

## **“Running From the Shelter of the Pill:” The Role of Film in the Medication of America’s Women**

Katelyn Graham  
Department of History  
The University of North Carolina Asheville  
One University Heights  
Asheville, North Carolina 28804 USA

Faculty Advisor: Dr. Ellen Holmes Pearson

### **Abstract**

American women in the 1950’s and 60’s began to experience a major upswing in diagnoses of mental illnesses characterized under the umbrella of “anxiety.” Sexism in the field of psychiatry as well as the sexism inherent in society helped to assign abnormality to any woman who resisted or experienced dissatisfaction in the fulfillment of traditionally female gender roles. This resulted in medications like benzodiazepines, tranquilizers, and psychoactive drugs being prescribed at an unprecedented rate. Film during this era simultaneously portrayed the perfect wife and mother and normalized the use of drugs or alcohol to help her abide her daily responsibilities in the home. Much research has been conducted on American women’s dissatisfaction with the expectations placed upon them and the propagation of oppressive stereotypes. However, current research does not make the connection between the phenomenon of sexism in psychiatry and society, traditional gender role expectations as portrayed in film during the 1950’s and 60’s, and the rise in the medication of American women. This research explores the role of films produced during this era in the normalization of medicating America’s women.

### **1. Body of Paper**

In the years following WWII, the portrayal of American women in film underwent a transformation. Whereas in the past, female characters were either good or evil, pure or corrupt, a new portrayal began to reveal cracks in established postwar gender norms. Female characters were generally wives and mothers, financially dependent, relatively affluent, and nearly always white. However, the trope of the happy housewife faded as female characters in films modeled addiction to substances like morphine, tranquilizers, alcohol, and stimulants as well as depictions of women battling mental illness. Women in film described their addictions with lines like, “I’ve never understood anything about it except that one day, long ago, I found that I could no longer call my soul my own.”<sup>1</sup> Another female character said, “You see the world looks so dirty to me when I’m not drinking... I want things to look prettier than they are.”<sup>2</sup> These quotes point to an emerging understanding that traditional gender roles caused serious mental health challenges. This comes as no surprise in a society still rife with sexism and expectations for female adherence to traditional gender roles set forth by society.

A pervasive sense of dissatisfaction and unhappiness festered beneath the surface for America’s women, generally white, relatively affluent wives and mothers. Women wanted more than to stay at home, cook, clean and raise children. This sense of dissatisfaction had dire consequences. Male psychiatrists were diagnosing an overwhelmingly female population of patients with “hysterical” or anxiety-based mental illness at an unprecedented rate. Women were also slowly becoming the largest group of Americans being prescribed addictive mood- and mind-altering substances. Mid-twentieth century film, while bringing the female struggle with mental health, addiction and gender norms to the surface, also served to normalize the practice of mixing up a martini or “running to the shelter of the pill.”<sup>3</sup> These stereotypical depictions of women in film, reinforced by misogynistic scientific “expertise” and cultural sexism, resulted in the normalization of medicating America’s women in the mid-20th century.

Many historians have addressed the relationship between traditional gender roles and the disproportionate diagnosis of women with anxiety-related mental illnesses in the mid-20th century. Carroll Smith-Rosenberg examines the way expectations associated with gender roles affected the female experience based on Freudian psychoanalytic theory. Smith-Rosenberg concluded that a diagnosis of hysteria resulted from rigidly defined gender roles and that its symptoms manifested from the incapability to accept these roles.<sup>4</sup> Along these same lines, Phyllis Chesler's book, *Women and Madness*, tackles the idea that scientific "expertise" and psychoanalytic treatments commonly used during the mid-20th century were misogynistic in their very nature.<sup>5</sup> These clinical ideologies reinforced the idea among the psychiatric community that failure to accept traditional female gender roles led to the onset of hysteria.

When women could not accept stereotypical gender roles and fell further into their own "madness," hospitalization and treatment for hysteria became necessary. Carol Warren's book *Madwives* focused on seventeen case studies of women hospitalized, medicated and reintegrated back into society after receiving a schizophrenia diagnosis during the 1950's.<sup>6</sup> Warren's case studies follow these women through hospitalization and treatment with psychotropic and antipsychotic drugs for their illness.<sup>7</sup> When Warren's research was conducted however, there was little information on the devastating side effects of antipsychotic and psychotropic medications that were prescribed to women during treatment. Warren and Chesler's research surrounding the consequences of sexism in psychiatry suggests that antipsychotics were used in quelling, or outright silencing, dissatisfaction and depression in women who did not adhere to gender norms. Warren and Chesler's research in the 1960's and 70's were also foundational in the efforts of other scholars exploring the phenomenon of sexism in psychiatry in conjunction with sexism inherent in society during the mid-20th century. Joan Busfield's article focuses on the role of societal sexism as a key contributor to the diagnosis of mental illness in women.<sup>8</sup> She asserted that female gender roles constructed by society and misogynistic "scientific truths" surrounding female mental illness diagnoses perpetuated myths surrounding gender roles and mental illness.

The aforementioned research concludes that women during the mid-twentieth century experienced high levels of dissatisfaction with traditional roles in the home as wives and mothers. Where then, did this pervasive sense of dissatisfaction that resulted in a higher number of women being diagnosed with psychological disorders originate? Several theories point to the Cold War's influence on the lives of women during the 1950's and 60's. Elaine Tyler May's book *Homeward Bound* suggests that the geopolitical strategy of "Domestic Containment," or the prevention of the spread of communism, was also being exercised in the home as it pertained to the American housewife.<sup>9</sup> This concept, also reinforced through popular culture campaigns, contributed to the proliferation of gender role stereotypes and became a tool in the oppression of the female population.<sup>10</sup>

Through examination of contemporary scholarship up to this point, it is not difficult to connect the consequences of sexism in psychiatry, society, and expectations placed on women to fulfill gender roles. The subsequent era of depression and anxiety resulted in an upswing in the diagnosis and treatment of anxiety-based disorders. Psychotropics and narcotics became the preferred solution to dissatisfaction experienced by women during the 1950's and 60's. Alan Horowitz describes the beginnings of the mass treatment of these illnesses with tranquilizers as well. Miltown was particularly popular, followed by benzodiazepines including Librium and Valium.<sup>11</sup> Brad Metz's article illustrates the problematic nature of the prescription of benzodiazepines, and the idea that many women ran for the "shelter of the pill" to abide their daily lives.<sup>12</sup> These types of tranquilizers were often advertised specifically for women.

The over prescription of tranquilizers to a targeted female audience during the mid-twentieth century and the connection between this phenomenon, stereotypical gender roles and popular culture are addressed in Heather Molyneaux's dissertation. "In Sickness and in Health: Representations of Women in Pharmaceutical Advertisements in the Canadian Medical Association Journal, 1950-1970," explores the "scientific truths" proliferated by the popular culture of the era and the way that a lack of stereotypically feminine behavior was pathologized.<sup>13</sup> The prevalent prescription of drugs culminated in the problems of sexism in society and psychiatry, gender role fulfillment expectations, and the proliferation of these gender norms through film.

Janet Walker's *Couching Resistance: Women, Film, and Psychoanalytic Psychiatry* effectively combines the misogynistic diagnoses of women suffering from mental illnesses between World War II and the 1960's with popular culture, in the form of films from this era.<sup>14</sup> Walker asserts that the relationship between the psychiatric field and cinema were central to the female experience and to the formation of female sex and gender roles.<sup>15</sup> Walker's work is vital to this research in that it is focused on psychiatry's tendency towards the adjustment of "deviant" women back to more traditional norms of feminine behavior.<sup>16</sup> Walker's research effectively outlines the way that the misogynistic history of psychiatry, as it pertained to women, negatively influenced the experience of women battling mental health issues during the mid-twentieth century. Walker builds upon the work of Phyllis Chesler's *Women and Madness* as well as incorporates feminist literature, like Betty Friedan's *The Feminine Mystique* that were foundational to the idea that the institution of psychiatry during the 1950's and 60's was by nature oppressive towards women due to Freudian psychoanalytic theory and encompassing therapeutic practice.<sup>17</sup> In doing so, Walker illustrates the importance of the influence of film and oppressive psychiatric theories on the lives of real women navigating mental health issues.

The conversation about mental health and the overmedication or self-medication of women to stave off feelings of dissatisfaction is still relevant, and its origins necessitate exploration. The literature examined up to this point establishes a connection between the tendency of psychiatric and cultural sexism to pathologize a lack of ideally feminine behavior as defined by traditional gender roles. There is, however, a noticeable lack of scholarship surrounding the role of film during this era in the normalization of medicating “hysterical” women. This research contributes to the current historical conversation by addressing the role of misogynistic “scientific truths” and female gender role stereotypes portrayed in film. This work also reveals how film normalized the use of dangerous and addictive substances by American women.

In order to understand how women fell victim to misogynistic psychiatric treatment practices and diagnoses, it is necessary to first understand the foundational theories surrounding anxiety based mental illnesses. Much of the early research surrounding women and hysteria began with Sigmund Freud and Joseph Breuer’s *Studies on Hysteria*. Freud and Breuer believed that the onset of hysteria in women was a result of repressed sexuality, with sexual intercourse or trauma stemming from a childhood experience possibly constituting a triggering “hysterical” event.<sup>18</sup> Freud and Breuer believed that through psychotherapeutic methods like hypnosis, hysteria could be cured when the triggering traumatic event was brought to light.<sup>19</sup> Later, these “hysterical” illnesses were reclassified as anxiety based mental illnesses. While Breuer and Freud’s now invalidated theories on hysteria received quite a bit of criticism even at the time of their publishing, the research is still foundational for the way psychiatry diagnosed women throughout the early and mid-20th century. As a result of Freud and Breuer’s work, the response from the field of psychiatry during the mid-20th century was a massive surge in diagnoses of anxiety based mental illnesses to America’s female population.

The causes associated with America’s female population suffering so widely from anxiety-based illnesses has been discussed at length over the decades. Much of the cause is linked to post World War II and Cold War attitudes. Following the Second World War, women left the workforce when men serving overseas returned. Joanne Meyerowitz calls the phenomenon “An ironic story of declension, in which the housewife finds herself trapped in a domestic cage after spreading her wings during World War II.”<sup>20</sup> In her 2017 book *Homeward Bound*, Elaine Tyler May outlined the theory of “Domestic Containment,” describing the post-Cold War idea that dissatisfaction could be cured and the family kept together by adherence to traditional gender roles in the home. The theory that keeping the family together was essential to stopping the spread of communism also presented itself as a “therapeutic approach” to female dissatisfaction following the Cold War.<sup>21</sup> Arguably, fulfilling these female gender roles was equivalent to patriotism, putting even more pressure on American women to keep communism at bay by fulfilling their traditional gender roles in the home.

Feminist writers during the 1950’s and 60’s had similar theories as to why women were experiencing such an upsurge in anxiety and dissatisfaction in the home. Contemporary feminists placed responsibility at the feet of sexism inherent in society and their traditional gender roles. In *The Second Sex* Simone De Beauvoir wrote, “A woman alone, in America even more than France, is a socially incomplete being, even if she earns her living; she needs a ring on her finger to achieve the total dignity of a person and her full rights.”<sup>22</sup> Ten years after Simone De Beauvoir’s seminal feminist work was published, Betty Friedan, author of *The Feminine Mystique* called the unhappiness that suburban wives faced alone and in silence “the problem that has no name.”<sup>23</sup> Friedan spoke of resistance to traditional gender roles and the assignment of pathology to this resistance as well when she spoke of women attempting to fit into a stereotypically “feminine” role.<sup>24</sup> Friedan also commented on the largely female population seeking help from psychiatrists. She quoted a male psychiatrist who said, “I don’t know what’s wrong with women today...I only know something is wrong because most of my patients happen to be women.”<sup>25</sup> De Beauvoir and Friedan captured the essence of dissatisfaction for women whose lives were relegated to their traditional gender roles as wives and mothers and the stigma attached to those who did not.

It is clear that stereotypical gender roles received much of the blame for mass anxiety diagnoses of American women during the mid-20th century. Mid-19th and early 20th century psychiatry associated hysteria with failure to socialize into typical female roles.<sup>26</sup> The tendency of psychiatrists to blame unhappiness on resistance to traditional gender roles combined with thousands of women seeking treatment is foundational for the argument that these beliefs were a contributing factor to the subsequent medication of women. These misogynistic ideologies were still widely accepted in the field of psychiatry during the mid-20th century. During the 1960’s, 90% of the members of the American Psychiatric Association were male, and women comprised the majority of patients being treated for “female diseases” including psychotic depressive, psychoneurotic, and paranoia among others.<sup>27</sup> The idea that a disease could be exclusively considered “female” equated the very condition of being female to abnormality.

The therapeutic approaches to addressing the dissatisfaction by the American Psychiatric Association proved to be nearly as dangerous and oppressive as the factors causing it. Initially, when a woman’s “hysteria” or anxiety based mental illness became unmanageable, she would be institutionalized. Eventually outpatient treatments and medication

replaced a stay in the psychiatric ward for those experiencing less severe mental health issues.<sup>28</sup> Antipsychotics like Thorazine, pioneered by Dr. Heinz Lehmann during the 1950's, were regarded as miracle drugs for some patients and replaced procedures like the prefrontal lobotomy.<sup>29</sup> Drugs like these greatly decreased the need for hospitalization and could normalize patients experiencing severe psychotic episodes.<sup>30</sup> While in some cases these types of medications were necessary, the practice of drugging women so heavily that their personalities and emotions were nearly erased was an oppressive and dangerous practice. It only stands to reason that the medicated woman, or worse, the woman forced to self-medicate due to dissatisfaction and unhappiness, would start appearing in American cinema.

The practice of representing female characters and their experiences with mental health issues became relatively frequent through dozens of films produced throughout the 1950's and 60's. These films portrayed the female experience with psychiatry and mental health in such a way that the misogynistic scientific "truths" current in the field of psychology translated into the portrayal of these women in film.<sup>31</sup> These truths proliferated by film were also factors in pathologizing the absence of stereotypically "feminine" behavior. Women in popular culture were represented as melancholic figures more often than men, and as being unable to cope with their daily responsibilities in the home.<sup>32</sup> These representations in film as well as the use of a potentially dangerous or addictive substance in order to cope was a factor in the normalization of this behavior in society.

Hollywood's depictions of mid-20th century women struggling with mental health, medication and substance abuse will be explored through six films. The first of these explores the phenomenon of "hysteria," the "othering" of women and the dangers of conformity. *Invasion of the Body Snatchers* gives important context surrounding society, hysteria and psychiatry. The film follows the story of an alien invasion in which humans are replaced with duplicates of themselves ingrained with only the impulse to survive.<sup>33</sup> The film's reception following its release was generally favorable but the plot seemed to be a bit of a stretch for the general public. A *Variety* magazine review said of the film, "This tense off-beat piece of science fiction was occasionally hard to follow due to the strangeness of its scientific premise."<sup>34</sup> The film was intended to serve as a warning to viewers against the dangers of conformity and communism during the Cold War.

Unlike the rest of the films explored throughout this research, the female lead character's relationship with mental illness is not necessarily the focus of *Invasion*. However, themes of mass hysteria, gender conflict and cultural dissatisfaction are cited heavily in scholarship surrounding the film. Nancy Steffen-Fleuhr describes *Invasion* as a "male nightmare in black and grey" and poses the idea that the film is representational of the male "othering" of the female sex when she wrote, "Thus, although Becky is one of the most important characters in the film, she is a mute object rather than a controlling consciousness. 'She' has no voice in this male chorus. ...She is the Other, an alien."<sup>35</sup> At the end of the film, Becky does in fact, become an alien when she falls victim to the pod people. The female characters in this film experienced the same "othering" experienced by women at the hands of the psychiatric community as well as their male counterparts in society during the mid-twentieth century.

Throughout *Invasion*, the women and children are the first to notice that something strange is happening in Santa Mira. Dr. Miles Binnell, the male protagonist, goes so far as to tell Wilma Lentz, who suspects that her Uncle Ira has been replaced, "Wilma I'm on your side . . . Think about it and you'll know, the trouble is inside you."<sup>36</sup> Jack Belicec's wife, upon finding a pod person is depicted as unstable and hysterical. Despite Jack seeing his own featureless double waiting to replace him, he immediately tells her to "stop talking nonsense."<sup>37</sup> Both of these female characters are affected by the perception of women as emotional, not to be believed, and hysterical. The male characters in this film are given the final word on whether something is wrong. This phenomenon is eerily similar to the experience of women coming forward to voice feelings of dissatisfaction and unhappiness in society during the 1950's. As Siegel's film about communist subversives was entirely a warning against the dangers of conforming within society, it is also interesting that women in the mid-twentieth century were pathologized by the psychiatric community for doing precisely this. While the medication of women is not necessarily the theme, *Invasion* along with the next film examined, is foundational for understanding the experience of the American woman navigating societal sexism and oppressive gender role expectations alongside mental health issues.

Shortly after the release of *Invasion of the Body Snatchers*, Nunnally Johnson directed *The Three Faces of Eve*, later revealed to be based on the life of Chris Costner Sizemore. The film follows housewife Eve White, whose abusive husband sends her to a psychiatrist after she begins suffering from blackouts and debilitating headaches. Throughout the course of her therapy it is discovered that Eve White has another personality, the brash, single, hard-drinking Eve Black. Eventually, following an attempt on their daughter's life at the hands of Eve Black, Eve White is placed into a mental hospital for observation by her husband. Upon her release and continued treatment, a third "complete" personality emerges. The psychiatrist is able to get to the bottom of Eve's trauma, and her two conflicting personalities disappear.<sup>38</sup>

Although the film was openly based on a true story, reviewers of the film voiced concern at the director's lack of seriousness regarding the subject matter. *Variety* magazine staff also complained about the unrealistic ease with which

the psychiatrist could control the switch of Eve White's personalities at will. <sup>39</sup> *The New York Times* also wrote that the film, while well-acted and entertaining, "is simply a melodramatic exercise—an exhibition of psychiatric hocus-pocus, without any indication of how or why."<sup>40</sup> The doctor's interactions with Eve White and her other personalities were closer to magic tricks than to actual therapeutic experiences. It is clear that the true experiences of Chris Sizemore and other women during the mid-20th century were less important than entertainment value. The problematic focus on entertainment value rather than accuracy in *The Three Faces of Eve*, comes in the form of Alastair Cooke's introduction to the film. Cooke says, "So this movie needed no help from the imagination of a fiction writer. The truth itself was fabulous enough... and much of the dialogue is taken from the clinical record of the doctor that we call Dr. Luther."<sup>41</sup> This statement implies that the almost magical portrayal of Eve White's experience in the film resulting in her recovery are all medically accurate, which further reinforced an inaccurate and misogynistic perception of a woman's interaction with the field of psychiatry. In Eve's case, she is under complete control of her doctor. Her agency in her own treatment is taken away and her healing is not self-determined.

Throughout the film, a great deal of emphasis is placed upon the psychiatrist's attempt to understand a character as complex as Eve White/ Black. Dr. Luther did not find Eve White, or Eve Black to be complete personalities.<sup>42</sup> Doctor Luther says, "The truth is, neither Eve Black nor Mrs. White is a satisfactory solution. Neither qualify to fill the role of wife, mother, or even a responsible human being."<sup>43</sup> Her unsuitability as a woman is represented in the form of a single, flirtatious tease who eventually suffers violence due to her "unfeminine" behavior.<sup>44</sup> Dr. Luther's decision that Eve White/Black were inadequate personalities and his cure of her mental illness reinforced misogynistic stereotypes about how women were supposed to behave according to psychiatrists. The message is clear: the experts, in the form of male psychiatrists, decide what constitutes a healthy, happy woman. Eve Black's portrayal as the antithesis of the stereotypical female ideal was also representative of the difficulty the field of psychiatry experienced in making sense of women struggling with oppressive paradigms of behavior.

In 1962, several films were released dealing with the American woman's descent into addiction as a form of escapism from these stifling paradigms set forth by society. Sidney Lumet's adaptation of Eugene O'Neill's autobiographical screenplay *A Long Day's Journey into Night* chronicles one day in the household of the broken Tyrone family. Mary Tyrone is a morphine addict following a difficult pregnancy and the film follows Mary and her alcoholic sons and husband. Reception of the film following its release was positive, with *The New York Times* calling the production "a fine, fair picture of a tough and maybe tedious O'Neill play."<sup>45</sup> The beleaguered Tyrone patriarch is also touted by the *Times* as "beyond question, the most tragic figure on the screen."<sup>46</sup> The theme of blame rings heavily throughout the night spent with the Tyrone family as well as themes of escapism from a desperate, volatile and unhappy family situation, but in no way does James Tyrone cut the most tragic figure in this film.

It is Mary Tyrone by far who suffers the most tragedy in the performance. Theatre scholar Alan S. Downer wrote that Mary Tyrone's situation is the most tragic in that she must go on living, despite failing in the pursuit of her own happiness while also shouldering the blame for the unhappiness of the rest of the family.<sup>47</sup> Mary Tyrone's tragedy is that she cannot solve her family's problems and instead must try to escape and avoid them. In a review of a stage performance of the play, the factors exacerbating Mary's need for escapism with prescription substances are examined. Patrick Maley wrote,

When we consider all that Mary has suffered through since abandoning the convent for James Tyrone—the death of a young child, a painful pregnancy and resultant morphine addiction, an attempted suicide, and now the threat of losing Edmund to the same disease that took her father—it becomes difficult to fault her for whatever strategy she chooses to battle her and the family's psychological demons.<sup>48</sup>

Mary Tyrone's role as a wife and mother and the resulting expectations left her burdened with responsibilities and resentments, placed upon her by her sons and husband. When she was unable to bear these burdens and turned to morphine, the blame for the family's demise ultimately falls on her.<sup>49</sup>

Mary Tyrone's failed pursuit of happiness, and her inability to fill her traditional role as wife and mother to healthy children are devastating to her mental health. A weak bloodline is assigned the blame for her youngest son Edmund's tuberculosis. James Sr. claims his side of the family has lungs "as strong as an ox," implying that Mary's weakness caused Edmund to develop tuberculosis.<sup>50</sup> She blames herself for a child she lost to measles before Edmund, and swore to God she would never have another one. She believes that she did not deserve Edmund, and that his sickness is God's punishment for her conceiving another child.<sup>51</sup> Mary's husband James blamed her family's "weak stock" entirely for Edmund's susceptibility to tuberculosis. The implication is that Mary is not only too weak to master her morphine addiction, but her genes were too weak to produce healthy children. Her weaknesses, both biological and with regard to her addiction have resulted in perceived failure on her part in her role as a mother. This failure is

manifested directly into a desperate need to escape the blame and suspicion heaped on to her due to her inability to fulfill her traditional gender role.

The mistrust Mary Tyrone feels from her family is crushing and she is painted as a pitifully unstable figure. Her addiction is deeply stigmatized and is spoken of with equal measures of anger and pity. Mary speaks of her descent into addiction to morphine and the humiliation she experienced when she became physically addicted and experienced withdrawals when she said of the prescribing doctor, "When you're in agony and half insane, [he] sits and holds your hand and delivers sermons on willpower. He deliberately humiliates you. He makes you beg and plead; he treats you like a criminal. He understands nothing!"<sup>52</sup> Her sons and husband treated her addiction with the same mixture of derision and pity. Edmund, her youngest son, told her, "It's hard to take sometimes, having a dope fiend for a mother."<sup>53</sup> Her elder son, Jamie spoke of her addiction with marginally more understanding as he is also addicted to alcohol, but cannot help spewing vitriol when he sneers, "I caught her in the act with a hypo... I never believed before that anyone but whores took dope."<sup>54</sup> James Tyrone Sr. clearly sees Mary's addiction to morphine as pure weakness. When Mary told him how hard she tried to stop he replied, "Yes I suppose you did Mary, but for the love of God, why couldn't you have the strength to keep on?"<sup>55</sup> The family exhibits a lack of understanding as to why Mary Tyrone cannot simply stop using. It is little wonder why Mary Tyrone was driven to self-medication and a suicide attempt when enduring the maddening withdrawals resulting from opiate addiction.

The character of Mary Tyrone is a tragic portrayal of a woman in an impossible family situation who turns to substances in a desperate attempt at escapism and self-medication. This behavior modeled through *Long Day's Journey into Night* represented a double-edged sword for female viewers during the early 1960's. A story like Mary's was generally played out behind closed doors. This behavior being addressed openly was appealing for women struggling with the same issues secretly in their own homes. At the same time the depiction of Mary Tyrone functioned as a shaming mechanism. For some, being able to relate to a character like the struggling Tyrone matriarch made them feel less alone. Yet, at the same time, the lack of understanding towards Mary's addiction reinforced a sense of isolation and shame. Popular perceptions of the female struggle with addiction were reinforced by unsympathetic and misogynistic representations like this one; the struggles of Mary Tyrone.

While much of the blame for the Tyrone family's woes were heaped upon the shoulders of its matriarch, the 1962 film *Days of Wine and Roses* tells the story of a woman addicted to chocolate, who was guided into alcoholism by her husband. Joe and Kirsten, a couple who worked in public relations fell in love, and chocolate-addict Kirsten, who abstained from alcohol, was convinced by Joe to begin socially drinking with the help of a brandy alexander.<sup>56</sup> They marry and quickly begin an alcohol fueled downward spiral. Joe eventually gets sober, but at the end of the film, Kirsten's fate remains uncertain and decidedly less hopeful.<sup>57</sup> Upon the film's release, a review from *Variety* magazine suggested that the seriousness of the production's subject matter was not lost on its viewership. *Variety* said of the film, "Miller's grueling drama illustrates how the unquenchable lure of alcohol can supersede even love, and how marital communication cannot exist in a house divided by one-sided boozing."<sup>58</sup> *The New York Times* similarly reviewed the film as a "grim, graphic, heart-rending account of the agony of these two people in the clutch of booze and the husband's painful struggle out of it, with the help of Alcoholics Anonymous, while the wife is still battling at the end."<sup>59</sup> The reviews are telling as to the attitude of the viewership. The focus appears to fall more on the hard-won battle of the husband, while Kirsten's fate is left uncertain and receives considerably less attention. The reviews seem to propagate the biblical ideal that the male character was strong enough to conquer his demons while the weaker female could not. This representation of Kirsten promotes a more contemporary view of the religious idea that women, by nature, are weaker and more prone to vice.<sup>60</sup>

While an unhappy domestic situation was not the catalyst for Kirsten's self-medication with alcohol, her marriage and her husband's need to feel "closer" eventually led to one.<sup>61</sup> When Kirsten becomes a stay at home mother Joe drunkenly comes home and attacks her for being less fun for him to be around. He drunkenly rants, "I feel your disapproval...Now look, if you want to sit up...is there any law that says you can't have a couple of blasts while you're waiting so that maybe we can have some laughs around here?"<sup>62</sup> When Kirsten tells Joe that she is not supposed to drink because of breast milk contamination, Joe berates her for choosing to breastfeed, claiming, "You're going to lose your shape...You think you're the only woman that ever had a baby."<sup>63</sup> Kirsten is placed in an impossible situation in her home. While trying to fulfill her role as mother, she is berated for failing in her husband's perception of her duties as a wife. The narcissism of Joe's alcoholism comes across strongly with this statement. His alcoholic need and gendered expectation to be foremost in Kirsten's attention is promoting the neglect of their child. Therefore, while trying to fulfill her role as a mother, Kirsten is violating Joe's expectations of her as his wife.

Kirsten's predicament in *Days of Wine and Roses* would have been relatable to many women, as alcohol was more socially acceptable than Mary Tyrone's addiction to morphine. Mary Tyrone and Kirsten Clay however, both lived with boredom and loneliness, resulting from their home situations. Kirsten's relegation from secretary of a public relations firm to stay at home wife and mother are a clear contributing factor to Kirsten's spiral further into

alcoholism.<sup>64</sup> This is characteristic of female dissatisfaction after being sent back out of the workplace and into the home. Isolation is one of the major contributing factors to a descent into addiction. In Kirsten's case, the fact that she is no longer working leads to her drinking more in an effort to pass the time.<sup>65</sup>

Kirsten's story was all too familiar for American women as it played out on movie screens in 1962. Hers was a gripping portrayal of the social problem of alcoholism and resonated with viewers across the United States. While being able to identify with female characters like Mary Tyrone and Kirsten Clay was positive in that it spread addiction awareness, the behavior was also normalized as a means to cope with dissatisfaction through its portrayal in film. A 1966 article in the *Journal of Marriage and Family* illustrated how deeply influential films containing subject matter of this nature could be when Val Clear wrote, "... the memory of Kirsten Clay stands out clearly as she turns her back on her husband and daughter and walks out into the night in search of someone - anyone- who will buy her a drink. Because such learning experiences are seared deeply into the emotions, they are well-nigh indelible."<sup>66</sup> Clear's observation reflects how deeply stories of this nature could affect audiences. While her point was directed at the way that Americans could empathize with the alcoholic woman, the point can also be made that this behavior was a lesson in how to numb oneself to a difficult domestic situation. Around the same time Clear's article was published, another groundbreaking film was released depicting a woman facing similar issues to those of Mary Tyrone and Kirsten Clay as a result of an unhappy home life.

Elizabeth Taylor's portrayal of an American woman battling dissatisfaction in the home and the self-medication that resulted again lit up the silver screen with Mike Nichols' production of *Who's Afraid of Virginia Woolf?* The film starred Richard Burton as George, a college professor, alongside Taylor as Martha his wife, the daughter of the university's president. George and Martha's volatile, alcohol-fueled marriage is the center of the film in which illusion, adultery and deeply irregular coping mechanisms abound. The film culminates in the revelation that George and Martha's son never actually existed.<sup>67</sup> The production was quickly recognized as a film that would enjoy long-lasting cultural significance. *Variety* magazine wrote of the film, "The naked power and oblique tenderness of Edward Albee's incisive, inhuman drama have been transformed into a brilliant motion picture."<sup>68</sup> *The New York Times* echoed *Variety*'s sentiments calling the production, "the best American play of the last decade and a violently candid one, has been brought to the screen without pussyfooting. . . This in itself makes it a notable event in our film history."<sup>69</sup> The review goes on to call the film "one of the most scathingly honest American films ever made."<sup>70</sup>

The bizarre, verbally and physically abusive domestic situation of George and Martha painted a bleak portrait of domestic dissatisfaction for the American viewer in the 1960's. Throughout the film, the language used by the aging couple creates a certain amount of ambiguity between truth and illusion.<sup>71</sup> Martha and George's inability to have children and their subsequent creation of an imaginary son is one of the most shocking revelations of the play. This illusion that Martha and George create for themselves reflects trauma due to Martha's inability to conceive. Martha blames herself, citing failure after failure on her part, both in the inability to have a child and in pretending with George that they had one for all these years.<sup>72</sup> George blames his wife as well for her failure to conceive when he says derisively, "Martha doesn't have hysterical pregnancies...Martha doesn't have pregnancies at all."<sup>73</sup> Martha's inability to fulfill her traditional gender role as wife and mother, is heartbreakingly similar to the roots of the sadness and guilt that also plagued Mary Tyrone. Their perceived failures created untenable situations for them while also breeding disappointment and bitterness within their marriages.

The bitterness engendered between George and Martha as a result of this inability to create a nuclear family creates a battle between the sexes, rife with revenge and denial.<sup>74</sup> Martha commits adultery throughout the course of the film, and George, when he exposes Martha for never having been able to become a mother, symbolically "killed" their son.<sup>75</sup> This power struggle between George and Martha is indicative of gender role conflict. During a bitter argument, Martha screams at George, "I'm loud and I'm vulgar, and I wear the pants in the house because somebody's got to!"<sup>76</sup> The adultery, the explosive revelation of the non-existent child, and Martha's exclamation that she is the dominant force in the relationship is all fueled by alcohol and Martha's inability to fulfill a stereotypical gender role.

Martha's inability to have a child seems to be at the root of the dysfunction and bitterness portrayed in George and Martha's relationship in *Who's Afraid of Virginia Woolf?* This is not stated outright in the film or stage adaptation, but the strange coping mechanism of inventing a child suggests real trauma and anger within the relationship. Martha uses alcohol as a means to express her anger and bitterness with her domestic situation and she appears to be in denial that this is problematic. She uses it instead as fuel to continue her constant verbal sparring game with George and to battle her marital dissatisfaction. Early in the film Martha says to George, "Look, sweetheart, I can drink you under any goddamned table you want, so don't worry about me."<sup>77</sup> Martha, unlike Mary Tyrone and Kirsten Clay, does not speak of her dependence on alcohol with self-pity or guilt nor does she take her unhappy marital situation with docility. Martha unapologetically rails and screams against her unhappy marriage, making her husband just as miserable as she is. George on the other hand speaks of her dependence on alcohol with vitriol when he tells Martha, "You're spoiled, self-indulgent, willful, dirty-minded, liquor-ridden..."<sup>78</sup> He also threatens to send her to a sanatorium when he says,

“Actually I’m rather worried about you, about your mind...I think I’ll have you committed...Well I’ve got to find some way to get at you.”<sup>79</sup> Martha’s refusal to submit to her traditional gender role as submissive wife, her inability to produce children, and her use of alcohol as a form of self-medication are again a warning and an example of the normalization of substance abuse as a coping mechanism.

By 1967 the practice of psychiatrists prescribing pills to American women had become another socially acceptable coping mechanism, much like Martha’s use of alcohol. When Jacqueline Susann’s hit novel, *Valley of the Dolls* was adapted into film, the female characters mirrored this now-common phenomenon to American viewers. The story follows three young women, Neely O’Hara, Jennifer North, and Anne Welles, on a journey to find success. Each succumb to the pressures of working in Hollywood and eventually the women develop a damaging relationship with pills, called “dolls”.<sup>80</sup> *Valley of the Dolls* received a scathing review by prominent film critic Roger Ebert upon its release in 1967. Ebert said of the film, “And so in ‘Valley of the Dolls’ we are given a pantheon of fallen women. They fall because they drink too much and take too many pills, but their main offense seems to be their irregular private lives.”<sup>81</sup> *The New York Times* was no kinder to director Mark Robson’s adaptation of Susann’s book. The *Times* wrote, “Bad as Jacqueline Susann’s ‘Valley of the Dolls’ is as a book, the movie Mark Robson has made from it is that bad or worse. It’s an unbelievably hackneyed and mawkish mish-mash of backstage plots and ‘Peyton Place’ adumbrations in which five women are involved with their assorted egotistical aspirations, love affairs and Second pills.”<sup>82</sup> Despite derision from the male film review community, the general public did not seem to agree with these opinions of the film. As of 1998, Jacqueline Susann’s novel *Valley of the Dolls* still held a place in the *Guinness Book of World Records* as the bestselling work of fiction.<sup>83</sup> The novel continued to feature in top 50 lists as recently as 2012.

It is not difficult to understand why *Valley of the Dolls* resonated with women experiencing dissatisfaction associated with oppressive gender role stereotypes. Neely, Anne, and Jen experienced success and found financial independence, unlike any of the other female characters represented in the films analyzed in this research. It is also understandable that the sexism present in society and the gender role expectations placed on women during the late 1960’s made the subject matter of this film both threatening and disturbing to the male dominated film review community.

Neely O’Hara’s character is the most striking embodiment of a threat to traditional female gender roles. Her addiction to pills combined with her position as breadwinner in her two unsuccessful marriages exemplifies her refusal to accept a traditionally submissive role as “wife.” Much like Martha’s character in *Who’s Afraid of Virginia Woolf?* Neely is neither docile or submissive, and initially does not see her drug use as problematic. Her first husband Mel speaks of Neely’s addiction and success with a mixture of fear and resentment. He says of his wife, “She’s changed, Jen. She starts at 5:30 in the morning still punchy from last night’s sleeping pills. So, she takes a red pill to pep herself up and at midnight she’s still flying. I try to talk to her, it’s like a brick wall.”<sup>84</sup> Neely’s second husband Ted, when he is caught being unfaithful to her, told her outright that her financial success and reluctance to have sex made him feel less of a man. He coldly told her, “You know, you almost made me feel I was queer...As a man, you’re always too tired and too full of those damned dolls.”<sup>85</sup> Neely herself cannot imagine managing without the pills. She tells Anne, “Sure, I take dolls. I got to get some sleep. I’ve got to get up at 5:00 in the morning and sparkle, Neely, sparkle.”<sup>86</sup> Both of Neely’s marriages end due to her financial success, ego, and her addiction to stimulants, alcohol and barbiturates. Eventually Neely finds herself locked in a sanatorium pleading with Anne and her agent, Lyon Burke, “Anne I’m not nutty! I am just hooked on dolls!...I’ve forgotten how to sleep without dolls. I can’t get through a day without a doll.”<sup>87</sup>

Anne and Jen’s experience with dolls are slightly different from Neely’s. Anne’s use of the sedatives resulted from her dissatisfaction with her relationship with Lyon Burke. Fearing infidelity, and dissatisfied at his refusal to marry her, Anne’s brief stint with sedatives scared her quickly and led her back to her hometown and towards an independent life without Lyon.<sup>88</sup> Jen’s husband’s sickness forces her into a demoralizing career shooting nude films in order to pay for his hospitalization. Jen had been told her entire life that she had no talent by her emotionally abusive mother. Hollywood reinforced the ingrained belief that her only value was in a sexually desirable body. When she has to have a mastectomy, Jen tells Anne, “All I’ve ever had was a body, and now I won’t even have that.”<sup>89</sup> Jen ends her own life with a handful of sedatives when she can no longer film semi-pornographic films to finance her husband’s stay in a sanatorium.

Unlike Mary Tyrone, Kirsten Clay, or Eve White, none of the three female characters in Susann’s story adhere to traditional gender roles. The three women are all financially independent and make their own way. The three women are also all shown using pills, prescribed by doctors, as a means to cope with the different difficulties that arise throughout their journeys. Jen takes sedatives to cope with taking off her clothes on film for money, Anne to combat fears of infidelity and the refusal of her partner to marry her, and Neely to cope with excessive fame and the pressures placed on her body and mind to perform. *Valley of the Dolls*, like the other films examined in this study, modeled



women struggling with addiction and brought awareness. However, the consequences of pursuing a nontraditional career or rejecting traditional gender roles in a society rife with sexism must have seemed terrifying to others as they watched the three women struggle. In Neely and Jen's cases, their journeys end in misery and death respectively. The portrayal of these maladaptive coping mechanisms and the ease with which the women obtained these dangerous substances from psychiatrists on screen is indicative of the normalization of the medication of American women through film.

*Valley of the Dolls*, along with the rest of the realistic drama films discussed throughout this analysis point to a consistent conclusion. The sexism inherent in the field of psychiatry as well as the sexism present in society during the mid-20th century were instrumental in shaping the traditional gender roles and expectations for women during this time. Pathology assigned to the condition of being female in combination with the misogynistic diagnosis and treatment practices inherent in the American Psychiatry Association during the 1950's and 60's led to a major rise in the prescription of dangerous antipsychotic, psychotropic, and narcotic medications in an effort to quell the dissatisfaction that plagued America's women.

During the 1950's and 60's, American films modeled new challenges and changes experienced by women during the second wave of feminism. The idea that women were expected to behave a certain way and fulfill their roles as wives and mothers while suffering an existence of reliance and submission to men was now being met with resistance. Women wanted more, and the second wave of the women's liberation movement was in full swing during the production and release of these films. Women were struggling against their traditional roles as wives and mothers, seeking careers, success and financial independence. As a result of this struggle, women were also medicating themselves with alcohol, narcotics and other illicit substances, as well as taking medications prescribed to them to countenance their daily lives. Depictions of women during this era both served to bring this phenomenon out of the shadows while simultaneously normalizing the necessity of substances to abide a life of untenable gender role expectations and dissatisfaction for women.

## 2. Endnotes

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