

# **W**omen's studies journal

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▶ **PARADOX**

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▶ **PREGNANCY**

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▶ **POLICY-MAKING**

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▶ **PRE-SCHOOL**

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# contents

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- 
- 1 Contents**
- 
- 2 Editorial**  
*Margot Roth*
- 
- 3 War and Women: Work and Motherhood**  
*Deborah Montgomerie*
- 
- 17 Geraldine McDonald: Her Life, Her Times,  
Her Research**  
*Pat Rosier*
- 
- 38 The Paradox of Women's Studies In the late 1980s.**  
*Jill Julius Matthews*
- 
- 43 In Memoriam**
- 
- 44 Having or Not Having Babies — What Power  
Do Women Have?**  
*Belinda Trainor*
- 
- 72 Review Articles:**  
**Power and Mental Health Practices**  
*Liz Gordon*
- 
- 79 Finding a Voice or Missing the Mark?**  
*Bev James*
- 
- 85 Royal Commissions Can Be Good For Women**  
*Penny Fenwick*
-

# editorial

First I must apologise for the late appearance of this issue of the *Journal*. As editor I am totally responsible for the delay, and I really appreciate the affectionate support and patience shown by everyone concerned as they waited — and waited — for me to apply myself to the production chores.

One feature of this *Journal* is the length of two articles, one an interview with Geraldine McDonald, the other by the late Belinda Trainor. This is because I believe that wherever possible WSA should provide opportunities for detailed recording of women's work because it vanishes so easily, as we know all too well.

The Auckland committee responsible for bringing out the *Journal* is handing over to a Wellington group, with Anne Else as editor. We began this enterprise with the understanding that it should not remain too long in any one place, as WSA has such a wealth of talent and competence everywhere that it would be wasteful not to take advantage of it. I believe that the *Journal*, like our other publications, has powerfully demonstrated that our Association's standards of research and exposition are uniformly high.

I have always felt myself to be a WSA member who happened to be 'an' editor rather than an isolated character called 'the' editor. This is not only because of the consistent, skilled work of the Auckland Publications Committee, but also the encouraging response from everywhere else. On behalf of all of us in Auckland, thank you everyone, and good luck to the Wellington women who are about to put their own sparkling imprint on forthcoming issues of the *Journal*.

**Margot Roth**



# War and Women: Work and Motherhood

*Deborah Montgomerie*

On Monday last we awakened to find ourselves in a new world. For long we have lived in a world of armed peace, so-called peace, a peace which had become almost more intolerable than war. Over-night we found ourselves translated into a world of armed conflict. But now that war is upon us, we must fight with all our resources, and we must win this war at whatever sacrifice, because upon the result of this struggle, depends our continued existence as a free people . . . We can only win by deeds involving the sacrifice of men, of material, and of wealth, and perhaps — and this may be even harder to face — by the sacrifice of principles which many have honestly held all their lives. (*NZPD, 1939*).

During the Second World War this type of rhetoric used by Legislative Councillor William Perry in his endorsement of the war — 'war at whatever cost and at whatever sacrifice' — developed into the language of 'total war', under which rubric ordinary definitions of appropriate behaviour could be legitimately modified. One of the questions which was to be debated during the war was the propriety of more direct involvement of women in the war effort.

Many aspects of the accepted view of women worked against the redefinition of the female role in war. Women were seen by many commentators as more moral than men; more concerned with nurturing and the giving of life than with war and the taking of life; dressing more appropriately in a soft 'feminine' way than in the tailored, 'masculine' lines of a uniform. As one writer to the *New Zealand Herald* saw it, defence was of paramount concern to women as the mothers of the nation:

. . . it is the sons of the older ones among us who will be called upon as defenders and the children of the younger mothers who will be the defended.

She called upon women to undertake the moral rearmament of the nation.<sup>1</sup>

This theme was also dealt with by the Queen in her address to the

women of the Empire on Armistice Day, 1939. According to the Queen, women's role in war was a socially conservative one. While they had a place in the public war effort, they also had a duty to preserve traditional domestic values:

It is, after all, for our home and for their security that we are fighting and we must see to it, in spite of all the difficulties of these days, that our homes do not lose those very qualities that made them the background as well as the joy of our lives.<sup>2</sup>

Similarly, Lucy Webb, a Plunket Society stalwart, was asked during the society's 1941 street appeal whether she considered her efforts on Plunket's behalf were war work. She came to the conclusion that it could properly be described as such:

What are our soldiers fighting for . . . In the first place, for the future of the Empire and the safety of their homeland. That work 'future' is significant, for whilst our men are away, we have to keep the home fires burning. We must not blind ourselves to the facts. No matter how eager we may be in promoting and assisting all the extremely meritorious war efforts, the home front too is of importance. And the home front means that first of all the present generation of babies should have all the medical attention, all the advice and help needed for their well-being.<sup>3</sup>

However, war work should be seen to come before household responsibilities. In October, 1939, Dr Alexander Gillies, the Dominion President of the Red Cross Society, reported that Red Cross volunteers were waiting 'like soldiers for definite orders' but advised them to turn their attention in the meantime to matters domestic. His comment combines a recognition of the amount of work most women had to do in the home, with a clear statement about what their order of priorities should be:

The first task of every New Zealand woman is to 'put her house in order' so that when the necessity arises she will be able to give her time with a clear conscience to whatever form of war work, public or private, is asked of her. 'Getting ahead of ourselves' in the hundred and one tasks of daily living means a determined assault on spring-cleaning, mending, writing letters, making or buying clothes for the family, visiting sick or elderly



friends, bottling or preserving, gardening, carrying out and completing all the plans and odd jobs we have been leaving until tomorrow that we never catch up with. Only when this is done can we await instructions with consciences clear in the knowledge that our efforts are directed along the best lines of service to our country.<sup>4</sup>

War did not remove the cultural imperative that women be home-centred but increased its importance for many people. Any wartime expansion of opportunities for women in public life or in paid work must be seen against this emphasis on home and family as the proper concerns of women. The definition of femininity was not discarded for the duration. As Janet Fraser pointed out to the Wellington Branch of the Women's National Reserve, an *ad hoc* body formed in 1940 to try to bring women into the war effort:

It is no new thing to say . . . that the very fundamentals of existence are expressed in the simplest human group — the mother and child. To serve that group is the first loyalty of women, implanted in us by Nature itself. A woman would not be a woman if her sympathy was not aroused by anything that concerned the mother and child.<sup>5</sup>

War could reinforce pronatalism, making even more vital the recognition of the relationship between national survival, population and mothers. Mrs Daisy Begg, Dominion President of the Plunket Society, stressed the importance of these three in her address to the Society's 1942 conference:

Our birth rate has steadily fallen and if it continues it does not matter if we win this war or not, and a crusade which must be launched today is to get the mother back into her rightful position as the most honoured person in the community . . . It has often been said that Germany lost the war from the military viewpoint but that the democracies lost the peace . . . The democracies also lost the war for births. Democratic governments are going to be very concerned with the population question after the war and it is essential that we should get back to a more simple home life, with more simple living and more honour to mothers.<sup>6</sup>

In New Zealand the exigencies of war did not mean that unqualified



approval was given to married women who took paid work, especially when they had young children. On the whole the reaction was one of qualified disapproval rather than affirmation or support. Women with young children were encouraged to see their work in the home as important, while the limited social services available to working mothers made it difficult for those who did wish to work. The workplace was not organised to meet the needs of working mothers, and part-time work was relatively rare in New Zealand in the 1940s, particularly in manufacturing industries. Factories which did allow it usually defined 'part-time' as working from 9 a.m. to 4 p.m. (Eaton, 1947).

The 1945 census shows an inflated number of young married women in the paid workforce. Figures for the labour force participation of married women between the 1936 and 1945 censi are, like other statistics for the period, very sketchy, but it does seem that married women accounted for a reasonable proportion of the wartime increase in the female workforce. In October 1942, the Education Department surveyed 2,000 working women in the Wellington and Lower Hutt districts, concentrating on factories where older women were known to be employed. Over half the women surveyed were found to be married. In factories where night shifts were worked, almost all the female employees were married. Sixty-two per cent of the children of those women were over nine years old. Few mothers of children under the age of 18 months were employed by these firms and only a small number had pre-schoolers. The mothers of younger school-age children tended to work early shifts; almost all mothers of five year olds and 50% of the mothers of children aged 6-10 returned home by 3.30 p.m. Children whose mothers returned later were cared for by relatives and friends or by an older sibling.

The report found that there was a serious problem in supervision of children over the age of 11. Few arrangements were made for these children unless there were also younger children in the family. Although the investigators could find little evidence of increased delinquency they worried that, 'only the good sense of the children keeps them out of trouble'. Inquiries at central Wellington schools in late 1942 found that between 17% and 25% of the children attending the schools had mothers who were working outside the home and that 8-13% of the children had no after-school arrangements made for them. The report implied that married women were taking outside work with more frequency than had been the case before the war, but no figures were available for the pre-war period to substantiate this

claim.<sup>7</sup>

The results of the Wellington survey may have been skewed by the fact that only schools in industrial areas were respondents. In Auckland the Education Department carried out a more comprehensive study of the children at 54 primary and intermediate schools, finding that 2,174 or 9.5% of the 22,766 children attending these schools had mothers who took daily work outside the home (Table 1). The investigation found that by far the greater proportion of these 1,568 women were married to men working locally, with the next largest group married to servicemen stationed in New Zealand. Unfortunately because no information was given about the whereabouts of the husbands of the women who did not have paid work it is not possible to tell whether women with husbands in Auckland had a greater tendency to take paid work or whether there were simply more women with husbands working locally and children at the school, though the latter seems likely. The child/woman ratios for all categories were about the same, varying between 1.3 and 1.4 children per woman, though actual family size might be larger than this because not all children in a family were necessarily attending the same school. By the same token the number of families where mothers took paid work may be exaggerated by the survey because some women with children at different primary and intermediate schools could have been counted twice. Interestingly the survey found that the families where the father was overseas in the armed services had the best child care arrangements, while the children of civilian fathers and widows were most often found to have inadequate supervision. As a percentage of the school roll the number of children found to have inadequate after-school care was very low, being around 3%.

Both the Education Department's surveys were prompted by concern about the well-being of the children of women who worked outside the home. The increase in female labour force participation during the war was often discussed within this context of child welfare. The verdict resulting from such discussions was usually unfavourable to women who took extra-familial employment. The *New Zealand Woman's Weekly* stands out as the one major publication which openly endorsed the decision to take paid work if they wished. Even before the war Kathleen Norris, one of the NZWW's columnists had defended married women workers:

... married women value their jobs more than girls do — they take them seriously; they are thinking in terms of rent, of



children's clothes, of Joan's teeth that must be straightened and Tommy's doctor's bill that must be paid. It makes them better workers than the girls whose interests are naturally weekend dates, beaux, frocks and engagements at the beauty parlour. Women should be allowed to work rather than struggle on in a web of necessities and humiliations and anxieties — not a free human being with her own problems, but a slave to Victorian prejudices that will hang on until women themselves shake them off.

**Table 1**  
**Children in Auckland Schools with Mothers in Paid Work\***  
**December 1942**

Whereabouts of Spouse	A	B	C	D	E	F
<b>Armed Forces, overseas</b> ▶	181	11.5	234	1.3	31	13.2
<b>Armed Forces, New Zealand</b> ▶	254	16.1	353	1.4	92	26.0
<b>Working locally</b> ▶	828	52.8	1,180	1.4	373	31.6
<b>Working away from home</b> ▶	114	7.2	155	1.4	56	36.1
<b>Dead</b> ▶	191	12.1	252	1.3	89	35.3
<b>Total</b>	1,568		2,174		641	

- A** Number of mothers engaged in daily paid work  
**B** Percentage of total number of mothers engaged in paid work  
**C** Number of children from these homes at school  
**D** Child/woman ratio  
**E** Number of children on column III who did not come directly under the control of a responsible person after school hours  
**F** Percentage of children in column III who did not come under the supervision of a responsible adult after school hours

She then went on to point out that the objection to married women in paid work was a spurious one, because no one suggested that women doing voluntary work were neglecting their homes:

It is only when she issues forth from the comfort, safety and

protection of the home that public opinion speaks, and then it says, 'Married women may not hold jobs.'<sup>9</sup>

Norris's article was written at a time when married women teachers were receiving a bad press, and seems to have been a response to accusations that married women were taking jobs which others deserved more. While defending working women, the article avoided the thorny issue of child care. Child care and the problems of working mothers were not much discussed by the magazine during the war. One article about day nurseries in Britain, the USSR and the United States did appear in April, 1943, and was followed up by some correspondence from interested readers, all of it unsympathetic to women who left their children for extended periods of time.<sup>10</sup>

The NZWW may not have crusaded for the better treatment of working mothers during the war but at least it was not openly hostile to their concerns. At the other end of the spectrum was the position taken by the Director of Catholic Education, the Rev. Dr Gascoigne. In a speech to a 1944 conference of Catholic mothers he claimed that:

If there be one mother in this country today who has to work in a factory to make ends meet financially or through any misguided estimate that a mother in overalls is doing more for prosecution of the war effort than if she were at home it is high time the state stopped placing a financial burden on motherhood and that the true significance of motherhood in the well-being of the nation is recognised . . . Essentially I am opposed to the registration of New Zealand mothers for war work. I would tell the mothers of this country that their work in the home is as important as any other in the country.

Gascoigne called for mothers to be 'combed out' of factories. His comments were warmly supported by the Archbishop of New Zealand, Archbishop O'Shea.<sup>11</sup> During the war the major Catholic periodicals, the *New Zealand Tablet* and *Zealandia* frequently ran articles censuring women who combined child rearing and paid work<sup>12</sup>.

The Catholic Church does not seem to have been out of the mainstream of middle-class public opinion on this matter. Some of the major dailies also took a strong stand on the issue. Gascoigne's position was applauded by the *Dominion*. In an editorial entitled 'Home Front or Factory Front?' the paper described Gascoigne's comments as 'indisputable' and 'unchallengeable'. The editorial was



more critical of the reasons for the increase in married women's employment than Gascoigne had been, suggesting that women were being drawn by the 'lure of high wages' to the detriment of the moral welfare of the coming generation. Nor did the problem originate with the war:

This question is of permanent importance. Wartime conditions have simply emphasised the consequences inevitable when parental responsibility is relaxed. Motherhood is essentially a full-time job. It is a responsibility not to be undertaken lightly, nor to be discharged in any casual spirit which places other interests such as pleasure-seeking or wage-earning before that of the children<sup>13</sup>.

The *New Zealand Herald* opposed suggestions that the government should help mothers of young children take outside employment by setting up day nurseries. Such a measure might be warranted in an extreme emergency but:

Until then, encouraging mothers to hand the care of young children to institutions is anti-social and utterly deplorable<sup>14</sup>.

Other churches were in sympathy with Catholic and editorial concern about parental responsibility, though perhaps less vocal in their criticism of women with children who took paid work. For example, at a meeting organised by the Education Department to discuss the problems of school-age children with wage-earning mothers, church representatives were hostile to the proposal that after-school centres should be set up, claiming that parents should not be relieved of the responsibility for their children. Their criticism caused Dr Beeby, the director of Education, to assert that any scheme would be a temporary one, 'we propose to leave everything to parents in normal times'<sup>15</sup>.

Mothers with paid jobs could not take it for granted that they would receive support from the major women's organisations. Several prominent women's organisations made statements disapproving of mothers who took work outside the home. In December 1942 the *Dominion* reported criticism of working mothers at the National Council of Women's Annual Conference in Wellington<sup>16</sup>.

And, according to the Christchurch branch of the National Council of Women:

... whereas no one has the right to prevent any married



women from becoming a wage-earner, all have the right to protect the growing generation<sup>17</sup>.

The Women's Division of the Farmers' Union was worried that women were not being given enough incentive to stay home. Helen Wilson, Dominion Vice-President, proposed a statutory income for mothers in order to encourage younger marriages and larger families and to stem immorality. She asked why every trade and occupation should be protected 'except the great labour of motherhood'<sup>18</sup>. Other large women's organisations such as the Anglican Mothers' Union, the League of Mothers, the Catholic Women's League and the Plunket Society were strongly pronatalist in both the rationale for their existence and the orientation of their activities. At times this pronatalism could manifest itself in attitudes actively hostile to women who were not full-time mothers. The Plunket Society's 1944 conference resolved:

... no mother of young children should be given opportunity and encouragement to leave the upbringing of her children to others while she is engaged in industry<sup>19</sup>.

Women with children who chose to work outside the home do not seem to have been moved to justify their decision publicly. There does not appear to have been either an organised or a vocal public defence of their choice. Some support was forthcoming from selected employers who were more anxious to secure the labour they needed, and cut down on absenteeism than to protect the moral well-being of the nation. The manager of one large industrial concern responded to criticism of working mothers from the Mayor of Auckland by asking him to face facts:

Mr Allum (the Mayor) may be right in saying that there is no need for mothers to be employed, but the fact remains that women with family ties are in industry, and the lack of proper care for their children is the cause of much of the absenteeism ... If all the women with no obligations had been called up and they certainly have not been, no doubt we would not need to employ mothers. As it is, most of them leave their children with neighbours or relatives. Scratchy, individual efforts have to take the place of organised schemes, and naturally these cannot be considered satisfactory<sup>20</sup>.

The management of H.C. Urlwin in Christchurch was reported to be

considering the possibility of setting up a company creche:

The best women workers are the young married women who have had some previous experience of industry . . . I feel there are many women of this type who would offer their services for war work if their children could be efficiently cared for. My firm is prepared to start a creche as it is felt that more women in industry, the better the New Zealand war effort. Where women have replaced youths they have been proved often more efficient than the boys, and seem prepared to stay at their set jobs. The work of intricate assembly is also excellently done by women<sup>21</sup>.

In Auckland the shortage of skilled machinists prompted the Holeproof hosiery company to open a day care centre (Cook, 1985). Even on the touchy subject of absenteeism manufacturers showed some understanding of the pressures married women were working under. An article in the manufacturers' section of the *New Zealand National Review* defended married women who took time off work and suggested that the facilities available to ease their burdens were inadequate:

They are trying to do two full-time jobs. If they can carry on with a mere half-day per week off the ordinary factory hours they are achieving something marvellous. It is time somebody said more about women's effort on these lines, and more about the arrangements which ought to be made to enable them to carry on.<sup>22</sup>

In striking contrast to the United States and Britain, World War two did not provide the impetus for a large-scale expansion of child care facilities in New Zealand. At the end of 1938, 1,756 New Zealand children were enrolled in 37 kindergartens run by the Free Kindergarten Association. By the end of 1944, the number of centres had risen to 53 and the number of enrolments to 2,483 (Department of Statistics, 1940; 1946). As some sort of indication of the number of children relative to the number of kindergarten places, during 1945 there were about 24,000 new entrants to primary schools (Department of Statistics, 1947-9). This means that in 1944 the kindergartens could provide pre-school education for one in 10 four year olds and no places under the age of four. More to the point, the kindergartens were not geared to the needs of working mothers, usually providing



only part-time care. The Free Kindergarten Association saw itself as primarily interested in child welfare and education and was not sympathetic to women who did not regard motherhood as a full-time job (Cook, p.17).

Although the government did encourage the Kindergarten Association to extend its facilities in a few industrial areas to provide full day care (Cook, p.21) the government and the Kindergarten Association continued to regard working mothers with ambivalence. Two months before the conversion of the kindergarten in Wellington's Newtown district to cater for the children of mothers engaged on essential work, the Minister of Education made a public statement effectively apologising for the government's participation in the scheme. As he noted:

Much as the Government regrets that mothers of young children should go out to work, the fact must be faced that it is unavoidable in some cases . . . Owing to the absorption of manpower into the Armed Forces, a greater call on womanpower has been made by industry<sup>23</sup>.

The Minister's diffidence was probably related to a fear of antagonising pronatalist lobby groups such as the churches and the large middle-class women's organisations. The Kindergarten Association, the vehicle through which the government had chosen to work to expand child care facilities, was part of this pronatalist lobby. When the Education Department approached the Association's Auckland branch with the idea of converting some Auckland kindergartens to day nurseries, the branch secretary advised the Director-General of Education that there was no need for such a measure. In the first place, in the Association's opinion there was no demand for day care facilities in Auckland. Furthermore:

Our members consider it is most undesirable that mothers of young children should be diverted from the primary task of looking after their families, and that they should be employed in war work only as a last resort, and that the stage of need to call on mothers of young families to do essential war work has not been reached in New Zealand. Few, if any mothers of children attending Auckland Kindergartens are now in industry<sup>24</sup>.

There seems to have been some conflict of opinion regarding the need for day care in Auckland. During the first few months of 1943 the

Education Department was approached by the Auckland Trades Council, a group of Orakei residents and a group calling itself the Auckland Day Nursery Committee, all of whom insisted there was an unfilled demand for day care in Auckland<sup>25</sup>. Later in the year residents of the Auckland suburbs of Takapuna, New Lynn and Epsom also wrote to the Department about the same issue<sup>26</sup>. The Department's policy was clear. It would work with the cooperation of the Kindergarten Association or not at all. In reply to a letter from a woman wanting to know if funding was available to help set up a nursery school in Epsom, the Department stated that the Kindergarten Association was unconvinced that there was any need for such a venture, adding:

As the Education Department is obliged to work through the Free Kindergarten Association in this matter, nothing further is possible in the establishment of nursery schools under present circumstances. From this you will see that no financial assistance could be counted on in the establishment of an independent nursery school<sup>27</sup>.

There was a distinct class bias in many of the wartime discussions of women's paid work. Public appeals for women to go into factory work tended to emphasise the contribution which could be made to the war effort and to downplay economic considerations. In part this can be explained as an effort to overcome prejudices against factory work among middle-class women but it is also linked to the tendency of commentators to see the wartime changes in the female labour force as an aberration, as part of a series of temporary and emergency measures brought about by the war. Whether the middle-class bias of many of the appeals to women was due to a specific desire to mobilise middle-class women and a belief that middle-class women presented the largest available pool of reserve labour, or to a tendency to regard women as casual workers for whom financial considerations were not crucial, the content of the appeals worked to reinforce the idea that women were a peripheral part of the paid work force.

Married women, in particular, were often seen as motivated solely by patriotism. As Minister of Labour Paddy Webb noted in praise of female patriotism:

Married women had even left their children in the care of others to contribute their bit towards the production that was so badly needed. (NZPD, 1943).



The right of women to work after marriage was never fully asserted during the war. Consequently the temporary status of women's war work was underlined and women remained vulnerable to the accusation that they were less committed to paid work than men and should be kept in jobs with low pay and low status. Equally insidious was the assertion that married women would 'naturally' prefer to be full-time homemakers but for the war. A government advertisement for war savings bonds pictured a woman welder at work, with a text that ran:

THIS IS A PERSONAL AFFAIR BETWEEN ME AND HITLER says DORIS JAMES Ex-Typist, Munition Worker. When Jack enlisted I sat down to wait for the end of the war, I knitted and wrote — and lived for cables. Then Jack was wounded. That's when the war became a personal affair between me and Hitler, and I got a job where I could pull my weight. Every week quite a few shillings go plonk into my National Savings Account. That's helping Jack in a practical way, by providing equipment which I and others help to make. After the war, I can see those shillings turning into bright curtains and cushions and coverings, in a home that's going to make up for a lot that Jack has missed<sup>28</sup>.

Women's war work was, however, more than just a personal affair, it was part of a long-term struggle by women for equity within the paid workforce. Although World War Two brought an increase in the number of women in paid work, and some expansion in the range of female occupations, changes in women's employment must be seen against the persistent emphasis on women's familial role. The potential for wartime change to challenge the accepted definition of femininity was defused by a number of factors — one of the most important of these was the continued insistence on the importance of women's domestic responsibilities and the failure of the war to challenge the sexual division of labour in the home. Domestic ideology combined with gender-specific education and limited employment opportunities to act as a brake on married women's work — and helped to perpetuate an image of women as temporary members of the paid workforce.

*Deborah Montgomerie is a graduate of the History Department, University of Auckland, and is currently continuing her research on women's work in World War Two.*



## Notes

1. 'By A New Zealand Woman', *New Zealand Herald* 13 May, 1939:22.
2. *New Zealand Herald*, 13 November, 1939:9.
3. *New Zealand Woman's Weekly*, 27 November, 1941:4.
4. *Dominion*, 3 October, 1939:4.
5. *Dominion*, 16 August, 1941:6.
6. *New Zealand Herald*, 8 August, 1942:5. See also *Dominion*, 23 September, 1942:6; 'Made in New Zealand', *Dominion*, 20 July 1943:4; 'A Mother', *Dominion*, 23 July 1943:4; 'War and Population', *New Zealand Herald*, 23 January 1943:2.
7. Report on the care of school-age children whose mothers are at work, October, 1942, E 16/1/23.
8. Investigation into the question of child supervision during school vacations and after school hours, December, 1942, E 16/1/23.
9. *New Zealand Woman's Weekly*, 23 May, 1939:42-3.
10. *New Zealand Woman's Weekly*, 29 April, 1943: 6-7; 24 June, 1943:28-9.
11. *Dominion*, 24 April, 1944:6.
12. e.g. 'Married Women and War Work . . . the break-up of family life', *Zealandia*, 10 September, 1942:4; 'Mothers and War Work', 5 November, 1942:11; 'Women and War Work', 4 November, 1942:11.
13. *Dominion*, 26 April, 1944:4.
14. *New Zealand Herald*, 27 February, 1943:3.
15. Notes of meeting, 1 October, 1942, E 16/1/23.
16. *Dominion*, 9 December, 1942:3.
17. *Press*, 15 June, 1943:2.
18. *New Zealand Woman's Weekly*, 2 September, 1943:23. See also *Dominion*, 17 July, 1943:6.
19. *New Zealand Herald*, 23 November, 1944:6.
20. *Auckland Star*, 27 February, 1943, clipping in E 16/1/23.
21. *Press*, 14 January, 1943:2.
22. *New Zealand National Review*, 15 April, 1943:44.
23. Minister of Education's Statement on Nursery Schools, 10 February, 1943, E 16/1/23. See also *Dominion*, 11 February, 1943:4.
24. G. O'Halloran, Secretary, Auckland Free Kindergarten Association to Director of Education, 1 March, 1943, E 16/1/23. See also *New Zealand Herald*, 27 February, 1943:2.
25. J Robertson to Assistant Director of Education, 2 April, 1943; Mrs O. McKenzie, secretary, Orakei Creche Movement to Prime Minister, 10 March, 1943; Auckland Trades Council to Director of Education, 23 March, 1943, E 16/1/23.
26. New Lynn Creche Committee to Director of Education, 8 June 1943; Mrs C. Barton to Director of Education, 15 June, 1943; Mrs Linda Willis to Director of Education, 12 December, 1943, E 16/1/23.
27. J. Robertson to Mrs Linda Willis, 6 December, 1943, E 16/1/23.
28. *Zealandia*, 5 August, 1943:9.

## References

- Cook, Helen. 1985. *Mind That Child*.  
Department of Statistics. 1940, 1946, 1947-49. *New Zealand Official Yearbook*.  
Eaton, Maude. 1947. *Girl Workers in New Zealand Factories*.  
New Zealand Parliamentary Debates (NZPD). 1939. Vol. 256, 6 September:40. 1943. Vol. 263, 5 August:567.

# Geraldine McDonald: Her Life, Her Times, Her Research

*Pat Rosier*

(*Broadsheet* published part of an extensive interview with Geraldine McDonald in Issue 146, Jan/Feb 1987. The following excerpts are complementary to that article and include more detailed references to her research and publications as well as recording a memorial service for Leigh Minnitt and experience of a mastectomy. Geraldine is currently Assistant Director of the New Zealand Council For Educational Research (NZCER) and has recently been appointed Chairperson of the board of the Mental Health Foundation.)

I have at times been 'accused' of being a feminist, generally with 'radical' attached to it because I have disagreed with some man's views. For example, NZCER is run by a council. There was one council member who retired some years ago, whom I sometimes found myself alone with. We would have conversations on topics of interest to him like his garden and voluntary work he had done. He was quite a distinguished man and he had done some interesting things. At a certain point — and I think that the ideas were swishing around in his head — the bung would go and he'd say: 'I can't sand this women's lib stuff.' Now, I would never raise anything to do with women in his presence because there was no point, but off he would go. He didn't approve of it, and as for that 'chairperson' stuff! He also gave me to understand that his wife, whom I never met, shared his views.

The other thing was that everything I did was classified as 'early childhood' and that's not 'real', not 'hard', not important. Women and young children, that's not real life — not something that needs to be taken seriously.

In recent years I have written on subjects such as science and technology, about the future of education, and on population and literacy, always making sure that wherever possible I incorporate sections on women. Shortly to appear are four booklets, based on a research study, on the mainstreaming of pre-school children. I also have a manuscript nearly completed on very early literacy.

People have said to me, "What was it like going back to university?"



But the thing was I never left the place. I used to claim I was the person who had been longest on the books, but I don't know that that's strictly true. It took me five years to get my BA part-time but the first year I did only one subject. In my last year I did three, I think I could have done better than that with a little bit of guidance, but you were very much left to your own devices. It depended on the timetable. I did two units of political science. I doubt if I would have done if it hadn't just been that the lectures were at a time that suited.

A number of subjects were deliberately put on in the daytime so that part-timers couldn't get to them — history, languages, mathematics — all the prestige subjects were during the day. There was no way I could have got to those and earned a living. I didn't have a great deal of choice and took two years of education because it was on at four o'clock in the afternoon.

In 1951 I taught at West Norward Comprehensive school, which was the first comprehensive school set up by the London Education Authority. I then taught at the Ealing County School For Girls. It was Festival of Britain time and the whole movement into modern style, which affected home furnishings, decorations, architecture, the lot. There had been nothing like that in New Zealand and I found it particularly exciting, along with the lectures. You could just look on the back of the *New Statesman* and think 'Where will we go tonight?' and go off and hear some world-renowned figure tell you something or other.

On my return I was pregnant. Some time later I discovered that the university had started teaching Italian. I thought, well the university has been terribly fickle in all these things, they might at some stage bring back a language requirement. So I did a prerequisite course for that, and then I did Italian I for a certificate of proficiency. I was very proud of myself but actually was never much good at speaking the language and certainly cannot speak it now. I had the idea that you really have to be prepared for rule changes but also, these two years of Italian got me back into the university.

During the war I was manpowered over the Christmas holidays. As a schoolgirl I went raspberry-picking in the Nelson district. Another time I was helping to prepare a registry of motor vehicle drivers. The manpowered workers were so slack that the register would never have been accurate but I don't think it was ever finished. Another year I got sacked from a guesthouse in the Marlborough Sounds where I was an unwilling housemaid.

Among the amazing things I had to do was work in the Union Steamship Company Laundry. The company used to operate an

overnight ferry between Wellington and Lyttelton. The work was divided on the basis of gender — men were in the washroom in their gumboots. I guess the women were being protected from the horrendous things that fell out of the sheets. We used to hear the men having a good laugh at what they found. The women were in another room and dealt with the clean washing. The wet linen was fed between huge heated rollers and then it travelled over a broad belt which gave it time to dry off. The women stood together in pairs at the end of these machines and the bed linen would come off and two of us would fold the sheets together in a rhythmic action and stack them up. By this time the next sheet would be upon us. The sheets were still steaming and burning hot and our hands would be very painful by the end of the day. The atmosphere was thick with lint. At first everybody was slow and we would end up with a pile of sheets on the floor as high as our knees. For a change we would switch to table napkins and for these we worked alone as scalding bits of damask advanced upon us down the conveyor belt. But we got into the rhythm of it and when I left the foreman said to me that I had done very well and if I ever needed a job there would always be one waiting for me there. I treasured this for years. It was just a joke really but from time to time I would think — especially whenever I drove past the old corrugated iron building in Wellington's Evans Bay — 'There's always a job for me at the USS Co Laundry'. When they pulled the building down a couple of years ago, I couldn't resist the thought, 'Well, that's a safety net gone!'

Quite early in the piece I wrote a paper<sup>1</sup> which was a takeoff of a review of research. In it I described a fake experiment in which female brains and male brains were examined. I'd been driven to write it by some of the things I had been taught in education courses about female brains being smaller than male brains and that was why more men were geniuses. Of course I didn't believe that kind of nonsense. I maintained that the experiment I was describing was foolproof because the selection was a random one — the subjects had been selected with a roulette pistol before their brains were examined. I then made the point that the education system may have something to do with differences in achievement. I wrote that the education system had many things about it that had been designed to advantage the boys. For example, at that stage the vogue was for 'plain' English. I suggested that this was ideal for boys, who enjoyed writing about 'How my fountain pen works' and a disadvantage to girls who enjoyed fantasy and so on. It was a satirical piece about male/female differences, the way in which these were perceived in



research and how they were not put into effect in the practice of education.

I also wrote a satirical play for playcentre once. The mother was on the telephone every night organising things — a sandpit, meetings and so on — it was work! That idea eventually became the basis for a case study of the function of playcentre for women — and this function certainly wasn't learning how to be a parent!<sup>2</sup> It was getting out of the home and training for a job. In a way it was like that for the women who were the pioneers in the kindergarten movement too. But the kindergarten movement employed teachers, whereas — and I think this is the key — the playcentre movement trained mothers to be supervisors. It gave training. The movement depended on women being trained so it never gave the initiative away to another professional body.

When I came back after three years in Indonesia I discovered that the university had stuck another step in its degree structure — instead of going on to a Masters degree you now had to do a BA honours year. So I did that over two years. The idea was that if you got a good pass you could go straight to doctoral studies. Not the Education Department though! It was so insecure that everyone there had to do an MA by thesis before going on to PhD.

Although at the time it seemed a bit excessive I ended up with lots of experience in research. I had also carried out research on women, both Maori and Pakeha, and these interests have continued over the years.

There are three kinds of research on women. There's the kind in which women are the subjects but they are looked at exactly as if they are men, using research instruments and measures that fit the lives and experiences of men. Then there is research which is concerned with the basis of women's oppression and explanations for their role and status. The third kind is research in which women are the subjects and research methods are developed that capture the facts of their lives as they experience them. I think my research has been of the last kind.

In my first study I looked at friendship patterns and I asked women in playcentres to tell me who their friends were before they went into playcentre and who their friends were afterwards. It's not the sort of thing you would normally ask men. I had a look at the effects of friendship on the playcentre courses they took. I tried to see what women brought with them into playcentre, what their support networks were. Then what did they get from playcentre? Did it convert neighbours into friends? Was it, in fact, helping to build up



community?<sup>3</sup>

I still think there is useful material in it that I could have done more with at the time, but I had already spent two years on it. The thought of rewriting it, for a journal that might turn it down because they were not 'into' playcentres or they didn't care about the processes that affect women, was too much. I used the concept of women's role to explain the establishment of playcentre. Later, Phyllis Levitt (1978) studied the beginnings of the kindergarten movement using a Marxist analysis. More recently, Helen Cook (1983) has made a study of childcare using a structural analysis taken from anthropology. These theses are different in many ways — but all three of them used novel approaches. I've always thought that some of the material in them would have made a good volume with a Maori author to analyse Te Kohanga Reo. At the time I did my study (1964/5) there were no courses on women's studies and there was so little recognition of the validity of research on women that women seldom appeared in the indexes of books on education or were distinguished in research samples.

When I had completed my MA I saw an advertisement for the J.R. McKenzie Fellowship administered by the New Zealand Council for Educational Research. I knew the Council. I had been hanging around it for quite some time — it had interesting people to talk to and a good supply of journals that were easier to get access to than the ones at the university. For many years I was scared of the university library — I'd go into this dreadful silent barn of a place, with all those people looking after the books and I'd walk in and then back out.

I got the fellowship, and I thought I would replicate the study that I did for my MA but concentrate on the key part, the functioning of early childhood institutions — or any institution for that matter — in relation to their communities, and I suggested that I might do the study in Maori communities and interview Maori women.

During the whole of the nineteen sixties there had been efforts to get Maori children into pre-schools and for a while it had worked and then it looked as if the mothers were withdrawing. There had been some independent groups set up by communities in the Waikato and I kept track of these because I thought they would explain what Maori women wanted. Pre-school was coming into vogue, for it was the time when the American Head Start programme captured people's imagination. The Maori Education Foundation appointed Lex Gray to stimulate interest in areas of Maori settlement but by the seventies the pre-school groups seemed to have begun to collapse: either the original figures for attendance had been inflated or there had been a genuine flight from pakeha-type pre-schools. The prevailing explana-

tion was that Maori folk could not support pre-schools of the playcentre type which were the main type in rural areas. I thought that the survival or collapse of pre-schools could be better explained by examining the nature of the community in which each group was situated. I thought it was a matter of social relationships.

I interviewed Maori women in pre-school groups in communities of different kinds. I was looking at two things — type of community and type of pre-school. For every community type I had to find a kindergarten, a playcentre and an independent preschool group. I used Maori concepts of community and classified them according to their degree of kinship. The rural-urban categories used so often by Pakeha researchers didn't fit Maori communities. I realised that many Pakeha ideas, certainly in education, did not fit the facts of Maori life. Anthropologists had answers but there was no anthropology at Victoria when I went there. Fortunately one of my daughters was studying it when I was shaping up my ideas and I used to look over her shoulder.

I selected communities which were basically groups of kin living in one place, like the settlements around rural marae. There are also marae situated in places where urban growth has taken place around them, so they are in cities but they're still kin-based. Then I selected urban communities where there were substantial proportions of Maori people, but not living in their tribal areas. Then you've got Maori women living where there is a very small population of Maori — generally that is in better-off suburbs and the Maori women have married Pakeha men. Much of the explanation for the composition of the communities I was looking at went back to funding for housing and where Maori housing was available. I was able to identify a range of communities and within each find three different types of pre-school. So it was a much sharper design than I had had before.

So I sailed off to Matakana Island, into the Waikato, the Urewera, Rotorua and Taranaki. I met lots of marvellous women both Maori and Pakeha and had precisely the same experience that I'd had with the Wainuiomata women in my first study — if you sit down and have enough time people will talk to you. Of course the composition and cohesiveness of the Maori community turned out to be important because it determined whether the women in the preschool groups had control over them.<sup>4</sup>

As a result of this research I was later invited to study some of the independent pre-school groups in the Waikato by those within them and I did this over three years as a participatory project in which the research was a co-operative enterprise. I had two participatory



projects going at that time, the other one was the playcentre movement.<sup>5</sup>

During my time in the Waikato I had met and worked with one of the key figures in the establishment of these groups, Rumatiki Wright, and sometime afterwards she came to see me and told me that she wanted to 'talk into my tape-recorder'. She was ready to tell the story of her life. It was arranged that I would go and stay with her and then she died suddenly. If only I had been able to follow her wishes.

In 1972 I started on my PhD, I had a QEII Fellowship and was asked to look at the language of Maori children. It was widely believed that this was defective, especially in its structure. I was not interested in the structure, or grammar, of children's language, which was an area I thought was trivial from an educational point of view, I wanted to look at the issue of meaning.

I designed about 100 items of equipment — they were all little games and things for children to do. Although the main conclusions of that thesis were esoteric there were other bits that I picked out and got published in various places. For example I did a piece for teachers who are working with Maori and Pacific Island parents which has just recently been put in a kit for multicultural studies by the Auckland College of Education.

I tested about 100 children, each three times. It took a long time and seven trips on the railcar to stay on the East Coast with Mrs Ma Boyce in Ruatoria. She came with me to all the little settlements. I would like to have seen her again, but she died when I was overseas.

The most important idea to come out was that teaching and testing have to take place where children are given access to the underlying meanings. They have to understand the situation as well as what it is they have to do<sup>6</sup>. I also came out of that thesis with other insights. I did two papers on misconceptions which researchers had about Maori people.

One was about the classification of Maori by themselves and by Pakeha, and the classification of Pakeha by themselves and by Maori, and how these definitions are based on different criteria. The other was about the misuse of the concept of class in selecting Pakeha control groups in studies of Maori children. Researchers would report that Maori children had been matched with a group of Pakeha children, and this showed that . . . and so on. But the sample was generally controlled on the basis of occupational status. Now if you look at the distribution of occupations you've got a Maori distribution that starts at about the middle and goes down. The Pakeha one starts

a little up from the bottom and goes up. So at the top and bottom ends there is no matching sample. In order to make the samples match researchers were in fact lopping off the top or the bottom of the ranked distribution of each sample.

At that stage a lot of the richest people in New Zealand were farmers. So you cut off all your rural runholders and sheepfarmers from the Pakeha sample because there were no Maori to match them. At the bottom you cut off all the rural labourers, the rabbits and roadmen and so on who were largely Maori because there were no Pakeha to match them. So everyone was using urban samples without actually noticing the fact — and I didn't think that was a sound way to do things at all, it ignored the fact that the occupational structures of Maori and Pakeha don't match, and that there is occupational segregation according to race.<sup>7</sup> I hoped that researchers would take notice because, of course, if you draw up social policy on the basis of research which is faulty you are likely to develop the wrong kind of policy.

In 1974 I went to NZCER as the first research officer on early childhood, and I was to establish work in this area. By 1975 I was head of a unit, had a small staff, access to research materials and a lot of women wanted research done for International Women's Year (IWY). Rae Julian got the J R McKenzie Fellowship and we thought it was time some research was done on childcare. A project had been completed by the Society For Research on Women (SROW) and Rae had been involved. We thought that what was needed was a study of informal childcare or 'backyard minding'. Rae did a courageous study. Many researchers would not have risked the rebuffs that are likely when you look into matters which suffer from disapproval. At this stage it wasn't easy to get access to backyard minders but Rae was accepted and taken into people's homes and she did a good study which treated the women with respect and sympathy. (Julian, 1976).

It wasn't very long before we were helping people with their projects. And women helped us. For example, Marie Bell and I, with help from Wellington SROW and Christchurch NOW (National Organisation of Women) did a study of the visual surroundings of junior schools and pre-schools. We found out, what at that stage was surprising to teachers, that when you looked at the images on the walls they were predominantly male — even the animals — and were shown in stereotyped roles. People actually argued that it couldn't possibly be so, and that if you went into another institution you would find something different!



Many of the things done for IWY (1975) conferences and conventions were never published. Ten years later Anne Meade who was then at NZCER repeated the study and the results were just the same.

I was never stopped from doing work of this kind or of doing larger projects of concern to women but there was no great enthusiasm for them amongst my male colleagues. Research on young children was now acceptable but even this tended to be trivialised. I remember that there was great hilarity over the suggestion that the Unit's symbol should be a safety pin. I was reminded of this many years later when I discovered that the street which separated Teachers College from the rest of Columbia University used to be known as 'Hairpin Alley' because the students at Teachers College included women.

One of my favourite memories of this time concerns Rae Julian. She was determined that no sexist remark uttered in the staffroom would go unchallenged. As there was any number of sexist comments floating around at any given time it was a ripe field of endeavour. Rae would come into the tearoom and men would get behind their lunch bags and sometimes when she left the room they would wipe their brows. Rae was always so cheerful and friendly! There are a couple of men who talk about her still.

I was invited on to the committee for planning the major conference for the end of International Women's Year (IWY) and because of the nature of my work I was given the early childhood portfolio, and the issue was childcare. And when it came time to report the findings of IWY and bring them up to this final wrap-up conference, Ros Noonan and I were the co-convenors of the syndicate that looked at the care of young children and other dependents. At that final conference we got a set of recommendations passed about getting childcare back to the Department of Education, with better funding.

In 1978 there was another opportunity to do something about child care. There was to be an OECD (Organisation for Economic Co-operation and Development) conference on early childhood services and I went on to the planning committee. I suggested that we needed a paper on early childhood services and the changing role of women. It seems ridiculous now, but people said 'What do you want something like that for?' So I said that if you want to know what kind of services will be needed in the future that's the very thing you want to know. At first I thought I'd lost that one, because there were people on the committee who were threatened by the thought of any change in the role of women. However, I was eventually asked to do it.<sup>8</sup> And that was a landmark conference because for the first time all

the sectors of the early childhood movement got in behind the issue of equitable funding. I don't think that all of them were deeply committed to equitable funding for child care and most of them wouldn't have walked across the road in order to put it into practice but it was the first time they had ever agreed to it. That was a milestone.

We didn't explain very fully what the funding was to be equitable *with* because that was a real difficulty. Everyone knew that kindergartens were funded the most generously, playcentre less so but better than child care, which was funded very poorly indeed.

A package of six recommendations on child care came out of the IWY conference and they dealt with funding, organisation, administration and all the rest of it. Only the first one, which said that childcare should be transferred to the Department of Education reached the State Services Commission which was given the job of setting up a working party to put the recommendations into action. I wrote a progress report<sup>9</sup> in which I traced the long and tortuous process. I compared it to 'The Story of a Penny', which was an essay topic of the kind we used to be set in primary school. In this you had to recount all the vicissitudes encountered by a penny. In the end it was usually washed out to sea which allowed the pupil to finish the essay. At the stage when I was writing this in 1979 I thought the recommendation probably had been washed out to sea!

After a very difficult time and some changes to the membership of the working party — as a result of which I joined it — the report was completed. (State Services Commission, 1980.) We had little in the way of backup services. For example we were never supplied with the regulations on child care. Half way through our deliberations someone on the committee actually said, 'Well, what exactly is child care?' One man came with the idea that what we were meant to be discussing was a bill of rights for children.

What I thought was needed at the time, the thing that I worked for, and the committee accepted in the end, was explanations of why things were as they were, so that if somebody wanted to use the report to press for change they would not have just a recommendation for, say, better funding, but also reasons why services were funded differently. If one early childhood pressure group has been in the field longer they've had more time to go to the government and get themselves funded over the years. You need explanations of that kind so that people can say 'The reason is history' and refute statements that child care is not acceptable in New Zealand we don't want to encourage it. You want to rubbish such statements before they become established. We heard opinions from all those govern-



ment departments in some way involved in the administration of child care. On funding we had some extraordinary figures shown to us. One department tried to show that more money was paid out of the public purse for playcentre children than for any others. The argument rested on the fact that playcentre children spent more years in playcentre than other children spent in kindergarten. But I'd been a playcentre member and couldn't buy that argument. I found out quite a lot about ways of presenting facts, especially facts about costs and expenditure. It's an area offering lots of leeway to the fertile mind. Each of the chapters in the report is set out with an explanation. I tried to think of phrases that could be used — for example, that child care was funded on the welfare principle and kindergartens and playcentres on the education principle and was this logical? If not, why was it arranged this way? Social Welfare really wanted to hold on to child care by this stage. But you will always have some parents who can't pay, no matter what, and that issue — the welfare issue — could stay with Social Welfare.

One could also question how logical the division between welfare and education is. Once upon a time they were together in the Child Welfare Division of the Department of Education. What had happened was that when the Department of Social Welfare was formed from the Social Security Department all government departments were looked at to see whether they administered anything that had welfare attached to it — and that went to the new department. But what did child welfare actually encompass? It turned out to be keeping an eye on private kindergartens in places like Remuera and Khandallah, shoppers creches, university creches, and community co-operative child care groups. Only one portion of this work was concerned with day care for families who needed welfare assistance. In other words it was illogical, a matter of history. That was the way I approached it, so that people could have rational arguments rather than simple recommendations. Research knowledge was very useful.

Through my work I have been able to summarise research. One paper which turned out to be useful was about the myth of maternal deprivation which was a review of the research to that point and explained how Bowlby had come up with his view.<sup>10</sup> I was lucky to come across an interview with him in an English *Listener* where he said he had just happened to read the ideas of the ethologists, was interested in the concept of animal bonding and applied it to human beings. He had not carried out any research on the topic, nothing, it was just an idea which suited those who held power in the 1950s, but it was used as an explanation for a whole range of things.

## Memorial Service

In the heady seventies Leigh Minnitt came to work at NZCER. Some years later after she had left us she was killed by her husband, who was later convicted of manslaughter. The process by which the defence was conducted depended upon demonstrating that Leigh was a slut and that she had said things to her husband that enraged him. (See 'The Killing of Leigh Minnitt' by Anne Else in *Broadsheet* number 84, November 1980). Without going into whether anything was true or not, this was a devastating thing to say about a woman who had been well-liked, a generous woman who had worked for things that were of benefit to women. I counted her as a personal friend. Then there were the members of her family who had to live through the publication of such ghastly descriptions with nobody able to say this isn't what she was like. Leigh was not protected in the courts.

I really didn't know what to do about it at first. And then I was on Lambton Quay one day and outside the court building where the case was being heard was a small band of women. I didn't know any of them. They were holding placards and objecting to the way the courts were dealing with the case. I thought, they've got guts and decided I had to do whatever I could.

I tried to choose something that I was capable of doing within the setting in which I worked. Other people were interested in doing things too and there was a petition circulating. People stood down at the railway station and collected signatures and it circulated round people's offices.

A group of women met in my living room and we decided that what was desperately needed was some kind of memorial service where we could say something about Leigh herself. So we got going with that. The whole process was very stressful because the media got on to it. There was a very strange atmosphere in Wellington at the time, and it was extraordinary how many people took fright at the thought that they might get involved. The level of this kind of feeling was such that you could expect that possibly no one would let us use a hall for a service for Leigh. Elizabeth Sewell, who was then with the YWCA was most helpful and we were given the use of the YWCA hall without charge. The next thing was to make sure that people were prepared to speak. The atmosphere surrounding the whole affair was so intimidating, and so much was known about the case that it was very difficult to know whom to approach. I looked around among the people who had known Leigh, whom I knew, and who might be



prepared to speak up. I was prepared to speak but you don't really know how others feel until you ask. I knew that Ros Noonan would — she's a great speaker. Fiona Kidman wrote the most beautiful poem, which was later published in her book, *Going to the Chathams*, that said more about Leigh than a 50-page obituary could have. The family said that Leigh's brother would represent them which was very important. I became tired of being asked whether or not the family was involved before someone decided whether or not to support the occasion. Another friend of Leigh's arranged for a member of the symphony orchestra to come and play music during the ceremony. Some more women offered to speak and things seemed secure at last. People came forward with offers of flowers, food was organised for after the ceremony and a memorial programme was designed.

I organised people at work — no pressure went on, it was simply personal choice — to come and to help. A notice had gone in the paper. Everything was looking great. But I began to be badgered by the press. One day a reporter rang and told me that 'radical feminists' were planning to disrupt the occasion. I asked who they were and was told he didn't know. I didn't quite know what to do about this — I didn't know whether to believe it, to ignore it, or who he could be talking about. So I went down to the Women's Gallery because I thought if there was any information about, Heather MacPherson might have heard about it. No one there had heard anything. But my visit to the Gallery was worthwhile because the women there said they would publicise the gathering and would come themselves to give support.

What happened in the end was that the hall was well-filled. Television came along. We wouldn't let them into the hall, but they filmed outside and a former colleague of Leigh's stood firm in the face of questioning and spoke sincerely about her memory of Leigh. I had no idea exactly what was going to happen. I had organised just three people to speak. We set out to create a different image for Leigh from the one that was in the papers. After the arranged speakers I invited anyone who wanted to speak to do so. This was to be the moment of truth — and I thought there might be a deathly silence and we would have to get the man from the symphony orchestra to play yet another piece on the violin before we all went home. But it wasn't like that at all. People got up one after another and simply shared their memories. The only criticism was one I made at the end, of a justice system that could do this to a woman's memory, and we left it at that. There was no disruption or any sign of disruption and I can only assume that the reporter made the story up.

It was one of the most stressful things I have ever been through

because of being hounded by the press and the fear of being misquoted or something. There were some people in the audience whom I'd never seen before, who had obviously come along to check things out. The whole thing was fraught because it was so terrible that Leigh had been killed in such circumstances. But what happened after she was killed was almost worse. Of course it was a protest.

### **Mastectomy**

I had a mastectomy over two-and-a-half years ago, in 1984. I found this lump in my breast. I had examined myself from time to time, but like a lot of women, hated doing it, and I didn't find it very easy to detect whether there was anything there or not so I was forever frightening myself out of my wits. I hadn't actually examined myself for a while and I looked down one day and I could see it. So I went off to my doctor and she referred me to Wellington hospital.

I think I had excellent treatment. I give full marks for the whole thing. The surgeon was considerate, I didn't have to wait very long, and the nurses couldn't have been more supportive. Of course it came out as cancer.

It wasn't at all straightforward though. I had had a growth when I was 22 and I was followed up after that for five years. It was one that is sometimes malignant and sometimes not. A small portion of my bowel had been removed. That had been dealt with at Wellington Hospital too. So I reported this, and that seemed to make everyone very excited — it was a rare kind of tumour — they didn't know whether by any chance this original one had spread after all this time, and was a secondary growth, which would have been interesting to the medical world but wouldn't have been so great for me. So I had all the various tests, and no matter what it was something turned up. I had a bone scan and that showed up hot spots in my ribs. I had an x-ray of my lungs and that showed fluid. Everything made it look as though things might have gone too far to make it sensible to operate. So there was about a week or 10 days when I really didn't know what I had or whether I was going to be around for much longer. I didn't, myself, believe that the present tumour was connected to the earlier one but I was in no position to know.

It turned out that the hot spots were healing fractures. Why fractures? Were the bones soft from disease? Then I remembered that I had had the most terrible pain about two months previously in the area where the hot spots showed up. It had followed several bouts of



severe coughing. It must have been cough fractures. The fluid turned out to be just internal haemorrhaging from the biopsies I had had. Finally the tests showed that the tumour had nothing to do with the earlier one.

So while all this was hanging over me I thought how do you handle this? I did the usual things — destroyed everything I didn't want anyone to find after I died. I made sure all my documents were in order so that the children wouldn't have a terrible time getting whatever might be their due. Then I called the people at work together and told them what I had, and said that I was going into hospital but not departing this life just yet and so I wanted them all to come and see me. I could then just carry on working while I waited for the various reports to come through. After I'd had the operation the staff were marvellous and there was a relay of people looking after me. I'll always be grateful.

The surgeon had said to me, "We've got three techniques. You can have a partial mastectomy followed by radiation; a full mastectomy; or we've been trying out a new technique in which we carry out an immediate reconstruction. We've done two so far and they've been successful'. So I said I would have that, because I'd rather be part of something that has some purpose. I had the breast removed in the Otago Medical School ward and I was never aware of myself without a breast because they took a piece from the outside of my stomach and moved it up inside, with an artery, and sewed it into place on my chest. Bits of me had been recycled. When I woke up I had these other bits in place. And it healed and it worked quite well.

The breast itself didn't cause much trouble at all, the stomach wound was more severe. The muscles on one side of my stomach are completely removed, and I'm inclined to bulge a bit and look strange in some circumstances and for a while afterwards there were many things that I couldn't do and my stomach would go into spasms. I still can't do heavy lifting but on the whole I can do most of the things I did before. I'm no longer aware of it, and I don't think anybody else is aware of it either. The technique has been improved and now only a strip of muscle is taken from the stomach.

With regard to the physical thing about one's image. I found that the staff had been well trained on this. The ward was well run and into whole-patient care, something you read about but don't always strike. They expected me, I think, to experience grief about losing a breast, but I never actually experienced any of that, I just wanted to get rid of the damn thing. I looked on the reconstruction more as restoring a degree of functioning and something that was good in itself rather than as me and whether or not I had this mystic thing

called a breast. I thought it might be easier to function, I wouldn't have to worry about prostheses, I wouldn't have to think about special underwear or bathing costumes, those sorts of practical things. I was lucky that the cancer did not appear to have spread and that good news was brought to me by the surgeon, very thoughtfully, as I was coming out of the anaesthetic. They dealt with the psychological side of the thing in a very good way. It wasn't an experience I'd like to go through again. It wasn't a bracing experience but it gave me a new attitude on life. You can always try to make something out of it.

You are never, with this sort of thing, whipped off straight away. So I thought about all the things I wanted to record. That's one reason why I was pleased to be interviewed by *Broadsheet*.

### Organisations and Committees

I've always joined things. Often, I suppose, because I've been flattered to have been asked to join. The organisations I have belonged to have reflected the stages in my life and the kind of work I happened to be doing at the time. I think that my membership has been typical of others of my generation. I started off at Kelburn playcentre, stayed so long to settle my daughter that I ended up as president — by default I have always felt. From there I moved on to hold office at the Association and Federation level of playcentre. It was during this time — the latter half of the 1950s — that I first met Margot Roth who was the reluctant president of the Karori West playcentre.

When I came back from Indonesia my children were all at school and I had other interests. I was invited on to the committee of the Wellington branch of the Federation of University Women. Through this I represented the Federation on the Council for Equal Pay and Opportunity in 1965. I was also appointed by the Minister for Justice to the Arohata Parole Board (1969-71) and served a term on this. So far — the 1960s — I had been only in women's organisations.

As my interests in research expanded I joined the Association for the Study of Childhood and eventually became president 1973-74. I also became a member of the Wellington Institute for Educational Research and was secretary 1970-71. In 1979 I was invited to help set up the New Zealand Association for Research in Education and later became the first president (1980). I'm still on the NZARE Council but it's high time I got off. I've always enjoyed NZARE and have made lots



of friends through membership — and that is as important as anything else. When we held the first conference in Wellington the committee commissioned state-of-the-art papers on the various divisions of educational studies and we made sure that there was a paper on women in education (this was written by Jenny Bunce) and one reviewing research on early childhood (by Anne Meade). Both these strands of research have remained part of the Association's activities.

Looking back I wonder how it was I got into so many things. I was on the VSA (Voluntary Service Abroad) selection committee 1969-71 (along with ten thousand other people). In 1973-74 I was on the National Advisory Committee on Maori Education and left because I felt that my place would be better filled by a Maori woman. I never lost my interest in matters to do with women and was delighted to be asked to contribute to many of the activities associated with IWY. I was on the Committee on Women (1977-79). One of the effects of IWY was to ensure that women did begin to get on to decision-making bodies which was fine so far as it went but it meant that certain people began to appear on everything. I began to feel that I was on stage a bit too often.

I really shouldn't complain. For the conference on 'Education and the Equality of the Sexes' in 1975 I got hold of the reports of some of the more important committees which had made recommendations about education over the years. I listed the members and saw that no matter how many people there were on these committees women's representation seemed to be determined on only one principle. I made a xeroxed book in which, as you turned each page, you could see a list of those who were on a particular committee. At the bottom I drew a speech bubble which contained the words 'Let's get a couple of women along'. After that I felt that I could not complain about being invited to join things.

I was a member of the Committee on the Registration and Discipline of Teachers chaired by Sir John Marshall (1976-77). The deliberations of this committee deserve to be described in greater detail somewhere else. None of my other activities came to an end, and I could not seem to escape child care. As late as 1984 I was on a Social Development Council Working Party on Child Care which brought out a report (Social Advisory Council, 1985). This was set up at the request of Ann Hercus and was a harmonious and productive group. I really think I've done my dash with child care. I wrote a piece for the first Women's Studies Association conference in 1978 which was later published in *Delta*<sup>11</sup>. I even wrote a pamphlet for the Labour Department's Advisory Committee on the Employment of Women<sup>12</sup>.

I became a Board member of the Mental Health Foundation in 1979

after I had helped with a Foundation project, and became the Chairperson in 1986. The Foundation has had the courage to support what are often unpopular causes, and has been an independent voice. I believe that it has been remarkably effective and I am proud to belong to it.

In 1981-82 I had a Fulbright-Hays award which helped me to go to Teachers College Columbia University in New York as a research scholar. I'm still reaping benefits in my research from my time there. In 1984 I was invited on to the Board of NZ-US Foundation (Fulbright Committee) and am still on that. In 1982 I was a council nomination to the Council of Wellington Teachers College and in 1983 I joined the board of the newly established Stout Research Centre for the Study of History, Society and Culture at Victoria University. In 1985-86 I chaired the UNESCO National Development Group of APEID (Asia and Pacific Programme of Educational Innovation for Development).

I feel that this is all a bit much and it makes me feel tired to think of it. Like most things it is a function of my times — the drive to get women on to boards and councils and a feeling on my part that if I turned something down someone would say, 'There you are — we asked a woman and she didn't want the responsibility'. I've been talking about events over a span of 30 years and things have certainly changed. I've had varied interests and that has brought me into a range of organisations and I like getting away from education now and again.

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## References

- \*Cook, Helen. 1983. *The Politics of Child Care*. Unpublished M.A. Thesis, Victoria University.
- Else, Anne. 1980. 'The Killing of Leigh Minnit.' *Broadsheet* 84 (November).
- Julian, Rae. 1976. *Brought to Mind*. NZCER.
- Levitt, Phyllis. 1978. *Public Concern for Young Children*. Unpublished Ph.D Thesis, University of Otago.
- Social Advisory Council 1985. *Child Care Services: Impact and Opportunity*. Social Advisory Council.
- State Services Commission Working Group. 1980. *Early Childhood Education and Care*. State Service Commission.

\* (More recently Helen May).

(From Geraldine McDonald's own work):

- 1.— 1961. 'Leaves from a scholar's notebook.' *Education*. 10,2.
- 2.— 1974. 'Educational innovation: the case of the New Zealand playcentre.' *New Zealand Journal of Educational Studies* 9:2.
- 3.— 1969. *Individual, Community and Formal Voluntary Association: a study of the*



members of two playcentres. Unpublished M.A. Thesis, Victoria University of Wellington.

- 4.— 1973. *Maori Mothers and Pre-school Education*. NZCER.
- 5.— 1985. 'Participatory Research: Two Studies.' *New Zealand Journal of Adult Learning*. 1:1.
- 6.— *Aspects of the Language and Thought of Four-Year-Old Children*, Unpublished Ph.D Thesis, Victoria University of Wellington.
- 7.— 1975. 'A Comment on some of the Concepts and Methods Used in Studies of Maoris and Education'. *New Zealand Journal of Educational Studies* 10:1.
- 8.— 1980. The Provision of Early Childhood Services in Relation to the Changing Role of Women.' in W.L. Renwick (ed) *Early Childhood and Education*. Department of Education.
- 9.— 1981. 'The Story of a Recommendation about Early Childhood Care and Education.' In Margaret Clark (ed) *The Politics of Education in New Zealand*. NZCER.
- 10.— 1977. 'Maternal Deprivation — Fact or Fallacy?' Reprinted in *Delta* 21.
- 11.— 1979. 'The Politics of Child Care in New Zealand'. *Delta* 25.
- 12.— 1979. *Child Care*. Pamphlet issued by the Department of Labour for the National Advisory Committee on the Employment of Women.

Following is a chronological list of more of Geraldine McDonald's published work, which spans a period of 30 years. It should be noted that the unpublished work not included here consists of about 55 papers presented to a wide variety of audiences on a range of topics.

- 1957. 'Practical Dressmaking in Post-Primary Schools'. *Education*, 6:3.
- 1959. *You and Your Clothes*. Reed.
- 1961. (English edition). Mills and Boon.
- 1970. 'Pre-school education' in Richard Bates (ed) *Prospects in New Zealand Education*. Hodder and Stoughton; and in J. Ewing and J. Shallcrass (eds) *Introduction to Maori Education*. New Zealand University Press.
- 1972. 'Pre-school and parent education for minorities' in Association for the Study of Childhood *Equality of Opportunity through Education*. Association for the Study of Childhood.
- 1974. 'Pre-school education and Maori communities: a matter of values' and 'The Maori concepts of *tapu* and *noa* in relation to pre-school groups' in Douglas Bray and Clement Hill (eds) *Polynesian and Pakeha in New Zealand*. Vol II. Heineman.
- 1974. 'Grasping the Nettle: some comments on kindergartens, playcentres, and school'. *Education*, 32:1.
- 1974. (With Marie Bell and P.E. Dinniss) *Trends and Issues in Early Childhood Education*. NZCER.
- 1974. 'Parents and community'. *Playcentre Journal*, 34.
- 1974. *Pre-school Education for Culturally Different Children*, and *Parent Involvement in Pre-school Education*. Background papers for Massey University ECE Certificate.
- 1975. *The Education of Young Children in New Zealand*. A Social Studies Bulletin. School Publications Branch, Department of Education.
- 1975. 'Family and Pre-school in the Early Years' in R. Sanders (ed) *The Family in New Zealand*. Auckland Principals Extension Course Lectures.
- 1975. *An Early Wellington Kindergarten as described by Ted Scott*. NZCER.
- 1975. *Early Childhood Research in New Zealand*. Set 75. NZCER.
- 1975. *Children and Language* (ed). Association for the Study of Childhood.
- 1975. 'Recent Reading.' *Education*, 24:1.

- 1975. 'A reply to Mr O'Brien'. *Education*, 24:3.
- 1975. 'Review of Pre-school Activities'. *Education*, 24:6
- 1976. 'The Categories Maori and Pakeha as Defined by Research Workers and by Self Report.' *New Zealand Journal of Educational Studies*, 11:1.
- 1976. 'Two Demanding Jobs: Part 1'. *Education*, 6.
- 1976. 'Two Demanding Jobs: Part 11'. *Education*, 7.
- 1976. Maori Family Education Project, 1 (May). NZCER (mimeo).
- 1976. Maori Family Education Project, 2 (December), *Developing a Training Programme*, NZCER (mimeo).
- 1976. 'Review of E. Sommerlad Kormilda, *the way to tomorrow*' and 'Review of B. Watts *Access to Education: An Evaluation of the Aboriginal Secondary Grants Scheme*'. *New Zealand Journal of Educational Studies*, 11:2.
- 1976. 'Women and the Care of Children and Other Dependents' in *Report of the Conference on Women in Social and Economic Development*.
- 1977. Maori Family Education Project, 3 (March), *Working with the Pre-schools*. NZCER (mimeo).
- 1977. (With Georgina Ripia) 'Maori Family Education Project.' *Education* 3.
- 1977. 'Children: Their Changing Needs'. *Health*, 29:1.
- 1977. 'If Skilled Teachers Enjoy Open Plan Schools, Pupils Cannot Fail to Benefit.' *National Education*. April.
- 1977. Maori Family Education Project, 5 (June) *The Presentations of Certificates*. NZCER (mimeo).
- 1977. 'On Doctor's Orders.' *G.P.* 26 August.
- 1977. 'Point of View'. *Education News*, 3:8 (October).
- 1977. Open Plan Education: a View of the Report.' *Education*. 6.
- 1977. 'A reply to C. Crothers'. *New Zealand Journal of Educational Studies*, 12:1.
- 1978. 'Giving Words a Meaning: One of the Language Tasks of the Young Child' in Brian O'Rourke and John Clough (eds) *Early Childhood Education in New Zealand*. Heineman Educational Books.
- 1978. (With Peter E. Dinniss (eds)) *Young Children and Early Childhood Services: some New Zealand Research*. NZCER.
- 1978. *A Research Project in Maori Pre-schools*. Suva Institute for Educational Research.
- 1978. Maori Family Education Project, 6 (August) *The Second Certificate*. NZCER (mimeo).
- 1978. 'A Search for New Approaches: the Relationships between Communities and the Working of Pre-school Groups in New Zealand' in Proceedings of AARE Conference *Schooling and Learning*.
- 1978. 'A Foot in Both Worlds'. *Australian Journal of Early Childhood*, 3:4.
- 1980. 'Research, Children's Rights and Social Policy' in Pat Shannon and Bill Webb (eds) *Social Policy and the Rights of the Child*. University Extension, University of Otago.
- 1980. 'Education and the Movement towards Equality' in Phillida Bunkle and Beryl Hughes (eds) *Women in New Zealand Society*. Allen & Unwin.
- 1982. *Working and Learning: a Participatory Study of Parent Helping in the New Zealand Playcentre*. NZCER.
- 1982. *Dear Diary: for those who want to know what it was really like in New York*. Study leave report.
- 1982. *What I did in my holidays*. Study leave report.
- 1982. *The Family and Education*. Study leave report.
- 1982. *Big, little and 'fit'*. Working Paper. August.
- 1982. *Piaget's Child or Vygotsky's Child: a pilot study*. Working Paper. August.



- 1983. 'Bierwisch's Analysis as a Test of the SFH'. *Journal of Child Language*, 10:1.
  - 1983. Introduction to revised version of *Urban Women*. Society for Research on Women of New Zealand.
  - 1984. (With P. Buckfield and M. Roberts [eds]) *Communication: Children with Special Needs: Conference Proceedings*. Wellington Postgraduate Medical Society.
  - 1984. (With Ian D. Livingstone) 'Education and the Future of New Zealand' in G. McDonald and A. Campbell (eds) *Looking Forward: Essays on the Future of Education in New Zealand*. Te Aro Press.
  - 1984. Introduction; NZCER Early Childhood Unit 1974-84 in A. Meade and E. Marland (comps) *New Zealand Early Childhood Care and Education Bibliography 1979-1982, with ERIC Descriptors*. NZCER.
  - 1985. 'A Science and Technology Future?: Comment.' *Input*. 7:1 (March).
  - 1985. 'Educational Research in a Science and Technology Future.' *New Zealand Journal of Educational Studies*, 20:2.
  - 1985. 'A Note on the Founding of NZCER' in NZCER 50th Annual Report 1984-85.
  - 1986. (With I.D. Livingstone and K.A. Pickens) 'Population and Literacy' in Ian Pool (ed) *Population of New Zealand*. ESCAP Country Monograph Series.
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# The Paradox of Women's Studies In the late 1980s

*Jill Julius Matthews*

Women's Studies began in the U.S. in the late 1960s; in Australia in the early 1970s. It began, as most new intellectual movements begin, with the recognition that the existing descriptions and analyses of reality no longer fitted individuals' experiences of that reality. Such new experiences were happening within the specific social, economic, political and intellectual circumstances of the 1960s that gave birth, among other things, to the Women's Liberation Movement. The development of Women's Studies courses was one among many political strategies of that Movement.

The foundation question of Women's Studies was: where are the women? That simple question had a shattering impact once it was

formulated as central to one's knowledge of the world. Nothing could be seen the same way again. Women's Studies' first task, then, was to find the women within all the social science and humanities (and eventually science) disciplines of the academy, using the tools of those disciplines and using the experiences of the women who taught and studied together.

In those early days, Women's Studies was spread across a broad front. It asked questions about the structure of the institutions of higher learning, pointing out that such institutions were masculine domains in simple demographic terms. Tenured teachers and researchers were (and are) disproportionately male. This area has more recently become the concern of Equal Employment Opportunity units. It also asked questions about the politics of knowledge of those institutions, about the areas in which those tenured male teachers and researchers chose to work. It pointed out that 'they' could put a man on the moon but hadn't yet developed a safe effective tampon, let alone contraceptive.

In those early days, Women's Studies engaged as well in vehement internal debate about the best way to understand and to change this state of affairs. Should Women's Studies operate inside the patriarchal institutions of education or outside, in the community? In this debate, each extreme accused the other of either anti-intellectualism or elitism. Should Women's Studies within the academy aim to change each of the disciplines from within (mainstream) or to establish itself as an autonomous programme? This debate involved accusations of either co-option or ghettoisation. Should Women's Studies as an autonomous entity be a multi-disciplinary subject area or become more like a formal academic discipline? Here the debate was about rigid hierarchical guardianship versus uncoordinated fragmentation.

These debates are still going on. There is no clear resolution; rather, a multitude of practices, politics and rationalisations. There is no single Women's Studies programme, there are many feminist theories. The years of debate have, however, brought an enhanced appreciation of the importance of heterogeneity and difference.

In the U.S., there are now over 30,000 Women's Studies courses, of diverse kinds (Stimpson, 1986). There is a multitude of journals, the two leading ones being *Signs: Journal of Women in Culture and Society* and *Feminist Studies*.

The number of courses offered throughout Australia has not yet been accurately calculated. In terms of autonomous, multidisciplinary programmes in tertiary institutions, an incomplete list would



include:

- a transdisciplinary major and honours BA at the Australian National University
- an inter-university major developed by the off-campus programmes of Deakin (Victoria), Murdoch (Western Australia) and Queensland Universities
- the Research Centre for Women's Studies at Adelaide University
- a lectureship and programme in Gender Studies at Griffith University (Queensland)
- a new programme with a reader and lecturer at Flinders University (South Australia)
- a multi-disciplinary major at Macquarie University (New South Wales)
- a course-work MA at the University of New South Wales
- an M.Phil at the University of Western Australia
- post-graduate diplomas at the South Australian College of Advanced Education and at Rusden College (Victoria). (Sheridan, 1986).

This list does not include the large numbers of individual courses about women within disciplines, nor the general studies options at some universities. Three major journals service this growing interest: *Refractory Girl* (founded in 1973, now somewhat intermittent); *Hecate — An Interdisciplinary Journal of Women's Liberation*; and, most recently, *Australian Feminist Studies*.

In other words, amid all the debates, and recognising all the differences, Women's Studies is no longer just beginning, a fledgling upstart. It is by now a serious, if anomalous, member of the academic community. It should no longer be a question of, what is Women's Studies, but rather, what is it becoming?

At this point, I wish to introduce three critical opinions about aspects of feminist theory and hence Women's Studies. The first is a somewhat negative analysis of feminist literary criticism; the second comments on 'French feminism': the third is a general proposition by two U.S. feminists.

Ken Ruthven (1986) writes that:

Feminist critics . . . have got themselves into a bind in seeking to legitimate feminist criticism by academicising it. For on the one hand they are obliged to hold on to commonsense distinctions between men and women in order to preserve feminist criticism

as something which by definition only women can practise. But on the other hand they want feminist criticism to be as respectable as other modes of critical discourse. This involves introducing into feminist criticism those theoretical sophistications which characterise fashionable modes of critical discourse. Among these is a thoroughgoing deconstruction of subjectivity, the effect of which is to textualise women (as a biological category) out of existence, and to reduce feminist criticism to a set of speaking-positions which can be occupied equally plausibly by persons of either sex.

Apart from the many other comments one could make about this passage, for my purposes the interest lies in Ruthven's depiction of feminist criticism's central contradiction: biologically female practitioners arguing their sole claim to a critical discourse that abolishes unified gendered subjectivity and hence undermines the significance of their being women. Ruthven sees this as a 'bind', a contradiction that immobilises feminist theory.

Rather than a negative bind, Gayatri Spivak (1981) identifies a positive duality within feminist theory. She writes of the:

... implicit double program for women which we encounter in the best of French feminism: *against* sexism, where women unite as a biologically oppressed caste; and *for* feminism, where human beings train to prepare for a transformation of consciousness.

Here is a way forward, not an immobility: a strategic essentialism for the moment combined with a long-term transformation of the material and ideological circumstances for a future consciousness. (See also Rowley, 1986).

Carole Vance and Ann Snitow (1984), similarly identify a positive duality but also recognise its problems:

... feminism must ultimately be a critique of gender since the gender system is the basis for inequality. This means that feminism has a double purpose: to defend women as they currently exist and to examine the way women and men have been created. To alter gender is to consider abolishing 'woman' — or at least the woman who is made, not born. To defend women is to reject abuse and exploitation as well as the persistent devaluation of female characteristics and behaviour — 'it's all right to be a woman.' The paradox of feminism is that



the object of protection and defence ('woman') is also the object of scrutiny and criticism — that we hope to eliminate.

All three of these statements express the basic paradox of a feminist theory that accepts a socially constructed rather than essentialist meaning of femininity and of woman: a paradox that requires women to be recognised as an oppressed group, constituted through their biological identity; and that simultaneously requires 'woman' to be seen as a metaphor, a category constructed through the dynamics of power. It is this paradox, seen as a necessary and positive tension, that seems to me to be one of the central issues for Women's Studies and feminist theory, for both research and teaching.

As I mentioned earlier, the foundation question for Women's Studies was, where are the women? The initial answer was to look for them: the women lost in history, lost in community studies and class analysis, lost in non-industrial societies and post-industrial economies, lost in the Great Traditions of all the human disciplines. But just finding the women and tacking them on to the margins was clearly not enough. This method kept women marginal; it was unable to establish women's experiences, ideas, needs and behaviour as valid in their own right. The masculine bias of scholarship became more, not less, obvious.

So feminist scholars were driven to the second question: how do women come to be there — on the margins, secondary, scarcely visible? That question pushed past the first step — the fact of women's exclusion — to the second — the process of exclusion. And here we came up against the wall of universality. It isn't simply that there is a masculine bias in the practice of the disciplines. Rather, the very structures of the disciplines themselves and the processes of their construction of knowledge are premised on categories that claim universal status but are in fact masculine. The categories are constituted exactly by the exclusion of women (*Lloyd, 1984, Thiele, 1986*). The 'political', the 'economic', the 'historical', the 'social', the 'rational', and all their sub-categories are not gender-free but masculine. Conversely, woman, or femininity, is itself constituted through that exclusion. Man is the norm, the standard of the human, the subject of knowledge, the unitary. Woman is the other, the different.

The issue for Women's Studies, then, is not only one of bias, sexism and misogynist practices — although these exist and require urgent and continuous attention. But the dominance of the masculine goes much deeper, into the meanings of feminine and masculine, of woman and man, and into the very constitution of disciplined

knowledge itself. This leads us into a world of quite terrifying uncertainty. The commonly invoked attributes of scholarly discipline — doubt and scepticism — are here made central to feminist theory, and are turned inwards as well as outwards. From the first two questions, where are the women and how did they get to be there, now emerges a third: who and what are the women? Feminism denies any essential feminine — or masculine — nature, denies the essential nature of everyone and every category, smells in every so-called 'essence' the odour of power and domination. When 'essence' and 'nature' and 'truth' are all revealed as politically constructed and hence historically changing, we are propelled into an analysis of relativity, into a whirlwind of deconstruction. What is the subject of feminism? What is Women's Studies about?

Meanwhile, 'everyone knows' what and who women are. We know that in the middle of 1986, the average full-time total weekly earnings of women workers in Australia stood at only 78% of male workers' earnings. We know that in India, large numbers of female foetuses are being aborted following sex determination by amniocentesis. We know that, around the world, poverty is becoming feminised. Common sense shows clearly that women are oppressed.

This is the tightrope that feminist theory and Women's Studies must walk. This is the paradox: between commonsense defence and analytic deconstruction. If we opt for commonsense alone, we condemn ourselves to reacting to attacks, to a defensive stance, never able to create a real, positive alternative. If we cut loose from commonsense into pure deconstruction and difference, our politics disappears. The future dynamic of Women's Studies and feminist theory lies in maintaining the tension of the paradox. It can only be done with optimism and playfulness and commitment.

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## References

- Lloyd, Genevieve. 1984. *The man of reason. 'Male' and 'female' in Western philosophy*, Methuen.
- Matthews, Jill Julius. 1984. *Good and Mad Women: the historical construction of femininity in twentieth century Australia*, Allen & Unwin.
- Rowley, Hazel. 1986. 'French feminism — some considerations. Interview with Rosi Braidotti'. *Refractory Girl* No. 29: 13.
- Ruthven, Ken. 1986. 'On feminist literary criticism as rhetoric.' *Hecate*. Vol. 12 Nos 1/2: 182-3.
- Sheridan, Susan. 1986. 'From margin to mainstream: situating Women's Studies'. *Australian Feminist Studies* No 2 (Autumn): 1-2.



- Spivak, Gayatri C. 1981. 'French feminism in an international frame.' *Yale French Studies*. No 62: 170.
- Stimpson, Catharine. 1986. 'The idea of Women's Studies, the ideas of Women's Studies: an assessment.' Paper delivered to Humanities Research Centre, the Australian National University, Conference on Feminist Enquiry as a Transdisciplinary Enterprise, Adelaide University, August.
- Thiele, Beverly. 1986. 'Vanishing acts in social and political thought: tricks of the trade' pp. 30-43 in Carol Pateman and Elizabeth Gross *Feminist challenges. Social and political theory*. Allen & Unwin.
- Vance, Carole and Snitow, Ann. 1984. 'Towards a conversation about sex in feminism' *Signs* Vol 10 No 1: 130-1.
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## IN MEMORIAM

Belinda Trainor died in Sydney, in October 1986, while she was waiting for a heart transplant operation. We grieve over the loss of someone like her at such a young age — she was only in her late twenties — but we are richer for the contribution she had already made to our feminist thinking and action.

Belinda's courage in facing the dreadful illness of cardiomyopathy while she carried on with her work has left us with a valuable legacy. Her friends and her family agreed that her papers should go in the first instance to the Women's Studies Association. From them has come the accompanying article on the politics and economics of reproduction, which will be a lasting reminder of this passionate scholar. It is ironic that she, the critic of high-tech, privatised, medicalised health systems, should die at the centre of the fanfare around the whole transplant exercise.

Belinda was a brilliant academic, one of that rare breed who explains and applies theories in terms of real life. Her concern for women was paramount, as her writing shows, and she will be remembered not just by admirers of her scholarship, but also by many loving friends.

# Having or Not Having Babies — What Power Do Women Have?

*Belinda Trainor*

(In 1986 Belinda ran a course for the Auckland Workers' Educational Association called 'The Politics of Reproduction'. Among her papers were the very extensive notes she used for this particular programme and I have drawn on these to compile the following article. As far as possible the references and so on have been checked — there are inevitable gaps — and I have been as careful as I could to keep Belinda's own voice and turn of phrase. Her research remains timely in view of questions raised in such forums as the 1987-88 enquiry into the treatment of cervical cancer at National Women's Hospital. We are fortunate that she left such meticulous files, and I am honoured to be part of the process of placing on record an important area of Women's Studies so carefully examined by a remarkable young lesbian feminist. — Editor.)

I'll start by telling you why I'm here. For a long time I looked for an understanding of male power over women in left-wing books which explained what goes on in the economy — the processes of producing the subsistence on which people live. I felt uneasy because the explanations were just not enough.

I really believe that the basis of male power lies in the *social content* of childbearing and child rearing, which, although it is interconnected with women's position in the workforce, remains fundamental and essential.

My interest stems partly from my experience in hospital as a patient in both the gynaecology and the cardiac wards. The medical system — the profession and the industry — is immensely powerful as an agent of social control. Therefore it is intensely political because of its immediate and longterm effects on people's lives — most particularly women's lives.

I did my MA at Canterbury University, and I was going to do a thesis on Closer Economic Relations with Australia. But at the time I was ill, I



was living with a woman friend and her one year old child, so we were both experiencing particular types of social powerlessness. I learnt so much from her — so I did my thesis on power relations in childbearing and rearing called *Patriarchal Reproduction* (1984). In the Political Science Department the response was: 'That's not political'!

Another reason for my interest is that I'm infertile and even if I wasn't I wouldn't be able to carry a pregnancy because of my heart condition. My immediate emotional response was: 'But it's my right to have babies.' Not because I necessarily wanted one, but because I wanted the option. I think the whole issue of 'rights' is a thorny one which needs a lot of discussing and arguing.

Some people have wondered at my interest/obsession with this area because I'm a lesbian. Many lesbians are mothers, most biologically as well as socially, with self-help techniques such as AID (Artificial Insemination by Donor). There is little to stop lesbians from having babies. But there is nothing in being a lesbian that has a necessary implication for childbearing and child rearing — for example, lesbians who haven't had heterosexual partners in the past don't *tend* to have children.

Most importantly for me I believe that, for women, the implications of reproductive technology affect *us all* regardless of sexuality, race or class. Particularly because of the coming together of two developments:

in vitro fertilisation (IVF), that is, development of an embryo outside a woman's uterus

and

genetic engineering — the language of the technicians expresses triumph. They have broken into and mastered the final frontier i.e. the 'uterine environment' and hormones, broken down to the last cell or chromosome and at a stage (via IVF) where they can rearrange human beings.

Childbearing — conception, pregnancy and childbirth — doesn't exist in a social and political vacuum, but is socially and politically constructed. Changes occur over and across societies. For example, in some cultures, childbearing is entirely a women's event — never in this society. It takes the form of a medical event and often a medical CRISIS!

Halfway between these two, in western society, there is a whole his/herstorical process whereby men excluded women from being the central actors in charge of childbearing, which is now medical-

ised. It involves power relations, but looks like a medical event, or a collection of medical techniques. But the techniques contain or embody the power relations, as reproductive technology shows. When we are trying to understand today's technology, it is important to keep in mind that we are looking at processes that have been under way for a particularly violent few centuries. Women as the experts on childbearing were overthrown by men through such means as witch hunts; pushing women out of healing; destroying women's communities; denying women access to technology. The group in control of technology (with exclusive access) is the group with the power.

Contrary to men's accounts of the past, or history, the original 'medicine men' were, in fact, women. The real story behind 'man the hunter' was: woman the *forager* was also woman the *botanist* and woman the *pharmacologist*. Contrary to the male account of the past, women were active creators and inventors of technology right from the earliest days of human social interaction. Two of the earliest and most important techniques for protecting the means of survival were containers to hold the products of food gathering and a sling or net for carrying babies.

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The connection of women with the cultivation of the soil and the search for edible vegetables and roots made them specialists in botanical knowledge, which among 'primitive' peoples is extraordinarily extensive. They became acquainted with the properties of herbs and were thus the first doctors . . . The word 'medicine' is derived from a root meaning 'knowledge' or 'wisdom' — the wisdom of the 'wise woman'.

### Contraception and abortion

Women have *always* practised birth control:

- in ancient Sumatra women moulded opium into a cuplike device and fitted it over the cervix.
- in some eastern societies a kind of silky paper called musgami was used in a similar manner.
- in parts of Europe, beeswax was melted into cervical discs and



caps.

— as early as the 19th century BC, formulae for spermicides appear in writings.

— it was discovered very early on that environments either strongly acidic or strongly alkaline were hostile to sperm.

— the Greeks used oil of cedar and frankincense in olive oil to block the cervix.

— in Egypt the wealthy women used a vaginal paste mixed from honey, sodium bicarbonate and dried crocodile dung (poor women probably collected it)

— in the eighth century Indian writers describe the use of rock salt dipped in oil or honey (salt in an 8% solution is deadly to sperm)

— in parts of Europe a popular method was a sponge moistened with diluted lemon juice.

— prior to the development of the diaphragm, the primary methods of birth control in white, European societies were periodic abstinence, withdrawal and abortion. By the 19th century, these methods had generally replaced infanticide and breastfeeding as methods of limiting fertility.

In all societies abortion and infanticide have been practised, whether socially sanctioned or not:

— in Aotearoa Maori women used toi-toi as an abortifacient. It was boiled and then swallowed. Poroporo contains a steroidal alkaloid, solasodine, which is an important ingredient in contraceptive pills today.

— a Chinese abortion-inducing recipe appears in a medical book of herbal remedies which dates back to 2737-2696 BC.

— Aspasia of Miletus, whose husband was the Athenian statesbroke Pendis compiled a list of abortifacients and included instructions on how to prevent conception.

— forceps, dilators and curettes almost identical to modern instruments for dilation or curettage have been found in the excavation of Pompeii and Herculaneum. In another dig a simple vacuum pump suggested that the technology for vacuum aspiration might have existed then.

— until the 19th century European and American common law tolerated abortion before the onset of 'quickening' — the stage at which a woman feels the foetus move, which usually occurs by the 20th week.

— The Catholic Church said that the foetus was animated by the entrance of the soul which occurred at 40 days after conception for a boy and 80 days after for a girl. The Church said the female soul was weaker and lower than that of the male, so it fell somewhere in

between human males and animals.

— Until the late 19th century, clerics were tolerant of early abortion. The Catholic Church decided abortion was 'murder' in 1896.

Male history has buried this sort of information. The historic dangers and abuses of abortion were not the result of lack of technology but of its suppression and monopolisation. Part of that process has been the medicalisation of abortion, and one of the effects of legislation has been to bring it even more under the control of the male dominated medical profession. Under law, only doctors can perform abortions and consequently we think of a safe abortion as one performed by a licensed physician. (Women are generally isolated for what is often a punitive experience). In fact, the vacuum aspiration method of early abortion is a simple procedure and can be done safely by well-trained lay people.

The illegal feminist abortion clinic in Chicago (called 'Jane') was run entirely by women without formal medical training between 1969-1973. In four years they performed thousands of safe abortions. The one death was of a woman who went to the clinic with an incomplete, badly infected abortion.

National fertility studies show that a reduction in the size of New Zealand families occurred long before the intensive contraceptive campaigns of the early 20th century and the inter-war years. In the white settler state of New Zealand, the rate of white fertility before 1860 was very high. The average annual crude birth rate of 41.5 per thousand was higher than that of Britain and the rest of north-west Europe. The average number of children per family was six, but in less than a generation, 1860-1870, the average number fell to three. The decline in fertility rates was brought about by a large increase in the practice of abortion and contraception — despite the social policies which strongly opposed women's control of their own fertility. In 1905 a New Zealand general practitioner wrote about:

... the disgusting nature of the practice ... To stunt and deaden the divinest emotion of the soul is worse than suicide — it means the destruction of *one's highest nature*.

This is where the classist and racist pro-breeding campaign began to come into the birth control debate. The fascist goal of white supremacy was taking hold round the world. In this country, the decimation of the Maori population put paid to the fears that the white race would be 'over-run'. Fascists everywhere took up the eugenics banner, to champion the childbearing of white women and



to eliminate the unfit — Jews, Maori, Asians and other undesirable races. Some feminists joined in these campaigns — refusing or unable to separate out the issues — seeing only the chance of advancing the cause of birth control.

After 1880 the rapid decline in the birth rate was accompanied by a doubling of mortality from septic conditions following abortion. There is no way of accurately assessing the extent to which abortion was practised, as there was no requirements to report it, and the overwhelming majority was carried out illegally. In 1908 the Crimes Act made it an offence to procure a miscarriage, but this did not stop women from getting abortions. The number of abortions performed during the depression years of the 1930s soared: one in five pregnancies were aborted. The deaths resulting from abortion were one quarter of the total deaths associated with pregnancy and birth.

Contrary to popular opinion, most of the women seeking abortions were married, for another child was another mouth to feed. In 1936, a woman writing to *Working Woman* said:

I, in common with every working class woman find life one long problem. But I think the most terrible one of all is the constant fear of more babies. I have three already, the eldest is just four and now I discover there is to be a fourth! (Ebbett, 1981).

In an article on abortion services in Christchurch, Brown (1985) writes that today's situation is reminiscent of the 1930s. The one new aspect is harassment, picketing, leafleting and intimidating organised by right-wing fundamentalists outside abortion clinics.

In 1936 the government set up the McMillan Committee to investigate the situation, because of concern about the falling white birthrate and the high incidence of abortion. The committee recommended that the government give financial, domestic and obstetrical assistance to women, and that limited sex education be made available — but its attitude was that the primary female role was to breed. Committee members also believed that contraceptives encouraged immorality.

The first birth control clinic was not opened until 1953, 32 years after the first clinic had been established in Britain. The state, the church and medical institutions preached that sexual intercourse was not to be separated from procreation; women were not to marry unless they were prepared to have children as they *appeared*; women were not to interfere in the 'natural process'; women had to prove they were married before they could buy contraceptives.

Contraceptives were expensive, and the Marie Stopes birth control

manual cost the equivalent of \$40 today. Ebbett comments:

You do not buy books, no matter how urgent, with money needed to feed the children. Then there was the cost of the mechanical devices themselves. It may have been false economy, but at the time it seemed cheaper to conceive than pay for the knowledge to avoid conception, or the appliances.

The first Labour government consolidated the social role of women as reproductive workers. It introduced policies designed to 'stabilise' the nuclear family form and it entrenched the power of the state to make decisions about women's fertility. In this country, and around the world, the state was backing the power of the medical institution by giving it a monopoly of methods of birth control, and on the dissemination of contraceptive information.

The early advocates of birth control had believed that once the state secured control of the means of contraception for the medical institution, and was solely responsible for their development and prescription, that only safe and effective methods would be marketed. They hoped that the ethics of the medical profession would safeguard women's interests. A false hope.

Heterosexual women spend much of their lives attempting to prevent themselves from conceiving, or to control when they conceive. However, women do not control the means of contraception, men do, or rather, patriarchal organisations such as the social institution of medicine. The struggle to control *if* and *when* to conceive is vital to women's self-determination. IN ORDER TO OVERTHROW MALE POWER SEXUALITY AND REPRODUCTION MUST BE SEPARATED.

All technology embodies the antagonistic social relations which exist within a society at that particular time. The contradictions within medicine, as it relates specifically to women as the reproductive workers, are especially acute because it is a male monopoly.

The extraordinary situation has developed where the people who have accumulated knowledge and 'expertise' on women's bodies, from *menstruation* to *menopause* are *men*. However, these power relations between women and men are concealed because the control always takes the form of technical, medical issues. The unequal power relation between a woman and her doctor is disguised by the 'professional/patient' relationship. These power relations do not just come from patriarchy, but also from the capitalist organisation of society.

In capitalist society, birth control is a commodity, therefore the



force behind the research, development and marketing of birth control methods and techniques is the drive for profit. One example of how these two hidden structures work together is that the capitalist drive for profit dictates the likely areas for research and development — that is, where investment is most likely to pay off for patriarchy or capitalism — the bottom line being to keep male control of fertility as the determining social force. One way of looking at how capitalism dictates the areas for research and development investment is to compare the money spent on researching invasive methods of birth control — chemicals or intrauterine devices — with what is spent on barrier methods.

The findings show that in 1977-78 almost 40% of the USA's government funds was spent on research in endocrinology in the areas of hormone regulation, ovulation, egg transport, studies of what goes on inside the uterus and on implanting objects in the uterus.

Reports made to Senate hearings on contraceptive development made no mention of the diaphragm, jelly, creams, foam, cervical cap or vaginal sponge. The condom was also ignored. What all these methods have in common is that they are low value-added commodities; developing them offers minimal potential for an increase in the rate of profit in terms of capitalist production. In terms of the medical monopoly, they undermine the power of the expert over women.

Barrier methods of birth control, backed up when necessary with safe and early abortion techniques such as menstrual extraction, offer heterosexual women the safest and most effective strategy for controlling fertility.

Invasive methods — drugs, intrauterine devices — are given top priority by the government and manufacturing corporations. Questions on the testing of IUDs arose from the discovery of adverse effects when they were actually IN USE. The costs to women of this type of marketing practice are immeasurable: infertility, pelvic infections, unwanted pregnancies, ectopic pregnancies, hysterectomies and in some cases, death.

What is the response from the medical industry — manufacturers, researchers, general practitioners, surgeons and Health Departments — to the deaths and the maiming? To dump the blame on the victim. Auckland obstetrician Jennifer Wilson sums it up:

It's not IUDs that cause infertility, and stress this, it's very important. It's who you sleep with. You've got to advocate one partner. Not promiscuity. (Coney, 1986).

Professor John Newton visited New Zealand, paid for by Pharmaco, distributors of the Multiload Cu250 100. Pharmaco also paid for travel and accommodation for delegates from outlying areas to come to the Family Planning meetings to hear him speak. Newton put the effects of IUDs down to a great increase in sexually transmitted diseases because of changes in sexual attitudes. Therefore, infections with IUDs could be 'a behavioural problem.' Newton's visit shows how drug companies use seemingly neutral 'experts' to promote their products.

There is a consent form to be signed for the injection of the contraceptive drug depo provera but there is some question about how many New Zealand women have seen it. The long term effects of depo provera are: shortened life expectancy, temporary or permanent infertility, anaemia, diabetes, uterine disease,, permanent damage to the pituitary gland, lowered resistance to infection, deformities in offspring and cervical, endometrial or breast cancer. The short term effects of the drug are: abdominal pain (called 'discomfort'), substantial weight gain or loss, less, or suppression of libido and/or orgasm, headaches, dizziness, loss of hair, spotty darkening of facial skin, elevated levels of sugar and fatty substances in the blood, nausea, limb pain, vaginal discharge, breast discomfort and disruption of menstrual cycle.

Loss of libido and/or orgasm are categorised as *minor* effects. A male contraceptive that caused sexual dysfunctioning for men would be unacceptable, as would chemically induced depression. The background of experimental testing and the cover-up of findings does not appear uncommon.

A move to a further level of analysis looks at the international marketing of contraceptives such as depo provera. The United States Drug Reform Act allows drugs that have been ruled too dangerous for consumption by American citizens to be exported overseas. The Los Angeles Feminist Women's Health Centre says? 'We can fight against a problem here, only to see it exported overseas.'

This happens because third world countries negotiating for loans from organisations such as the World Bank are pressured to demonstrate that they are dealing with the 'population problem' or else they jeopardise their requests for aid. What is called a 'population problem', is actually a racist programme implemented by powerful nations such as the United States for subordinating and controlling potentially troublesome social groups as well as a means of getting rid of unwanted surplus population. As Sandra Coney said:



The so-called 'population explosion' loomed in the public imagination in the sixties as the greatest threat to 'mankind'.

The message was that the world's dwindling resources were being consumed by the black, brown and yellow races of the world. The reality is that the resources in the third world are siphoned off by corporations, both within these countries and overseas.

In 1977, the head of the US Agency for International Development said:

Population explosions, unless stopped, would lead to revolution. Population control is required to maintain . . . the normal operation of US commercial interest around the world . . . without our trying to help these countries with their economic and social development, the world would rebel against the strong US commercial presence.

In 1978, at the US Senate hearings on contraception, the US Defence Department agreed that, as world population growth was a national security issue, responsibility for slowing that growth should be handed over to the *military*. An observer at the hearings commented that:

. . . experts testifying on contraception . . . occasionally sounded like army generals giving congressmen a briefing on a new weapons system.

This language was used: 'the vaginal delivery system', 'target organ' (i.e. the uterus); 'subject compliance'; 'delivery platform'; 'target population.' The language not only objectified women as things, but militarised our organs as well. WHO comprise a 'target population'? Typically, poor, rural and working class women. The racist distribution of depo provera is an integral part of the systems that control fertility, based on profit and the serving of male interests.

A very clear example of this: in 1984 the South African government discussed the birthrate among black African people. (The ratio of whites to blacks in South Africa is one to seven). The South African state is attempting to deal with this 'imbalance' by (1) encouraging white settlers (2) giving black women over the age of 15 depo provera, or else sterilising them. They say it is to cut down on infant mortality but there is no connection except that the drug can damage the foetus or impair the development of children as they grow. Sterilisation is often done without consent just after childbirth. *Depo provera*

*is the only medical treatment the government gives free of charge to Africans.*

At the 1984 International Global Network on Reproductive Rights meeting in Amsterdam, women from all over Africa, South America and Asia spoke of 'aggressive' birth control programmes. Women from East Timor warned that unless the sweeping birth control programmes were stopped, the East Timorese people would be wiped out. The puppet governor of East Timor described birth control as 'decisive' for resolving East Timor's population problem. Birth control is being imposed on people living in regions that have been targeted for large scale transmigration. Jakarta has a policy of replacing rebellious populations with loyal ones. In 1985 the Indonesian authorities in East Timor opened a two storey birth control centre in Dili. The World Bank provided more than 95% of the funds.

In New Zealand, too, there seems to be a racist distribution of depo provera:

Sorting through files of a local abortion clinic we have discovered that 42% of Maori women and 11% of Pakeha women had been given the injection. It's the new eugenics given especially to women who are seen as the least desirable breeders. (Brown)

A doctor at Otago University's Medical School estimated that approximately 15% of Pakeha women and 25% of black women have used depo provera at some time. Included in the category of 'least desirable' breeders are women in state institutions; such as psychiatric hospitals, where there is no informed consent.

Some US findings suggest that there is abuse of sterilisation procedures, both blatant and subtle, often in conjunction with childbirth and abortion. Hysterectomy is the most common surgery in the US and there is evidence that in some areas the number of sterilisations rises when the availability of abortions is restricted — lack of knowledge of and real access to a range of contraceptive methods and their risks and benefits may lead to sterilisation abuse, which disproportionately affects the poor and the non-white.

There is no doubt that IUDs are linked with pelvic infections and infertility, while studies indicating the life-threatening risks of the contraceptive pill have been around for years. One in six New Zealand women of all ages takes the pill — what will be necessary for it to be called a health hazard for women?



### Infertility

In discussing infertility, the following points are relevant:

1. Doctors define infertility as 'the failure to conceive after a year of unprotected intercourse.'
2. Infertility is often only temporary. Many women go on to conceive after a year, with or without medical help.
3. Infertility is not uncommon, affecting 10%-15% of people.
4. Infertility is left out of discussions about contraception and pregnancy.
5. For women trying to conceive their first child it is called 'primary' infertility! For women trying to conceive their second or subsequent children, it is called 'secondary' infertility.
6. Some women conceive, but then miscarry.

There is growing evidence of an increase in infertility and especially of tubal damage. Much like the increase in reported rapes, any estimation of figures has also to take into account that people are today more prepared to discuss it. However, a reasonable guess is that infertility is more common, given the level of toxicity — e.g. lead, anaesthetic gases, vinyl chloride, mercury dioxin — in the industrial workplace, the air, on the streets and in the harbours. Often, though, there is no single, identifiable cause of miscarriage, or of failure to conceive. For women attempting to become pregnant the greatest risks exist prior to conception and in the first weeks of pregnancy; and during that time they are advised to eat well but not to have X-rays or drugs, drink heavily, or smoke.

Very little research has been done on the *causes* of infertility perhaps, as Phillida Bunkle of Fertility Action says, because it would so clearly indict medical practice and technology. When causes are mentioned they are often put down to women's increased sexual activity, as if women are at fault, and that there's not much that can be done about it.

Women need to know that the primary risk of infertility from tubal damage comes from unrecognised and untreated uterine infections. In the majority of women there are no symptoms. Eighty per cent of women with gonorrhoea and a high percentage of those with chlamydia have no symptoms until it is too late and the damage is done. Approximately 17% of women infected with gonorrhoea will get pelvic inflammatory disease (PID) and between 15% and 40% will be sterile after the first bout. In addition, about 5% of women with severe PID will be surgically sterilised as part of the treatment.

In Sweden women with PID are hospitalised, not necessarily because they are very sick but because quick identification of the organism causing the infection, and treatment with the appropriate

antibiotic is the best hope of protecting fertility. In New Zealand, many women are made infertile by doctors who do not take their symptoms seriously or send them away to see if the illness will settle down, or who diagnose without actually examining the woman. Testing needs to be more effective.

Both the contraceptive pill and the IUD increase the risk of getting PID. The pill makes women exposed to gonorrhoea both more likely to become infected and more likely to get PID once infected. IUDs are the highest risk to fertility because they increase the rate of both uterine infection and ectopic pregnancy. The greatest danger of infection follows insertion, but this is the time when doctors are most likely to dismiss reports of pain.

Doctors don't usually give out this kind of information because they are taught, as students, that women will report symptoms that have been suggested to them — this idea being based on the male theory of female hysteria.

Male infertility is a well-kept secret. Usually it is assumed that the woman has the problem. This is a false assumption based on an ideology which links male ego with virility, sexual prowess and fertility. However, medical studies show that in 35% of cases the problem lies with the man, in another 35% with the woman and in the remaining 30% both are implicated. Another assumption is that the female reproductive system is more complex than the male's and hence more likely to have problems. And because of the association of gynaecology and obstetrics it is also regarded as potentially diseased or disordered.

After the sperm count, the doctor said: 'Send your husband down'. I was prepared to bare my tubes to the world so I was utterly shocked and amazed. I had somehow automatically assumed that it was my fault because I didn't have regular periods.<sup>1</sup>

Despite the huge emphasis on couples, as illustrated by texts such as 'The Infertile Couple' and 'Infertile Marriage', it is the woman who undergoes most of the investigations. The emphasis is on the treatment of women to such an extent that they are sometimes subjected to diagnostic surgery before the fertility status of their partner has been established — and even *after* the man is found to be infertile.

Even with clear evidence that the reason for infertility lies with the man, women still tend to feel that it is their problem. Naomi Pfeffer and Anne Woollett (1983) found that when women are told that the



problem in conceiving lies with the male and not themselves, they often fear that they will have to bear the burden of their partners' anxieties and doubts as well as their own childlessness.

If I thought there was nothing that could be done for my husband I'd rather that he didn't know. I know it's not so, but if only it could be put across that it isn't a sign of sexual deficiency if you don't produce enough sperm. I don't think the same is true for women. They can still be thought of as sexually attractive even if they can't actually reproduce. Don't you think we suffer less than a man does?

In response to this particular question we need to consider the following:

- women are still taught that our identity should come primarily from men and children as part of the unit of the heterosexual family. So, whether an infertile woman likes it or not, she loses this identity.
- While the inability to have children may be a source of loss and grief for men it is failure in an area which men tend not to see as central to their identity.
- Men are less frequently asked questions about children, or their intentions as to having children, and so their infertility is NOT public as a woman's is.
- while women are the primary child carers and rearers, it is women's lives which are most affected by whether or not we have children.

Infertility may affect relationships. The experience of being unable to conceive, if that is your wish, can damage self-esteem, make you vulnerable, in need of support and caring. A contradiction here is that in white society, infertility is taboo. Therefore, when you need the support, it is difficult to ask for it, and other people often feel awkward and don't know how to respond. Also, in undergoing the procedures involved in medical investigating and attempting to treat the condition (if it is medical), the strains and pressures can damage the relationship between the partners. Often women withdraw from other relationships because of the fear of people's reactions, difficulty in being with pregnant friends — whatever. There is a tendency to separate women from one another, from the support they need.

There is, or can be a status thing to do with motherhood, which adds to the sense of failure of other women.

I heard a woman say that she'd always been the plain one in her family, whereas her sister had been the successful one. But now

she had got one up on her. She said: 'I've got a baby. She couldn't have babies. She had to adopt.'

But friends can also be the source of support. Through being up front women often discover that their friends have had similar experiences.

My infertility has brought nothing but sympathy and kindness. Particularly from a group of women who I discovered had also spent years trying to get pregnant. They're immensely helpful and sympathetic. It gives me great comfort to know others have had the problem. *It stops me thinking it's just me who is inadequate(!!)* (emphasis added).

Often the immediate families bring pressure to bear — there may be unstated resentment, envy, bitterness. One woman describes the excitement of her parents when they tell you that a friend has another grandchild:

I have heard this kind of excitement in my mother's voice, and have often resented the fact that nothing I could achieve would elicit that tone of voice, that kind of lasting, enduring satisfaction. Her envy of her friend is clear, and underneath it, I know, lies a silent, unstated criticism of me.

The experience of being unable to conceive does not have the same impact on men that it does on women. For a start, the fact that the conception and pregnancy occur within the body of the woman, not of the man, places the attention on the woman, on her cycles and condition. Since one of the first signs of pregnancy is missing a period it is the period on which a great deal of anxiety is focused. Women say if your period is late your expectations rise and you hope this time it happens. They talk about the cyclical nature of their feelings, about how they watch their bodies carefully just before a period looking for signs. Women say they go to the loo every five minutes to check for blood, that they listen to every movement and ache inside them.

Every time I had a period I grieved again. I'd just begin to cope and then my hopes would be raised again only to be dashed once more. I went through a cycle of emotions each month.

With each new disappointment every month, the overwhelming tendency is for self-esteem to be chipped away, while the affected women begin to wonder what is wrong with them. Pregnancy is a



condition all women work hard to avoid, then it becomes something they have to achieve. Women feel as if they have no control over their bodies and their lives, they often feel that they are different and isolated from the rest of the world.

It's such a personal thing, a secret I was harbouring. My body didn't belong to me and I didn't like it. My self-image was badly dented through all of this. I turned in on myself. I felt as though I wasn't a proper woman.

For many or most women in this situation, conception becomes an obsession. Pfeffer and Woollet say that all women who have been through this talk about the overwhelming anxiety, the denial and despair and the total preoccupation and involvement with their bodies. If the partner is less committed to the desire to have children, it can jeopardise the relationship. There are risks involved:

If I want a child that badly, and he doesn't want to have a child, if I'm prepared to sacrifice my relationship in order to become a mother what does that mean? I thought I'd go ahead and do it whatever he said. The difference between men and women is that men are more often in the position where they can ride roughshod over the women's feelings. For me to be in this position was a bit unusual.

There is also the fear that if you comply with your partner and do not decide to go all out for a child, in years to come you will find yourself alone.

I did feel very strongly that it might affect our relationship in later life. In years to come he might look for a younger woman and try again. I won't be able to.

The infertility investigations focus on the woman. Women attend clinics and have to pass on the news and instructions to their partners. The woman becomes responsible because she must return there with the results. Failure to comply — if the man doesn't like what the hospital or clinic says — may be interpreted by the experts/clinic as low motivation on the part of the couple or as evidence that your relationship is in trouble. Generally it is the woman who carried the emotional burden — men are less likely to display their emotions.

What was he feeling? I can honestly say that I don't know. He would love a child. He's supportive of me. If I were to say, that's it, I'm doing no more, he'd settle for that.

Another woman said:

It wasn't doing me any good. I was getting so depressed. He thought I should stop trying and channel whatever energies I've got elsewhere. He said it was so destructive — spending all my energy chasing after a baby.

The area of greatest tension is sex. It can start off as loving and exciting but as the months go by, and especially after the infertility investigations have begun, sex can become very mechanical. Sex has to be performed for tests, and it may not seem worthwhile when there is no hope of conception.

The major problem of going through infertility is making love to order. It takes all spontaneity out of it. I went through a stage of only wanting him in the fertile time. It seemed pointless on other days.

And on men's experience:

Men have to perform; women can just lie there. One of the key pressures is the man's willingness and ability to 'do his duty'. (Pfeffer and Woollett).

From more women:

I regarded my body as a machine, a bit of equipment. I took the tablets, and used the douche and then expected him to do his bit.

It got to the stage where sex was up a gum tree, it really didn't count for much. It was a bit squeaky and not very exciting; a bit frenetic. I had it all organised.

Sometimes I go off sex altogether. I feel as if it is ruining my life. All these potentially good years are going down the drain. I don't want to spend the next five doing the same.

One woman's husband began working a lot of shifts at night, or would come home drunk. He said he was fed up with being ordered to do it. Usually it is the woman who tells the man when they have to have sex, either for a test or because it is the fertile time in her cycle. This may constitute a fairly radical change in the dynamics of a



couple's sex life. Some women find it difficult to say to their partner that they have to have intercourse on a particular day, and devise ways of coping.

I used to tell him some days in advance of the test or when I thought I might be ovulating. He found it easier that way, to prepare himself and to accept what I said. But I never liked having to tell him. Sometimes I wished he would just know and tell me instead so it wasn't always me who had to nag him about it.

For many women, having to say when sex should take place is a change in sexual dynamics. It may not be a positive thing in the first place but, over time, it can enable women to take a more active role in their sexual relationships.

Another difficulty for women is how much to tell bosses and fellow workers.

It's very awkward if someone offers you promotion. If you know that you are trying for a family, it's a bit difficult because you feel that in all honesty you should tell them because you might let them down. I keep thinking suppose I'm pregnant now. I just can't think in terms of a career because there's always the feeling that it might be disrupted.

Frequent visits to hospital mean considerable time off work, so it's necessary to say something. Women may not want to reveal that they are having problems conceiving, worrying that if they tell they may kill their chances of promotion. Women tend to be discriminated against at work because bosses say they might leave to have babies. Some women change jobs to enable them to pursue treatment, others give up work. Staying at home, or taking a job for reasons of convenience alone may increase women's feelings of depression, hopelessness and isolation.

There are more contradictions here. Because most women are fertile for a large part of their lives and do not control fertility they are compelled by those who do to use whatever means are made available to them. This makes women vulnerable to the patriarchal control of the means of contraception.

In much the same way, a large proportion of infertility is caused by the treatment and products controlled by the same institutions and organisations which offer women treatment for this condition.

**'Fixes' not cures**

In vitro fertilisation is presented as a cure for infertility. But IVF does not cure infertility, it provides, for a very few privileged women, an avenue to biological motherhood through technological intervention. This approach of developing 'technological fixes' outlines 'solutions' to problems without addressing their initial causes. IVF helps contain the potential for redefining and reorganising parenthood by focusing exclusively on biological reproduction. It reinforces the ideal of the natural bonding between the biological mother and the child, and reinforces the notion that the nuclear family is the only desirable structure of social relations between adults and children.

Furthermore, in an immediate sense, it reinforces women's financial dependence on their male partners, since participation in an IVF programme is costly. Only couples with the reserves to exist on just one income for a lengthy period can afford it. The distinction between women's social role as reproducers and their economic independence is brought into sharp focus through IVF procedure.

When the IVF clinic at Auckland's National Women's Hospital began its programme under the leadership of Dr Freddy Graham, couples had to show they had a longstanding, stable relationship, no more than two children, and the woman had to be under 40, and had to have irreparable tubal damage. Graham says they interpret what they feel is acceptable to the general public, so no lesbians and no single parents are accepted. Since 1983, the age limit has been lowered twice, and is now 31.

The first two pregnancies were announced in December, 1983, and when the first test-tube baby was born, she was featured in newspapers up and down the country, nursed by Freddy Graham. He described the baby as *his* 'pride and joy'. The birth was heralded as a miracle of modern science, and the demand for the service now far outstrips the supply. Graham said:

In a sense we've created the demand. I suppose you could say we've set up jobs for ourselves. But we're health professionals, and last year we were offering a very good service for those able to get to us. The problem was only a small number of people could.

But the programme is not very successful. Between July, 1983 and February, 1984, 36 women were admitted to the programme. Six had pregnancies lasting longer than four weeks, while only two out of the 36 had live births. Often the real rate is falsified by referring to



pregnancies as 'successes'. IVF involves a far higher death rate of embryos than the conventional method of conception.

Artificial Insemination by Donor (AID) is a simple procedure which doesn't have to be medical at all. Semen is inserted in the cervical canal at the time of ovulation and no anaesthetic is required. The insertion is just as simple as putting a tampon or finger inside your vagina — less simple is knowing the time you're going to ovulate, because, in general, we know very little about the way our bodies work and our reproductive cycle. However, when a Self-Insemination Group was set up in England in 1978 and sent out a pamphlet explaining how to go about it they had many requests from women for more information because, with all the medical institution's hoocha about the procedure, they couldn't believe it was so easy.

Some lesbians wishing to have children have used AID, and it is particularly fitting that the same women who developed the practice of menstrual extraction, a procedure which could be used for early abortion, were also among the pioneers in the practice of self-help donor insemination. The Feminist Women's Health Centre in Los Angeles began a programme also in 1978.

In 1982, the Oakland Feminist Women's Health Centre began their own sperm bank, the Sperm Bank Of Northern California. It was distinguished from other such banks by willingness to provide sperm to any woman, regardless of marital status, sexual preference or physical disability; the provision of extensive but non-identifying social and health background on donors. This policy permits women to examine a catalogue of donor information and to select their own donor. There is also a donor 'release of information' contract which donors have the option of signing — it gives their consent to provide their name to any children concerned, when the child reaches the age of majority.

The English self-insemination group pointed out that there was no model that they knew of for their relationship to their donors. They wanted to ensure that all the men who might become donors were clear that they would be biological fathers only and would have no contact, or right to a relationship with the child. Arrangements were made with a group of gay men, who also agreed to have regular checks for VD and AIDS and to be honest about their medical and family history.

What the feminist health services have in common is their attempt to demedicalise the procedure of insemination. Although the health workers are willing to assist, they prefer to provide information so the women can do it themselves. The services are not used only by

lesbians but by a growing number of single heterosexual women. Some prefer being single, but want children, others haven't yet met the men they want to live with but because of their age or for other reasons, don't want to wait.

The question of guilt is a big problem for most women who do self-insemination. The London group got letters from women who were justifying at length why, as lesbians, they wanted to have a child, or why they felt they had a 'right' to a child.

In January, 1986, the AID programme at National Women's Hospital was halted for six months to a year while frozen semen was quarantined as a safeguard against AIDS. Since the beginning of 1985 semen donors were screened to exclude those in high risk AIDS groups and donors had been tested for the presence of antibodies to the AIDS virus. The two year waiting list for couples grew to three years (interviews with a doctor take place before acceptance on the programme).

Eugenic thinking, that only the 'fittest' human beings should breed, has been the general context for sperm banks, and sperm vendors — because they are usually paid — are much the same: white, middle-class, educated. Even in New Zealand the sperm donors are actually vendors and are paid, not a huge amount but more than the recovery cost of transport, but there is no centralised register or information bank so there is no way of knowing how many times a donor has sold his sperm.

There are various issues arising from AID programmes — there is the possibility of claims on the estate left by a vendor; the possible denial of paternity by the 'social' father; and general attitudes towards AID children.

For children born through AID there are all sorts of unresolved problems to do with the social relations between men and women: e.g. whether they should be told of their origins, have access to records or be given identifying or non-identifying information.

Also there are often psychological problems for couples who undergo AID for the treatment of male infertility. There may be jealousy and feelings of inadequacy on the man's part while the woman may feel guilty because of the adultery aspect. The AID clinic's response is counselling, and the husband is encouraged or allowed to put the sperm into his wife's vagina so that he feels that he made her pregnant. Couples are advised to have intercourse before and after insemination so that if conception occurs, there is a possibility that it is the husband's sperm.

AID is under the control of the health/medical services whereas adoption is under the control of the welfare services. Consequently,



much of the research and knowledge from adoption has not been transferred to AID.

While insemination with the husband's sperm has previously been accepted without much difficulty, where the donor is not the husband, AID has run into big problems. There have been huge attempts by the patriarchy to keep AID within the constraints of the patriarchal family and today, most doctors will inseminate only married women because 'every child should have a father'. Snowden and Mitchell (1983) warned that:

. . . AID could become a means of dispensing with marriage and the inconvenience of a husband and, of course, with a father too.

They cautioned that:

. . . doctors are not the only ones with access to semen, the chance of misuse of artificial insemination by donor are on the increase.

What is *mis*-use?

A woman deciding to have children on her own terms and without including an on-site father is seen as attacking the traditional notion of a *proper* family. In spite of the fact that a large proportion of children end up living with their mothers only, it is more threatening for a woman to *choose* to set up an arrangement that way than to end up like that as a result of desertion, divorce and death. Many of the men society classifies as 'fathers' are little more than sperm donors, except that intercourse was involved — they take off again anyway.

Feminists are trying to develop and make room for a variety of acceptable models for families. Understandably and predictably, patriarchal institutions are objecting to donor insemination as a means of creating a different kind of social unit. SELF-INSEMINATION DEALS A BLOW TO THE POWER OF THE FATHERS.

### **Amniocentesis not satisfactory**

National Women's Hospital offers amniocentesis to all women over 37 years of age. Under a local anaesthetic a needle is inserted into the abdomen of a pregnant woman and a sample of the fluid surrounding the foetus is removed. This contains cells of the foetus which are free floating in the amniotic fluid in which it develops. The cells are artificially cultured and analysed, in order to determine whether foetal irregularities are present and to identify the sex of the foetus.

Associated problems are: amniocentesis causes miscarriage in five per cent of women; it only shows up genetic disorders such as Down's Syndrome; it costs \$500 per test; it can't be done until the 17th week of pregnancy and each test takes three weeks to process, so that if the possibility of abortion arises it is a second trimester abortion, after the mother has felt the baby moving; some research suggests there is an increase in the miscarriage rate of future pregnancies.

The chances of bearing a foetus with Down's Syndrome rises with the age of both the mother and father. So far, age has been the only factor demonstrably linked to Down's Syndrome in the population — it could be that other factors such as diet, general health, exposure to environmental toxins and radiation are the real causes. There has also been research relating Down's Syndrome babies to the father's occupation.

Whatever decision is made about whether or not to have amniocentesis should be with the benefit of full information, which is not usually readily available. The basic issue is that abortion is an integral part of this new technology, and the overwhelming majority of people told of serious disease or damage to the foetus do abort. The bitter irony is that these abortions, to prevent the birth of a disabled or handicapped child, are the socially acceptable ones. So many people assume that they are psychologically more acceptable than are abortions for what is called 'less reason', that is, because a woman does not want to be pregnant. It's not true.

Abortion for unwanted pregnancies is seen by some as devaluing motherhood. On the contrary, it's because women take motherhood so seriously that abortion is necessary. If a woman sees a pregnancy as an accident e.g. from failed contraception, then in her definition the fetus is not meant to be a person. But if a woman has chosen to have a child, consciously and purposively chosen to be pregnant, then she considers the fetus to be a person, to be her baby.

### **The health business**

In New Zealand's health care, the single most important fact is the dominance of curative and interventionist medicine over preventive and public health activities. The result of this approach is the existence of large expensive hospitals equipped with sophisticated technology.

The major causes of death in 1980 were heart disease, hypertension, cancer, cerebro-vascular disease and accidental and violent death. Note that:



- These have been the major causes of death for the past quarter of a century.
- None of these results from a disease which is caught, like measles and mumps.
- Their causes are more complex but in general terms could be described as social or environmental.

All are diseases which can be either prevented or at least delayed. Therefore it would seem logical for a major emphasis of health spending to be in preventive as opposed to curative medicine. This is not the case.

Hospital expenditure is a large part of the budget. In 1952-53 hospitals had 52.45% of the total health bill and this had increased to 75.31% in 1982-83. New Zealand spends a larger percentage of its health money on hospitals than any other OECD country (Organisation for Economic Cooperation and Development). In contrast, the 1982-83 health vote gave only 3.57% to programmes dealing with health protection, health promotion and public health and the environment.

Over the last century and a half, the drop in mortality rates has come mainly from improvements in nutrition and sanitation, rather than from medical intervention. Example: the near elimination of tuberculosis has often been attributed to treatment by drugs or the introduction of the BCG vaccination. This is false. What actually occurred was the improvement of social conditions — the quality of water supplies, disposal of waste and sewage and general conditions of living. The product of these improvements was the dramatic decline in TB deaths. The same is true for measles, scarlet fever, typhoid, pneumonia, influenza, diphtheria and polio. Yet the medical profession would have us believe that it has been medical intervention and invention that have dramatically improved health standards.

The public image of the medical profession conceals the important point that doctors are actually business people. Another group of business people in the medical set-up are those in the drug industry. Internationally, this industry makes \$180 billion dollars a year. A Dutch based pressure group called 'Health Action International' says:

At least 70% of drugs on the market are inessential and/or undesirable products which tend to impair rather than improve health. For example, three-quarters of the painkillers and analgesics on the market should not be recommended for use because they are dangerous, ineffective, irrational or needlessly expensive.

New Zealand's drug bill was \$175 million in the 1981-82 financial year.

Between 1980 and 1985, the country's purchase of drugs grew at a rate of 14% per year. New Zealand drug companies supply 3% of the domestic market, and of the 97% supplied by the foreign subsidiaries, 30% is supplied by only five companies. The rate of profit in the pharmaceutical industry is high, one reason being the wheeling and dealing of the parent companies through subsidiaries.

For the consumer, particularly the female consumer, one of the more terrifying features of the drug industry and the medical business is that the drug education of the medical profession is largely in the hands of the drug industry. Doctors are generally ill-equipped to make discerning judgements from the technical information supplied by the manufacturers. This is mostly in the form of an attention-grabbing advertisement designed to capture interest rather than to arouse critical awareness. Considering the amount of time doctors spend prescribing drugs, the amount of time spent on evaluating them at medical school is ridiculously and dangerously small.

In the UK, drugs companies spend three times as much on advertising than the average for British industry across the board (calculated in terms of proportion of turnover). The drug companies have one salesperson for every general practitioner in the UK and the average gp gets 50 kilos of advertising material per month. New Zealand doctors suggest that there is no difference here.<sup>2</sup>

To put reproductive technology into its industrial context, it's important to have some idea of the size and complexity of these corporations. The big profit investment field now is biotechnology and there is horizontal investment from parent companies in a wide range of different products and industrial processes. Fermenta is one of the industries in Switzerland which, in January 1986, announced a multi-million dollar takeover which made it one of the international giants in the biotechnology field. It bought 40% of the drug firm Pharmacia from Volvo, a conglomerate of car manufacturers and industrial companies. The expansion of the Fermenta group gives it a commanding position in the drug industry. Under the deal it gets engineering firms, as well as a genetic engineering research unit — the Exxon corporation (an oil company) owns patents for genetic engineering — and so on and on.

*With monopolisation within industries and the expansion of corporations across industries, when you take on a laboratory abusing women's bodies for genetic engineering you're taking on the combined weight of concentrated capital, of capitalism and patriarchy.*



It is important to look at the structure and processes behind the production of reproductive technology so as to avoid an idealist analysis such as womb envy when this is a bread and butter issue — it is about profit and control, *not* because men are genetically nasty people.

Another important institution in the medical industry is the Health Department which has generally shown reluctance to share resources with or pay attention to women's groups such as Fertility Action and THAW (The Health Alternatives for Women)<sup>3</sup>.

The early stages of the women's health movement had four main strands:

- redefining ourselves as healthy
- overcoming our ignorance
- attacking sexism
- seizing the means of reproduction

The practices of consciousness raising groups, collective ways of sharing experience and learning to see personal experience as politically structured were carried out to health groups. A central activity for many of them was and is, self-examination where, using plastic speculums, lamps or torches and mirrors, women are able to examine their own vaginas. From self-examination, groups went on to learn other self-help techniques such as health education, writing articles, setting up health courses and other self-examination groups. By these means, women were trying to develop alternatives to existing practices.

By 1974, a number of these groups were meeting and in March of that year a Women's Health Speak Out was held in Auckland. A year later, New Zealand's first women's health centre opened at 48 Aro Street, Wellington — and lasted two days before the Wellington City Council closed it down. However, during the next four years a lot went on — meetings, conferences and regular in depth articles on health in *Broadsheet*. In 1979 two women's health centres opened, one in Auckland and the Hecate collective in Wellington, while THAW began in Christchurch in 1980. In 1981, Hecate was the first to offer a new service: the Hot and Cold Doctor File,<sup>4</sup> while by 1981 support groups for anorexia and bulimia had been set up.

In 1984 THAW opened a well women's room, a practical but revolutionary idea for maintaining good health. The room contains resources which enable women to learn how their bodies work, what symptoms are normal for themselves and what to look out for. Each woman fills in a detailed chart, giving a monthly overview of her general health, both mental and physical. The charts are the basis of

the new approach to health, but you can also learn to examine your body, take your blood pressure, do a urine pregnancy test, take a cervical cancer smear or vaginal swabs for infection. The overall aim is for women themselves to learn, as THAW is determined not to be used as a service, where THAW women keep the skills and knowledge and others are dependent. When you learn for yourself you gain confidence in your own good sense and powers of observation.

There are a number of other groups involved in building alternative structures and support, such as Patients's Rights. A really important area where women have been struggling to reclaim their bodies and re-establish control is the home movement<sup>5</sup>. In 1978 a group of Auckland parents formed the Homebirth Association, largely in response to a report by the Maternity Services Committee (1976), which advocated closing many of the Hospital Board's cottage hospitals. This was the first step towards regionalisation of maternity services. One leading obstetrician stated that women just had to become aware that having a baby was not a normal physiological function at all. Another estimated that more than 70% of pregnancies would now fall into the high risk category, that is, into the hands of specialists. As midwife Joan Donley points out, once in these hands they would soon become high risk as the result of interference, so this is a self-fulfilling prophecy.

High risk births are necessary to provide the 'clinical material' to train obstetricians. Despite the falling birthrate, the number of obstetricians and gynaecologists to be training annually was set in 1970 and has not been changed since, although the birthrate in 1970 was 22.06 per thousand and in 1983 had fallen to 15.65. New fields like IVF provide some outlet for these specialists, but already medical students are having to make arrangements overseas to get clinical obstetric experience.

### Self-help a fad?

There are contradictions involved in the women's health movement which in many ways are unsolvable given the kind of society we live in: class-based, racist and divided. One major point of conflict has been whether the alternative movement *really* challenges and weakens institutional male control. One argument is that to promote self-help while governments are advocating cutbacks on health expenditure may be supporting the present system of resource allocation rather than questioning it. A danger of the self-help movement is that it can become an individualistic response. One of



the big criticisms is that it may become a bourgeois fad — like herbal tea — and never actually touch the lives of individual working class people, nor ever threaten the system which oppresses them.

Another point is that a self-help philosophy and self-help groups are co-optable by the established health system. For example, some drug companies put out self-help type public relations material — 'simple ways to help your doctor safeguard your health' — on the information sheets for drugs. This transfers some responsibility to the patient who has the resources, knowledge and back-up.

The cynical view is that public health administrators see self-help's preventative possibilities as enabling a cutback in spending, while drug companies see the possibilities for an increase in counter sales.

It is fair to assume that self-help and health alternatives are open to the same criticism made of the very popular women's health text *Our Bodies Ourselves* (1979):

It is an excellent survival manual teaching women how to cope with the problems society presents rather than a guide to removing these problems.

Does this movement have the effect of siphoning off those most concerned about, and able to react to, the current health system — leaving the medical system, which treats the great bulk of women, untouched?

The fundamental problem women are up against isn't the safety and efficiency of various technologies, but the power relations embedded within them — what the doctor/patient relationship conceals. Real understanding of the needs of women suffering from infertility — much of it preventable — does not mean undermining their situation or their pain but requires that infertility be viewed *politically*. Across the board, technology is linked to contraception, conception, pregnancy and childbirth.

None of it alters women's position of unequal power which leaves her holding the baby for 15 to 20 years.

## Notes

1. The quotations in this section are from interviews in *Patriarchal Reproduction* (1984).
2. Kirk (1988) quotes a professor from the Wellington School of Community Health who claimed that pharmaceutical companies spend 14% of their turnover on drug promotion.
3. At this point the manuscript goes into considerable detail about the battles with these two groups embarked on by the Health Department from time to time.
4. This provided consumers' evaluations of individual doctors and how they treated women, medically and otherwise.

5. In what follows I have summarised a much more detailed account of the movement to oppose a high-tech, centralised takeover of all maternity services.

## References

- Boston Women's Health Collective. 1979. *Our Bodies, Ourselves*. 2nd rev. edition. Simon and Schuster.
- Brown, Karen. 1985. '(Not) Getting Abortions in Christchurch.' *Broadsheet*, 135 (December):4-5.
- Coney, Sandra. 1986 'A Pain in the Womb'. *Broadsheet* 137 (March): 14-18.
- Ebbett, Eve. 1981. *Victoria's Daughters: New Zealand Women of the Thirties*, Reed.
- Kirk, Sigrid. 1988. 'Your Life in their Handouts'. *The Auckland Sun*, 5 March: 23.
- Maternity Services Committee 1976, *Maternity Services in New Zealand: a report*. New Zealand Board of Health. Report Series 26.
- Pfeffer, Naomi and Woollett, Anne. 1983. *The Experience of Infertility*. Virago.
- Snowden, Robert and Mitchell, G.D. 1983. *the Artificial Family: a consideration of artificial insemination by donor*. Unwin paperbacks.
- Trainor, Belinda. 1984. *Patriarchal reproduction: an analysis of male social power*. Unpublished MA Thesis, University of Canterbury.
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# Power and Mental Health Practices

## *A review article by Liz Gordon*

*Mental Health for Women* by Hilary Haines, published by Reed Methven Ltd as a title in the New Zealand Women's Health Series.

Hilary Haines is both a psychologist and a feminist. This implies that she lives in two different, and contradictory, worlds. The one is a world of individualism, of norms and of the construction of a coherent reality. The other world is of collectivism, sisterhood, the celebration of diversity and differentness and where dominant realities are forever being challenged. I know that to straddle these two worlds is very difficult — I am a 'failed' psychologist, having abandoned that discipline for the more congenial atmosphere of the study of sociology. My analysis comes from my sociology and also from my community work in the mental health field. In effect I am approaching this review from a very different perspective from which Hilary Haines wrote *Mental Health for Women*. Our common



concern is women's experience of mental health, and it is from this point that I will start.

*Mental Health for Women* is written as the latest title in the series of 'New Zealand Women's Health'. The book does not state who its target audience is. I conceptualised the reader as a non-feminist, non-academic woman who may have concerns about her own mental health or that of a friend or family member. As women are supposed to be the guardians of mental health (and all health) in the community, it does seem important that they should be provided with a resource book that helps them understand and deal with mental health problems.

In many ways this book is ideal for such an audience. It is beautifully written. The points that are made are not only clear but are stated in a personal way, as if the reader were sitting in a room with Hilary and talking with her. The book is very detailed, providing statistics, case studies and crucial information on particular treatments and problems that allow women to see the issues in a broader perspective. It offers information which is often kept from women who come into contact with health professionals. The areas that it deals with are those for which there is often the least help and least sympathy in the community. When I talked about this book at a recent meeting of agoraphobic people, there was a real delight that their problems had been included in a general book on mental health. This is a real vindication for people who have suffered for years under the burden of being told that they should 'pull themselves together'. As well, this book has an excellent resource section that links the reader up with other readings, as well as with community organisations that can be of further help to them in specific areas.

So in terms of what the book sets out to do, it can hardly be faulted. However, I wonder if the scope of the book is really broad enough to encompass the whole of the experiences of women with mental health problems. I decided to investigate this issue within the broader context of the women's studies project.

Women's studies is transforming the literature available to women on almost every subject that affects our lives. The philosophy that informs women's studies is that knowledge is power, and that male knowledge-forms are used in our society to perpetuate male power. Women's studies aims to discover alternative, women-centred, forms of knowledge that more adequately reflect women's experiences. In the longer term, the aim of such an approach must be to overthrow the power structures that have grown up in response to the dominance of male knowledge, and to replace these with a structure

in which all people have access to the knowledge that addresses their particular situation.

My central criticism of this book is that it focuses on the dissemination (and challenge) of male knowledge-forms, to the neglect of women's experiences of the effect of these forms on their lives. That is, it does not really focus on women's experiences of mental health problems, but stays largely within dominant paradigms. A good example of this is the widespread use of statistics. Whilst it is undoubtedly useful to know that large numbers of women suffer from depression, it does not tell us how this feels to these women, nor what happened to them when they sought a remedy.

Using male knowledge about mental illness, even though Hilary Haines does challenge many of the findings of psychology, still tends to maintain a rather conservative emphasis on the 'individual'. The message comes through that whilst flawed, male psychology still has much to offer. This may well be true, but it tends to detract attention from the opportunity to use a personal experience of mental health problems as a basis for analysing the structures that lead to women's oppression. This is somewhat emphasised by the focus on self-help programmes, which again focus on *self-improvement* rather than *structural* change. Self-help programmes are often used simply because dominant health practices do not address women's mental health problems. In order to develop adequate practices, we must analyse why this is so and what can be done about it.

Knowledge as power for women in the mental health field is knowing why the definition, description, practice and prescription of mental health services works against them.

So, in effect the approach taken by the book fails to address the power relationships that underpin the knowledge-forms of modern psychology. That is, whilst mental health professionals have individual power because of the vocabulary they use, the methodologies they employ and their ability to define what is (and is not) valid knowledge within their own field, this is only half the problem. The other side is that the health field as a whole, and mental illness institutions in particular, use their exclusive knowledge to give themselves power in society. This is evident in at least three ways in New Zealand.

The first is the expert/patient relationship, which is usually characterised by social relations of dominance and subordination, whereby the expert is on 'his' own ground, is able to decide what the problem is and what should be done about it. Thus people are alienated from their own mental health problems, by having their



experiences taken away and placed within an over-riding paradigm of mental illness.

The second is the form of the hierarchical patriarchal institutional relationships within which most mental health services have been developed in New Zealand. 'Patients' are by definition at the bottom of this hierarchy, whilst power and resources are concentrated at the top.

The third power form is the power of reproduction of existing forms. Through access to the processes of policy formation, and lobbying power through well-established channels, the mental health services are able to ensure their own continuance.

The 'other side' of mental health problems for women, then, is the 'problem' of institutional power. In order to view mental health problems holistically, it is not enough to demystify the 'problems' themselves. It is the problems within their social context that is the 'whole problem'; thus the whole of women's experiences of mental ill-health needs to be demystified. This calls for a much more radical approach than Hilary Haines has taken. Studies that work from the basis of women's experiences (e.g. Roberts 1985) tend to demonstrate that the most oppressive aspects of mental health problems are not the problems themselves but how they are dealt with.

To summarise so far, *Mental Health for Women* sets out to inform women about the major mental health problems that are likely to affect them. The information it contains is clear, explicit and informative, and the book is exceptionally well-written and well-presented. However, in its focus on the 'problems' it tends to underplay, if not to ignore at times, the social and institutional contexts that themselves impinge upon, and often compound (if not cause), these problems. A women's studies approach would insist that the whole of women's experience of mental ill-health must be uncovered and analysed, as a pre-requisite first to understanding and then to transforming the oppressive structures that surround us. I will now briefly explore the content of *Mental Health for Women* from the perspective I have outlined.

The introduction begins with a very brief discussion of what mental health is. Whilst it examines different conceptions of mental health, and rejects the 'male as norm' view in favour of a holistic approach, the section does not examine the crucial question of who defines mental health, and how has it come to be seen in this narrow way. Whilst the section sets the scene by asserting a women-oriented approach, it does not explain why mental illness is male-oriented. It does show that the ability to define normality has given awesome power to a few people to determine and control women's lives.

The second section of the introduction examines whether women have more mental health problems than men. The message is clear — it is normal for women to be abnormal, and less normal for men to be abnormal. Given that we have already been told that men are defined as the norm, such a finding is hardly surprising! The use of statistical data, because it excludes the experiences that underpin the figures, does have some shortcomings. Men may be less prone to stress, headaches and general irritability because they have wives rushing around making their lives comfortable, whereas no one does this for women (I have come across this frequently in my work with agoraphobic people — on the whole male agoraphobics are far more likely to have an effective support person than women).

The chapter on depression provides an excellent overview of current theories and therapies. It does acknowledge that depression can be caused by social as well as psychological factors, and offers intelligent practical advice backed up by some good 'self-help' principles. However, it completely misses out what happens to women when they try and get help from their GP or a psychiatrist. It is noted that the practice of simply providing drugs is on the decline, although 'a new trend is to provide a "double-banger" pill containing both anti-depressants and anti-anxiety drugs'. However, in practice drugs are often the only real response that women get from medical professionals to their problems. A British study of women and their GPs noted that attitudes towards women hardly encourage them to seek social responses to their depression. At times, indeed, women were treated as if they were inanimate, a-social, creatures:

'I would say that she is defrosting and just as a fridge always seems to drip a lot when it is defrosting, this lady was dripping a little when I saw her, but then all my ladies drip, so I'm quite used to that' — a psychiatrist of his patient (Roberts 1985 p1).

There is little doubt that women are frequently blamed for their own depression. Of course, these attitudes are a reflection of broader social values and are hopefully changing somewhat, but in seeking help from mental health professionals there is the risk that depression can be compounded; trying to get help for depression might be a recipe for becoming more depressed.

The chapter on anxiety and phobias was, for me, the highpoint of this book. The chapter summarises a host of research findings on these issues, and talks at some lengths about women's experiences of these problems. The section on agoraphobia depicts women in a positive light, seeing them not as meek, timid and dependent



creatures (the caricature of the 'neurotic' woman), but as very brave people living constantly in a 'battlezone'. This is an affirming approach to take, and very important in countering the negative responses that many agoraphobic women face. The book alludes to the inadequate responses of many GPs, who simply 'reach for the prescription pad'. What is missing, though, is an account of the long and fruitless searches many agoraphobic women go through to try to get help, adequate treatment, or even to find out what is wrong or that they are not alone. The voluntary organisation that is mentioned was set up because *nearly all* agoraphobic people do not get adequate treatment. Health professionals maintain agoraphobia (and, consequently, their power over women) by failing to offer explanation, treatment options (for what is an eminently treatable condition) and support for women. This role, tellingly, has been taken up by members of the voluntary organisation, who are unpaid, unresourced agoraphobic women (and some men) themselves.

Alcohol and drug dependence are increasing amongst women, and the next chapter explores the reasons for this. The section on alcohol abuse offers clear guidelines for women who wish to overcome a drinking problem. The section on addiction to prescription drugs links back to earlier chapters on depression and anxiety. Once more, I think the book underestimates or ignores the doctor-patient power relationship. Few doctors seem concerned in practice about the addictive qualities of the minor tranquillisers, and many women have been taking these for years. Women may be scared of approaching their doctors about possible addiction, in case the cure, so to speak, is worse than the problem. A woman taking prescription drugs for agoraphobia became addicted, and was sent away for detoxification. Upon her return home she was told by her GP that she would not be allowed any more psychotropic drugs, and she also received a letter from the Health Department disbaring her from changing doctors or using more than a specified chemist to fill prescriptions. This is victim-blaming in its full glory. She became housebound once again and still is. Dependency on prescription drugs is a symptom of the underlying problem — the power relations that both cause mental health problems and prevent their effective treatment.

I have run out of space to deal in depth with the chapters on body image, violence and relationships. The first two reflect the fact that a good deal of feminist analysis has taken place in these fields, and this is clearly and succinctly summarised. The chapter on relationships signals clearly that there are acceptable alternatives to the independent and isolated 'ideal' of the heterosexual nuclear family. I like the section on women's friendships in particular, as there is a tendency

amongst many women to devalue these. The discussion of lesbian sexuality, and the development of sexual identity, was good. This is a burgeoning field in feminist research, in particular the effects of influences in society like media images, the rise of the moral right and pornography. These influences perhaps could have been explored.

The final chapter deals with different therapies that are available. The first part takes a 'shopping basket' approach, outlining different therapies and giving women the opportunity to choose. Unfortunately, such choices are immensely constrained in real life — constraints of class, race, location, income and social acceptability are all too real for most women. The section on feminist therapies is very interesting, although again these should have been placed into the context of the rising women's health movement and the development of women's health centres.

To conclude, I want to reiterate that *Mental Health For Women* is immensely readable and informative, and will be of use to many women. However, viewed from the perspective of women's studies, the book only goes part of the way towards empowering women, because it largely works from the basis of men's understandings of mental illness, rather than from women's experiences. In this sense the book cannot be viewed as a feminist project (although the author is clearly a feminist woman), as all feminist approaches put forward a view of the world in which women are the starting point and the central reference point, and in which the supremacy or power of men in society is presented as a problem (Craig 1987: 4).

The alternatives that are offered tend to bypass, rather than challenge, men's knowledge and practices in this field. The emphasis on self-help treatments, in particular, sidesteps the issue of why power and practices are perpetuated when they work against women. The final impression is given that there is not much wrong with existing practices; an impression directly at odds with the experiences of many women, whose mental health problems have been compounded by their attempts to get treatment.

From my perspective it is impossible to ignore those institutional forms that have grown up around mental illness theory and practice in the Western world. Because the structures involve a hierarchy of power, they are inevitably oppressive to those 'at the bottom', and such oppression maintains, if not causes, mental ill-health in women. An understanding of all factors, that is personal, social, institutional and political, that contribute to mental health problems is a necessary pre-requisite to the development of non-oppressive mental health practices for women in New Zealand.



## Notes

1. This case history is documented in the files of the Association of New Zealand Agoraphobics. I also worked personally with this woman, but her geographical isolation (she lives in a small rural town) and here inability to go out prevented any effective treatment.

## References

- Craig, Wendy 1987 *Feminist Theory: an Introduction Women and Education Study Guide 2* Massey University.  
Roberts, Helen 1985 *Women: the Patient Patients* Pandora Press.
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# Finding a voice or missing the mark?

*A review article by Bev James*

*HECATE* Special Double Issue on black Women, Racism, Multiculturalism, Black Oppression and Resistance. Vol. XII, Nos 1/2, 1986.

We are well aware that within feminism, race as an issue is given much less attention than gender and class. This is no reflection on the vigorous writing of Black women. As Kay Saunders, one of the contributors to *Hecate's* issue on racism notes in her review of *The Heart of the Race* and *The Final Passage*, the eurocentrism of white feminism has been amply revealed by black feminist critiques of both theoretical concepts and practice (p. 174). White feminists have been slow to engage with three related issues: the way that race inequalities structure societies, power relations between members of dominant and subordinate racial or ethnic groups, and the problem of race as it affects gender relations.

The ideological dominance of white feminism is the theme of this issue of *Hecate*; its aim is to:

make more visible, and to produce a series of readings of the oppression and the resistance of women in differing Black and 'ethnic' groups . . . (p. 4).

Making these women visible is sought through their own expression and through analysis which critically examines relations between different cultural, racial and ethnic groups.

In most of the contributions, black women's voices come through indirectly, as in Bain Attwood's biography of Aboriginal Bessie Cameron and Susan Gardner's memoir of Black African novelist Bessie Head. Only in two interviews do Black and migrant women speak directly, without interpretation through white writing.

However, the insights of oral discussion are in danger of losing their impact when written down, and the interview with Wanda Coleman and Jeanie Bell suffers in this way. Their discussion about racism in Australia and in the United States is too short on information and their ideas insufficiently developed to provide a useful comparison of the two countries.

In contrast, the second interview sparkles as Sneja Gunew and Gayatri Chakravorty Spivak talk about multi-culturalism. Gunew commences by asking what is defined as 'authentic' — what cultural voices are acknowledged as legitimate to speak (p. 136). She points out how non Anglo-Celt' writers are denied access to institutions such as publishing that produce knowledge and construct a cultural hegemony. Spivak follows on by revealing the subtle ways in which the dominant culture may allow members of minority ethnic groups to speak, but still retains control of the discourse. She pulls no punches in her comments on the construction of the token speaker:

... when you are perceived as a token, you are also silenced in a certain way because, as you say, if you have been brought there it has been covered, they needn't worry about it anymore, you salve their conscience. (p. 138)

Spivak's concern with white irresponsibility in engaging with the issue of race provides some of the most stimulating comments in the collection. She contends that guilt over one's superior and privileged position as a white, or silence because of that, are easy ways out. Instead, Spivak argues that the privileged have a responsibility to develop a historical critique of their own position (p. 139). Certainly, white analyses will deal with the issues of power, dominance, colonialism, capitalism and so on in quite different ways from those of minority groups. But Spivak makes it clear that analyses should be critical, and as such may generate conflict:

... you take a risk to criticise, of criticising something which is *Other* — something which you used to dominate. I say that you



have to take a certain risk: to say 'I won't criticise' is salving your conscience, and allowing you not to do any homework. On the other hand, if you criticise having earned the right to do so, then you are indeed taking a risk and you will probably be made welcome, and can hope to be judged with respect! (p. 139).

There is little risk-taking in the other contributions. Bain Attwood and Tony Scanlon are typical, in that they present careful analysis, but do not strike off in new directions. Attwood's biography of Bessy Cameron and Scanlon's article on Aboriginal women's experiences of mission stations together provide much interesting material on the impact of white society, in particular Christianity, on the Aboriginal way of life.

Scanlon alerts the reader to the ideological dominance of the missionaries who promulgated a distorted picture of Aboriginal gender relations. They promoted themselves as saviours of Aboriginal women, '... from their own sexual appetites, the random violence of husbands, and the lust of old men ...' (p. 102), in order to justify intervention into Aboriginal society. Scanlon focuses on many instances of missionary interference with Aboriginal customs, including the removal of children to mission schools in order to facilitate the destruction of Aboriginal society.

Bessy Cameron herself was a product of the missionaries' 'civilising' programmes. Her accomplishments — musical, educational, speech and values — fitted her for a white bourgeois environment rather than the bush, and quite clearly she developed a strong sense of personal identity from her mission socialisation. Acculturation was not simply absorbed, but actively embraced. However, the contradictions inherent in being hailed 'as a symbol of Aboriginal "progress" and "civilisation"' (p.46) became too great for Bessy. As a woman and as a black, she was not allowed to achieve a place equal to her abilities within white missionary society:

as a teacher she could not be as able as a man; as a woman on her own, sexually autonomous, she threatened the missionary order. (p.45).

Bessy's marriage to an Aboriginal, approved in patriarchal fashion by her missionary 'protectors', took her out of teaching and placed her firmly within a black woman's role as matron (mother) to the Aboriginal children schooled at the mission. Marriage and mission work gave no opportunity for self-determination, but neither could Bessy exist off the mission stations, for outside she encountered

greater social prejudice and economic hardship.

Sexuality is a theme through which the connections between gender and race can be usefully explored. The missionaries found the Aboriginal women's sexuality a problem. The women needed to be protected from white men, but at the same time the missionaries believed they needed protection from their own 'innate immorality.' (Scanlon p. government funding and lack of input into policy-making (Jeanie Bell, sexuality controlled them in ways different from their men. Bessy, not her husband, was seen as the moral guardian, even being expected to end her husband's adultery (p. 37).

The connections between race and sexuality are also examined in an article on the origins of female wage determination by Braham Dabscheck. But this time white women's sexuality is considered. The argument is that women's lower wages cannot be explained with reference only to capitalism's appropriation of the sexual division of labour. Women's involvement in domestic labour is not only useful to capital and to their husbands; the reproductive role of white women was also important to ensure race survival in early twentieth century Australian society where whites feared being swamped by Asian invasion and immigration (p. 147).

Supporters of a white Australia Policy quoted in the article had similar preoccupations to those of Truby King, founder of the Plunket society in New Zealand. In arguing that women had a key role in maintaining race supremacy, he too was expressing fears in New Zealand about the degeneracy of the white race and the Asian threat (Olssen 1979).

Aboriginal women's involvement in the labour force and the effects of wage determination on them is not examined in the article. This underlines a tendency in feminist research to analyse black or white women's experiences without considering how they might be compared. Some insight into the harsh working conditions experienced by Aboriginal women is given in Bessy Cameron's biography (p. 40) and it would have been useful to make some links between the two articles.

The account of Bessy Cameron's life reveals the contradictions of white society for the colonised; there are advantages to be won for some in the way of education and status, and there are enclaves of refuge such as the mission station provided for those who are prepared to acquiesce to the dominant values; but there is also the systematic destruction of the minority society and culture.

Destruction of a society is not solely achieved through control of ideology and values, though this is the emphasis given in *Hecate's* editorial and in the contributions. Rather, destruction is fundamental-



ly achieved through gaining control of the material base of a society; in this case it is land.

The Aboriginal's lack of an economic base, their dependence on government funding and lack of input into policy making (Jeanie Bell, p. 74) are paralleled in the Maori experience. Loss of land through war, confiscation and legislation destroyed the economic base of Maori society and resulted in the current lack of land, capital and political influence which continues to make self-determination difficult.

Despite their stated interest in the experience of women of various racial and ethnic groups both within and outside of Australia, *Hecate* has missed an opportunity in not seeking material on the debate on feminism and race issues in New Zealand. In particular, Maori women have been successful in challenging the dominant ideology in a variety of contexts. The voices of activists such as Awatere (1984) Poananga (1986) and Te Awekotuku (1984) not only vigorously criticise Pakeha culture and the Pakeha women's movement, but also push further the examination of structural and institutional racism. Awatere (1984:41) states that Maori women have built the strongest indigenous women's movement in the world; surely an assertion meriting investigation not only within, but also outside of New Zealand. Pakeha women too have been active in the debates. *Broadsheet* is prominent in providing a forum, anti-racist strategies are being developed, and writers such as Kelsey (1984) and Guy (1986) analyse the structures of racism as members of the dominant group.

It is a pity that the only contribution mentioning Maori women, 'Women in the Theatre in Aotearoa' by Helen White, does not succeed in making their contribution to the theatre more visible, nor in analysing their growing involvement and influence in that field.

Surely the changes White alludes to — the expression of Maori women's consciousness, the re-creation of the image of Maori women, and efforts to depict Maori-Pakeha relations — would be appropriate foci for exploring the struggle between a dominant white hegemony and an alternative Maori vision. Here is an opportunity to use Gunew's notion of 'authenticity' in the New Zealand context of cultural production.

I must conclude that apart from a few strong passages in this collection (and notably the interview with Gunew and Spivak), *Hecate* has not been particularly successful in making minority women visible, nor have its contributions subjected the structures of oppression to analysis.

The collection suffers from a lack of direction that is reflected in the Editorial itself. Its disjointed style does not connect the central ideas

presented: white hegemony, making black and migrant women visible and resistance to white culture and capitalism. Nor does the Editorial indicate how those ideas are significant to the collection. Consequently, the reader is given no guidance on how to analyse race and ethnic relations, nor any strategies for women to challenge the inequalities structuring their lives.

## Notes

1. The reference to Anglo-Celtic cultural hegemony is made in both the interview and in the Editorial, but not explained. Yet the inclusion of Celtic culture needs to be questioned, as it 'homogenises' (to use Spivak's term) the dominant group, thus glossing over inequalities within that group. The many instances of resistance to English language and culture in Wales, Scotland and Ireland alerts us to a distinct Celtic heritage which should not be subsumed within the 'Anglo' culture.

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## References

- Awatere, D. 1984. *Maori Sovereignty*, Broadsheet.
- Guy, C. 1986. "Getting Away from Racist Guilt." *Broadsheet*, No. 142, September, pp. 30-32.
- Kelsey, J. 1984 "Legal Imperialism and the Colonisation of Aotearoa", pp. 15-43 in P. Spoonley et al (eds) *Tauwiwi. Racism and Ethnicity in New Zealand*, Dunmore Press.
- Olssen, E. 1979, "Breeding for the Empire." *NZ Listener* May 12: pp. 18-19.
- Poananga, A. 1986. Interview by N. Legat in *Metro* March: pp 44-58.
- Te Awakotuku, N., 1984. "Conclusion," pp 244-248 in P. Spoonley et al (eds) *Tauwiwi. Racism and Ethnicity in New Zealand*, Dunmore Press.
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# Royal Commissions Can Be Good For Women

## *A Review Article by Penny Fenwick*

*Feminists and State Welfare*, by Jennifer Dale and Peggy Foster and published by Routledge and Kegan Paul, 1986.

*War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England 1898-1918*, by Deborah Dwork and published by Tavistock Publications, 1987.

*Social Policy: A Feminist Analysis*, by Gillian Pascall and published by Tavistock Publications, 1986.

At the first public session of the newly appointed Royal Commission on Social Policy, the Chairperson of the Commission noted that:

What we are required to do is to come to an understanding of the New Zealand of the 1980s; of our relationships with one another and with our communities and the Government; and of our values and goals as we move towards and into the 21st century — so that in the words of the terms of reference [for the Commission] we focus on social policies which will meet the changed and changing needs of this country and achieve a more just society.<sup>1</sup>

The establishment of the Royal Commission on Social Policy provides us, therefore, with a focus for feminist concerns about the social wage, the relationship between the taxation and social security systems, health care, care of the elderly, definitions of the 'family' and women's dependency. It has been said that '... it is impossible to understand the welfare state without understanding the way it deals with women'.<sup>2</sup> Yet a coherent feminist analysis of social policy is in its infancy and there is a real danger that feminist perspectives will not be to the fore in the public debate now occurring.

The result will be that others will set the parameters and foci of the debate in a way that is antithetical to feminist goals. To the cynic it might appear that the critical decisions in the name of economic policy have already been made, and that social policy is what we use to cope with the consequences.

The New Zealand Planning Council appeared to adopt the view that

social policy follows economic policy in their recent *Social Policy Options*. The preamble says:

The new approach to economic policy which has developed over the last two years particularly, calls for a response from the social policy sphere.

Yet the blueprint for developments in both economic and social policy has been available for almost three years.

The rationale for a 'more market' economic philosophy has been clearly laid out — so too have the implications for social policy although these are less fully developed. Included with *Economic Management* (The Treasury, 1984) was even an invitation to develop appropriate frameworks for policy analysis:

These provide the criteria by which the government and its advisers can develop and test proposals. They establish an understanding about what the government sees as desirable and attainable performance objectives from various policy areas.

Amongst the areas listed where such frameworks were needed were health, education and welfare.

In a chapter on 'Social Policy' Treasury set out its analysis of the present situation. Reviewing the past 10 years it noted that at the same time as there had been major increases in spending on welfare, there had been increased dissatisfaction with the services provided. The conclusion drawn from this was that greater state spending does not necessarily provide better welfare outcomes, nor does it necessarily achieve equity goals. Exposing the social sector to a far greater degree to market forces was therefore likely to lead to greater efficiency and enhanced equity.

Allowing 'the strength of the market processes' to allocate resources would, it argued, make welfare provision more responsive to consumer preferences and involve least cost. Thus:

... a change in emphasis from the promotion of particular social services towards more direct income redistribution appears fundamental to achieving greater equity in social services. (p.119).

The lack of market constraints in the past has provided:

... increased opportunity for public service providers to maxi-



mise their own interests rather than to maximise those of their clients (p.257).

The woman fresh from another depressing encounter with her GP in which she was left feeling ignorant, hysterical and abnormal in the face of his medical 'expertise', might be inclined to agree. Until, that is, she pondered the fact that her encounters with private sector specialists had left her feeling the same, if not worse.

Although there is little, if any, explicit reference to women in Treasury's analysis a number of warning bells go off in the head of the feminist reader of this supposedly gender-neutral document:

The assumption of too large a role by the state (e.g., in caring for the blind or the intellectually handicapped), can reduce individual or voluntary organisation effort which is often a highly effective and low-cost way of meeting social needs. (p.257).

'Low-cost for whom?', explodes the feminist who knows that 'community care' and 'voluntary organisation effort' are euphemisms for unpaid work by women. Is community care really low-cost and effective if one includes in the analysis the income foregone (opportunity cost) by the women who are the carers? What little feminist analysis we have shows quite a different story. (Chetwynd, 1984).

*Social Policy Options*, is rather more 'woman-friendly' in that it refers to some of the inequities for women in our society, including a lack of recognition of their unpaid caring work and their absence from decision-making positions. It even goes as far as to refer to the barriers produced by 'institutional racism and sexism'. The report is designed in part as background information for those considering submissions to the Royal Commission on Social Policy. It is of concern, therefore, that there is little reference to women in the 13 point statement of objectives for social policy which open the report. A laudable call for the recognition of Maori people as tangata whenua is not matched by a parallel call for the recognition of women's rights.

An analysis of the present debate about social policy directions for New Zealand thus indicates that feminist concerns are either ignored or marginalised. If a feminist analysis is to be to the fore a great deal of thinking, discussing and writing remains to be done. Some starting points can, however, be determined and would include the following inter-related factors:

- The development of social policy in New Zealand has been characterised (as Koopman-Boyden and Scott (1984) described family policy) by . . . the dominance of pragmatism over ideology. Feminist analyses of the state have much to contribute to the current debate.
- The relationship in existing policies between the individual, the family and the state is a confused and inconsistent one. Eichler (1984) has written of this as the 'familism-individualism flip-flop'. She argues that at present two models of the family underlie social policies: the patriarchal model which assumes a strict gender-based division of labour with wife and children economically dependent on the male breadwinner; and the egalitarian model which assumes both partners have joint responsibilities for the household, child care and economic support:

As a country, Canada is moving slowly (and inconsistently) towards the egalitarian model of the family in its social policies (p.441).

The same could well be said for New Zealand, and while the model is superficially attractive to feminists, in practice it has some fishhooks. Women's present unequal and disadvantaged position in the labour market makes it inequitable to treat them (in policy development) as though they were capable of the same degree of financial independence as men. Also, as Eichler points out, with so much evidence to the contrary why assume men take equal responsibility for the household and child care? The egalitarian model may thus work to women's disadvantage (at least in the short term) in a sexist society.<sup>3</sup>

- Many of our present social policies work to reinforce women's dependency on men or the state and do not promote autonomy for women. They are, by implication, in direct conflict with policies and legislation designed to break down institutional sexism. At present:

. . . when it comes to paying for the welfare state the system treats women as individuals, but in respect of virtually every benefit conferred on them, social policy measures treat them as somebody's wife or somebody's mother (Shaver, 1983).

Even the International Labour Organisation has stated that:

. . . married women should have their own rights to social



security benefits and not be treated as dependents of their husbands (ILO, 1984).

Understanding sexism is thus pivotal to understanding present social and economic policies, just as a feminist vision is vital for developing new policies to achieve a just and fair society for women. Recent interest in welfarism by feminist researchers and analysts has resulted in a number of publications which could usefully fuel our own national debate. Three such publications are discussed here and an assessment made of the usefulness of their contribution to the development of feminist discussion of welfare in New Zealand.

*Feminists and State Welfare* promises the reader a 'broadbased introduction to a feminist critique of the Welfare State' (xi) and that is what it delivers. It begins by posing the problem: why, if women predominate amongst low paid and unpaid providers of welfare and amongst recipients of welfare, are they rarely involved in making social policy? The answer to that question and the potential contribution of feminism to changing social policy forms the book.

Part 1 is a brief history of the development of the Welfare State in Britain from a feminist perspective. Already there are echoes of our major themes for a feminist analysis of social policy. For instance, Dale and Foster show that whereas feminists today see women as marginal to the welfare state, feminists in the 1940s welcomed the development of the welfare state for the improvements they believed it would bring to women's material position and status in society. The early feminists who campaigned for state support for women and children implicitly (and at times explicitly) accepted traditional family roles for women and were content to raise the status of motherhood and thereby improve maternal health and infant welfare.

The growth of women's welfare work is also included in the historical overview.

In Part 2 *Feminists and State Welfare* provides a brief review of the development of contemporary feminism and the women's movement today, explaining the perspectives adopted by liberal, radical and socialist feminists.

Part 3 is an analysis of feminist strategies to change the welfare state. In this section Dale and Foster adopt the overall perspective that:

If women are to get their fair share of society's resources . . . a totally new approach has to be adopted to the relationship between economic and social policy . . . At the end of the day, feminist demands mean that the division between economic

and social policies must be ended in favour of a broad perspective on social priorities in the sphere of both production and reproduction (p. 135).

Fine words, but how do we get there?

Dale and Foster review a number of strategies including changing the welfare state from within by educating welfare providers not to be sexist and creating feminist welfare provisions. Their critical review extends to coverage of radical and socialist feminist critiques of liberal reforms which are said to have benefited women within the existing welfare state. A final chapter focuses on separatist strategies — women's health and rape crisis centres and women refuges. There is an explanation of the women's health movement and women's refuges in some detail.

The authors conclude that while only a tiny proportion of women will ever gain access to feminist welfare alternatives their greater importance lies in the 'working models of egalitarianism, liberating forms of welfare provision' they present and the way in which they provide inspiration for feminists working within mainstream welfare institutions. I wonder whether an evaluation of women's refuges and well women clinics in New Zealand would reach the same conclusion?

*Feminists and State Welfare* provides a well-researched and useful overview of the topic, especially suitable for student and teaching use. I liked its realistic and positive approach — Dale and Foster are not blind to the inadequacies of liberal reforms of the welfare state for achieving feminist goals, neither do they write them off as useless, indeed they say:

We cannot accept the extremist, cynical view that *any* improvements which take place in male dominated institutions or in welfare organisations situated within capitalist society are worse than useless because they simply help to disguise women's oppression and encourage women to accept their oppressed position (p.173).

Pascall's *Social Policy — a Feminist Analysis* covers similar ground to Dale and Foster. It takes as its overall theme, that while feminist analysis is 'an important challenge' to the current orthodox approach to social policy, feminist thinking has not yet penetrated mainstream social policy, and where this has happened, the result has been to add women in, rather than to change fundamentally the prevailing orthodoxy.



This author traces the development of social administration through the Beveridge and Titmuss periods and shows the damage that was done to women by the twin assumptions that the family was the appropriate unit for delivery of social services and that 'all was right' within the family. Perhaps more clearly than Dale and Foster, Pascall draws out the way in which state intervention through social policies is a two-edged sword for women because it legitimates public intervention in the private world. If social policy (through education or housing) can provide a route out of poverty and oppression, it can also let the state intervene in private decisions such as contraception and abortion.

Pascall applies her feminist critique in turn to the family and women's work, caring and social policy, education, housing, health and social security. Her conclusion is brief and quite weak, in my opinion.

Both Dale and Foster, and Pascall, make the point that the very provisions that contemporary feminists criticise in the welfare state were applauded by feminists at the time they were introduced. Pascall reports the way in which activist women in the early 1900s accused the authorities of expecting mothers to 'make bricks without straw' when they demanded that women improve the welfare of their children without providing any additional income to them. *War is Good for Babies and Other Young Children* provides a case study of just this point.

Dwork's starting point is the concern during the early 1900s about the declining birth rate and increasing infant mortality rates. The desire to 'people the colonies', to maintain Britain's strength as a world power, the loss of life in World War 1 and the high rejection rate of would-be recruits for the Boer War because of their poor physical condition provided the political impetus for this concern. As one (woman) commentator at the time, put it:

When a nation is fighting a war or preparing for another . . . it must look to its future supplies of cannon fodder.

The social policy response to this concern covered a number of measures. Initially there was a focus on doctors' responsibility in preventing infant deaths, '... the future of the race . . . rests largely with the medical profession' extolled the British Medical Journal in 1904. The focus then moved to efforts to control one of the greatest causes of infant death — epidemic diarrhoea — and policy responses included the establishment of milk depots where uncontaminated milk was sold to mothers, and health visitors whose focus was on

infant care and maternal education.

Interestingly, one of the problems the authorities faced in implementing these policies was in knowing where the babies were. It was often well over a month after the birth before they were registered and 'in a considerable number of cases the birth and the death were registered at the same time.' Legislation was eventually passed requiring notification within 48 hours of the birth.

Although Dwork's primary emphasis is on the social history of infant welfare provisions in Britain, she includes some analysis of the impact of these policies on women. She reports that there was wide-spread acceptance by feminist groups too — of the emphasis on the mother and her welfare before and after birth as the key determinant of infant welfare. Education in 'mothercraft' was promoted as the best solution to infant mortality. As Dwork simply concludes: 'It was not a quick and easy solution. It was not a radical solution. But it was successful.' (p.220).

Dwork also notes that just as the new policy of health visitors opened up a new professional field for women, the establishment of school health services during the same period provided opportunities for women to enter medicine, as they were seen as being particularly suited to this work.

*War is Good for Babies and Other Young Children* is a very detailed, well-researched account of a particular historical development in our welfare system. Although it is well-written and relatively readable, its format (almost 100 of its 300 pages are devoted to listings and notes of sources) and its retail price (\$112.95) will ensure that it remains a resource document for specialist interest.

A feminist analysis of women and social policy shows that although welfare state provisions have had a profound impact on women's lives (both progressive and oppressive), although women are the predominant consumers of welfare, although women make up the majority of the welfare system's workforce, they are characteristically absent from decision-making about social policy. To date feminist analyses have had a marginal impact on future directions for social policy.

The contemporary feminist group searching for some leads out of this dilemma will now find some relevant literature and the three books reviewed here (together with the others sourced) make a useful starting point. They show us how we got where we are today and they show us the alternative perspective that feminists — of liberal, radical or socialist persuasion — have taken on welfare. They analyse feminist attempts to influence the direction of state welfare. But they leave the 'where to from here?' question largely still



hanging.

Not that feminists are alone in their bewilderment. Knapp (1984) concluded his recent review with the statement that:

. . . the ratio of unanswered to answered questions is of a high order. The study of the economics of social care has barely begun.

Amongst the answered questions is our knowledge that women, both as consumers and workers are not well served by existing social services. We know that social security, for instance, often results in poverty traps and dependence. We know that many of the assumptions made about women's lives are invalid. The payment of social security to the male partner, for instance is based on the assumption of equitable distribution of goods within households. Yet findings by feminist researchers challenge '... the universal application of the policy assumption that incomes are pooled and shared' (Edwards, 1984) and suggest that it is unwise to assume an individual's economic well-being can be assessed from the income of her household.

A feminist analysis tells us it is not sufficient just to 'add women and stir' to the existing social policy mix (as Jacqueline Goodnow (1985) puts it). We must be wary of the seeming gender-neutrality of new social policy discussion — we should have learnt by now that a lack of reference to women means an assumption by the writer, reader, speaker or decision-maker that 'male is norm'.

We must not be misled into believing that the beguilingly simple 'more market' solution to the problems of our welfare system will lead to any less sexist or racist a society than the one we have now, built on paternalistic state intervention.

We cannot assume that the reality we take for granted as feminists is known about, or understood (let alone accepted) by social policy decision-makers. We need to make a feminist understanding of the New Zealand of the 1980s, a feminist understanding of institutional sexism and racism, an understanding of feminist values and goals, the understanding of those who make social policy.

The lesson of history is that we will certainly not achieve feminist Utopia through the Royal Commission on Social Policy, but we might achieve a more just and fair society for women.

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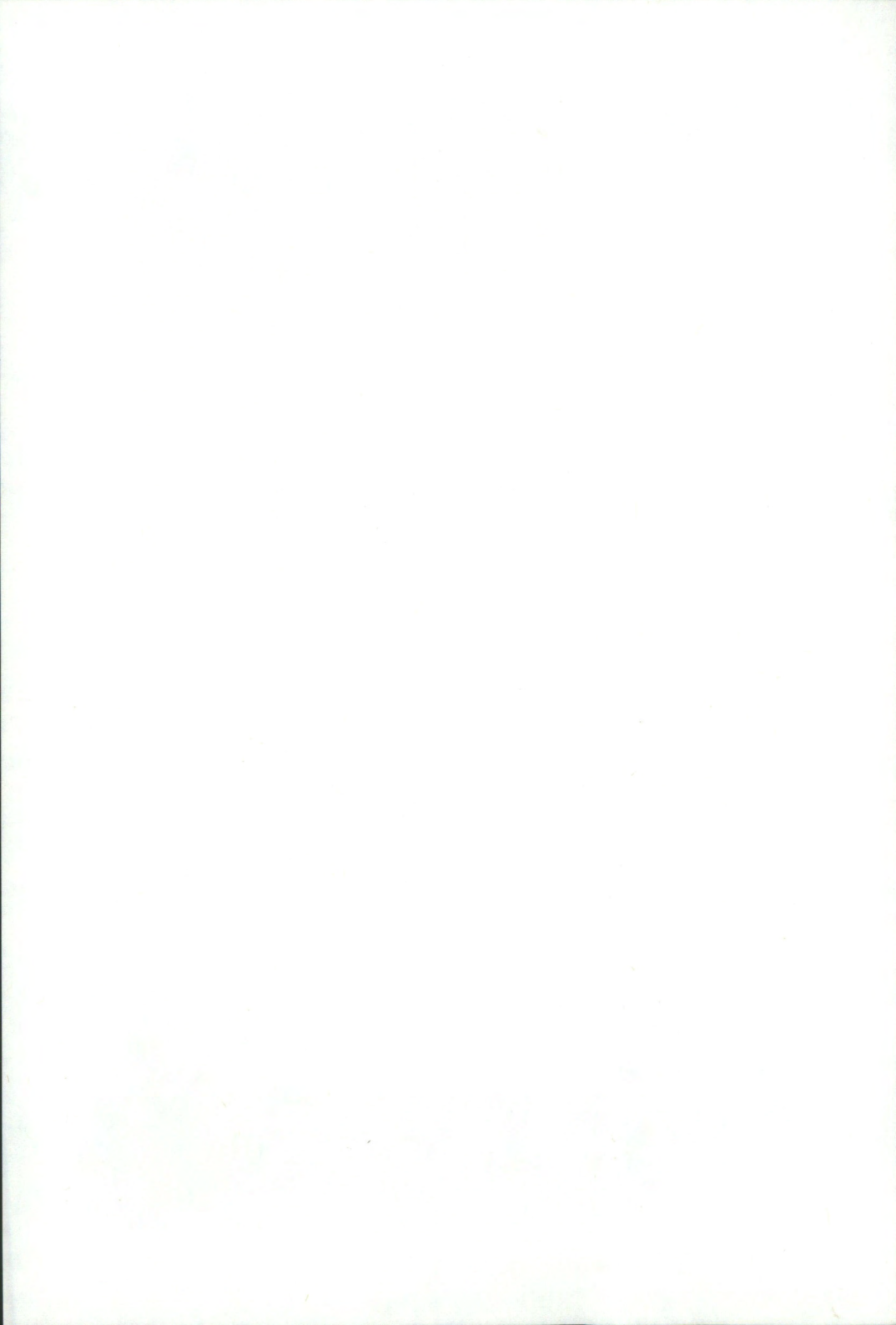
## References

- Chetwynd, Jane. 1985. 'Incomes Foregone in the Home Care of Intellectually Handicapped Children'. *Community Health Studies* (February).
- Edwards, Meredith, 1984. 'The Distribution of Income with Households' pp. 120-136 in Dorothy H. Broom (Ed.) *Unfinished Business: Social Justice for Women in Australia*. George Allen & Unwin.
- Eichler, Margrit. 1984. 'The Familism-Individualism Flip-Flop and its Implications for Economic and Social Welfare Policies' pp. 431-472 in *Key Papers of the 20th International Committee on Family Research Seminar on Social Change and Family Policies*. Australian Institute of Family Studies.
- Franzway, Suzanne. 1986. 'With problems of their own: Femocrats and the welfare state'. *Australian Feminist Studies* 3 (Summer):45-47.
- Goodnow, Jacqueline and Pateman, Carole (eds). 1985. *Women, Social Science and Public Policy*. Allen & Unwin.
- International Labour Organisation. 1984. *Into the Twenty-first Century: the Development of Social Security*.
- Knapp, Martin. 1984. *The Economics of Social Care*. MacMillan.
- Koopman-Boyden, Peggy and Scott, Claudia D. 1984. *The Family and Government Policy in New Zealand*. Allen & Unwin.
- New Zealand Treasury. 1984. *Economic Management: part one, Economic situation and outlook; part two, Policy and organisational issues*. The Treasury.
- Shaver, Sheila. 1983 in Cora Baldock and Bettina Cass (eds) *Women, Social Welfare and the State*, Allen & Unwin.

## Notes

1. Royal Commission on Social Policy, chairman's notes for the first public session, Auckland, 27 February, 1987.
  2. Elizabeth Wilson, quoted by Franzway (1986).
  3. There is some evidence that the Matrimonial Property Act has worked in just this way in New Zealand.
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WOMEN'S STUDIES ASSOCIATION (NZ) (Inc)  
P.O. Box 5067, AUCKLAND, NZ.

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.

The Association's principal aims are:

- to undertake, promote and disseminate research about women, by women, from a feminist perspective.
- to inform and educate women about women in culturally appropriate ways.
- to encourage the preservation of existing material about women in culturally appropriate ways.
- to facilitate the establishment of women's studies courses with a feminist perspective.
- to undertake and promote the publication of material about women.
- to organise and participate in activities, conferences, seminars and displays in furtherance of the aims of the Association.

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Full membership of the Association is open to all women. Other individuals may become associate members. Membership year: from August 1 to July 31. Annual subscription: \$16.50 or hardship: \$5.50. (Both include GST). Enquiries to: P.O. Box 5067, Auckland, New Zealand.

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