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Women's Studies ^{ML} Journal

Volume 5 Number 2

December 1989

- 1 **Archives: Robin Hyde, 'The Singers of Loneliness'**
 Introduced by Jackie Matthews
- 23 **Women's Mental Health as a Feminist Issue**
 Hilary Haines
- 38 **Nurses with Tuberculosis**
 A preliminary study
 Natali Allen and Eve Brister
- 61 **The Early Post-War Years for Women**
 An interview with Beverley Morris
 Helen May
- 76 **Single Women Between the Wars**
 Sheila Fletcher
- 85 **On Women's Work**
 Review Essay by Dianne Snow

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WOMEN'S STUDIES ASSOCIATION (NZ) (Inc.)

This association is a feminist organisation formed to promote radical social change through the medium of women's studies. We believe that a feminist perspective necessarily acknowledges oppression on the grounds of race, sexuality and class as well as sex.

We acknowledge the Maori people as the tangata whenua of Aotearoa. This means we have a particular responsibility to address their oppression among our work and activities.

Full membership of the Association is open to all women. Other individuals may become associate members. Annual subscription: \$16.50 or hardship: \$5.50. (Both include GST.)

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Annual Conference: The Association holds an annual conference where members present the latest feminist research and discussion papers, and workshops explore issues important to women. The *Conference Papers* are published annually. Members receive a discount for the Conference and the *Conference Papers*.

Newsletter: A quarterly *Newsletter* containing local and overseas news, book reviews, conference reports etc. is sent to all members.

Archives

Robin Hyde: The Singers of Loneliness

T'ien Hsia Monthly August 1938

Robin Hyde was born Iris Wilkinson on 19 January 1906 in Capetown, South Africa. Her mother, an Australian nurse on her way to England, had met and married her India-born father there. Shortly after her birth the family moved to New Zealand, where they lived in various Wellington suburbs.

Iris began writing at school, and at seventeen became a journalist on *The Dominion*. As Robin Hyde, the androgynous name she gave to, then borrowed back from, her dead son born in Sydney in 1926, she published her first book of poetry, *The Desolate Star*, in 1929. She continued to write poetry and prose and to work precariously as an employed or free-lance journalist from 1927 to 1937, through the birth of her son Derek in 1930 and over the 1933-37 period when she was a voluntary patient at Grey Lodge, Avondale. Her first prose work, *Journalese*, was published in 1934. From 1935 onwards she was able to leave Grey Lodge at intervals, travelling through New Zealand for a series of articles for the *Railways Magazine*, doing (illicit?) research in the Hocken and Auckland Public Libraries, taking part in *Writers' Week*, helping her young successor as

The Singers of Loneliness

Lady Editor of the *Observer*.

Between 1935 and 1936 she published five books: *Passport to Hell* (1936), *Check to Your King* (1936), *Wednesday's Children* (1937), *Nor the Years Condemn* (1938), and *The Godwits Fly* (1938).

Robin Hyde is one of New Zealand's major twentieth century poets. Three further volumes of her verse were published: *The Conquerors* (1935), *Persephone in Winter* (1937), and *Houses by the Sea* (1952), a posthumous collection edited by Gloria Rawlinson. A *Selected Poems* and an autobiographical piece, *A Home in this World*, were published in 1984.

In January 1938 she left New Zealand for England, planning to travel via the trans-Siberian railway and write a book about her experiences. But in Hong Kong she felt impelled to visit China, then in turmoil and resisting the invading Japanese. The record of this journey and of her response to it lies in her finest poetry and the book *Dragon Rampant*, published shortly before her death in England on 23 August 1939.

To mark the fiftieth anniversary of Robin Hyde's death—or rather to celebrate the amazingly prescient and prolific thirty-three years of her life and writing—the *Women's Studies Journal* wished to republish one of her 1930s articles. 'Women have no Star' appealed first.

Perhaps the overwrought, over-taut vision of the woman writer at her very best touches a humanity and an insight which the serene male has not, because he has never been obliged to look at life with a perpetual crick in his neck... It will be interesting, in a generation to hear the relative merits of the writers summed up. I believe it will be found that women have been the more truly representative of their period, more sensitive, with quicker eyes and more humble hands.¹

But finally we decided that 'Singers of Loneliness' was more substantial and more prophetic. This article appeared in the Shanghai monthly *T'ien Hsia* ('Beneath the Sky') in August 1938. *T'ien Hsia* was published under the auspices of the Sun Yat-sen Institute for the Advancement of Culture and Education. Its Editor-in-Chief, Wen Yuan-ning, and its Managing Editor, John C. H. Wu, were both internationally known scholars. In the same issue were articles on Portuguese 17th century incursions into China, Tang poetry, and a review of Sinclair Lewis' *The Prodigal Parents*.

'The Singers of Loneliness' appeared just as Hyde, already ill with the tropical disease sprue, was leaving Hong Kong by freighter for England. She probably wrote it in April 1938 when she was in Hangkow waiting for a pass to go north to the frontline at Hsuchowfu, a project not favoured by an international group of reporters who thought a woman would be an encumbrance to them.

Talking about Katherine Mansfield on the steps of Wuhan University, near where students and civilians were being killed by Japanese bombing, offers an unexpected prelude to this essay on New Zealand cultural history. A moment in a Hangkow park evoked in *Dragon Rampant* points to its immediate genesis:

You wouldn't think one could see New Zealand in such a place, but I did. There was a huge blue globe, cut in halves... I looked down the Pacific and there it was... Te Ika-a-Maui, the Fish; Te Wahe Pounamu, the Greenstone Place, and the little tail-end island, the Land of Ruddy Skies.²

As a young woman poet and journalist making a journey into the war in China, Hyde 'looked down the Pacific' and gave a crick-in-the-neck critique of New Zealand social history and writing which dismantled a trilogy of received truths. The first was the colonial/imperialist claim that its history began when white men charted its seas and shores, penetrated and named its silent land. The second was the recently formulated myth that a real national literature was just being generated by her male contemporaries, Sargeson, Fairburn, Mason, Curnow and Glover. The third was that knowledge and culture could and should be kept behind the locked glass cupboards of university libraries, accessible only to academic historians.

Hyde subverts rather than directly challenges these myths, writing that European settlers came not to Thomas Bracken's 'sleeping virgin nursed by sea and sky' but to a country 'quick with the sap of a native Polynesian mythology and poesy'. Unlike Brasch:

The plains are nameless and the cities cry for meaning

The unproved heart still seeks a vein of speech

or Mulgan:

New Zealand is very old...and quite untouched

by men...we have only just begun to live here...³

she does not speak of an empty land, but of 'Rocks, mountains, forests, lakes...alive with diversified chanted or whispered legend and song, known to every child.' There was 'a tremendous mine of cultural and human knowledge' in Maori society not hidden behind glass in universities (which taught Icelandic but not Maori).

She sees New Zealand as a locked treasure chest 'of stories both Maori and Pakeha'. Her comments on F.E. Maning are confirmed by James Belich fifty years later:

A short history of the Northern War, written by the early settler F.E. Maning but largely based on Maori accounts...is usually dismissed as a fanciful invention...Yet on several important issues it is more accurate than the received

version.⁴

Belich even uses the same metaphor as Hyde: 'Embalmed evidence is like a package... which remains unopened. We can open it when we choose'. Hyde's evaluation of Grey and Best would be contested by present Maori scholarship, but not her, and their, recognition of the importance of taha Maori in New Zealand cultural history.

She evokes 'what is still possible and urgent' to write even more explicitly in another article—*New Zealand Writers at Home*:

There will be books written about this country which the world will turn aside to read. But they won't be flat surface compilations of the cheerful commonplace of life. I venture to make this prophecy. The best New Zealand literary work written within the next fifty years will bear the stamp of oddity. That is because whether you like it or not New Zealand is an extremely odd place and the tenement of moody native spirits. But they are rich. Look out for them when they get going!⁵

The Bone People appeared just under fifty years later.

Unlike her male contemporaries, Hyde does not see the problems of New Zealand writers as the distance from metropolitan culture, and the absence of a past. For her it is the 'landgrabbing wars' that have effected a triple alienation of land from the Maori, of Maori from the land, and of Maori from Pakeha. Exploitation, greed and resentment poison the land and the springs of song in both English and Maori. She claims Katherine Mansfield ran away not from the real New Zealand but from the 'sham England' created by the vain abstractions, sentimentalities and hypocrisies of mid-Victorian morality.

The historical and literary progenitors are not exclusively male in Hyde's essay. There are women everywhere in it. Maori women poets were prized tribal possessions and a woman explains the concept of Io. Pakeha women experienced the immigrant ship and the landscape differently from men. She speaks of their frantic ineffectual nursing under the sweating slush-lamps to avoid arriving with 'a cargo of dead children'. She contrasts this with a 'minor poet's' phallic zeal of exhortations to the helmsman:

'And when we've ploughed the restless deep
We'll plough a smiling land'

Among the writers telling the story of the 'barbarous grasses, over which plough and scythe have never run' are many women, Lady Barker, Jane Mander, Jessie Mackay and Ursula Bethell among older writers, Eileen Duggan, Eve Langley and Gloria Rawlinson among the young. (A recent article in *Meanjin* mentions Eve Langley as an eccentric-

ally dressed conservationist writing and living and dying in a caravan at the edge of the bush. Her biography has just been published in Australia.)

Comments on New Zealand male writers of her time are appreciative, but she makes a passing dig at 'literary gang warfare on the Spender-Auden-Lewis model'. Auden and Isherwood were in China at the same time as Hyde, on what Linda Hardy called a 'Boys' Own' adventure, writing *Journey to a War*.⁶

'Singers of Loneliness' did not of course emerge fully-fledged in a Hangkew park. It reflects what Gloria Rawlinson in her introduction to *Houses by the Sea* has called Hyde's 'journey to New Zealand'. This is tangible in poems such as 'Young Knowledge' or 'The White Seat' or 'Arangi-ma', in *Nor the Years Condemn* and more polemically in her 1937 articles for the *New Zealand Observer*. She writes of landless Maori at Te Hapua, later the starting point of the 1970 Land March. She flays the Housing Corporation and Auckland City Council for the proposed eviction of the Ngati Whatua from their papakainga and urepa at Orakei (Bastion Point):

Now, though apparently in the interests of a garden suburb and a view, the white residents of Orakei are perfectly willing to hunt the living natives from lands which have been their ancestral right and property for so many years, surely the Maori dead will be allowed to lie in Peace. Or will tombstones also clash with the rainbow visions and the town-planning schemes?⁷

These articles show extensive research both among the Ngati Whatua and in the Maori Land Court records. Hyde's political acumen on Maori land questions is not out-dated. Her *Observer* articles and letters to Lee are quoted extensively in the November 1987 Report of the Waitangi Tribunal on the Orakei Claim, and her phrase 'rainbow visions' provides the title for subsection 6.4.

She attaches great importance to Maori language and quotes appropriate proverbs. Her notebooks of the time reveal efforts to learn the language as a mark of respect and understanding. Two letters to John A. Lee, Labour Under-Secretary of Housing and a radical novelist, reveal her anger at his failure to comprehend what is at stake.

Centenary [sic] in a few years' time: Maoris in canoes, dead bedraggled feathers, imitations of what was real and splendid, and has never yet been able to assort itself with the whites. Is that what we want? For my part, I spit on it. But if you ever start exploring the possibilities of this human material, you will have something very different: and N.Z. could have what no other white race in the world

has, a race of another colour living on good working terms inside a country quite big enough for both of us.⁸

She became painfully aware of misogyny as well as racism in fellow writers. She flopped on the same couch at Frank Sargeson's back as Janet Frame did twenty years later and experienced some of the same discomfort. All of them were socially marginal, but the solitary woman writer was more of an outsider than her male counterpart. As Hyde said 'Frank Sargeson would say 'starve' and be right: but women get no sustenance and do have babies'—a dilemma she discussed in an article for *Women Today*, 'Less Happy Parenthood'.⁹

Glover, Fairburn and D'Arcy Cresswell were openly misogynist. Spirited responses came from both Hyde and Rawlinson, who were targets of the 'literary gang warfare' mentioned in 'Singers of Loneliness'.

I have just finished reading a versified satire (weak) apparently written with the purpose of deprecating New Zealand women writers and those crude enough to publish them. It saves a really horrid egg for men foolish enough to be published in such company; it compares them with women...¹⁰

This satire was Denis Glover's *The Arraignment of Paris*, aimed at 'a group of native poetesses and their impressario Charles Marris.' It is perhaps an indication of the naive misogyny of the time that E.H. McCormick, an admiring friend of Hyde's, calls it 'the one piece of sustained literary satire produced in this country'.¹¹ Hyde's public comment in the *Mirror* was restrained: 'The most admired satires were usually those written by well proved writers who attacked social evils, not publishers who refused their verses and fellow-writers a little more successful.'¹²

The hounding with words continued posthumously. Hyde's risk-taking and willingness to expose personal pain and confusion led to accusations of hysteria and bohemianism even from friends like James Bertram and John A. Lee.

In China, Hyde took the chance 'to walk about among strange people' and transgress limitations. But the hostility or condescension followed her to England. As she began *Dragon Rampant* an odious letter from the Managing Editor of the *Mirror* urged her to make her China articles 'more snappy and sensational' with 'more intimate touches, both pleasant and unpleasant'.¹³ She had arrived in England on the day of the Munich 1938 betrayal. 'Nothing of me belongs to this country...I feel if people die here they die stupidly.'¹⁴ Perhaps she herself died through stupid miscalculation, perhaps because illness on top of political and professional despair made personal survival seem insignificant.

In the most powerful of her late poems she moves across the boundaries of race, sex and class, life and death, animate and inanimate, expanding the limits of identity until all conflict is subsumed into unity. From here it is but a step to embrace New Zealand within an inclusive vision of reconciliation.

Shaking the bitter-sweet waters within my mind,
It seemed to me, all seas fuse and intermarry
Under the seas, all lands knit fibre, interlock:

On a highway so ancient as China's
What are a few miles to the ends of the earth?¹⁵

Jackie Matthews chairs Women's Studies at Victoria University of Wellington.

Notes

1. *The Press*, 5 June 1937.
2. *Dragon Rampant*, 1939, reprinted 1984, The Women's Press, pp. 189-90.
3. Charles Brasch, 'The Silent Land', in Allen Curnow (ed.), *A Book of New Zealand Verse*, Caxton Press, 1949, p. 149; John Mulgan, *Report on Experience*, Oxford University Press, 1947, p. 2.
4. James Belich, *The New Zealand Wars*, Auckland University Press, 1986, p. 334.
5. Quoted by Gloria Rawlinson in 'Robin Hyde', *The Wooden Horse*, 1950, 1, 4.
6. See Hardy's Critical Note to *Dragon Rampant*, 1984, p. xvii.
7. *New Zealand Observer*, 8 July 1937.
8. Hyde to Lee, 18 August 1937. For all correspondence to and from Hyde see Hyde Manuscripts, Alexander Turnbull Library, 820 WIL.
9. *Woman Today*, June 1937, 1, 3, p. 52-3.
10. *The Mirror*, February 1938.
11. E. H. McCormick, *Survey of New Zealand Literature*, 1959, p.119.
12. *The Mirror*, February 1938.
13. Williamson to Hyde, 19 August 1938.
14. Hyde to Schroder, 25 March 1939.
15. 'What Is It Makes the Stranger?', *Selected Poems* (ed. Lydia Wevers), Oxford University Press, 1984, p. 79.

Robin Hyde/Jackie Matthews

T' IEN HSIA
MONTHLY

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AUGUST, 1938

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The Singers of Loneliness

Coming down the steps of Wuhan University, whose blue-tiled roofs, ornamented with crouching stone hounds, glittered over the horse chestnut trees, I talked with a Chinese Professor of Literature whose friend, a notable young poet, had translated Katherine Mansfield's works into Chinese.

"For most of us, K.M. is New Zealand, and New Zealand is K.M.," wrote Max Kenyon, well-known English critic. But though Katherine Mansfield was the most famous and best-beloved writer of the Antipodes, there have been others. There must, unless New Zealand is to remain a locked treasure-chest, be many more. So far, (momentarily leaving Katherine Mansfield out of the question) three generalizations about New Zealand letters can be made. Pioneer New Zealanders were in contact with an immense wealth of native myth and poetry, which had never been written down. Though most of this was grossly wasted, a little has been saved and used, or is still available for writers of the future. Secondly, after a long period when the literary life of the country seemed so benumbed that its expressions were purely childish, prose writers like Elsdon Best, Jane Mander and William Satchell, poets like Eileen Duggan, R. A. K. Mason and others of genuine merit arose and produced work recognized as good. Thirdly, the world depression had several disastrous effects on the underpopulated country of New Zealand, which lives mainly by export of its primary produce, and is still in a quarter-developed condition: but its stimulating effect on the thought and culture of rebellious young minds, in a silent country which at last learned to be articulate, was probably worth all the hardship involved. No New Zealand writer regrets the depression.

But to get some idea of what has been saved, what thrown away, and what is still possible and urgent, one must go back to times a little before organized pioneer expeditions, like Edward Gibbon Wakefield's, set out from London. Individuals 'came to a country' which while certainly not flowing with milk and honey, was still quick with the sap of a native Polynesian mythology and poesy, so vitally a part of pre-Europeanized Maori life that it is unjust to dismiss it as a crude primitive culture. The first intelligent and educated white men to frequent New Zealand, before the Treaty of Waitangi (signed in 1840) claimed it as a British possession, did not make this mistake. By far the most entertaining historical and semi-autobiographical book written by any New Zealander is still F. E. Maning's *Old New Zealand; by a Pakeha Maori*. The author knew enough to treat the Maoris as equals, and draw on their tremendous mine of

cultural and human knowledge. A Pakeha Maori (Pakeha — literal translation “pale driftwood”, common meaning “a white man”) is one who has fraternized with the Maoris until accepted as one of them and usually trying, of course, to be one-and-a-half of them. The Maoris don't mind; Maori names were invariably conferred upon early white settlers, inter-marriage was free and frequent, and less than a generation ago, a law had to be passed preventing Maoris from adopting little white children, and enriching them at the expense of their own. The real aristocracy of the far north are still the descendants of white sawmillers and traders who settled in kauri country along the northern rivers and Maori ladies, often of high blood and wealthy inheritance.

So when the Treaty came to be signed, after debate in a great beflagged marquee crowded with white dignitaries and tall chieftains in great cloaks of shining feathers, snowy dogskin or tasselled flax, nephrite ornaments or pierced mako-shark teeth dangling from their ears, the conclave was interrupted by a huge red-bearded Irishman, who in fluent Maori advised the chiefs to think better of it, and throw the white man out. This was F. E. Maning: he had nothing against the white man, as such, but believed that the Maoris were being optimistic. But no man's hand can press back the tide, and so a day began to die, and another day to dawn.

Maning, who lived in a golden-glowing house of heart-of-kauri, far to the north, was not the only one of his kind. Over a decade before, Edward Markham left a journal recording his ten months' stay among Maoris of the Hokianga and Bay of Islands districts (“the Hell of the Pacific”). If published, (it has never reached the press) this would be an entertaining and valuable record. But in New Zealand, where little local history and no knowledge of the Maori language is taught in schools, though in certain advanced university courses a knowledge of Icelandic is requisite, there are walls of glass-locked library cupboards between the seeker, and a knowledge of those days one hundred years ago. If one discovers anything, it is by accident or through persistence. Wonderful old Maori fairytales — real fairytales, with their mingled grotesquerie and illogicality, their no-beginning and no-ending, flowing on in the mind of the race — are sandwiched between reports of early Agricultural Shows and pamphlets on chicken-rearing. The tales have, of course, been transcribed, for the Maori had no written culture, though the all-important genealogical tree was sometimes marked on whalebone, and a big Maori building panelled with dyed flax and carved in the old way, with eyes of paua shell squinting down over its carved red-ochred spirals, tells an important tribal story in every detail of workmanship. But the Maoris were never stingy with their legends, and men of some vision took them

down, as they fell from the lips of old men dreaming in the sun. Also the Maori system of chant-memorizing, taught by the tohungas (priests) to selected students, was deeply ingrained, and is still a true key, though a rusty one. But I see mouldering away, unread, unknown, Willoughby Shortland's fairytale transcripts, side by side with Markham's journal, and the remarkable sketchbook of Gilfillan, a pioneer artist whose pencil sketches of Maori life are probably the best in existence, though the Maoris repaid him by putting the red flower of fire to his thatch, nearly killing him, murdering his wife and all but one of his children. In some of the best Antipodean libraries, it is forbidden even to quote from Mss.; which is commonly regarded as conservatism, but which to me seems a crime against our rudimentary culture.

It is important, none the less, to know that about the time when England was starving John Keats like a dying rat, Maoris were maintaining poets and poetesses (there is a considerable degree of sex equality), as rare tribal possessions, even loaning them out to friendly tribes. And very bloody-minded most of these poets, who spurred tribes on to battle or recounted the victories of famous chiefs, commonly were. Battles bore such names as "The Fall of the Hawks", "The Gathering of Many Canoes"; a chief's canoe was Te Hine-i-Arohia ("The Beloved Maiden"); a place where waters fell gently, Waikiekie, or "Waters Kiss-Kiss"; the two main islands, Te-Ika-a-Maui (the fish of Maui, an ancestor god) and Te Wahe Pounamu (the Place of Greenstone, or Maori jade). Rocks, mountains, forests, lakes, were alive with diversified chanted or whispered legend and song, known to every child. Te Taniwha, the water-dragon, could be good or evil; te maeroro, the inhuman ogre, hunted in the bush; usually gentle were the turehu or piti-pae-arehe, white Maori fairies, who did no worse than steal the shadows of ornaments or weapons, and who taught the Maoris net-making. The crimson seaweed washing out under the keel of your boat near Whangarei Heads is, of course, the hair of Manaia's daughter, and anyone will tell you how Manaia, his wife and his dog all sit turned to rocks, seen at high tide. The Maori sentinel on the high, slenderly spiked stockade chanted over sleepers and moonlit whares (huts) his time-old formula of assurance. And behind this carved and ochred facade of big and little Maori gods, which I can only describe as a mingling of ancestor-worship and animism, well coloured up by legendry, was the single religion of Io, the sacred Breath of Being—a far from despicable deity.

"My body is the temple of the Most High. Therefore I must be very careful what I do with it, how I eat, with whom I confide it, where I lay it down ..." Thus a translation of part of the Io creed, given me by a Maori woman of rank. But also, in the great northern kauri forest, I have placed

the green branch of salutation under the roots of mighty Tane Mahuta, the tree chosen because of its size and age to be the personification of the God of Forests. Unless you know these names, you cannot know what was, what might have been and what still may be in the world of Maori legendry, which, though mainly unwritten, is a culture in itself.

After Waitangi were men who knew this storehouse—Selwyn, the tall young English Bishop, whose long bush journeys astonished everyone, whose wooden churches are among our few beautiful architectural remnants, and who wrote in his old stone library at Keri-Keri, the Place of Rumbling Waters, a prayer for a few hours of daily solitude “that there may be some abundance in me from which I can give to others”. The Roman Catholic Bishop, Pompallier, wrote many Maori textbooks, and a journal, which unfortunately contains more of his religion than his record. At a little missionary press in the Bay of Islands (one of many such presses), Bishop Colenso printed an original composition—the first poem, so far as I know, ever written and printed in New Zealand. The quixotic Baron de Thierry, who wanted a little independent state where brown man and white would live on terms of perfect equality, lived in isolation on Mount Isabel, called after his beautiful dark-eyed daughter, and there wrote by crude candlelight the beginnings of the enormous, unpublished, unpublishable records which provided the writer of this article with the substance of an historical novel. In England a minor poet wrote a chorus especially for New Zealand emigrants:

“Steer, helmsman, till you steer our course
By stars beyond the Line.
We go to found a land, some day
Like Britain’s self to shine.
Cheer up! Cheer up! Our course we’ll keep
With dauntless heart and hand,
And when we’ve ploughed the restless deep
We’ll plough a smiling land.”

The admonition “Cheer up!” was necessary; all early emigrant ships, after heartbreaking months at sea, arrived with a record or cargo of dead children once as many as forty. Frantic, ineffectual nursing under the light of the sweating slush-lamps, an airless hold, and then another corpse overside....

Perhaps the greatest literary and political figure to make use of the early treasure-house was that of young Captain Grey, who came from South Australia in 1845, ended Hone Heke’s individualistic Robin Hood war in the north, became Governor Sir George Grey, and wrote *Polynesian Mythology*, the most reliable attempt at investigation of the subject.

Heke died, with the words in his mouth: "It is better to sit at peace for ever." Grey lived on into old age, stripped of his political dignities, his silk hat as much an object of amusement as of awe in Auckland, his smug enemies well satisfied; "Grey cannot work with anyone!" He wrote of a famous landgrabbing family: "The A's are a soft rata vine, strangling the growth of New Zealand"; but he could not avert, and did not always handle wisely, the clash between landgrabbers and the original owners. There were wars, never involving the whole or a major part of the Maori race, but even until now alienating some of the finest northern tribes, rendering them landless, and, in the pumice and scrub country north of Auckland, resulting in their terrible deterioration of body and hope. I spoke to a Maori of this area, where once the great honey-peaches had stocked hundreds of canoes gliding down to Auckland, of the tragedy of lost legend, lost poetry. He said: "It's all here still... only covered up. But the people who could uncover it—they, mostly, seem to be too busy." An exception to this "too busy" rule was the late Elsdon Best, author of *Tuhoe* and other celebrated books, who became a white tohunga, risking his life to make the Maori Yesterday a coherent prelude to Maori life today. Elsdon Best died a few years ago, having received little reward from his countrymen; James Cowan, Eric Ramsden, Lindsay Buick and Dr. Ivan Sutherland—the first three are historical experts, while Dr. Sutherland is a young author who prefers to write of the Maoris as living people with baffling health and sociological problems—are Best's most logical successors, but none equals him in merit.

While Governor of Cape Colony, Sir George Grey was in constant correspondence with the famous explorer, David Livingstone, whose long, vividly-interesting letters lie with many from Florence Nightingale and the noted Australian explorer, Eyre, in the Sir George Grey collection, probably one of the best, and least-known collections of literary and historical research materials in either New Zealand or Australia. Like Maning and Selwyn, Grey loved the lofty heart-of-kauri houses which are New Zealand's best attempt at individual architecture, and which, in their setting of blazing pohutukawa trees, shady English elms and oaks, tropical creepers, must be among the most beautiful wooden houses in the world. On Kawau Island in Auckland Harbour he built such a house, and planted the island with tropical trees and plants, loosing among them exotic animals and birds. Here he played patron to poor Thomas Bracken, reckoned as New Zealand's first poet; who did, indeed, write one fine poem on the fighting chieftain, Te Rauparaha, but whose general level may be judged by a stanza from his once world-famous poem "Not Understood".

"Not understood! How trifles often change us—
The fancied insult or the unmeant slight
Destroy long years of friendship, and estrange us,
And on our souls there falls a freezing blight.
Not understood!"

This is printed on Thomas Bracken's tombstone in his South Island, Scottish city, Dunedin. They gave him a large tombstone when dead; but Grey, while he was alive, wrote the introduction for his poems, and entertained him on Kawau, where many a time they heard the dip of paddles and saw the sunset fluttering of plumes on the chief's taiaha (spear) as canoes came in. Sir George had a fully-tattooed chieftain for his bodyguard—Moki, who was ready to die for "Hori Korei". Yet among both whites and Maoris his old age was partly discredited. He was hot-tempered, and both sides wanted everything. Once Waitangi was signed, it was so obviously impossible that either should get their full desire. So Hori Korei saved from the wreck his beautiful island, his excursions into patronage, and the love of a few.

"In his late years he shall go much alone, and silently
behold the branch of peachblossom in the courtyard, and
think long on his youth, when he had not yet ventured.

"Yet when he is dead, a sigh shall go up: they shall
remember his day, or ever the sandal was dipped in blood.

"For it is good that he does, but evil in the doing of it: and
in the end, only the mountains can be his friends."

This was the beginning of the end of the first good period in New Zealand letters—the period of unselfconsciousness, when writers knew, without question, moralizing or hesitation, what they were. They were Englishmen—not exiles or minds divided, but whole people, supremely at ease, fascinated by a new, wild and appealing terrain. Therefore they wrote what was natural and human, and their work remains well worth reading, often for style as well as for record. But the undivided New Zealand writer shook hands with this past on the edge of the landgrabbing wars, and it was an abnormally long time before he evolved any new literary present or future.

I should mention Robert Browning's friend Alfred Dommatt (the hero in Browning's "I wonder what's become of Waring?"), who was once Prime Minister of New Zealand. His epic poem "Ranolf and Amohia", is living work, and so are his brilliant, human letters, many preserved privately in New Zealand. The Mr. Brown so often mentioned as a literary intimate and walking-tour companion in Keats' Journals lived in

The Singers of Loneliness

New Zealand, as Superintendent of the prosperous Taranaki Province. Two sailing sons of the poet, Leigh Hunt, used to visit him, rough and bearded, after voyages round the coast. In a little cottage in one of the loneliest far south sheepfarming districts, Samuel Butler, author of that famous novel *The Way of All Flesh*, got the inspiration for *Erewhon*, which during the nineteenth century held a place beside Edward Bellamy's *Looking Backward*. Jerningham Wakefield (a brother of Edward Gibbon Wakefield, whose settlement in the Hutt district, first called Britannia, at last saw the beginnings of the present capital city, Wellington), wrote a serial journal of his adventures on foot-journeys through the New Zealand bush. In the South Island, Lady Barker wrote and published her two-volume *Diary*—one of the most human and touching of all early New Zealand books. Heaphy, a minor explorer, but a fine descriptive writer whose literary work is all too rare, found the Greenstone People of the West Coast, and heard tales of Captain Cook himself from the lips of the ancient Coromandel chieftain, Te Taniwha.

It was the end, for four reasons: the closing, in war, pride and injury, of understanding between Maori and "pakeha"; the dead hand of mid-Victorian morality, driving the poets and writers into a region of vain abstractions, sentimentalities, hypocrisy. Ella Wheeler Wilcox was virtuoso here, and New Zealand produced novelists and versifiers even weaker than the bangled and jangled American. Thirdly, the new, lonely, under-occupied country, successfully prevented by Edward Gibbon Wakefield's policy of dear land from growing as it should have done, was taken up with the effort to become a land of men instead of a wilderness. Writing was done with pick and mattock, not with a pen. The fourth reason was that the New Zealander was no longer an Englishman: he did not know quite what he was, in what ideograph, or of which situations he wanted to write. He was terribly lonely, terribly self-conscious...

I know that three mountains in the gold-bearing South Island regions are named Mount Hunger, Starvation Peak, Mount Misery. But except in imagination, I will never know the broken stories of the men who named them, because the people who should have written these stories preferred to write of how soon a child who sang a "worldly" song on a Sunday should be forgiven by her father. In this false unreal atmosphere, the writers of my land and generation grew up: loving every inch of the terrain, feeling it grow into mind and bones, but knowing little of its story or cultural past except what, unconsciously hungry for some background, we were able to invent. We were too young to be much affected by the war, but the depression meant release.

Among the older writers, William Satchell, Jane Mander, Jessie Mackay and Ursula Bethell are the most outstanding—the last, a poet (author of

"Garden in the Antipodes" and "Time and Space"), thought by many to have caught the tempo and feeling of New Zealand earth better than any other.

"These brown hills have the texture of paduasoy.
Or of old marching, pebble-worn sandals..."

William Satchell's most successful book was a novel called *The Greenstone Door*; the door of friendship, opening again between Maori and pakeha. But he had to wait twenty years after its publication to see its success. Jane Mander's theme, in *Story of a New Zealand River*, is loneliness—that of a woman who sees all things flow away, and few things ever return. She has had other successes in London, but the quality of her first book was immediately recognized by such authorities as the one really great Australian novelist, Henry Handel Richardson, and it probably has the most meaning to New Zealanders. Another veteran writer of considerable ability is the lyric poet, Jessie Mackay, who has admirers at home and abroad, and who at seventy is still an active writer. But one of her strengths is also a weakness, an impairment of the integrity of her work. She is a passionate and idealistic admirer of all embodied in the old "Celtic twilight" school. Much of her vitality goes into writing romances of the dead ages.

"Two there loved in Rimini,
The dark tower of Rimini.
Two there died in Rimini,
With the dawn for company.

Ah, the death-bell, booming, booming,
When the Malatesta's dooming
Rolled the night on Rimini..."

From this one turns to Katherine Mansfield's poem "The Sea Child"; or to this, most vividly New Zealand:

"Last night, for the first time since you were dead,
I walked with you, my brother, in a dream.
We were alone again, beside the stream..."

Then some lines I forget; the dead boy puts berries to his mouth, and she cries out, warning him:

The Singers of Loneliness

"You raised your head a little, and a beam
Of strange, bright laughter flitted round your head.
'Don't you remember? We call them Dead Men's Bread...
This is my body...sister, take and eat.'"

That loneliness; she was eaten up with it, but never knew why she was so inhumanly lonely, or what she was lonely for, because the heavy, conventional well-to-do household around her, a fortress of the conservatism which so falsifies us, filled her with such exasperation against doors that she wouldn't look out of windows. Unconsciously, of course, she did look: therefore exist "The Picton Boat", "At The Bay", "The Garden Party", and, written when she was a young girl, the best poem about broom I have ever read. Taken with her other achievements, these were enough for a girl only thirty-three when she died at Fontainebleau. "I tell you, my lord fool, out of this nettle, Danger, we pluck this flower, Safety!" That was her epitaph. People say K.M. ran away from New Zealand, but if you could see and understand her exact environs, you might sympathize with the belief that she ran away from a sham *England*, unsuccessfully transplanted to New Zealand soil and utterly unable to adapt itself to the real New Zealand. They have cut down all the pine-trees in the street where she lived, in order to give her a memorial consisting of flat grass garden beds and a red brick waiting-shed. Running away from that sort of thing is the most understandable policy in the world.

J. A. Lee, Member of Parliament and now Under-Secretary for Housing, wrote *Children of the Poor*, a novel commended by Bernard Shaw. But poetry and the short story, especially K.M.'s short stories have left a higher tidemark than the New Zealand novel. Here enters the factor of Eileen Duggan, a girl still in her early thirties, whose first book was prefaced by "A.E." She wrote:

"Shall we let pride lay waste the soul?
What hope or need have we of pride?
We are but wanderers in the hinterlands,
Too few for linking hands..."

Though that has a peculiar pertinence for the New Zealander, some more direct idea of the simplicity which is her main virtue may be gained from this little poem, included in her book of "New Zealand Bird Songs".

Wanaka,* mother of Clutha,
Says to the Shag in her shallows:
"Back, you thief of the twilight,

Highwayman of the headland,
After your line flew down
A nest in Hell was empty."

Wanaka, little old woman,
Wrinkles and rocks and mutters:
"Out of the land forever,
Out of the sky forever,
Back to the blight of God
In the land of hungry waters!"

Dreamily answers the bandit,
"My head is sold for silver,
But God, where all is gentle,
May weary of much meekness,
May turn unto the outlaw,
May bless the Shag, the seeker."

The depression stirred Eileen Duggan, who, a devout Roman Catholic, is today writing for the political United Front paper *Woman Today*. So is C. R. Allen, blinded poet and author, son of a wealthy Dunedin family:

"Eyes of the heart, that vacillate and fumble,
Seeking perfection by some hidden gauge,
Intent on certitude, that fleeting lingers
Like winter sunlight on the printed page,
Searchers are we, somnambulists who stumble
Oh fragments of the truth. O, traitor fingers!
Kinsmen to claw of bird and pad of beast,
We are most sentient when you trust us least."

Thus the blinded poet writes of the "traitor fingers" which are his only guide. But even more deeply affected and stimulated by the depression were young student groups, and individual writers unprotected from the storm. The leader of the student writers I would regard as R. A. K. Mason, author of "The Beggar" and "No New Thing", whose bitter verse,

*Wanaka, from which flows the River Clutha.

The Singers of Loneliness

sometimes recalling that of A. E. Housman, has been included in leading English anthologies.

"This short straight sword
I got in Rome
When Gaul's new lord
Came tramping home.

It did that grim
Old rake to a T
If it did him
Why, it does me."

A. R. D. Fairburn, Allen Curnow, Denis Glover, Ian Milner, Frank Sargeson (whose short stories are of striking merit, though suffering from an overdose of the Hemingway technique), belong to this group, which has definitely furthered good printing and fought the 'pretty-pretty' in New Zealand. Its faults are endless, verbose political argument, and, like the erstwhile Spender-Auden-Lewis combination in England, on which its members have patterned themselves, not a little literary gang warfare. But the existence of such a student movement is a sign of growth. Probably the political stimulus which created it was the same that sent young James Bertram, New Zealand Rhodes scholar, to Sian, where he wrote *Crisis in China*, and later to five months' experience with the Eighth Route Army, resulting in the forthcoming publication of a second book on China. Geoffrey Cox was similarly beckoned into fighting Spain, where he wrote a clear-cut and excellent book, *Defence of Madrid*. In other words, the quick, quarrelsome, often imitative but as often talented young student group of today has helped to develop in New Zealand a keen political consciousness, which in the best minds becomes world consciousness, sympathy for the world.

Parallel, less aggressive, but containing members more gifted in a purely literary way, is the group whose works are usually represented in the quarterly *Art in New Zealand*, and the annual collection, *Best Poems of New Zealand*. Douglas Stewart, a nature-poet, whose book *Green Lions* was a brilliant *tour de force*, has followed Katherine Mansfield's example, and sought London. D'Arcy Cresswell, a young soldier of the last great war, is too individualistic and, in a half-humorous way, too eccentric to work with any group; but his autobiography, *Poet's Progress*, caused a sensation in London some eight years ago, and he has also a deep and thoughtful poetic gift. Arnold Cork, Dora Hagemeyer, and E. V. D. Morgan stand high among the others. But there is black-opal fire and

nobility in the poems of Eve Langley, a girl from a peasant community in Gippsland, whose imaginative verse has all been written in New Zealand:

"The sun salutes and sinks; the roads flow on,
And I am carried with them where they flow
Towards the sea, that holds and heals the swan..."

"He stands and says that when he leaves our yurts
He crosses a desert like a cloth of gold,
The idle freedom of his wandering hurts
As if my love were dead, or I were old."

Nor do I think this discreditable, from Gloria Rawlinson, at nineteen the most popular of the very young writers. Her first London publication, *The Perfume Vendor* (a book of poems), has been followed by a novel, *Music in the Listening Place*.

"Eat of my bread, Wind,
Hungry wind, eat:
Snow, pile upon me,
Warm your white feet.
I have a sun in my heart,
I have a fire in my breast.

Rest on me, weary sea,
Tired sea, rest.
Warm your small fingers, Rain—
You are so cold:
Lean on me, lean on me,
Time, you are old."

There they are—the old and the young, the conventional, the restless pioneers of new means of expression: no group (their number is too small for the term 'class') is more penniless in New Zealand than the writers, who come under none of the three national means of protection—income, trade union award, or State pension. But they have their work to do. Heard or unheard, they must live or die in the doing of it. What work that really is, anyone who visits underpopulated New Zealand can find out: the moment a train leaves a city station, past the window flock the heads of man-high, barbarous grasses, over which plough and scythe

The Singers of Loneliness

have never run. And every head of that grass has a story to tell, something to say, of the past or for the future. To tell it lucidly, in his own way—that is the New Zealand writer's most essential concern. Remember us for this, if for nothing else: in our generation, and of our own initiative, we loved England still, but we ceased to be 'for ever England.' We became, for as long as we have a country, New Zealand.

Women's Mental Health as a Feminist Issue

Hilary Haines

Mental health issues are central in many women's lives, so it is reasonable to expect that they would have a prominent place in feminist analysis and activism. However, over the two decades since the beginnings of the women's liberation movement there have been major problems in addressing women's mental health as a feminist issue. This paper is a critical discussion of feminist approaches to women's mental health.

Mental health and the women's liberation movement

Women's mental health issues were conceptualised in several different ways in the early days of the women's liberation movement.

Firstly, the high prevalence of psychological distress in women, as demonstrated in many epidemiological studies (Haines, 1984), was used as evidence for women's unhappiness in a sexist society. Mental health statistics tended to form part of a standard catalogue of the wrongs of women. Threading such statistics through broad feminist arguments had a genuine purpose, but was of limited use in terms of actually thinking about women's mental health. Furthermore, the emphasis on women's psychological 'at-riskness' was dangerously close to the stereotype of women's psychic vulnerability, which has formed a constant theme in the history of Western medicine, and dates back even to the

Greeks, whose word for 'womb' is the source of our term 'hysteria' (Haines, 1982; Skultans, 1975).

Starting in the late 1960s, the women's liberation movement coincided with the rising popularity of radical psychiatry. The writings of R. D. Laing (Laing & Esterson, 1964; Laing, 1967), Erving Goffman (1961) and Thomas Szasz (1971) exposed the social control functions of traditional psychiatry and Laing, in particular, wrote of the inherent sanity of 'insane' thinking in an insane world. Phyllis Chesler, in her classic work *Women and Madness* (1972), brought a feminist perspective to this tradition with her analysis of sexism in the mental health system and of women's experience of madness. The mental health system was exposed as a way of keeping deviant women in line.

This was an era of liberation movements, and early on there was some sympathy between women's liberationists and the developing psychiatric patients' liberation movements. One example of this was the Canadian anthology *Women Look at Psychiatry* (Smith and David, 1975), as well as the frequent publication in feminist magazines of women's experiences of oppressive psychiatric treatment. Marge Piercy's novel *Woman on the Edge of Time* (1976) caught the atmosphere of the day well.

The late sixties also saw the growth of the human potential movement. Many feminists were hostile to this movement, with its sybaritic emphasis on the psychic freeing of the individual. But the explosion of interest in psychotherapies, especially of a non-professional or self-help variety, inevitably had its impact on women's liberation, an impact which will be explored in more detail shortly.

As time passed, the revolutionary expectations of the women's liberation movement were tempered and feminism fragmented into groups dealing with specific issues. There was a shift in focus away from immediate radical social change, though theorising still continued. The impetus was towards both reform of existing institutions and the development of feminist alternatives. In the next section of this article, three feminist projects of relevance to mental health will be discussed: the women's health movement; the development of feminist therapy; and action on violence against women.

With my speculum I am strong...? The Women's Health Movement

During the 1970s the women's health movement emerged as a major focus of feminist activism in the United States, the United Kingdom, Australia, New Zealand and other countries. An early report in *Broadsheet* (March 1974) described a visit to a Feminist Women's Health Centre in Los Angeles which offered free pregnancy screening, referrals to gynaecologists, obstetricians, pediatricians and so on, tests for venereal disease

and vaginal infections, pap smears, birth control advice, pregnancy counselling and abortions. *Broadsheet's* cover that month showed Wonder Woman wielding a speculum, captioned 'with my speculum I am strong, I can fight', a take-off on Helen Reddy's women's liberation anthem, 'I am Woman'.

Abortion rights were a major plank in the demands of the women's liberation movement and in the growing health movement abortion was also a strong focus of activity. In New Zealand, besides WONAAC and other political groups, Knowhow and Sisters Overseas Service offered information and practical help in obtaining abortions. Feminists had some involvement, too, in the setting up of the first abortion clinic in New Zealand, which directly challenged standard interpretations of the law.

The women's health movement was also characterised by strong interest in self-help practices, including menstrual extraction, breast examination, cervical examination and the like. *Our Bodies Ourselves*, from the Boston Women's Health Collective, was first published in 1971. Lorraine Rothman, a United States activist, toured New Zealand in 1973, introducing many New Zealand feminists to their cervixes for the first time. Self-help health ideas and practices became increasingly popular, with Sarah Calvert writing regular columns for *Broadsheet*. Gradually a few women's health centres became established, often shakily at first, but attracting some government funding as time went on. Christine Dann (1985) offers a chronology of the women's health movement in New Zealand and Norris *et al.* (1989) have a comprehensive analysis in their recent evaluation of women's health centres.

The women's health movement paid almost exclusive attention to women's reproductive systems. Mental health issues were certainly not to the fore. The second edition of *Our Bodies Ourselves* (1976) had no sections on mental health, although some issues were dealt with tangentially, for example in the section on rape. In New Zealand Sarah Calvert, a psychologist as well as a women's health activist, did emphasise mental health issues for women. But on the whole, it seemed that the focus of the movement lay initially with reproductive system issues, more than with the patriarchal structure of Western health systems. Norris *et al.* (1989) support the claim that in New Zealand during the 1970s the focus was almost entirely on fertility issues, with a broadening of concerns in the 1980s. The recent bibliography of New Zealand research on women's health (Health Services Research and Development Unit, 1988) demonstrates the relative lack of attention to mental health. There are four pages of abstracts on mental health, compared to ten pages on abortion and twelve on birth control. There is not much more on mental health than on vaginal and urinary tract infections.

Certainly the sexist power base of the medical profession has always shown through most clearly on issues relating to women's reproductive health, so it is not surprising that feminist critiques should focus here. Feminist theories about health have bemoaned the tyranny of women's reproductive biology (for example, de Beauvoir, 1953; Firestone, 1970) and pinpointed male envy of women's reproductive capacities and men's wish to control this source of women's power (for example, Rich, 1976).

Furthermore, many doctors were dismissive towards women with reproductive system problems, such as period pain and menopausal symptoms, often referring to such women as 'neurotic'. The stigma of such mental health labels seems to have been shared by feminists and the medical profession alike. Instead of contesting the underlying assumption that a 'neurosis' was a health problem worthy of nothing but contempt, feminists did not challenge the terms of the argument but focused on demonstrating the physical basis of gynaecological problems.

To an increasing extent those interested in alternative healing practices, especially herbal remedies, played into a counter-tendency. They thought of women's mental health problems as having largely physiological roots, for example, vitamin deficiencies, hormonal fluctuations, side-effects of oral contraception and so on. Though these may often be reasonable assumptions, this attitude unfortunately shored up the historical tendency to link women's mental health problems with their reproductive systems. 'The peculiarities of her sex' as one nineteenth century writer put it, have often been used to explain women's mental health problems in a particularly dismissive manner (see Haines, 1982 for evidence of the extent to which reproductive systems were used to explain causes of insanity in nineteenth century New Zealand women). So the medical profession has often disguised its ignorance and dismissed reproductive system problems as untreatable mental health problems and mental health problems as untreatable reproductive system problems. The early women's health movement bought into the terms of this argument unnecessarily.

It seems that feminist thinking about women's health copes more easily with the bits of the body particular to women and less easily with aspects of body or mind where there are less blatant sex differences. This feminist essentialism about health has retarded the progress of thinking about women's mental health.

Unconsciousness-raising: feminism and therapy

Although the early women's health movement was biased towards reproductive health issues, there have always been many feminists with a strong interest in mental health, both personally and professionally. At the same time as the growth of the women's health movement came the development of feminist therapies.

One focus for discussion was the relationship of consciousness-raising groups to therapies. Consciousness-raising was seen as a political tool, deriving from Chinese revolutionary techniques. The aim was not therapeutic; it was to forge the relationship between personal experience and political action. The format, each woman speaking uninterruptedly on the evening's topic, allowed participants to break the silence surrounding their lives as women. For many, hearing that experiences which they had regarded as unique were in fact common allowed them to make a connection between the broad political structures which enforce women's powerlessness and their own experiences of sexuality, relationships, childhood, work, mothering and so on. The theory was that as blame was shifted away from the self and onto 'the system', women's energy for social change would be increased.

However, it was hardly surprising that there would be attempts to forge links between the new psychotherapies of the day and women's liberation. In the United Kingdom this development was particularly associated with the Red Therapy group and later the Women's Therapy Centre in London (Ernst & Goodison, 1981), as well as with feminists who were interested in the possibilities of a non-sexist psychoanalysis, such as Juliet Mitchell (1975). Sheila Ernst and Lucy Goodison in *In Our Own Hands: a Book of Self-Help Therapy* (1981) argued that consciousness-raising groups did not go far enough since they did not make use of therapeutic techniques which would raise the unconscious as well as the conscious mind:

We began to recognise the historical dimension of our oppression: the depth of our gender conditioning which would continually hinder our efforts to change. As women we have been brought up to be submissive and supportive to others, to be seductive, manipulative and passive. We have rarely been encouraged to decide what we want and to go for it openly, to be angry, powerful, demanding; nor to value our own needs as equal to other people's, especially those of men and children. Unconscious feelings formed by our childhood conditioning would continue to sabotage our conscious choices for liberation. (Ernst & Goodison, 1981: 3-4).

In the United States particularly, with its extensive professionalised mental health system, feminist psychologists, social workers and others in the 'helping' professions both attempted to combat sexism in their professions and also began to explicate principles of feminist therapy. Key features included a recognition of social rather than personal forces as a primary source of psychological problems; refusal to 'adjust' the client to sex-role expectations; a valuation of equal relationships in friendship, love and marriage; a refusal to see other women or men as the enemy, though there was an acknowledgement that men benefit more from sexism and a desire for women to be autonomous (derived from Rawlings and Carter, 1977, cited in Rohrbaugh, 1980). Rawlings and Carter acknowledge that other therapists may work from an egalitarian basis when dealing with clients, but where feminist therapists differ is in the political stance behind their practice. Curiously, this early list of feminist therapy principles had little to say about unequal power relationships between therapist and client, a focus of some later writing.

Over the 1970s and 1980s there was a widespread increase in the number of feminist professionals working in private practice, particularly in some cities in the United States with perhaps Boston leading this trend, as a scan of the small ads in the Boston feminist magazine *Sojourner* will show. The United States, with its private health system, consumers with greater spending power and cultural climate favouring psychotherapy, was a natural place for the expansion of feminist therapies. In New Zealand feminist therapists in private practice can be found, though professionally trained therapists are probably outnumbered by alternative health practitioners who provide psychotherapies, often in addition to physical therapies.

Feminists have heatedly debated the value of feminist therapies. Sue O'Sullivan (1987) says that until the late 1970s *Spare Rib*, the British feminist magazine, contained many articles which were sympathetic to self-help and feminist therapies, as well as critical responses to these. Critics argued that therapy meant '...the privatisation and individualisation of a common pain within the four walls of the one-to-one therapeutic relationship' (p. 134). Sheila Jeffreys in 'Against Therapy' (reprinted in O'Sullivan, 1987) said that therapy '...offers a personal solution which can be achieved without revolutionary change and even without being involved in the revolutionary struggle' (p. 145).

After 1978 *Spare Rib's* editorial policy changed, with regular articles on therapy or mental health no longer appearing. In contrast, *Broadsheet* in the early years seldom published positive articles on therapy or mental health, only critical accounts of the psychiatric establishment or of trendy therapies. From the mid-1980s onwards, with editorial changes, more

sympathetic articles on women's mental health issues appeared, although the magazine still displayed a cautious attitude towards the growing numbers of 'this will change your life' self-help books and therapies for women. A recent critical article by Sue Fitchett (1988) on new age philosophies caused some debate. It seems probable that many *Broadsheet* readers are enthusiastic about new age and other alternative therapies for both physical and mental health: are the 1980s the age of the 'lifestyle' feminist who uses astrology, tarot cards, goes to psychodrama and other forms of therapy, drinks herbal teas, enjoys feminist novels, films and books, but seldom engages in any political action?

It is difficult to assess the extent to which the cautions raised by early critics of feminist therapies were warranted. Certainly, in terms of the development of a personal-growth-oriented feminist lifestyle, some of their worst fears seem to have been realised. The contribution feminist therapies have made to the lives of many individual women should not be underestimated. However, in terms of developing a feminist agenda to improve the mental health of all women, not just that section of the population that identifies as feminist and is as a group more privileged than many women, feminist therapies have been more of a distraction than a contribution, given that they seem largely to have operated, as does 'natural healing', through the private health sector.

Violence against women: challenging the 'helping' professions

Feminist-initiated refuges for battered women and rape crisis centres have made an enormous impact on the mental health system. Feminist campaigns against male violence provided an effective critique of traditional mental health practices, leading to extensive changes in therapeutic practice. Furthermore, models of alternative services have been developed.

The feminist critique demonstrated that traditional service providers had done very poorly with respect to victims of male violence. Psychological theories of violence had been victim blaming, coinciding with popular stereotypes (the nagging wife; the woman who invites rape; the seductive child). Mental health practitioners had often counselled women to stay in violent situations, thus putting their lives at risk, and they had often failed to believe reports of incest and sexual abuse, having been seduced themselves by Freudian fairytales of the child's fantasies of sex with adults (Rush, 1980). Freud's model had prevented the development of theories about the psychological impact of trauma and even now many therapists do not recognise patterns of behaviour that result from trauma.

In terms of alternative service models, the rapid growth in women's refuges and rape crisis centres has been a great contribution. This has

been threatening to some and welcomed by other mental health practitioners. These models have shown that non-professional women can provide services for women under severe mental stress and in physical danger which have proved vastly superior to the neglect offered them by mental health providers.

Feminist efforts have led to a revolution in mental health approaches to violence. There has been an explosion in psychological research in the area, largely confirmatory of feminist analyses and experiences (Breines & Gordon 1983). New attitudes and knowledge have led to useful preventive programmes, too; for example, in New Zealand, the Police Department's 'Keeping Ourselves Safe' campaign is replacing the earlier 'stranger/danger' programme; and there have been more informal attempts like the 'knicker sticker' campaign. Laws have been changed, too, reflecting a better understanding of victimisation; for example, rape in marriage is now a crime; and aspects of courtroom procedure which made for a double victimisation have been improved.

Changed attitudes, more feminist women in mental health professions and the difficulties in sustaining non-professional, vastly underfunded crisis services have led to some competition between professional models, such as sexual abuse services and child protection teams, and the feminist-instigated alternatives, such as women's refuges and rape crisis centres. In New Zealand, as well as elsewhere, these differences have led to considerable tensions, especially where there has been competition for funding. Increased government funding for feminist-run services has inevitably led to increased demands for accountability, which often involves evaluation and professional training. These demands have the potential to improve services, but may also have the effect of services losing their radical edge as well as wasting valuable time in meeting funders' requirements. Lois Ahrens (1981) describes the transition in women's refuges and rape crisis centres in the United States from '...feminist, nonhierarchical community-based organisations to institutionalised social service agencies' (p. 104).

In New Zealand it is in the area of child sexual abuse that services have become most professionalised, perhaps reflecting a more ready community concern for the welfare of children than of women. Since sexual abuse counselling services are usually for all age groups, services for women as well as children have become more professionalised, though there are many self-help groups, such as incest survivors, as well as the rape crisis groups. Women's refuges, since they are residential, are tougher projects to carry out and offer less personal fulfilment for workers who are in a potentially dangerous situation, have been left to feminists, who work in very poor conditions, for low, often part-time

wages and who tend to burn out fast. These working conditions are a constant threat to the viability and effectiveness of such services.

Although professional take-over is a sign of the success of these feminist campaigns in changing attitudes towards violence within the health professions, the introduction of more traditional models of service (based on hierarchy and professionalisation) represents a loss, even if these models do incorporate some of the values developed by the feminist systems and even if, as is usual, many staff in the professional agencies are feminists themselves.

Currently there is a backlash against the campaign against male violence in the United States and Britain as well as in New Zealand. The backlash has focused most particularly on child sexual abuse services (for example, du Chateau, 1988; McLeod, 1989), and in New Zealand has been vitriolic in its antagonism towards feminists, particularly lesbians. To quote an absurd letter from *Metro* magazine, December 1988, which seems to summarise the sentiments of the backlash: 'New Zealand now seems to be on the verge of being taken over and run by men-haters, lesbians and solo mothers'. In the midst of the backlash, and I write as someone who has been targeted for attack, it is difficult to judge what its impact will be. But it is chilling to remember that another major feminist campaign against violence against women was overthrown. Sheila Jeffreys (1985) narrates the history of late nineteenth/early twentieth century efforts in Britain to change laws, social services and public attitudes concerning violence; these efforts scored some successes but were then buried as a result of various social changes, including the rise of Freudian psychology.

Women's mental health and feminist agendas

It is in the arena of combatting male violence that women have made the greatest strides in reconceptualising women's mental health issues, influencing mental health-related social policies and erecting alternative structures for service delivery. The two other projects I have examined, feminist therapies and the women's health movement, have made progress but have also been beset by problematical attitudes towards both mental health and feminism.

One reason for the success of the movement against male violence, I suggest, is that the problem can be conceptualised as one which largely affects women and which is clearly the result of male behaviour. Therefore it lends itself to a straightforward feminist analysis. However, within the field of violence against women a simplistic feminist analysis has meant a failure to address certain issues. For example, the response to violence within lesbian relationships has been slow, because of a

reluctance to recognise that women can behave violently and an idealisation of lesbian relationships within the feminist movement (Lobel, 1986). Fears of removing the focus on violence as an essentially male-to-female problem have also meant services have found it difficult to respond to requests for assistance from victimised men and boys, when there are no other skilled services.

It can be argued that right across the field of women's mental health, feminist responses have been sharper where problems can be conceptualised as arising directly from sexism. For instance, there has been rapid growth recently in the development of services for women suffering from eating disorders. A feminist analysis of the problem is clear: eating disorders occur in a society which has limiting sex stereotypes and which promotes a body image ideal that is impossible for most women to achieve. Proof of this argument is that more than 90 per cent of those who suffer from eating disorders are women.

In contrast, where women are a distinct minority and existing services cater largely for men, feminist energy has gone into the development of women-oriented services. The problem can be conceptualised as sex discrimination. The obvious example here is that of alcohol services, where programmes have been very much oriented towards male needs. For instance, the largely residential nature of services have tended to rule them out for women with family responsibilities; and women's different addiction patterns, such as multiple abuse of prescription drugs and alcohol, have meant traditional therapies are often inappropriate. In New Zealand, since alcohol addiction services have traditionally been a low prestige area in mental health, yet have been better funded than most other areas because of specialised taxation, women working in this area have been able to make progress. Hence there have been some excellent innovations, such as Auckland's Women's Working Party on Alcohol and Drug Abuse, Lesbian Alcohol and Drug Action and, nationally, the rapid growth of Women for Sobriety groups (see Haines, 1987, for a brief discussion of feminist literature on eating disorders and addictions).

Mental health problems affecting both women and men have proved more difficult to approach from a feminist perspective. Depression, which is women's most common mental health problem, has suffered from neglect by feminists, at least in practice, if not in theory. Depression has been theorised as predominant among women because it is a response to powerlessness. Women do indeed predominate in the statistics on depression, though the sex difference (two women for every one man) is much smaller than is the case for eating disorders or victimisation by violence. Very few projects, either in New Zealand or elsewhere, have focused on women and depression. The notable exception here is post-

natal depression, women-only by definition and often associated with campaigns surrounding reproductive issues.

Of course, depression can be conceived of as a symptom. Women in violent relationships or who have experienced the trauma of sexual abuse may experience depression and may receive assistance from the services set up to help women in these situations. Likewise, depression goes hand in hand with eating disorders and with tranquilliser/alcohol abuse, and there may be woman-focused services for these problems. However, to take an example, a solo mother with teenage children who is unemployed and experiencing depression, but is not being beaten, has not suffered from sexual abuse, is not abusing alcohol or tranquillisers and is not on the feminist therapy scene, is unlikely to receive assistance from feminist projects. The reason, as I have argued, is that she does not fall into a category convenient for political analysis. This does not mean that sexism impacts on her life any less than on women in more convenient categories.

Another area of distinct neglect by feminists is, I would argue, the position of women in psychiatric institutions. There have been numerous autobiographical accounts of women's experiences as psychiatric hospital patients which document sexism, neglect and trauma (for example, Farmer, 1983; Gordon, 1981; O'Hagan, 1986). Also, early feminist analysis, notably by Phyllis Chester (1972) viewed psychiatric institutions as an agent of the patriarchal state serving to contain deviant women. However, there has been very little feminist activism on this issue and feminists have usually not effectively supported psychiatric patients' consumer movements. Judy Chamberlin, an American activist, believes that one reason for this failure may be the large number of feminists who are mental health workers themselves. She believes that they have been threatened by the consumer movement's hostile attitudes towards therapists (Rosier & Haines, 1986).

In New Zealand, and no doubt elsewhere, one of the problems seems to be that psychiatric services are embedded in outmoded and expensive institutions which are major employers and which are very resistant to change. The appalling conditions in psychiatric hospitals with some wards being described as 'Dickensian' in a New Zealand official report (Department of Health, 1986) mean that overall improvement is so badly needed that women's issues do not seem even to feature in discussions. Yet this is a shame, since consideration of women's issues is vital in improving services. One example of confusion recently was during the chaos at Auckland's Carrington Hospital, when a high degree of sexual abuse of women patients and staff members was reported. One response was to suggest single-sex wards, a suggestion which received a mixed

response, harking back as it did to times when the sexes were strictly segregated in hospitals, in order to contain patients' sexuality. However, given the vulnerability of women patients to sexual abuse, this is an issue which could well profit from a feminist analysis. Patients have a right to their own sexuality, but they also have a right to freedom from sexual abuse.

Sexual abuse of psychiatric patients living in community settings, such as substandard boarding houses, is also commonly reported. Community mental health projects often seem designed to meet the needs of male patients, yet this is an issue which is seldom addressed. And in the debate about community care and the burden that inadequately funded care places on families, feminists tend to highlight women as caregivers, an issue of sexism, but fail to highlight the fact that half the patients are women, women who have a right to enjoy a quality of life comparable to everyone else's. Once again, feminist thinking is cloudy or absent when dealing with issues which concern many women but which are not women-only issues.

The future of feminist efforts in women's mental health

To evaluate feminist analysis and activism in the area of women's mental health is a difficult task, because it requires a clear opinion about feminism as a project. In fact, there are many different kinds of feminism, meaning that feminist theory and activism will take many different forms. There is no reason why revolutionary feminist theory should concern itself with the building of alternative services or the reform of current services. There is every reason for feminist women working in mental health systems to work on making these systems more responsive to women's needs and to try to increase female power in decision-making structures. And when feminist activists provide new models of services that meet unrecognised needs in innovative and women-oriented ways, we are all enriched.

But feminists are not health planners and have no obligation to attempt to provide comprehensive services for women; their work should remain at the edge of change, pushing the frontiers. And since their work is self-initiated, it does not need to stem from some rational assessment of women's needs, it grows from indignation, vision, enthusiasm.

But despite these caveats, it is not unreasonable to evaluate feminist work in the field of women's mental health. Firstly, the work has not, on the whole, moved towards narrowing the gap between advantaged and disadvantaged women, and since mental health problems are strongly associated with social disadvantage, this is a severe failure. Perhaps the

women's refuges and rape crisis centres have most successfully provided services across the social spectrum and benefitted a wide range of women. The same cannot be said for women's health centres and, most especially, for feminist therapy. Furthermore, in mental health terms, the most disadvantaged are women with severe psychiatric disorders, and feminist activism has scarcely reached these women at all.

A major issue within the feminist movement has been racism, and in New Zealand the issue has been working biculturally. Once again, the movement against violence against women has been to the forefront in tackling this issue, despite problems and clashes. Maori women have usually wanted services that do not exclude the perpetrators of violence, whereas feminist services have worked only with the survivors of violence. Working through this issue has seen the emergence of Maori women's collectives in the national refuge and rape crisis collectives, with separate funding and a recognition that there are culturally different ways of dealing with violence. Other mental health projects for women, especially in the area of therapies, have often not managed to tackle racism at all adequately. Feminists have a lot to learn about working in coalitions, where issues of differing oppressions intersect. Otherwise, feminist actions tend to become solidly based on the interests of white middle-class women, who have arguably gained most from feminist projects.

Another issue which has been addressed throughout this paper is the conceptual difficulty of dealing with aspects of women's lives which are important to them but which do not lend themselves to a simple feminist analysis. It was pointed out that this is problematic right across the women's health movement. Is women's health to do with those bodily functions peculiar to women, that is, reproductive systems, and problems experienced largely by women, such as family violence and eating disorders, or is it to do with any health problems that women suffer from and which may be affected by sexism? It is true that sexism has been most pervasive in the area of women-only problems, but that does not mean that it is not relevant elsewhere, insofar as health professions are imbued with institutionalised sexism. Feminist essentialism in the area of health may be quite limiting and unhelpful.

In this paper I have tried to assess feminist theory and action concerning women's mental health. I have painted a very broad canvas, attempting to look for trends and pinpoint problematical areas. I have certainly not attempted a history of feminism and mental health. I have concluded that women's mental health problems have been addressed only patchily, though there certainly have been exciting things done. Attempts to take a comprehensive look at women's mental health are rare so far, but

Women's Mental Health as a Feminist Issue

starting to emerge; for example, in the United States there has been the conference that produced *A Women's Mental Health Agenda* (Russo, 1985) and the Association for Women in Psychology's (1988) attempts to provide a global look at women's mental health needs. However, to progress in this area requires moving beyond the past into a future which addresses the intersection of sex, race and class inequality and which rises above simplistic feminist analysis.

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Nurses with Tuberculosis

A Preliminary Study

Natali Allen and Eve Brister

Introduction

This discussion of the history of tuberculosis among nurses in New Zealand, 1901-1950, can be only an introduction, since there are many sources still to be explored.

There are two main themes. The first concerns the official account of the conquering of tuberculosis in New Zealand. Nurses rarely figure as heroines in that account; in fact they are often referred to as 'girls' who are said to have a decided tendency to 'break down'. This account is to be found in the records of the Department of Health and in articles in the *New Zealand Nursing Journal*, especially those intended to educate nurses. Concealed in this account are the people in hospital boards and management who took responsibility for the administration of hospitals and under whom nurses worked. We have not yet explored the role of these people.

The second theme can be seen as a true herstory, a personal story of heroines, coloured by fear and, for those who contracted tuberculosis, usually by guilt. This we have heard from the nurses themselves, those who contributed to the nursing oral history archives, and from Sonja Davies' (1984) autobiography.

The two themes are linked together by Mary Lambie, one of this country's outstanding leaders in the nursing profession.

Throughout this account we will use the term 'nurse' or 'nurses',

unless qualified, to include both registered and student nurses. Where we speak of the *Journal*, we are referring to *Kai Tiaki*, which became the *New Zealand Nursing Journal* in 1930, and which has now been in continuous publication since 1908. We are grateful to the Nursing Education and Research Foundation for permission to use material from their oral history collection.

History of tuberculosis: its treatment and prevention

Tuberculosis was a disease known to the Greeks, who thought it was hereditary and related it to an artistic temperament, an idea we are all aware of and can associate with names like Katherine Mansfield and John Keats.

We now know that the disease is caused by bacteria and can be found in both animals and birds. In human beings the bacteria usually enter the body when inhaled in droplets of air or dust. The incubation period from the time of inhalation until a primary lesion appears in the lung is about four to six weeks.

Resting the lung was recognised as beneficial very early in the treatment of the disease, and surgery as a way to ensure this was introduced in Europe in 1882 with the first artificial pneumothorax.

A great variety of drugs were tried and at various times believed to have some effect in the progress or cure of the disease. With the discovery of antibiotics came the development of streptomycin in 1942 and then the specific, para-aminosalicylic acid (PAS), in 1952.

The vaccination now known as B.C.G. was developed by Albert Calmette and his assistant Camille Guerin at the Pasteur Institute in Paris during the period 1908-1921.

The treatment of tuberculosis in New Zealand

1901 was an important year in the history of health care in New Zealand. Fear of the bubonic plague led to the formation of the Department of Health and, with that, the first health-related legislation. Pulmonary tuberculosis, among others, became a notifiable disease. At the same time New Zealand became the first country to require registration of its nurses.

As early as 1902, when the first special areas for tuberculosis patients were opened, Dr MacGregor, the first Director General of Health, was writing in the Public Health Act Report:

Taking as truths, for truths they are —

- (1) consumption in the early stages is curable;
- (2) that treatment in a properly equipped sanatorium gives the best results;

(3) that a nation's health is its greatest asset—the advantages to be derived from such a place [a sanatorium] are at once apparent (Department of Health, 1902).

Until the late 1940s in New Zealand, when effective treatment was possible with early diagnosis and the use of drugs, and the incidence was decreased with the advent of B.C.G., whether those with T.B. were cared for or not depended on the perceived possibility of their recovery. Some were nursed at home or, if they were able to afford it, from 1902 onwards could seek care in an increasing number of sanatoria.

However, these institutions always had long waiting lists, and often only half the number of beds required were available. In most instances, intending patients were classified and admission depended on the availability of accommodation in an appropriate institution.

An unknown nurse writing in the *Journal* in 1917 describes this care under the heading, 'The White Plague of New Zealand':

The principle of treatment in the essentials must be more or less the same in all sanatoriums; fresh air, good food and rest will be the great factor on the curative treatment. We have to watch that the patient leads a sane and healthy life and to make him realise that open doors and windows will cure, not kill him, and even the discomfort of his shelter with a wet floor will not injure him as long as his bedding is dry (*Kai Tiaki*, 1917, I.:23-24).

Nurses had previously been involved in the care of people known to have tuberculosis in hospital and in private homes. With the legislation of 1901, nurses who worked in the community became the agents who investigated cases of tuberculosis. This has continued to the present day and was noted in 1928 by the Tuberculosis Committee when it recommended (perhaps somewhat optimistically) that a notification inspection would be less objectionable and more helpful if done by a nurse.

Sanatoria

An important figure in this story is Nurse Maude, who in 1901 resigned her position as Matron of Christchurch Hospital to work in conjunction with the deaconesses of the Church of England to develop a service for the sick poor in their homes. She became acutely aware of the impact of tuberculosis in the lives of these people and her biography gives us a clear account of the conditions under which they lived (Somers Cocks, 1950). She decided to form camps in the open air to isolate those with tuberculosis in a situation where they could get fresh air and good food and be free from the stress of their everyday lives.

Thus she commenced tent camps at New Brighton, at first for men and

later for women. The need and work grew, and, by 1905 she was appealing to the North Canterbury Hospital Board to take over the care of tuberculosis patients, for one of the early outcomes of the new health authority had been that in 1903 Parliament had granted hospital boards the authority to erect shelters for patients with tuberculosis. The foundation stone for the Cashmere Hills sanatorium was laid in 1907 and this was largely due to the effort and foresight of Nurse Maude.

With the new recognition of the possibility of the prevention of tuberculosis, her work had given her a sense of urgency about prevention, and it was she who as early as 1913 had advocated compulsory medical examination of all employees in clothing or food factories who were suffering from suspicious coughs, in order to limit the spread of tuberculosis.

By 1903 the recognition of the great value of fresh air, sunlight and judicious feeding had replaced the hundred and one vaunted specifics for the disease. The so-called open-air treatment was being universally proposed and suitable sites for sanatoria were being considered in many parts of the country. The first government sanatorium opened in December 1902 on a hill above Cambridge. Nurses took the primary role in the care of patients in this and other sanatoria that followed.

Dispensaries

The institution of the sanatoria was followed by the establishment of dispensaries run by nurses at which people with tuberculosis were treated. In 1913 Nurse Jenkyns was appointed to the first tuberculosis dispensary in Christchurch.

In 1925 Sister Timlin was appointed to be in charge of the Dunedin clinic and visited all known tuberculosis patients in the city. At the clinic all patients had chest X-rays. However, neither the staff caring for them nor their family members were X-rayed, or ever examined for signs of the disease. By 1930 all the principal hospitals in New Zealand had similar tuberculosis clinics with nurses in charge.

Nursing patients in the community

In 1944 Dr C. W. Dixon, who was the Medical Officer of Health for North Auckland, pointed out in a paper to the Auckland Branch of the New Zealand Nurses' Association entitled 'The Social Aspects of TB in Relation to Nurses' that a person with tuberculosis faced the double problem of an infectious disease and a chronic disease (Dixon, 1944). Although tuberculosis was officially a notifiable disease, it was not a notifiable *infectious* disease, so that no restrictions were placed on those with tuberculosis; thus infectious and potentially infectious persons were allowed

to participate in everyday activities in the community. Not only were attitudes towards them often very negative, but the control of the disease among those they were most close to was particularly difficult.

However, it must be reiterated that, until 1938, care within a sanatorium had to be paid for by the patient. The majority of those with tuberculosis were nursed at home and supervised by these clinics and a variety of nurses. A large proportion of nursing time was clearly taken up with the care of those with tuberculosis. The women who worked outside general hospitals worked independently and took almost total responsibility for case finding, treatment care and rehabilitation. In 1929 throughout New Zealand, three nurses were engaged to work solely with people with T.B. and between a tuberculosis clinic and patients' homes. Also involved in the care and supervision of those with tuberculosis were school nurses who followed up child contacts, and Maori public health nurses who worked with Maori patients. At that time district nurses were also considered to be able to assist with the work if necessary. By 1947, 217 nurses were employed by the Health Department or hospital boards. In that year they supervised 7,874 tuberculosis outpatients and found 323 new cases (Department of Health, 1947).

Attitudes towards those with tuberculosis

Attitudes towards those with tuberculosis were harsh and this was coupled with the distress of the disease itself, the fear of its spread to others and lack of social support. The Department of Health Annual Report of 1902 states: 'There is rather too much tendency on the part of the public to treat persons suffering from this disease as a species of pariah.'

In his address to the 1913 Nurses' Association Conference, Dr Marshall Macdonald said:

Many object to the anti-tuberculosis crusade on the ground that the consumption bacillus is a scavenger for weeding out the unfit, as they succumb first to its ravages and it therefore proves a friend to the world in its elimination of the unfit from our midst. To nurses and doctors these objections have no weight for they feel it their duty to tend and save life however feeble that life may be (*Kai Tiaki* 1913: 20).

The nurse who in 1917 wrote under the heading 'The White Plague of New Zealand' said:

Those of us who have done much sanatorium work in our present terrible war cannot fail to realise that tuberculosis is a foe who has come to stay and that we in the nursing

profession must give of our best in order to help the brave lads who have returned from the front stricken with this complaint.

Sanatorium nursing does not appeal to all nurses and parents are often adverse to their daughters taking up a branch where the risks are many and the training gives no certificate (*Kai Tiaki*, 1917:23-24).

Attitudes towards nurses who became ill were equally harsh, and this continued well into the late 1960s. For those who contracted tuberculosis, a feeling of guilt was added to their physical suffering.

These attitudes and the experiences of nurses who contracted tuberculosis are vividly expressed in the oral history tapes of the Nursing Education and Research Foundation (N.E.R.F.) collection. One nurse recalls that:

I commenced April 1927, qualified in June 1930. In 1930 I was sitting my senior examination when we got our first day off — for a fortnight — too busy studying to use it. When studying for our finals, no days off, study in the mornings then worked. No days off until we were trained. For morning duty we were supposed to be on at six, but we were always up at five and on before half past five. The probationers could not get the work done. Food was plentiful and always available.

Of emergencies, she recalls:

Even if we were going off duty, staff on duty had to deal with these, it could be an hour to an hour and a half before you got off duty — you finished your work whatever it was. T.B.s were nursed...on the verandahs of the women's medical and men's medical...a special verandah for them... Always a feeling of fear in nurses. I contracted tuberculosis myself. I was sent down to Otaki Sanatorium. There were nineteen nurses there, mostly trained. Quite a number at Cashmere, Waipiata; at Pukeora of twenty-five women about five were nurses I think. Weren't expected to get it at all, crime to get ill, report ill. No doubt while we were nursing T.B. patients we probably picked it up while we were in those low conditions. Frightened wouldn't be considered fit to be a nurse if you did report sick (N.E.R.F. Oral History Collection).

Even in 1944 a student nurse experienced the following:

Our otherwise caring Matron remarked to me, a student hospitalised with mumps and barely able to speak, 'My

nurses do not get sick Nurse.' I felt guilty and later angry. On commencing at another hospital in 1947 I had my first Mantoux test with a marked reaction. A medical examination, instruction to be in bed each night at 9 p.m., weekly weighing and frequent medical checks followed (Brister, 1989).

And Sonja Davies recalls:

I remember clearly when my time came to go back to work and my X-ray showed that I now had a shadow on one lung, the T.B. specialist said 'If we had to put off every nurse with a shadow, we'd have no staff' (Davies, 1984).

The experience of nurses in caring for those with tuberculosis

All nurses who trained before the mid 1950s have stories of nursing patients and friends with tuberculosis:

During my training at Waipiata Sanatorium... Very cold, oh yes, snowy in the winter time. Long dormitories with about twelve inches always open at the top. You go over on a snowy morning — two inches of it on the bottom of patients' beds. A mackintosh was put over foot of bed. Quite a number of nurses as patients. Sick leave — no pay at all in those days. They would write and ask the parents if they could pay. I was a foundation member of the Nurses' Association in our area. Wonderful improvements, they brought the pay for sick nurses and sick leave and that sort of thing — that was a big help.

Got T.B. An interesting experience although horrifying because in those days there were no drugs and a number of nurses had died of miliary T.B. just at the time when I was put away into Pleasant Valley Sanatorium. You were rather treated like a leper, because people were terrified of getting T.B.... visitors would stand on the steps outside — friends' mothers did not like their daughters to visit — a shattering experience. We were in those single little shacks and in the winter snowflakes would flutter on the bed and hail stones ...fresh air, rest and food. Eight months' complete bed rest without putting a foot on the floor — there for two years. I recovered and had an artificial pneumothorax for four years (both lungs). Back to work. A position made for me about six hours a day. Kept well for ten years, had another positive sputum...went to Cashmere Sanatorium.

They had discovered the drugs but didn't know much about them and gave them to those who were dying. There for nineteen months...went to Otaki Sanatorium for a year...then to Greenlane Hospital where they were doing surgery for T.B. Returned to Otaki...in 1960 got another positive sputum...in Wellington Hospital for five months and told I would get well if I took these drugs for two years — I feel better now than I ever have been.

We had to have a medical certificate before training and two years before I had this X-ray they started yearly X-rays but somehow I got missed in the line-up and then when they caught up with me they found I had this extensive infiltration in both lungs...There was some carelessness there — they X-rayed yearly after that because a number of young nurses simply died very quickly when they started nursing, the impact of the infection — they never had probably come across it before. They became very ill and died in two or three weeks. No Mantoux tests or anything was done, no protection whatever.

Another nurse recalls:

I had a spot on my lung. I was on night duty at the time and they thought I was worrying about my parents at home, so they gave me leave to go home. While there I ran a very high temperature of 102, 103 and felt very ill, so I asked my mother to take me to Waipukurau Hospital to see the doctor. They took me into the hospital. I don't know very much about that. I was too ill and after six weeks they took me to Otaki Sanatorium. Unfortunately I got carbon monoxide poisoning in the ambulance so when I arrived I was not aware of anything. We were put outside on verandahs open to all weather. It was bitterly cold. As you progressed they got you to look after the younger ones (N.E.R.F. Oral History Collection).

The official approach

In 1932 the Department of Health reported that 'as far as is known New Zealand has the lowest death-rate from pulmonary tuberculosis in the world and the present provision is more generous than in other countries'.

In Germany tuberculosis had been looked upon as a disease of nurses and physicians since 1830. However, the first mention that we found of

Nurses with Tuberculosis

tuberculosis as a health problem among nurses in New Zealand was in this same Department of Health report in 1932. This had been clearly prompted by the findings of two Commissions of Enquiry.

Deaths	Death rate per 10,000	population
1928	699	5.02
1929	642	4.56
1930	649	4.55
1931	617	4.27
1932	615	4.22

(Department of Health, 1932).

The Lancet Commission on Nursing in Great Britain in 1930 had been appointed to examine the shortage of trained and untrained nurses and the conditions of their training. The second was set up by the Canadian Nurses' Association, together with the Medical Association of Canada, to study the supply of nurses.

Marion Lindeburgh, reporting on the Lancet Commission for *The Canadian Nurse*, wrote about the

...limitation of opportunities for social life; shortness, irregularity and uncertainty of off-duty time; overwork and fatigue; lectures during off-duty time; too much menial work; excessive restrictions and discipline in nurses' homes; favouritism shown by the sisters to students; poorly cooked food; insufficient sleep; lack of interest in the health and welfare of nurses shown by hospital authorities; too great a burden of work and study; narrowness of outlook and continuous 'shop'...[and] the attitude of certain nursing members in authority who still hold to the belief that the nursing spirit and nursing skills have been dimmed by the introduction of the 'curriculum' and who still adhere to the idea of long hours of faithful nursing service (Lindeburgh, 1932).

From 1933 tuberculosis among nurses was recognised as a health problem in New Zealand although the incidence had not really been studied. This gave epidemiologists among the medical fraternity an ideal problem within a clearly defined and captive population for study.

Apparently foremost among these was Dr J. Arthur Meyers. Writing in New Zealand in 1933, he reviewed studies from Germany, Canada and the United States, and a summary of these reveals that at that time:

- 84% of tuberculosis patients entered institutions for treatment

- after they had lost their best chance of recovery;
- while 30-50% of nurses entering training might be tuberculin positive, 100% of them would have been infected with the bacillus by the time of graduation three years later; and
- 5-12% of student nurses fell ill from the disease (Meyers, 1933).

Information from overseas included that from the Saskatchewan Anti-Tuberculosis League, which showed that between 1930 and 1933 the incidence of breakdown among nurses was 12.7 per 1,000, which was twelve times the incidence among the general population. They used only a general physical examination as a case-finding method, yet this was still eight times the incidence found among normal school students examined by physical and radiographic examination (*NZ Nursing Journal*, 1934:200-2).

In 1933 tuberculosis was again cited in the Annual Report of the Department of Health, this time as an occupational risk to nurses. A committee was set up by the Otago Medical School and the Department to consider the problem of tuberculosis amongst student nurses in training schools for nurses in New Zealand.

The results of the investigation were summarised and revealed the following:

	1935	1936
Total Number of Training Schools	21	26
Number of Training Schools providing:		
An X-ray of the chest	8	19
A Mantoux test	5	4
One routine annual physical examination with weight recording	15	23

The total number of nurses (including students) was 2,000, of whom twenty-four had been notified as suffering from pulmonary tuberculosis and pleurisy (Department of Health, 1936).

The report of the committee's investigation was prepared by D. W. Carmalt Jones, the then Professor of Systematic Medicine:

In Europe, North America and New Zealand there appears to be an unusually high incidence of tuberculosis among nurses who present the following peculiarities: they come from sheltered homes, at a period of life at which, according to clinical experience, the incidence of pulmonary tuberculosis is high among women; they have not previously been exposed to infection, and their immunity is low; they are called upon to work unusually though not unduly hard, and they are apt to tax their strength by indulgence in

Nurses with Tuberculosis

amusement which shortens their rest. In these circumstances they are brought into intimate contact with declared cases of tuberculosis, and also with open but undeclared cases. It is the duty of the hospital authorities to protect these women; the incidence of the disease in New Zealand is unusually low, but the injury to health, and the social and economic disabilities caused by it, need no emphasis (Carmalt Jones, 1937).

Stories of nurses who contracted tuberculosis and then found that their parents were asked to pay for their care in sanatoria suggest that they did not come from sheltered homes. In fact they were often working to help support folk at home. However, in New Zealand it was recognised that the rural background of the majority of nurses was a factor. For while the infection rate world wide was known to be greater among urban than rural populations, for women in New Zealand their first contact with tuberculosis infection occurred when they left home for nursing training in an urban setting. Thus, tuberculosis occurred at an age and time when they were particularly vulnerable and often more so because of the physical and emotional stress of their work.

Attempts at prevention: how effective were they?

As a result of the investigation a letter was dispatched to all medical superintendents of hospitals and tuberculosis institutions suggesting that to protect nursing staff against tuberculosis there should be:

1. Careful selection of candidates for the nursing staff.
2. Complete medical examination before acceptance. This should include an X-ray examination of the chest. This examination should be repeated at least yearly during the period of training.
3. A sufficient preliminary training in elementary bacteriology and medical and surgical asepsis before entering on ward duties. This should include practical demonstration.
4. The institution of a complete technique of medical asepsis in the nursing of any cases of tuberculosis within the hospital.
5. The application of the technique to all new admissions until a careful and complete diagnosis is made.
6. Adequate supervision of the nurses' off-duty period to ensure that sufficient rest and sufficient exercise in the open air is taken.
7. A strict rule should be made that all nurses should report any slight personal illness or injury.

The oral history tapes and nurses writing in the *Journal* at the time

revealed that nurses themselves were acutely aware of the problem, and were in many ways not affected at all by the recommendations. Nor did they seem to be working 'not unduly hard'.

The following are accounts of life as a nurse from 1936 to 1939 *after* the recommendations had been made:

In 1936 I started at age twenty. We would go eight to nine weeks without a day off and you never knew until the duty list went up at one o'clock or midnight if the next day you were on morning or afternoon duty. Never got a night off on night duty. First night duty...six weeks on duty, one night off at the end of it. You were supposed to be fit. Meals were terrible. Skim milk, rice pudding, dried apricots, dried prunes. Breakfast there was porridge, skim milk, golden syrup and sugar on the table; very often no butter, just golden syrup.

We didn't have much energy to do anything much, some of the girls played tennis. We had to bike ten miles to the college courts. Going to a dance seemed to revitalise us too. A number of T.B. patients when we were nursing. We called [their quarters] the peanut houses; really little huts with two beds. Fourteen nurses had gone from one peanut house down to Waipiata. I think that most of them recovered, there was one death, one came back to die. I remember one of my friends getting T.B. and we were terribly upset for her. We used to sit on her bed so that she would not feel like a leper.

In January 1939 four of us were given permission to start [nursing] at 17 years. We were supposed to have one day off a week but that was not always possible. Cancelled days were never made up nor were we financially compensated for them. It was fairly common practice for us to work four to six weeks or even longer to have a day off. We worked very hard and many nurses succumbed to various infections but always had to complete their duties and then make up a bed for themselves and fall into it as a patient, being too ill to care about what happened to them.

On night duty in the first year (1939) in the children's ward the responsibility was terrifying. Maternity training hours very long. Did your day stint and then everyone on call and that wasn't counted. Periods of sores and boils and

often worse than the patients. I think that it was overwork. We couldn't get off for meals. If you got over there was nothing left in the dining room (N.E.R.F. Oral History Collection).

But even then the socialisation of nurses was strong. As late as 1940 nurse-patients looked on the 'bright side' and reflected the often quoted homily that the best nurses are those who have been ill themselves:

I decided I was hypersensitive about being infectious. My nurses and friends reminded me I should now be able to enjoy the peace and quiet of the countryside, forgotten in the rush of the life of the city.

After a lengthy wait I was admitted to a sanatorium. It was early summer and the country was delightful. From my bed I could see miles of open country, birds of every variety nested in the shrubbery and the garden was filled with flowers.

What has the disease taught me? It has taught me the importance of knowledge and sympathy in the nurse who cares for patients suffering with tuberculosis (*NZ Nursing Journal*, 1940:143-145).

And:

Life as a patient in a sanatorium is not half so bad as I had imagined. In many ways it teaches a nurse to look at things from a patient's point of view. The nurse-patients here have been given the privilege of attending the weekly lectures given to the nurses, which helps to keep us in touch with the latest methods.

And then nurse-patients had the advantage of being able to work. Dr Francis in 1941 commented that:

At Frimley Sanatorium I saw the X-ray of a nurse who is doing a six-hour day and who had a thorocoplasty on one side and a pneumothorax on the other. In New Zealand at Waipiata nurses who have had tuberculosis have been employed for some considerable time. At Otaki we have recently given three nurses part-time duties as hospital aides. These girls have got a kick out of life and are thoroughly enjoying themselves.

The problem in its social context

Nurses were not unaware of the problem and seemed to recognise it as a more complicated one than was often actually presented. A registered nurse wrote to the *Journal* in 1937:

The percentage of T.B. cases among nurses is considerably higher than among women of corresponding age in other occupations. Even after allowing for more checking up in the modern times there has been a definite rise in the number of nurses affected. Why?

The low entrance has been blamed — and the minimum age for entrance to hospital training schools is unquestionably too low. No training school ever wished to lower the age minimum — that was done by the pressure of economic stress. If the age could be restored to 21 it would be a considerable gain. Proportionately more nurses break down with T.B. in general hospitals than in special institutions for the treatment of tuberculosis. There is little danger in the sanatoria. The hygienic measures imposed on the patients are adequate for protection (*NZ Nursing Journal*, 1937:98-99).

This letter introduces two points:

1. The level of interest in the incidence of tuberculosis among nurses was always closely associated with the difficulty in staffing hospitals.
2. There was a much higher incidence of tuberculosis among nurses who worked in general hospitals than those who worked in sanatoria.

Tuberculosis and the need to staff hospitals

The association of tuberculosis as a problem among nurses and the shortage of staff is still clear well into the 1940s. At the same time it must be remembered that until the 1980s hospitals were staffed predominantly, and at times almost exclusively, by supervised student nurses.

As early as 1897 the Inspector of Hospitals, Dr MacGregor, had written that at Auckland Hospital

...There is considerable though spasmodic agitation going on about the long hours of the nursing staff, and a demand for an eight hours day. As regards the long hours, there is no doubt that for a part of the year unfairly heavy work was thrown on the matron and several of the strong and willing nurses, partly owing to the resignation of several of the more experienced nurses and partly owing to what I consider laxity in letting nurses off duty and granting holidays for slight ailments. I cannot help thinking that the state of feeling in and about the hospital regarding the demands of the nursing staff points to a great danger ahead of our

system of female nursing. It is becoming so expensive that it may fall by its own weight. To introduce an eight hours day in Auckland means an increase, roughly, of one-third in the number of nurses (MacGregor, 1897).

The problem of staffing had also been addressed by two tutors in a letter to the Editor of the *Journal* in December 1944, referring to the practice of placing women awaiting entrance to general nurse training in sanatoria as nurse aides:

In view of the difficulties experienced at present in the staffing of sanatoria, the dissatisfaction among the public at the methods employed by the manpower officers, the fear that many young girls have of contracting tuberculosis and the adverse publicity given in the press to this means of staffing, we beg to make the following suggestions:

1. Sanatoria should be staffed by pupil nurses from public hospitals.
2. Young women should be directed to public hospitals rather than sanatoria.

Considering these suggestions:-

Pupil nurses could spend three months of their training period in a sanatorium. This we suggest would not only improve their training but would greatly assist sanatoria, as the staff would then consist of nurses who had already learned the principles of medical asepsis and how to protect themselves from infection, as well as being trained in bedside care. The training could then be concentrated on the care of the tuberculosis patient and the fear of self-infection would be removed.

In 1946 the fear of contracting tuberculosis was still being argued as preventing girls from taking up nursing. Dr Francis, however, stated the risk to be small (that year the Department's statistics proved the incidence to be the highest ever recorded at 20.3 cases per 1,000). He considered the recently introduced reforms, routine skin tests and X-rays were distorting the picture and said:

Many of the nurses who enter the newspaper scarelines have minor tubercle lesions discovered at an early stage, such indeed as many nurses would have formerly fought unaided and without the knowledge that anything was wrong (Francis, 1946).

The source of infection

The second suggestion made by the writers of the letter refers to the fact

that there was a difference in infection rate between nurses who worked in sanatoria and those who worked in general hospitals. This was not often discussed, perhaps also because of the desire to recruit trainees to general nursing.

Dr Francis, writing in 1941, explains this:

It may be concluded that hospital workers are subject to a greater risk of developing tuberculosis than the general population and that such a risk is greater in general hospitals than in tuberculosis institutions. This is attributed to the heavier work and the presence of unknown cases in the former, and the preventative measures taken in tuberculosis institutions together with the fact that these are generally situated in more hygienic surroundings (Francis, 1941).

Miss Mary Lambie

In researching this material we became very aware of the work of a remarkable woman — Miss Mary Lambie, the then Director of the Division of Nursing in the Health Department. She had studied public health nursing in Toronto in preparation for lecturing in the Diploma of Nursing Course at the University of Otago, which was established in 1925 but collapsed by 1928.

What became apparent was her knowledge of international nursing, public health and epidemiology, and overseas trends and studies related to tuberculosis among nurses. She had the strength of purpose and the ability to recognise and work directly to address a particular problem as she saw it. She tried persistently to deal with the preventive factors in tuberculosis.

While she worked in her official capacity within the Department she established and maintained very close and apparently personal links with nurses throughout the country and worked directly with them for the benefit of their staff. She clearly saw a relationship between the living and work standards of nurses provided by hospitals and their boards, and the incidence of tuberculosis.

Lambie's biographer, Helen Campbell (1976), does not directly mention the work she did in relation to tuberculosis though this is reported very frequently in the *Journal* between 1935 and 1939. Here and in her annual departmental reports she constantly stressed such things as the need for a detailed health examination at the commencement of training with a careful chest X-ray and preferably a tuberculosis skin test; better health supervision of nurses in training with monthly weighing and at least yearly medical examinations.

Her concern was wide. She told a group of nurses in 1935 that there

were twenty nurses undergoing treatment for tuberculosis in one of the most isolated sanatoria alone, and said:

At the present date, returns show that an average of seven days sick leave a year has to be granted to a staff of 2,000 nurses in New Zealand; this is a very serious position, both physically and economically. Efforts are being made to have greater care exercised in the selection of applicants by making X-ray examinations and giving tests for T.B. and periodic tests during training (Lambie, 1935).

Her inspections indicated that 'official' records were often unsatisfactory and that no adequate records of the health or hours of duty of individual nurses were kept. In 1935 she instituted the Meeting of Matrons of training schools, hoping to influence them more directly to work for their staff. This continued well into the 1970s when training schools closed.

At the matrons' meetings she discussed measures to safeguard the health of nurses, methods of keeping satisfactory records and innovations in nurse training to limit the degree of infection or illness that nurses suffered. However her concern was more directly for the way in which the health of nurses was addressed.

She drew attention to two areas: the excessive terms of night duty when three or four months might be spent during the winter with little opportunity of exposure to sunlight, and the need for better supervision of the nutrition of nurses. Nutrition was generally considered to be adequate because of the tendency for weight to increase, so the need for a properly balanced diet with correct food proportions was overlooked. In some hospitals the catering was managed by allowing for an absence of 25-30% of staff.

However her continuing concern for the health of nurses, especially student nurses (and an apparent lack of progress in the area), and her dissatisfaction with the lack of proper health care and supervision in some hospitals led her to suggest finally in 1936 that the conditions governing the health of nurses be laid down by regulation.

Tuberculosis as a continuing problem in the 1940s

Statistics show that tuberculosis continued to increase among nurses well beyond 1940, despite the fact that by 1941 all hospital boards undertook a chest X-ray of pupil nurses both on admission to training and annually after that. However, a chest X-ray could only find cases of tuberculosis and did nothing to avoid infection.

This, however, seems to be clearly related to the presence of undiagnosed cases in the community. In 1941 young men had been X-rayed for

military service. Many showed advanced tuberculosis despite good health and very little in the way of physical signs.

Even in 1941, Dr Francis comments that one authority considered there was a 50% greater fatigue load for nurses over a period of years than among those involved in an educational or industrial activity, but he says in relation to physical and mental strain amongst nurses:

Nurses are expected to know a lot more than they used to.

I really don't think that nurses should have to fag their brains. We are asking too much of them and at the same time expect them to do a hard day's work (Francis, 1941).

The nurses were likely to agree:

In 1944 we worked long hours, attended lectures in off-duty time and frequently fell asleep after a morning duty to waken during the night having missed the evening meal. Triple shifts were disliked and continued for the three month duty change, day one 6 a.m. to 10 a.m., returning for night duty 10 p.m. to 6 a.m., reporting to Matron's office at 2 p.m. to work where needed until 10 p.m., the next day 6 a.m. to 2 p.m. We worked in geriatric and infectious diseases wards (N.E.R.F. Oral History Collection).

By this time it was known that deaths from tuberculosis in females occurred mostly in the 20-23 year age group and for males in the 46-65 age group. Tuberculosis was the highest single cause of death in females of 20-29 years of age and accounted for 30% of all deaths in that age group.

The table (next page) from the Annual Report of the Department of Health (1954) indicates the incidence of tuberculosis among nurses.

It must be noted however that these figures are only for nurses working in general hospitals. The possibility that the incidence was higher among nurses working in psychiatric hospitals, where no precautions for infectious disease were taken, and also in maternity hospitals, is great. Then there is the question of the incidence among women who left their training before completion (and there were large numbers of these) or graduated without showing evidence of tuberculosis but developed it later. For many women the first indication of tuberculosis occurred with the first pregnancy and there must have been nurses among this group.

MORBIDITY IN THE OCCUPATIONAL GROUP: NURSES

Notification of cases of tuberculosis during year ended 31 March

Year	Number of Cases	Staff in General Hospitals	Incidence per 1,000
1938	24	2,000	12.0
1939	37	1,983	18.6
1942	47	5,299	8.9
1943	88	5,489	16.0
1944	96	6,103	15.7
1945	94	5,869	16.0
1946	119	5,853	20.3
1947	112	5,647	19.8
1948	112	6,088	18.3
1949	83	6,253	13.2
1950	75	6,066	12.3
1951	58	6,138	9.4
1952	54	6,438	8.4
1953	22	6,596	3.2
1954	20	7,043	2.8

As early as 1933 Dr Meyers was aware of this, but it seems that case tracing had never looked for these women. He wrote:

There is often a long period between exposure and the appearance of symptoms. It is this long period which has misled us in tuberculosis control work. This has been particularly true of tuberculosis among nurses and physicians. The fact that a nurse was required to take a tuberculosis service in her training and had not fallen ill of the disease by the time she graduated was looked upon as one of considerable significance. To many it meant that she had not contracted tuberculosis. Her school of nursing did not continue its interest in her health and if she broke down one or more years after graduation her school might not even know about it. If they did, the disease was attributed to some other cause than the exposure during her training (Meyers, 1933).

The fact remained that tuberculosis was caused by the mycobacterium bacillus and the solution lay in protecting nurses from that bacillus. Effective B.C.G. vaccination had been available since 1922, and in Oslo nurses were given B.C.G. from 1924 onwards with excellent results, which were widely reported in New Zealand. But we have as yet found no reason why nurses, or for that matter the public, were not offered vaccination. In Lubeck in 1929 a number of deaths had occurred when a wrong strain of the organism had been given in vaccination. However, this offers insufficient reason to withhold vaccination when human error had clearly been the cause. The first nurse to be immunised (and she voluntarily) was in 1948, although 1945 to 1947 were the years with the highest recorded incidence of tuberculosis.

It becomes clear that the figures for those immediate post-war years, although rightfully associated with improved case-finding and notification, were frightening. One sixth to one fifth of the total hospital population was found to be suffering from tuberculosis and over one third of all registered T.B. cases were known to be in an active or in a potentially active state. At the same time, accommodation in institutions was available for only half of these.

It must have been this situation which finally led to the Tuberculosis Act of 1948 and all persons with tuberculosis being required to be treated in or out of an institution. Sources of infection and contacts of the person with the disease were to be traced. A medical examination of all contacts was required and any person in the course of enquiries found to have the disease was to have treatment, with provision for the immunisation of contacts.

At the same time, Dr Wogan was appointed to assist the Director of the Division of Tuberculosis to carry out another survey on the health history of nurses suffering from tuberculosis, with the goal of providing a policy to reduce the incidence amongst nurses. Hospital medical superintendents were asked to undertake a more detailed routine medical examination for all nursing staff and to supply information on tuberculosis, pleurisy and erythema nodosum on a special form. The returns were not as high as expected.

Again reference was made to the need to review the diet and facilities for recreation, and to increase awareness of the health supervision and the allocation of duties of nurses.

This paper has not considered tuberculosis among junior medical doctors who, like student nurses, have always had the greatest workload and the closest contact with patients. Nor has it begun to explore the cost to the individuals and families in which tuberculosis became almost a way of life, and the wider economic and social costs.

In exploring this topic we were overwhelmed by the apparent incidence and effects of tuberculosis that were not reflected in the literature. The official accounts, horrendous though they often are, do not reflect the hardship and life-long personal cost that tuberculosis has had for nurses in this country. Nor do they begin to consider nurses as a source of infection, not only within institutions but also in their homes and among the families they established after their nursing experience.

We found that all the women we talked to who had trained as nurses before the mid 1950s had a personal story or could relate the experience of friends who contracted tuberculosis. Time and time again we heard of nurses whose X-rays were never read, or, if they were read, were not taken seriously.

Perhaps this account offers a glimpse of the common 'hidden story':

In 1944 thirty-two of us started nursing, seven completed. Many years later five of the seven had received treatment for tuberculosis. A medical examination and chest X-ray were a prerequisite for entry, and the X-ray had been repeated annually. But for at least one student the X-ray result of the annual check was either not read or not heeded. An astute senior nurse administrator noted she was unwell and checked the result. After a medical examination she was sent home to rest. She was admitted to a sanatorium for treatment and readmitted with complications over several years. Her two adolescent siblings developed tuberculosis after her 'rest at home' (Brister, 1989).

Sonja Davies should have the last word:

I had a positive reaction to the Mantoux test but nothing was made of it. In those days the effect of tuberculosis on nurses was minimised. The result was that in my class alone eleven of us were affected in some way. It was to be said that warning signals were not heeded in the urgency of keeping hospitals staffed in wartime. One of my eleven classmates, my dear friend Frances Ngahere from Wairarapa, died of it and another one survived only because her brother, a house surgeon, saw her X-rays by accident and demanded action (Davies, 1984:56).

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Nurses with Tuberculosis

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The Early Post-War Years for Women: A Personal View

An Interview with Beverley Morris

Helen May

Beverley was born in Wellington in 1923. During the war years, she married and subsequently had four children. Throughout her child-rearing years and through to the present time she has been involved in community organisations for women and children. Beverley retired in 1989 after twenty-two years as senior lecturer in the Centre for Continuing Education, Victoria University of Wellington. Helen May interviewed her in 1986 about her life and work during the 1940s and 1950s.

I would like to start during the war years because this had a big impact on the lives of women. Can you tell me what you were doing during the war years? And what did you feel was happening to women during those years?

In 1940 I was head prefect of Wellington East Girls' College where we were following the current affairs in the papers to see what was going on overseas. It didn't have much impact on us as young women except when I got to teachers' college, 1941-2. At the end of 1941 all the men who were at teachers' college were called up and that included a man with whom I had started to have an affectionate relationship. We were reduced to eight men against 100 women in the second year of teachers' college. All the others had been called up. In terms of our ability to get on with men and to know what men were like...we found this rather difficult and I

The Early Post-war Years for Women

think we began to assume a bit more responsibility for various activities in the college that we wouldn't have otherwise. We found that we were having associate teachers who were women so we didn't know what men did in that situation. It didn't seem to have any effect on the kids in the schools but I was lucky that I had good associates and not everybody did. I was also at university part-time during those years and there the same thing was happening. Of the 2,000 students there was a growing number of females. The social side began to go down hill a bit.

Did you feel that there was a reluctance by women to assume responsibility or were women keen to assume it?

I would say 'yes', they were quite keen to assume responsibility but later on, when the men came back, the women just stood aside and let the men go on.

During that period what were your personal aspirations, particularly as you had a very good education for a woman in those days?

Might I say that I came from a modest lower middle class background... that my parents hadn't the vaguest notion what a university was. My father was obviously intelligent and I was the elder of two. There was a boy and myself. I passed through the first years of college pretty well and my father was concerned that I stay on in order to get a good education.

At one stage at the end of my fourth year I hoped to go to home science school but they couldn't afford to send me. I had won a scholarship at college worth a few pounds which enabled me to buy a new uniform and a few books and so I could stay on for the extra year. Then the idea was that I try to get into teachers' college which I did. When I got into the teachers' college they said there why don't you try university as well ... I didn't know what it was all about, it wasn't for me you know ... I didn't think that university people were like me. It was a bit of a revelation to me that I could manage this. I had no relatives or friends who had been anywhere near a university.

What did you want to do with this education?

You recall I said that I hoped to get into home science school. I wanted to be a teacher. I had shown some leadership qualities in being head prefect. I had also set up my little brother playing 'school' and 'taught' him. I did expect to be a teacher and I did think that I would marry and have children...I also thought that some day (very very vague) I might get back into teaching again. But I couldn't really envisage what that coming back could mean.

Was there a concept that better education made a better wife?

No... Not in my mind nor from anyone who talked to me about it. That was not the point at all...After I married I kept having this terrible empty feeling or annoyance that I knew that I had education and I had capacity and I wanted to use them. This is where I got fairly hooked into [Betty Friedan's] *The Feminine Mystique* because that showed me just what I was feeling in that emptiness.

After training college I went teaching in Wellington schools. I was lucky in that I was able to stay in a local school because I was continuing part-time at university with my B.A. Most of the young women were sent to schools outside Wellington. They were 'manpowered'...they had to go where they were sent. I was very lucky...That was 1943 and in 1944, I got married to the same guy from teachers' college. He had been too young to go overseas as he was only eighteen but he had been in camps. When he was to be sent overseas in 1944 we decided to get married in three weeks' time. I could be a married wife receiving his pay and we firmly decided not to have children before he went. That allowed me to continue to finish my B.A. and also I finished my M. A. before I had children during the next two years. He was away for eighteen months in England.

How did you find that, being rather quickly married and then nothing?

It was pretty grim. It was bad. I went back to live with my parents and still taught in local schools. I was terribly busy as I was teaching and doing 4-7 p.m. lectures at night. I also played hockey for the university and did some drama.

Was he in any danger over there?

Well he wasn't, but yes, he was training to be a pilot...he told me afterwards about the narrow escapes but he never got into active service. Just as he was about to do more solo flying the war ended and he was mucked around a lot in places in England waiting to get back. I guess I was fortunate in that I didn't have that stress about knowing that he was in actual combat. We wrote to each other two or three times a week the whole time of the war years.

Did you still keep your letters?

No, we were mad! We had a celebration burn up...all these little airgrams, there must have been 1,000 between us.

Would you have started a family sooner if the war hadn't been there?

I think I would have delayed it until I got my degree. We had to go to very special efforts to get family planning...I had to go almost illicitly to a

doctor...Eunice Sloane...I joined up with the family planning with a woman who was the mainstay of the Family Planning Association. I was beginning to get materials about diaphragms...we didn't actually have intercourse until a few days before we got married (I was only twenty then)...it was quite difficult to pursue the idea that I was not going to have a child until I wanted one...not easy at all. It was the mechanics of getting the information. A few people I knew of had ideas and they passed booklets on to me...I was in a political party at the time which was very interested and wanted people to know about these things. That was just the glimmerings of my later feelings about women having a bad deal, because actually up to then, being very close to my father who was supportive and pushed me into education, I had never felt inadequate...never...I just assumed that girls could do anything. That was interesting because it was only on reflection later that I realised what an influence he had had.

What were your impressions about 'when the boys came home'?

There was a great feeling from the women of 'thank God, now we can go back and they can do the things that we have found so stressful',...it was a tremendous feeling...also the psychological relief of knowing where everybody was. That there wouldn't be people dying and that people would come back. That was the first relief. Most women I think were quite happy to assume the maternal or family role. It never occurred to us otherwise. P. and I were very keen to have children right from the time we were married...so we were really putting off something that we wanted to go into. The general feeling was that there was a lot of satisfaction in having children and having a home that was 'nice'. We had had some privation with our diet and having to get coupons and be pretty careful about how we managed our lives with respect to food, clothing, travel and so on. The general feeling was that things might be better from now on and that our creative energy could go into better food, better clothing and better family arrangements. The family became a focus.

Were you personally aware of any feelings of women being put out of jobs?

No...I don't think so. I think things expanded to keep the women who were interested in staying on and then gradually there was attrition as they got married and so on. I think it was a bit of a myth what people have now said...that women lost their jobs as it was never seen as that...You have to take the time factor into account too. They had been doing this work for three to four years on end. We didn't know when it would end and things looked very bad for a long time when Japan was coming down

this way and the European winters were so terrible. We just couldn't see when it would end. So you can imagine the kind of relief in handing over the jobs. Maybe some of those women had potential for better jobs and didn't want to be mucking out pigsties. They were doing it because it was a service for the war effort. Women are so damned conscientious and faithful that they would be doing these jobs even if they hated them.

What happened when P. returned?

He had to wait for a boat from England. We really expected them back straight away but we were put off from day to day saying well it won't be this boat but it will be the next boat. He had only done one year at teachers' college and so he went back as a mature person five years later and joined a whole lot of young people, plus a few returned servicemen. He completed that year while I was teaching at Lyall Bay School.

You had obviously progressed in your career. Did he feel as if he had been left behind?

There was no real question that either of us would be jealous of each other's career opportunities. I guess I wasn't very ambitious at that stage. He didn't really feel that he had been left behind. The government was very good because it gave credit to young people whose lives had been interrupted by the war. So his superannuation started at teachers college when he began as an eighteen-year-old. On the other hand I had this feeling that I should stop and have the children and support him in whatever he was doing. But he was not particularly ambitious. He just wanted to get into some work. Often people say that early marriages are pretty disastrous. I have never felt that way. We were engaged in that we had a ring and an understanding about eighteen months before we were married. I had seen him in his own home and decided that I was choosing a pretty useful sort of guy. He was prepared to do all the housework with me and mind the kids and so on. He supported me in my career (which I didn't know I would ever have).

Have you any comments on how the men viewed life for the future when they came back from overseas?

I think most men wanted to get into a job where they could earn money and to get into a job that they wanted rather than just any old job. There were training schemes for them so that they could fulfil that ambition. I think they did see themselves as settling down and starting a family. Certainly the women felt that way. It was the rebuilding of everything. The picking it up again. A lot of them had never really started on a job before they went. I did my M.A. in Education with Professor Bailey in

1946. We had these high ideals about how marvellous the education system would be after the war, how there would be opportunities for everyone, and of course it didn't happen and I was writing high-falutin' sorts of things in my exams. The Labour government had come in 1935. The Depression was behind us. Housing was being put up for everyone. The level of education was being raised and you couldn't leave school until fifteen. There was an optimistic note. For New Zealand, its overseas contacts for its markets were reopened with the war finished. In 1949, there was a change of government. We got National in with a different style. They seemed to swing away from socialism and egalitarianism and swing back to 'every man for himself'. Only if you were the top dog were you going to make it. Well, I think that we were too idealistic. We had thought socialism would be within our grasp within ten years.

When you talk about socialism, did this include a perspective in relation to women?

Yes, because we were getting news from Russia that women were being engineers and doctors and running farms. There was day care whenever you wanted it and we assumed that that would be a good model.

Women were going to be liberated, although I don't think that I thought about it for me personally. In the working class there would be these political ideas about women taking their place side by side with their men, which was a kind of overflow from the war, but as soon as they started family life, then there was a different atmosphere.

Can I move on to when your husband was back, you had no children. Did you find it hard to establish things again?

It went very well indeed. I will tell you one little thing. As P. came down the gangway off the boat the person who moved fastest towards him was his mother and I wondered, 'My God, what is she doing—I am his wife', and then I realised (it was pretty mature of me!) she thought she had first rights to him. I thought, 'Well, I shall be having him tonight, she could have him right now.' I told P. this later and he was quite amused and understanding. Well, we went home to his place straight away. I had arranged that my grandfather's house in Newtown be available to us and we went there to live. Our relationship was good because we had been corresponding so regularly. There was no child as well to make it difficult. I didn't find it difficult.

He didn't come home with a lot of readjustment to do or scarred in some way?

No, only insofar as he was annoyed that he had lost those years... 'the

best years of your life' from eighteen to twenty-three.

When did you have your first child?

We deliberately tried for a baby during the summer holidays so that I would have her the following October. We missed one month and then we got it right. I kept on teaching until the May when I was five months. I wasn't even showing then. The thing to do then was to leave your job if you were showing pregnancy. We planned it and I was terribly well—so terribly normal. I really made quite a study of becoming a mother. Because I was so interested I did quite a bit of sewing and knitting. At the same time I catalogued a library of a political party in my voluntary time because I had to have something to keep me going. I was looking to fill my days. I always knew that I needed something to keep my mind busy. I don't think that I thought I would be satisfied with housework. I expected to be reading a lot when I was a mother. I was reading political theories.

How did you feel about the whole process of giving birth?

I accepted the hospitalisation process that was current. I thought that I knew intellectually a bit about it, but I really knew I was very ignorant and I was petrified. I didn't want to give way to those feelings. P. took me into Alexandra Maternity Hospital...First of all they put me in a cold metallic room all alone for five hours. I remember calling out for my mother when the pains were bad. I don't remember making any other noises. They swooped in and took me away and put me right out with anaesthetic. I came to and for about eight or nine hours I didn't even know whether I had had a baby or what sex it was...terrible.

Did you prepare for childbirth as women would now?

No. I was the first one of our friends to have a baby. My mother just said to me that it hurt and didn't give any more details than that. I went to one or two classes at Alexandra Maternity Hospital. They described things but you just have no idea of the stages...so that was the first birth. The second birth, two years later, was planned. I again walked in because we were just down the road. This time they put me in stirrups and I thought, 'Oh well' (I am a very obedient good girl. I was a prefect, and I did what I thought I had to do). I remember coming to at the stage he was coming through the opening and getting my hands down and trying to help to push him out. I was immediately clamped out with anaesthetic again and didn't know any more. I'll never forget that feeling of being imprisoned in those stirrups with my legs right up in the air like this, wanting to help and wanting to be conscious and doing something but not being allowed.

Totally out of control.

We had our third child in 1951, which was another two years later. For D. I had read Grantly Dick Read's *Childbirth Without Fear*. It had come into the local bookshops. After reading it, I went down to see the matron of the Alexandra hospital whom I knew quite well by now. I said I want to try this and don't give me anaesthetic at all please, so she said all right, when you come into labour get them to tell me (because she lived in the flat up above and she might not have been on duty). She said she was very interested and felt quite happy to do it. So she came down when I was in the second stage and held my hand and told me what to do and how to breathe. I was still conscious all the time he was being born although it was pretty hard work because I had already been cut in the first two labours. I said to the doctor, 'Isn't it time the afterbirth came?' The young doctor was startled. He said, 'What?...Oh yes,' and after it came, he started to sew me up. He gave me a local anaesthetic across the passage. I didn't feel the needle going in but it must have worn off and five minutes later I got all the sensations from the stitching. It all went up to the brain, I felt it all and that was bad, but everyone was very sympathetic.

Was this the first time for the doctor to be present at a birth without anaesthetic?

Yes. However, it was the matron who had the say. I think they were quite impressed. There was nothing else like this happening in their hospital. At about that time Helen Brew gave a talk to the Newtown Kindergarten Mothers' Club of which I was very much a part. It was fascinating. I realised that I had not had control for the first two and I am a person who likes to have control. From then on I got involved in the Parents' Centre but not as much as I eventually got into in the playcentre movement. Helen went around speaking at parent groups. She had learned the art of relaxation. I guess that was the key. Grantly Dick Read said you have to relax because the more you tense the more you feel pain. That seemed to me so rational and reasonable that I was really prepared to carry it out. Being a third birth too I knew that I could do it. Helen was getting such bad press from the doctors that it was a bit tricky even being known to be interested.

Can I go back to your life as a mother after having worked in a job for some years?

For the first six years we were in Newtown. I enjoyed motherhood and I deliberately studied what I ought to do to be a 'good' mother. But I filled my life with outings to Newtown and taking the children to the playground. I joined G. at the kindergarten at two and a half years. One day

she walked home from Hospital Road through the John Street traffic and came up to the gate just as I was going to get her. She said, 'I've come myself.' I was satisfied for a while with this life. When G. was three and R. was one, I just couldn't stand it any longer. I wanted to be back teaching. I got a job as a relieving teacher at Newtown School. I had a series of people come in and mind the children. I wasn't very happy about that because they didn't mind them as well as I expected, according to my standards. One day the woman who was minding my children came up past the school at lunch-time. There were my two, in scrappy clothes with their food plastered around their mouths and G. being dragged along beside the pram. I thought, 'No, it is no good, I can't stand it', and I stopped teaching. It had been a good job; it was only 9 till 3 and it was right beside where I lived.

How did your friends feel about you teaching with young children?

No one had a word to say against it. They knew that I was a keen teacher and that the schools needed teachers. There was a shortage and so it seemed quite right that I go back. Perhaps if it had been a different sort of job they might have had a different view. Teaching was acceptable for women to do. If I had gone off into a factory or something like that there might have been something to say.

Did you have a strong philosophy with your husband of sharing things at that stage?

Oh yes, always...He understood from the beginning of our marriage that he would be doing as much as me although we never allocated the chores. He just helped with the dishes and helped with the cooking.

Did you discuss household arrangements beforehand?

I did, but you see I had carefully watched him in his own home before we married. His father was used to doing the marketing, hanging the washing out and so on. All the kids had to scrub the steps and to help with all the chores and so he was coming from a background where that was seen as normal. That is unusual and I know it is.

What did you do when you gave up your job?

When G. was three and R. was one I deliberately became pregnant again to have the next one at a two-year interval in October. I had three under five. That was pretty tough but I was used to organising the family. I was young and I thought nothing of pushing one on the tricycle, one on the end of the pram and the baby in the pram all the way up to Newtown to start the playcentre in 1951. I had known Gwen Somerset in Feilding. She

said to me, 'Right, you had better start a playcentre in Newtown'. It was a working-class area mainly and they didn't know about preschool centres. We got one going. There were kindergartens there and this was a conflict. You had to sell the idea that parents could run the preschool. So there I was packing equipment under the stage and pulling it out twice a week. I was using my teaching skills about play in the playcentre.

How acceptable was the playcentre at that stage?

It was very rarely known and people didn't really understand at all what it was all about. It was fairly difficult and there was a lot of unacceptance from kindergarten. It was hard work trying to get across the concept that parents had something to offer. They believed that they should hand their child over to a teacher. We were pioneering something new.

How different was the kindergarten in terms of what it was doing?

They were still at the stage of all the children playing with dough at the one time. It was very formal and instructional. I don't think there was any concept of free play but Gwen Somerset came down to Wellington in 1948. She got involved in lectures to the kindergarten students to show them that children could do their own activities without being all hustled or told what to do.

The Plunket Society had firm ideas on how children ought to behave...Have you any comments on this?

Because I conscientiously joined Plunket with my very first child I got a lashing of the Truby King materials. I went up to Karitane for the first week of her life to learn how to be a mother. I took on board all the nonsense about four-hourly feedings and I followed those through because I thought you had to cultivate good habits etc. But she was reasonably amenable, so that worked O.K. By the time I got to the second child, I thought it was quite stupid. I would feed him when he was hungry. I don't think the ideas of demand feeding had come in then. I was determined to breast-feed, that was the New Zealand way. The Truby King way. Then Spock's book came...I got it quite early. He was my bible for knowing that it was O.K. to do demand feeding and other permissive things. Fortunately that was my nature to be permissive but I felt very guilty letting my children do things that were obviously against what my mother thought and the Victorian traditions that most of the neighbours of that generation had. I really did feel awful about my methods of toilet-training which I knew in my own heart were better for the child. I could say that I always put an enormous stress on individual differences. I had this gut feeling from the time I was teaching that what we were dealing

with were a lot of individual differences. I found it very hard though to put a theoretical structure on it because no one said much about this. Everyone was supposed to conform.

I saw how different my own children were. The playcentre helped me there because as soon as I saw that the free activity meant that the child could pursue its own interest the light dawned for me. I took this all on board and by 1958 I was giving child development lectures in the Hutt telling them about these ideas. I reassured them that they were good mothers, but it was in the face of a lot of opposition.

There seems to have been a lot of worry about delinquency during the 1950s.

Well, that would be an aftermath of the war again. In 1954, while my husband was teaching at Naenae College and we were living in Taita, the Mazengarb Report came out because some teenagers were sneaking out in their lunch-hour and getting up to sexual activities (it was assumed). Because of six kids in the Hutt Valley, there was a witch-hunt of all the children. Everyone knows that some children get up to mischief.

These children came from a fast-growing state housing area where many of the mothers went to work. This report was a conservative backlash at the working mother, even though the factories around wanted her labour.

We had moved from Newtown out to Taita when G. was six. Our friends said, 'What are you going to live in Taita for? All these terrible things are happening'—the schools were overflowing, they were bringing out extra prefab. classrooms in every school. The teachers didn't know what to do with all these kids. There was great concern about the behaviour of children because there were so many of them. In Taita there were six next door, four on the other side and thirteen in a house across the road. The children had plenty of companions and there was already a playcentre. I swore that I wouldn't get involved. But I had a four-year-old and a two-year-old. I realised that I had to have some sort of support. I went down there and said I want my child to join but I am not going to get involved. Within the month I was the equipment officer and then I was the secretary and then the president. I became the supervisor and then the director of training for the Hutt and Wairarapa [Playcentre] Association. I was dashing off to Masterton, Tinui, Martinborough, staying overnight, just to do voluntarily the training in all those areas. I found I was quite good with adults and that is where I started in the adult education field.

Did you see that as a substitute for a career?

Yes. I knew I was using my abilities. It was an alternative and I was just lucky that I could do it because P. had the right sort of job to make it possible to do it. We could afford my voluntary activities. We must have spent pounds and pounds on petrol and my time, quick meals and quick clothing and all those sorts of things that I wasn't doing as a 'good' housekeeper because I preferred to spend my time doing this work in the playcentre training.

What about the idea of economic independence, was that an issue?

No, it wasn't. I guess I am different. We just put our money in a shared pool. I moved among a lot of women in Taita who were only given the household money. They had to find everything, whereas anything I needed I got. It was joint control and I think that was quite unusual. If we wanted something big we just planned to put some aside until we had enough. We never put anything on hire purchase. If I had felt that I needed to add to the budget I wouldn't have had any qualms about going back to work, but I was getting work satisfaction from playcentre.

People talk about separate spheres for men and women...Is that a myth we have created...or did people feel that way?

Well, not for me but generally it was absolutely true. The women were expected to do all the work that the men couldn't do because they were out getting the money to sustain the household. Some men were quite worried about the responsibilities. They had to get a job in order to be able to keep the family. That was the norm. Young boys were brought up to the idea that they had to get a good enough and big enough job with a salary to keep a family.

How were you different?

Well, P. did the washing and a lot of domestic chores. If anything had to be done it was done. He would put the kids to bed because I was out at meeting after meeting.

How did you find it yourself, moving out into the Hutt?

I felt isolated and I deliberately went out to find women who had the same interests as myself. I found them fortunately. Within the playcentre I found people who were intellectually interesting. My immediate neighbour was a woman of my own age. We shared a lot of baby minding. Every woman was isolated in her little household trying to be good at housework. There were very few shops although there were travelling butchers. There were few facilities. If you wanted to shop you had to get

a bus into Lower Hutt. The men weren't bringing home big money. There were brawls. We would get a bit of the backlash in the playcentre when women would say that they couldn't come any more because their husbands wouldn't let them. There was a lot of that. The same with taking office in the playcentre— 'My husband doesn't like me going out at nights'. A lot of women I had in training began to get ahead of their husbands in education and awareness. That broke up some marriages that I know of. I think too that a lot of women held on because they knew nothing else. They didn't know how to get a divorce. You didn't talk about broken marriages. The social workers were going flat out. We were given community centres, great barns of places where community activities were supposed to happen but they didn't. On and off I belonged to all sorts of clubs and associations that were trying to get better conditions for women in various ways. I didn't see it as feminist work but I always felt for the mothers and the kids. Later of course they got more amenities. There was the RSA for the men but there was nowhere for the women to go.

This sounds like disillusionment after those post-war promises.

Yes, I think because I was in a state housing area I saw disillusionment. The people themselves had been young adults during the war and they expected good things to come from being a mother and having a good family life and it didn't eventuate. There was still just sheer slog, baking and sewing. They had to do it but they kept saying, 'Is this all there is in life?', in their minds anyway. Even for me (and I had resources) when I had four children I can remember walking in a very distracted way around the house and under the pear tree thinking, Have I chosen right? Is this what I really wanted? I think that mentally I was really disarranged. I suppose things pulled together and I went on. I thought if that is what it is like for me, how awful it must be for the women whose husbands don't even talk to them.

Did this disillusionment ever become collective or did it stay at the personal?

That is a hard one to answer. I think there were people struggling with the social side of the bad effects on society. It is pre-dating rebels like Tim Shadbolt. They were struggling with all the side-effects of what it was like to be in a state housing area. A phenomenon that came up to make it worse was that the children *grew up!* Children who were born in the 1940s, as my G. was, were coming into adolescence so what did you have? An extremely wide group of teenagers all at the same time at Naenae College and Taita College. They started to set up clubs at

community centres. I went down one night at about 7 o'clock to speak to someone in charge and I was absolutely scared stiff of passing through these tough 'widgie' types. Looking back I think I was so stupid, but the full force of all those kids at the same age saying, 'What's in it for us?', was frightening. People were worried. A nasty incident happened in Sydney and a pamphlet came out which we were passing around. We were saying we have to understand these kids and not see them as criminals. They are doing exactly what youth has done all over the world.

After the war, women were asking for services from government but it turned out that women really had to supply them themselves. Do you have any comment on this?

We felt very unsupported and we weren't even sure that we had a right to these extra services. We were only women after all and we should feel satisfied with our lot. The YWCA in the Hutt tried very hard to provide some of the services. The playcentre, Plunket and the university extension provided courses for women to go to, mainly in cooking and in clothing. Though we began to talk politically as well. This idealism had been there that through social welfare we would be getting services for ourselves. They didn't come and we had to keep fighting. There was also a co-operative movement around that time but no one knew how to deal with it. They didn't know what the strategies were in community development to get what you wanted.

What childcare services were available then?

There was a childcare set up in the Avalon area but they got a lot of flack. They were looked down on because they were helping women leave the home. There were factories where women were working and the children were being looked after by neighbours and friends. Kids were left on their own as well. I did a lot of help out of the home voluntarily. I had to use my friends around me to leave the children wherever I could. I did the same for them as well. We would have spurned help in the home. We were 'capable' women and there were labour-saving devices like the washing-machine and the fridge. I bought the washing-machine in 1949 when R. was born and I found that a great help. When I got this job in 1965 I paid someone to come into the house once a week. That was all right because I was working and I had a right to some help and I could pay for it, but as for having home help just because you were a woman at home with children, we wouldn't have liked that, we were independent. That would cast aspersions on your ability to run the home...stupid isn't it?

You mentioned when we first began that you saw yourself as part of the feminine mystique. Can you explain that a bit more?

Well, I told you that I had this gnawing feeling inside me that something was missing for me...is this what life is about? At that stage with four children I couldn't see what my future might be so when Friedan's book came out it grabbed me tremendously. That was before I left Taita. In a way I had seen the playcentre as a feminist movement but no one called it that. Every time I showed a woman that she was doing O.K. with her kids, and that she had the capacity to take on other things in the playcentre and to learn extra skills, I thought I was doing something to help women. I realised that I had been lucky in filling my life with that playcentre work but for other people it was still a gap.

I don't think even then when I read the book that I stopped being a self-sacrificing mother. I still put my children first in most things. When I took on activities out of the home, as I did quite often (because P. allowed me to, he supported me, even for a weekend away, I actually left him with four kids), I still put them first. I made sure that P. knew what to have in the way of food and what their day would be like and my concern was that as soon as I got home I would say, 'How did it go?' I didn't think that I had a right for them to let me go. That came very much later. He must have also decided that I was the sort of person that he wanted to be married to, so if there had been any conflict it would have come out much earlier. It is complex, but I don't think that I would have chosen a person who wouldn't have let me do my own thing. Even now I couldn't do something that seemed so selfish that I would put my own interests absolutely first.

I started the job at Victoria University in 1965 when my children were eight, twelve, fourteen and sixteen. I took it on because I had the experience. I got equal pay...I have been sheltered in some respects. I have to keep on empathising with women who aren't so privileged. I do appreciate that a lot of women do feel angry about their situation.

In my job at the Centre for Continuing Education, I was able to promote many women's studies courses and seminars on women's issues, such as custody, equal pay for work of equal value, health networks, education opportunities etc. My greatest thrill comes from encouraging women in their learning futures and later meeting them and hearing about their achievements.

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Single Women Between the Wars

Sheila Fletcher

The words 'in England' ought to be added to this very broad and catch-all title, for what I have to say concerns the experience of English spinsters and starts from a base of sex imbalance in the population quite the opposite of that in New Zealand. New Zealand, up to the first world war, had an excess of unmarried men; England, from the middle of the nineteenth century, a growing surplus of 'redundant' women 'disproportionate and quite abnormal' in the widely publicised comment of the statistician, W.R.Greg, who had no doubt that it was also indicative of 'an unwholesome social state'. It was certainly enough to make a visual impact on English society before the first war. In 1909 the suffragist Maude Royden wrote from an extension students' summer school that 'women form seven eighths of the audiences here and are in that startling majority which is so noticeable everywhere nowadays except on race courses and at music halls'. This majority dramatically increased as a result of the first world war, amounting in 1921 to one and three-quarter million women in all.

But the fact that through the war a whole generation of marriageable women lost potential husbands made no difference at all to the view, widely held from Victorian times, that a spinster was a woman who had 'failed in business'. The attitude of the world to old maids had always made her see red, said Maude Royden. 'Perhaps this is because I am an old maid myself.' Women seemed rather cheap, even in their own eyes. 'The fact that there are so many women makes many of them feel rather lonely and desolate' (Royden, 1918). Ironically, this sense of desolation

may well have been increased by contemporary developments held to be in the interests of women. The inter-war years saw the mounting influence of the new 'science' of sexology which claimed to reinterpret female sexuality. This period too produced a 'new feminism', concentrating, now the vote had been won, on what were seen as women's special needs—especially the needs of mothers in the home—rather than on equal rights agitation.

The father of sexology, Havelock Ellis, had published the first volume of his famous textbook *The Psychology of Sex* in 1897 but its main impact came after the war. In particular, his analysis of female sexuality, which overturned the old idea of the passionless wife, began to impinge then on the public consciousness through popular handbooks of sex advice such as Marie Stopes' *Married Love* (1918). Stopes immortalised Ellis's concept of the erotic rights of women—or rather, wives; for in the 1920s the influence of the new sexology seems to have been felt at least as much in what was now expected of married women as on the wilder shores of 'free love' (Jeffreys, 1985:166). *Married Love*, that extraordinary blend of clinical detail and conjugal rapture, sold 400,000 copies in the first five years. Spinsters could hardly doubt what they were missing ('the half-swooning sense of flux...at the apex of rapture [which] sweeps into its flaming tides the whole essence of the man and woman'). Stopes, although she had herself encountered the awful fear of being 'left on the shelf', has nothing to say to single women. Indeed, they can only infer the worst from her apparently authoritative references to diseases caused by abstinence and her statement that lack of a normal sex life leads to nervousness and sleeplessness.

Winifred Holtby blamed the sexologists for having created a climate of opinion which bore hardly on single women.

Freudian psychology has sanctioned the extreme veneration of sex. The followers of D.H. Lawrence have taught us to venerate instinct...and to pity virgins for being unacquainted with a wide, deep and fundamentally important range of intuitive and sensual experience. They are taught to pity themselves. From their childhood they learn to dread the fate of "an old maid" (Holtby, 1934:131).

She allowed that 'in certain sections of society' single women might have lovers. But the implication is that most would not, though she thought that women who were highly sexed suffered physically if they remained virgin.

Maude Royden spoke of 'the cruel assumption' that women had no passions to control. She regarded herself as highly sexed. 'I want to emphasise with all my power that the hardness of enforced celibacy

presses as cruelly on women as on men', she wrote in 1921 in the first chapter of *Sex and Commonsense*, a book which has no fluxes and raptures since the problems it addresses are those which arose for women through the gross imbalance of the sexes. Royden by this time had made a reputation as a preacher and speaker on moral issues and her book draws largely on sermons she had preached in the immediate post-war years. Her own idealisation of sex in marriage owes something to sexology but more to religion: for her the body was the temple of Christ and marital union a sacrament, which gave an extra dimension to her sense of the deprivation of those who were denied it. But what she stresses in *Sex and Commonsense* is the anguish of physical longing.

I affirm with insistence that...the average woman sacrifices a great deal if she accepts lifelong celibacy. She sacrifices quite as much as a man ... I do not say and I do not believe that passion in a woman is the same as in a man or that they suffer in precisely the same way (Royden, 1921:10).

Passion came to men, she said, with greater violence but at other times was liable to leave them at peace. The strain on women was less dramatic, much less violent but more persistent.

Something like that silent, uninterrupted thrust of an arch against a wall, of a dome on the walls that support it. There is no sign of stress. But ... Italy, the land of domes, is covered with the ruins of those churches whose domes gradually, slowly thrust outwards till the walls on which they rested gave way (Royden, 1921:117).

When she wrote this she had herself been involved for almost twenty years in a passionate platonic relationship with a married clergyman whose wife was mentally unstable. For another twenty-three the arch thrust against the wall, for they were only able to marry in old age and it was only on her husband's death that Royden felt impelled to relate this story (Royden Shaw, 1947).

How should women cope with frustrated sexuality? Writing in 1929 on *The Bachelor Woman and Her Problems*, the medical pioneer Dr Mary Scharlieb spoke of the 'incessant aching longing' for motherhood. 'One long continual strain', Maude Royden had called it, under which many women broke down. But at least some kind of compensation could be found. Scharlieb spoke of adoption or work with children. Dr Laura Hutton said nursing and teaching 'certainly offer a fair substitute for one part of a woman's normal instincts' (Hutton, 1935:7). Maude Royden also pleaded from the pulpit:

...that there were already more children in the world ...
than there is mother-love to care for them, and that hunger

of yours should find expression in caring for all children, in the love of all who are little and helpless and oppressed (Royden, 1918).

She herself adopted a child, though less from an incessant aching longing than from a social conscience about war babies.

More intimate longings had to be faced. Hutton accepted that many women sought relief in masturbation and assured them that it was not physically harmful. The damaging thing, she said, was guilt. 'Get it over and forget about it.' It was unimportant, 'and there is no need to set an ideal of complete abstinence.' She spoke with equal frankness about lesbian relationships: 'Nothing but good need come from [them] providing guilt, anxiety and conflict are absent and the only desire is to give pleasure and relief from tension as an expression of love and tenderness' (Hutton, 1935). The older, more conservative Scharlieb drew back from blanket condemnation of passionate friendships but felt their value had to depend on 'the influence of the passion on conduct and character', while Royden, at the time she wrote *Sex and Commonsense*, thought it unnatural to use the sex instinct in a relationship which must be barren. Later on she modified her views, but in 1921 she went no further than to plead for understanding of homosexuals. For all her sense of compassion, however, and whatever practical suggestions she might make to women who told her they longed for children or who confessed to masturbation or who confronted her as a pastor with the bitterness of wasted lives, at bottom Royden's ideal was no less than 'the transformation of the sex side of our nature'. Had not St Francis sublimated sex love in a greater love of the world? Had not Christ himself surely suffered from 'this agony of longing'? She threw down the gauntlet to single women. 'It is not easy but it is possible. It is possible and it is glorious' (Royden, 1921). And when they heard her no doubt they felt it. If anybody could lend romance to the status of old maid it was Maude Royden, with her eloquence and burning faith, breaking her lance now against the bishops in the matter of women preaching as she had broken it against the government years ago in the matter of the vote. If they could have marched out then with banners as in the pre-war suffrage days! But this was post war, and the women's movement, of which single women were the backbone still, was turning away from what was seen now as 'me too feminism'—equal rights—to consider the work of housewives and mothers and the needs of children in the home.

'The time has come to take stock and decide what next,' declared Eleanor Rathbone in 1925, in her presidential address to the National Union for Equal Citizenship.

We may complete the task of removing from the statute

book the remaining traces of legal inequality ... Or we may say: "Now the legal barriers are down ... we need not give ourselves up entirely to that, for women are virtually free". At last we have done with that boring business of measuring everything that women want, or that is offered them, by men's standards ... We can demand what we want for women, not because it is what men have got but because it is what women need to fulfil the potentialities of their own natures and to adjust themselves to the circumstances of their own lives.

The great new goal was the endowment of motherhood—family allowances, as it came to be known.

Now there is indeed a task for the women's movement—to give back to the disinherited family that share in the world's wealth which men have continued to filch from them; to assert the claims of children to direct provision...through allowances paid in cash to the mother (Rathbone, 1936:63).

This, and access to birth control, were seen as the overriding needs of women struggling to bring up a family.

The overriding need of single women was jobs. Ray Strachey looked back from the 1930s to the 'chorus of exaggerated praise' inspired by women's work during the war but very quickly replaced by resentment at the middle-class 'limpets' who clung to their jobs where they could when the war was over. For some women the war had breached the convention of the unmarried daughter living at home. But Maude Royden met many such daughters and pleaded that parents should give their girls an education 'which shall enable them to take hold of life ...whatever it holds for them. Give...them the training, expect...the achievement you expect from your sons'. Most pitiable, surely, was the ageing unmarried daughter whose parents thought it a natural thing for her to sacrifice her life to theirs. Often, after she had preached on forgiveness, Royden had letters from middle-aged women,

unmarried women living at home—whose sacrifice in their homes has been absolutely taken for granted, in whom it has never been recognised as a sacrifice at all, saying that they *cannot* forgive; that their lives, their docile, obedient, self-sacrificing lives have been poisoned through and through by their unconquerable sense of resentment (Royden, 1927).

Unemployment became widespread within a few years of the war's ending and not surprisingly the struggle for jobs produced 'a disastrous sex antagonism' as Royden noted in 1922. It was marked in the field of

elementary school teaching, an occupation where women had the numbers but men had most of the influence, and it provoked bitter confrontation over the issue of equal pay. Approval of the principle of equal pay by the main teachers' union in 1919 led a number of men to break away and form the National Association of Schoolmasters, while the more militant among the women formed the National Union of Women Teachers. The struggle had an economic base, with men claiming their right to 'a family wage' and women observing that they too had dependants and that in any case they worked as hard or harder than the men for four-fifths of the pay. But rational argument was often submerged in abuse of the women as *single*. That they were single was scarcely news, for married women were barred from teaching, but the stereotypes of male propaganda were 'jaundiced spinsters', essentially abnormal. Such women, according to one schoolmaster, had either turned down the chance of marriage and thus were 'deliberately disregarding their biological duty to the race' or were unfortunates whom no one had asked. In either case, they were 'a menace to...society' and he had no doubt that it was just such freaks who dominated the women teachers' union. 'The unrest exhibited by that organisation is not caused by inadequate salaries but by the morbid condition of its militant members' (Oram, 1989).

This kind of contempt was freely expressed whenever the schoolmasters' union met. At its annual conference in 1924 it was said that 'the claim of the teacher feminist was no longer for equal rights but for the canonisation of the spinster', while in 1931 the schoolmasters claimed to be the only people who could stand in the way of 'a flood of feminism which is gradually eating its way into the heart of the nation, already more hysterical than it has ever been before' (Oram, 1987:117).

The danger to boys of being taught by spinsters provided further effective ammunition. Psychologists predicted warped development. 'The education of the boy required...the manliness of character that was his birthright and which the nation would require when he grew up,' declared the president in his address to the schoolmasters' conference in 1921. 'Boys...must have manly instincts, implanted in them and these could not be produced by women teachers' (Oram, 1987:102). The conference in 1939 expressed concern that for all their efforts nearly 4,000 women were still engaged in teaching classes of boys. A corollary to all this was that men's masculinity was compromised if they were forced to serve under a headmistress in a mixed school. Such service, ran the presidential address at the conference in 1925, was

distasteful to the majority of schoolmasters. This distaste is based on an entirely healthy instinct, is strongly approved by the great majority of men and women, and reflects the

normal and sane attitudes of the sexes to each other (Oram, 1987:105).

'Only a nation heading for the madhouse,' it was stated just before the second world war, 'would force on men, many married, with families, such a position as service under spinster headmistresses' (Oram, 1987:118).

The National Union of Women Teachers may be said to have stood firm under fire—one of the most active feminist groups when old-style feminism was in decline. But the ground on which the battle often had to be fought—the woman teacher's sexuality—created particular difficulties for them since another of their targets was the marriage bar and here they sometimes felt constrained to argue that marriage enriched the experience of a teacher. Some of their members saw this as a slur. "That 'wives give best work' or are 'enriched by marriage'...or are given 'better understanding' or are in any way superior to a celibate woman I absolutely challenge," wrote one older teacher in 1925, 'and a Union largely composed of devoted celibate teachers...that allows this attitude to go unchallenged is no good to me'. The union's general secretary agreed: 'No, we can't have it said that we celibates are only some fraction of a human being' (Oram, 1989).

The status of a spinster nonetheless was indeed 'some fraction' of that of a wife—or even of a widow. The hardships—both financial and physical—experienced by older working women gave rise to the formation in 1935 of the National Spinsters' Association which mounted a campaign for single women to draw their pensions at fifty-five—as widows could. In fact the belief that part of their own pension contributions went to support widows, whose need was no greater, increased the single women's sense of injustice.

Come gather round, ye Spinsters, for your treatment isn't fair
You've bravely done your duty for your Country, done your share
You do not ask for Charity, you to the Pension pay
At 55 you too should have 'a lift on the way'

pleaded a weaver in the Association's journal *The Spinster* (April 1938).

After two verses on the fortunate widow,

Then comes the paying Spinster after working all her life
She now is feeling worse for wear with all the toil and strife
At 55 they say to her "work 10 more years and pay
Else you'll not get at 65 A lift on the way!"

'Tis justice rules old England, we are so proud to boast
But Pension Laws were made when justice left her post
MP's where are your consciences to make the Spinster pay
And then refuse to give her A lift on the way?

Some twenty years had passed since the Great War ended, but the imbalance between the sexes to which it made such a big contribution was still evident. In 1939 one woman in six died unmarried as compared with one man in ten. And single women did not forget why, claiming that they should be called 'War Spinsters'. This sentiment is well expressed in a letter to *The Spinster* (December 1938).

The spinsters of the present day...are those for whom the last War has never ceased. Instead of throwing them back on the shores of life as "Heroes" to whom everyone owed a helping hand, the War Lords made full use of them then left them on the rubbish heap. The soldier naturally has his pension, the war widow, quite rightly, was...given state assistance. The spinster who lost her lover might not even have the relief of showing her grief; she must go on doing her work for others with a cheerful face or she would lose her job, which she knew in her innermost soul would be her only substitute for the happy lot of Wifehood and Motherhood which, like every normal girl, she had been dreaming of from childhood.

For this women, then, as for society at large, spinsters were losers and 'the happy lot' of marriage infinitely to be preferred, although in point of fact many working-class women—and the Association had working-class members—embarked when they married on a cruel struggle with poverty and chronic ill health (see Spring Rice, 1939). It seems that for a *positive* view of a spinster we have to go higher up the social scale. In the opinion of Mary Scharlieb (1929:44), the unmarried woman by the 1920s was well content with her position in life, and the honour and satisfaction she saw there were more and more recognised by the public.

As Winifred Holtby wrote:

In actual fact, many circumstances may prevent...singleness from being at all unenviable. The spinster may have work which delights her, personal intimacies which comfort her, power which satisfies her (Holtby, 1934:131).

This satisfaction was certainly enjoyed in the inter-war years by well paid autonomous women such as headmistresses and heads of colleges in the privileged areas of English education, which then were predominately single sex (see Fletcher, 1984). In the mixed sector of the elementary schools where spinsters might be competing with men, their bids for autonomy, as we know, were met by jibes that they were not 'true' women.

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This article is the text of an address Sheila Fletcher gave to the Wellington Women's Studies Association when she was in New Zealand in October 1988.

On Women's Work

A review essay by
Dianne Snow

Women's Worth. Pay Equity and Job Evaluation in Australia
Clare Burton with Raven Hag and Gay Thompson. Australian Government Publishing Service, 1987.

Unequal Work
Veronica Beechey. Verso, 1987.

Women and the State: The Shifting Boundaries of Public and Private
Anne Showstack Sassoon (Ed.). Hutchinson, 1987.

Together these three excellent books graphically illustrate the breadth and depth of understanding wrought by feminist scholarship over the past twenty years on women's work. Although sharing a concern to understand the complexities involved in this contentious terrain, the differences between them are as striking as their similarities.

The briefest of the three is *Women's Worth*, written by Clare Burton with the assistance of Raven Hag and Gay Thompson. Consistent with an earlier commitment to seeking legislative change as a means of structural change (Burton, 1985), *Women's Worth* is concerned with the ways in which equal employment opportunity (EEO) legislation has been implemented in Australia. More specifically, Burton and her colleagues address the issue of job evaluation as a means of achieving pay equity for women.

After a general introductory section on legislative changes in Australia since the 1960s, critical issues related to job evaluation are explored, with emphasis placed on occupational segregation, the notion of comparable worth, and the importance of formal evaluation as a replacement for the arbitrary determination of salary differentials. Such issues form the backdrop to the following five chapters, which are a detailed description and analysis of the Hay Guide Chart-Profile Method, adopted by the South Australian College of Advanced Education in 1982 as part of its affirmative action programme. Generally the authors' findings confirm that the job evaluation process is value laden—that the subjective and sex-stereotypic assumptions we would expect to find within so-called objective processes are alive and well. Thus their concluding chapter recommends various ways these might be dealt with.

The value of *Women's Worth* clearly lies in its detailed case-study of ways in which the skills and tasks demanded of women in employment continue to be devalued through indirect discrimination despite the introduction of equal opportunity legislation. It also highlights features of this process that extend beyond the reclassification of women's jobs adopted by some employers during the phasing-in of EEO legislation (see, for example, Snell, 1986). As such, it has much to offer industrial sociologists and those who are familiar with the debates about affirmative action programmes. Because it concentrates exclusively on the problems within the employment sector, however, *Women's Worth* reads very much like a liberal feminist manifesto for change. Indeed, it does not address some of the more fundamental issues which have informed feminist debate for two decades.

A number of these more fundamental issues are delineated in *Unequal Work*. As a collection of papers written by Veronica Beechey in the late 1970s and early 1980s, the book represents not only the critical efforts of a generation of women who mounted a powerful critique of conventional understandings about the nature of work, but also a new genre of feminist publication. While it is not as reflective as other publications of this type which succinctly trace and contextualise their own theorising within contemporary debate (cf., for example, Curthoys, 1988), Beechey does pin-point two trends that acted as a stimulus to her own writing. One was the general agreement among feminists in the mid-1970s that woman's place in the labour force was 'somehow a product of her position in the family'; the other was Marxist feminist analysis which posited the sexual division of labour as external to capitalism. Her point of departure with both was the need for more critical analysis of the interplay between waged work and family life.

Each of the chapters in *Unequal Work* is a meticulous exploration of

select features of this relationship. All are informed by a concern with two British trends; namely, the steady increase in married women's participation in the labour force since the 1950s and the dramatic increase in part-time jobs during the 1970s. The first three chapters juxtapose these trends against critiques of conventional sociological and economic theories to develop several arguments about the ways in which both capitalism and the family structure women's work. These arguments include: wage labour having a different relationship to production than domestic labour; wage labour being predicated on assumptions about the family; the family acting as a locus for consumption; the involvement of domestic labour in reproducing labour power as a commodity; and the value of women to capital as a reserve army of labour.

Arguing for an insertion of these problematics into feminist theorising on patriarchy, Beechey then asks how these structures influence women's consciousness. Perhaps the most important point made here is that women's consciousness is fragmented and contradictory (that is, women have elements of 'work consciousness' which coexist with a familial outlook). As she further points out, in spite of this evidence feminist writers reinforce the duality of men=public and women=private by construing women's consciousness as being rooted in the family and men's consciousness in the workplace. In the only empirical piece within the book, Beechey also indicates that industries reinforce this duality. Hence she concludes on the need to recognise that both women and men are gendered subjects who are influenced by the family and the workplace.

In comparison to these earlier chapters, the final two are disappointingly less substantial. One on unemployment fails to address in any detail the implications of structural unemployment for women as welfare recipients. The concluding chapter suggests that both the working class and employment are being transformed, and outlines several strategies for ensuring neither women nor the working class lose out in this process.

Despite these final chapters, there can be no doubt that Beechey's work has been, and remains, a significant contribution to both Marxist analysis and feminist debate. Particularly influential in the late 1970s were her arguments about the value of women's labour (as housewives and mothers) to capital, and sex discrimination in waged employment as functional for capital. But there can also be no doubt that the book is representative of the broader problems with much of the Marxist and feminist-Marxist literature of the same period. As these problems have been hotly debated in great detail elsewhere (e.g. Barrett, 1980; Allen & Patton, 1983), it is worth repeating only the more basic issues here.

Perhaps the least important is the irritatingly inaccessible language

which permeates *Unequal Work*; a language which serves only to mystify the uninitiated. Of more importance is the mode of theorising and the subsequent ways in which questions about women's work are framed. Like others concerned with the gender-blindness of Marxist theorising and the class-blindness of feminist theorising, Beechey takes on the arduous task of addressing both simultaneously. Unfortunately the result is a distinct tendency to construe gender as simply another dimension of class — leaving feminists wondering where the gender analysis has gone and assuring Marxists that class analysis is the only way to go. To some extent this is inevitable, given Beechey's Marxist background and the type of Marxism dominant at the time. Structural Marxism emphasised the structure of society under capitalism, and posited capitalism as the determinant of all other structures. Structural functionalist Marxism extended this further to illuminate the various functions these structures serve in (capitalist) society. Hence *Unequal Work* theorises the family and the workplace as social structures which are determined by, and which function for, capital alone. Thus the economic determinist position of *Unequal Work* allows no room for speculating about patriarchy as an independent fundamental structuring principle of society, let alone the potential nexus between patriarchy and capital. Nor does the structural Marxist position allow much room to explore the family and the workplace as social arenas which serve purposes for women themselves. Most importantly, though, the theoretical stance pervading *Unequal Work* provides no sense of women actively creating and changing either their own sense of self or the social world.

In addition to these problems—which, I should add, Beechey has recognised and moved beyond in the 1980s—I found two other problems with *Unequal Work* worth noting. One is Beechey's continual call for research into the concrete historical relationship between the development of capital accumulation, the labour process, the family and the state. Unfamiliar with all of Beechey's work before reading the book, I expected a substantial historical analysis to appear. None did. More disconcerting was her disinclination to draw extensively on work by feminist historians in these areas (cf. Davidoff & Westover, 1986). Similarly, while taking Catherine MacKinnon's (1982) point that there is no feminist theory of the state, Beechey's analysis of unemployment begged for some discussion of the role of the state in mediating between women, work and welfare. Although I was expecting to encounter the argument that the state oppresses all women because it functions in the interests of both patriarchy and capital, even a tentative suggestion of this was absent.

Having formulated these misgivings about *Unequal Work*, I was de-

lighted to discover that *Women and the State* actively avoided its major problems while developing some of its insights. Written in very accessible language, *Women and the State* is an international anthology which examines women's labour through its complex relationships with the family and the state, largely by using sustained historical analysis. By no stretch of the imagination, though, can this book be seen as a simple collection laden with statistics for comparative purposes. On the contrary, it so successfully fulfils its aims of drawing together innovative material that it will undoubtedly shape future debate.

Some of the refreshing character of *Women and the State* can be attributed directly to Anne Showstack Sassoon, who edited the collection. Its international flavour stemmed from her concern that the British trends of increased women's participation in paid labour and increased part-time employment since World War II were in fact international trends. Like many others in women's studies, however, Sassoon was also dissatisfied with the ways in which theorising about women's work did not seem to match the reality of women's own lives—more precisely, that the situation of many women had gone far beyond the domestic labour debate. Hence she sought out material from a variety of countries which investigated the interconnections between the organisation of family life, the labour market and the welfare state—and which traced how these are ordered through the concrete reality of women's lives.

This background is clearly outlined in the Introduction, in which Sassoon also gives the collection its initial theoretical coherence. It is this theoretical direction which establishes the innovatory pattern for the entire book. In essence, Sassoon suggests there is a convergence between the basic concerns of the women's movement and the ideas of the Italian Marxist theorist, Gramsci. As she so lucidly states, because both stress that the personal is political Gramsci was, 'in a sense, lurking in the kitchen'. The remainder of the Introduction therefore develops a Gramscian feminist materialist alternative to the view that the state merely oppresses all women, and contains a substantial overview of each chapter which emphatically illustrates the strengths of such an approach. Central to this approach are two arguments. One is that 'structures' are not necessarily the most appropriate place to look for some understanding of women's work. Rather, our attention should be directed to the diversity of women's own daily lives. The other is that the reconstitution of capital has been the most significant historical development since the late nineteenth century; a reconstitution which has ushered in a new relationship between the state (which no longer acts merely as an instrument of class rule) and society (which enters an 'organic crisis'). Hence state policy can no longer be understood as a product of singular rational

design, and the boundaries between state and society, between public and private, are continually being redefined. After reading this compelling Introduction alone there can be no doubt that the conceptual dichotomy between public and private obscures the reality of women's everyday lives and the nature of their work, and that feminist materialism is an effective tool for such analysis.

Individually each chapter is a substantial essay which provides illuminating insights into different features related to these basic issues. The book is divided into two sections: the first focuses on women and the state while the second focuses on women and work. Overall I found the first section more provocative than the second. Indeed, I could not help but agree with Sassoon that Chapter I created a lively canvas for the other chapters to be painted against. Using the metaphor of patchwork quilts, Laura Balbo vividly delineates the fragmented and contradictory nature of both women's labour and the structure of society. She concludes that through women's continuous mediation between the domestic and state spheres, women's work is crucial in holding this fragmented societal system together. The remaining chapters in this section maintain a dialogue with this argument and with each other. Three examine the Scandinavian situation, to confirm generally the sorts of arguments being advanced elsewhere about the relationship between women and the welfare state (for example, Franzway, 1986; Fraser, 1987). They argue, for instance, that women are still comparatively powerless in corporatist Scandinavia because their dependence has shifted from the private to the public sphere, and that this has strengthened male power at the structural level. Through an extensive review of the literature on women and the state, Drude Dahlerup claims these arguments miss some of the complex and significant changes that have occurred this century, which include new opportunities for women as well as new forms of oppression. Using historical changes in Denmark as an example, she concludes that more research into concrete changes within particular societies will clarify these issues further.

In the final chapter of this section Sassoon examines the same British trends which underscored Beechey's analysis, to reach a remarkably different conclusion from that in *Unequal Work*. Basically she contends that as men's social role has remained relatively static since the 1940s, we can study the masculine notion of work *ad infinitum* and still discover little about the nature of either society or the state. In comparison, women's social role has changed so dramatically in this time that their lives are characterised by richness and variety as well as fragmentation and contradiction. Hence it is women's lives which more accurately reflect the complexity of society itself, and thus it is only by studying

changes to women's lives that the limits of the British welfare state can be revealed.

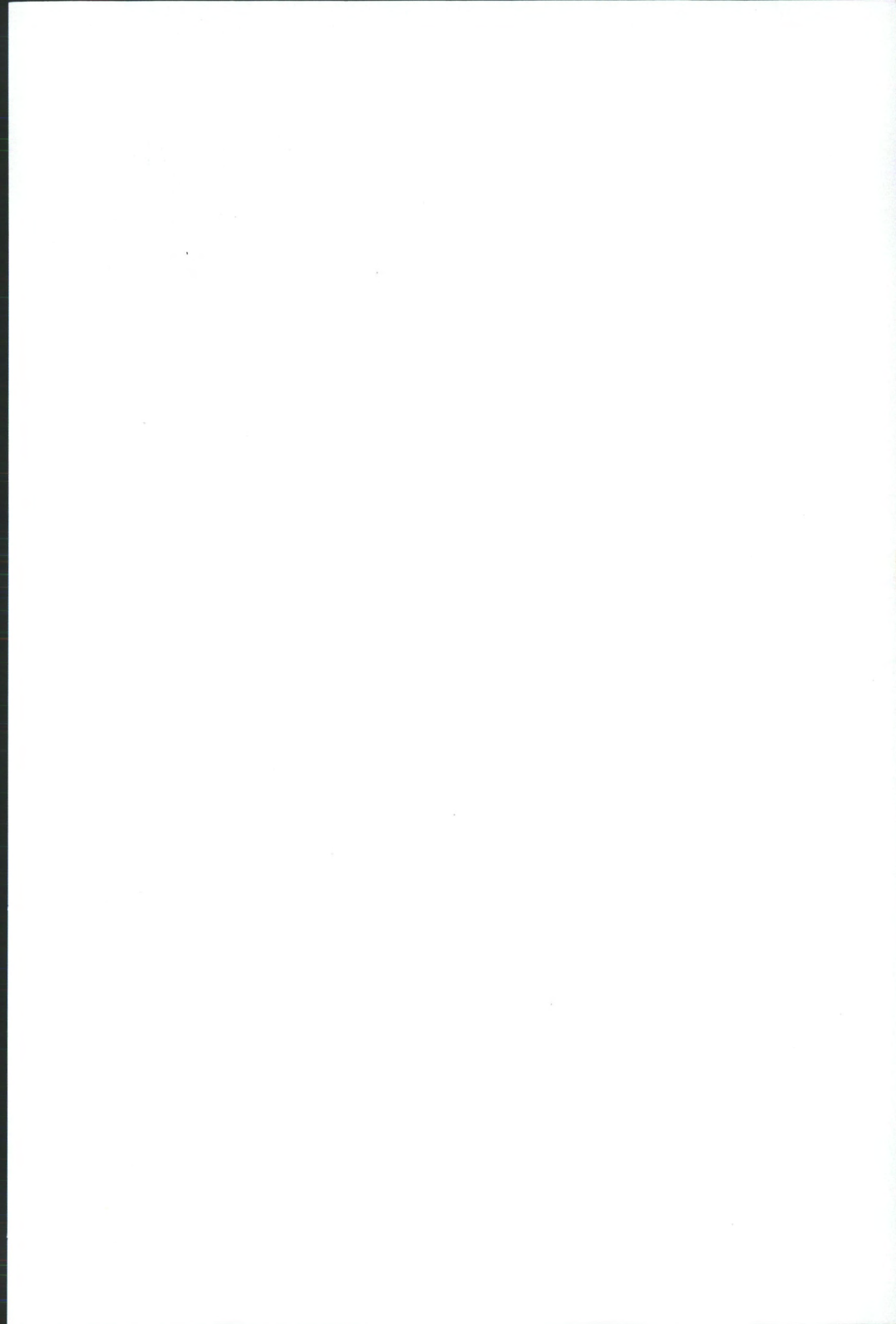
Within the second section of the book much old ground is covered, albeit in novel ways. Vicki Smith challenges the assumption that part-time work benefits women in America to conclude that it is an important mechanism for obscuring and reproducing women's subordination. Reporting the results of a research project which explored the material conditions of women's familial role in Italy, Chiara Saraceno demonstrates that men and women 'live in two different families'. Analysing caregiving work in Norway in the face of dissatisfaction with state services and the subsequent call for community care, Kari Waerness argues for a new image of the social actor and a reconceptualisation of 'rationality'. Suppositions about domestic automation are discussed by Helene Strohl through her personal account of changes in France over two generations. The remaining chapter in this section is the only one which directly engages with the full concerns of the book. Tracing the early twentieth century constitution of women as the 'guardians of consumerism' in America, Gabriella Turnaturi contends that the public and private spheres have been interdependent rather than dichotomised.

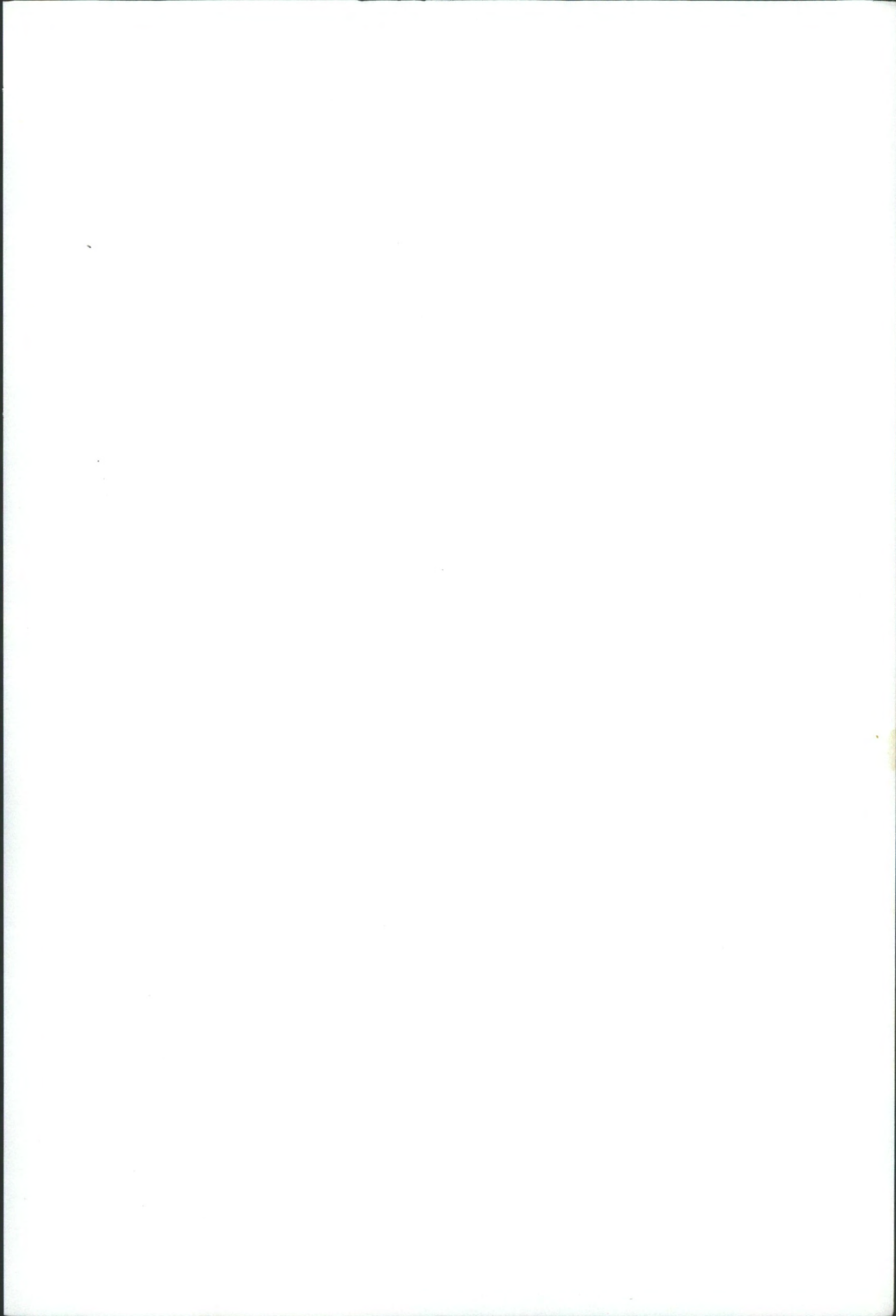
Women and the State presents such a coherent, incisive and challenging series of arguments that it should constitute essential reading for anyone interested in political science, history, social policy and women's studies. Its provocative analytical framework and finely textured accounts render it the most stimulating collection of material I have come across for some time.

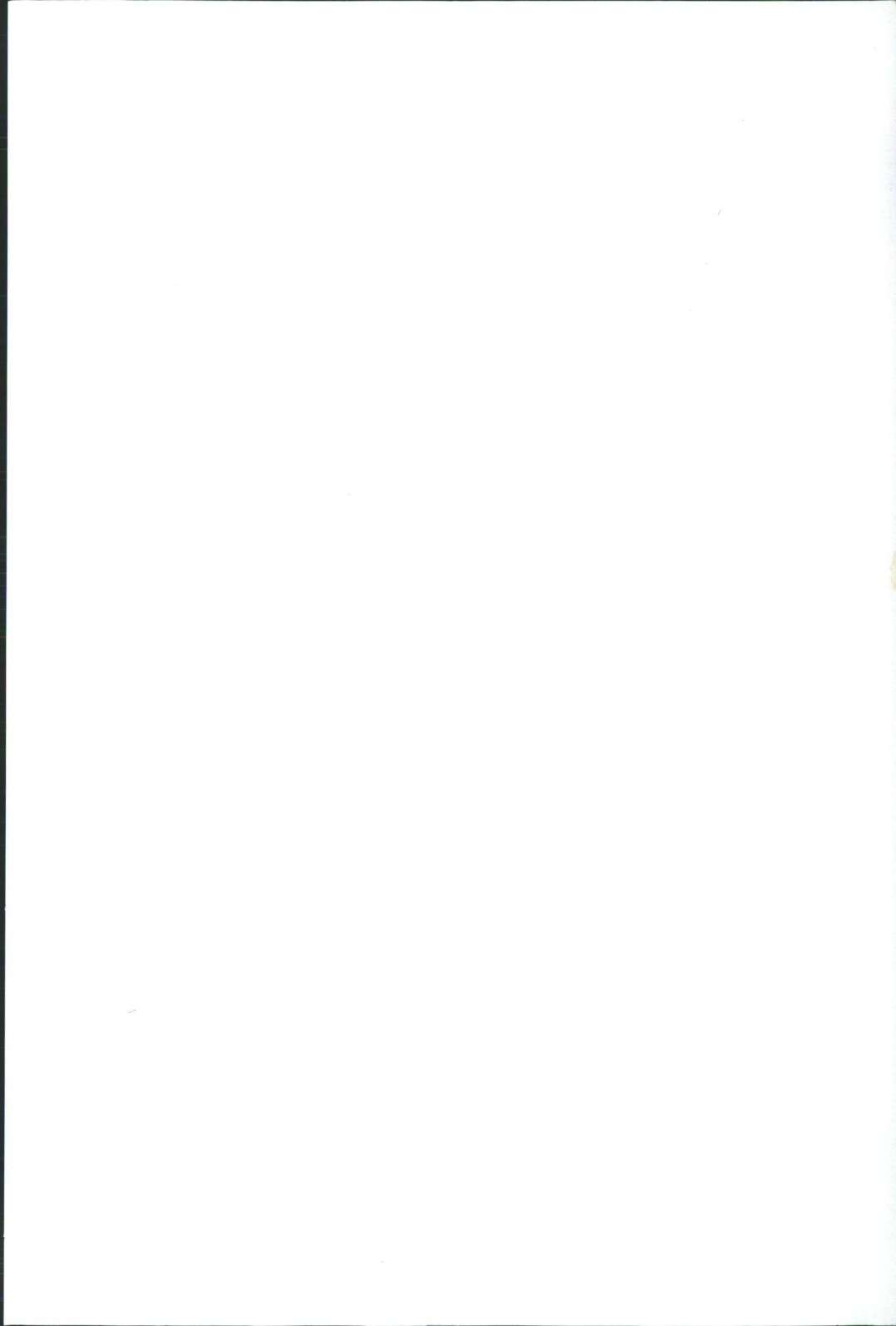
Together these three books clearly illustrate that the feminist analysis of women's work has come of age. But with equal clarity they inspire us to keep diverging from this well-trodden path in search of new understandings. Indeed, there are many questions left to ask, an abundance of further details to be gleaned, and continuing challenges to be made to the ways in which we understand women's work.

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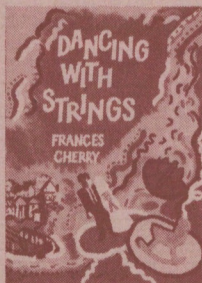






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