Public health perspectives on postwar mental health: Gender, housing and family in Kitimat, British Columbia, 1950s

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ABSTRACT

BACKGROUND: The aftermath of World War II brought rapid change to the ways in which Canadian communities were designed and how their populations experienced their lives. The purpose of this study is to explore how mental health was understood and experienced in the context of the postwar period using the well-documented construction (in 1953) of the comprehensively planned, resource-based community of Kitimat, British Columbia as a case example.

METHODS: A qualitative content analysis of primary sources from Kitimat's archival collections was conducted, and eight semi-structured, in-depth interviews were held with long-term residents to enrich the historical data. Findings were then interpreted to construct a historical narrative informed by an operationalized definition of mental health.

RESULTS AND DISCUSSION: Kitimat residents in the 1950s understood and experienced their lives in ways consistent with contemporary holistic conceptualizations of mental health, namely, their daily living experiences. A historic interpretation revealed that mental health was understood as something achieved and maintained through conformance with postwar ideals for gendered norms and the family unit, as well as being experienced through issues like housing and expectations of community living.

CONCLUSIONS: Understanding mental health demands consideration of local circumstances of time and place. The use of historical analysis in public health provides important evidence for how mental health was understood in the past, in a place and at a time when explicit modern language was limited, and illustrates the prominent role of the social determinants of health vis-à-vis population well-being. This article may be of special interest to those working collaboratively in the fields of public health and urban planning.

KEY WORDS: Public health; mental health; urban planning; history, 20th century; British Columbia

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The purpose of this study is to explore how mental health was understood and experienced in the context of the postwar period using the well-documented construction of the comprehensively planned, resource-based community of Kitimat, British Columbia (BC) as a case example. Today, Kitimat is home to a population of approximately 9,300 residents and is engaged in a number of major economic development projects in manufacturing, and oil and natural gas industries. In its earliest years, however, the economic situation in Kitimat looked much different. Established in 1953, Kitimat provides a unique opportunity to explore how this population of healthy workers and their families, living in an isolated place, understood and experienced mental health during the postwar period.

These findings represent one phase of a larger study, which explored how mental health was understood in relation to Kitimat's economic changes throughout the town's history (i.e., 1953-2010).¹ As will be shown in this paper, residents' understandings and experiences of mental health aligned with holistic definitions of mental health as currently defined by the World Health Organization (WHO): "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."² Mental health was also understood and

experienced through gender roles, housing and family ideals (i.e., social determinants of health).

Postwar psychology, psychiatry and mental health

At the time when Kitimat was built, the North American professions of psychiatry and psychology were undergoing major changes, from treating the mentally ill in large, crowded psychiatric asylums to more individualized community-based care, talk therapy and psychopharmacology.³ It was in this context of the postwar period that the WHO also introduced a stipulation for mental health to its *Constitution*. At the

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Figure 1. An illustration of the Kitimat Project's components, ca. 1951
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International Health Conference in June 1946, representatives from 61 countries defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁴ By specifying that health (and mental health) was more than the absence of disease, this definition departed from the previous focus of psychiatrists and psychologists, which was clinical diagnosis and treatment of mental disorders, to a more holistic understanding.

The town of Kitimat provides a unique opportunity to explore this holistic conceptualization of mental health that emerged at the time. First, because Kitimat's population comprised young, healthy workers and their families, mental disorders during the postwar period were seemingly absent from its historical record. Accordingly, residents discussed mental health in ways that were more consistent with the WHO's focus on mental well-being rather than a clinical focus on mental disorders. Second, Kitimat was specifically designed with residents' well-being in mind, thus public observations and urban planners' concerns with social determinants of health and well-being have been uniquely prominent in this town's history.

The Kitimat Project

The municipality of Kitimat was established in 1953 through an agreement between the Province of BC and the Aluminum Company of Canada (Alcan), whereby Alcan would build a new, northern city in exchange for land and water rights to build and power its new aluminum smelter. These components of the Kitimat Project are illustrated in Figure 1. It is the comprehensive urban plan, combined with the large industrial projects implemented by Alcan, that makes Kitimat distinct from other mid-20th century resource-based “company” towns.⁵

The notion of a “company town” refers to a community built and owned by a company to house workers (and their families) while it manufactures or extracts a resource.⁶ These towns are common to Canada's economic and urban development histories, given the country's reliance on natural resources (e.g., fish, fur and timber) for economic growth.⁷ Historically, when resource stocks became depleted and extraction costs increased, companies moved out of the region and closed the operations of the town they had built.⁸ Because of this process, residents of

company towns often live with a sense of impermanence, which can negatively affect the community's commitment to place and its resilience in the event of a company closure.⁶

Alcan wished to avoid this fate, that had happened to other company towns in BC (e.g., former towns of Anyox* or Ocean Falls†), so they hired a New York architectural firm, Mayer, Stein & Whittlesey, to design a comprehensively planned city that would have a future as a self-sustaining community. To further ensure that the town was independent of Alcan, the province incorporated Kitimat as its own municipality before construction of the town began.

The town plan of Kitimat was designed to be attractive to workers and their families, so as to retain a stable workforce for Alcan. The architects designed Kitimat with ample green space, pedestrian walkways, automobile routes, and separate neighbourhood blocks away from the industrial site. As stated in their plan for the community, “What we were really after was the life of the individual, the family, the group...”¹¹ These emphases were furthermore apparent to outsiders; for example, a 1964 *Canadian Geographic* article featuring Kitimat called attention to how “young Sandra Wellin can play happily in one of the public parks... Mrs. Wellin can cut household flowers from a garden... [and] her husband is only 10 minutes from his work.”¹² Planners also sought to create sufficient social infrastructure in Kitimat, without which, they deduced, the remote wilderness of Kitimat could create “frustrated and cross children [that] drive their mothers crazy; cross wives [that] frustrate their husbands.”¹¹ Therefore, the planners used Kitimat as an opportunity to carve from the wilderness a town that comprehensively met the needs of their desired population: breadwinning husbands who would work at the smelter and provide for their families financially, homemaking mothers to raise children and transform newly constructed houses into happy homes, and obedient children to make use of Kitimat's new schools and playgrounds.

* Anyox was a company town owned by the Granby Mining Company and located in the Northwest region of BC; residents abandoned it in 1935, when the mine closed its operations.⁹

† Ocean Falls, a community on the Central Coast of BC, was a remote company town that operated around a pulp and paper mill owned by Crown Zellerbach. Its 3,500 residents left when the mill closed in 1980, leaving a seasonal population of about 100 loggers.¹⁰

Table 1. Examples of format, type and authors of archival resources

Type	Format	Authors
Books	Ethnography History Non-fiction Story collection	Community organizations Industries Local individuals Municipal Council
Minute books	Meeting minutes	Business organizations Community organizations Municipal Council
Reports	Annual review Census profile Child care needs Community events Community needs assessment Financial/spending Social and economic transformations	Businesses Community organizations Industries Hospital Municipal Council
Studies	Community resource usage Environmental/biological assessment Industrial impact assessment Land usage Neighbourhood development Retail market Shopping and commuting patterns	Academics Business organizations Consultant groups Community organizations Industries Municipal Council Union organizations
Other	Brochures Contracts Letters Speeches Yearbooks Museum exhibition notes Pamphlets	Business organizations Community organizations Individuals Industries

Theoretical framework

As will be illustrated below, these idealized norms conveyed in the planning and development of Kitimat, which themselves reflect broader postwar values,¹³⁻¹⁵ played an important role in how understandings and experiences of mental health were manifested in this community. This relationship operates within the model presented by William Rohe, University of North Carolina professor of city and regional planning, who in 1985 argued that community design influences mental health according to the opportunities for social interaction and physical stimulation that they provide to residents.¹⁶ By this criterion, we might assume that Kitimat would be the utopian suburbia that planners had envisioned insofar as mental health is concerned. Rohe expands, however, to consider that where the desire for interaction or stimulation is not met, individuals may experience a stress state, which may have long-term mental health consequences, especially if sufficient social supports are not in place.¹⁶ As will be shown throughout this paper, Kitimat's long-term design created short-term problems for residents vis-à-vis mental health.

METHODS

A qualitative content analysis of Kitimat's historical documents between 1950 and 1960 was conducted. Documents (see Table 1 for examples) were retrieved from the archives of the Kitimat Public Library, the Kitimat Centennial Museum, and the District of Kitimat. This study follows the general methods of qualitative content analysis outlined by communications researcher Klaus Krippendorff from the University of Pennsylvania.¹⁷

First, documents were selected and compiled for analysis if they broadly addressed one or more of the themes in the WHO's holistic conceptualization of mental health (e.g., well-being, personal potential, life stress). Relevant documents were identified through consultation with the curator, archivist and archivist's assistant. Additionally, the databases for the archives at the Museum, and Special Collections and *Northern Sentinel* at the

Library were searched using relevant key words (e.g., "mental," "psych*"). In total, over 500 archival resources were compiled for review, of which approximately 200 were relevant to the period of 1950-1960 according to a partial, purposive reading of the documents. The search and screening approach was deliberately broad in recognition that the language pertinent to mental health would change over time. The use of triangulation of documents from various sources helped to maximize the validity of the findings.¹⁸

Second, the approximately 200 potentially relevant documents were read in full and categorized according to common elements that became apparent (e.g., gender, housing, family), using NVivo 9 (QSR International, Doncaster). Documents that did not fit into relevant groupings were excluded. The remaining documents (approximately 100) were coded for thematic content vis-à-vis mental health (e.g., stress caused by housing situation). Codes and themes were then interpreted in relation to the WHO definition of mental health and the social context of the time (e.g., how an issue like housing contributed to one's ability to cope with normal life stresses).

Third, eight in-depth, semi-structured qualitative interviews were conducted face to face with long-term residents over the age of 18 who had lived in Kitimat since at least 1997. This year was chosen to ensure that residents had lived through at least one of Kitimat's major economic changes (e.g., the 2005 closure of a major industry). Snowball sampling was used to identify potential participants, whose identities were kept anonymous. Interviews ranged from 30 minutes to 2 hours and were recorded by digital audio recorder. Each participant provided informed consent. Interview questions asked participants about their experiences living in Kitimat (e.g., perceived community changes). Following each interview, recordings were transcribed and returned to the participant electronically, when they had the opportunity to exclude information. The transcripts were then imported into the dataset with historical documents and analyzed according to the criteria described above. Thus, through

Figure 2. Conceptualization of how daily living experiences were interpreted by residents to influence understandings of mental health

an inductive process, data from the two main sources converged to yield an overall set of findings.

Throughout the analysis and data collection process, the lead author used the phenomenological reductionist method of *bracketing*, wherein “a researcher [attempts to suspend] his or her presuppositions, biases, assumptions, theories, or previous experiences...by placing them outside the brackets, which then facilitates a focusing in on the phenomenon within the brackets.”¹⁹ This entailed recording personal convictions and experiences in an attempt to avoid making preliminary judgements about the data, given the lead author’s role as a former resident of Kitimat. This maximized the scientific rigour of the study and also drew on her experience in understanding Kitimat’s social context.

This study was approved by the Conjoint Health Research Ethics Board at the University of Calgary (E-24677).

RESULTS AND DISCUSSION

What emerged through the interpretation of data sources was that Kitimat residents understood and experienced mental health through their daily ways of living. Specifically, mental health was interpreted in relation to gendered norms that reinforced the notion of an ideal family unit, which were experienced through

issues such as housing, employment, and community living expectations, as conceptualized in Figure 2.

The gendered norms and family ideal promoted in Kitimat reflect a broader set of postwar values, whereby involvement in a middle-class, affluent and white-collar family was believed to protect against postwar anxieties like juvenile delinquency, divorce, or general concerns about the ongoing Cold War.¹³ Furthermore, the postwar family ideal was believed to provide security for the future, with emphasis on home ownership, domestic tradition and child rearing.¹⁵ Consequently, residents’ barriers to mental health were identified as factors that prevented alignment with these ideals, such as housing shortages that separated families, or the unmet expectations of community living.

An overall comment about our findings is that they mostly concern women and appear to lack examples of positive mental health experiences. This is not surprising: Kitimat was designed and promoted as a suburban utopia for the modern housewife, thus it is understandable that the significant mismatch between desired conditions of living and the actual town was manifested in the experiences of women. While men certainly had their own experiences and understandings of mental health, the masculine discourses of strength and stoicism that dominated the 1950s likely prevented them from reporting such grievances as freely as

women. This is a recognized characteristic of the archival materials used, for the texts themselves are a reproduced form of ideals and norms of the time. Similarly, the lack of more positive accounts of mental health, vis-à-vis daily living experiences, is a reality of our data. Where residents spoke positively about the new town of Kitimat, they did so mostly in looking forward to what the town would be, versus the construction conditions they were subject to in the 1950s.

Gendered norms

Archival documents show that Kitimat residents supported idealized gender roles, which explicitly characterized and implicitly idealized women as feminine, submissive, delicate and homemaking wives and mothers, and men as masculine, dominant, strong and wage-earning husbands and fathers. For example, the local newspaper, the *Northern Sentinel*, would showcase events like the opening of a modern supermarket to appeal to women (e.g., advertising bathrooms suitable for children or grocery carts with baby seats).²⁰ In fact, the layout of the *Sentinel* itself was structured according to gendered ideals. While the men's section of the paper had columns on fishing, sports and history, the Women's Page had recipes, housekeeping tips, fashion commentaries, wedding announcements and gossip columns.^{21,22} There were, of course, exceptions, as some Kitimat women were not married and worked as wage earners. In most cases, however, these women worked in ways that were considered gender appropriate and compatible with the expectations of feminine domesticity; for example, widowed women who worked as boarding house "mothers," staff-house matrons, babysitters, telephone operators, dress shop attendants or waitresses.²³ As illustrated in the following paragraphs, these gendered norms influenced experiences of the community and in turn contributed to experiences of mental health.

Unmet expectations of community living

The then City Manager of Kitimat, Cyril Henderson (1918-1978), explained to a journalist in 1957 that unmet expectations of community living were an extremely pervasive issue for Kitimat housewives. Husbands who had moved from other provinces or countries to work in Kitimat often persuaded their wives to join them by describing what the town would be, rather than its current state. Henderson related that while wives often expected a suburban utopia:

*If they hit the town in the rainy season and are led to some unfinished house with a sea of mud for a front yard, the shock can be nearly fatal. This is a workingman's town – a good one, we think, but not a fancy suburb.*²⁴

Though unmet expectations were widespread, they were arguably most acute for women, for whom these unmet expectations prevented performance of expected feminine roles. This, in turn, contributed to their understandings and experiences of mental health. One housewife described arriving at a new home in an unfinished community:

*I went to the door and opened it and saw only forest and [company] homes. I had a heavy weight in my heart [...] I see nothing that I recognize and no familiar faces around.*²⁴

In addition to the undeveloped forest that enclosed the urban dwelling, Kitimat's status as a town under construction (as

exemplified through the mud, garbage and incomplete infrastructure) made it difficult for housewives to engage in the domestic duties (e.g., shopping, walking children, looking neat) necessitated by their women-as-homemaker gender role. A 1955 editorial published in the *Northern Sentinel* described the lack of bus shelters in the community as an impediment to participating in gendered activities:

*Kitimat should no longer be enduring inconveniences of a construction era – women and children must have their shelters after leaving warm houses to travel to schools and shopping centres.*²⁵

The above two statements reveal the widespread frustrations that Kitimat women experienced living in a new town while also trying to maintain their women-as-homemaker role. While the problems were seemingly minor issues, collectively they took their toll on housewives. Journalist William Worden, writing an article on Kitimat in 1957, describes:

*...a teary blond wife, surrounded by furniture still in its packing cases, look[ing] out at a city that was conceived by experts, planned to the last street and garbage dump, and built that way. She shrugs and announces her findings, "This is a perfect city? Well, not for me. I'm getting out just as soon as I can. My husband can stay if he wants to but I'm leaving."*²⁴

Worden's article implies that the unanticipated experiences and unmet expectations of community living in Kitimat negatively contributed to experiences of mental well-being.

Housing shortages and mental health

The issue of housing was one of the most prominent factors that affected how Kitimat residents understood and experienced mental health. Because Kitimat had been constructed in stages of complete neighbourhood units, there was a long wait (up to many years) to secure housing. Many families spent this waiting period in temporary residences at the industrial site, in shared accommodations, or with husband and wife living in separate communities. This was a challenge for families, who expected and desired to begin their modern lives in Kitimat under the roof of a single-family dwelling.

Residents who did occupy Kitimat houses in the 1950s were often subject to poor living conditions as a result of rushed construction to meet the needs of the local housing demand, despite the architects' careful plans. Referring to unsatisfactory living conditions, Reverend Graham Tucker, a columnist and clergyman, wrote to the *Northern Sentinel* in 1955 a "factual statement of conditions as they exist":

*"...it must be mentally depressing to have to live in a house in which water streams down the inside walls ... heightened by the fact that the house is brand new and is costing a lot of money."*²⁶

Tucker's article was prompted by the flooding of over 200 basements of brand-new Kitimat homes that occurred in the spring of 1955. His account shows that the poor workmanship of houses that were intended for affluent, middle-class families negatively influenced the mental health of those occupants.

The family ideal, employment and mental health

Because of the housing shortages and the wait for vacancies, the mother and children of some families lived in one town, and their breadwinner lived and worked in Alcan's camp, an arrangement that had implications for well-being. One account

of these conditions comes from a “Very Lonely Family in Terrace” in its letter to the editor of the *Northern Sentinel*. Today, Terrace is just a 45-minute drive from Kitimat, but in the 1950s residents had to travel by scheduled rail, boat or plane trip. The wife of a smelter worker voices her frustration and near-desperation with housing shortages in this way:

Did [y]ou ever hear the heart-breaking cry every Sunday, “Daddy don’t go”, by three kids who miss their Dad? Why can’t company’s [sic] at Kitimat build houses for decent married people? Why all the places for single men? They only stay a few months anyway, where a married couple would settle there IF there was a place to live...²⁷

In “Very Lonely’s” letter, the author expresses a desire to begin life in Kitimat, together, as a family unit with a homemaking mother and working father. She also conveys a positive value judgement about marriage in her reference to a “decent married couple”. Finally, this letter hints at familial stress due to slow construction in Kitimat, which was a typical experience for Kitimat families in the 1950s. Residents publicly engaged in conversations such as that of “Very Lonely” above, wherein they lamented their inability to live together as the ideal family unit, which they were led to believe was the typical Kitimat experience.

LIMITATIONS AND CONCLUSIONS

Perhaps the key limitation of this study, which is inherent to historical analysis, is its interpretive nature. Mental health was not explicitly discussed in the data sources; therefore, it was necessary to employ interpretive methods informed by contemporary definitions to adequately explore the issue of mental health. These methods permitted a deep and rich understanding of experiences and understandings of mental health in the context of the local circumstances of postwar Kitimat, a time and place for which population statistics are not available (though information related to mental health services for BC exists [since 1948], data for Kitimat specifically are not available for the time frame of interest). This limitation was reduced through use of triangulation (analysis of an array of sources, such as community organizations, long-term residents and the Municipal Council) to present a comprehensive and representative interpretation.¹⁸

The relative absence of explicit language in archival documents may reflect the strong and healthy population of Kitimat’s early residents. The town’s lack of mental health services may also have contributed to this apparent absence, while on the other hand the lack of services likely reflects the intended population (i.e., healthy workers) that Kitimat was designed to attract.

Historical inquiry helps in understanding complicated issues of the present, especially in a field as complex and multifaceted as mental health.²⁸ This study, in particular, has shown the importance of accounting for local social and economic circumstances in exploring how populations understand and experience mental health, for even with comprehensive planning, unexpected consequences may arise. The findings from this paper may be of special interest to those currently working collaboratively in public health and urban planning,²⁹ considering the current emphasis on designing and implementing strategies for healthy and sustainable communities in jurisdictions across Canada. Finally, it is important that we

revisit historical examples, such as Kitimat, and consider the challenges that these communities have overcome, given the similar challenges currently faced by the Healthy Cities and Communities movement (e.g., social, economic, environmental, political and technological forces).³⁰

As has been shown throughout this paper, the importance of idealized gender and family roles, combined with the reality of living in a town under construction, contributed adversely to mental health in Kitimat’s population. For this study, housing and unmet community living expectations were issues through which feelings about mental health were expressed. This was particularly relevant to women, whose dissatisfaction spanned their roles as wives, mothers and new residents in Kitimat. It is important to systematically document these different experiences of mental health, even when epidemiologic data are not available, as a means of gaining a more complete understanding of the ways in which mental health may be expressed. More generally, this paper can inform other studies that explore mental health topics in times and places where and when contemporary language has been limited.

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RÉSUMÉ

CONTEXTE : La fin de la Deuxième Guerre mondiale a donné lieu à des changements rapides dans la conception des villes canadiennes et dans la façon dont leurs habitants expérimentaient leur vie. Notre étude vise à explorer comment la santé mentale était comprise et expérimentée dans le contexte de l'après-guerre en prenant comme exemple l'édification bien documentée (en 1953) de Kitimat (Colombie-Britannique), une ville de ressources entièrement planifiée.

MÉTHODE : Nous avons mené une analyse qualitative du contenu de sources primaires tirées des archives de Kitimat et huit entrevues semi-directives approfondies avec des résidents de longue date pour enrichir les données historiques. Nous avons ensuite interprété ces constatations pour construire un récit historique, éclairé par une définition opérationnalisée de la santé mentale.

RÉSULTATS ET DISCUSSION : Les résidents de Kitimat dans les années 1950 comprenaient et expérimentaient leur vie conformément aux conceptualisations holistiques contemporaines de la santé mentale, c'est-à-dire leurs expériences de vie quotidiennes. Une interprétation historique révèle que la santé mentale était comprise comme étant acquise et maintenue en se conformant aux idéaux de l'après-guerre en matière de normes de genre et de groupe familial, et qu'elle était expérimentée à travers des enjeux comme le logement et les attentes par rapport à la vie en société.

CONCLUSIONS : Pour comprendre la santé mentale, il faut tenir compte des circonstances locales du temps et du lieu. Le recours à l'analyse historique en santé publique fournit des preuves importantes de la façon dont la santé mentale était comprise autrefois, dans un lieu et à une époque où le langage explicite moderne était limité, et illustre le rôle prédominant des déterminants sociaux de la santé dans le bien-être des populations. Notre article pourrait intéresser les professionnels qui favorisent la collaboration entre les domaines de la santé publique et de l'urbanisme.

MOTS CLÉS : santé publique; santé mentale; urbanisme; histoire du 20^{ème} siècle; Colombie-Britannique