

Disability History Association Podcast Transcript
Interview with Dr. Laura Micheletti Puaca

Caroline: Hi, and welcome to another episode of the Disability History Association podcast. Today our guest is Laura Micheletti Puaca. Laura is an Associate Professor of History at Christopher Newport University, and she also directs the minor in Women's and Gender Studies at that university, and the Hampton Roads Oral History Project. She's very busy! Today we're going to be discussing her essay entitled "The Largest Occupational Group of All the Disabled: Homemakers with Disabilities and Vocational Rehabilitation in Postwar America." This is a great essay. It was recently published in the collection *Disabling Domesticity*, and it also happened to win the Disability History Association's publication award for best book chapter or article last year, in 2017. Laura, thank you so much for joining us today.

Laura: Thank you so much for having me.

Caroline: It's a pleasure. So as I recall, Laura, your previous work has mostly been in the history of science. So what made you turn to disability history?

Laura: Well it was very much a chance occurrence about fifteen years ago. I was in the archives at Purdue University doing research for my dissertation, which looked at women's scientific societies during the Cold War, and I was looking at the records of Lillian Gilbreth, the famous efficiency expert, psychologist, and engineer who had also been a professor there at Purdue. And I was interested in Gilbreth's correspondence with the president of the Society of Women Engineers, which was one of the organizations that I was studying. So the first president of the National Society of Women Engineers was a woman by the name of Beatrice Hicks, h-i-c-k-s. And that's only relevant here because it meant that I called up the "H" box of correspondence, right, [**Caroline:** Hmm] so correspondence between and about subjects that started with the letter H. And as I was flipping through the files I came across this folder that was simply labeled "handicapped homemakers."

Caroline: Wow.

Laura: And I thought, hmm, that sounds interesting. It had absolutely nothing to do with what I was working on but it sounded really interesting. So I made copies of the contents, put it to the side, and continued to work on this history of women's scientific societies during the Cold War. But I never really forgot it. You know, I flipped through it periodically, I learned that it referred to homemaker rehabilitation projects, which which—that Gilbreth had been involved with. I tried to do some, a little bit of background research, only to find that there was hardly anything on the subject. Meanwhile my work in women's and gender studies had introduced me to theories of the body that helped me, sort of, think about the material in different ways. And so I was definitely eager to learn more. But, you know, it did not figure in my dissertation at all. So, you know, fast forward ten years: I had finished the dissertation, I had just finished the book that was based on the dissertation. In fact, I mailed the manuscript—my book

manuscript—to the press on a Friday, and the next morning my husband and one-and-a-half-year-old son got in the car and drove out to Indiana, where my in-laws were living at that time. And then on Monday morning I was back in the archives at Purdue [Caroline laughs], basically calling up everything that has to do with homemaker rehabilitation.

Caroline: Wow, that's awesome. [Laughs] It was like the project was just waiting for you to have time, you know, and then you could dive into it.

Laura: Exactly. That's completely how I feel.

Caroline: That's excellent. So, I mean, I'm so excited that you're working on this, and I would love for you to just tell people who haven't read this essay—and they all should, by the way—but can you just tell us, you know, in brief, a little more about what this—what this essay is about?

Laura: Yeah, absolutely. So this essay looks at vocational rehabilitation programs for disabled homemakers in the post World War II period in the United States. So, historically vocational rehabilitation had focused on male veterans and wage earners. And while during World War II there was certainly an expansion of that system to include civilians, both men and women, its emphasis was still very much on paid employment. So homemakers had been largely left out of it. But after the war, the post-war baby boom and the Cold War created this kind of climate that resulted in renewed attention to homemaking, both for disabled women and also their able-bodied counterparts. And so in this context there emerges this really interesting and kind of eclectic group of people who are interested in basically, in extending or expanding vocational rehabilitation to homemakers with disabilities—who, one especially well-known medical doctor and rehabilitation expert, Dr. Howard Rusk, refers to as the largest group of all the disabled which is—that idea figures in the title of the essay. They found though that including homemaking in vocational rehabilitation required attaching and also affirming its economic importance, so the economic importance of homemaking. And so I'm interested in part in how those efforts to—what became in some parts not only revaluing in general but actually monetizing housework—compared with and also connected to later feminist efforts to do the same thing. At the same time, I'm interested in how these various initiatives in the post-war period—which basically allowed homemakers to, or helped homemakers in carrying out their work independently—how this compared to and/or connected with the disability rights movement and especially the independent living movement that emerges in later decades.

Caroline: Absolutely, that's one of the things that I love so much about this project—is that what starts as, you know, seemingly a pretty small interest, right, which is like homemakers and disability, actually expands out and has these incredible touch points with politics and cultural issues and the Cold War and economics, right? And it's a really exciting project in that regard. So I know many of us are probably somewhat familiar with vocational rehabilitation programs for men—you sort of mentioned this in your description of, of your chapter—so particularly soldiers, and a lot of this emerges after

the First World War. So tell us more about what vocational rehabilitation was actually meant to do.

Laura: Right. So vocational rehabilitation more generally aimed to help people resume quote unquote “gainful employment.” And so, you know, thinking about the differences between the World War I era efforts that you mentioned and the later efforts that I'm interested in, I mean I would argue that in the post-World War II period, you know, one of the big questions that these homemaker rehabilitationists are dealing with is, you know, what constitutes work in the first place. What counts as work, right? And especially recognizing the economic importance of work that's carried out inside of the home and not simply outside of it, as had historically been the case.

Caroline: Absolutely. Yeah. So one of the figures that you touch on in the course of the essay is Lillian Gilbreth, and I understand from your work that she was involved in one of the major, kind of, pieces of this project for helping disabled homemakers and that's something called the Heart Kitchen. So can you tell us a little bit more about what the Heart Kitchen is? How this came about?

Laura: Yeah, so I think in order to do so I actually have to backtrack and just give a little bit of background on Gilbreth herself.

Caroline: Yeah, please do.

Laura: So I mention this kind of fascinating—and also quite eclectic in many ways—network of people who became involved with homemaker rehabilitation after the war. And from what I've encountered so far, Lillian Gilbreth really seems to be at the center of it. So nearly all of the homemaker rehabilitation programs that—they basically sprouted up in all parts of the country in the post-World War II period—almost all of them, like, will credit publicly Lillian Gilbreth with inspiring them or even helping them or serving as a consultant in some way.

Gilbreth is a really fascinating figure and I think it's easy to see how she was drawn to this field as it combined her various interests. And so again, just before I get to the Heart Kitchen in terms of understanding how that came about, I'll just say that, so, during the nineteen-teens and early 1920s Lillian Gilbreth and her husband, Frank Bunker Gilbreth, they had been instrumental in developing the field of motion studies, which is a subset of time and motion studies. And so their focus was less on the time part but rather on identifying and streamlining the various movements that were needed to carry out tasks. And so they developed this system of what they called Therbligs, t-h-e-r-b-l-i-g-s, which was a near anagram of the word “Gilbreth.”

Caroline: Oh, wow! [Laughs]

Laura: So basically this was a term that they used to denote each specific movement needed to carry out a task, and so basically they would, like, study people's movements,

they even filmed people carrying out different activities, and then chart the therbligs, right?

Caroline: Wow!

Laura: ... to essentially eliminate some. And so eliminating therbligs, they said, would allow workers to carry out their work in the most efficient manner, to carry out their work with the least physical fatigue, with the least psychological fatigue.

And so they actually worked as consultants to all sorts of businesses, all sorts of government agencies, and after World War I they apply these findings to disabled veterans. Right, so how do we improve workplaces and work processes in order to assist these disabled veterans resume gainful employment. Now Frank, Frank Gilbreth, he dies in 1924, and after that Lillian Gilbreth found that of the companies that had hired her husband really didn't want to deal with her because she was a woman. And so it's at this point she increasingly applies her expertise to quote unquote feminine areas, right, so she works with department stores to improve their layouts. She works with a sandwich making company, and most relevant to your question, she also starts designing kitchens, so kitchens that allowed homemakers to improve their productivity by reducing the number of movements they had to make.

And so these are sort of general kitchens, so, many of them had been sponsored by, like, one famous one being sponsored by a gas company, for example. So these, these are actually kitchens that are marketed toward mass populations. But during World War II, Gilbreth, she, she winds up on this New York Heart Association committee, and this committee is interested in how to employ or utilize men with cardiovascular disease in industry. And somehow it comes up that other kinds of work should be considered too. And this includes homemaking. And so an important outgrowth of this committee was, was the creation of this Heart Kitchen that you had asked about, I think this originally sprung out of the New York Heart Association, it's later adopted by the American Heart, the American Heart Association and it's designed to assist women with cardiovascular disease and carry out their work with the, with the least physical fatigue or psychological fatigue. And so it's really interesting. So things are strategically placed in order to reduce the number of movements, and so, and there's also the number of, a number of assistive devices that are involved as well, such as a table with wheels, for example [**Caroline:** Oh, okay] that, that is supposed to be useful in terms of returning, you know, serving and returning dishes to the kitchen. A lot of the, a lot of the innovations I guess in that kitchen involved you know, basically things like storing things near the point of first use. And there's actually a really interesting graph or map. So they created this Heart Association, or this Heart Kitchen and then the American Heart Association helped to publicize it. And so there is actually sort of an instructional film and also a pamphlet that accompanied this instructional film, [**Caroline:** Oh wow] and it includes this fascinating map of a woman making a meatloaf in her Heart Kitchen. And so I think, there are actually two, I believe, there are two images. There is definitely one that showed her making, making meatloaf in the most, like, efficient manner possible, meaning like, the least number of steps. [**Caroline:** Yup] so they just, like calculate her steps and showed

her movements, which was contrasted with a woman, you know, making inefficient meatloaf.

Caroline: [Laughs] God forbid [laughs]. Oh that's so interesting. And what a fascinating kind of slice of the moment, right, that post-war era with particular cultural values in place about women, right, that's really interesting. And now, am I correct in understanding that the Heart Kitchen, the model for it actually ended up back at NYU with Howard Rusk in his, in his Institute for Physical Medicine and Rehabilitation? Is that right?

Laura: Yes, that's my understanding that that's where it ended up. At first when it was first created, it actually debuted at the Museum of Natural History in New York, [Caroline: Yeah.] as part of the Employ the Handicapped Week, but it was later relocated to Howard Rusk's Institute, also in New York, where it was used for research and training purposes.

Caroline: You're right, there really is this kind of cluster of people all working on these, and there's a lot of overlap. And another body and individual that comes up is the federal government's Office of Vocational Rehabilitation. And I believe the head of that was Switzer, is that right?

Laura: Yeah, right. Absolutely.

Caroline: Yeah, so there seems to be this kind of positive feedback loop happening between these university-based, or in the case of the Heart Association, like nonprofit-based sorts of projects, and then the federal government kind of stepping in and seeing the value in these, right, and starting to provide funding. So can you talk us through a little bit more of that?

Laura: Yeah. And so you had mentioned Switzer—just to sort of follow up, we just talked about Howard Rusk, so maybe I should just say another word about him.

Caroline: Yeah, of course.

Laura: So, you know, Rusk, and he headed up this major rehabilitation institute in New York. And he and his staff there at NYU, he and his staff there carried out a number of these studies that were designed to assist homemakers with disabilities. And Rusk, he also had, like, this column in *The New York Times*. I should add that he was actually instrumental in crafting this federal legislation that ultimately resulted in the expansion of support for vocational rehabilitation, including for homemakers, and he was actually quite instrumental with this. And from what I've been able to piece together he had a rather close relationship with Mary Switzer who as you pointed out was the director of the federal Office of Vocational Rehabilitation. And it seemed like, you know, they were very much in partnership. And she in particular, in her role as director, you know, she helped to expand vocational rehabilitation legislation and especially the 1954 piece—the

1954 Vocational Rehabilitation Act—that probably most noticeably provided support for research, these research and training programs that had to do with homemaking.

Caroline: That's really interesting. So, I mean, to step back and kind of take a look at some of the larger cultural issues that are at stake, right, so what are some of the arguments that were made to support spending money on these kinds of programs for women? I mean this is the height of the Cold War, right? So how, how did they justify these efforts?

Laura: Probably the most frequent ones and what seemed to be some of the most pervas—uh persuasive ones sort of combine economic and cultural reasons. And so these various vocational rehabilitationists, whether they were, you know, inventors or medical experts or policy makers, they would often argue that these various programs that essentially allowed women with disabilities to carry out their work inside the home, at least in part, protected a family's economic security in the sense that they wouldn't have to say, like, fall into debt by having to hire outside help. And basically they make this argument that, that women were important economic actors whose work helped to keep the family afloat. It was also sort of suggested that marital stability and family stability depend—very much depended on women being able to carry out these domestic responsibilities. And I would also just add that, and I think it was stated less explicitly or publicly or perhaps even frequently, you know, much of the bottom line seemed to be that, you know, if these homemakers could carry out their duties on their own then they could remain married [**Caroline:** Hmm, interesting], then they could remain dependent on their husbands, right, for financial support instead of having to be dependent on the state for financial support. And, I think this actually brings to light like a really interesting and also a really important sort of contradiction that is at the heart of these programs—that on the one hand, you know, they aim to assist disabled women carry out their work independently. But at the same time they reinforce their dependency on male breadwinners.

Caroline: Yeah. Oh absolutely. Yeah, and so one of the things that I really love about how you describe this in your essay is that you use this really helpful term “economic citizenship,” right, which you borrow from some other scholars, to describe this drive to get people working—whether that's working, men, you know, working out of the home, or women working in the home. But you also mention a few really important, kind of, cultural elements of women being in the home as well during the Cold War. So would you mind just talking a little bit more about those?

Laura: Yeah, I mean, we definitely see in the post World War II period this heightened emphasis on domesticity, obviously especially for white middle class families, although it becomes this kind of standard, or sort of measuring stick that many people—even if their actual lives and lived experiences don't mesh with that—still feel pressured to conform to in some way. And I think that, sort of, this postwar emphasis on homemaking and, sort of, creating what's seen as stable family life have these sort of economic dimensions, as I suggested before, in terms of keeping the family afloat, and sort of having to revalue women's economic contributions within the home, or at least recognize women's

economic contributions within the home. But then there's also sort of the cultural dimension of that, and, you know, what we see, and especially in the media, you know, both television shows, magazines, newspapers, is a sort of argument that, you know, strong family life will somehow protect families, protect communities against, you know, the dangers of communism, for example. [**Caroline:** Yeah, yeah] And so that becomes, I think, another component in terms of understanding why there's this push to bolster or to strengthen this kind of idealized family—you know, white middle class, especially—family structure that is very much this sort of dominant construct in the post-World War II period.

Caroline: That is really, really interesting. I mean so far we've kind of been talking more about the top-down side of this, you know, so Rusk, Gilbreth et cetera devising these strategies, right, to help women with disabilities in their homes. But your article is—or pardon me—your chapter is wonderful because it also talks about the other side, so actually women with disabilities providing input as well. And can you tell us a little bit more about how this went? You know, were there certain initiatives that really focused on gathering women's perspectives? I'd love to hear about this.

Laura: Yeah, I mean, I don't think that they involved disabled women as much as they should, so just let me preface my comments with that. [**Caroline:** Yeah] However there certainly were some programs that did make quite deliberate efforts to consult, or at least survey women with disabilities about their experiences, and then they actually did use that information in either crafting the assistive devices they came up with or the work simplification methods that they ended up promoting in their various, like, research and training programs. So probably the most, or one of the most meaningful examples that I've encountered with regard to this so far is a quote unquote handicapped homemaker project that was carried out at the University of Connecticut—UConn. And so this actually included a disabled woman on the research team. She actually, a woman by the name Neva Waggoner. She had contracted polio as a child, and Waggoner, she actually coordinated a lot of the research at UConn, you know, oftentimes, and providing, making sure to provide her own input too. And so, for example, many of the devices and many of the strategies that the project ended up using very much resembled methods that Waggoner had, you know, long used and had used basically since childhood.

Caroline: Interesting, interesting. So they're actually basically taking things that women are already doing in their own homes and maybe drawing more attention to them or encouraging other women to use them too.

Laura: Yeah, and I can elaborate. I mean, they, you know, Waggoner and other disabled women who were surveyed or consulted would often provide input about the kinds of methods, or the kinds of techniques, or the kinds of devices that they knew already to work for them, so they weren't reliant on these quote unquote experts to provide them with solutions, but rather they were providing input along the way. And so Waggoner, for example, she shared information about techniques for like, washing and hanging laundry with one hand. She shared information about how to like, diaper a baby, baby, with the use of one hand and, yeah.

Caroline: That's great. I love those examples. It seems like a lot of the examples that you've come across were particularly related to physical disabilities. And I'm wondering if you came across anything about mental health, for example, or intellectual disabilities, or was this something that doesn't seem to have crossed the researchers' minds?

Laura: Yeah, that's a really good question. I have not encountered much about intellectual disabilities or mental health or anything like that. The examples that I've encountered so far are really limited to physical disabilities. A lot of these have to do with mobility issues. They sort of originate with this, with this focus on cardiac homemakers who were expected at the time to conserve as much energy as possible. And from there the various programs sort of expanded to include women with some sort of restricted mobility, whose movement was restricted in some way. However I'll add that I've also encountered some examples of visual impairment that I've started to address as well.

Caroline: That's really exciting. Was there any stigma surrounding women, for example, who couldn't be helped by these sorts of efforts or women who didn't want to participate in these projects or is that where the archival record kind of goes silent?

Laura: Yeah, I haven't encountered any examples yet. This is still sort of early on in my larger project. It's certainly possible. So I'm certainly not going to rule it out. I just haven't personally encountered examples of that yet.

Caroline: Oh absolutely, yeah. What about any examples from the larger society pushing back against these efforts, right? So I can imagine people perhaps in the period who—you still hear this today unfortunately—saying that women with disabilities for example shouldn't be raising children, right? So did you come across any sorts of reactions like that?

Laura: I can't say that I came across reactions but I did come across plenty of documents just sort of as, in terms of establishing a background for all of this that there very much was this stereotype that, that, or assumption that women with disabilities weren't fit for marriage or weren't fit for motherhood. And I would argue that in some ways homemaker rehabilitation tried to fight this, tried to combat this, by putting those things, or helping those things to be within reach of women with disabilities. [**Caroline:** Mmm hmm] So help them be able to achieve, you know, go on and you know be married and have children.

Caroline: That's what's also really exciting about this project—is that you're working in the post-war era—obviously immediate post-war era. But you also make this really nice argument that a lot of this work provided a foundation for two causes that were really prominent in the 60s and especially the 70s, which is the feminist movement and also the Independent Living Movement. So would you mind talking us through just a little bit about, kind of, the, how this foundation that was laid in the 40s and 50s really provided this background for these later causes?

Laura: Yeah, well, I mean I definitely see similarities. As to establishing a cause and effect relationship, that's something different. But I can definitely note similarities between efforts to, you know, first with regard to the women's movements, with efforts to revalue homemaking, and later efforts to do, you know, pretty much the same with the women's movements of the 1960s and 70s, especially with efforts to say, like, monetize housework, right, so there's like the wages for housework [Caroline: Yes] campaign that emerges in the early 70s. And the same thing with disability rights. I mean right now what I'm working on is trying to show, sort of, definite connections or sort of elaborate on individual people who were active in the vocational or the homemaker rehabilitation programs and who were later active in women's rights organizations, or who were later active in the disability rights movements as they emerged in the late 60s and especially the 1970s.

Caroline: Mmmhmm, oh, I'll be so excited as you put these pieces together, right, to see how this emerges because I'm sure that there were connections and it's just a matter of, you know, continuing with the research. So, you know, it's great stuff. And I, I mean I just love material objects and I'm wondering if any artifacts from any of these projects survive? Can you still find, like, a model of the Heart Kitchen anywhere or any, you know, devices or something that were invented for this? I mean do you have, do you have any leads that you can tell us about [laughs]?

Laura: I have not encountered any models of the Heart—I haven't looked either, for a model of the Heart Kitchen. I was able to get one of the homemaking manuals. There was a manual or a book that was put out by UConn that was basically a summary of all the work that was done. It was published in the 60s, so I was able to get a copy of that on eBay. [Caroline: Wow] So I got that, but I'll add that the UConn website has a ton of photographs from their project, from the quote unquote 'handicapped homemakers' project. And so those are readily accessible.

Caroline: Oh my gosh, I know what I'm doing this weekend. [Both laugh]

Laura: Yeah they're super fascinating.

Caroline: Yeah. So this is, I think, maybe a question that we'll have to wait for your larger product before we have fully answered—but you talk in this article, obviously, a lot about the immediate post-war period, as I said. But what happens after the 1950s? Like do these efforts just kind of peter out? Like they, in the 50s they're publishing all these amazing pamphlets and stuff that you've described, things like, you know, “how to be a better homemaker sort of thing with a disability,” and does this continue, does this peter out? Does it evolve? Do you have answers to that yet?

Laura: Yeah, I have, I have to say I don't have much. I mean, much of my research so far has really focused on the late 40s, the 1950s, and the early 60s, so I can't say for sure. I mean, my brief glimpse into documents from later years suggests to me that, that these efforts, these earlier efforts were somehow folded into the larger vocational rehabilitation

system. But I don't have a super clear answer right now in terms of exactly how or why or what was gained or lost, et cetera.

Caroline: No absolutely. I love talking to people when their project is still in process because there's this great, like "to be continued" kind of suspense, right? And I think all we're doing is building excitement for your book, Laura, so I'm just saying [laughs]. So I take it that there is a larger book project that you're potentially envisioning coming out of this?

Laura: Yes. And so I do imagine this all to be part of a larger book project on the history of disability and domesticity in the post-World War II period, and so it's really early, early in the making. So I have, you know, basically exhausted a number of archives but I really need to get to the National Archives in College Park to, to work with the federal records there. And also I'd love to include some sort of cultural component. So I envision needing to do some additional work with, you know, women's magazines or television shows or something along that line to provide a fuller dimension. However, even with that said I still do think that homemaker rehabilitation will, will still play a major role in that.

Caroline: Oh absolutely, yeah. I can just imagine. I guess it's always nice to have an excuse to watch movies as part of your quote unquote research, you know.

Laura: Absolutely, absolutely. [Caroline laughs]

Caroline: Well Laura it's been an absolute delight talking to you. Thank you so much for your time. And we will all—

Laura: Yeah, thank you for having me.

Caroline: Oh of course, yeah. And we will stay tuned for the next steps of this project. I think we're all really excited.

Laura: Awesome, thank you so much.

Caroline: Thank you.