

# Introduction

In Britain stress is a dirty word. It's for wimps; a sign of weakness which should be not pitied but despised.<sup>1</sup>

In 1998, *The Observer* newspaper ran an article about Norwegian Prime Minister Kjell Magne Bondevik's decision to take a week off work due to stress. Under the heading, 'Stress just isn't British', it contrasted the sympathetic response to Bondevik's plight in Norway against the sceptical disparagement of British attitudes, dismissing his experience of taking time out for stress as 'not quite the done thing'. The newspaper claimed that in Britain, 'people who can't cope with the demands of work are perceived as weak. There aren't enough secure jobs to go round and anyone who admits to feeling the pressures and strains are scared they will be the next one to be made redundant.' Stress was therefore doubly difficult for the individual as it represented a failure to cope that suggested an inherent flaw but was also dangerous to acknowledge in a world of precarious employment. As a 'dirty word' it was best left unspoken or perhaps hidden behind the proxy of a physical ailment. As the language used in the quotation above implies, it was also closely related to understandings of gender. According to Cary Cooper, Professor of Organisational Psychology at the University of Manchester Institute of Science and Technology (UMIST), quoted widely in the article, 'Work in Britain is about being macho.'<sup>2</sup> This connection between work and gender identity made the experience of stress a threat to masculinity. It also ran counter to conceptions of work for both men and women in paid employment in the late twentieth century, which privileged endurance, competition and toughness. To find work distressing or difficult to cope with was therefore existentially problematic and for some simply too damaging an admission to make.

The idea that stress was something to be ‘despised’ also tied it to notions of shame and a sense that the individual was not demonstrating the stoicism that had been so closely related to notions of Britishness in the past and which continued to be referenced in popular media usage of terms such as ‘Blitz spirit’. According to Cooper, employer attitudes were also problematic: ‘Employers know they have a legal duty of care towards their staff but that doesn’t mean they are wholly sympathetic to someone with stress. They’ll do what they can only when it is in their interests. But understanding and accepting stress is another matter.’ While those interests might be served by offering certain employees stress-management courses, the employer focus was firmly on making the employee resilient to stress, not on addressing what might be causing the stress in the first place. Cooper speculated that it was the British rather than Scandinavian model of work that would remain dominant. The article concluded on a negative note, suggesting that ‘We can’t stand people who feel sorry for themselves. This means those who stand up and say they are stressed are never going to be given an easy time. The future for our silently stressed workforce looks bleak.’<sup>3</sup>

The article illustrates the contemporary popular understanding of stress in Britain at the end of the millennium, but also the continuity of older ideas about work and mental health and individual weakness that had characterised the understanding of mental distress across the twentieth century. Popular ideas about who suffered from such problems were, until the latter third of the century, often closely aligned with status. So-called ‘nervous conditions’ were understood to result from overtaxing the brain, making them a problem of the educated and sensitive, and thus of the middle and upper classes, rather than the working man or woman. They also reflected dominant conceptions of gender that framed the domestic as feminine and the public, external world as masculine and thus tied ideas of causation to these domains. For much of the period, prevalent understandings of mental health focused on fears of madness and the shame of mental weakness and led to a culture of silence, privacy and extreme discretion, to the point that very often psychological problems were simply not spoken of or were hidden behind physical complaints. This tied causation to the failings of the individual rather than their environment or circumstances, thus ignoring any underlying socio-economic or institutional issues.

It was only in the last decades of the century that mental health issues and stress, in particular, became much more openly discussed and widely understood as the appropriate label for certain experiences.

*The Observer* was able to publish an article about stress without providing a definition of the term or explaining it because in 1998 it rightly assumed that its readers all knew what stress was. They did so thanks to cultural and societal transformations, particularly in the second half of the century, that had changed the ways in which people perceived and understood everyday experiences and their responses to them. Such responses included the way people recognised and dealt with the pressures and strains of work, but also the frustrations and distress of domestic and interpersonal relationships. Whereas earlier in the twentieth century there was a norm of stoicism and discretion, the latter part of the century was no longer characterised by the kind of 'Britain can take it' attitude mythologised in the popular memory of wartime Britain. These changes resulted in part from the increasing tendency to question everyday occurrences and to privilege the role of experts, arising from the burgeoning medicalisation and psychologisation of life during the century.<sup>4</sup> Such processes saw previously 'normal' experiences reinterpreted as medical or psychological complaints or as something that required expert intervention. At the same time, wider socio-economic and cultural change, encompassing contexts such as housing and gender roles, also contributed to the transformation of attitudes that problematised and increasingly made public, previously private or hidden issues. The media in Britain played a key role in popularising and emphasising this process, as *The Observer* article illustrates, particularly in the deployment of ill-health scare stories and increasing intrusions into, and commentary on, what had previously been private in people's lives.<sup>5</sup> Although Cooper acknowledged in the article that stress was at least now being talked about, the tone of the entire feature strongly emphasised the continuity of long-held attitudes towards mental health issues in Britain.

The writer of *The Observer* article could also reasonably assume that readers would recognise work as a likely context for stress and would perhaps share the underlying belief that it was the inherent weakness of the sufferer, more than the circumstances of their work, that was the cause of their stress. Although by the end of the century, stress *was* being acknowledged and *was* something that could be talked about,

ideas about causation and who might be susceptible to mental health problems were often still firmly grounded in the past. This enabled mental health problems like stress to be understood as the problem of the sufferer rather than a result of their circumstances or environment, allowing employers, doctors and institutions of state to focus on the individual rather than the wider social, economic or structural issues that might be at the heart of the problem. *The Observer's* reporting of the reluctant and often unsympathetic attitude of employers would also have been familiar, as would the sense of fear and insecurity about what might happen if the reader were to admit to being stressed themselves. Popular understanding of stress, as seen in media reporting, was, therefore, both complex and often contradictory.

For much of the century, mental health problems had carried a stigma and were something to be ashamed of, to keep private and to deal with discreetly. However, by the end of the 1990s, the ubiquity of the stress discourse meant that there was widespread awareness of the problem of stress, if not an equal willingness to address it. People were generally more inclined to be open about what earlier in the century would have simply been unspoken, and often unacknowledged, despite fears about the precarity of their employment. The combination of greater openness and a thriving popular, medical and institutional discourse of stress created an acceptance that life in late twentieth-century Britain was more challenging and complex than ever before. The apparent epidemic of stress that accounted for over thirteen million lost work days per year, was, therefore, an unsurprising outcome; and one that positioned stress as a significant economic, as well as personal, problem.<sup>6</sup>

This book was born out of my curiosity about how and why stress became so ubiquitous and whose interests were served by the ways in which certain forms of mental distress were constructed and understood across the century. It was also provoked by my experience at Birkbeck College, where stress was the topic for a term's study on a social science Master's degree, yet in the first lecture was roundly discredited as a concept. How could a subject that some academics in social science apparently disputed, be so successful and widespread an idea in other academic disciplines as well as in popular culture? Personal experience also raised questions about how concepts like stress inform our understanding of the self and the roles that gender, class and race might have played in the development of the stress concept during

the last century. Not all of those questions find an answer in the following chapters. In particular, race remains unexamined, in part due to its absence in much of the source material, but also due to an awareness of the potential intersectional complexities of stress and race, which require a more focused research project in their own right. This book is also limited to the British experience. Although there are similarities between Britain and the USA and other western countries in terms of how popular understanding of stress developed, there are also considerable cultural differences, as demonstrated in *The Observer* article's focus on the Norwegian prime minister. A comparative study of stress in different countries would require a separate book, and while there is some work that brings together different national approaches, my focus here, as a British historian, is just on Britain.<sup>7</sup>

Most of the existing historiography of stress approaches the subject from a medical perspective: the focus in this book is on both the lived experience and the popular construction of stress, although elements of medical and scientific approaches inevitably appear. In taking a social and cultural approach and examining the everyday stress commonly experienced by the wider population, in this book I develop our understanding of the ways in which people conceptualised, explained and managed day-to-day experiences of strain and pressure that eventually came to be understood as stress. In many cases, those experiences arose due to the huge social, economic and political changes to day-to-day life that occurred in Britain during the twentieth century. As such, this work, informed by Alf Ludtke's approach to the everyday, responds to omissions in the existing historiography by providing a historical account of ordinary people's perceptions of daily life and its stresses and strains, and the personal experiences of coping with stress across different times, occupations and demographic groups.<sup>8</sup> It identifies everyday meanings and traces the popular and vernacular discourse of stress. In doing so, it not only examines how stress was known but the ways in which that knowledge was produced. Drawing on a range of sources, including self-help books, diaries, oral history interviews and popular culture, my analysis foregrounds continuities in the approach to managing stress and changes in ideas about causation. It reveals a vocabulary of 'nerves' and 'nervous disorders' as precursors to stress but also illustrates the mutability of the stress concept and how its very imprecision gave it utility.

One explanation for the absence of historical work on the lived experience of stress is the challenge posed in finding personal accounts of stress. Often self-diagnosed, and for much of the century subject to the broader stigma associated with mental ill-health, stress has often gone unrecorded, and even unspoken. Ironically, the changes by the end of the century that made stress ubiquitous have perhaps also rendered it practically invisible and unquestionable except in its extreme forms such as Post-Traumatic Stress Disorder (PTSD). It has become such an inherent part of everyday life that we accept it as a given, brought about by a multiplicity of causes, unlike the extraordinary, singular events that frame trauma. While PTSD and many of its fellow psychiatric diagnoses are contested and questioned, the quotidian nature of stress has allowed it to permeate our existence, relatively unchallenged. This raises a number of issues that inform the approach taken in this book, including: the relationship between the meaning and validity of stress and its usefulness; the role of medicalisation, professionalisation and psychologisation in the popular adoption of stress; and attempts to explain its widespread acceptance in Britain through concepts such as ‘*influenza*’.<sup>9</sup> In the rest of this chapter, I examine these issues to provide context for the lived experiences and popular constructions of stress that I go on to explore in the ensuing chapters. This is followed by an explanation of the methodology adopted in dealing with the challenge of finding experiential sources and clarification of my use of terminology as well as a brief overview of the structure of the book.

### Studies of stress

Early historical research on stress focused largely on military psychiatry and it is only in recent years that scholars have widened the field of enquiry. Key to the military focus was the idea of ‘trauma’ and the significant psychiatric impact resulting from extraordinary experiences labelled variously as shell shock, combat stress and PTSD, and about which there is a long and distinguished body of work.<sup>10</sup> This book instead looks at the ordinary and everyday stress that was much less likely to arise from traumatic or extraordinary experiences. However, public awareness of the psychiatric problems arising from the First World War undoubtedly formed part of a broader context of

psychologisation and medicalisation that affected popular understandings of mental health in the interwar period and after and contributed to the way people interpreted more mundane stressful experiences. Similarly, the considerable public discourse and widespread understanding of stress in the later century enabled people more easily to grasp medical diagnoses such as PTSD. In exploring everyday stress and the evolution of popular understanding, this book, therefore, also provides a greater insight into the contexts in which more extreme psychiatric conditions became recognised and accepted among the general populace.

Scholarly works of history that have looked at non-military stress have focused mostly on the medical and scientific development of stress or have incorporated stress within a broader categorisation such as psychological disorders or neuroses.<sup>11</sup> There are two broad ways in which the history of stress has tended to be recounted. The first positions it as something that can be initially traced back to the sixteenth century and accounts of hardship and distress that were then linked to ideas about mechanics and engineering in the seventeenth and eighteenth centuries. These were developed and amalgamated with concerns about pressure and the pace of modern life in the nineteenth century, a key focus of which was the issue of 'overpressure' in education, particularly following the introduction of compulsory school attendance in 1880.<sup>12</sup> Sally Shuttleworth has argued that these concerns were an analogue of emerging industrial practices, and certainly these became the focus of twentieth-century theories about the effects of modern work and warfare on the individual.<sup>13</sup>

The second approach locates its origins more recently in the post-Second World War period, tied to the collapse of the old social order and as a 'potent manifestation of an unsettled and fragmented post-modern world'.<sup>14</sup> As Mark Jackson has suggested, a case can be made for both approaches. His own work effectively incorporates these two positions, charting both the medical and scientific development of stress over the centuries, and making a case for the very particular way that scientific studies of stress in the twentieth century have been shaped sociopolitically and culturally as well as biologically. He argues that our 'obsessions with the relationship between stress and disease' are a product of broader issues relating to the preservation of stability not just in physiological terms, but also personally and politically.<sup>15</sup>

Similarly, from a sociological standpoint, Dana Becker has indicated that the 'abstract and diffuse' nature of stress has enabled it to perform ideological work by containing much of our discomfort with societal change in the late twentieth century.<sup>16</sup> In most cases, however, both the longer historical view and the post-war approach have offered little insight into the lived experience of stress and personal accounts of experiencing, understanding and managing stress, which have been key to the development of the popular concept, and indeed to the huge increase in stress diagnoses.<sup>17</sup> This book addresses that absence.

As well as specific histories of stress, scholars have addressed topics which are linked to stress, some of which are mentioned throughout this book. These include suburban neurosis and urban planning; neurasthenia; revisionist work on neuroses in post-Second World War housewives and research into psychological disorders among men in the same period; examinations of work and stress; and the family and stress.<sup>18</sup> Again, few of these focus specifically on the experience of stress as part of everyday existence in the twentieth century. This book will address this relatively uncharted territory.<sup>19</sup>

### What is stress?

Responses to modernity and change, and the importance of status, have been key factors in popular perceptions of stress during the twentieth century and appear as leitmotifs throughout many chapters of this book. One reason for this is the conceptual vagueness of stress and its forerunners. Stress and nerves have been available as labels for a range of experiences, have been interpreted in multiple ways, and have enabled the privileging of certain groups at specific times. Indeed, no research on stress is complete without an acknowledgement of the problematic nature of the concept: one that is, according to scholars across disciplines, 'so confused, to be almost meaningless' and with 'no precise or consistent definition'.<sup>20</sup> The following section explores the ways in which the concept has been explained, adopted, challenged and deployed.

As already stated, there is broad concurrence that the idea of stress originates in early understanding of engineering along with strain and was co-opted into biology thanks to the nineteenth-century view of the body as a machine, although there is some evidence of earlier

vernacular usage relating to hardship and adversity.<sup>21</sup> However, stress as a medical disease appeared only in the mid-twentieth century. Ideas about homeostasis (the need to maintain bodily equilibrium) and the external forces which might put strain on the body (e.g. cold or heat) emerged early in the century, while in 1915 Walter Cannon's (1871–1945) book introduced the idea of the 'flight or fight' response, now commonly associated with the aetiology of stress.<sup>22</sup> However, neither this work nor the earlier ideas about homeostasis were specifically part of a stress concept. It was largely due to Hans Selye's (1907–1982) work, and particularly his publications in the 1950s that the idea emerged which would encapsulate not only the external conditions which might act as 'stressors' on the body but the resulting condition of stress which was the body's response.<sup>23</sup>

Tom Lutz and Michael Neve have both highlighted the analogous nature of stress and neurasthenia, particularly in terms of the size and value of the business created by both diagnoses and the cultural function that each has performed.<sup>24</sup> While readers of popular magazines in the early twentieth century would have failed to find mention of stress, Laura Hirshbein has noted that they 'could not have turned many pages before encountering some kind of description of nervousness or neurasthenia'.<sup>25</sup> This suggests that although stress was largely unknown among the general British populace until the late twentieth century, the symptoms and experiences that are now understood to constitute stress were certainly familiar. This is not to say that nervousness, neurasthenia and stress are interchangeable conceptually, but they do share areas of overlap and the ways in which these ill-defined, hard-to-pin-down concepts have been understood, operationalised and experienced were similar. Neurasthenia was seen as a disease of civilisation and modernity and associated with successful businessmen overcome by the relentless pressure of modern civilisation, as well as with highly strung 'nervous' women. There was status to be gained from being a neurasthenic. Lutz has argued that the combination of such a wide range of symptoms with these notions of exceptional refinement and sensitivity meant that it appealed to the elites who felt threatened by change and to the upwardly mobile who believed it would enhance their status, and this created an epidemic.<sup>26</sup> He has claimed that neurasthenia provided a vocabulary and shared cultural meaning that enabled people to perceive and explain the rapid change

occurring in the late nineteenth century, and has argued that stress, being similarly available for plural appropriations, may have functioned in a comparable way in the twentieth century.<sup>27</sup>

The title of Serge Doublet's book, *The Stress Myth*, clearly set out his approach. In his book, he refuted the very concept, arguing that stress is simply one more in a long line of now discarded concepts, such as the vapours, hysteria, hypochondria and psychasthenia, and that it too may eventually be replaced by 'some newer and more exciting' idea.<sup>28</sup> He proposed that in biology, easily defined physical stressors are usually the main interest, and stress as the resulting condition is rarely defined or only in a generic sense. Something may be deemed a stressor by the 'mere presence of higher levels of stress hormones, such as cortisol' but he has claimed that many biologists, immunologists and virologists agree that stress is probably more complex than they assume, but prefer to leave that complexity to psychologists and social scientists.<sup>29</sup> Similarly challenging is Angela Patmore's view that 'stress is a mythical malaise based on an intellectual construct', and our fear of it creates the very condition itself.<sup>30</sup> Those working on issues of gender and mental health have also been critical, arguing that stress is used as an 'all-encompassing notion' to synthesise diverse distressing experiences and their impact on psychological states.<sup>31</sup> However, while acknowledging the controversy and confusion around the concept, Cary Cooper and Philip Dewe have emphasised its importance in significantly contributing to how illness is understood. They argue that if the durability of the concept is seen as a measure of its 'validity or usefulness', then this suggests it is worthy of further attempts at clarification.<sup>32</sup> This argument has had considerable support. As Lawrence Hinkle explains, 'there is still today no generally agreed upon definition of "stress" ... Nevertheless, biological, social and behavioural scientists have continued to use the term.'<sup>33</sup> Similarly, many other researchers, practitioners and professionals have also made stress the focus of their work, suggesting that a lack of conceptual clarity has been no hindrance to the concept's usefulness.

### The usefulness of stress

Against such a background of conceptual mutability, there is a range of arguments as to why stress emerged as such a successful and

widespread idea. Both social scientists and historians have agreed that durability and popularity might be the result of its very lack of precision, allowing it to incorporate a wide range of experiences and serve many different purposes, as neurasthenia did in the late nineteenth century.<sup>34</sup> A more pragmatic notion suggests that because the stress concept transferred easily between disciplines (e.g. from engineering to medicine to psychology and so on) it is in some way self-perpetuating.<sup>35</sup> Russell Viner has argued that Selye's stress concept found favour in two very powerful post-war groups, the military and industry, specifically because it appeared to justify their pre-existing ideologies (about combat neurosis and work performance, respectively). As a result, by the mid-1970s over one-third of prominent researchers in stress were based in US military institutions.<sup>36</sup> He has also argued that Selye was particularly adept at enrolling interests outside the establishment, so that by the 1960s the stress concept was also broadly accepted by alternative medicine. Although Jackson disputes the emphasis on Selye's role arguing that others in the field, such as Harold G. Wolff (1898–1962), general media and public interest also played a part, such a combination of networks of interest helps to explain the widespread acceptance of the concept at an institutional level.<sup>37</sup> The very easy way in which a diversity of experiences (of concern to different disciplines and interest groups) could be brought under one heading has also been suggested to explain what makes stress such an attractive and popular concept.<sup>38</sup>

The very versatility of the concept of stress and its capacity to encompass a wide range of themes has underpinned its utility and thus its persistence. For David Wainwright and Michael Calnan, 'the very fact that the category has such a powerful and persistent hold on both the public and scientific imagination suggests that it must at least partially grasp the reality of lived experience'.<sup>39</sup> Indeed Becker has claimed, in discussing how the discourse of stress has been used to locate women's problems within a medical rather than sociopolitical domain, that 'the more insecure a domain of scientific understanding, the more readily it lends itself to social uses'.<sup>40</sup> This malleability has enabled stress to be used selectively and contextually at both the theoretical and popular levels to support a wide range of ideologies, ranging from the nature of the social order and people's place in it to issues of autonomy and self-reliance and the reciprocal responsibilities of the state and the individual in health care.<sup>41</sup>

According to Ethan Watters, there is a popular perception that we 'invariably rely on cultural beliefs and stories to understand what is happening' when we experience mental distress. In turn, those stories shape the experience of our illness and thus stress, with its imprecision, gives us space for a wide variety of stories.<sup>42</sup> However, as Doublet has argued, stress may also be seen as simply the story 'du jour': people simply accept whatever explanatory labels are provided for their symptoms, and when new medical phenomena are introduced it is common to see a rapid increase in the number of cases diagnosed.<sup>43</sup> Again, the fact that the stress label covers a multitude of possible conditions and experiences has given it greater utility. In a more sweeping argument, Hirshbein suggests that the success of the stress concept is due to its implications socially, professionally and economically.<sup>44</sup> After all, whole areas of academic research have been dedicated to it, while within medicine, management, training and numerous other professions, stress has given employment to large numbers of people.

#### Medicalisation, professionalisation and psychologisation

Throughout the twentieth century, several interrelated processes have permeated everyday life in a way that has facilitated the development and adoption of stress. Medicalisation, professionalisation and psychologisation made it perhaps inevitable that by the end of the millennium, people would find stress a useful catch-all label for their widely differing experiences. Offering a psychological explanation, bounded by expertise and pathologising a range of previously 'normal' responses to everyday occurrences, stress offered a useful way of explaining people's reactions to the apparent challenges of modern life. The growth of stress as an accepted diagnosis for people's responses to the 'troubles of life', as Viner has expressed it, might be attributed in part to the increase in the second half of the twentieth century in a belief that professional guidance was needed to manage many aspects of our lives.<sup>45</sup> The role stress performs in different professions and networks of interest invites exploration of these underlying processes. While their influence is undoubtedly relevant to a much wider range of subjects than just stress, exploring how they have functioned helps to identify how understanding of stress has evolved and why it has persisted despite the debates about its imprecision and lack of conceptual robustness.

The medicalisation argument has suggested that medicine expands and develops new categories of illness in order to extend and legitimise the profession and exercise power over particular groups. Robert Nye has argued for a more nuanced understanding of medicalisation, suggesting that medical knowledge 'usually served individual rather than state interest' and that such knowledge sometimes works against medical authority as a 'form of resistance and defense'.<sup>46</sup> However, feminist writing on medicine, and particularly on psychiatric medicine, has focused on an interpretation of medicalisation as a tool of power and control.<sup>47</sup> A central feature of psychiatry has always been the development of new categories of mental illness, as they help to legitimate the profession's claims to specialist knowledge and expertise in care and treatment, and hence provide a *raison d'être* for those practising within it.<sup>48</sup> Evidence that would seem to support this comes from the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is published by the American Psychiatric Association and provides the standard criteria for classification of mental disorders in the USA and, to some extent, the rest of the world. The DSM II published in 1968 ran to 134 pages but had expanded to a huge 943 pages by the time DSM-IV-TR was published in 2000.<sup>49</sup> Karl Menninger's pronouncement in the mid-1950s that most people had some degree of mental illness at some time, and many of them most of the time, undoubtedly reflected the growth in a wide range of psychological and psychiatric professions, and gave critics reason to suppose that psychiatry was making a pitch for the entire population.<sup>50</sup>

At the same time, the expansion of the 'professionalisation of personal problems' accelerated, exposing previously private domains such as the family and home to increased scrutiny.<sup>51</sup> Nikolas Rose has argued that the 'apparently inexorable growth of welfare surveillance' of working-class families arose from a complex interplay of the aspirations of professionals, the social anxieties of those in power and the political concerns of various authorities.<sup>52</sup> He offers the example of the 'complex apparatus targeted upon the child' that includes the child welfare system, schools, the education and surveillance of parents and the juvenile justice system. He has argued that the evolution of new professional groups to administer, regulate and manage such areas of everyday life thus created and propagated new forms of expertise.<sup>53</sup> That people accepted such expert intervention resulted from a dynamic driven by

both economic expedience and the functioning of the post-1945 welfare state.<sup>54</sup> However, one consequence of this expert focus was to problematise many everyday experiences, resulting in a significant erosion of privacy and agency.<sup>55</sup> Similarly, the 1950s and 1960s saw the development of humanistic psychology that, as a reaction to the depersonalising tendencies of existing psychology, focused on the individual's potential for self-transformation, growth and freedom.<sup>56</sup> However, while focusing on individual self-development and potential, it also implied an obligation to improve. Against the backdrop of a society that increasingly saw the family and social relations as potentially problematic, this encouraged any individual failure to be interpreted as cause for professional psychological help.<sup>57</sup>

In the late twentieth century, this movement led to a more pessimistic understanding of the self, where self-improving self-sufficiency ceased to be valued, and the emphasis changed to valuing those who recognised that they were unable to help themselves and must seek help from others, such as the 'brave' addict who admitted their problem.<sup>58</sup> Coupled with a decline in social solidarity and political engagement, this enabled a therapy culture to emerge in which experts discovered a huge range of non-physical diseases and pathologised much of our experience.<sup>59</sup> A welfare culture that offered solutions through expert intervention rather than the self-sufficiency of the first half of the century, informed the exponential growth of this therapy culture which Füredi and Rose have characterised as more problematic than beneficial.<sup>60</sup> At the same time, both the anti-psychiatry movement and feminism brought mental health issues into the open and, coupled with the incorporation into everyday language of Freudian terminology such as ego, defence mechanism, and sibling rivalry, enabled the emergence of what David Healy has called 'psychobabble' in the media.<sup>61</sup> Such language, he suggests, bears little relationship to its theoretical origins and has harmful consequences for the way we view ourselves.<sup>62</sup> One argument contends that at its extreme, it is the very functioning of power by the professions, with the effect this has on privacy and agency, that might actually cause the very distress that then leads people in a vicious circle to seek professional help.<sup>63</sup>

However, the unspoken assumption of individual powerlessness that underpins these arguments tends to ignore the fact that patients can be active participants in the process of medicalisation. Nancy

Theriot points out in her work on medical case histories that patient testimony, as retold by physicians, can be valuable in illustrating the patient's representation of illness. However, as it is the physician who chooses which parts of the testimony to include, the account that emerges is not equally co-constructed.<sup>64</sup> A common thread running through the history of psychiatry is that it is practitioners who are under pressure to tell patients what they want to hear.<sup>65</sup> Thus, the knowledge and expectations of the lay population also bring pressure to bear on the proliferation of psychiatry and psychological conditions. Roy Porter, amongst others, has pointed out that this can only be because there are benefits to them buying into psychiatric or psychological paradigms.<sup>66</sup> Arguably, one of the reasons for the popularity of stress lies in the fact that conceptually it suggests that the distress we feel in everyday life is largely a function of our response to events, a response that we have the agency to manage.<sup>67</sup> Medicine is also not a simple, single entity and clinical medicine has been only one element in problematising life from a health perspective.<sup>68</sup> Among those other ways might be counted journalistic reporting of 'health' stories (or perhaps 'risk of ill-health' stories), particularly in the latter decades of the twentieth century, and the so-called 'disease mongering' of pharmaceutical companies who market diseases as much as the drugs they offer to treat them.<sup>69</sup> Another explanation for apparently exponential increases in mental health problems by the end of the century was that such problems were often hidden in generic somatic diagnoses in earlier periods. In the case of depression, Christopher Callahan and German Berrios have claimed that the preponderance at the mid-century and at its end was largely the same, and that the perceived explosion in mental health problems was not necessarily the result of medicalisation, but simply a question of labelling.<sup>70</sup>

The fact that people might deliberately seek specific psychological or psychiatric diagnoses from their physicians reflects another key historical argument that contextualises the emergence of stress: psychologisation. H. G. Wells (1866–1946), writing in 1924, suggested that the next century would be 'a century of applied psychology' and that there would be 'an increasing tendency to psychologise legal, political, financial and economic conditions'.<sup>71</sup> Wells appears to have been using his fictional time machine in being so perceptive in seeing where the contemporary debates about the mental hygiene movement

might lead. The popularisation of psychological ideas really took hold in the interwar period through the creation of a practical popular psychology that owed less to Freud and psychoanalysis and more to an eclectic British interpretation of such ideas.<sup>72</sup> Indeed, in this book psychoanalysis features very little, mainly because, except for one or two of the self-help books examined, it was largely absent from people's experiences and therefore their accounts of everyday stress. Certain terminology entered popular culture, but although there was a surge of interest in psychoanalysis prompted by the First World War, there was greater support for a psychology of self-improvement than a psychoanalytic one of breaking oneself down. Psychoanalysis it seems had much less of a role to play in everyday stress than psychology in general.<sup>73</sup>

Although there is considerable debate about the extent of its impact, there is little doubt that the shell shock of the First World War created a heightened awareness of psychological ideas among the lay population as well as the institutions of medicine and government.<sup>74</sup> Mathew Thomson has argued that coupled with the shifting social identities resulting from increased leisure and economic changes, this encouraged the idea of self-improvement and the growth of psychology clubs and psychology as a subject for Workers Education Association classes and Trade Union education, as well as increasing usage of psychological concepts in the press and literature.<sup>75</sup> He has cited the example of the increasing willingness of people to air their problems through the advice pages of popular publications, quoting an increase in such coverage on the women's pages of the *Daily Mirror* from an average of 3 per cent during the majority of the interwar period to 27 per cent by 1939.<sup>76</sup> Support for Wells's assertion about applied psychology comes from the explosion in the size of the psychology professions in the immediate post-Second World War period when membership of the British Psychological Society grew from 800 in 1941 to 2,000 in 1960.<sup>77</sup> Within the public sector, clinical psychologists began to be employed in the 1950s and psychiatric nurses and psychotherapists from the early 1960s, as well as psychiatric social workers, while in the private sector a wide range of counsellors and other therapeutic workers appeared in addition to the existing private-practice psychologists, psychiatrists and the dwindling number of psychoanalysts.<sup>78</sup> This might partly be attributed to the growing sense that mental illness and

disorders were much more common than previously thought, but can also be seen within the context of the discussions above about medicalisation and professionalisation.

Social scientific research in the second half of the century was significant in developing psychological approaches to stress, among them ideas about how psychological appraisal might mediate stress responses, theories about coping and about reactions to certain common life events.<sup>79</sup> The development of psychological approaches to stress sits within a wider context of the growth of humanistic psychology, focused on the individual's potential for self-transformation and in part giving rise to a boom in popular self-help.<sup>80</sup> However, it also reflects increasing industrial and organisational concerns about productivity and absenteeism.<sup>81</sup> Certainly, occupational stress became a particular focus in the interwar period due to transformations in the global economy coupled with changing perceptions of mental health that legitimated discussion about the management of the self.<sup>82</sup> Certainly, from the 1960s onwards, the history of stress can be understood as a story of expanding academic interest, particularly within social science, increased popular awareness and somewhat reluctant organisational recognition, as well as a rapidly developing 'stress industry' aimed at helping individuals and organisations to manage stress.

While arguments about the psychologisation of society in Britain in the twentieth century have recognised the medicalisation argument, they fall short of the sort of critical view that Nikolas Rose has adopted. He has argued that the 1950s saw a coming together of sociological, psychoanalytic and therapeutic expertise to develop theories about the strains of personality and human relations in modern life, in particular in the family and marriage, which only the techniques of experts could address.<sup>83</sup> Rose's arguments are inherently Foucauldian. He focuses on power and how psychologisation made it possible to govern and regulate people in ways that appeared to result from our status as psychological beings, and his views have much in common with sociological viewpoints.<sup>84</sup> Our increased valuing and privileging of autonomy and free will, while we are actually being constrained and controlled by it, is also apparent in arguments about the pathologising of many of the symbols of free will in late capitalist society, such as 'shopaholism' and 'co-dependency' and in discussions of the problematisation of alcohol use.<sup>85</sup> Rose has suggested that the

psychologisation of society has led us to understand what people say and do only in psychological terms, almost as involuntary disclosures of the real person, superimposing the private on the public. Thus, public life and public actions are only intelligible to the extent that we can interpret them and understand them in psychological terms as expressions of private personality.<sup>86</sup> This psychotherapeutic context leads to an obsession with personal identity such that the self is defined in terms of how it feels rather than what it does.<sup>87</sup> At the same time, the pop psychology emerging from the 1960s enabled the creation of a whole new range of 'experts' who did not even need to lay claim to scientific data or clinical experience to be considered experts. Arguably it was this change that enabled psychology to become the underpinning ideology of the consumer society, propagated by advertising and market research.<sup>88</sup>

In the post-war period, increased affluence underpinned the growth of a society of consumers for whom happiness was always tantalisingly out of reach, embodied in the advertising and marketing of products they had not yet purchased. An apparent paradox of life in Britain in this period was that increased affluence did not bring with it commensurate happiness or well-being. In fact, some have claimed that it did quite the opposite.<sup>89</sup> Of course, absence or limitation of happiness does not necessarily equate to stress; however, the debates about why happiness did not increase with affluence offer contributory factors in the growth of perceived tensions and frustrations that became recognised as stress. The failure of material improvements in everyday life to deliver anticipated concomitant increases in happiness in the second half of the twentieth century undoubtedly begged for some explanation. For many people, stress provided it.

From an economic perspective, while affluence has freed people from subsistence living, it has not produced greater happiness. Well-being comes about through status achieved by comparison with others so that income relative to others is more rewarding than absolute levels of income, as is rising social rank. Thus, people become trapped in 'keeping up with the Joneses' in order to feel good and, as Richard Layard has pointed out, television raises the standards of that comparison because the more television people watch the more they overestimate the affluence of other people. We might apply the same reasoning to the burgeoning use of the internet at the end of the century, and to

social media subsequently.<sup>90</sup> Advertising and marketing in attempting to win trust through a simulation of intimacy, devalued truth and trust, creating stress and reducing capacity for commitment and cooperation which are also key to well-being. According to Avner Offer, the new opportunities and rewards of market liberalism in the late twentieth century were unsettling to the individual psyche and saw a move from being a society of social equality, security and inclusion to one that was socially harsher and more business-friendly.<sup>91</sup> Despite greatly improved material living standards for most in Britain by the end of the century, the nature of the neo-liberal consumerist economy and society led to widespread feelings of tension and frustration and a background attitude of doubt and mistrust. In this context, the 'troubles of life' that might in previous periods have been navigated within a framework of stoic, collective support, were perceived as more pernicious and problematic than ever before and stress the ubiquitous result.<sup>92</sup>

### Approach

While the preceding paragraphs have explored some of the wider arguments that contextualise the approach to stress in this book, the following section narrows the focus and explains the methodology I have adopted in historicising the experience and popular understanding of stress.

In focusing on everyday stress and on the experiences of ordinary people, issues arise around what constitutes the 'everyday' and the 'ordinary'. Claire Langhamer has discussed the ways in which the meaning of 'ordinary' shifted in time and context during the second half of the twentieth century, giving the example of how its loose wartime usage enabled the inclusivity needed to maintain morale. 'Ordinary' has often been used implicitly or explicitly as the counter to expertise or celebrity and often described what something or someone was not rather than what they were. She argues that while it was 'malleable and messy', the category of ordinariness particularly in the post-war period was also often used as a critique of expertise.<sup>93</sup> Ben Highmore sees the ordinary as encompassing commonality without 'necessarily intoning the ideological set pieces of "the silent majority" or of universality'.<sup>94</sup> It is this sense of 'not expert' and 'common' that imbues the approach taken in this book. Here 'ordinary' does not

necessarily indicate working-class, as suggested by Selina Todd, but represents the experience of people who were not experts and did not deem themselves to be unusual or in any way significant. As Dorothy Sheridan and David Bloome found in their study of writers for Mass Observation (MO), people labelled themselves as 'ordinary' in opposition to other categories such as 'the posh' or 'the media', and it is in this sense that ordinary is understood in the following chapters.<sup>95</sup>

Similarly, in their work on everyday life in twentieth-century Scotland, Lynn Abrams and Callum G. Brown present the everyday as giving significance to the 'smallest aspect of daily life' through which we can extract an understanding of societal structures and values as well as the responses of individual subjects.<sup>96</sup> Their position sees lives 'shaped in the main by everyday practices rather than exceptional events', even in the case of potentially life-changing occurrences such as wars, and they argue that the repeated actions and routines of daily life are the background against which we define our memories.<sup>97</sup> This is consistent with Ludtke's description of everyday history as foregrounding the worlds of work and non-work and detailing ordinary existence through subjects such as housing, clothes, eating habits and 'memories, anxieties, hopes for the future'.<sup>98</sup> It is indeed some of those anxieties that form the focus of this book, and this stance on the everyday that underpins my approach.

Broadly, I have also taken what Porter expressed as the 'patient's view': I have tried to access the perspective of the sufferer and the people who tried to support and assist him or her.<sup>99</sup> Such a view, as Flurin Condrau has noted, is 'enigmatic' in bringing to light the experience of patients while also still engaging with them as constructs of the medical gaze.<sup>100</sup> Nevertheless, I have chosen this approach in order to reveal continuity and change in testimonies of stress and to uncover how stress has become part of our culture. However, my aim is not just to make visible the experience of stress across the century, but to examine the ways in which it has been constituted, particularly its popular expression. My approach sees experience as incorporating both language and the practices of everyday life and aims to situate and contextualise the processes, procedures and technologies through which knowledge of stress was produced.<sup>101</sup> As Todd has highlighted, people who took part in many of the social surveys of the mid- to late century were persuaded of the importance of their views and understood

experience 'to be an important dimension of their lives – probably a more important one than the interior self'.<sup>102</sup> Therefore, it is the discourse of stress that arose from that experience, from the interactions between individuals and researchers, family, work colleagues, friends and neighbours, and that helped people to make sense of their lives, that I am interested in.

The approach has also, of necessity, been guided by the complex issues arising from any attempt to understand what people were thinking or experiencing in relation to such a sensitive subject as mental health. During the twentieth century those suffering experiences in this category often did so in silence or where they did seek help, it was in the informal exchanges with family and friends that went unrecorded or eventually in the sometimes illegible and often inaccessible notes resulting from a visit to their General Practitioner (GP). As such, sources for the historian of stress as an experience and as popularly understood tend to be fragmented, dispersed and inferred. Therefore, this book draws on a wide range of different sources in its attempt to locate accounts of the experience of everyday stress and to identify how understanding of such experiences changed over the century. Among them are feature films, self-help books, newspaper articles and readers' letters, personal correspondence, and oral history interviews. There is also a substantial number of reports and surveys carried out by academics, government departments and other professional institutions. While I have drawn on their findings, such sources are also indicative themselves of the topics of importance to the various sponsoring bodies at the time, and particularly in the post-war period highlight the growing incursions into the private life of Britons. At the heart of my research and threaded through this book is material drawn from the Mass Observation Archive (MOA). These sources provide insight into the everyday experience of ordinary people, and because they permeate so much of this work, I would like to offer some contextual information about MO materials and particularly those that I have drawn on.

MO was formed in 1937 with the intention of creating an 'anthropology of ourselves'.<sup>103</sup> Voluntary 'observers' were recruited to write direct accounts of their observation of fellow men and women, to write and submit diaries, to respond to regular sets of questions, known as 'directives', on an eclectic range of topics and in some cases to carry out bespoke investigations using a combination of surveys, observation

and interviews. The volunteer observers who made up the panel responding to directives and providing diaries were a self-selected group, mostly from the lower-middle and upper-working classes with a tendency to be left-leaning. As Langhamer has pointed out, although representative of 'ordinary' people, they were in many ways extraordinary for the very fact that they volunteered their views and experiences and believed them to be valuable.<sup>104</sup> They determined what they contributed, which directives to answer and at what length, and this contributes both to the richness of the material but also its complexity and frustrations.

Replies to MO directives were analysed and the results collated into file reports. Diaries enabled the observers to record the everyday minutiae of their lives as well as their views and reflections on events, again to a level of detail and length of their own choosing. In many cases, they were directly addressed to MO almost as if the organisation were a person, and this meant that some writers revealed intimate details of daily lives, very often writing about things that were otherwise kept private and even secret. Such writing also encouraged a level of reflexivity that is particularly relevant when trying to understand private and individually constructed experiences such as stress, as it offers accounts and reflections that might otherwise go unrecorded. As the original founders of MO themselves were aware in relation to gauging wartime morale, the correspondents' writings gave a far more insightful response to challenging issues of feelings and emotion than the kind of answer given to strangers carrying out polls or other statistical research.<sup>105</sup> While not providing a statistically representative sample, the Mass Observers may be considered at least indicatively representative of people in Britain in terms of what they said about their experiences of stress and the culture in which stress was understood.<sup>106</sup>

While the original MO organisation eventually evolved into a commercial market research company and effectively ceased to carry out the same sort of social research in the 1950s, a new Mass Observation Project (MOP) began at Sussex University in 1981 and continues to carry out research today as a charitable trust. Material from this second phase of MO is based on the writings of a panel of volunteer respondents who reply to an average of three directives each year spanning a vast range of topics eliciting both contemporary comment and retrospective accounts. These have been invaluable in

providing retrospective accounts of experiences of stress earlier in the century and in revealing the ways in which stress as a concept became adopted into late twentieth-century understandings of health and ill-health. Similarly unrepresentative, from a statistical perspective, the writings of the new respondents may be seen rather as offering 'telling' case studies, as discussed in Annabella Pollen's comprehensive examination of the debate about MO and validity, and this is how I have used them.<sup>107</sup>

A few words about my reuse of existing oral history interviews also seems pertinent. Drawing on recordings in the British Library Sound Archive that were made in the late twentieth century enabled me to explore life stories with the potential to extend further back in the century than would have been possible with new interviews. Those that feature as case studies in this book were selected because they all related stories of stress as part of much longer life histories, suggesting that these incidents had been significant to their sense of personal narrative, even if they were hardly the main focus. Oral history interviews, like MO writing, provide the historian with rich detail and in the case of life histories, allow a longitudinal approach that enables changes and continuities in one individual's experience of stress to emerge, as I shall demonstrate in Chapter 5 where I examine the account of Jeff Mills.<sup>108</sup>

Inevitably both retrospective oral history interviews and responses to MO directives that ask for reflections on earlier life require an awareness of the reconstructed nature of recollection. It is partly for this reason that I have not relied on only an oral or life history approach, but have used other sources such as contemporary publications, popular media and cultural products to enable some triangulation of the evidence. Recent debates about the reuse of data and, particularly, oral history interviews, have raised ethical concerns about the nature of informed consent.<sup>109</sup> Certainly, some of the interviewees whose oral histories I have drawn on were talking about their lives within a specific research context, for example about life in the oil industry, and thus my focus on their accounts of stress and nervous breakdown are unlikely to tally with their original expectations about the use of their material. However, I think it is pertinent that each of the interviewees chose to talk about their experiences of stress, usually in the context of their working lives, signifying that it was intrinsic

to their life experience, although clearly only one element of a longer narrative. Researchers such as Joanna Bornat have argued that it is such fresh 'readings' of existing data which help develop new connections and insights, giving perspective not only on the past but also current understandings.<sup>110</sup>

Oral history interviews from the British Library Millennium Memory Bank, which were recorded and archived in the late 1990s in partnership with British Broadcasting Corporation (BBC) local radio stations, certainly enabled new insights and connections, as little has been published using or about these resources.<sup>111</sup> The collection was intended to create a 'snapshot' of Britain at the turn of the century and was based around sixteen broad interview themes designed to 'de-emphasise well-trodden topics such as war and work' and highlight change within living memory.<sup>112</sup> The collection's absence from much academic research may be due to misconceptions about the influence of the BBC's broadcast agenda on their content. However, these interviews are 'rich in participant-led narrative and detail', a factor which has enabled me to find in them accounts of stress which were surely never envisaged as key content during the original interviewing and recording process.<sup>113</sup> Therefore, by drawing on existing data within the British Library Sound Archive, I am able to provide a fresh reading of these life histories and what they can tell us about stress and its precursors in twentieth-century Britain.

Lastly, a brief comment on my use of newspapers and films, particularly from the post-Second World War period. Between 1918 and 1978, newspapers were at the heart of British popular culture with most adults regularly reading at least one national paper. This gave newspapers a social and cultural authority that enabled them to reflect and shape attitudes to everyday issues such as work and private life, both of which were pertinent to the development of the stress discourse.<sup>114</sup> Newspapers and cinema-going were also cited in some of the self-help books about stress from the early part of the century, as either causes of, or potential treatments for, nervous conditions, thus highlighting the sometimes confused and contradictory role of popular culture in representations of stress. Exploring these sources alongside life history and archival materials has enabled me to reflect the complex interplay of factors that led to stress becoming such a popular concept in late twentieth-century Britain.

## Terminology

As discussed earlier, definitions of stress are problematic. In searching for accounts of stress, I have interpreted these sources and personal descriptions with some flexibility, particularly around the labels that people have given various experiences. The whole field of mental health, particularly in relation to vernacular explanations, is one of generic vocabulary open to wildly subjective interpretation. One person's 'nervousness' or 'stress' is another's 'deep depression' or 'nervous breakdown'. As Elizabeth Watkins has explained, 'Stress could mean the physical, emotional or social challenge faced by an individual; the body's response to one or more of these stimuli; or the pathological result itself.'<sup>115</sup> Therefore, I have taken in a wide range of terms such as nerves, nervousness, nervous breakdown, strain and pressure, and included explanations of experiences, which can be considered to sit on the stress continuum. Other historians have taken a similar approach in researching other mental health subjects, such as depression, or have incorporated a variety of specific medical diagnoses into broader studies of mental health problems.<sup>116</sup> Taking this approach has allowed me to draw on a wider range of sources, which in turn enables a richer picture of the lived experiences of stress and nervous suffering to emerge. I align myself with Watkins, who has written about how, when and why stress entered the American vernacular. Like her, I do not attempt to offer a precise definition of stress but am more interested in how the very imprecision of concepts like stress and its predecessors allowed them to be deployed in a wide range of circumstances by different people.<sup>117</sup>

At its heart, this book tracks this popular usage and the changes and continuities of its deployment over the century. I do this by looking at people's attitudes and responses towards their experiences of the 'troubles of life', which were recorded under several different labels during the twentieth century, some of which fell within specific contemporary medical diagnostic categories and some of which might now be identified quite differently.<sup>118</sup> Diagnostic categories are historically specific and arise from particular medical, social, economic, institutional and cultural conditions. Indeed, the context for Selye's development of the stress concept is addressed in some detail in Jackson's book on stress, but my point is that such is the mutability of many

mental health constructs that historians of conditions as varied as depression, nervous breakdown and stress might all plough the same research ground with equal justification.<sup>119</sup>

Similarly, it has not been my intention to retro-diagnose the individuals who emerge from my sources, so as much as possible I adopt their terminology, reserving 'stress' as the label for the generic, overarching concept or where it is the appropriate contemporary term in the later century. Therefore, for much of the book what is revealed in the newspapers, diaries, survey responses, self-help books, films and television programmes, which form its main sources, is a lexicon of nerves that includes 'nervous conditions', 'nervous breakdown', 'nervous exhaustion', 'neurasthenia' and various other expressions. That such terms were extremely flexible and understood to be so, was highlighted by Richard Asher, a physician at the Central Middlesex Hospital, in his 1957 self-help book *Nerves Explained*. He commented, 'if somebody says a relation has had a nervous breakdown it may mean they have been insane or it may only mean they have had a mild nervous upset'.<sup>120</sup> I have accepted the descriptions and labels provided in the sources I have studied, and effectively use the explanations of the experiences that they reveal to decide on whether they fit within the very broad and elastic popular conception of nerves and/or stress in any particular period.

### Map of the book

The structure of the book is chronological and in the first chapter I examine self-help literature from the early twentieth century and establish some of the ways in which popular understanding of issues affecting mental well-being were explained, the terminology used and the treatments and remedies suggested. While self-help books do not access the experience of stress per se, they do provide a starting point for understanding what explanations were available at a popular level for those suffering various forms of nervous distress. These books offer insights into understandings of nerves, which is the term most frequently used in the texts, as they relied solely on the reader's self-diagnosis, and addressed issues that sufferers may have been reluctant or unable to deal with within the formal framework of institutional medicine. They represent the opening up of a discourse about the inner self and the sensitive area of mental health and illustrate the increasing reflexivity

required to explain everyday life in the twentieth century. However, at the same time, they were a discreet remedy that enabled readers to avoid the reification of their concerns through formal medical diagnosis or the prognostications of experts. Self-help literature reflected and responded to contemporary social problems, highlighting enduring human concerns and changing social needs. It also contributed to that social change, as it not only reflected concerns but also offered explicit instructions on how to deal with them, revealing a construction of nervous illness influenced by both gender and class. Self-help books were also illustrative of popular notions of health and well-being, stoicism and personal responsibility. This chapter lays the groundwork for succeeding chapters in establishing popular understandings of causation and treatment and revealing the considerable flexibility inherent within the overall concept of nerves.

Chapter 2 explores how the experience of stress was interpreted within two very different contexts: the workplace and the home. First, by critically engaging with contemporary research into employee neurosis in the interwar period, I illustrate attitudes towards work, duty and responsibility. I argue that the role of work in the construction of personal identity, and social and economic life contributed to the difficulty of admitting to nervous problems and to a stoicism that meant people simply endured whatever mental suffering arose, whether at work or at home. Second, I argue that employer attitudes to stress revealed in this research, focusing on its impact on productivity and a desire to identify those who might be susceptible to it, established a pattern that underpinned organisational approaches to stress for most of the century. An examination of how similar concerns about neuroticism were applied within the domestic context through the development of Dr Stephen Taylor's (1910–1988) suburban neurosis diagnosis and work carried out by the Pioneer Health Centre in Peckham in the 1930s and 1940s, reveals how domestic stress was gendered but also how changing conceptions of the home and burgeoning social mobility fuelled understandings of stress.

In Chapter 3, which focuses on the Second World War, early unsubstantiated government concerns about the psychiatric impact of bombing on the population are contrasted with the experience of civilian stress that arose largely from the daily strain of wartime living and the specific demands made of workers in a wartime economy. In

doing so, I draw attention to the gendered nature of stress, particularly how the conscripted female workforce responded to the challenges of disrupted and difficult domestic lives as well as the expectations of employers. I argue that one of the few ways women had of establishing agency was through the high levels of absenteeism that so worried employers and the wartime government. While projects such as Roffey Park Rehabilitation Centre and the work of organisational Welfare Officers reveal recognition of employee suffering and attempts to deal with it, they were also grounded in concerns about production and, against a backdrop of expected collective wartime stoicism, were based on assumptions about individual, inherent weakness as the cause of stress.

Chapter 4 charts the ways in which social change experienced through housing and gender roles enabled domestic stress to become more visible. Initially focused on the wartime case study of Mrs C and her troubled marriage, the chapter examines interpersonal relationships and sites of domestic contestation around control of time and resources. Changing conceptualisations of the home, and growing expectations of privacy and material comfort in the post-war period, led to increasing mental distress, particularly when material circumstances did not live up to those expectations. The chapter also highlights the tensions arising from the home being their workplace for most women. It offers evidence both to support and counter recent revisionist accounts of the role of domestic work in women's experiences of anxiety and depression.<sup>121</sup> In doing so, it reveals how the complexities and contradictions of such work gave the home more prominence as a potential location and cause of stress. The breakdown of tightly knit, stable communities in the second half of the century also provides the context for an increase in perceived stress. The way in which this was then portrayed in popular culture, such as the New Wave 'kitchen-sink' dramas of the late 1950s and early 1960s, both reflected and helped to construct people's experience of stress.

Chapter 5 focuses on change and continuity in popular conceptions of stress and status in the 1960s and 1970s, and how the public, popular discourse of stress increasingly revealed in newspaper reporting shifted from positioning stress as a workplace problem of the managerial class to a label that could be placed on almost anyone, in any circumstances at any stage in their life. As such I highlight the way in which the

concept of stress was both gendered and class-specific and why this changed during this period. Placed in contrast to this increasing public discourse is the examination of three case studies of individual accounts of work stress in the early 1970s. These suggest the relatively limited impact of the public discourse on the way that individuals interpreted their own experiences and the responses to their suffering from colleagues and the medical profession. They represent considerable continuity with earlier explanations which privileged physical symptoms, and which focused on the individual's weakness rather than the contribution of the environmental or social context of the workplace. This time lag between the popular discourse and personal interpretations of experience implies that the 1970s was effectively the transition decade before the culture of stress became truly normalised in British society.

Chapter 6 examines the effects of the increased public stress discourse, with particular reference to organisational responses. The way that employers responded to the growing problem of stress revealed continuity in terms of the contingent approach to, and explanation of, employee stress as a problem of the individual, rather than an environmental or organisational one. Popular representations of the stressed and the development of ideas about 'burn-out' also highlighted continuities with previous attempts to categorise those most susceptible to stress and reveal links between status and people's attitudes not just to their work but to the changing economic and social context of Britain at the end of the twentieth century. This continued focus on the idea of stress and its institutionalisation within work and domestic life also played into an increasing conceptualisation of the individual as victim. While, on the one hand, this liberated the stress sufferer from being the cause of their own suffering, it also removed their agency to address the problem and still to some extent implied a level of personal weakness, consistent with the conceptualisation of stress throughout the century.

At the heart of this book is the argument that despite material improvements in both work and home life during the twentieth century, societal changes and a growing popular discourse of stress meant that by the end of the millennium, people regularly interpreted their everyday woes as stress. Alongside this, it shows how before stress emerged as a recognised medical diagnosis at the mid-century, many of the experiences that we might now understand as stress existed and were

articulated through the language of nerves and nervousness. That language and the terminology that people employed to describe their experiences were largely historicised according to cultural and social acceptability. Thus, physical explanations and understandings were privileged for much of the century, and both class and gender influenced explanations of causation and proposed treatments. For much of the early part of the century, material circumstances, economic necessity and the agency of a survivalist approach ensured that any stressful experiences were likely to go unacknowledged, as stoicism was popularly understood as the appropriate response. It was changes in the ways that people understood their everyday experiences of work and domestic life and the strategies they used to manage them, particularly in the post-Second World War period, thanks to increasing education, affluence and consumerism, that led to such experiences being both problematised and the concept of stress popularised. What *Feeling the strain* illustrates is how a mutable concept like stress can be useful to a range of stakeholders, its multivalency ensuring both longevity and, by the end of the twentieth century, the ubiquity of stress.

### Notes

- 1 'Stress Just Isn't British', *Observer*, 6 September 1998, p. 12.
- 2 *Ibid.*
- 3 *Ibid.*
- 4 For an account of the process of psychologisation in Britain during the twentieth century, see Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006).
- 5 For an examination of the evolution of sexual content and intrusion into private lives in the popular press, see Adrian Bingham, *Family Newspapers? Sex, Private Life and the British Popular Press 1918–1978* (Oxford: Oxford University Press, 2009).
- 6 National Statistics, 'Health and Safety Commission Highlights 2001/2' (Health and Safety Executive, 2002), p. 6, [www.hse.gov.uk/statistics/overall/hssh0102.pdf?pdf=hssh0102](http://www.hse.gov.uk/statistics/overall/hssh0102.pdf?pdf=hssh0102). Accessed 12 November 2017.
- 7 David Cantor and Edmund Ramsden (eds), *Stress, Shock, and Adaptation in the Twentieth Century* (Rochester, NY: University of Rochester Press, 2014). Includes chapters on stress in Britain, the USA and Japan.
- 8 Lynn Abrams and Callum G. Brown, *A History of Everyday Life in Twentieth-Century Scotland* (Edinburgh: Edinburgh University Press,

- 2010); Ben Highmore, *Everyday Life and Cultural Theory: An Introduction* (London: Routledge, 2002); Claire Langhamer, “‘Who the Hell Are Ordinary People?’ Ordinarity as a Category of Historical Analysis’, *Transactions of the Royal Historical Society* 28 (2018).
- 9 Oliver James, *Affluenza* (London: Vermilion, 2007). James defines affluenza as a condition of the twenty-first-century obsessive, envious, competitive middle class which makes people prone to depression, anxiety and addictions.
  - 10 See for example: Edgar Jones, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove; New York: Psychology Press, 2005); Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, MA: Harvard University Press, 2001); Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton; Chichester: Princeton University Press, 1995); Harold Merskey, ‘Post-Traumatic Stress Disorder and Shell Shock: Clinical Section’, in German Elias Berrios and Roy Porter (eds) *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders* (London: The Athlone Press, 1995); Jo Stanley, ‘Involuntary Commemorations’, in T. G. Ashplant, Graham Dawson and Michael Roper (eds) *The Politics of War Memory and Commemoration* (London: Routledge, 2000); Derek Summerfield, ‘The Invention of Post-Traumatic Stress Disorder and the Social Usefulness of a Psychiatric Category’, *BMJ* 322 (2001); Peter Barham, *Forgotten Lunatics of the Great War* (New Haven; London: Yale University Press, 2004).
  - 11 Mark Jackson, *The Age of Stress: Science and the Search for Stability* (Oxford: Oxford University Press, 2013); Ali Hagggett, *Desperate Housewives, Neuroses and the Domestic Environment, 1945–1970* (London: Pickering & Chatto, 2012); Ali Hagggett, *A History of Male Psychological Disorders in Britain, 1945–1970* (Basingstoke: Palgrave Macmillan, 2015).
  - 12 J. Middleton, ‘The Overpressure Epidemic of 1884 and the Culture of Nineteenth-Century Schooling’, *History of Education* 33, 4 (July 2004): p. 420, <https://doi.org/10.1080/0046760042000221808>.
  - 13 Sally Shuttleworth, *The Mind of the Child: Child Development in Literature, Science, and Medicine, 1840–1900* (Oxford: Oxford University Press, 2010), p. 140; Cary L. Cooper and Philip Dewe, *Stress: A Brief History* (Oxford: Blackwell, 2004), pp. 1–7.
  - 14 Mark Jackson, ‘Stress in Post-War Britain: An Introduction’, in Mark Jackson (ed.) *Stress in Post-War Britain, 1945–85*, *Studies for the Society for the Social History of Medicine* 23 (London: Pickering & Chatto, 2015), pp. 5–6.

- 15 *Ibid.*, p. 7.
- 16 Dana Becker, *One Nation Under Stress: The Trouble with Stress as an Idea* (Oxford: Oxford University Press, 2013), p. 17.
- 17 Jackson, *Age of Stress*; Mark Jackson, 'Am I Ill?' (Illness Histories and Approaches Workshop, History Department, King's College London, 2012).
- 18 Rhodri Hayward, 'Desperate Housewives and Model Amoebae: The Invention of Suburban Neurosis in Inter-War Britain', in Mark Jackson (ed.) *Health and the Modern Home* (New York: Routledge, 2007); Edmund Ramsden, 'Stress in the City: Mental Health, Urban Planning, and the Social Sciences in the Postwar United States', in Cantor and Ramsden (eds) *Stress, Shock, and Adaptation*; Mathew Thomson, 'Neurasthenia in Britain: An Overview', in Marijke Gijswijt-Hofstra and Roy Porter (eds) *Cultures of Psychiatry and Mental Health Care in Postwar Britain and the Netherlands*, *Clio Medica / The Wellcome Series in the History of Medicine* (Amsterdam: Rodopi, 2001); Haggett, *Desperate Housewives*; Haggett, *Male Psychological Disorders*; Sarah Hayes, 'Industrial Automation and Stress, c. 1945–79', in Jackson (ed.) *Stress in Post-War Britain*; Joseph Melling, 'Labouring Stress: Scientific Research, Trade Unions and Perceptions of Workplace Stress in Mid-Twentieth Century Britain', in Jackson (ed.) *Stress in Post-War Britain*; Joseph Melling, 'Making Sense of Workplace Fear: The Role of Physicians, Psychiatrists, and Labor in Reforming Occupational Strain in Industrial Britain, ca. 1850–1970', in Cantor and Ramsden (eds) *Stress, Shock, and Adaptation*; Debbie Palmer, 'Cultural Change, Stress and Civil Servants' Occupational Health, c. 1967–85', in Jackson (ed.) *Stress in Post-War Britain*; Pamela Richardson, 'From War to Peace: Families Adapting to Change', in Mark Jackson (ed.) *Stress in Post-War Britain*; Nicole Baur, 'Families, Stress and Mental Illness in Devon, 1940s to 1970s', in Jackson (ed.) *Stress in Post-War Britain*.
- 19 Works which do engage with personal experience include: Richardson, 'From War to Peace'; Baur, 'Families'; Haggett, *Desperate Housewives*.
- 20 Cooper and Dewe, *Stress*, pp. 110–11. Jackson, *Age of Stress*, p. 1. Indeed Patmore includes a whole chapter about the problematic nature of its definition in Angela Patmore, *The Truth about Stress* (London: Atlantic, 2006).
- 21 Jackson, *Age of Stress*, p. 37; Cooper and Dewe, *Stress*, pp. 3–5.
- 22 Jackson, *Age of Stress*, p. 11. Walter Bradford Cannon, *Bodily Changes in Pain, Hunger, Fear and Rage: An Account of Recent Researches into the Function of Emotional Excitement* (New York; London: D. Appleton and Co., 1915), p. 187.

- 23 Hans Selye, *The Stress of Life* (New York: McGraw-Hill, 1956).
- 24 Tom Lutz, 'Neurasthenia and Fatigue Syndromes: Social Section', in German Elias Berrios and Roy Porter (eds) *A History of Clinical Psychiatry*, p. 542; Michael Neve, 'Public Views of Neurasthenia: Britain, 1880–1930', in Gijswijt-Hofstra and Porter (eds) *Cultures of Psychiatry*, p. 154.
- 25 Laura D. Hirshbein, *American Melancholy: Constructions of Depression in the Twentieth Century* (New Brunswick; London: Rutgers University Press, 2009), p. 17.
- 26 Lutz, 'Neurasthenia', p. 535.
- 27 Tom Lutz, *American Nervousness, 1903: An Anecdotal History* (Ithaca: Cornell University Press, 1991), p. 290.
- 28 Serge Doublet, *The Stress Myth* (Chesterfield, MO: Science & Humanities Press, 2000), p. 86.
- 29 *Ibid.*, pp. 162–3.
- 30 Patmore, *Truth*, p. 36.
- 31 Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder* (Basingstoke: Macmillan, 1996), pp. 189–90.
- 32 Cooper and Dewe, *Stress*, pp. 117, 110–11.
- 33 Lawrence E. Hinkle, 'Stress and Disease: The Concept after 50 Years', *Social Science & Medicine* 25, 6 (1987): p. 561, [https://doi.org/10.1016/0277-9536\(87\)90080-3](https://doi.org/10.1016/0277-9536(87)90080-3).
- 34 Busfield, *Men, Women and Madness*, p. 190.
- 35 Cooper and Dewe, *Stress*, p. 112.
- 36 Russell Viner, 'Putting Stress in Life: Hans Selye and the Making of Stress Theory', *Social Studies of Science* 29, 3 (1999): p. 400, <https://doi.org/10.1177/030631299029003003>.
- 37 *Ibid.*, pp. 402–6; Jackson, *Age of Stress*, p. 168.
- 38 Busfield, *Men, Women and Madness*, p. 190.
- 39 David Wainwright and Michael Calnan, *Work Stress: The Making of a Modern Epidemic* (Buckingham: Open University Press, 2002), p. 44.
- 40 Dana Becker, *The Myth of Empowerment: Women and the Therapeutic Culture in America* (New York; London: New York University Press, 2005), p. 61.
- 41 Kristian Pollock, 'On the Nature of Social Stress: Production of a Modern Mythology', *Social Science & Medicine* 26, 3 (1988): p. 387, [https://doi.org/10.1016/0277-9536\(88\)90404-2](https://doi.org/10.1016/0277-9536(88)90404-2).
- 42 Ethan Watters, *Crazy Like Us: The Globalization of the American Psyche* (New York; London: Free Press, 2010), p. 6.
- 43 Doublet, *Stress Myth*, p. 78.
- 44 Hirshbein, *American Melancholy*, p. 17.
- 45 Viner, 'Putting Stress in Life', p. 391.

- 46 Robert A. Nye, 'The Evolution of the Concept of Medicalization in the Late Twentieth Century', *Journal of the History of the Behavioral Sciences* 39, 2 (2003): p. 124, <https://doi.org/10.1002/jhbs.10108>.
- 47 See for example, Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (New York: Pantheon, 1985), p. 249; Busfield, *Men, Women and Madness*, p. 239.
- 48 Joan Busfield, 'Mental Illness', in Roger Cooter and John V. Pickstone (eds) *Companion to Medicine in the Twentieth Century* (London: Routledge, 2003), p. 640.
- 49 Roy Porter, *Madness: A Brief History* (Oxford: Oxford University Press, 2002), p. 214.
- 50 Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York; Chichester: John Wiley & Sons, 1997), p. 178; Porter, *Madness*, p. 208.
- 51 Frank Füredi, *Therapy Culture: Cultivating Vulnerability in an Uncertain Age* (London; New York: Routledge, 2004), p. 98.
- 52 Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (London: Free Association, 1999), p. 125.
- 53 *Ibid.*, pp. 1–3.
- 54 Harold Perkin, *The Rise of Professional Society: England since 1880* (London; New York: Routledge, 1993), p. 418.
- 55 Füredi, *Therapy Culture*, 98; Avner Offer, *The Challenge of Affluence* (Oxford: Oxford University Press, 2006), p. 354; Wainwright and Calnan, *Work Stress*, p. 159.
- 56 Andrew Garrison, 'Restoring the Human in Humanistic Psychology', *Journal of Humanistic Psychology* 41, 4 (2001): p. 93.
- 57 Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (Garden City, NY: Anchor Press, 1978), p. 271.
- 58 Füredi, *Therapy Culture*, pp. 99, 106–7.
- 59 *Ibid.*, pp. 100–1; Wainwright and Calnan, *Work Stress*, p. 26.
- 60 Thomson, *Psychological Subjects*, p. 267; Füredi, *Therapy Culture*, p. 106; Rose, *Governing the Soul*, p. 258.
- 61 Mark S. Micale, 'The Psychiatric Body', in Cooter and Pickstone (eds) *Companion to Medicine*, p. 332; David Healy, *Let Them Eat Prozac* (New York; London: New York University Press, 2004), p. 264.
- 62 *Ibid.*
- 63 Füredi, *Therapy Culture*, p. 100; Rose, *Governing the Soul*, p. 125; Adrian Bingham, 'The "K-Bomb": Social Surveys, the Popular Press, and British Sexual Culture in the 1940s and 1950s', *The Journal of British Studies* 50, 1 (2011): p. 165; David Smail, *The Nature of Unhappiness* (London: Robinson, 2001), p. 23.

- 64 Nancy M. Theriot, 'Negotiating Illness: Doctors, Patients, and Families in the Nineteenth Century', *Journal of the History of the Behavioral Sciences* 37, 4 (2001): pp. 351–2, <https://doi.org/10.1002/jhbs.1065>.
- 65 Shorter, *History of Psychiatry*, p. 116.
- 66 Porter, *Madness*, p. 217; Janet Oppenheim, 'Shattered Nerves': *Doctors, Patients, and Depression in Victorian England* (New York; Oxford: Oxford University Press, 1991), p. 15.
- 67 Tim Newton, Jocelyn Handy and Stephen Fineman, *Managing Stress: Emotion and Power at Work* (London; Thousand Oaks: Sage Publications, 1995), p. 2.
- 68 Nikolas Rose, 'Beyond Medicalisation', *The Lancet* 369, February 24 (2007): p. 700.
- 69 Healy, *Prozac*, p. 9; Ray Moynihan et al., 'Selling Sickness: The Pharmaceutical Industry and Disease Mongering', *BMJ* 324, 7342 (13 April 2002): p. 886, <https://doi.org/10.1136/bmj.324.7342.886>.
- 70 Christopher M. Callahan and German Elias Berríos, *Reinventing Depression: A History of the Treatment of Depression in Primary Care, 1940–2004* (Oxford: Oxford University Press, 2005), pp. 3, 30.
- 71 In Dean Rapp, 'The Reception of Freud by the British Press: General Interest and Literary Magazines, 1920–1925', *Journal of the History of the Behavioral Sciences* 24, 2 (1 April 1988): p. 193, [https://doi.org/10.1002/1520-6696\(198804\)24:2<191::AID-JHBS2300240206>3.0.CO;2-X](https://doi.org/10.1002/1520-6696(198804)24:2<191::AID-JHBS2300240206>3.0.CO;2-X).
- 72 Thomson, *Psychological Subjects*, pp. 51–2.
- 73 Graham Richards, 'Britain on the Couch: The Popularization of Psychoanalysis in Britain 1918–1940', *Science in Context* 13, 2 (2000): p. 184, <https://doi.org/10.1017/S0269889700003793>; Thomson, *Psychological Subjects*, p. 209.
- 74 Barham, *Forgotten Lunatics*, p. 5; Thomson, *Psychological Subjects*, p. 185; Tracey Loughran, 'Shell-Shock and Psychological Medicine in First World War Britain', *Social History of Medicine* 22, 1 (April 2009): p. 91, <https://doi.org/10.1093/shm/hkn093>.
- 75 Thomson, *Psychological Subjects*, p. 34.
- 76 *Ibid.*, pp. 50–1.
- 77 Mathew Thomson, 'The Psychological Body', in Cooter and Pickstone (eds) *Companion to Medicine*, p. 295.
- 78 Joan Busfield, 'Class and Gender in Twentieth-Century British Psychiatry: Shell-Shock and Psychopathic Disorder', *Clio Medica / The Wellcome Series in the History of Medicine* 73 (2004): p. 303.
- 79 Jackson, *Age of Stress*, pp. 19, 191–3.
- 80 Garrison, 'Humanistic Psychology', p. 93.
- 81 Jackson, *Age of Stress*, p. 19.
- 82 Melling, 'Labouring Stress', p. 162.

- 83 Rose, *Governing the Soul*, p. 175.
- 84 Such as Füredi's *Therapy Culture*.
- 85 Eve Kosofsky Sedgwick, 'Epidemics of the Will', in Eve Kosofsky Sedgwick (ed.) *Tendencies* (London: Routledge, 1994), pp. 132–3; Mariana Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom* (Cambridge: Cambridge University Press, 1998), pp. 24–5.
- 86 Rose, *Governing the Soul*, p. 267.
- 87 *Ibid.*, p. 219.
- 88 Ehrenreich and English, *For Her Own Good*, pp. 268–9.
- 89 Richard Layard, *Happiness: Lessons from a New Science* (London: Penguin Group, 2005), p. 3; Offer, *Affluence*, p. 3; Oliver James, *Britain on the Couch* (London: Century, 1997), p. x.
- 90 Layard, *Happiness*, pp. 88–9.
- 91 Offer, *Affluence*, pp. 357–65.
- 92 Viner, 'Putting Stress in Life', p. 391.
- 93 Langhamer, "'Who the Hell Are Ordinary People?'", pp. 4, 7.
- 94 Highmore, *Everyday Life*, p. 7.
- 95 Selina Todd, 'Class, Experience and Britain's Twentieth Century', *Social History* 39, 4 (2014): p. 501, <https://doi.org/10.1080/03071022.2014.983680>. David Bloome, Dorothy Sheridan and Brian Street, 'Reading Mass Observation Writing: Theoretical and Methodological Issues in Researching in the Mass Observation Archive', *Mass Observation Archive Occasional Paper Series*, 1 (1996): p. 14.
- 96 Abrams and Brown, *Everyday Life in Scotland*, p. 1.
- 97 *Ibid.*, p. 3.
- 98 Alf Ludtke, 'What Is the History of Everyday Life and Who Are Its Practitioners?', in *The History of Everyday Life: Reconstructing Historical Experiences and Ways of Life*, trans. William Templer (Princeton, NJ: Princeton University Press, 1995), p. 3.
- 99 Roy Porter, 'The Patient's View: Doing Medical History From Below', *Theory and Society* 14, 2 (1985): pp. 175–98.
- 100 Flurin Condrau, 'The Patient's View Meets the Clinical Gaze', *Social History of Medicine* 20, 3 (2007): p. 529.
- 101 Michael Roper, 'Slipping Out of View: Subjectivity and Emotion in Gender History', *History Workshop Journal* 59, 1 (1 January 2005): p. 62, <https://doi.org/10.1093/hwj/dbi006>; Maria Tamboukou, 'Writing Genealogies: An Exploration of Foucault's Strategies for Doing Research', *Discourse: Studies in the Cultural Politics of Education* 20, 2 (1999): p. 202, <https://doi.org/10.1080/0159630990200202>.
- 102 Todd, 'Class, Experience and Britain's Twentieth Century', pp. 493–4.

- 103 For more on the history of MO see: James Hinton, *The Mass Observers: A History, 1937–1949* (Oxford: Oxford University Press, 2013); Nick Hubble, *Mass Observation and Everyday Life: Culture, History, Theory* (Basingstoke: Palgrave Macmillan, 2006); Tom Jeffrey, *Mass Observation: A Short History* (Brighton: MOA, 1999); Penny Summerfield, 'Mass Observation: Social Research or Social Movement', *Journal of Contemporary History* 20, 3 (1985).
- 104 Claire Langhamer, *The English in Love: The Intimate Story of an Emotional Revolution* (Oxford: Oxford University Press, 2013), p. xvi. For a thorough discussion of methodological concerns about the MOA and MOP, see Annebella Pollen, 'Research Methodology in Mass Observation Past and Present: "Scientifically, about as Valuable as a Chimpanzee's Tea Party at the Zoo"?'', *History Workshop Journal*, 75 (Spring 2013), <https://doi.org/10.1093/hwj/dbs040>.
- 105 Hubble, *Mass Observation and Everyday Life*, p. 8.
- 106 Bloome, Sheridan and Street, 'Reading Mass Observation', pp. 10–11.
- 107 Pollen, 'Research Methodology', p. 11.
- 108 Jeff Mills, Millennium Memory Bank Collection, 12 September 1998, C900/05537, British Library Sound Archive © BBC.
- 109 See for example Joanna Bornat, Parvati Raghuram and Leroi Henry, 'Revisiting the Archives: A Case Study from the History of Geriatric Medicine', *Sociological Research Online* 17, 2 (2012), [www.socresonline.org.uk/17/2/1.html](http://www.socresonline.org.uk/17/2/1.html); Jo Haynes and Demelza Jones, 'A Tale of Two Analyses: The Use of Archived Qualitative Data', *Sociological Research Online* 17, 2 (2012): p. 1.
- 110 Joanna Bornat, 'A Second Take: Revisiting Interviews with a Different Purpose', *Oral History* 31, 1 (2003): p. 49, <https://doi.org/10.2307/40179735>.
- 111 April Gallwey, 'The Rewards of Using Archival Oral Histories in Research: The Case of the Millennium Memory Bank', *Oral History* 41, 1 (2013): p. 38.
- 112 Rob Perks, 'The Century Speaks: A Public History Partnership', *Oral History* 29, 2 (2001): pp. 95, 97, <https://doi.org/10.2307/40179712>.
- 113 Gallwey, 'Archival Oral Histories', p. 47.
- 114 Bingham, *Family Newspapers?* pp. 2–3.
- 115 Elizabeth Siegel Watkins, 'Stress and the American Vernacular', in Cantor and Ramsden (eds) *Stress, Shock, and Adaptation*, p. 50.
- 116 For example: Oppenheim, *Shattered Nerves*; Edward Shorter, *How Everyone Became Depressed: The Rise and Fall of the Nervous Breakdown* (Oxford: Oxford University Press, 2013); Hagggett, *Male Psychological Disorders*.

- 117 Watkins, 'American Vernacular', p. 50.
- 118 Viner, 'Putting Stress in Life', p. 391.
- 119 Jackson, *Age of Stress*, pp. 141–80.
- 120 Richard Asher, *Nerves Explained: A Straightforward Guide to Nervous Illnesses* (London: Faber and Faber, 1957), p. 19.
- 121 For example, Haggett, *Desperate Housewives*.