The Postwar Triad: Husband, Wife, and Therapist in an Age of Collectivism

In the wake of WWII, the American government faced a daunting task: reintegrating its veterans into civil society. Modern forms of warfare had imprinted an entire generation of uneducated young men with both physical and mental trauma. High volumes of psychologically incapacitated soldiers during the war and the fear of domestic social disorder upon their peacetime discharge forced government agencies to promote stability through two related approaches. The first was tasking families, especially wives and mothers, with healing the nation’s men and producing a new generation with greater resistance to the horrors of war. The second was recognizing the need for professional therapeutic institutions to reinforce the endangered family. From the mass recruitment of medical and social workers flowered many new disciplines, ranging from psychiatry for those deemed mentally ill to marriage counseling for relatively “normal” clients. In circumscribing their new fields, social workers negotiated their positions within private communities that became the subjects of more progressive dialogue. Many therapists sought to forge closer bonds with their patients than traditional community ties, applying their academic training to deeply rooted personal problems and publishing their results in detailed case studies. Unsurprisingly, their treatments and written accounts often drew on unconscious biases commonly associated with the 1940s and 50s toward gender, relationships, and race. Nevertheless, case studies represented the first time unspoken family conflicts entered the national dialogue. In doing so, they exposed and discussed social diversity that had previously escaped wider notice. Additionally, debates over the ideal therapist-client relationship indirectly set a precedent for conversations on inclusivity that would arise in the 1960s. In this study, we trace how collectively focused
therapy in the postwar era both enforced and challenged social norms by legitimizing sensitive discussion on the American family.

Previous studies of postwar psychology have analyzed the phenomenon in terms of individual patient treatment in a medical context, setting apart this study in its focus on the collective. Literature abounds criticizing postwar therapy’s role in pushing individual men and women into prescribed gender roles using invented psychiatric diagnoses. Tosh outlines how historical, specious notions about hysteria, particularly their pathologization of feminine behavior, crystallized into medical diagnoses upon their inclusion in the 1952 DSM under various titles (31-32). Looking at the decades following WWII through a feminist lens, Walker explores how the blaming of incompetent mothers for wartime trauma motivated cultural associations between postwar therapy and “neurotic” women (9-10). Standing from a contemporary vantage point, these texts assess the fledgling social disciplines against modern standards. Without condoning the discriminatory assumptions in many therapists’ notes, it is important to acknowledge and analyze their sometimes-inadvertent role in the struggle between conformity and resistance. Notably, Walker’s introduction recognizes the impact of discussion over a therapist’s appropriate level of personal influence on individual patients (53), but does not delve further into how these debates apply to families. In contrast, we assume a collectively oriented lens these postwar therapists would have used, widening our context from the individual to the family unit. Unlike Walker, Halliwell analyzes how the prospect of social upheaval and the spread of Communism influenced the government’s demands to strengthen the American household (78-79). Halliwell’s analysis engages the larger centralized forces governing family expectations, but also frames his arguments in a political light. We seek
instead to reveal the socially relevant family dynamics exposed by therapy. Asking these novel questions reveals how surprising changes arose from the traditional institution of family on the eve of great cultural change.

Defining this study’s scope necessitates brief mention of related but unexplored topics in family law and theoretical psychoanalysis. Courtroom proceedings, in describing official judgment, represent the most forceful way psychological professionalism could impact the average citizen. For instance, a child psychologist’s recommendation for family stability when raising a child was decisive in determining a 1966 custody ruling (“Parent and Child” 1711-1713). While this study considers a psychologist’s motivations for professional recommendations made to the public, analyzing the legal mode of professional influence would require a more extensive survey of court transcripts. More importantly, we focus our interest on the day-to-day relationships between personal therapists and their clients, whose consequences have social if not legal weight. Another direction worth pursuing might compare the tenets of academic psychoanalysis with their real-life applications. We skim the surface of such a study by looking into how differing interpretations of Freudian transference and how they contributed to therapists’ personal involvement in patient’s families. However, future work would need to expand upon this analysis by researching links between a greater number of concepts and their translation to postwar therapy.

Widespread paranoia surrounding psychological profiles in the military and the rising threat of Communism fostered the establishment of fundamentally American and socially oriented psychological institutions under government auspices. Advocate William Menninger, writing shortly after the close of WWII, demanded greater national
attention toward social factors contributing to widespread veteran “psychoneurosis” that had dampened the war effort (Menninger 123; 393). Confusingly, he attributed a generation of damaged soldiers alternately to lax and overbearing child-rearing methods employed by their mothers (Menninger 397-398; 401). Such statements had a strong effect in bringing the family, particularly scapegoated motherhood, into consideration for future national goals. Furthermore, Menninger’s claim that “army units were pseudo families [because] they provided a testing ground to corroborate theories about personal relationships” foreshadowed the way wartime psychiatry would become the foundation of civilian therapy in postwar America. Although the pharmaceutical industry grew in tandem with therapy, we must not neglect the strong sociopolitical characteristics of the movement. Krout framed psychology in terms of culture and ethics, rather than scientific precision, and fittingly so—his vision of the field would protect the American way of life from Communism (Krout 6; 168-169; 4). Despite deferring to the use of Freudian theory, Krout drew a line between American and European psychological practices (Krout 172; 8). From the postwar era on, therapy evolved in a separate path across the Atlantic due to such national discourse and ideas of American exceptionalism. Even as they placed explicit emphasis on building a more effective soldier, these works revealed deeper anxieties about the state of the American family.

The idea of the declining family figured predominantly into major national conversations responding to perceived spikes in social disorder. Walker notes that problems of the nation were distilled into problems of the individual woman (7). More so than any other group, wives of servicemen received the impossible mandate of serving as “helper, lover, and social worker simultaneously…[ensuring] that therapy was taken out
of the hospital wards and into the homes of postwar America” (Halliwell 47). At the same time, as Krout argued, postwar society expected wives to “become more dependently co-operative” (408; 393). Even as women struggled to satisfy the many mutually contradictory demands placed upon their shoulders in order to heal their husbands and children, national stability became an issue of the entire family. Marriage counselors began to make professions of repairing this crucial fixture of American society, establishing the American Association of Marriage Counselors in 1942 to “maintain professional standards…through meetings [and] clinical sessions” (Simpson 511). Marriage counselor George Simpson established the grave importance of his profession by arguing, “the family is the very foundation of the culture, so also is the future of the culture at stake…democracy itself [depends] upon how children are nurtured and socialized by the family” (25). In the “child-centered [new suburban] family”, he claimed, fathers have “less authority” [and] mothers [were] “unprepared for housewifely skills and child care” (20), necessitating professional intervention in all roles within the household. We must note the biases inherent in a marriage counselor motivated to convince potential clients of the necessity of his services. Nevertheless, inspection of the text reveals significance in therapists’ tactic of using the family as a site of discussion about political insecurities. The emphasis on child rearing and the subjects of this study decisively extend beyond motherhood or individual parenthood. Klemer called for placing greater value on care-taking functions on the part of both parents (78). Simpson also claims that “no child is seriously disturbed without some “help” from his elders” (522), at least in name laying responsibility upon entire family for the feared disorders plaguing the military. Family therapist Alfred Friedman’s long-form text on group
therapy analyzes how “schizophrenia is a process that may require three or more generations to develop” in dysfunctional families (17). Without any mention of medical or heritable factors for psychosis in the immediate context, this casual remark bears evidence of America’s reliance on the family to alone resolve mental health issues. Hence, the household took on a special collective significance in the postwar era. Fixing the family meant, for many, an escape from deep fissures in both domestic and international communities. On the flip side, failing to do so would fundamentally endanger the American way of life.

As a newly minted specialty, up and coming professional therapists carved a niche for their services by undermining and displacing local support networks. The burgeoning social work field, expanding fourfold in personnel between 1950-1966, flooded the market with therapy certifications whose consumer need had not yet been established on a public scale (Walker 2). Unsurprisingly, therapists responded by citing family as a pressing matter requiring their assistance. Marriage counselors painted a picture of the American family in crisis, “with no compelling…ties to the larger consanguine group…a relatively isolated unit” (Simpson 23). Within this tragic picture, traditional community ties to such figures as local pastors or family doctors had become insufficient for many families (Simpson 518). In an interesting parallel to pathologizing nonconforming women, Simpson described “[the] resistances to marriage counseling [that] lie deep in the unconscious” (512), offering pseudoscientific explanation for disapproving entities. Therapists also sought to gain business in civil court from family lawyers unacquainted with recent psychological theory and lacking references to those with such experience. Their demands ostensibly called for the right to counseling as an
analogue to legal aid, but closer inspection reveals an ulterior motive to drive “clients [to] be more amenable to marriage before dissolving the home or the marriage legally” (Schiller and Pilpel 214). Far from supplementing legal support, marriage counselors sought to replace it by acting as a family’s personal mediator to prevent its procession to court. Questionably, they claimed a 50% success rate in “[improving] marriages”, a goal orthogonal if not anti-correlated with rendering a fair legal judgment. Evident in therapists’ efforts to find work is the trend toward inserting themselves into the family in a more personal way than ever before.

Studying the inner workings of their clients’ closest relationships, many therapists became intimately connected with patients and their families, often despite efforts to remain objective. Quite unlike stereotypical pictures of emotionally detached and medical jargoned psychologists, Ellis explains clients’ “[temporary dependence] on [the therapist]”, who would provide “immediate needs for acceptance and love” to supplement family ties (218). Although he downplays his own personal contributions to his clients, Karpf outlines his sessions with a young Jewish woman whose father opposed her engagement to a Catholic man, noting his direct contact with the family patriarch (56). It is no coincidence, then, that the daughter’s treatment was strongly biased from the start toward her father’s opinion (Karpf 58). Karpf’s success in preventing his client’s marriage based on her family’s wishes speaks to the therapist’s influence in highly private matters. Walker notes that popular culture of the time “spoke of [therapist-client relationships] as though they were synonymous with actual love affairs” (45), assigning psychology a patriarchal role (53) in leading the families of socially castrated veterans (Halliwell 31). Responses and critiques from his contemporaries in the psychological
field often supported Karpf’s social approach. For instance, Peterson reaffirmed the Karpf’s favored method of investigating families based on their social connections rather than any one member’s mental health conditions (68). Similarly, Laidlaw applauded Karpf’s prioritization of preserving client relationships over applying immediate psychological solutions (68). This remark suggests that the focus of therapy had shifted from medical precision and efficiency to social support. In a second case study detailing Karpf’s failure to deter Miss H from marrying an unsuitable man of lesser means, he received criticism for not involving the non-client fiancé in order to rescue the “neurotic children of this marriage” (71). In other cases of counseling, family therapists simultaneously worked with both partners (Simpson 520) and even entire families during each session (Friedman 23). In all these cases, it was taken for granted that the best way to support a client lay in understanding their motivations at a deeper level and connecting with their immediate family.

To establish the challenges family counseling presented to the white middle class ideal, we first address how therapy enforced or set out to enforce recognized norms. Richard Klemer authored a marriage manual with the thesis that any woman motivated to find a husband could and should make necessary efforts to attract one (182). He deemed career-focused or assertive women as damaged or deviant exceptions, holding up individual patients as examples (38-39; 180). Channeling the self-help optimism of the age, Klemer encouraged young women to improve their own chances of marriage starting with appearances, citing laziness or mental illness for any resistance (182). Many of his recommendations were clearly out of reach of lower-income women, belying his advertised empowerment of all eligible women and further entrenching traditional gender
and class hierarchies. Summarizing the need for counseling, Simpson asserted that “[marriage] is a dominating life-goal, for men as well as for women” (21), treating this value as a universal property across all cultures and socioeconomic divisions. Moreover, his version of marriage featured a “sexual division of labor, but with the male status being superior” (Simpson 22). We might revisit Karpf’s interfaith case, in which he overruled individual desires in favor of strengthening the uniform beliefs of both involved families (56) and consoled readers that even in the failed case of Miss H, she “realized herself, in part at least, in her marriage and motherhood” (66). Presuming what was best for their clients often took the form of favoring existing power imbalances. As Walker notes, we cannot ignore that many counselors effectively preserved existing family ties whenever possible (38). The case of Mrs. K presents a particularly poignant example of this bias. Therapist Margaret Fitzsimmons diagnosed domestic abuse victim Mrs. K with neuroticism and masochism for expressing concern about her marriage (52-53). The treatment ended when Mrs. K “saw that she manifested a problem in her acceptance of [physical] abuse which made her fear her husband and express her hostility in many indirect ways” (Fitzsimmons et al. 53). Presumably, the client returned home resigned to her predicament, and it remains unclear whether Mrs. K expressed her “revelation” in such terms. In a political climate of paranoia, therapists placed a premium on conformity for the sake of stability. Nevertheless, many counselors ultimately hesitated to direct family life decisions or to establish overly personal relationships with their clients. This discomfort led to academic disputes over how therapists should best serve their social purpose.
The question of the appropriate level of directiveness became an active topic of debate, reflecting the differential approaches taken by each individual therapist. Peterson’s suggestions in response to Karpf’s published cases encouraged him to apply more concrete, actionable solutions to his clients rather than conducting unstructured sessions with no clear objective (69). Also in support of explicit direction, Klemer prescribed “personality retraining” to women too embroiled in successful careers (42). However, he later admitted that successful psychotherapy for frigid women required the active and willing cooperation of the individual women (44). Hence, he placed at least one necessary success factor in the hands of (sometimes misled) patients. Ellis, on the other hand, called for a more collaborative rather than hierarchical communicative style between professional and client. In defining an ideal such rapport, he advised avoiding the patriarchal implications of a teacher-student model (224). Furthermore, he cautioned against carelessly exceeding or falling short of a helpful level of control over one’s client (222). Ziskind enforced the idea of underlying personal opinions and biases therapists ran the risk of imparting to clients unawares (Karpf et al. 68). Thanks in part to such discussions, social workers’ suggestions progressed in nature from doctor’s orders to supportive advice by the mid-1960s (Walker 15).

Related to but distinct from the dispute over force behind therapeutic suggestions, debates raged about what level of personal connection should take place between therapist and client. In particular, these discussions revolved around the effectiveness and dangers of countertransference. Freudian theory defines transference as the process by which patients’ project their repressed feelings onto their therapist relationships. For instance, Mrs. K had attempted to include her therapist in personal social functions
Countertransference consists of this exchange in the reverse direction, in which therapist reciprocates the client’s emotive imprinting (Ellis 219-222). To Mrs. K’s dismay, Fitzsimmons had resisted such invitation even though doing so would offend her patient in the short term (53). In this case, Fitzsimmons had done what most therapists would hope to do in her position. According to widely accepted guidelines and written tracts, psychoanalysts were advised to avoid countertransference and maintain a professional yet supportive relationship “at a safe distance” (Krout 179; Freeman 194; Ellis 219). Undoubtedly, many sought to adhere to this demand. One wrote that “the discipline of these long years of practice” had taught him to “safeguard against such a gross tactical blunder…[as communicating his] compassion to [his patient]” (171). Additionally, both of Karpf’s accounts featured little to no mention of his own involvement except in the passive voice (56). Even if he had felt personally connected with his patients, it is notable that he would mask his folly as much as possible. In practice, however, social workers often relaxed their standards in certain circumstances. One account featured in Freeman’s compilation includes admission of spurning “orthodox psychoanalysis in which the analyst acts as neutrally as he can” (122). Whereas forming close relationships with clients became a norm for this particular set of sessions, other therapists’ extent of adherence to established rules varied based on circumstance. Upon fearing for his patient, Laura’s, life, one discarded his rigid persona to seek her out (Freeman 194). Unlike the previous psychologist, he anticipated backlash for “such a breach of orthodoxy” and colleagues “[speaking] pontifically of ‘countertransference’, [his] ‘anxiety’ at [patient] Laura’s ‘acting out’, and other violations of strict procedure” (Freeman 194). As mild as modern (and perhaps contemporary)
psychologists’ reactions would be to this “transgression”, the counselor considered his reaction a breakthrough demonstrating that “there are occasions when genuine human feelings take precedence over the rituals and dogmas of the craft” (Freeman 195). These dialogues made their way into academic theory as well: Ellis sanctioned controlled levels of countertransference to better relate to clients (222). Although postwar psychology drew heavily from extensive Freudian literature, they struggled to substantiate theoretical claims in response to the particulars of individual cases and growing awareness of social differences.

Documenting details of and their reactions to clients defying the white middle class assumptions of the age, therapist case studies set a precedent for greater tolerance, if not inclusivity along the lines of race and socioeconomic status. Motivated by the potential of successful treatment, psychologists began to recognize a “tendency to view marriage and family…almost wholly in middle-class perspective” (Simpson 8). Simpson outlined the salient characteristics of immigrant, black, Italian, Puerto Rican, rural, and upper class families (9-20). While this approach is to modern readers inherently problematic and stereotype promoting, it represented a progressive opinion at the time. Simpson claims that “the deviations in…the Negro family from the dominant American patterns have been owing chiefly to the social isolation and economic position of the Negro”, assigning socioeconomic cause to a stereotype previously attributed to racial differences (13). In response to this uneven playing ground, he suggested tackling institutionalized discrimination directed toward minorities and democratizing access to family services to bring all communities toward the American ideal (522-523) – as vague and hierarchical this statement might seem in the present day. Aiming to promote
empathy in psychology, Ellis similarly called on therapists to educate themselves about minority cultures before attempting to advise their clients (224). Interleaved with outdated assumptions and nationalist tendencies applied to an elevated family, these statements embodied cracks in the conservative monolith that had begun to break free of the private sphere.

Somewhat paradoxically, therapy became a social space for confronting the very gender roles the postwar era is associated with enforcing. Even in providing a guide for seeking marriage, Klemer conceded that socialization and peer pressure could explain certain Western expectations for women (75). While treating a client employed as a call girl, Sandra’s therapist expressed surprise “that the girl who sat so uncertainly…was involved in an unusual behavior” and embarrassment that “[apparently he], too, was not quite free of the usual social attitude toward prostitutes at that time” (Freeman 96; 97).

Forging a trusting relationship with Sandra fundamentally changed his outlook on sex workers, even if it did not lead to full acceptance on his part. Straying from the default assumption of inherent feminine behavior, he concluded that her relationship issues stemmed in part from “[being] unable to use her mother…[or] her sisters…as models for femininity” (Freeman 120). Once he had taught her such norms as letting men take the initiative, “she began to improve in her understanding of what is expected of women in…society” and “her relationships became more lasting” (Freeman 121). Notably, he approved of her new ability to confront exploitative men “now [that she] felt she had the right to be treated the same as anyone else” (Freeman 115). These realizations did not stop at the individual level. Walker describes developing theories that “marriage [was] a nonhomogeneous institution in which individuals change, quest for security, repeat
previous patterns of home life, and look for socially condoned outlets and various
satisfactions” (Freeman 38). Acknowledging the problematic axioms from which these
conclusions sprang, we note a rudimentary comparative and developmental approach
employed in the psychological context. Evident in therapist accounts were the beginnings
of gender and family analysis as social construct, compiled from numerous close
encounters with a diverse group of clients.

In conclusion, through performing a close analysis of client-therapist theory and
practice, as well as its surrounding context of professionalized psychoanalysis, we find
significant differences in methods between therapists, as well as fledgling analyses of
systemic social divisions. The postwar era was characterized not only by commitment to
Americanization, but also by psychological introspection of what Americanization meant
for the family. Behind the glamorized veneer of the middle class nuclear family,
households became battlegrounds for democracy, domestic stability, mental health, and
expanded gender roles. The unique position of the psychotherapist, with both the
authority of the medical professional and the personal trust of a family member,
facilitated the bridge between private and public anxieties. Intertwined familial and
societal struggles opened difficult questions for the postwar generation answerable only
through even greater social upheaval in the coming decades.
Works Cited


