mary. *Flying Mary O'Connor*. New York: Rand McNally & Company, 1961.

O'Dell, Chris. *Miss O'Dell: My Hard Days and Long Nights with The Beatles, The Stones, Bob Dylan, Eric Clapton, and the Women They Loved*. New York: A Touchstone Book, 2009.

Oates, Marylouise. "The Positive Aftereffects of Betty Ford's Recovery." *Los Angeles Times*, November 29, 1983.

"Official Will Be Removed For LSD Blindness Hoax." *New York Times*, February 19, 1968.

Offir, Carole Wade. "A Slavish Reliance on Drugs." *Psychology Today*, December 1974.

O'Neill, Eugene. *Long Day's Journey Into Night*. London: Jonathan Cape, 1956.

Orbach, Susie. *Fat is a Feminist Issue*. New York: Berkley Books, 1978.

Orbach, Susie. *Fat is a Feminist Issue 2*. London: A Hamlyn Paperback, 1982.

Packard, Vance. *The Hidden Persuaders*. New York: David McKay Company, Inc., 1957.

Pekkanen, John. "The Tranquilizer War: Controlling Librium and Valium." *The New Republic*, July 19, 1975.

"People Are Talking About." *Jet*, February 13, 1969.

"People at the Top of Entertainment's World." *Life*, December 22, 1958.

Perelman, S.J. *The Road to Miltown or, the Spreading Atrophy*. New York: Simon and Schuster, 1957.

Petersen, Melody. *Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs*. New York: Sarah Crichton Books, 2008.

Peterson, Karen. "Why Doesn't Ms. Become Mrs.?" *Boston Globe*, May 11, 1972.

Petrie, Sidney, with Robert B. Stone. *Martinis and Whipped Cream: The New Carbo-Cal Way to Lose Weight and Stay Slim*. West Nyack: Parker Publishing Company, 1966.

Phillips, Julia. *You'll Never Eat Lunch in This Town Again*. New York: A Signet Book, 1991.

Phillips, Michelle. *California Dreamin': The True Story of The Mamas and the Papas*. New York: Warner Books, 1986.

Phipps, Joe, and Robert Robinson. "The Growing Menace of 'Nice' Drugs." *Good Housekeeping*, September 1963.

"The Pill Addicts." *Newsweek*, December 20, 1965.

"Pill Poppers." *Cosmopolitan*, March 1979.

"Pills for the Mind: New Era in Psychiatry." *Time*, March 7, 1955.

"Pills for the Mind." *Time*, June 11, 1956.

"Pills Found Near Body of Singer." *Boston Globe*, December 15, 1963.

"Pills vs. Worry - How Goes the Frantic Quest For Calm in Frantic Lives?" *Newsweek*, May 21, 1956.

"The Plague of Overweight." *Life*, March 8, 1954.

Plath, Sylvia. *The Bell Jar*. London: Faber & Faber, 1966.

Plath, Sylvia. *Collected Poems*. London: Faber & Faber, 1981.

Plath, Sylvia. *Letters Home*. Edited by Aurelia Schober Plath. New York: Harper & Row, Publishers, 1975.

Plath, Sylvia. *The Letters of Sylvia Plath: Volume I 1940-1956*. Edited by Peter K. Steinberg, and Karen V. Kukil. London: Faber & Faber, 2017.

Plath, Sylvia. *The Letters of Sylvia Plath: Volume II 1956-1963*. Edited by Peter K. Steinberg, and Karen V. Kukil. New York: Harper, 2018.

Plath, Sylvia. *The Unabridged Journals of Sylvia Plath 1950-1962*. New York: Anchor Books, 2000.

- Plath, Sylvia. "The Wishing Box." *Atlantic Monthly*, October 1964.
- "Playboy Interview: Timothy Leary." *Playboy*, September 1966.
- "Playboy Panel: The Drug Revolution." *Playboy*, February 1970.
- Pogrebin, Letty Cottin. "Barbara Cook: Fat Can Set You Free." *Ms.*, September 1977.
- Potter, Dave. "Mourn Dinah Washington." *The Chicago Defender*, December 14, 1963.
- "Pop Drugs: The High as a Way of Life." *Time*, September 26, 1969.
- Pope, Elizabeth. "Why Fad Diets Fail." *McCall's*, November 1956.
- "Pope Upholds the Use of Tranquilizers..." *New York Times*, September 13, 1958.
- "PPA Diet Pills Get Clearance From FDA Panel." *Drug Topics*, March 15, 1982.
- "Prescribing Careers-Not Tranquilizers-for Women." *New York Times*, December 6, 1970.
- "Quarantining Addicts." *Time*, May 22, 1972.
- Ragni, Jerome, and James Rado. *Hair: The American Tribal Love-Rock Musical*. New York: Pocket Books, 1969.
- Reagan, Nancy. *My Turn: The Memoirs of Nancy Reagan*. New York: Random House, 1989.
- Reich, Charles A. *The Greening of America*. New York: Random House, 1970.
- Rensberger, Boyce. "Abuse of Prescription Drugs." *New York Times*, April 19, 1978.
- Rensberger, Boyce. "Amphetamines Used by a Physician..." *New York Times*, December 4, 1972.
- "Report on Librium." *Time*, May 30, 1960.
- "Rex Harrison Awaits Quiz in Landis Death." *Chicago Daily Tribune*, July 8, 1948.
- Ribkove, Sy and Barbara. "Drugs and Your Daughter." *Pageant*, February 1967.
- Rich, Adrienne. *On Lies, Secrets, and Silence: Selected Prose 1966-1978*. New York: W.W. Norton & Company, 1979.
- Rich, Elizabeth. *Flying High: What It's Like to be an Airline Stewardess*. New York: Stein and Day Publishers, 1970.
- Richards, Keith. *Life*. New York: Little, Brown and Company, 2010.

- Rimer, Sara. "With Millions Taking Prozac, A Legal Drug Culture Arises." *New York Times*, December 13, 1993.
- Rothman, Barbara Katz. "In Which a Sensible Woman Persuades Her Doctor, Her Family, and Her Friends to Help Her Give Birth at Home." *Ms.*, December 1976.
- Roiphe, Anne Richardson. *Up the Sandbox!* New York: Simon and Schuster, 1970.
- Rollin, Betty. "The Dames in the Valley of the Dolls." *Look Magazine*, September 5, 1967.
- Rolling Stone magazine, ed. *The Age of Paranoia*. Richmond Hill: A Pocket Book, 1972.
- Root, Lin. "Oh What a Lovely Pill!" *Cosmopolitan*, July 1965.
- "The Roots of Home." *Time*, June 20, 1960.
- Rosenfeld, Albert. "Drugs That Even Scare Hippies." *Life*, October 27, 1967.
- Rosenfeld, Albert. "The Vital Facts about the Drug and Its Effects." *Life*, March 25, 1966.
- Roszak, Theodore. *The Making of a Counter Culture: Reflections on the Technocratic Society and Its Youthful Opposition*. Garden City: Anchor Books, 1969.
- Rotskoff, Lori. *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America*. Chapel Hill: The University of North Carolina Press, 2002.
- Ruzek, Sheryl Burt. *The Women's Health Movement: Feminist Alternatives to Medical Control*. New York: Praeger Publishers, 1978.
- Safran, Claire. "Drugs and Your Daughter." *Pageant*, February 1967.
- Sanders, Charles L. "Requiem for Queen Dinah." *Ebony*, March 1964.
- Sanford, David. "Pot Bust at Cornell." *The New Republic*, April 15, 1967.
- Schifferes, Justus J. *What's Your Caloric Number? A Prudent Guide to Losing Weight*. New York: The Macmillan Company, 1966.
- Schmeck, Harold M. Jr. "Genetic Defects and LSD Studied." *New York Times*, February 11, 1968.
- Schumach, Murray. "Marilyn Monroe's Death Is Called Suicide." *New York Times*, August 18, 1962.
- Seaman, Barbara. "Dear Injurious Physician." *New York Times*, December 2, 1972.

Seaman, Barbara. *The Doctors' Case Against the Pill*. New York: Peter H. Wyden, Inc., 1969.

Seaman, Barbara. *Free and Female: The Sex Life of the Contemporary Woman*. New York: Coward, McCann & Geoghegan, Inc., 1972.

Seidenberg, Robert. "Drug Advertising and Perception of Mental Illness." *Mental Hygiene* 55, no. 1 (January 1971): 21-31.

Selby, Hubert Jr. *Last Exit to Brooklyn*. New York: Grove Press, Inc., 1964.

Selby, Hubert Jr. *Requiem For a Dream*. Boston: Marion Boyars, 1978.

Sexton, Anne. *The Awful Rowing Toward God*. Boston: Houghton Mifflin Company, 1975.

Sexton, Anne. *The Death Notebooks*. Boston: Houghton Mifflin Company, 1974.

Shapiro, Sam, and Seymour H. Baron. "Prescriptions for Psychotropic Drugs in a Noninstitutional Population." *Public Health Reports* 76, no. 6 (June 1961): 481-488.

Shulman, Alix Kates. *Memoirs of an Ex-Prom Queen*. New York: Alfred A. Knopf, 1972.

"Signs of Thalidomide Harm to Finkbine Baby Reported." *Boston Globe*, August 19, 1962.

Silverman, Betsy Marden. "The Menace of Dope." *Parents' Magazine and Better Housekeeping*, October 1962.

Silverman, Milton, Philip R. Lee, and Mia Lydecker. *Pills & the Public Purse: The Routes to National Drug Insurance*. Berkeley: University of California Press, 1981.

Silverman, Milton, and Philip R. Lee. *Pills, Profits, and Politics*. Berkeley: University of California Press, 1974.

Simon, Neil. *The Comedy of Neil Simon*. New York: Random House, 1971.

"Sleeping Beauty Found at Home." *The Daily Oklahoman*, August 27, 1953.

"Sleeping Pills Missing with Wellesley Girl." *Boston Herald*, August 26, 1953.

Sojourner, Mary. "Alternative Healing: Therapist or The Rapist?" *New Women's Times* 3, no. 9 (September 15-October 15, 1977): 7.

Sojourner, Mary. "Sister-Woman-Sister." *New Women's Times* 3, no. 9 (September 15-October 15, 1977): 9.

Soloman, David. *LSD: The Consciousness-Expanding Drug*. New York: G.P. Putnam's Sons, 1964.

- Spock, Benjamin. *Baby and Child Care*. London: The Bodley Had, 1958.
- Spock, Benjamin. *Baby and Child Care*. New York: Hawthorn Books, Inc., 1968.
- Spock, Benjamin. *Baby and Child Care*. London: The Bodley Head, 1979.
- Stein, Robert, ed. *Why Young Mothers Feel Trapped: And How They Solve the Problem of Too Little Time and Too Much Pressure*. New York: Pocket Books, Inc., 1966.
- Steinberg, Janice. "Health Care 'Crisis' Hits Women Hard." *The Longest Revolution* 3, no. 1 (October 1978): 1, 13, 16.
- Steinem, Gloria. "The Moral Disarmament of Betty Coed." *Esquire*, September 1962.
- Steinem, Gloria. "The Woman Who Died Too Soon." *Ms.*, August 1972.
- Steinem, Gloria. *My Life on the Road*. New York: Random House, 2015.
- Steinem, Gloria. *Outrageous Acts and Everyday Rebellions*. New York: A Plume Book, 1983.
- Steinem, Gloria. *Revolution from Within: A Book of Self-Esteem*. Boston: Little, Brown and Company, 1992.
- Stevens, Darlene Gavron. "Barbara Gordon." *Chicago Tribune*, October 16, 1988.
- Stevenson, Ian. "Tranquilizers and the Mind." *Harper's Magazine*, July 1, 1957.
- Still, Larry. "'The Queen' is Gone, But the Melody Lingers on Forever." *Jet*, January 2, 1964.
- "Study Links Sleeping Pills to 5,000 Deaths a Year." *Los Angeles Times*, November 28, 1977.
- Surface, Bill. "The Growing Menace of Pep Pills." *Seventeen*, May 1970.
- Susann, Jacqueline. *Dolores*. New York: William Morrow and Company, Inc., 1976.
- Susann, Jacqueline. *The Love Machine*. New York: Simon and Schuster, 1969.
- Susann, Jacqueline. *Once is Not Enough*. New York: William Morrow & Company, Inc., 1973.
- Susann, Jacqueline. *Valley of the Dolls: Fiftieth Anniversary Edition*. New York: Grove Press, 2016.
- Talbot, Margaret. "A Stepford for Our Times." *Atlantic Monthly*, December 2003.

- Taylor, Elizabeth. *Elizabeth Takes Off*. New York: G.P. Putnam's Sons, 1987.
- "Tells of Daughter's LSD Suicide." *The Globe and Mail*, October 24, 1969.
- "Tests Raise Queries Of Birth Control Pill." *The Washington Post*, January 15, 1966.
- "The Thalidomide Disaster." *Time*, August 10, 1962.
- "A Thin Story." *Mademoiselle*, September 1966.
- Thom, Mary, ed. *Letters to Ms. 1972-1987*. New York: Henry Holt and Company, 1987.
- Thompson, Hunter S. *Fear and Loathing in Las Vegas: A Savage Journey to the Heart of the American Dream*. New York: Vintage Books, 1998.
- Thompson, Hunter S. "The 'Hashbury' Is the Capital Of the Hippies," *New York Times*, May 14, 1967.
- Thurman, Judith. "Never Too Thin To Feel Fat." *Ms.*, September 1977.
- Toth, Robert C. "Drug Approvals By U.S. Decline." *New York Times*, December 13, 1962.
- Turner, Tina. *I, Tina*. New York: William Morrow & Company, 1986.
- Turner, Tina. *My Love Story*. New York: Atria Books, 2018.
- "Two Tranquilizers, Librium and Valium, Face Strict Control." *New York Times*, June 2, 1975.
- "U.S. Again Warns on Thalidomide." *New York Times*, August 24, 1962.
- VanDellen, T.R. "How to Keep Well: Evaluating Tranquilizers." *Chicago Daily Tribune*, July 23, 1961.
- Vaughan, Paul. *The Pill on Trial*. London: Weidenfeld and Nicolson, 1970.
- Vils, Ursula. "Why Do Women Take More Drugs?" *Los Angeles Times*, March 10, 1974.
- von Hoffman, Nicholas. "A New Drug Culture Is Burgeoning." *The Washington Post*, August 21, 1966.
- von Hoffman, Nicholas. "The Acid Affair-I." *The Washington Post, Time Herald*, October 15, 1967.
- von Hoffman, Nicholas. "The Acid Affair-II." *The Washington Post, Time Herald*, October 16, 1967.

von Hoffman, Nicholas. "The Acid Affair-VI." *The Washington Post, Time Herald*, October 20, 1967.

von Hoffman, Nicholas. "The Acid Affair-VIII." *The Washington Post, Time Herald*, October 22, 1967.

Wakeman, Frederic. *The Hucksters*. London: The Falcon Press Limited, 1947.

Waldholz, Michael. "Maker of Valium Is Getting the Jitters Over a New Movie." *Wall Street Journal*, February 26, 1982.

Waldron, Clarence. "Tina Turner's Book Tells of Beatings, Sex Abuse and Why She Tried To End Her Life." *Jet*, September 22, 1986.

Walker, Gerald. "The Great American Dieting Neurosis." *New York Times*, August 23, 1959.

Wallace Laboratories. *Miltown, The Tranquilizer with Muscle Relaxant Action, 4th Ed.* New Brunswick: Wallace Laboratories, 1958.

Waterman, Sherry. *From Another Island: Adventures and Misadventures of an Airline Stewardess*. Philadelphia: Chilton Company, 1962.

Weil, Gunther M., Ralph Metzner, and Timothy Leary, eds. *The Psychedelic Reader*. New Hyde Park: University Books, 1965.

Werble, Wallace. "Waco Was a Barbiturate Hot Spot." *Hygeia*, June 1945.

Werboff, J. and R. Kesner. "Learning Deficits of Offspring after Administration of Tranquillizing Drugs to the Mothers." *Nature*, January 5, 1963.

Wesson, Donald R., George R. Gay, and David E. Smith. "Clinical-Political Issues of Barbiturate Use and Abuse." *Contemporary Drug Problems* 1, no. 3 (July 1972): 453-465.

"What You Ought to Know About Tranquilizers." *U.S. News & World Report*, June 21, 1957.

"What You Should Know About Tranquilizers." *Glamour*, August 1978.

Wheeler, Keith, and William Lambert. "Uneasy Balance-Ethics as Profits." *Life*, June 24, 1966.

Whiteside, Thomas. "Onward and Upward with the Arts: Getting There First with Tranquility." *The New Yorker*, May 3, 1958.

"Who's Come a Long Way, Baby?" *Time*, August 31, 1970.

"Why Diets Fail...and What to Do About It!" *Ladies' Home Journal*, September 1957.

- Whyte, William H., Jr. *The Organization Man*. New York: Simon and Schuster, 1956.
- Wilson, Charles O., and Tony Everett Jones. *American Drug Index 1965*. Philadelphia: J.B. Lippincott Company, 1965.
- Wilson, Earl. "Pill Overdose Fells Judy Garland." *Los Angeles Times*, March 16, 1963.
- Wilson, Robert A. *Sex and Drugs: A Journey Beyond Limits*. Chicago: A Playboy Press Book, 1973.
- Wilson, Sloan. *The Man in the Gray Flannel Suit*. New York: Arbor House, 1955.
- Winters, Shelley. *Shelley: Also Known as Shirley*. New York: William Morrow and Company, Inc., 1980.
- Winters, Shelley. *Shelley II: The Middle of My Century*. New York: Simon and Schuster, 1989.
- Wolfe, Tom. *The Electric Kool-Aid Acid Test*. London: Weidenfeld and Nicolson, 1968.
- "Woman Loses Suit to Prevent Birth of Baby." *Los Angeles Times*, July 31, 1962.
- "Women Against Women." *Wall Street Journal*, November 6, 1963.
- "Women Especially Cited for Dependency on Drugs." *Christian Science Monitor*, May 22, 1978.
- Woodcock, Jeannie. "Drugged Up or Fighting Fit." *Women's Voice*, September 1975.
- Wurmser, Leon. "Drug Abuse: Nemesis of Psychiatry." *The American Scholar* 41 (Summer 1972): 393-407.
- Wurtzel, Elizabeth. *Prozac Nation: Young and Depressed in America*. Boston: Houghton Mifflin Company, 1994.
- Wyden, Peter. *The Overweight Society: An Authoritative, Entertaining Investigation into the Facts and Follies of Girth Control*. New York: William Morrow & Company, 1965.
- Wyden, Peter, and Barbara Wyden. "The Doctors' Own Diet." *Ladies Home Journal*, February 1967.
- Wylie, Philip. *Generation of Vipers*. New York: Rinehart & Company, Inc., 1955.
- Young, A.S. "Doc." "The Unforgettable Dinah Washington." *Chicago Daily Defender*, July 28, 1965.
- "Youth: 'High & Light.'" *Time*, February 26, 1951.

“Youth: The Hippies.” *Time*, May 21, 1965.

“Youth: ‘Mother Is Bugged at Me.’” *Time*, July 7, 1952.

Zentner, Joseph L. “Barbiturate Drugs and the Criminal Sanction.” *Contemporary Drug Problems* 5, no. 1 (1976).

Selected Secondary Sources

Acker, Caroline Jean. *Creating the American Junkie Addiction Research in the Classic Era of Narcotic Control*. Baltimore: The Johns Hopkins University Press, 2002.

Anderson, Terry H. *The Movement and the Sixties*. New York: Oxford University Press, 1995.

Anger, Kenneth. *Hollywood Babylon*. New York: A Dell Book, 1975.

Anglin, M. Douglas, Cynthia Burke, Brian Perrochet, Ewa Stamper, and Samia Dawud-Noursi. “History of the Methamphetamine Problem.” *Journal of Psychoactive Drugs* 32, no. 2 (April 2000): 137-141.

Arcangeli, Alessandro. *Cultural History: A Concise Introduction*. New York: Routledge, 2012.

Barry, Kathleen. *Femininity in Flight: A History of Flight Attendants*. Durham: Duke University Press, 2007.

Bederman, Gail. *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917*. Chicago: The University of Chicago Press, 1995.

Biskind, Peter. *Easy Riders, Raging Bulls: How the Sex-Drugs-and-Rock ‘n’ Roll Generation Saved Hollywood*. New York: Simon & Schuster, 1998.

Blumhofer, Edith L. *Aimee Semple McPherson: Everybody’s Sister*. Grand Rapids: William B. Eerdmans Publishing Company, 1993.

Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 1993.

Braziel, Jana Evans, and Kathleen LeBesco, eds. *Bodies Out of Bounds: Fatness and Transgression*. Berkeley: University of California Press, 2001.

Breines, Wini. *Young, White, and Miserable: Growing up Female in the Fifties*. Boston: Beacon Press, 1992.

- Bruch, Hilde. *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within*. New York: Basic Books, Inc., Publishers, 1973.
- Brumberg, Joan Jacobs. *The Body Project: An Intimate History of American Girls*. New York: Random House, 1997.
- Buhle, Mari Jo. *Feminism and Its Discontents: A Century of Struggle with Psychoanalysis*. Cambridge: Harvard University Press, 1998.
- Burke, Peter. *What is Cultural History?* Second Edition. Cambridge: Polity, 2008.
- Burnham, John C. *Bad Habits: Drinking, Smoking, Taking Drugs, Gambling, Sexual Misbehavior, and Swearing in American History*. New York: New York University Press, 1993.
- Burnham, John C. "Why Sociologists Abandoned the Sick Role Concept." *History of the Human Sciences* 27, no. 1 (2014): 70-87.
- Butler, Judith. *Bodies That Matter: On The Discursive Limits of "Sex."* New York: Routledge, 1993.
- Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge, 1989.
- Cagin, Seth, and Philip Dray. *Hollywood Films of the Seventies: Sex, Drugs, Violence, Rock 'n' Roll & Politics*. New York: Harper & Row, 1984.
- Campbell, Nancy D. *Using Women: Gender, Drug Policy, and Social Justice*. New York: Routledge, 2000.
- Clark, Claire D. *The Recovery Revolution: The Battle Over Addiction Treatment in the United States*. New York: Columbia University Press, 2017.
- Clark, Heather. *Red Comet: The Short Life and Blazing Art of Sylvia Plath*. New York: Alfred A. Knopf, 2020.
- Cohen, Elizabeth. *A Consumers' Republic: The Politics of Mass Consumption in Postwar America*. New York: Knopf, 2003.
- Cohodas, Nadine. *Queen: The Life and Music of Dinah Washington*. New York: Billboard Books, 2006.
- Collins, Gail. *When Everything Changed: The Amazing Journey of American Women from 1960 to the Present*. New York: Little, Brown and Company, 2009.
- Cook, James W, Lawrence B Glickman, and Michael O'Malley. *The Cultural Turn in U.S. History: Past, Present & Future*. Chicago: The University of Chicago Press, 2008.

Coontz, Stephanie. *A Strange Stirring: The Feminine Mystique and American Women at the Dawn of the 1960s*. New York: Basic Books, 2010.

Coontz, Stephanie. *The Way We Never Were: American Families and the Nostalgia Trap*. New York: Basic Books, 1992.

Courtney, Alice E., and Thomas W. Whipple. *Sex Stereotyping in Advertising*. Toronto: Lexington Books, 1983.

Courtwright, David T. *Dark Paradise: A History of Opiate Addiction in America*. Cambridge: Harvard University Press, 1982.

Courtwright, David T., *Forces of Habit: Drugs and the Making of the Modern World*. Cambridge: Harvard University Press, 2001.

Crawford, Robert. "Healthism and the Medicalization of Everyday Life." *International Journal of Health Services* 10, no. 3 (1980): 365-388.

Cronin, Anne M. *Advertising and Consumer Citizenship: Gender, Images and Rights*. New York: Routledge, 2000.

Daugherty, Tracy. *The Last Love Song: A Biography of Joan Didion*. New York: St. Martin's Press, 2015.

Davis, Flora. *Moving the Mountain: The Women's Movement in America Since 1960*. Toronto: Simon & Schuster, 1991.

Davis, Kathy. *The Making of Our Bodies, Ourselves: How Feminism Travels Across Borders*. Durham: Duke University Press, 2007.

DeGrandpre, Richard. *The Cult of Pharmacology: How America Became the World's Most Troubled Drug Culture*. Durham: Duke University Press, 2006.

DesBarres, Pamela. *Rock Bottom: Dark Moments in Music Babylon*. New York: St. Martin's Press, 1996.

Dinerstein, Joel. *The Origins of Cool in Postwar America*. Chicago: The University of Chicago Press, 2017.

Douglas, Susan. *Where the Girls Are: Growing up Female with the Mass Media*. New York: Times Books, 1994.

Dufton, Emily. *Grass Roots: The Rise and Fall and Rise of Marijuana in America*. New York: Basic Books, 2017.

Duncan, Stephen R. *The Rebel Cafe: Sex, Race, and Politics in Cold War America's Nightclub Underground*. Baltimore: Johns Hopkins University Press, 2018.

- Dutton, Diana B. *Worse Than the Disease: Pitfalls of Medical Progress*. Cambridge: Cambridge University Press, 1988.
- Echols, Alice. *Daring to Be Bad: Radical Feminism in America 1967-1975*. Minneapolis: University of Minnesota Press, 1989.
- Echols, Alice. *Scars of Sweet Paradise: The Life and Times of Janis Joplin*. New York: Metropolitan Books, 1999.
- Echols, Alice. *Shaky Ground: The 60s and Its Aftershocks*. New York: Columbia University Press, 2002.
- Ehrenreich, Barbara, and Deirdre English. *For Her Own Good: Two Centuries of the Experts' Advice to Women*. New York: Anchor Books, 2005.
- Ehrenreich, Barbara, Elizabeth Hess, and Gloria Jacobs. *Re-Making Love: The Feminization of Sex*. Garden City: Anchor Press/Doubleday, 1986.
- Elliot, Carl. *Better Than Well: American Medicine Meets the American Dream*. New York: W.W. Norton & Company, 2003.
- Evans, Sara. *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left*. New York: Vintage Books, 1979.
- Farber, David. *The Age of Great Dreams: America in the 1960s*. New York: Hill and Wang, 1994.
- Felski, Rita. *The Gender of Modernity*. Cambridge: Harvard University Press, 1995.
- Fleming, E.J. *Carole Landis: A Tragic Life in Hollywood*. Jefferson: McFarland & Company, Inc., Publishers, 2005.
- Frank, Thomas. *The Conquest of Cool: Business Culture, Counterculture, and the Rise of Hip Consumerism*. Chicago: University of Chicago Press, 1997.
- Frasier, David K. *Suicide in the Entertainment Industry: An Encyclopedia of 840 Twentieth Century Cases*. Jefferson: McFarland & Company, Inc., Publishers, 2002.
- Foner, Eric, and Lisa McGirr, eds. *American History Now*. Philadelphia: Temple University Press, 2011.
- Foner, Eric, ed. *The New American History*. Philadelphia: Temple University Press, 1990.
- Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books, 1995.
- Fox, Richard Wightman, and T.J. Jackson Lears, eds. *The Culture of Consumption: Critical Essays in American History, 1880-1980*. New York: Pantheon Books, 1983.

- Gans, Eric. *Carole Landis: A Most Beautiful Girl*. Jackson: University Press of Mississippi, 2008.
- Gitlin, Todd. *The Sixties: Years of Hope, Days of Rage*. New York: Bantam Books, 1987.
- Goldin, Claudia. *Career & Family: Women's Century-Long Journey Toward Equality*. Princeton: Princeton University Press, 2021.
- Goldin, Claudia. "The Role of World War II in the Rise of Women's Employment." *The American Economic Review* 81, no. 4 (September 1991): 741-756.
- Gordon, Linda. *Woman's Body, Woman's Right: A Social History of Birth Control in America*. New York: Grossman Publishers, 1976.
- Gosse, Van. *Rethinking the New Left: An Interpretative History*. New York: Palgrave MacMillan, 2005.
- Grant, Barry Keith. *American Cinema of the 1960s: Themes and Variations*. New Brunswick: Rutgers University Press, 2008.
- Greene, Jeremy A., and Elizabeth Siegel Watkins, eds. *Prescribed: Writing, Filling, Using, and Abusing the Prescription in Modern America*. Baltimore: The Johns Hopkins University Press, 2012.
- Guiles, Fred Lawrence. *Legend: The Life and Death of Marilyn Monroe*. New York: Stein and Day Publishers, 1984.
- Haggett, Ali. *Desperate Housewives, Neuroses and the Domestic Environment, 1945-1970*. London: Routledge, 2012.
- Harvey, Brett. *The Fifties: A Women's Oral History*. New York: HarperCollins Publishers, 1993.
- Healy, David. *The Antidepressant Era*. Cambridge: Harvard University Press, 1997.
- Healy, David. *The Creation of Psychopharmacology*. Cambridge: Harvard University Press, 2002.
- Healy, David. *Let Them Eat Prozac: The Unhealthy Relationship between the Pharmaceutical Industry and Depression*. New York: New York University Press, 2004.
- Henke, James, and Parke Puterbaugh, eds. *I Want to Take You Higher: The Psychedelic Era 1965-1969*. San Francisco: Chronicle Books, 1997.
- Herzberg, David. *Happy Pills in America: From Miltown to Prozac*. Baltimore: The Johns Hopkins University Press, 2009.

Herzberg, David. "‘The Pills You Love Can Turn on You’: Feminism, Tranquilizers, and the Valium Panic of the 1970s." *American Quarterly* 58, no. 1 (March 2006): 79-103.

Hill, Daniel Delis. *Advertising to the American Woman 1900-1999*. Columbus: Ohio State University Press, 2002.

Hogshire, Jim. *Pills-A-Go-Go: A Fiendish Investigation into Pill Marketing, Art, History, and Consumption*. Venice: Ferel House, 1999.

Horowitz, David. *Betty Friedan and the Making of ‘The Feminine Mystique’: The American Left, The Cold War, and Modern Feminism*. Amherst: University of Massachusetts Press, 1998.

Jackson, Charles O. *Food and Drug Legislation in the New Deal*. Princeton: Princeton University Press, 1970.

Jackson, Kenneth J. *Crabgrass Frontier: The Suburbanization of the United States*. New York: Oxford University Press, 1985.

Jezer, Marty. *The Dark Ages: Life in the United States: 1945-1960*. Boston: South End Press, 1982.

Johnson, Walter. "On Agency." *Journal of Social History* 37, no. 1 (Fall 2003): 113-124.

Jonnes, Jill. *Hep-Cats, Narcs, and Pipe Dreams: A History of America’s Romance with Illegal Drugs*. New York: Scribner, 1996.

Kandall, Stephen R. *Substance and Shadow: Women and Addiction in the United States*. Cambridge: Harvard University Press, 1996.

Kaledin, Eugenia. *Mothers and More: American Women in the 1950s*. Boston: Twayne Publishers, 1984.

Keire, Mara L. "Dope Fiends and Degenerates: The Gendering of Addiction in the Early Twentieth Century." *Journal of Social History* 31, no. 4 (Summer 1998): 809-822.

Kiernan, Thomas. *Jane: An Intimate Biography of Jane Fonda*. New York: G.P. Putnam’s Sons, 1973.

Kline, Wendy. *Bodies of Knowledge: Sexuality, Reproduction, and Women’s Health in the Second Wave*. Chicago: The University of Chicago Press, 2010.

Knight, Brenda. *Women of the Beat Generation: The Writers, Artists and Muses at the Heart of a Revolution*. Berkeley: Conari Press, 1996.

Koppel, Lily. *The Astronaut Wives Club: A True Story*. New York: Grand Central Publishing, 2013.

- Langston, Nancy. *Toxic Bodies: Hormone Disruptors and the Legacy of DES*. New Haven: Yale University Press, 2010.
- Lasch, Christopher. *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*. New York: W.W. Norton & Company, Inc., 1979.
- Laurence, Rae. *Jacqueline Susann's Shadow of the Dolls*. New York: Crown Publishers, 2001.
- Lears, T. J. Jackson. *Fables of Abundance: A Cultural History of Advertising in America*. New York: Basic Books, 1994.
- Lee, Martin A., and Bruce Shlain. *Acid Dreams: The CIA, LSD and the Sixties Rebellion*. New York: Grove Press, Inc., 1985.
- Lemke-Santangelo, Gretchen. *Daughters of Aquarius: Women of the Sixties Counterculture*. Lawrence: University Press of Kansas, 2009.
- Lerner, Barron H., *When Illness Goes Public: Celebrity Patients and How We Look at Medicine*. Baltimore: The Johns Hopkins University Press, 2006.
- Lesch, John E. *The First Miracle Drugs: How the Sulfa Drugs Transformed Medicine*. Oxford: Oxford University Press, 2007.
- Linden-Ward, Blanche, and Carol Hurd Green. *Changing the Future: American Women in the 1960s*. New York: Twayne Publishers, 1993.
- Littauer, Amanda H. *Bad Girls: Young Women, Sex, and Rebellion before the Sixties*. Chapel Hill: The University of North Carolina Press, 2015.
- Loewenstein, Dora, and Philip Dodd, eds. *According to the Rolling Stones*. San Francisco: Chronicle Books, 2003.
- López-Muñoz, Francisco, Ronaldo Ucha-Udabe, and Cecilio Alamo. "The History of Barbiturates a Century After Their Clinical Introduction." *Neuropsychiatric Disease and Treatment* 1, no. 4 (2005): 329-343.
- Lunbeck, Elizabeth. *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America*. Princeton: Princeton University Press, 1994.
- Lynn, Susan. *Progressive Women in Conservative Times: Racial Justice, Peace, and Feminism: 1945 to the 1960s*. New Brunswick: Rutgers University Press, 1992.
- Madge, Tim. *White Mischief: A Cultural History of Cocaine*. New York: Thunder's Mouth Press, 2001.
- Mailer, Norman. *Marilyn: A Biography*. New York: Grosset and Dunlap, 1973.

- Malcolm, Janet. *The Silent Woman: Sylvia Plath & Ted Hughes*. New York: Alfred A. Knopf, 1995.
- Mansfield, Irving. *Life With Jackie*. Toronto: Bantam Books, 1983.
- Margolis, Maxine L. *Mothers and Such: Views of American Women and Why They Changed*. Berkeley: University of California Press, 1984.
- Margotin, Philippe, and Jean-Michel Guesdon. *The Rolling Stones: All the Songs*. New York: Black Dog & Leventhal Publishers, 2016.
- Marks, Lara V. *Sexual Chemistry: A History of the Contraceptive Pill*. New Haven: Yale University Press, 2010.
- Marsh, Margaret. *Suburban Lives*. New Brunswick: Rutgers University Press, 1990.
- Marris, Paul, and Sue Thornham. *Media Studies: A Reader*. Edinburgh: Edinburgh University Press, 1996.
- Matelski, Elizabeth M. *Reducing Bodies: Mass Culture and the Female Figure in Postwar America*. New York: Routledge, 2017.
- Matthews, Glenna. *"Just a Housewife": The Rise and Fall of Domesticity in America*. New York: Oxford University Press, 1987.
- May, Elaine Tyler. *America and the Pill: A History of Promise, Peril, and Liberation*. New York: Basic Books, 2010.
- May, Elaine Tyler. *Homeward Bound: American Families in the Cold War Era*. New York: Basic Books, 2017.
- McKenzie, Shelly. *Getting Physical: The Rise of Fitness Culture in America*. Lawrence: University Press of Kansas, 2013.
- Medved, Michael. *Hollywood Vs. America: Popular Culture and the War on Traditional Values*. New York: HarperCollins Publishers, 1992.
- Metzl, Jonathan Michel. *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs*. Durham: Duke University Press, 2003.
- Meyerowitz, Joanne. "Beyond the Feminine Mystique: A Reassessment of Postwar Mass Culture, 1946-1958." *Journal of American History* 79, no. 4 (March 1993): 1455-1482.
- Meyerowitz, Joanne. *Not June Cleaver: Women and Gender in Postwar America, 1945-1960*. Philadelphia: Temple University Press, 1994.
- Miller, Timothy. *The Hippies and American Values*. Knoxville: The University of Tennessee Press, 2011.

- Monteith, Sharon. *American Culture in the 1960s*. Edinburgh: Edinburgh University Press, 2008.
- Moore, Elaine A. *The Amphetamine Debate: The Use of Adderall, Ritalin and Related Drugs for Behavior Modification, Neuroenhancement and Anti-Aging Purposes*. Jefferson: McFarland & Company, Inc., Publishers, 2011.
- Morgan, H. Wayne. *Drugs in America: A Social History, 1800-1980*. Syracuse: Syracuse University Press, 1981.
- Morgen, Sandra. *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990*. New Brunswick: Rutgers University Press, 2002.
- Murdock, Catherine Gilbert. *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940*. Baltimore: Johns Hopkins University Press, 1998.
- O'Brien, Geoffrey. *Dream Time: Chapters From the Sixties*. New York: Viking, 1988.
- Osgerby, Bill. *Playboys in Paradise: Masculinity, Youth and Leisure-Style in Modern America*. New York: Berg, 2001.
- Parish, James Robert. *The Hollywood Celebrity Death Book*. Las Vegas: Pioneer Books, Inc., 1993.
- Pearson, Patricia. *A Brief History of Anxiety...Yours and Mine*. New York: Bloomsbury, 2008.
- Peiss, Kathy Lee. *Hope in a Jar: The Making of America's Beauty Culture*. New York: Metropolitan Books, 1998.
- Pennock, Pamela E. *Advertising Sin and Sickness: The Politics of Alcohol and Tobacco Marketing, 1950-1990*. DeKalb: Northern Illinois University Press, 2009.
- Peril, Lynn. *Pink Think: Becoming a Woman in Many Uneasy Lessons*. New York: W.W. Norton & Company, 2002.
- Perry, Charles. *The Haight-Ashbury: A History*. New York: Wenner Books, 2005.
- Pichaske, David. *A Generation in Motion: Popular Music and Culture in the Sixties*. New York: Schirmer Books, 1979.
- Powell, Tammy. "Was Carole Murdered?" *Carole Landis Hollywood Legend*
<http://carolelandisofficial.blogspot.com/2012/11/was-carole-murdered.html> Accessed March 27, 2020.
- Prather, Jane, and Linda S. Fidell. "Sex Differences in the Content and Style of Medical Advertisements." *Social Science & Medicine* 9 (Jan 1975): 23-26.

- Prescott, Heather Munro. *The Morning After: A History of Emergency Contraception in the United States*. New Brunswick: Rutgers University Press, 2011.
- Rasmussen, Nicolas. "Controlling 'America's Opium': Barbiturate Abuse, Pharmaceutical Regulation, and the Politics of Public Health in the Early Postwar United States." *Journal of Policy History* 29, no. 4 (October 2017): 543-568.
- Rasmussen, Nicolas. *On Speed: The Many Lives of Amphetamine*. New York: New York University Press, 2008.
- Ray, Oakley S. *Drugs, Society, and Human Behavior*. Saint Louis: The C.V. Mosby Company, 1972.
- Richmond, Peter. *Fever: The Life and Music of Miss Peggy Lee*. New York: Henry Holt and Company, 2006.
- Rieff, Philip. *The Triumph of the Therapeutic: Uses of Faith After Freud*. New York: Harper & Row, Publishers, 1966.
- Rosen, Ruth. *The World Split Open: How the Modern Women's Movement Changed America*. New York: Viking, 2000.
- Rosenberg, Charles E., and Janet Golden, eds. *Framing Disease: Studies in Cultural History*. New Brunswick: Rutgers University Press, 1992.
- Rosenberg, Rosalind. *Divided Lives: American Women in the Twentieth Century*. New York: Hill and Wang, 1992.
- Rotskoff, Lori. *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America*. Chapel Hill: University of North Carolina Press, 2002.
- Rupp, Leila J, and Verta A. Taylor. *Survival in the Doldrums: The American Women's Rights Movement, 1945 to the 1960s*. New York: Oxford University Press, 1987.
- Scanlon, Jennifer. *Bad Girls Go Everywhere: The Life of Helen Gurley Brown*. New York: Oxford University Press, 2009.
- Schmidt, Randy L., ed. *Judy Garland on Judy Garland: Interviews and Encounters*. Chicago: Chicago Review Press, 2014.
- Schwartz, Hillel. *Never Satisfied: A Cultural History of Diets, Fantasies and Fat*. New York: The Free Press, 1986.
- Scott, Joan Wallach. *Gender and the Politics of History*. New York: Columbia University Press, 1988.

- Seaman, Barbara. *Lovely Me: The Life of Jacqueline Susann*. New York: William Morrow and Company Inc., 1987.
- Seaman, Barbara, with Laura Eldridge, eds. *Voices of The Women's Health Movement: Volume One*. New York: Seven Stories Press, 2012.
- Seaman, Barbara, with Laura Eldridge, eds. *Voices of The Women's Health Movement: Volume Two*. New York: Seven Stories Press, 2012.
- Seid, Roberta Pollack. *Never Too Thin: Why Women are at War with Their Bodies*. New York: Prentice Hall Press, 1989.
- Sivulka, Juliann. *Ad Women: How They Impact What We Need, Want, and Buy*. Amherst: Prometheus Books, 2009.
- Sivulka, Juliann. *Soap, Sex, and Cigarettes: A Cultural History of American Advertising*. Second Edition. Boston: Wadsworth, 2012.
- Sloman, Larry. *Reefer Madness: The History of Marijuana in America*. New York: The Bobbs-Merrill Company, 1979.
- Smith, David E., and George R. Gay, eds. *"It's So Good, Don't Even Try It Once": Heroin in Perspective*. Englewood Cliffs: Prentice-Hall, Inc., 1972.
- Smith, David E., and Donald R. Wesson, eds. *Uppers and Downers*. Englewood Cliffs: Prentice-Hall Inc., 1973.
- Smith, Mickey C., with E.M. (Mick) Kolassa and Walter Steven Pray. *Government, Big Pharma, and the People: A Century of Dis-Ease*. Boca Raton: Routledge, 2021.
- Smith, Mickey C. *A Social History of the Minor Tranquilizers: The Quest for Small Comfort in the Age of Anxiety*. New York: Pharmaceutical Products Press, 1991.
- Spacks, Patricia Meyer. *Boredom: The Literary History of a State of Mind*. Chicago: The University of Chicago Press, 1995.
- Spigel, Lynn. *Make Room for TV: Television and the Family Ideal in Postwar America*. Chicago: University of Chicago Press, 1992.
- Starks, Michael. *Cocaine Fiends and Reefer Madness: An Illustrated History of Drugs in the Movies*. New York: Cornwall Books, 1982.
- Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 1982.
- Stearns, Peter N. *Fat History: Bodies and Beauty in the Modern West*. New York: New York University Press, 1997.

- Stein, Dan J. *Philosophy of Psychopharmacology: Smart Pills, Happy Pills, and Pep Pills*. Cambridge: Cambridge University Press, 2008.
- Steinem, Gloria. *Marilyn*. New York: MJF Books, 1986.
- Stevens, Jay. *Storming Heaven: LSD and the American Dream*. New York: The Atlantic Monthly Press, 1987.
- Stras, Laurie. *She's So Fine: Reflections on Whiteness, Femininity, Adolescence, and Class in 1960s Music*. Burlington: Ashgate, 2010.
- Summers, Anthony. *Goddess: The Secret Lives of Marilyn Monroe*. London: Victor Gollancz Ltd., 1985.
- Sutton, Matthew Avery. *Aimee Semple McPherson and the Resurrection of Christian America*. Cambridge: Harvard University Press, 2007.
- Szasz, Thomas. *Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts, and Pushers*. London: Routledge & Kegan Paul, 1974.
- Talbot, David. *Season of the Witch: Enchantment, Terror, and Deliverance in the City of Love*. New York: Free Press, 2012.
- Tobbell, Dominique A. *Pills, Power, and Policy: The Struggle for Drug Reform in Cold War America and Its Consequences*. Berkeley: University of California Press, 2012.
- Torgoff, Martin. *Can't Find My Way Home: America in the Great Stoned Age, 1945-2000*. New York: Simon and Schuster, 2004.
- Tomes, Nancy. *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers*. Chapel Hill: The University of North Carolina Press, 2016.
- Tone, Andrea. *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers*. New York: Basic Books, 2009.
- Tone, Andrea. *Devices and Desires: A History of Contraceptives in America*. New York: Hill and Wang, 2001.
- Tone, Andrea, and Elizabeth Siegel Watkins, eds. *Medicating Modern America: Prescription Drugs in History*. New York: New York University Press, 2007.
- Tracy, Sarah W., and Caroline Jean Acker, eds. *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000*. Amherst: University of Massachusetts Press, 2004.
- Unterberger, Richie. *Eight Miles High: Folk-Rock's Flight From Haight-Ashbury to Woodstock*. San Francisco: Backbeat Books, 2003.

Valenstein, Elliot S. *Blaming the Brain: The Truth About Drugs and Mental Health*. New York: The Free Press, 1998.

VanSickle-Ward, Rachel, and Kevin Wallsten. *The Politics of the Pill: Gender, Framing, and Policymaking in the Battle over Birth Control*. New York: Oxford University Press, 2019.

Vantoch, Victoria. *The Jet Sex: Airline Stewardesses and the Making of an American Icon*. Philadelphia: University of Pennsylvania Press, 2013.

Ventura, Jeffrey. *The Jacqueline Susann Story*. New York: Award Books, 1975.

Vester, Katharina. "Regime Change: Gender, Class, and the Invention of Dieting in Post-Bellum America." *Journal of Social History* 44, no. 1 (Fall 2010): 39-70.

Walker, Janet. *Couching Resistance: Women, Film, and Psychoanalytic Psychiatry*. Minneapolis: University of Minnesota Press, 1993.

Wandersee, Winifred D. *On the Move: American Women in the 1970s*. Boston: Twayne Publishers, 1988.

Warsh, Cheryl Krasnick, ed. *Gender, Health, and Popular Culture: Historical Perspectives*. Waterloo: Wilfred Laurier University Press, 2011.

Watkins, Elizabeth Siegel. *On the Pill: A Social History of Oral Contraceptives, 1950-1970*. Baltimore: The Johns Hopkins University Press, 1998.

Weigand, Kate. *Red Feminism: American Communism and the Making of Women's Liberation*. Baltimore: Johns Hopkins University Press, 2001.

Weil, Andrew, and Winifred Rosen. *From Chocolate to Morphine: Everything You Need to Know About Mind-Altering Drugs*. New York: Houghton Mifflin Company, 1993.

Weil, Andrew. *The Natural Mind: A New Way of Looking at Drugs and the Higher Consciousness*. Boston: Houghton Mifflin Company, 1972.

Weisman, Carol S. *Women's Health Care: Activist Traditions and Institutional Change*. Baltimore: The Johns Hopkins University Press, 1998.

Winger, Gail. *Valium: The Tranquil Trap*. New York: Chelsea House Publishers, 1986.

Wolf, Naomi. *The Beauty Myth*. Toronto: Vintage Books, 1990.

Wolfe, Donald H. *The Last Days of Marilyn Monroe*. New York: William Morrow and Company, Inc., 1998.

Wright, Katie. *The Rise of the Therapeutic Society: Psychological Knowledge & the Contradictions of Cultural Change*. Washington, D.C.: New Academia Publishing, 2011.

Young, James Harvey. *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation*. Princeton: Princeton University Press, 1961.

Curriculum Vitae

Name: Erin Brown

**Post-secondary
Education and
Degrees:** Western University
London, Ontario, Canada
2016-2022 Ph.D.

University of Waterloo
Waterloo, Ontario, Canada
2014-2015 M.A.

University of Ottawa
Ottawa, Ontario, Canada
2009-2012 B.A.

Niagara College Canada
Niagara-on-the-Lake, Ontario, Canada
2002-2004 Tourism Marketing and Operations diploma

Honours and Awards:

Doctoral Completion Award, Western University
2021

Ivie Cornish Memorial Fellowship, Western University
2021

Western Graduate Research Scholarship, Western University
2016-2020

Province of Ontario Graduate Scholarship
2018-2019, 2019-2020

Faculty of Social Science Graduate Research Award, Western
University
2019

Harris Steel PhD Award, Western University
2018, 2019

Kenneth Hilborn Graduate Student Award, Western University
2018

Arts Graduate Experience Award, University of Waterloo
2014-2015

UW Graduate Scholarship, University of Waterloo
2014-2015

Provost Master's Entrance Award, University of Waterloo
2014-2015

**Related Work
Experience:**

Teaching Assistant
Huron University College
2021

Teaching Assistant
Western University
2016-2020

Teaching Assistant
King's University College
2018

Research Assistant
Western University
2017

Teaching Assistant
University of Waterloo
2015

Research Assistant
University of Waterloo
2014

Teacher
YBM, South Korea
2012-2014