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Rooming-In: Cold War Consumer Product?

Isabel Beshar
Yale University

A floor plan of Grace-New Haven Hospital from 1946 maps austere hallways and antiseptic rooms ("Rooming-In Unit", 1947, p. 1). The progression of space is bleak, perhaps unsurprising insight into the conditions of American hospitals during World War II. Within the maternity ward, however, the severity stops. Indeed, the "rooming-in unit" is almost homey, a decorated solarium of love couches, breakfast tables, and rocking chairs. Most importantly, bassinets lay aside patient recovery beds. Conceived and directed by Dr. Edith Jackson from 1946-1953, these open, airy rooming-in units became the birthing method of choice for the joint-recovery of mothers and newborn babies.

This physical rearrangement of the maternity ward was a revolutionary transformation in women's health. By placing mother and child together, rooming-in humanized childbirth and improved infant care. Paralleled by the onset of the Cold War, rooming-in developed as a reaction to the depersonalized medicine of the time, particularly emerging science related to nuclear warfare and the atomic bomb.

However, rooming-in was more than just a simple response to Cold War science; rooming-in also became a powerful Cold War weapon against the Soviet Union. First, this new birthing method was employed as a preventative mental health program to give birth to a generation of mentally fit soldiers. After psychologists linked experiences during infancy with mental stability during adulthood, rooming-in was used to alleviate the mental health epidemic identified during World War II. Second, rooming-in became a way to strengthen the American home front. Faced with an insecure and chaotic Cold War, Americans embraced familial stability and conventional gender roles; rooming-in affirmed this lifestyle by stressing maternal domesticity and paternal dominance.

Pediatric care changed drastically from the 1930s to the 1940s. In the 1920s and 1930s, childbirth reflected the growing prestige of science. In this "Golden Age of Medicine," the hospital was the "theater of modernity," the doctor was the "expert," and the antibiotics and antiseptics were "magic bullets" against infection (Warner, 2011). The public believed that medicine's upward trajectory would continue indefinitely. This idealized understanding of medicine and technology shaped obstetric and pediatric care of the time. Hospitals de-emphasized the role of the

mother, focused on the efficiency of their deliveries, and implemented rigid care of infants. First, the doctor was the expert, assuming total control during labor. Upon birth, doctors and nurses – not the mother – were deemed more competent in caring for the newborn infant. Consequently, the child was whisked away to the infants' nursery, away from the inept care of the mother (Jackson, 1955, p. 584-596). In an editorial from *The Herald Tribune Home Institute*, author Margaret Suydam describes the system as an "astonishingly possessive and dictatorial regime" (1947, p. 36). One mother recounts her reaction to this system, exclaiming "there was murder in my heart… a woman [a nurse] who had the right to cuddle with my own baby when I couldn't even touch him" (Emmons, 1947, p. 45)! Aided by medications and antiseptic environments, doctors sought efficiency in their deliveries, making some women feel as if the delivery process had been made an assembly line. In "New Trends in Maternity Care," author Hazel Corbin comments that mothers took no part "in the drama [of delivery] except acting as a piece of pelvic machinery producing a baby" (1948, p. 13). Finally, the system fostered impersonal, regimented care of newborns. Isolated in the nursery, infants ate according to an inflexible feeding schedule and cried inconsolably, provoking the popular mantra "feed 'em on schedule, let 'em cry it out" (Stendler, 1950, p. 131-132). The Golden Age of Medicine – with its celebration of the skilled doctor, dependence on powerful medications, and aim for hospital efficiency – encouraged delivery practices characterized by a distrust in maternal abilities, a mechanized delivery process, and an uncompromisingly professional care of newborns.

Upon the devastating end to World War II and the development of the Cold War, American citizens reevaluated the technological and medical promises of the Golden Age of Medicine. In 1945, Little Boy and Fat Man decimated the Japanese cities of Hiroshima and Nagasaki, killing over 200,000 people within the first two months. World War II peace was "ushered in by nuclear explosions that engulfed two Japanese cities in massive fireballs" (May, 1988, p. 88). These atomic bombs presented the ultimate paradox: "science had developed the potential for total technological mastery as well as for total technological devastation" (May, 1988, p. 25). Although celebrated as one of science's greatest accomplishments, the atomic bomb could also obliterate the world that created it. In a five-year study from 1946 to 1951, Paul Boyer recorded American responses to Hiroshima and Nagasaki. Boyer's study confirm that, by the 1950s, fear had replaced early praise for atomic power: about 53% of Americans believed that their community would be bombed within 12 months and almost 75% believed that major American cities would be entirely destroyed (May, 1988, p. 25). Panic over nuclear warfare quieted the positive celebrations of science customary in the 1930s. The atomic bombs forced Americans to question: were science and medicine helping society or hindering it? Did technology really hold the promises of the future? Could advancements in medicine turn into potential atomic

bombs? In the specific fields of obstetrics and pediatrics, was the expertise of the doctor, the efficiency of the hospital, and the standardization of infant care hurting the family more than it helped? As an indignant Corbin describes in her editorial in *My Baby Magazine*, "True, she [the mother] is receiving aseptic, physiologic care which will result in the safety of her life, but what about her feelings" (1948, p. 13)? Influenced by World War II and the Cold War, medicine during the 1950s began to question the relationship between science and emotion.

The institutionalization of rooming-in sought to address this tension. In an effort to "strike a better balance between the swift onrush of intellectual knowledge and the abiding truths of the heart," rooming-in moved the infant from the nursery to the mother's ward (Temkin, 2002, p. 291-298). In most American hospitals, cost-effective units of four mothers were constructed, with glass partitions or quilted curtains providing privacy. In an effort to emphasize the sentimentality of childbirth, the rooms were brightly painted and offered homey bed quilts, rocking chairs, and baby bassinets. Whereas the deliveries of the 1930s yielded all power to the "expert" (the doctor) and imposed regimented care, rooming-in emphasized maternal skill and provided accommodating care of infants. Mothers, not nurses, were directly entrusted with the care of their child, and firm sleeping and feeding schedules were not imposed. Although critics cited poor hospital layouts and infection between mother and child as potential downfalls, the communal aspect of rooming-in was widely popular among American hospitals by the mid 1950s (Emmons, 1947, p. 45).

While rooming-in was certainly a reaction to the standardization and mechanization of medical care in the 1920s and 1930s, it was ultimately developed as a weapon against the spread of Communism. There were two main aspects of rooming-in as a tool: the production of a generation of fit soldiers and a strong home front.

First, rooming-in ensured a military of mentally fit soldiers, a major need within the American military. In the 1940s, American conscription for World War II exposed an alarming mental health epidemic: over 41% of urban men and 51% of rural men were denied by the draft board for their poor mental health (Temkin, 2002, p. 271). Psychological casualties during World War II were 300% higher than in World War I (Adams, 1949, p. 46). In the 1943 Tunisian campaign for instance, psychiatric casualties made up 34% of all patients (Pols, 1999, p. 256). And it was no better in the home front: based on studies conducted in the 1950s, the rate of hospital admissions for mental disorders was unquestionably rising. In 1903, 186.2 patients out of 100,000 suffered from psychiatric ill health; in 1952, that rate was 386.8 (Malzberg, 1955, p. 174-175).

Clearly, citizens of the United States was suffering from a fundamental breakdown in mental health. In 1949, an article in *Better Homes and Gardens*, "Is Your Wife Too Civilized?" addressed this worrying problem. Author Walter Adams reviewed the research of Dr.

James Maloney, a World War II Army physician stationed in Okinawa. A small island off Japan, Okinawa's strategic location was invaluable, causing the Allies to launch the largest amphibious assault of World War II (1949, p. 46). Allied bombs killed 100,000 of the 400,000 residents; of those who survived, 90% were homeless and suffered from starvation, dehydration, tuberculosis, and jungle rot (1949, p. 47). In spite of these atrocious conditions, Maloney reported only 250 cases of insanity among the Okinawa population (1949, p. 47). According to his records, the population's emotional stability was remarkable; Maloney rarely saw patients endure physical pain, develop shock reactions to surgery, experience mental instability, or suffer from depression. Maloney attributed this tremendous psychiatric consistency to the "Okinawa method of mothering." In Okinawa, mothers strapped their babies to their backs for three years, a physical set-up that ensured constant care and supervision (1949, p. 49). Babies slept when tired, were soothed when frightened, and were fed when hungry. Maloney concluded that such extensive, accommodating care fostered a stable and secure infancy, helping children develop into mentally healthy adults. In citing "a correlation between good mothering and emotionally stable adults," Maloney resembled other researchers in using childhood experiences to explain adult behavior. However, unlike previous studies associating adulthood and childcare, the Okinawan Mother's Study particularly emphasized infancy. Margaret Suydam, author of the editorial, "Her Baby By Her Side," and rooming-in mother herself, agreed with Maloney, "If a baby's first and greatest need is the assurance of the love and affection of his mother… why should he be separated from her for even those first few days of his life" (1947, p. 36)? Both Maloney and Suydam argued that influences immediately following birth – particularly the way that a mother cared for her infant post-delivery – could powerfully shape child development.

For a society reevaluating the benefits of science, Maloney's study was likely very appealing. In this way, reactions to Cold War medicine ensured the popularity of rooming-in as a preventative mental health program for American soldiers. First, Maloney studied a group of native women living on a small, isolated island in the middle of the Pacific Ocean. These women employed the most basic, most natural form of childcare. Devoid of silver bullets and sterile fields, the Okinawa system of mothering contrasted the mechanized, dehumanized maternity care of the 1930s. As the Cold War developed, nuclear energy advanced, and public anxiety grew, American citizens likely valued a return to the "basics" and a de-emphasis of machinery and technology. The innocence and simplicity of the Okinawa mothers likely reminded American citizens of a world before brinksmanship, hydrogen bombs, and nuclear war. Inspired by Maloney's population of interest, delivery practices of the 1950s were influenced by old models of maternity care – including that before penicillin, antiseptics, and hospital deliveries. In doing so,

American medicine advanced in a different way: instead of welcoming an insecure, technological future, maternity care embraced traditional and natural techniques of the past. As Corbin comments in "New Trends in Maternity Care," "[medicine] is going back to nature, but on a higher turn of the spiral" (1949, p. 13). In the 1950s, the past, not the future, promised medical advancement. By exploiting the innocence of an isolated, underdeveloped population in the midst of a brutal Cold War, Maloney's study had a particularly potent impact on maternity care.

The popular Okinawan Mother's Study helped spark a major transformation in pediatric care. A comprehensive review of psychological studies appearing in women's magazines affirms these changes. In the 1920s and 1930s, 38% of studies recommended "discipline (reward and/or punish)" as the guiding character for infantile development and 75% of studies suggested a regiment of "tightly schedule, cry it out" (Stendler, 1950, 126). By 1948, only 2% of infant training studies encouraged "discipline," while 100% recommended that the infant "self regulate" their behavior (Stendler, 1950, 126). Overall, 66% of the studies in the 1940s advocated for permissive parenting and stressed the infant's need for love and affection (Stendler, 1950, 126).

By encouraging the aspects of infant care associated with psychiatric stability, rooming-in was an effective mental health hygiene program. Maloney promised that a mother's consistent, flexible care of her child would ensure adult stability. As a result, rooming-in sought to provide a physical arrangement in which this care was accessible and manageable. Reliable maternal care was inherent to the rooming-in set-up. Mother and child could easily engage in cuddling, rooting, and suckling given their close proximity. Most importantly, a mother could immediately respond to infantile distress, helping to instill a sense of self-security in her child (Temkin, 2002, p. 273). According to Maloney, children who noticed consistent responses to their demands perceived safety in their environment, contributing to their healthy development. In rejecting rigid sleeping and feeding schedules, rooming-in also ensured flexible, accommodating care. Hungry infants no longer cried out for hours, helping "the child achieve a maximum gratification of his needs and begin life with a maximum degree of emotional security" (Levy, 1952, p. 256). As Maloney stressed, consistent, non-imposing care would quell infantile anxiety and diminish rates of adult neurosis. Thus, rooming-in was suggested to ensure stable mental development.

Given these assurances of psychiatric health, rooming-in became an effective tool during the Cold War. As American citizens prepared themselves for another global conflict, the importance of a mentally robust society intensified. Weak children would grow up to be weak adults and soldiers, generating a military vulnerable to the Soviet Union. Americans could not afford the psychiatric causalities of World War II in this new conflict. If, however, rooming-in ensured the development of strong, stable citizens and prevented these causalities, then America would be

psychologically equipped to contain Soviet communism. Rooming-in was consequently perceived as an effective countermeasure to Soviet expansion and a means to defend American democracy. Maloney predicted, "If my observations of the Okinawa people are valid, then continuing world peace could eventually be achieved" (Adams, 1949, p. 46). From Maloney's perspective, the Cold War battlefield took place in the American hospital, evident from his closing sentence, "Is it possible that our hope [of peace] lies not with the generals, the balances of power, the pacts, but in the soft warm breast of a woman" (Adams, 1949, p. 49)? Given this hypothesized association between rooming-in and the military, militaristic connotations and patriotic tones overwhelmed descriptions of rooming-in. For example, Dr. Robert Thoms, a Professor of Obstetrics at Yale University, claimed that the satisfaction of being loved and understood, as provided by rooming-in, served as the "foundation of responsible, democratic citizenship" (Thoms, 1950, p. 72). Dr. Maloney even extolled the mother as an ally – "a powerful, alert, vigilant ally" – in America's battle against the Soviet Union (Maloney, 1946, p. 603). This nationalistic rhetoric confirms the role of rooming-in during the Cold War.

In the late 1940s, Edith Jackson, an instructor of pediatrics at Yale Medical School, implemented the first rooming-in unit at the Grace-New Haven Hospital in New Haven, Connecticut. Jackson was particularly impacted by her relationship with Sigmund Freud, who taught her at the Graduate Student Institute of Psychoanalysis in Vienna (Kempe, 1978, p. 61, 5, 801). As a pediatric psychiatrist at Grace-New Haven, Jackson instituted the rooming-in program in 1946. The program was enormously successful, making Grace-New Haven a pioneer in infant and maternal healthcare. Jackson, aware of the national implications of her revolutionary work, kept detailed accounts of rooming-in's publicity. She recorded two major "Yearbooks" of rooming-in, one from 1946-1948 and one from 1954-1959. The first article in the 1946-1948 Yearbook, "Where Mental Health Hygiene Begins," immediately links rooming-in and the Cold War. The article laments the American mental health epidemic uncovered by the World War II draft and associates mental health hygiene with childhood experiences, "When [doctors during World War II] studied an individual soldier's case, they found the difficulty going back to the childhood" (Anonymous, 1946, p. 1). Just as James Maloney connected the Okinawan mothering system with psychological stability, "Where Mental Health Hygiene Begins" correlates experiences during infancy to adulthood happiness. This article is prominently positioned in Jackson's Yearbook, insinuating the importance of rooming-in during the Cold War. It is as if Jackson – the first proponent and campaigner of rooming-in – is attributing the success of rooming-in to its militaristic connotations. A letter from Lt. Coronel Stephen Sitter, the Deputy Chief of the Medical Corps, follows the article in the Yearbook. Sitter wrote to Jackson asking for reprints of her article "Clinical Sidelights on Learning and Discipline," printed in the American Journal of Orthopsychiatry on the efficacy of

rooming-in. Citing the usefulness of rooming-in in strengthening the American military, Sitter wanted copies for the Surgeon General's office ("Letter from Sitter, Stephen", 1948, p. 1). Both Jackson and Sitter demonstrate the link between rooming-in and the Cold War.

As a weapon against the Soviet Union, rooming-in not only bred a generation of fit, capable American soldiers, but also stabilized the American home front during the Cold War. In the 1950s, the Cold War dramatically molded American society, particularly shaping domestic lifestyles and family structures. Concerned by the propagation of global Communism, Americans promoted American democracy and capitalism. The most effective international propaganda popularized the American way of life (May, 1988, p.8). In the 1950s, America advertised the American dream: economic stability, social mobility, family security, and a life made easier by American consumer products. As Elaine May comments in her history, *Homeward Bound: American Families in the Cold War*, "American leaders promoted the American way of life as the triumph of capitalism" (1988, p.9). According to the Cold War ethos of the time, American domestic conflicts would damage global perceptions of democracy and discredit rejections of Communism. An American triumph in the Cold War "rested not on weapons, but on the secure, abundant family life of modern suburban homes" (May, 1988, p.21). While a stable family offered no physical protection from the hydrogen bomb, a balanced, conventional home symbolized security in a chaotic work. To the American public in the 1950s, the family became a psychological buttress against global instability.

In stressing domestic stability, the Cold War constructed the stereotypical American family. In these white, middle-class families, breadwinner fathers worked from 9-5, mothers were relegated to the kitchen, and children played in gardens contained in white picket fences. This family structure was not uncommon: around "60% of kids were born into male breadwinner-female homemaker families" (Leavitt, 2009, p. 17). Within the family, women were expected to marry, have children, and stay at home to raise them. The focus on childcare and housework characterized the decade as an "orgy of domesticity" (Hartmann, 1994, p. 89). Most importantly, the traditional family structure stressed that a mother was destined to care for her children; after all, she was regarded as almost biologically programmed to cook for her children, clean the household, and care for her husband. And as Adams bluntly addressed in his article "Is Your Wife Too Civilized?" women were limited to motherhood: "Mothers had nothing better to do than be mothers" (1949, p. 47). The work of women's organizations in the early 1950s, such as the National Manpower Council and the Women's Bureau of the Department of Labor, reflected this focus on the home front. After a 1951 Conference on Women in the Defense Decade, members agreed, "the primary effort of women in a defense period should be directed toward protection of the human relations in the home… the family unit," expressing the link

between the Cold War and the American family (Hartmann, 1994, p. 89). Thus, even the work of female activists mirrored the ethos of domesticity sparked by the 1950s Cold War. Although undercurrents of female activism and suburban insurgency overlapped this domesticity – as argued by Joanne Meyerowitz in *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* – these were small pockets of resistance (1994, p. 8). On the whole, the Cold War encouraged male breadwinner-female homemaker families.

Rooming-in conveniently played into these views of gender. In this way, the practice aided the Cold War in two ways: rooming-in was thought not only to guarantee the birth of a mentally stable military, but also to promote family structures critical to Cold War efforts. Rooming-in strengthened the stereotypical 1950s family by stressing gender roles, particularly that of the mother. It also promoted the maternal instinct, supported over-mothering, and criticized the working-mother. In doing so, rooming-in was not the humanizing experience it promised, instead restricting women and limiting their opportunities. First, in emphasizing maternal skills and deemphasizing hospital care, rooming-in celebrated a woman's natural motherliness. The hospital's newfound trust in mothers was rooted in the belief that maternal impulses would ensure adequate care for infants. Patient impressions of rooming-in at Grace-New Haven Hospital verify this focus. In one response, author Helen Clauss describes, "It [rooming-in] was the most wonderful experience. The most natural thing in the world is for a mother to be with her young and rooming-in is the most excellent way of providing this need" (1949, p. 1). Evidently, rooming-in depended on and stressed maternal impulses.

Rooming-in also strengthened gender roles by stressing "over-mothering." By encouraging helicopter parenting in the hospital, rooming-in itself was a form of over-mothering. Most importantly, proponents of rooming-in considered these first few days of over-mothering as instruction and education for lifelong over-mothering. To prevent adult neurosis and mental breakdown, mothers should always be responsive to their children, perhaps only a few steps away. The message of rooming-in was that "infants needed their mothers – in the hospital and for the next 18 years" (Temkin, 2002, p. 274). An article from the magazine, *Baby Time*, demonstrates this encouragement of over-mothering and promotion of maternal instinct. In "I'm Old Fashioned," author Joyce Knudsen rejects rooming-in, complaining of its constant demands and endless responsibilities. She asserts that rooming-in intensifies a mother's worry, distraught by "every strange sound emanating from her [child's] crib" (1952, p. 1). As a result, rooming-in created a "demanding routine" and set unrealistic expectations for a mother, limiting her opportunities outside of the home and family (Knudsen, 1952, p. 1). Upon announcing her rejection of rooming-in, she recalls the disapproval of her friend Marion, who "gave me [Knudsen] a fleeting glance of puzzled contempt, a silent accusation that I must be an unfeeling, unnatural mother" (1952, p. 1).

Marion's reaction verifies the propagandistic strength of rooming-in: good mothering could not occur in the absence of rooming-in. Even negative reactions to rooming-in demonstrate rooming-in's promotion of over-mothering and the inescapable link to the maternal instinct.

Finally, in promoting gender roles and bolstering America's domestic home front, rooming-in critiqued working mothers. The direct opposite of over-mothering was the woman who, without financial necessity, chose to work. A working-mother delayed her children's needs until the end of the day. In the face of such daily negligence, children would lose their sense of security and stability, the very goals of rooming-in. Proponents of rooming-in argued that children of working mothers were unstable and insecure; Sister Maria Hilda lamented the 20 million women in the work force in the 1950s, claiming, "I will always believe that children need their mothers. If a mother is not there, he seems lost and this is the experience that many, many little children are having, unfortunately" (1981, p. 11). The mother as a scapegoat became a common theme. Maloney also faulted the working mother, specifically accusing the independent woman of the 1920s: "Is it possible that neuropsychiatric casualties in World War II were 300% higher because the emancipated woman of the roaring twenties did not stay home with her children and love and mother them" (Adams, 1949, p. 51)? In its emphasis of natural mothering, rooming-in accused working mothers of being unnatural, selfish, and uncaring. Rooming-in oppressed women by rejecting their efforts at economic self-sustainability.

Cold War motivations prompted this anti-working-mother rhetoric. American working-mothers ominously mirrored the strong female workforce in the Soviet Union. The Communist industry employed many female workers, who "strode along the streets purposefully, as though marching to Communist party meetings" (May, 1988, p. 22). These descriptions implied that there was something un-American about women who chose to support themselves. For a society engaged in the Cold War, any parallels between American and Soviet women had to be denounced. Thus, rooming-in developed as anti-Communist reaction to these "emancipated" women (May, 1988, p. 22). In establishing an early relationship between mother and child, rooming-in sought to lessen a woman's desire to work; proponents of rooming-in believed the hospital stay might encourage mothers to stay at home and make their children their jobs. Thus rooming-in served to "equip [a woman] to enjoy her role of motherhood," strengthening the family structures formed by the Cold War (Temkin, 2002, p. 274). While many women most likely ignored the critiques of child psychologists and American politicians, this rhetoric pushed women out of their jobs held during World War II and back into the home. In this way, rooming-in indirectly helped men dominate the American labor force. Again, the broader social implications of rooming-in restricted women.

Some aspects of rooming-in appear to reconstruct these gender divisions. For example, rooming-in welcomed the father: he was allowed

to hold his baby immediately after delivery and could visit his wife at flexible hours throughout the day. The incorporation of the father into conventionally female events would seem to loosen gender roles. However, Cold War motivations for paternal inclusion discount any dilution of gender division. Rooming-in included the father for two main reasons. One, fathers provided a necessary influence for baby boys, helping the "baby learn from the start that a deep voice and a strong arm are a natural part of family pattern" (Suydam, 1947, p. 36). As a tool to ensure the masculinity of baby boys, the father's role only intensified gender divisions. Second, the involvement of the father served to improve America's international reputation. If home front lifestyles developed in part for international propaganda against Communism, rooming-in created the perfect family image: of glowing mother, proud father, and lively baby (May, 1988, p. 22). The inclusion of the father played nicely into the domestic ethos that the Cold War propagated. Even elements of rooming-in that sought to defy gender divisions emphasized female domesticity and male dominance.

In aiding Cold War efforts, components of rooming-in certainly sustained paternal dominance and male control. Despite this evidence, historians argue that by seeking to humanize healthcare and personalize the delivery process, mothers and nurses sparked a women's movement in American healthcare. For instance, an article in *My Baby Magazine* claims that rooming-in "was the return of the expectant mother's dignity and importance" (Corbin, 1948, p. 13). But did rooming-in really dignify mothers? Perhaps rooming-in dignified mothers in the hospital, where their role was emphasized and an atmosphere of intimacy stressed. But, on a broader social scale, rooming-in disrespected mothers. If rooming-in became a systemic way to restrict a woman's opportunities and acted as a tool to "browbeat women into accepting socially prescribed roles," then its characterization as a women's movement in American healthcare is flawed (Temkin, 2002, p. 278). In *Make Room for Daddy*, author Judith Leavitt agrees, arguing that the childbirth reform emphasized the nuclear family more than it did women's rights: "[Childbirth reform] accommodated rather than challenged medical authority and it accepted cultural gender norms" (2009, p. 17). As a tool to protect American democracy, rooming-in discounted the rights of its own female citizens.

Many elements of American society were impacted by the development of the Cold War. As exemplified by the institutionalization of rooming-in, Cold War imagery, philosophies, and preparations shaped American medicine in the 1950s. The naturalness of rooming-in became a much-needed escape from destructive, mechanized Cold War technology. But, as Americans faced another global conflict, rooming-in also assumed a more manipulative, exploitive role. Rooming-in became a tool to prepare American soldiers for psychiatric stability during war. Rooming-in also emphasized the domestic, traditional family structures critical to America's home front efforts. Unfortunately, this emphasis on feminine

domesticity oppressed women, popping Jackson's humanizing bubble at Grace-New Haven.

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