

C1. Gender and Health in the 1960s

C1:1 Andrew Hogan, *“Allied Health” in the 1960s: Women’s Professions, Men’s Ambitions*

In 1960s America, the term “allied health” was adopted in multiple settings to describe health care fields other than medicine, dentistry, and nursing. Occupations identified as allied health typically required some amount of post-secondary education, below the doctoral level, and were predominantly female. Importantly, the label of “allied health” was imposed, rather than chosen by its practitioners. Some fields embraced this association, while others considered it demeaning.

This talk draws on archival sources, oral histories, and professional periodicals to examine the gendered history of allied health in 1960s America. I examine how three male-dominated institutions—organized medicine, the US federal government, and allied health colleges—shaped the allied health concept, with little input from the predominantly female fields comprising this constructed area. In each case, the professional and societal ambitions of men were the primary basis for defining what constituted allied health, as well as the necessary roles for the area's mainly female practitioners.

My presentation engages with longstanding scholarship on medical and nursing education—by Dominique Tobbell, Kenneth Ludmerer, Susan Reverby, and others—while adding a new perspective on allied health, a large and important area, which has been almost entirely overlooked by historians of medicine. I argue that the allied health concept, and its associated fields, were instrumentalized by male-dominated institutions to protect and improve their status in the context of a rapidly changing health care environment in 1960s America. This talk explores how promises of improved access to medicine for all Americans were predicated on the continued marginalization of several, largely female, health care fields.

Learning Outcomes

- Identify successes and failures in the history of medical professionalism
- Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning
- Recognize the dynamic interrelationship between medicine and society through history.

C1:2 Kelly O'Donnell, *The Valley of the Dolls and the Cultural History of Medicine: Sex, Drugs, and Health Politics in the 1960s*

When *Valley of the Dolls* hit bookstores in 1966, it was an instant sensation, ultimately becoming one of the best-selling novels of all time. Set in the shadowy world of show business, Jacqueline Susann's story of three ambitious women unraveling under the pressures of fame, love, and barbiturate use introduced a mass audience to the intimate entanglements of sex, drugs, and modern womanhood. It quickly became a cultural touchstone. While widely dismissed as lowbrow fiction, *Dolls* is saturated with mid-century anxieties about mental health, pharmaceuticals, and reproductive control.

In the 1980s, Barbara Seaman—the pioneering journalist and women's health movement activist best known for *The Doctors' Case Against the Pill* (1969)—took a break from her usual investigative journalism and instead spent most of the decade researching and writing *Lovely Me: The Life of Jacqueline Susann* (1987). Sensing a kindred spirit in Susann, Seaman meticulously chronicled her life and writing career, interpreting Susann as a sharp observer of the bodily and emotional costs of femininity in a now heavily medicalized American culture.

This paper argues that Susann's fiction, and the biography it inspired, offers a rich lens into mid- and late-twentieth century American health politics. By reading *Valley of the Dolls* and Susann's other works alongside Seaman's biography, I trace how both women used cultural formats to grapple with the lived experiences of medicine and health care in women's lives. In doing so, this talk makes a broader methodological claim: that popular fiction and biographical writing can serve as vital sources for historians seeking to understand how medicine is interpreted, contested, and engaged beyond traditional settings.

Learning Outcomes

- Recognize the dynamic interrelationship between medicine and society through history by analyzing how popular fiction and biography reflect and shape public understanding of medical culture.
- Develop the capacity for critical thinking about the nature, ends, and limits of medicine by exploring representations of pharmaceuticals, mental health, and gender in cultural texts.
- Develop an historically informed sensitivity to the diversity of patients by considering how medical experiences have been interpreted through the lenses of gender, celebrity, and consumer culture.

C1:3 Andrew Pothier, *Therapeutic Community Behind Bars: Experiments in Correctional and Community Rehabilitation in the Adirondacks, 1960–1975.*”

Launched in 1966 as the Clinton Prison Diagnostic and Treatment Center (DTC) within the Dannemora State Hospital for the Criminally Insane at Clinton Prison, “the Clinton Project” was an experiment in correctional addiction rehabilitation and the scientific study of social and mental attributes that authorities linked to persistent criminality. As punitive drug crime policies took hold nationally by the mid-1970s, the Clinton Project presented an alternative that merged therapeutic, carceral, and community-based solutions to the nation’s escalating problems with drugs and crime. The program’s architects were a transnational team of psychiatrists and penologists interested in procedures that could identify which inmates were currently or would become dangerous. Its therapeutic approaches drew inspiration from the federal narcotics farms as well as pioneering therapeutic community experiments in the Industrial Neurosis Unit at Belmont Hospital in London during World War II.

The Clinton Project’s central therapeutic innovation was a series of collaborations between the prison and Adirondack communities, including art and theatre productions, college courses, and community assessment and work release assignments. In these settings, parents and community leaders became deeply involved with the rehabilitation process. For their part, prisoner-patients had both the opportunity to express themselves and to participate in the decisions affecting their life in the therapeutic community behind and beyond bars. These programs were responsible for reworking constructed social and cultural imagery upon which Adirondack parents and community leaders’ assumptions and opinions about drugs and people who use them.

This paper explores the Clinton project, drawing from the Dannemora Village Museum, Dannemora State Hospital, Clinton Prison, and New York State Department of Corrections and Supervision archival records, as well as newspapers. This story joins with Nancy D. Campbell’s and Holly M. Karibo’s histories of the federal “narcotics farms” in Lexington, KY, and Fort Worth, Dallas, in arguing for the significance of rural areas, often overlooked in a drugs and addiction historiography focused on major cities. In the case of the Clinton Project, I argue, distance from the racialized urban crucibles of drug-war policies and the influence of the Adirondacks’ distinctive therapeutic traditions enabled therapeutic creativity and innovation in addiction treatment.

Learning Outcomes

- Develop knowledge and understanding of professional behaviors and values
- Recognize the dynamic interrelationship between medicine and society through history.
- Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for creating important intersections with communities.