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**FEMINISM, FEMININITY AND MOTHERHOOD
IN POST-WORLD WAR II NEW ZEALAND**

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ABSTRACT

Hanging between the turmoil of global war and the social challenges and changes of later decades, the 1950s tends to be remembered as a time of social order, consensus and security. As a result, researchers often view these years as ones of stagnation for New Zealand women; a time when the stable nuclear family ruled supreme, when men's and women's roles were clearly delineated and little action was taken towards challenging them. However recent expansions of our perceptions of political activism have suggested otherwise. Helen May, for example, has taken a wider view of women's politics that incorporates domestic-based and non-controversial and argued that the apparent tranquility of the 1950s covered elements of conflict and contradiction. She and other historians maintain that women, while conforming to dominant expectations of their role, were also actively negotiating change in their lives.

This thesis aims to investigate the extent to which three New Zealand women's groups centred on mothering, Parents' Centre, Play Centre and the Plunket Society, served as vehicles of these hopes for change. To this end, the relative degrees of progressive "feminist" and traditionalist "maternalist" elements within the organisations' philosophy and process are analysed. It is argued that the nature of each organisation is distinctive, with each showing a particular balance of feminist and maternalist characteristics. Together, the three organisations represent a continuum of women's political activities and illustrate the diversity of women's politics both within a particular time and within individual groups.

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To the women of the past and the women of the future

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ABBREVIATIONS

A I&M	Auckland Institute and Museum Library, Auckland.
ATL	Alexander Turnbull Library, Wellington.
Hocken	Hocken Library, Dunedin.
NZPD	New Zealand Parliamentary Debates.
<u>NZJH</u>	<u>New Zealand Journal of History</u>
<u>NZWW</u>	<u>New Zealand Woman's Weekly</u>
P&EC Archive	Parenting and Early Childhood Archive, Department of Early Childhood Studies, School of Education, University of Waikato, Hamilton.
PNL	Palmerston North Public Library, Palmerston North.
Play Centre	Nursery Play Centre (1948-1962); Playcentre (1973-)
Plunket Society (1907- 1917); The (1917-	The Society for the Promotion of the Health of Women and Children (1909); The Society for the Health of Women and Children (1909-1917); The Royal New Zealand Society for the Health of Women and Children (1917-1980); Royal New Zealand Plunket Society (Inc) (1980-).
WAR	Women's Archive Register, Auckland Institute and Museum Library.
WRM	Whanganui Regional Museum, Wanganui.
WSM	Waipawa Settlers' Museum, Waipawa.

CHAPTER ONE

INTRODUCTION

This thesis explores the politics of motherhood and womanhood apparent in the activities of three New Zealand women's voluntary organisations of the 1950s: the Plunket Society, Parents' Centre, and Play Centre.¹ While primarily concerned with illuminating the experiences of a particular group of New Zealand mothers, the analysis offered here also adds to the historiography of women's organised responses to dominant social ideologies and prescriptions of femininity.² This chapter explores the context of the 1950s, the contemporary social prescriptions of femininity and motherhood and women's experiences of them. Previous approaches to the study of women's politics and women in the 1950s are discussed and assessed. A model of analysis for 1950s women's politics based on women's organisations is proposed, and its use in this thesis outlined.

The period loosely defined as "the fifties" followed the devastation of world war and its aftermath of reconstruction. The potential of either of these preceding periods to provide opportunities for a substantial transformation of women's role was limited by a prevalent and consistent ideology which placed women as fulltime mothers and homemakers; an ideology which carried over into the supposedly more stable, reconstructed (rather than reconstructing) 1950s.

Women's experiences during World War II generally failed to extend beyond "traditional" areas and roles. A number of New Zealand women served overseas,

¹ "Politics" is used here to refer to the expression of beliefs and opinions of individuals and groups regarding the organisation of society, power relations within that society, and particularly the respective roles of men and of women within society. The society under discussion may include government and state, or may be limited to the interpersonal level of human organisation. See also Helen Cook, "The Politics of Childcare: An Analysis of Growth and Constraint", M.A. thesis in Education (Victoria University, 1983), pp. 12-13; and Nancy F. Cott, "What's in a Name? The Limits of "Social Feminism"; or, Expanding the Vocabulary of Women's History", *Journal of American History*, 76:3 (December 1989), p. 815.

² This discussion centres on New Zealand women's politics. The use of a wider international perspective has been limited by constraints of time and space. However, where parallels in other countries are apparent these have been noted in order to highlight the trans-continental as well as the trans-historical nature of women's actions and motivations. This approach reflects the comparative feminist history of Karen Offen, who wrote that "in order to fully comprehend the historical range and possibilities of feminism, we must locate the origins and growth of these ideas within a variety of cultural traditions". Karen Offen, "Defining Feminism: A Comparative Historical Approach", *Signs: Journal of Women in Culture and Society*, 14:1 (Autumn 1988), p. 151.

particularly as nurses,³ but the majority worked in New Zealand to “keep the home fires burning”. Women engaged in patriotic community activities such as knitting, sewing, baking and packing parcels for New Zealand forces overseas, and entertaining servicemen, as well as filling men’s shoes in paid employment. Both Pakeha and Maori women were required to register for direction into essential war work, a process commonly termed “man-powering”. The grounds for exemption narrowed as the war continued,⁴ and the female labour force, estimated at 180 000 in September 1939, grew to 228 000 in 1943.⁵ Many women, particularly young women who made up a large proportion of the female workforce, discovered new options, responsibilities and a measure of economic independence. However the climate of consumer shortages, regulated employment and limited entertainment or leisure options meant such gains could seldom be utilised to any great personal benefit. In addition, while some women entered occupations previously the exclusive domain of males, such as the Public Service, banks, the police force, railways, engineering, trams, farms, and mills,⁶ man-powering generally failed to challenge established ideas on women and paid work.⁷ Women worked largely in traditionally female occupations, including teaching, nursing, shops, offices and factories.

The dominant ideology of women as fulltime domestic workers, responsible for the maintenance of the home and the rearing of children, was a major factor in this limitation of women’s work and growth. In the 1940s household work was in itself no easy task. Labour-saving appliances such as electric ranges, washing machines and refrigerators were uncommon (see Table 1.1). In their place were time-consuming and laborious coppers, fires, home gardens and frequent shopping expeditions.⁸ A decline in the availability of domestic help throughout the war and post-war years resulted in individual women often managing their home alone (see Table 1.2). The job also took on increased national importance, as the family home became a symbol of all that “our boys” were fighting for, and something to be preserved for their return. Alexander Gillies of the Red Cross and Lucy Webb of the Plunket Society instructed women not to neglect their homes:

³ 602 women served overseas in the New Zealand Army Nursing Service. Nancy Taylor, The New Zealand People at War: The Home Front, Wellington, 1986, p. 1115.

⁴ Groups of women were progressively called on to register, usually on the grounds of age: 20-21 year olds in March 1942, 20-23 year olds in August 1942, 24-30 year olds in September 1942, 18-19 year olds in February 1943, up to 40 year olds in January 1944. Lauris Edmond, Women in Wartime, Wellington, 1986, pp. 264-275.

⁵ Taylor, p. 1074.

⁶ *ibid.*

⁷ Deborah Montgomerie, “Man-powering Women: Industrial Conscription During the Second World War”, in Women in History 2, Barbara Brookes, Charlotte Macdonald and Margaret Tennant (eds), Wellington, 1992, pp. 184-204.

⁸ For a description of a typical 1950s household, see Ron Palenski, “Growing up in the 1950s”, in Those Were The Days: A nostalgic look at the 1950s from the pages of The Weekly News, Stephen Barnett, Auckland, 1987, pp. 14-16; see also David McGill, Kiwi Baby Boomers: growing up in New Zealand in the 40s, 50s and 60s, Lower Hutt, 1989, pp. 5-15.

Table 1.1: Supply of Home Appliances to
New Zealanders 1946-1956 (thousands)

Year	Ranges	Washing-machines	Refrigerators
1946	19.5	4.1	2.5
1947	21.8	6.7	4.1
1948	n/a	10.0	9.0
1949	21.6	10.3	11.3*
1950	21.9	20.1	21.6*
1951	21.8	32.1	27.9*
1952	29.6	46.4	36.0
1953	26.6	50.1	43.9
1954	31.3	75.1	65.5
1955	35.2	59.6	69.6

n/a information not available this year.

* includes production of commercial refrigerators

Note: The table shows the number of locally produced and imported electric ranges and washing-machines. Statistics for refrigerators are only given for those produced locally, since import figures were not given in single unit form, but in total monetary value.

Source: Jean-Marie O'Donnell, "'Electric Servants' and the Science of Housework: Changing Patterns of Domestic Work, 1935-1956", in Women In History 2, Barbara Brookes, Charlotte Macdonald and Margaret Tennant (eds), Wellington, 1992, p. 173.

Table 1.2: Female Domestic Workers in New Zealand, 1936-1956

Year	Number of female private domestic service workers
1936	32,064
1945	9,169
1951	8,731
1956	6,654

Source: Jean-Marie O'Donnell, "'Electric Servants' and the Science of Housework: Changing Patterns of Domestic Work, 1935-1956", in Women In History 2, Barbara Brookes, Charlotte Macdonald and Margaret Tennant (eds), Wellington, 1992, p. 174.

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.

What are our soldiers fighting for . . . In the first place, for the future of the Empire and the safety of their homeland. That word 'future' is significant . . . 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.⁹

Motherhood's value was further enhanced as the birth rate came to be seen as closely linked with national survival. Mothers were urged to raise their children "properly", and to realise the worth of their social role. Daisy Begg of the Plunket Society expressed these concerns at 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.¹⁰

As a result of the prevalence of this domestic ideology, married women and mothers were publicly discouraged from taking paid work, and those who did so encountered difficulties. A strong though not atypical view was presented by the Director of Catholic Education, the Rev. Dr Gascoigne, in 1944:

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 the 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.¹¹

Those married women who did take paid work found a lack of support services such as childcare and flexible working hours,¹² and increasingly demanded expanded state-funded domestic assistance for working mothers, including family allowances, domestic help, childcare facilities, labour-saving household devices and domestic electrification.¹³ Working women also faced a prevalent belief that women's involvement in paid work was a temporary measure for the duration of the war. Once "normality" was restored in peacetime, it was expected that women would return to their "proper" role of fulltime homemaker. As a result, issues of equal pay, conditions and promotion were ignored, to be dealt with under the stability and normality of peacetime.

⁹ Quoted in Deborah Montgomerie, "War and Women: Work and Motherhood", *Women's Studies Journal*, 3:2 (March 1988), p. 4.

¹⁰ *ibid*, p. 5.

¹¹ Quoted in *ibid*, p. 9.

¹² *ibid*, pp. 6, 12-13.

¹³ Christina Guy, *Women on the Homefront: An SOS From Mothers*, Wellington, 1943.

New Zealand's reconstruction plans centred on building a safe, secure and stable future for the country and its children, and the role and place of women was somewhat uncertain. The atmosphere was one of optimism and idealism, and an overwhelming desire for "normality", with the family as the central institution. New opportunities and technological inventions were to become available and the country was to make a fresh start. Walter Nash's blueprint for peacetime reflected these hopes:

Whether the conclusion of war will mark the end of one era and the beginning of another, the end of imperialism and the beginning of the century of the common man, will depend very largely upon our capacity so to organize our affairs to guarantee to all men greater *security*, greater *opportunity*, a fuller and happier life than heretofore.¹⁴

Nash's focus on the needs of men illustrates the lack of concern for women's specific needs in the reconstruction process. Women were generally expected to be submissive and self-effacing, and to devote themselves to creating a happy home, nurturing a warm family atmosphere and rehabilitating their menfolk and community. However women's own needs were largely ignored, despite evidence from wartime experiences that women's expectations were changing, and an acknowledgement of these changes in some official quarters.¹⁵ Policies for reconstruction centred on rehabilitating soldiers and rebuilding industry, apparently assuming that women's lives would resume where they had left off in 1939. Despite numerous protests, women were not included in the rehabilitation process or represented on rehabilitation committees:

At least as many women as men will be affected by the work of these committees, for besides the servicewomen to be rehabilitated, practically every serviceman will have a wife who surely deserves some consideration.¹⁶

Women themselves had varying aspirations for peacetime. Some were relieved to give up unpleasant, hard or physical work for men and return to the relative comforts and autonomy of fulltime domesticity. Other women had enjoyed their taste of freedom and wanted more:

The universal prayer of all we women in the postwar days is to have the man we love home again with us. We ask for a happy home with fresh looking curtains blowing at the window, our kiddies running around a garden with roses. (Joy Bell, Ashburton)

What we want after the war is a little fierce feminist action. With women at least sharing an equal place in affairs. (Jean Small, Auckland)¹⁷

¹⁴ Walter Nash, *New Zealand: A Working Democracy*, London, 1943, p. 157.

¹⁵ The *New Zealand Army Current Affairs Bulletin* devoted a 1943 issue to "Women and War", warning that women's wartime experiences would create demands for social change in peacetime. Quoted in Helen May, *Minding Children. Managing Men: Conflict and Compromise in the Lives of Postwar Pakeha Women*, Wellington, 1992, p. 42.

¹⁶ *NZWW*, 14 June 1945, quoted in May, p. 51.

¹⁷ *New Zealand Magazine*, January-February 1945, quoted in May, p. 48.

On the whole, though, women were keen to restore normality, to rebuild relationships and to do all they could to create a positive future from their position in the home.¹⁸

Attempts to carry or develop the very limited wartime gains in women's liberation into peacetime were stunted by more than a lack of political interest in the expansion of women's role. A strong pro-natalist atmosphere and a gender ideology reinforcing women's maternal and wifely role combined to create and encourage a trend towards family life. In addition, the growth of suburban housing developments created a socially isolating environment for housewives. Women were less able to congregate to share their experiences, and thus personal circumstances were often identified as problematic, rather than social structures. These social characteristics have been well documented elsewhere, particularly social attitudes to motherhood and marriage.¹⁹ In short, women were expected to adopt motherhood as a fulltime occupation, uninterrupted by paid work or careers. Further, both motherhood and marriage were to be completely fulfilling for all women, and individuals were held personally responsible if their own experiences failed to reach this standard. Women's fulfilment was also extended from the personal and social to the sexual in the post-war period, as women's sexual pleasure became more acceptable.

The New Zealand Pakeha baby boom was possibly the most pronounced in the developed world.²⁰ It began at the end of World War II and continued into the early 1960s, and had its roots in a number of factors. The reuniting of couples after years of separation had led to new families being started and existing ones expanded. External threats such as the Cold War emphasised the need to promote social cohesion, and policies centring on the health and education of children reflected the wider concern with creating a better future. Full employment, the introduction of Social Security, and state housing both sustained and reinforced the ideal nuclear family of male breadwinner and female homemaker. For women, the family life cycle began early and was almost universal. From the end of the Second World War, women began marrying at a younger age and in increasing numbers. From 1948, when 58.63 percent of women under 25 were married, the proportion increased to 70 per cent in 1958. The proportion of women marrying as minors also rose, from 21.95 per 100 marriages in 1948 to 35.32 per 100 marriages in 1958. Similarly, the proportion of first births occurring in the twelve months immediately after marriage increased from 38 per

¹⁸ Helen May, "Postwar Women 1945-1960 and Their Daughters 1970-1985: An Analysis of Continuity, Contradiction and Change in Two Generations of Pakeha Women as Mothers, Wives and Workers", Ph.D. thesis in Anthropology (Victoria University, 1988), pp. 95-105.

¹⁹ May (1988, 1992); Robin McKinlay, "Where Would We Be Without Them? Motherhood and Self-Definition in New Zealand", Ph.D. thesis in Social Anthropology (Victoria University, 1983); Susan Bishop, "Married With Children' - perceptions of New Zealand Women's Lives in the 1950s", B.A.Hons essay in History (University of Otago, 1991).

²⁰ In terms of fertility levels, duration and birth intervals. Ian Pool, "The New Zealand Family, Structural Changes in the Context of Shifts in Societal Values", *New Zealand Population Review*, 18:1&2 (1992), pp. 69-87.

cent of all first births in 1948 to 45 per cent in 1958. The average age of a woman at her first birth lowered from nearly 26 years in 1948 to 24 years in 1958.²¹

Gender and sexual relations also contributed to the pro-family post-war climate. The dominant ideology of men and women as “equal but different” promoted marriage and motherhood for women, and gave their roles social value. According to this philosophy, men and women were not the same and rather than attempting to be alike, the difference and uniqueness of their roles was stressed and each accorded equal social status. Thus the role of fulltime mother was seen as separate and different from, but equally important as, that of the male breadwinner. Marriage was encouraged as the best means of combining the complementary gender roles and their separate spheres into an effective, whole, team. In addition, the release of the Kinsey Reports in 1948 and 1953 with their stress on sexual fulfilment, created a heightened awareness of sexuality which could only be acceptably expressed within marriage. Women’s sexual pleasure was men’s responsibility, and its provision was considered part of the husbandly role.²²

However the contradictions of these gender ideologies often created tensions within post-war marriages. While the sexual double standard accorded men the responsibility for women’s sexual fulfilment, it also asserted that if women wanted to prevent their husbands engaging in extra-marital sex they should themselves take the sexual initiative. Thus women were to be both passive but consistently satisfied sexual partners, and sexually pro-active to maintain their husband’s interest.²³ Further, the large differences between men’s and women’s life experiences meant that understanding and empathising with one’s spouse’s lifestyle could be difficult. The author of “A Message to Lonely Wives” published in the New Zealand Woman’s Weekly in 1954 felt:

there are few husbands who can really understand the loneliness endured, possibly, by their own wives . . . perhaps not . . . surprising when we realise that many women put up with it day after dreary day, being careful to make no show of it when their husbands arrive home after work.²⁴

Men’s lives, perceived as busy and full of action, variety and personal contact with workmates, were seen as widely disparate from women’s experiences of loneliness and isolation in the home. Moreover, women’s unhappiness was a problem with which their husbands should not be burdened. The Woman’s Weekly expected women to take responsibility for their situation and advised lonely housewives to seek companionship - get a dog, have a baby, take a part-time job “perhaps looking after children or helping in the local bookshop”, and “make all the friends you can”.²⁵ Other women felt this isolation too;

²¹ New Zealand Official Yearbook, 1950, pp. 62-69; New Zealand Official Yearbook, 1960, pp.71-89.

²² May (1988), p. 111.

²³ *ibid.*

²⁴ Mary Miller, “A Message to Lonely Wives”, NZWW, 25 February 1954, pp. 46-48.

²⁵ *ibid.*

a letter in the Nursery Play Centre News described the author's recent discovery of a sick acquaintance with four equally sick children and no domestic help:

why is Mrs B. alone at such a time, with houses all around her? Is there no answer to the isolation of living in a built-up area? Is there no community there? Why do our walls divide us so completely?²⁶

Thus post-war marriage, expected to be the happy unification of complementary halves, actually created isolation for women - both from their husbands and from other women.

Post-war medical ideas on childbirth, childrearing and the role of the mother reinforced women's maternalist, child-centred role. Frederic Truby King's notions of controlling a child and training it in good habits and standards of behaviour, and his emphasis on physical health, had given way to psychological theories.²⁷ In the terms of Robin McKinlay's research, the concept of motherhood shifted from early twentieth-century notions of "social identity" to "service". The theories of John Bowlby and Grantly Dick Read were particularly influential in this shift. Both emphasised the mind and emotions, and the importance of family factors in children's mental health.

Grantly Dick Read presented childbirth in terms of a fear-tension-pain circle, and believed that combatting a woman's fear would overcome pain and discomfort. Hence his patients received thorough education, support and relaxation training throughout pregnancy and labour.²⁸ The method also enabled women to remain conscious for the birth and therefore to initiate a strong mother-child bond from the first moment of life. Although, or perhaps because, Read's natural childbirth method was contrary to standard obstetric procedures in New Zealand, it became popular with those New Zealand parents aware of his work. New Zealanders with overseas contacts came into contact with Read's work in the late 1940s, as enthusiastic friends and colleagues shared their experiences of Read childbirth.²⁹ New Zealand journals reprinted his articles and chapters of his books,³⁰ and by the early 1950s Childbirth Without Fear was available in bookshops.³¹ Read's ideas formed the basis of the New Zealand Parents' Centre movement's childbirth philosophy, and gaining acceptance of them by the medical profession and parents alike became one of the movement's central objectives.

²⁶ "Parent's Paragraphs", Play Centre News, 14 (September 1952), p. 6.

²⁷ Cathy Urwin and Elaine Sharland, "From Bodies to Minds in Childcare Literature: Advice to Parents in Inter-war Britain", in In the Name of the Child: Health and Welfare 1880-1940, Roger Cooter (ed), London, 1992, p. 175.

²⁸ Grantly Dick Read, Childbirth Without Fear, New York, 1942.

²⁹ Lex and Doris Grey first encountered Read's work in 1946 through an American friend who had worked with Read in Africa. The Greys formed a discussion group of prospective parents in Takaka to share and debate his ideas. Letter from Lex Grey to Mary Dobbie, 15 April 1986, P & EC Archive.

³⁰ Parent and Child, Child-Family Digest (an American journal read in New Zealand), Bulletin of the Parents' Centre, and Play Centre Journal all reprinted pieces of Read's research and writing.

³¹ Helen May, "The Early Post-War Years for Women: an interview with Beverley Morris", Women's Studies Journal, 5:2 (December 1989), p. 62.

More widely influential was John Bowlby's research, Maternal Care and Mental Health. He argued that an essential component of mental health was a child's "warm, intimate and continuous relationship with its mother (or permanent mother-substitute) in which both find satisfaction and enjoyment." The lack of such a relationship would result in an unstoppable sequence of dire mental consequences.

Partial deprivation brings in its train acute anxiety, excessive need for love, powerful feelings of revenge, and, arising from these last, guilt and depression. The consequent disturbance of psychic organization then leads to a variety of responses . . . the end products of which are symptoms of neurosis and instability of character. Complete deprivation . . . may entirely cripple the capacity to make relationships.³²

As with Read's work, Bowlby's research was widely disseminated in New Zealand through journal articles and discussion groups. However, misunderstandings and misquotings of Bowlby's work led to a belief that anything other than a child's continuous relationship with its mother would result in disastrous consequences. His findings came to be used as "proof" that mothers placing their children in any type of childcare for any substantial length of time were irrevocably damaging their children's mental health. The 1954 Mazengarb report on juvenile delinquency laid some of the blame for the "social evil" of delinquent youths on mothers' absence from the home.³³ Similarly, Bowlby's influence is clearly visible in Parents' Centres' and Play Centres' support of rooming-in and mother-run childcare arrangements.

Robin McKinlay described the style of mothering promoted by theorists such as Bowlby and Read, and organisations such as Parents' Centre and Play Centre, as "motherhood as service". The mother's role was to create an optimum environment for the child's development, and prioritise its needs over her own. Formal rules of childcare were replaced by attention to baby's needs, and it was left to the mother to observe her child and determine its requirements. The mother-child unit therefore became interdependent, and the boundary between mother and child, and mother and expert, became blurred and ambiguous.³⁴ This was a notable shift from previous concepts of motherhood as a "social identity". The Plunket Society's early twentieth century promotion of a set pattern of interactions and standards to which mothers and children were expected to conform, for example, was indicative of "motherhood as a social identity".³⁵ "Motherhood as service" accorded women more freedom and authority in their child-rearing rather than relying on an external expert. However this increased authority brought with it considerable maternal responsibility and potential guilt for personal errors.

³² John Bowlby, Maternal Care and Mental Health, Geneva, 1952, pp. 11-12.

³³ Report of the Special Committee on Moral Delinquency in Children and Adolescents, 1954, pp. 35-37.

³⁴ McKinlay, pp. 137-140.

³⁵ *ibid*, pp. 116-117.

Betty Friedan named a similar gender ideology prevalent in post-war America the “feminine mystique”. Her book of the same name, published in 1962, described the ideology:

women heard . . . that they could desire no greater destiny than to glory in their own femininity . . . They were taught to pity the neurotic, unfeminine, unhappy women who wanted to be poets or physicists or presidents. They learned that truly feminine women do not want careers, higher education, political rights - the independence and the opportunities that the old-fashioned feminists fought for.³⁶

“Femininity” was defined as a full-time mother, a housewife and a sexual partner, but rarely as a mature, self-confident adult: as one woman said, “The problem is always being the children’s mommy, or the minister’s wife and never being myself.”³⁷ Friedan argued that these messages were so pervasive, so convincing, and portrayed such an apparently attractive world of security and happiness for women that the possibility of their rejection by women was inconceivable. The strong contemporary desire for normality and order created a facade hiding women’s lack of fulfilment, and inter-personal isolation led women to feel their discontent as individual rather than a problem shared with other women. Women were not expected to be unhappy in their role of wife or mother, and therefore had difficulty even acknowledging and identifying their “problem with no name”. Friedan’s book brought a massive response from American housewives who identified with her observations and conclusions. Hundreds of women wrote to her, grateful for the public discussion of “the problem” which had previously been denied an existence.³⁸ Friedan was the first to identify and discuss the censured issue of women’s happiness, or lack of, and showed women that the problem did not lie within themselves, but in society’s attitudes and treatment of women.

New Zealand women’s experiences of the New Zealand “feminine mystique” varied greatly according to their socio-economic status, geographical situation, ethnicity, and living conditions. However, families in post-war New Zealand did generally share a trend towards fewer children at closer intervals.³⁹ This trend was, for Pakeha at least, more uniform than previous patterns of child-bearing, and created a generation of families which generally conformed to a similar pattern. As a result, the child-bearing years and responsibilities of women, particularly for large numbers of Pakeha women, were in practice less than those of previous generations, despite the expectation of compulsory fulltime motherhood.

³⁶ Betty Friedan, *The Feminine Mystique*, New York, 1963, p. 13.

³⁷ Quoted in Friedan, p. 25.

³⁸ Glenna Matthews, *“Just a Housewife”: The Rise and Fall of Domesticity in America*, New York, 1987, pp. 219-222.

³⁹ *New Zealand Official Yearbook*, 1960, pp. 71-83; Miriam Gilson Vosburgh, *The New Zealand Family and Social Change: A Trend Analysis*, Wellington, 1978, pp. 54-66 and 121-127.

Social prescriptions of gender roles were most easily adopted by middle-class Pakeha families which conformed to the inherent assumption that mothers could always be with their children and that men could earn and therefore support the family. For these families, the knowledge acquired by mothers in their close involvement with their children came to be valued, often leading to a questioning of experts' opinions. The ideology affirmed women in their position as full-time mothers, and accorded them high social status. However, the "feminine mystique" also denied women independence, stressed the maternal nature of womanhood above all other aspects and created inherent contradictions in women's lives. By the 1950s, labour-saving household appliances were more common (see Table 1.1) and, coupled with the increased availability of birth control, had created a trend towards smaller families and smaller workloads. Homemaking, though, was still expected to be a full-time occupation.⁴⁰ The particularly demanding style of mothering favoured in the post-war period can be seen as one of the mechanisms by which women's superfluous time and energy was absorbed.

Similarly, the "feminine mystique" led, ironically, to the combination of the theoretically exclusive roles of mother and paid employee; although married women's paid work was largely part-time, it was nevertheless an important contribution to the family economy. The irony of married women's involvement in the paid workforce in the post-war period lay in their goal - to fulfil the feminine mystique's prescriptions of owning expensive consumer goods. Other women, with less accommodating lifestyles and resources, possibly found the prescribed ideals of motherhood and womanhood more difficult to achieve.

Rural New Zealand fell under the spell of the "feminine mystique" also, although in some respects its philosophy was not new. The measure of a country woman in the 1950s lay in her ability as a homemaker - the number of jars of preserves in her pantry and the quality of her family's home-made clothes. Her contributions to the farm economy were trivialised, as in other decades, as "helping" and taken for granted by men as part of her wifely role.⁴¹ However, post-war prosperity and technological developments meant that some rural women were no longer required to work on the farm. While this relative freedom and the simultaneous lifting of petrol restrictions meant increased mobility for some rural women, others were often no longer considered knowledgeable about farming matters and were excluded from farm decision-making.⁴² It is likely too that rural women had less personal contact with current overseas and New Zealand developments and were thus more

⁴⁰ While electrical appliances reduced the physical work involved in housework, the overall time spent on household chores remained the same, due in part to rising standards of household cleanliness. Jean-Marie O'Donnell, "'Electric Servants' and the Science of Housework: Changing Patterns of Domestic Work, 1935-1956", in *Women in History 2*, Brookes et al (eds), Wellington, 1992, p. 182.

⁴¹ Sally K. Parker, "A Golden Decade? Farm Women in the 1950s", in *Women In History 2*, Brookes et al (eds), Wellington, 1992, pp. 205-224.

⁴² Margaret Sing, "'That's How It Was' - Rural Women of Tautanui District 1919-1992", M.Soc.Sci. thesis (University of Waikato, 1992), pp. 50-68.

influenced by the long-standing beliefs and practices of their local community. Certainly, new movements tended to originate in urban centres and were slow to reach rural areas, as in the case of Parents' Centre. In addition, rural women's organisations tended to emphasise self-help within the community over external influences.⁴³

It is difficult to integrate Maori women into this discussion, as their experience of the 1950s differed considerably from that of Pakeha women. The Maori population underwent a massive migrational shift in the post-war years, from small rural communities to large urban sprawls. The ensuing social problems were many and varied, yet they were inadequately addressed by government agencies.

A combination of an increasing Maori population, the expanding urban economy and declining rural one created an ongoing, widespread urbanisation of the Maori population from the early 1940s.⁴⁴ Women numerically exceeded men as migrants, particularly in the younger age groups. These women were perhaps attracted by the city lifestyle, work prospects for themselves or for their husbands, or tales of success from family and friends already in the city.⁴⁵ The scale of the migratory trend resulted in a broad range of social, economic and personal problems. A shortage of quality housing was accompanied by problems of overcrowding and poor sanitation. Whina Cooper's 1952 housing survey revealed instances of 16 people living in a four room house, of a room 10 feet by seven feet in which:

a pregnant woman and her husband lived with five children. They had one bed between them. They also did their cooking in the same space - on a primus stove. The whole house was festooned with blankets, rotting curtains and any other material to keep out the cold. Only one room had a fire of any description.⁴⁶

The meeting of previously isolated cultures led to racism in accommodation, employment and entertainment, and problems dealing with a cash economy.⁴⁷ Amiria Stirling remembers the gossip of her Pakeha neighbours in Herne Bay, Auckland: "[we'll] never have any peace now, there'll be beer bottles from the front gate right to the back door and parties all weekend."⁴⁸

Solving these social and economic problems was not easy. Migration had severed traditional kinship ties and disrupted extended family structures for many Maori, who therefore had fewer personal avenues of support for coping with such problems.

⁴³ Delyn Day, "The Politics of Knitting: A Study of the New Zealand Women's Institutes and the Women's Division of the New Zealand Farmer's Union, 1920-1940", B.A. Hons essay in History (University of Otago, 1991).

⁴⁴ Ian Pool, *The Maori Population of New Zealand 1769-1971*, Auckland, 1977, pp. 198-210; Graeme Dunstall "The Social Pattern", in *Oxford History of New Zealand*, William Oliver and Bridget Williams (eds), Auckland, 1981, pp. 396-429.

⁴⁵ Pool (1977), p. 203.

⁴⁶ Michael King, *Whina*, Auckland, 1983, p. 176.

⁴⁷ Ranginui Walker, "Maori People Since 1950", in *Oxford History of New Zealand*, Geoffrey Rice (ed), Auckland, 1992, pp. 498-519.

⁴⁸ Amiria Stirling as told to Anne Salmond, *Amiria: the life story of a Maori woman*, Auckland, 1976, p. 133.

Government attempts to address them through the employment of welfare officers proved largely ineffective; due, according to some, to a dominant concern with men's issues and perspectives at a time when the most crucial problems needed women's attention.⁴⁹ Indeed, it was Maori women's efforts to construct effective preventive and reform programmes which helped alleviate the social problems of the urban post-war Maori.⁵⁰

These varied experiences of women within the one social climate led to a variety of responses expressed in a range of different voices. Even within an apparently homogeneous group, women's responses to their social environment were far from consistent. The reactions of Maori women to urbanisation is a particularly strong example of this variety. Some women sought to assimilate into the dominant Pakeha culture, and to remove themselves from Maoridom, while others wanted to retain a Maori identity and constructed social reform programmes to this end.

Prevailing ideas of cultural assimilation, and the rising incidence of racial inter-marriage, led some urban Maori women to attempt to adopt Pakeha ways. Cultural assimilation, a response of Pakeha to their first direct confrontation with Maori, expected Maori to learn from the "superior" Pakeha ways, and to assimilate into Pakeha culture with the minimum of disruption.⁵¹ James Ritchie and Jane Ritchie, in their early 1960s research on New Zealand child rearing patterns, found that the attitude of urban Maori mothers towards their baby crying was more strict than that of rural Maori mothers. The Ritchies saw this as an example of

the sensitivity of the urban Maori mothers to surrounding Pakeha judgements of their behaviour, a not unexpected attitude amongst a minority who are trying to find acceptance in what is essentially an alien environment. It suggests, also, that Maori mothers in the city react to the anxieties of the strange environment by changing their behaviour to what they think are prevailing norms without having much guidance or knowledge of what the norms really are.⁵²

Mihi Edwards married a Pakeha man after World War II, lived in suburban Lower Hutt, and did all she could to fulfil the role of the "good Pakeha woman". She became involved in community affairs, social work, the Girl Guides' Association and the local Catholic Women's League, and encouraged her mixed-race children to learn Pakeha ways in order to avoid suffering racial slurs.⁵³

In other cases Maori women were concerned to preserve a distinctive Maori identity and formed voluntary organisations to work on practical problems of health and welfare. The contemporary Pakeha emphasis on motherhood and childrearing issues proved to be

⁴⁹ King, p. 167.

⁵⁰ Mason Durie, *Whaiora: Maori Health Development*, Auckland, 1994, pp. 47-53.

⁵¹ Dunstall, pp. 404 and 424.

⁵² Jane Ritchie and James Ritchie, *Child Rearing Patterns in New Zealand*, Wellington, 1970, p. 40.

⁵³ Mihi Edwards, *Mihipeka: Time of Turmoil/ Nga Wa Raruraru*, Auckland, 1992, pp. 162-173.

largely culture-specific, as the Maori people's living conditions and their problems adapting to Pakeha culture were perceived to be of greater importance. Women's Health Leagues, formed in the 1930s by Public Health Nurse Ruby Cameron, numbered some 165 branches by 1950. By the post-war period, they had secured milk supplies for native school pupils, provided or improved upon water supplies, and improved sanitation.⁵⁴ Simultaneously, Rangi Royal, Controller of Maori Welfare, was co-ordinating women welfare officers to organise Maori women into small local groups to work on health and welfare problems. These groups had the additional effect of ensuring women's voices and concerns were heard, an end not always attained within the male-dominated tribal structure.⁵⁵ The two schemes developed into the Maori Women's Welfare League in 1951, which aimed to "improve the position of Maori, particularly women and children, in the fields of health, education and welfare".⁵⁶ Although this objective encompassed mothers and children, the League's activities frequently extended into the Maori world in general, including issues of crime, discrimination, employment, language and business opportunities.

Beverley James has argued that the League operated with a dual perspective incorporating both Pakeha and Maori values, and thus co-operated to some extent in the process of cultural assimilation.⁵⁷ However the aims and attitudes of predominantly Pakeha organisations such as Parents' Centre and Play Centre were largely foreign to Maori women. For Maori women who wished to retain their cultural identity, even a dual focus on Pakeha and Maori cultures would have appeared preferable to the wholly Pakeha alternatives. The Maori Women's Welfare League embodied Maori values, worked specifically for the good of Maori women and provided Maori women with new influence within the Maori world; regardless of its accompanying Pakeha elements, it was an attractive organisation for Maori women to work within.

The diversity of urban Maori women's experiences and responses to the New Zealand of the 1950s demonstrates the need for a wide-ranging and inclusive framework for the analysis of women's politics in this, or indeed any, period of history. A more nuanced approach to women's politics than some previous researchers have employed is necessary in order to reveal both the variety of women's ideologies, and the relationships between them.

A wide variety of models attempting to define and categorise women's politics have been formulated over the last thirty years as theoretical and historiographical perspectives have

⁵⁴ Mira Szazy, *Te Timatanga Tatau Tatau: Early Stories from Founding Members of the Maori Women's Welfare League*, Wellington, 1993, p. xvi.

⁵⁵ Mira Szazy, quoted in Virginia Myers, *Head and Shoulders: successful New Zealand women talk to Virginia Myers*, Auckland, 1986, p. 240.

⁵⁶ *ibid.*

⁵⁷ Beverley James, "The Maori Women's Welfare League: From Social Movement to Voluntary Association", M. Soc. Sci. thesis in Sociology (University of Waikato, 1977).

developed.⁵⁸ The most influential, however, have neither recognised nor accommodated the full range of women's politics. In particular, the less confrontational and often domestic-centred forms of politics that recent researchers have shown to be active at certain periods in history are rarely acknowledged.

One of the earliest and most influential models of analysis drew solely on the ideology of women's movements and has since been criticised as narrow and diversionary. This model distinguished between beliefs and movements based on sexual similarity and those based on sexual difference, a distinction that has long been apparent in both women's politics and academic studies of women's history.⁵⁹ This model of analysis has been a productive one in terms of analysing the arguments proposed by advocates of each movement.⁶⁰ However, the *sole* use of the sameness/difference distinction in analyses of women's politics obscures other aspects of women's actions, motivations and behaviours. Carol Lee Bacchi, in particular, has argued that an exclusive focus on questions of difference tends to distract attention from the discussion and solution of underlying social issues.⁶¹ The value of the sameness/difference distinction for analyses of women's politics, then, lies in its combination with other elements of political movements.

Other theorists who have used dichotomies of women's politics have similarly been criticised for their narrow perspectives. William O'Neill's 1969 categorisation of "hard-core" and "social" feminism, for example,⁶² has been dismissed by Nancy F. Cott and Naomi Black as rigid and restrictive, and ignoring areas of overlap and commonality.⁶³ Karen Offen's proposal of two traditions of women's politics, relational and individualist, is also potentially problematic.⁶⁴ The intersection of the two ideals is vast, and in many cases

⁵⁸ See also Offen, pp. 132-133, who notes at least thirty definitive terms in current or historical usage.

⁵⁹ Carol Lee Bacchi, Same Difference: Feminism and Sexual Difference, Sydney, 1990, p. ix. For example, the rationales of late nineteenth-century suffrage organisations such as the Women's Christian Temperance Union were based on the inherent differences between men and women. Margaret Tennant, "Matrons with a Mission: Women's Organisations in New Zealand 1893-1915", M.A. thesis in History (Massey University, 1976), p. 10. In contrast, similarities between women and men informed the post-World War II equal pay movement. Margaret Hutchison, "Council for Equal Pay and Opportunity, 1957-1977, 1987-", in Women Together/Nga Ropu Wahine o te Motu - A History of Women's Organisations in New Zealand, Anne Else (ed), Wellington, 1993, pp. 228-231; also Else, "Introduction", in *ibid*, pp. viii-ix. The Women's Co-operative Guild similarly campaigned in Britain in the 1930s for a minimum wage for women on the basis of men's and women's sameness. Dale Spender, There's Always Been A Women's Movement This Century, London, 1983, pp. 135-137.

⁶⁰ For example, Richard J. Evans, The Feminists: Women's Emancipation Movements in Europe, America and Australasia 1840-1920, London, 1977; Else, "Introduction", in Else (ed), pp. vii-x.

⁶¹ Bacchi, p. 263.

⁶² O'Neill applied the term "social" feminism to women reformists who embraced conventional womanly, domestic characteristics in their work. In contrast, "hard core" feminists were extreme radicals, and were more alienated from societal conventions of femininity. O'Neill proposed these two ideologies as mutually exclusive traditions which ran throughout the history of American women's movements. Cott, pp. 810-811.

⁶³ Cott, pp. 815; Naomi Black, Social Feminism, Ithaca, 1989, p. 16.

⁶⁴ Offen defined relational feminism arguments as those proposing a gender-based but egalitarian form of social organisation, and promoting the non-hierarchical heterosexual couple as the basic unit of society. Women's rights were distinguished from those of men on the basis of women's special childbearing and nurturing capacities. In contrast, individualist feminism worked from a position of sexual sameness, and saw

it can be difficult to distinguish between them.⁶⁵ Further, it is possible to identify competing ideologies within each category.⁶⁶ Offen's focus on two ideological and motivational aspects of women's politics has thus obscured more complex issues of women's ultimate goals and actions.

All of these models are further constrained by their intellectual basis. The definition of politics on philosophical or ideological grounds confines their use to women and groups which were sufficiently self-conscious to enunciate and record their beliefs. It also fails to acknowledge the role of political action and organisational processes in social movements, and the interplay between these overt characteristics and underlying beliefs. As Black has noted, action and process are particularly important aspects for women's groups: "characteristically, [women's] groups have been action-oriented and pragmatic, with only the sparsest terms of reference. Projects are more common than programs, let alone manifestos."⁶⁷ Thus, neither the sameness/difference model, nor the analyses of O'Neill and Offen could adequately address the politics of groups for which researchers lack explicit accounts of their philosophical perspectives.

The frequent use of these dualistic frameworks has resulted in the neglect of a second group of politically active women: those who negotiated change from within contemporary social structures.⁶⁸ Daniel Scott Smith's work on nineteenth century America, first published in 1973, has been particularly important in highlighting this type of activity. His proposal of "domestic feminism" as an alternative to "public feminism" emphasised the role of the family, interpersonal relationships and the home in women's negotiations for change.⁶⁹ However, theorists have been slow to incorporate such conclusions into their analyses. While Olive Banks included "non-challenging" women in her historical research on feminism, she failed to distinguish their work either from that of more radical women, or from the efforts of men. All people that had "tried to *change* the

the individual, regardless of gender, as the basic social unit. The need for personal independence was emphasised over adherence to socially defined gender roles. Offen, pp. 134-136.

⁶⁵ For example, the ongoing campaigns to enable married women to work outside the home draw on both familial ("relational") and personal ("individualist") concepts of empowerment, aiming both to enable women to make an equal contribution to the family economy and to provide them with personal economic independence.

⁶⁶ For example, Eliane Leslau Silverman's study of the National Council of Jewish Women in Canada suggested that women joined the Council seeking different types of personal fulfilment: both power and enablement. Eliane Leslau Silverman, "Women in Women's Organisations: Power or *Pouvoir*? A Case Study of Leadership in the National Council of Jewish Women in Canada", in *Power/Gender: Social Relations in Theory and Practice*, H. Lorraine Radtke and Hedrikus J. Stam (eds), London, 1994, pp. 283-285.

⁶⁷ Black, p. 16.

⁶⁸ Extensive research and theorising on the nature of feminism has rarely considered the relative position of non-feminist, or more conservative, women's politics. See for example Lisa Tuttle, *Encyclopedia of Feminism*, Harlow, 1986; Rosemarie Tong, *Feminist Thought: A Comprehensive Introduction*, London, 1992. Cott has also discussed this habit of historians to single out women's feminist consciousness over other aspects of their philosophies. Cott, p. 828.

⁶⁹ Daniel Scott Smith, "Family Limitation, Sexual Control and Domestic Feminism in Victorian America", *Feminist Studies*, 1 (1973), pp. 40-57.

position of women, or the ideas about women" were termed "feminist".⁷⁰ Thus, the particular philosophies and motivations of women's actions were not addressed.

The need to address the full range of women's politics has been especially stressed by Nancy F. Cott and Seth Koven and Sonya Michel. Cott's approach employed three dimensions of personal consciousness: feminism, female consciousness and communal consciousness.⁷¹ Cott argued that an analysis such as hers which recognised the range of women's convictions and loyalties, and accommodated their internal contradictions, was essential to a "full portrayal of women as political actors."⁷² Koven and Michel, in their discussion of maternalism as an ideology, similarly stressed that more than one dimension of women's philosophies must be addressed in order to take account of the many variants of women's political beliefs and actions.⁷³ As Koven commented, women do not live in an ideological vacuum.⁷⁴

Discussions of women's politics have thus expanded over the past thirty years from a limited perspective confined to the public sphere, to a broader understanding of more subtle, domestic-based negotiations for change. There is a need however to further widen discussions to include groups which have not directly questioned fundamental aspects of society, and to appreciate the varied dimensions of both political beliefs and political actions.

These varying perspectives on women's politics are reflected in the approaches of previous researchers to the study of women's lives in the 1950s. Some early researchers employed the narrow definitions of women's politics current at the time of their writing, and thus reached conclusions with limited validity. Others, writing more recently and thus influenced by differing historiographical trends, have utilised broader concepts and produced more inclusive studies.

Shulamith Firestone (1970) focused on the site of women's actions and defined feminism as a challenging and public movement, in a direct reflection of the contemporary 1970s explosion of radical public feminism. As a result, she failed to identify any feminist activity in the 1950s. Firestone saw the "feminine mystique" as enormously devastating for women, and commented that they had no choice other than to accept its ideas

⁷⁰ Olive Banks, *Faces of Feminism: A Study of Feminism as a Social Movement*, Oxford, 1981, p. 3.

⁷¹ Cott defined feminist consciousness as a critique of male supremacy, and a will to change it; female consciousness was "a mind-set not biologically constructed but socially constructed from women's common tasks." Communal consciousness was based on solidarity with men and women of the same group, whether the group be class, ethnic, racial, religious or national. Cott, pp. 826-827.

⁷² Cott, pp. 827-829.

⁷³ Seth Koven and Sonya Michel, "Introduction: 'Mother Worlds'", in *Mothers of a New World: Maternalist Politics and the Origins of Welfare States*, Seth Koven and Sonya Michel (eds), New York, 1993, pp. 1-31.

⁷⁴ Seth Koven, "Borderlands: Women, Voluntary Action, and Child Welfare in Britain, 1840 to 1914", in Koven and Michel (eds), p. 125.

wholeheartedly. Although she acknowledged the respectability and upward mobility that domesticity offered women, she saw that it also provided

plenty of diapers and PTA meetings, family arguments, endless and ineffective diets, TV soap operas and commercials to kill the boredom and, if the pain still persisted, psychotherapy.⁷⁵

Firestone argued that the lack of an outlet for women's frustration, combined with the blackout of the history of feminist struggle, led to women "hysterically circling through a maze of false solutions", during a decade which was "the bleakest decade of all" for women.⁷⁶ The lack of an appreciation of the potential of women's domesticity for personal or social change thus limited Firestone's analysis to the publicly visible elements of women's activities at the expense of women's private lives.

Similar perceptual constraints limited the analyses of Olive Banks and Angela Holdsworth, both published in the 1980s, to public forms of political action. Despite Banks' broader and more inclusive definition of feminism, incorporating all groups aiming for change, she claimed that neither American nor British feminism survived the "combined assault" of economic depression and world war. She dismissed the post-war period as one devoid of feminist motivations, and limited her discussion of the 1950s to the popularity of "glorify[ing]" and "celebrat[ing] women's essentially domestic destiny".⁷⁷ Angela Holdsworth similarly wrote of England that feminism "went quiet" and was "out of fashion" in the 1950s, because "what mattered was family life."⁷⁸ While these statements were not illfounded ones, neither Banks nor Holdsworth considered that family life and feminism could be compatible, thus excluding the study of individual or domestic-based responses to dominant ideologies. As a result, both researchers produced similarly narrow analyses of women's political activities in the 1950s to that of Firestone.

New Zealand studies have displayed similar problems, although written nearly thirty years apart. Helen Simpson's criticisms of New Zealand women of the 1940s and 1950s were written in 1962, almost contemporary with the period under discussion. She argued that women failed to accept the opportunities offered them to take part in public life. Marriage and its responsibilities was, she felt, no reason for lack of social or political activity.⁷⁹ Simpson felt strongly that there should be more women capable of, and willing to, serve in public roles, showing a disregard for the potential of domestic or domestic-based action. In 1990, nearly thirty years later, Judith Fyfe published her analysis of postwar New Zealand women's life histories. Her conclusions regarding mothers in the 1950s were similar to Simpson's though: that the generation was one without options, their roles

⁷⁵ Shulamith Firestone, *The Dialectic of Sex: The Case for Feminist Revolution*, London, 1970, p. 33.

⁷⁶ *ibid.*

⁷⁷ *ibid.*, p. 203.

⁷⁸ Angela Holdsworth, *Out of the Doll's House - the Story of Women in the Twentieth Century*, London, 1988, p. 193.

⁷⁹ Helen Simpson, *The Women of New Zealand*, Auckland, 1962, p. 192.

defined from birth and prioritising their families' needs rather than their own.⁸⁰ Charlotte Macdonald's study of New Zealand women's writing, published even more recently, in 1993, also confined itself to public forms of women's politics. The campaign for equal pay was presented as the main focus of post-war women's politics, neglecting the possibility of co-existing domestic-based actions for change.⁸¹

A second group of researchers, mostly writing in the late 1980s and 1990s, approached the same topic - women in the 1950s - with somewhat broader definitions. As a result, their conclusions tended to show a more inclusive perspective.

Brett Harvey, in her 1993 work on American women's life experiences, argued that despite the confines of the "feminine mystique", 1950s women were indeed negotiating for change. She gave the example of married women entering the paid workforce, arguing that women engineered their involvement in paid work so as not to upset the balance of power within the family. Men were still seen to be, and were able to feel they were, the breadwinner and provider, despite their wives' earning capacity.⁸² The activism of these women was not public, and did not challenge gender roles, yet it resulted in the transformation of their lives. Harvey's attention to women's individual responses to their social situation thus produced a more complex picture of women in the 1950s than previous analyses. While other studies focused solely on the public expression of women's politics and therefore failed to investigate the possibility of such personal or domestic actions, Harvey's conclusions suggested a dual existence of apparent conformity to social standards while private negotiations for change were simultaneously conducted.

The Birmingham Feminist History Group's 1979 analysis of English women in the 1950s also employed broad understandings of definitional categories, although it was written twenty years prior to Harvey's. The Birmingham Feminist History Group (BFHG) concluded that contemporary feminism was constructed through dominant notions of femininity and operated within the bounds of those prescriptions. They further maintained that feminists aimed to humanise existing systems, rather than explicitly challenging social assumptions regarding family and women. These changes were sought through the use of single-issue pressure groups, and no attempt was made to build a mass movement of inter-connected campaigns.⁸³ At the base of these conclusions was the BFHG's recognition that progressive politics can occur within current social constraints, and need not necessarily

⁸⁰ Judith Fyfe, *Matriarchs*, Auckland, 1990, p. iv.

⁸¹ Charlotte Macdonald, *The Vote, the Pill and the Demon Drink - A History of Feminist Writing in New Zealand, 1869-1993*, Wellington, 1993, pp. 121-124.

⁸² Brett Harvey, *The Fifties: A Women's Oral History*, New York, 1993, p. xix.

⁸³ Birmingham Feminist History Group, "Feminism as femininity in the nineteen-fifties", *Feminist Review*, 3 (1979), pp. 48-64.

challenge the foundations of society. As a result, a previously ignored area of action was successfully incorporated into the discussion of women's politics.

Elizabeth Wilson (1980) reached similar conclusions in Britain, although with a slightly different methodology. She combined aspects of the postwar media, literature and social policy with a study of political and feminist movements to assess the nature of postwar constructions of womanhood. She argued that this construction was an "exercise in harmony" - a deceptive harmony which concealed the reality of women's continued struggles. She claimed that women's activism did not die after the war, but went underground in a society which claimed to be egalitarian.⁸⁴ With a similarly broad approach to Harvey and the BFHG, Wilson argued for a wider perspective on women's politics which would incorporate its public and private aspects.

These conclusions have been replicated recently in New Zealand by Helen May. She described women of the 1950s as the "quiet revolution" and described their quests for change as hidden behind facades of apparent conformity. She saw women as actively negotiating change in their lives, but doing so within the contemporary gender roles. Thus although postwar women embraced motherhood fully they did not necessarily abandon their activism; rather, it was subsumed within their roles of mothers, wives, and homemakers.⁸⁵

The research of Harvey, the BFHG, Wilson and May reflect wider conceptions of women's activism than that of Firestone, Banks, Holdsworth, Simpson, Fyfe and Macdonald. The more recent group of historians incorporated actions located in both the public and private spheres, reflected women's basic ideology of gender roles and relations, and recognised the domestic and personal spheres as valid sites for political change.

The use of women's organisations as a basis for political analysis has the potential to replicate and combine the advantages of previous analyses while also overcoming their more common problems. The role of organisations in both individual women's lives and the wider community enables both personal and public aspects of politics to be investigated. Thus, more inclusive, wide-ranging conclusions, which accommodate action-oriented and philosophical; revolutionary and non-challenging forms of women's politics, are possible. This approach is also a relatively new one, and the results of attempts to use it in the New Zealand context can fruitfully contribute to its development and refinement.

An organisation is essentially a group of individuals joining together with a common goal.⁸⁶ Thus, the study of a women's organisation can reveal individual women's internal desires, beliefs and ideas. For example, the formation and development of the Maori

⁸⁴ Elizabeth Wilson, *Only Halfway to Paradise: Women in Postwar Britain 1945-1968*, London, 1980, p. 186.

⁸⁵ May (1992).

⁸⁶ James, pp. 12-17; Mary Cull, "Exploitation or Empowerment? Women Workers in Voluntary Welfare Organisations", in *The Gender Factor: Women in New Zealand Organisations*, Suzann Olsson (ed), Dunmore Press, Palmerston North, 1992, p. 214.

Women's Welfare League reflected the concerns of a group of postwar Maori women for their community. Subsequent studies of the League have documented, among other issues, the personal philosophies of the League's members.⁸⁷ Such groups have often been the only or primary space available for women to develop and express their ideas. Anne Firor Scott, an American historian, has argued that women have been "constrained by law and custom, and denied access to most of the major institutions by which society governed itself and created its culture." She maintained that women used voluntary groups to evade these constraints and redefine womanhood in their own terms.⁸⁸ In New Zealand, Anne Else's survey of women's organisations has similarly shown that many women's groups were formed as an alternative to male groups which excluded women, thus providing women with social benefits not available elsewhere.⁸⁹ Black has argued further that indeed it is *only* through women's organisations that researchers have access to women's belief systems. She maintained that as so few women have engaged in the production of theory, their politics more often developed "as the logic of women's action, especially their group action."⁹⁰

The study of women's organisations also provides a wider perspective on women's position in society. The policies of the Maori Women's Welfare League, for example, indicate members' perceptions of their society and its most pressing needs. This feature of the League again coincides with Scott's argument. She commented that women's groups frequently functioned as an "early warning system", recognising emergent problems before they were identified by the male-dominated political process.⁹¹ Scott further maintained that American women's organisations were central to the nation's social and political development, a theory which appears to be supported in the New Zealand context following recent publications such as Anne Else's Women Together. However further, more detailed New Zealand research is necessary before this possibility can be confirmed or negated.

To date, New Zealand research on women's organisations has been confined to these personal and social aspects, despite the potential for further uses. Jane Simpson focused on two church organisations for her thesis on women's responses to Christianity, and Margaret Tennant based her research on nineteenth century feminists on the activities of contemporary organisations.⁹² Robin McKinlay's research into ideologies of motherhood similarly drew on the philosophies of women's childcare organisations. As Black has noted, few historians studying women's organisations have extended their conclusions to construct

⁸⁷ Szasy; James; King.

⁸⁸ Anne Firor Scott, Natural Allies: Women's Associations in American History, Urbana, 1991, p. 2.

⁸⁹ Else, "Introduction", in Else (ed), p. viii.

⁹⁰ Black, p. 15.

⁹¹ Scott, p. 3.

⁹² Jane Simpson, "Liberal Christianity and the Changing Role of Women in New Zealand Society: a study of the National Council of Churches and the League of Mothers, 1939-1959", D.Phil. thesis in History (University of Otago, 1992); Tennant. See also Sharyn Pickering, "A History of the Women's Social Progress Movement, 1929-1968", M.A. thesis in History (University of Auckland, 1974); Day.

definitions of women's politics.⁹³ An analysis of the operations of women's organisations, then, has the potential to elucidate aspects of women's personal, social and political beliefs, and to explore the use of organisational research for the discussion of women's politics.

The style of analysis used in this thesis incorporates aspects of previous analytical models of women's politics and current theoretical concerns of women's historians, while also attempting to draw directly on the women and organisations of the past. The terms "feminist" and "maternalist" are used to identify closely-related but distinct discourses, and are applied to the philosophy and process of each organisation. The presence of more than one ideology within an organisation is accounted for by investigating the relationships between feminism and maternalism within philosophy and process, while ultimately identifying an over-riding tendency towards one of four possibilities: feminist philosophy, feminist process, maternalist philosophy and maternalist process.

Feminism, as it will be used here, views society in gendered terms and aims to reduce and abolish the inequalities that a male-defined world creates for women through woman-centred action. It is assumed that men and women are equally valuable and deserve equal opportunities and social influence, but that this equality is not achieved in society due to gender-based imbalances in power relations. These gender relations are targeted for change, both on a personal level and in their organised manifestation in gender-biased social structures. Feminism's ultimate aims are twofold; firstly, to provide women with choices and opportunities not currently offered by society, and to empower women with agency and autonomy in order to enable them to make informed decisions beyond the constraints of dominant constructions of womanhood. Secondly, feminism aims to devise and conduct alternative structures which more fairly represent and address the needs of women than existing "main-stream" ones.

The processes that feminism employs to attain its goals are consistent with these women-centred principles of empowerment and innovation. The experiences of women are acknowledged and utilised, and the direct involvement of women in the movement for change is prioritised. Group decision making and consensual processes, for example, are often employed. Through this involvement, it is hoped that women will have access to a wider range of experiences than those available to them elsewhere, and develop personal self-confidence and growth. Feminist movements may operate within existing systems where necessary, but as their eventual goal is to replace these systems, feminism frequently employs alternative organisational structures such as collectives.

Feminism defined in this sense is exemplified by the philosophies and processes of the nineteenth century dress reform movement, and of the late twentieth century anti-pornography movement. These women recognised that the existing dress and sexuality

⁹³ Black, p. 16.

codes placed women at a disadvantage and impeded social progress towards gender equality. Further, they sought to replace them with more appropriate concepts of free, “rational” outfits and consensual erotica respectively. Their policies were based on beliefs in the restrictions placed on women by current society, and women’s right to freedom, choice and equality. Both campaigns also drew on processes stressing self-determination for women, rather than their reliance on externally constructed standards and systems.⁹⁴

Researchers have applied the term “maternalism” to a variety of ideologies, in some cases conflating a wide range of public discourses based on motherhood under the single term.⁹⁵ However, it is generally agreed that maternalism implies “a kind of empowered motherhood or public expression of those domestic values associated in some way with motherhood”.⁹⁶ In this thesis, maternalism is defined in broadly similar terms. The definition’s scope is expanded to include both organisational processes and ideologies, and also narrowed to allow a more exact distinction between maternalism and other discourses on motherhood. As a philosophy, the definition of maternalism proposed here is largely contrary to the ideas of feminism discussed above. It is an ideology firmly centred on the importance of motherhood to the happiness and well-being of women and society. Maternalist politics assume that women and men are inherently different and unique, and that women possess distinctive, “natural” maternal, nurturing characteristics. These traits, and motherhood in general, are valued and prioritised above all other aspects of womanhood. As “natural” traits, maternal tendencies are assumed to be shared by all women regardless of social origin or race, and thus maternalist politics are often conducted on behalf of women as a whole, undifferentiated group. Maternalist politics aim to promote and protect women’s maternal role within the contemporary social constructions of gender, and through the adaptation of existing social systems to accommodate women’s needs as mothers. The role of social expectations and gender constructions in shaping personal experiences is rarely acknowledged, and maternalists generally use and consolidate existing gender roles without any substantial critical evaluation of their effects. Those who seek to

⁹⁴ On rational dress, see Sandra Coney, *Standing in the Sunshine: A History of New Zealand Women Since They Won the Vote*, Auckland, 1993, pp. 112-113, and Jane Malthus, “New Zealand Rational Dress Association 1894-?”, in Else, pp. 255-257. On pornography, see Women Against Pornography, “Fight Violence Against Women”, 1984 and “We’re Fighting For Our Lives - Against Pornography”, 1985, in Macdonald, pp. 227-230.

⁹⁵ For example, Kathleen S. Uno defined maternalism as “belief in motherhood as an idea validating policies or public actions.” In “Maternalism as a Paradigm: Defining the Issues”, Lynn Y. Weiner, *Journal of Women’s History*, 5:2 (Fall 1993), p. 126. Koven and Michel used a more exact definition: an ideology based on sexual difference, humanitarianism and activist interpretations of the gospel, and concerned with the public promotion of women’s maternal qualities of morality, compassion and nurturance. Koven and Michel, p. 10. Molly Ladd-Taylor showed even more precision with her four points of maternalist beliefs: (1) that there is a uniquely feminine value system based on care and nurturance; (2) that mothers perform a service to the state by raising citizen-workers; (3) that women are united across class, race, and nation by their common capacity for motherhood and therefore share a responsibility for all the world’s children; and (4) that ideally men should earn a family wage to support their “dependent” wives and children at home. Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930*, Urbana, 1994, p. 3.

⁹⁶ Weiner, p. 97; see also Koven and Michel, pp. 1-31.

promote motherhood on the basis that a male-dominated society fails to adequately value women's maternal work are not included as maternalists under this definition, as their motives show an overt concern for transforming gender relations and social norms rather than working for change within the contemporary culture.⁹⁷

As defined in this thesis, maternalist politics are conducted in compliance with existing social systems and structures, and the processes employed tend to replicate those used elsewhere in society regardless of their effectiveness. External "expert" advice and authority figures are valued over self-determination or consensus. Thus an apparent contradiction arises between maternalism's ideological emphasis on women's difference from men, and its preference for processes used by existing, often male-dominated, organisations. It is perhaps best explained by maternalism's tendency to endorse and uphold current social trends, rather than propose progressive or challenging alternatives.

A number of New Zealand women's movements have exemplified this ideology, and its diverse usages. Maternalism has the potential to result in both the consolidation of women's domestic role, and the extension of women's influence into the public sphere. The 1920s campaigns for motherhood endowment, for example, aimed to have women accorded financial or material domestic allowances on the basis of their household work. The social value of women's maternal achievements and abilities was particularly stressed, reflecting a primary concern with women's mothering role, and a desire to ensure women continued to fulfil domestic duties.⁹⁸ Change was sought within the confines of existing social structures, and the underlying social causes of women's financial problems were not addressed. In contrast, the politics of the Wanganui Women's Political League at the beginning of the twentieth century also stressed the importance of women's maternalist nature yet sought to develop their maternal qualities "for the better discharge" of women's duties to the state.⁹⁹ This was again a campaign which operated within contemporary expectations of womanhood and politics and did not attempt to challenge either, but also aimed to extend women's influence beyond the home.

⁹⁷ For example, women in the 1970s called for a re-evaluation of social status and worth to incorporate typically feminine roles of mothering and nurturing, and identified the low social value accorded motherhood as part of a system of gender-based oppression. These women operated outside contemporary cultural gender roles, sought fundamental social change, and identified a social system of male-female power relations in a manner which places them outside the definition of maternalism proposed here.

⁹⁸ Macdonald, pp. 92-93. Motherhood endowment also received high levels of support in England (Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939*, London, 1980, p. 165) and Australia (Marilyn Lake, "A Revolution in the Family: The Challenge and Contradictions of Maternal Citizenship in Australia", in Koven and Michel, pp. 378-395). Similar sentiments also appeared in American women's movements. The Sheppard-Towner Maternity and Infancy Protection Act of 1921, which provided federal funding for motherhood education and child health initiatives was a product of public campaigning by women who accepted and perpetuated the idea that women were primarily responsible for children's welfare. Molly Ladd-Taylor, "'My Work Came Out of Agony and Grief' - Mothers and the Making of the Sheppard-Towner Act", in Koven and Michel, pp. 321-342.

⁹⁹ Bronwyn Labrum, "Wanganui Women's Political League, 1893-c.1902", in Else, p. 77.

These categories of feminism and maternalism are neither mutually exclusive nor definitive, and have a substantial area of intersection. People and movements can draw on both traditions, as Lynn Weiner has pointed out in the case of the La Leche League. Its goal of empowering women with control of their motherhood experience, rather than deferring to medical supervision, reflects feminist concerns with women's autonomy and individual rights. However La Leche League's lack of encouragement of other, non-maternal, roles for women compromised its ability to widen women's options and experiences.¹⁰⁰ Dorothy Page's characterisation of the nineteenth century suffrage campaign also reflects this duality. She identified two main influences on the suffragists: demands for equal rights, and a desire to morally reform society.¹⁰¹ These two goals are ideologically close to the distinction proposed here between feminism, a demand for equality, and maternalism, a desire to extend women's civilising and mothering influence to society.

Further, both feminism and maternalism can rely on similar sources of evidence and similar sites of action to campaign for broadly similar goals. For example, both can draw on the social value of motherhood and can utilise both private and public arenas to promote their ideals. Both can also desire a fuller public role for women. Maternalist ideologies and processes can result in typically feminist experiences for women, as in the case of the Wanganui Women's Political League. The League hoped to extend women's influence to the public sphere, but its campaigns drew not on women's ability and rights as citizens, but on their prescribed moralising and nurturing role.

However an important difference between feminism and maternalism lies in women's interpretations of their social position and surrounding social structures. Whereas feminism tends to challenge both, and implement alternatives, maternalism tends to accept and consolidate them. The Rational Dress Association, for example, condemned the role of current fashion in "keeping women shackled at home" and proposed alternatives with the goal of liberation and freedom.¹⁰² In contrast, the motherhood endowment campaigns sought to acknowledge women's domestic work and perpetuate women's role as full-time housewife. The Wanganui League likewise built on dominant gender prescriptions to achieve its ends.

Thus while feminism and maternalism are closely related forms of women's political expression, they are also distinct ideologies with distinct traditions and values. This construction of women's politics reflects the ongoing sexual difference/sexual sameness

¹⁰⁰ Lynn Y. Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America", *Journal of American History*, 80:4 (March 1994), pp. 1357-1381. See also Anne Heritage, "La Leche League New Zealand 1964-", in Else, pp. 274-276; and Deborah Gorham and Florence Kellner Andrews, "The La Leche League: A Feminist Perspective", in *Delivering Motherhood: Maternal Ideologies and Practices in the 19th and 20th Centuries*, Katherine Arnup, Andree Levesque and Ruth Roach Pierson (eds), London, 1990, pp. 238-269.

¹⁰¹ Dorothy Page, "Introduction", in *The Suffragists: Women Who Worked for the Vote*, Dictionary of New Zealand Biography, Wellington, 1993, p. 1.

¹⁰² Coney, p. 112.

debate while incorporating further elements of analysis and therefore avoiding an especially narrow focus. It also resembles some previous dualistic frameworks, notably O'Neill's social (similar to maternalism here) and hard-core (similar to feminism here) forms of politics, and Offen's relational (close to this thesis' definition of maternalism) and individualist (similar to the idea of feminism used here) categories. However the analysis presented in this thesis acknowledges the inter-relationship and overlap of ideologies to a greater extent than some previous researchers' work, such as O'Neill's. It also incorporates aspects of political processes into the discussion of women's politics in addition to philosophical beliefs.

When these categories of feminism and maternalism are crossed with the philosophy and process of women's organisations, a flexible and inclusive model of analysis emerges. Both action-oriented and ideological aspects of politics are addressed, and women who both complied with and resisted contemporary gender prescriptions and social structures are accommodated. Further, these women are also identified by the way in which they interacted with their existing society. Those who promoted challenging ideas through the construction of alternative systems are distinguished from those women whose goals, though more conservative, were achieved through equally unconventional means. That is, the possibility of employing similar processes to achieve disparate ends is recognised. Likewise, the model also allows for different processes, both newly-devised feminist ones and conventional maternalist ones, to be employed to promote similar philosophies. This inclusivity reflects current ideas on the need to recognise difference amongst women, and draws on the observation that some previous, narrowly-based theories have failed to accommodate historical change. The model can also be applied to groups whose underlying philosophy is not accessible to researchers, a common occurrence amongst women's organisations. Further, while these theoretical considerations are addressed, the basis of this framework is women and women's groups. This in itself is a characteristically feminist methodological point, with the goal of making visible the women of the past.¹⁰³

This model of feminism and maternalism, philosophy and process, is employed here to demonstrate and explore the diversity of women's ideals and actions within a particular time and place - New Zealand in the years following World War II - through the analysis of three women's voluntary organisations, the Plunket Society, Parents' Centre and Play Centre.

This thesis builds on the work of May, Wilson and Harvey, and both tests and expands upon their conclusions. Broader sources than those of the previous analyses are employed, with the result that a wider range of women's actions and motivations are

¹⁰³ This concept of history coincides with Judith Allen's analysis of the role of silence in historical records and constructions of the past. Judith Allen, "Evidence and Silence: feminism and the limits of history" in *Feminist Challenges: Social and Political Theory*, Carole Pateman and Elizabeth Gross (eds), Sydney, 1986, pp. 173-189. See also Olwen Hufton (et al), "What is Women's History?", *History Today*, 35 (1985), pp. 38-48; and Gerda Lerner, "Placing Women in History: Definitions and Challenges", *Feminist Studies*, 3:1/2 (1975), pp. 5-14.

accessible. Where May and Harvey relied on personal accounts, oral interviews and press material, this thesis concentrates on the activities of three women's organisations, Parents' Centre, Play Centre and the Plunket Society, while incorporating anecdotal sources. With this enlarged scope, it is possible to test the conclusions of May, Wilson and Harvey; to assess the extent to which each organisation can be seen as part of the "quiet revolution", negotiating change for women within the confines of contemporary gender roles and expectations. This thesis also incorporates elements of the analyses of Robin McKinlay, Susan Bishop and Shelley Griffiths of the ideology of motherhood in New Zealand.¹⁰⁴ However where all three have concentrated on social prescriptions, this study is more focused on women's response to those prescriptions through their organised activities. Also, where other researchers have confined their conclusions to the 1950s, or made connections only with the lives of individual women in other times, this thesis discusses the experiences of 1950s women within broader concerns of women's politics.

Although in some respects wide-ranging, in others the thesis is narrow. As a result of time, space and subject constraints the diverse experiences of all post-war New Zealand women cannot be adequately discussed. The organisational focus of the thesis, and the choice of three predominantly Pakeha, middle-class groups has led to an analysis of one select group of women. These appear to have been largely married women, despite the rise in births to unmarried women throughout the 1950s.¹⁰⁵ These women had sufficient time and resources at their disposal to devote themselves to voluntary work. Their husbands were supportive and co-operative regarding their work, and sometimes contributed their own expertise to the cause. The experiences of women other than middle-class Pakehas, who undoubtedly experienced and responded to dominant ideologies differently, can generally only be discussed as they intersect with the focus group. In some cases this is unfortunate, as the boundaries of women's shared experiences cannot be explored. Working from the premise that the female body is "the essence and core of female unity",¹⁰⁶ the extent to which women of different backgrounds responded similarly to issues of childbirth and motherhood could have been fruitfully explored. In other cases, however, the social and cultural gap is so wide that to compound more than one group into a single work is extremely difficult. This is particularly true of Maori women. In addition to basic differences in cultural values and beliefs, including child rearing and motherhood,¹⁰⁷ the Maori and Pakeha populations each underwent massive processes of social change, largely

¹⁰⁴ McKinlay; Bishop; Shelley Griffiths, "Feminism and the Ideology of Motherhood in New Zealand 1896-1930", M.A. thesis in History (University of Otago, 1984).

¹⁰⁵ Ex-nuptial births rose from 3.8 per cent of total births in 1948 to 5 per cent in 1958. New Zealand Official Year Book, 1960, p. 83.

¹⁰⁶ Denise Riley, 'Am I That Name?' - Feminism and the category of 'woman' in history, Basingstoke, 1988, p. 111.

¹⁰⁷ See Ritchie and Ritchie; Jane Ritchie, Childhood in Rakau: The First Five Years of Life, Wellington, 1957.

independent of each other, in the 1950s. With such large and numerous differences, and a subject which needs to be understood in relation to the wider cultural context, an attempt to address both Maori and Pakeha experiences of motherhood in post-war New Zealand was beyond the capabilities and resources of both the thesis and its writer.

The organisations included in this thesis were chosen from a number of potential groups on the basis of their female focus and the availability of sources, and researched using a number of methods.

In the 1950s there were a number of organisations promoting women's issues in New Zealand. Many of these operated as single-issue pressure groups, concentrating on specific needs and reflecting the dominant belief in women's clearly delineated social roles. Equal pay, for example, was a major focus of political and employment organisations working for women in the public sphere.¹⁰⁸ Other groups were concerned with women in the home. These also tended to focus on specific areas of need, such as the movement for increased reproductive knowledge which led to the opening of the first Family Planning Clinic in 1953.¹⁰⁹ Both these groups reflect the growing awareness of women's organisations in the post-war years of women's needs as individuals, and of demands for self-determination.¹¹⁰ In particular, groups concerned with early childhood care and education and women's health, such as the Plunket Society, Play Centre and Parents' Centre, were concerned to focus on women's needs and demands to a greater extent than in the past.¹¹¹

The three organisations studied here were thus chosen for their ability to reflect the experiences of women. They were all concerned with issues of childrearing and motherhood. Together, the three organisations provide a perspective on motherhood from birth (Parents' Centre) through infancy (Plunket Society) to preschool years (Play Centre). The groups were comprised predominantly of women members and office-holders, with men's involvement and needs seen as peripheral, again suggesting a source of women's experiences and ideas. The availability of sources also placed a constraint on selection, as some suitable organisations did not have accessible, full or appropriate records for study.

The research for the thesis took several forms. Initially, an understanding of the social climate of the 1950s was established through the study of contemporary women's novels and film,¹¹² conversations with women and later through a reading of popular

¹⁰⁸ Raewyn Dalziel, "Political Organisations", in Else (ed), p. 63; Melanie Nolan, "Employment Organisations", in *ibid*, p. 201.

¹⁰⁹ Penny Fenwick, "New Zealand Family Planning Association", in *ibid*, pp. 264-266.

¹¹⁰ Else, "Introduction", in Else (ed), p. ix.

¹¹¹ *ibid*; Sandra Coney, "Health Organisations", in *ibid*, pp. 241 and 247.

¹¹² Grace Phipps, *Marriage With Eve*, Wellington, 1955; *The Women of the Family*, Wellington, 1956; *The Life for Louise*, Wellington, 1957. Kathleen Ross, *The Trap: A Play in One Act*, London, 1952. Mary Scott,

women's magazines.¹¹³ These sources were also useful for assessing the impact of the organisations' operations beyond their immediate membership. Archival and oral sources at national and local organisational levels were integrated to produce a comprehensive survey of the topic. Through covering both national and local levels of each organisation, it is hoped to establish the extent to which the agendas of each overlapped or diverged. It was also a necessary choice given that records of local branches are less likely to be preserved or deposited in a public archive. National records were relatively easily accessible, and often provided information on branch activities not noted in the local records. Due to the rarity of complete local branch records, the number of local branches included varies between organisations. The archival records were supplemented with oral interviews to achieve a more rounded picture of the reciprocal nature of organisational involvement. These interviews particularly focussed on why the woman joined the organisation, and how, if at all, she felt she benefitted from her involvement. Participants were found through networks, referrals and advertising in a local Palmerston North paper, and had generally been urban, Pakeha, middle-class mothers in the 1950s.¹¹⁴ Due to time constraints, only a small number of interviews were conducted by the author. These were supplemented by the use of taped interviews conducted by other historians. The combination of oral and archival sources was a valuable one, with information found in one type of record often not appearing in the other.

The three chapters of this thesis focus on each organisation in turn, and address the structure, philosophy, membership and policy of each organisation. These four elements of analysis contribute to an understanding of the organisation's philosophy and processes. The group's philosophy and policy illuminate its overall philosophy, while its organisational structure and impact on members highlight the processes used by the women. The type of person involved in the various sections of each organisation is discussed in order to further gauge the philosophy of individual members, and their role in the organisation's structure. It is also important to be aware of exactly *whose* philosophy and beliefs are under discussion. The impact of the organisation on New Zealand women is assessed, and the extent to which the group's outcomes coincided with the group's aims. All four elements are somewhat interdependent and thus may fluctuate over the period, as organisational philosophy can determine the type of person attracted to join the group, and membership can in turn shape

Life With Barbara, Wellington, 1944. Brandon French, On the Verge of Revolt: Women in American Films of the Fifties, New York, 1978.

¹¹³ New Zealand Woman's Weekly, The Mirror-New Zealand's National Home Journal, New Zealand Listener, 1950-1960.

¹¹⁴ "Middle-class" is defined here in terms of the individual's education level, residence, former occupation and husband's occupation.

policy. The study of these four aspects also enables an assessment of the extent to which each organisation's philosophy and process fit the model of feminist or maternalist politics.

The concluding chapter discusses the inter-relationship of the organisations, with particular reference to the response of the pre-existing group, Plunket Society, to the ideas and social norms informing the emergence of the two newer groups, Play Centre and Parents' Centre. The varying characteristics of the organisations are compared in order to elucidate their areas of commonality and diversity, and to clarify what can be learnt from them regarding the nature of motherhood, feminism and femininity in post-war New Zealand, and the nature of New Zealand women's political activism in the 1950s. These conclusions are related to previous work in similar areas, and suggestions for further debate and research are made.

CHAPTER TWO

THE PLUNKET SOCIETY - A MATERNALIST APPROACH TO RAISING CHILDREN

The Royal New Zealand Plunket Society in the post-World War II period represented, in both philosophy and process, the practical implementation of maternalism as an ideology. Maternalism's characteristic philosophy of endorsing contemporary social systems and structures was reflected in the Plunket Society's philosophy and policy. The organisation reinforced current gender constructions of women as full-time domestic workers, and social policies of racial assimilation, and did not seek major changes to the existing health system. Traditional, "main stream" organisational processes were apparent in the Society's structure, a hierarchy which located decision-making in the hands of a few paid personnel, and which preferred centralised power. However, some of the benefits gained by Society members were more representative of feminism. Many women reported personal satisfaction, pride in accomplishments and a widening of their social circle as results of their Plunket involvement. These experiences were often sought after by women in the 1950s, though women's lifestyles frequently created difficulties in their attainment. The feminism of Plunket, then, lay in its creation of new opportunities which fulfilled women's needs. That these opportunities were attained through membership of an otherwise strongly maternalist organisation, is indicative of the close relationship between feminism and maternalism, and of the ease with which both ideologies can exist concurrently despite their apparent contradiction.

This chapter briefly surveys the origins and early years of the Plunket Society before investigating further the philosophy, membership, policy and structure of the Society's local and national operations in the post-World War II period. The response of post-war mothers to the Plunket Society is also discussed, both as users of the service and as members of the numerous local committees responsible for maintaining the Society's local operations.

The Plunket Society originated amidst a popular interest in science and scientific motherhood and a concern over the declining population. The Society's original philosophy and early development were largely shaped by its founders, Frederic and Isabella Truby King,

themselves both active in contemporary health issues and campaigns.¹ The Society's early years were characterised by the promotion of an authoritarian, physiologically-focused childcare regime, a middle-class membership of women, conservative politics and a hierarchical structure.

The ideology of scientific motherhood was part of a wider social movement towards the rationalisation of the domestic sphere; as Kerreen Reiger describes in her work in the Australian context, the early twentieth century saw "an attempt to extend the principles of science and instrumental reason to the operation of the household and to the management of personal relationships".² Recent medical and technological breakthroughs in refrigeration, bacteriology, immunology, vaccinations and pasteurisation had brought science into the home in an unprecedented manner.³ Science was to provide mothers with the advice and knowledge necessary to raise their children, clean their home, feed their family and generally manage their household and its inhabitants. This intrusion of experts into the home transformed motherhood into a public activity, and with the influence of eugenicists such as King, a matter of national importance and prominence.

King himself had little direct experience with children, and his medical studies did not include infant health concerns.⁴ Rather, his theories arose from extensive scientific experiments on crops and animals conducted while Superintendent of the Seacliff Mental Hospital at Dunedin. From his experiments with young calves, pigs, poultry and plants, he observed a common pattern; that inadequate care in the early stages of development consistently led to ongoing ill health. He became convinced that poor childhood nutrition led to vice and insanity in adulthood, and that the only way to prevent these ills was to promote "correct infant nurture".⁵ King was also a staunch eugenicist, and believed only his childcare theories could ensure the race and nation did not degenerate further than their present positions of ill-health.

¹ Although Frederic Truby King evolved the Plunket philosophy himself, his subsequent career of promoting and implementing it was substantially aided by the work of his wife, Isabella (Bella) Cockburn Millar. A well educated woman, Bella was an accomplished musician, linguist, and writer, and devoted to her husband. From the time of their engagement in 1886 until 1923-24 when she fell ill, Bella put her considerable organisational and literary skills to use as her husband's unpaid secretary. She acted as his interpreter and translator in Europe, wrote and answered his letters, wrote newspaper columns, liaised between her husband and Plunket Society headquarters and local branches; in short, she performed an indispensable management and secretarial role. Philippa Mein Smith, "Isabella Truby King", in Charlotte Macdonald, Merimeri Penfold and Bridget Williams (eds), *The Book of New Zealand Women - Ko Kui Ma Te Kaupapa*, Wellington, 1991, pp. 354-356.

² Kerreen Reiger, *The Disenchantment of the Home: Modernizing the Australian Family 1880-1940*, Melbourne, 1985, p. 3.

³ Christina Hardyment, *Dream Babies: Child Care from Locke to Spock*, London, 1983, p. 99.

⁴ Gordon Parry, *A Fence at the Top: The First 75 Years of the Plunket Society*, Dunedin, 1982, pp. 27-29.

⁵ *ibid*, p. 30.

King's childcare regime has been analysed elsewhere in some detail.⁶ His advice focused on the physical needs of infants, with little discussion of their mental or emotional needs. Fresh air, sunshine, breast feeding, cleanliness and exercise were all deemed essential to good physical health, with particular stress on the importance of regularity (see Figure 2.1). The mother's role under King's philosophy was considerable: to train and mould the child, to guide all aspects of its character and development, and ultimately to be responsible for the future of the entire race and nation. Any baby was capable of becoming a "good" or "problem" child, depending on how the mother raised it, and difficult babies were seen solely as the result of poor mothering. Further, any errors of judgement could have disastrous consequences in the child's later life, including feebleness, instability, loafing, vice and crime.⁷

The impact of King's ideology on women and mothers is difficult to ascertain, although recent analyses of the Plunket Society have credited mothers with a more active role in the implementation of the Plunket ideology than has been previously acknowledged.⁸ The ideology had the potential, though, to provide both problems and benefits for mothers. It is probable that its greatest problem was the sense of maternal responsibility it induced; of itself this could be an empowering recognition of women's ability as mothers, but it could also easily lead to enormous maternal guilt and anxiety. King's method was authoritatively delivered as the "right" way to raise children, and alternatives were condemned as unnatural, dangerous, foolhardy, damaging to the child, and likely to result in divine punishment for mothers.⁹ In fact, it is likely that some mothers were simply unable to fulfil King's high standards, as he presumed all women were engaged in full-time motherhood, lived in a spacious home, and had the resources to keep the home environment hygienic and clean.¹⁰

However, King did provide some relief for mothers. He completely ruled out night feeding as a "serious tax on the mother",¹¹ and strongly discouraged allowing one's infant to

⁶ Philippa Mein Smith, "Truby King in Australia - A Revisionist View of Reduced Infant Mortality", in *NZJH*, 22:2 (October 1988) pp. 23-43; Erik Olssen, "Breeding for the Empire", *New Zealand Listener*, 12 May 1979, pp. 18-19 and "Producing the Passionless People", *New Zealand Listener*, 19 May 1979, pp. 20-21; Erik Olssen, "Truby King and the Plunket Society: An Analysis of a Prescriptive Ideology", *NZJH*, 15:1 (1981), pp. 3-23; Shelley Griffiths, "Feminism and the Ideology of Motherhood in New Zealand 1896-1930", M.A. thesis in History (University of Otago, 1984); Margaret Tennant, "Matrons with a Mission - Women's Organisations in New Zealand 1893-1915", M.A. thesis in History (Massey University, 1976); Robin McKinlay, "Where Would We Be Without Them? Motherhood and Self-definition in New Zealand", PhD thesis in Social Anthropology (Victoria, 1983); Dugald McDonald, "Children and Young Persons in New Zealand Society", in *Families in New Zealand Society*, Peggy Koopman-Boyden (ed), Wellington, 1978, pp. 57-70; Hardyment.

⁷ Frederic Truby King, *The Feeding and Care of Baby*, Wellington, 1942, p. 45.

⁸ Philippa Mein Smith, "Mothers, Babies and the Mothers and Babies' Movement - Australia Through Depression and War", *Social History of Medicine*, 6:1 (April 1993), pp. 51-84; Reiger, pp. 146, 148-149, 151. Regarding the difficulties of separating prescription from practice, see also Jay Mechling, "Advice to Historians on Advice to Mothers", *Journal of Social History*, 9:1 (Fall 1975), pp. 44-63.

⁹ Mein Smith (1988), p. 30.

¹⁰ Griffiths, pp. 136-137.

¹¹ King (1942), p. 76.

Figure 2.1: Guidelines for mothers from Plunket Record Book, 1926

TO MOTHERS !

The most loving act a mother can do is to nurse her baby.
Nothing can ever replace the milk and the heart of a mother.
Old French Proverb.

Your Baby needs :

I.—AIR. Abundance of pure, cool, outside air, flowing fresh and free day and night.

II.—WATER. Must be boiled.

III.—FOOD. Suitable food, proper intervals. No food between the regular feedings. No night feedings.

Best Food—Mother's Milk.

**Best substitute—Humanised Milk,
suitably graded.**

In sickness may need to dilute, modify, or change food,
or give only boiled water for a time.

IV.—CLOTHING. Must be non-irritating, non-constrictive, light but sufficiently warm.

V.—BATHING. Bath and dress very quickly in a cosy corner. No dawdling.

VI.—MUSCULAR EXERCISE AND SENSORY STIMULATION.—Not only must baby have plenty of vigorous exercise, in the way of kicking, working the arms and hands, moving the body, etc., but he must also have due stimulation of the skin and nervous system by plenty of outing in the open air and sunshine. The eyes must be protected from glaring light of any kind.

VII.—WARMTH. Warmed air and surroundings are essential for prematures. Healthy babies, like adults, benefit enormously by being kept in pure, cool air, if properly clad.

VIII.—REGULARITY OF ALL HABITS. Regularity of feeding, with proper intervals and no food between meals. Regularity of exercise, sleep, etc. Regularity of action of the bowels. Secure at least one motion every day.

IX.—CLEANLINESS. Cleanliness in everything, especially with regard to food and feeding utensils.

X.—MOTHERING. Proper mothering and handling of a baby are essential for the best growth and development.

XI.—MANAGEMENT. Fond and foolish over-indulgence, mismanagement, and "spoiling" may be as harmful to an infant as callous neglect and intentional cruelty.

XII.—REST AND SLEEP. These depend mainly on the above. Remember to turn baby in his cot and remove wet napkins, cold bottles, etc.

N.B. — Baby must NEVER sleep in bed with his mother.

dictate feeding times. He argued that regularity provided the mother with “opportunities for sleep, rest, housework, outing, exercise, and recreation; and the fewer the nursings the less the risk of chapped nipples, abscess, etc.”¹² Nevertheless, King’s assumption that the needs of the mother, child, nation and race all coincided subsumed women’s needs within those of others. Under his theory, women were permitted little personal space, choice or control over their motherhood, and were expected to defer to the greater wisdom of King, the scientific expert.

The Plunket Society was established to spread King’s message through the involvement of women, as public campaigning by Frederic and Bella had met with only limited success. In its early years, the Society was dominated by middle-class women, with the “stamp of approval” of high society, and worked through institutional and committee structures.

The first committee, formed at a public meeting in Dunedin in May 1907, consisted almost entirely of leisured, influential, wealthy women, handpicked by King. They were philanthropic, middle-class, middle-aged women, many of whom had church affiliations, and were married to professional men or merchants. These women possessed considerable disposable time and resources, and were often also involved in other community service projects.¹³ King saw these women as capable and trustworthy, and commented at the end of the first meeting: “This work may now be very well left to the ladies”.¹⁴ A second meeting in the same month adopted a constitution embodying King’s philosophy:

To uphold the sacredness of the Body and the Duty of Health; to inculcate a lofty view of the responsibilities of maternity and the duty of every mother to fit herself for the perfect fulfilment of the natural calls of motherhood . . .

To acquire accurate information and knowledge on matters affecting Health of Women and Children and to disseminate such knowledge . . .

To train specially, and to employ qualified Nurses to be called Plunket Nurses, whose duty it will be to give sound, reliable instruction, advice and assistance, gratis, to any member of the community desiring such services . . . with a view to conserving the health and strength of the rising generation, and rendering both mother and offspring hardy, healthy and resistive to disease.¹⁵

The plan was to train nurses in King’s childcare philosophy and for them to advise mothers in baby care and motherhood, through regular clinics and home visiting. The cottage at Karitane, where King had been employing nurses to care for sick babies, was to be developed into a hospital for ill or problem babies to be admitted with their mother and treated with a strict King regime. The role of the committee in these plans was to provide the means

¹² *ibid*, p. 45.

¹³ Parry, p. 16. For example, Mary Geddes, a Plunket committee member from 1908, was also involved with the Society for the Protection of Women and Children, and worked to form recreational and training clubs for rural Maori girls moving to the city. Sandra Coney, “Annabella Mary Geddes”, in Macdonald et al (eds), pp. 231-233.

¹⁴ *ibid*, p. 25.

¹⁵ Upper Hutt Plunket Society, *50th Jubilee 1925-1975*, Upper Hutt, 1975, p. 2.

to ensure their success; to provide funds, premises, equipment, furnishings, and to publicise the Society's work.

The New Zealand Plunket Society and its associated ideology rose rapidly (see Table 2.1), and largely unchallenged, to a position of national dominance not replicated overseas.¹⁶ The contemporary social climate, and particularly the members of the urban middle-class, mothers and wives, churches and the ideologically conservative, were receptive to King's eugenicist, scientific form of childcare. Prominent personalities such as Lady Victoria Plunket, the Governor General's wife, lent their support, and the Government provided funding for special projects such as the Kings' national lecture tour of 1912.¹⁷ Early results appeared to be excellent, with the infant mortality rate lowering substantially within a few years, the Karitane Hospital achieving near-perfect recovery rates, and political lobbying achieving legislative changes to the benefit of mothers and infants.¹⁸ New branches pressed for Bella's "Hygeia" advice column to be published by local newspapers. At its peak the column was printed in fifty papers and Bella became swamped by enquiries and correspondence from New Zealand mothers.¹⁹ Despite the deaths of Bella in 1927 and Frederic in 1938, the Plunket Society continued to grow and flourish, promoting the Kings' particular style of childrearing advice. By the post-World War II period the Society was a large, well-known and well-respected organisation whose services were used by a great majority - up to 88 per cent - of New Zealand families (see Tables 2.1 and 2.2).

The philosophy of the Plunket Society in the 1950s was family-oriented, although the roles of the Plunket "experts" and of wider society were also strongly emphasised. The most prominent and influential of these "experts" were Helen Deem and Nora Fitzgibbon, who wrote the childcare manual Modern Mothercraft. This manual was written in 1945 and revised in 1953, and replaced King's The Feeding and Care of Baby.²⁰

¹⁶ In Australia and England the Plunket Society and the mothercraft movement in general were a matter of controversy and discussion. Hardyment, pp. 178-179; Reiger p. 128; Philippa Mein Smith, "'That welfare warfare': sectarianism in infant welfare in Australia, 1918-1939", in Women and Children First: International Maternal and Infant Welfare, 1870-1945, Valerie Fildes, Lara Marks and Hilary Marland (eds), London, 1992, pp. 230-256.

¹⁷ Parry, p. 56.

¹⁸ *ibid*, p. 50, 41 and 25. Shelley Griffiths has suggested that the Plunket Society alone cannot be credited with the large reduction in New Zealand's infant mortality rate in 1908, as 1907 was a year of whooping cough and diphtheria epidemics, and therefore the rate that year was abnormally high. Griffiths, p. 140. Philippa Mein Smith has also suggested that other factors than the mothercraft movement contributed to Australia's improved standards of infant health in the interwar years. Mein Smith (1992 and 1993).

¹⁹ Parry, p. 48.

²⁰ The 1945 edition of Modern Mothercraft was reprinted in 1946 (twice), 1948, 1949, 1950 (twice), 1951 and 1952. The 1953 edition was reprinted in 1954, 1955, 1957, 1959 and 1961.

Table 2.1: Development of Plunket Society Operations
1907-1958

Year	Number of Branches	Number of Nurses	Percentage of babies in New Zealand under supervision
1907	1	1	not known
1914	20	27	not known
1920	30	46	20%
1925	55	95	50%
1930	70	127	67%
1935	68	125	71.5%
1940	70	138	77.96%
1945	73	152	81.33%
1950	89	190	86.09%
1955	97	203	87.8%
1958	101	215	88.6%

Source: *Plunket News*, 2:10 (August, 1959), p. 2.
N.B. Number of Branches excludes Sub-Branched.

Table 2.2: Plunket Society Operations, 1950-1960

Year	Number of Branches	Number of Sub-Branched	Number of Mothers' Clubs
1950	89	346	not known
1952	94	357	not known
1954	97	378	112
1956	100	450	not known
1958	101	481	not known
1960	104	484	300

Source: Annual Reports of the Plunket Society, 1950-1960, Hocken.

Deem and Fitzgibbon's childcare philosophy focused largely on physical health and was characterised by maternal responsibility subsumed within a family orientation, and an aim to produce a "normal" child.²¹ These concerns were a reflection of both women's professional training and backgrounds. Helen Deem had completed her medical degrees in the early 1920s at Otago University, and after the premature death of her husband she went overseas for postgraduate studies in paediatrics. In 1935 she returned to New Zealand and joined the Health Department, where Frederic Truby King was Director, to work on children's public health problems. From 1939 to her death in 1955 Dr Deem was Medical Adviser to the Plunket Society.²² Nora Fitzgibbon had been the first nurse enrolled for Karitane training at the Karitane Hospital at Anderson's Bay, following her nursing and midwifery training in Christchurch in the early 1920s. She was Matron at the Karitane Hospitals in Dunedin then Auckland, and Nursing Director for the Plunket Society from 1934 to 1945, when the first edition of *Modern Mothercraft* was written.²³

Childcare as outlined by Deem and Fitzgibbon was a family concern, with implications for the family's future. Both the mother, assumed to be a full-time homemaker, and the father, assumed to be the family's financial earner, had a degree of personal input into the raising of their child. The knowledge and ability of mothers was recognised to some extent; while four-hourly feeds were recommended as "usual", some "elasticity" was permitted, the basic tenet being that "common sense, rather than too rigid a routine, should be the guiding factor in any sound system of child care".²⁴ It was stressed that "no mother should ever feel that either she or her baby must be chained to the clock",²⁵ and a degree of empathy with the mother's experiences was shown.²⁶ The role of fathers in childcare was largely one of supporting the mother in her demanding childcare tasks. Fathers were encouraged to help with household duties, build nursery equipment and to generally take an interest in their children.²⁷ Parents were urged to co-operate in raising their children, and encouraged to accept their responsibilities "sensibly and happily."

This family-centred approach had its limitations, however. Parents were not encouraged to play with their babies. The suggested routine day for mother and baby, formulated by "the experts" of the Plunket Society, included just one period expressly for parents to engage with their baby. Called "social hour", it was about thirty minutes long.²⁸ Advice on the "firm" and "skilful" handling of babies was provided:

²¹ See also McKinlay, pp. 152-162.

²² Murray McGeorge, "Muriel Helen Deem", extract from *New Zealand Medical Journal*, December 1955, reproduced in Annual Report of Plunket Society, 31 March 1956, Hocken.

²³ G.C. Petersen (ed), *Who's Who in New Zealand*, Wellington, 1964, p. 129.

²⁴ Helen Deem and Nora Fitzgibbon, *Modern Mothercraft*, Dunedin, 1948, p. 44; 1953, p. 42.

²⁵ Deem and Fitzgibbon, 1953, p. 59.

²⁶ For example, *ibid*, p. 71.

²⁷ Deem and Fitzgibbon, 1953, p. 46. Deem and Fitzgibbon, 1948, pp. 24-25.

²⁸ Deem and Fitzgibbon, 1953, p. 63.

Babies should not be regarded as playthings, nor made to show off their clever tricks before visitors or friends . . . the tendency to overstimulate a child, to make it laugh and gurgle and “perform” unnecessarily should be avoided.²⁹

The role of the medical profession, the Plunket Nurse and Plunket Society as “the experts” to be followed was also consistently upheld; their knowledge and experience was regarded as enabling them to advise mothers authoritatively on the “ideal” and “best” ways to go about childrearing.³⁰ This mixed message of both parental and wider social involvement in childrearing was particularly apparent in the justifications provided for learning and adhering to Modern Mothercraft’s ideas:

each new arrival brings joy and happiness to the parents concerned. It brings responsibilities too, for which both preparation and forethought are most necessary . . . This knowledge does not come by instinct with prospective parenthood - it must be acquired; fortunately, it is now within easy reach of all who seek it.³¹

As . . . the management and feeding of pre-school children influences their subsequent health and general well-being, parents should realise that they will be doing a service not only to their children, but also to the Nation if they pay attention to the general rules for promoting an optimum standard of physical and mental health.

*The children of to-day are the citizens of to-morrow.*³²

Both the family and the nation were expected to benefit simultaneously from the Plunket ideology.

As the above excerpts also suggest, the ideology of Modern Mothercraft accorded women a large measure of responsibility for children’s development, and for the nation’s future. The mother’s role was largely one of training and guiding the infant to produce a “normal”, “standard” child. Despite the lesser importance accorded the clock, regular habits were nevertheless essential to health and happiness in later life: “The best way to train a baby in good habits is to draw up a plan or timetable with a set time for the most important events in the day such as feeding, sleeping, exercise and bowel action.”³³ With these manifold and considerable responsibilities, it was perhaps not surprising that women’s needs, such as preparations for childbirth, were largely ignored.

Practical advice for mothering centred on infants’ physical health and welfare. The “essentials” of childcare were all centred on physical aspects of health - air and sunshine, exercise, food, water and cleanliness - and mothering was included as synonymous with “child management” (see Figure 2.2). Discussion of the psychological development of children was limited to the mental abilities of the later pre-school years in a chapter commissioned by an overseas doctor (1948) and Moira Gallagher of the Department of

²⁹ *ibid.*, p. 46. Deem and Fitzgibbon, 1948, pp. 51-52.

³⁰ For example, Deem and Fitzgibbon, 1953, p. 52.

³¹ *ibid.*, p. 15.

³² Deem and Fitzgibbon, 1948, p. 141.

³³ Deem and Fitzgibbon, 1953, p. 43.

Figure 2.2: The Twelve Essentials of Plunket mothercraft, 1948.

These Twelve Essentials
form a protective circle safeguarding the baby.



Source: Helen Deem and Nora Fitzgibbon, Modern Mothercraft, Dunedin, 1948.

Education's Pre-School Services (1953). The chapter by Moira Gallagher, herself a progressively-minded educationist,³⁴ introduced new concepts such as allowing for individual differences between children, the importance of play to learning and development, and how parents could best provide for it in the home. However, despite Moira Gallagher's comments, Modern Mothercraft stressed for mothers the desirability of a "normal" infant. The inclusion of a standard weight chart and the extensive use of it engendered an expectation of "normality" and standardisation.

Although the advice of Modern Mothercraft was delivered in a relatively friendly manner, the authority and validity of the manual was upheld throughout. "Good" and "bad" and "right" and "wrong" mothering skills were stressed, with the obvious implication that Plunket was good and right. Its regime was ascetic, based on the physical aspects of infant health, and stressed routine, regularity and structure. The focus was generally on the family, with mothers' needs subsumed within those of the family, and the goal of producing "normal" children.

Several elements of this Plunket philosophy were representative of a maternalist ideology. Plunket directly transmitted the dominant 1950s' ideology to mothers and girls, reflecting maternalism's tendency to support contemporary social constructions of gender. The nuclear family was upheld as the basic unit of society, and conformity to certain standards of "normality" in all aspects of society was promoted. Further, while according mothers some input into child-rearing, the Society expected them to defer to the greater knowledge of "experts". Women were denied a sense of control or agency over their childrearing practices, suggesting a characteristically maternalist notion of locating power and authority away from women. The emphasis of Plunket philosophy was consistently on the infant's wellbeing, with the mother's health concerns largely subsumed within those of the child. Thus, as is common within maternalist ideology, women's mothering responsibilities took precedence over their needs as women.

The Plunket ideology was apparent in the Society's policies in the post-war period, which promoted both the basic childcare ideology and its wider philosophy on the role of the family. Modern Mothercraft's assumption that women devoted themselves full-time to motherhood was implemented in community programmes. The Plunket Society condemned mothers who shirked their responsibilities by placing their children in childcare, and encouraged them to rethink for their own and their child's good.³⁵ Further, the Society promoted mothercraft teaching as an essential part of girls' education, equipping girls to take their mother's place at any time, and training them to be good mothers for their own and others' children. It wrote a

³⁴ See Chapter Three: Play Centre.

³⁵ Report of Annual General Conference of Plunket Society, 18-20 November 1952, Hocken.

younger version of Modern Motherhood for schoolgirls to study,³⁶ employed tutors to give mothercraft lessons to large numbers of schoolgirls throughout the 1950s (see Table 2.3), and lobbied for the development of a School Certificate mothercraft syllabus. In addition, Plunket Nurses gave talks to Girl Guide groups, Red Cross students and Girls' Life Brigade groups.³⁷ Many more girls than adult women received Plunket mothercraft lessons throughout the decade. It was noted that mothers' classes were a "low priority" which would be expanded "as time and staff became available", again an example of the Society's emphasis on infants at the expense of women's needs.³⁸

The Society's strong focus on the needs of infants and family was illustrated in its mothercraft classes for pregnant women, which covered such topics as the importance of breastfeeding, health during pregnancy, baby clothes, bathing, dressing and toileting of babies, and the growth of the foetus.³⁹ Issues of mothering such as preparing for and coping with the process of childbirth were not discussed, nor was the birth experience itself discussed. Similarly, fathers' classes were instituted to provide "practical advice" on fathers' role in preparing a happy home for the baby, and on the importance of encouraging and supporting his wife through her pregnancy.⁴⁰ In some cases this familial focus seems to have led to a correspondingly weak interest in the needs of women. The Pre-School Education Centre, established by the Plunket Society in 1941 and developed throughout the 1940s and 1950s, aimed to give Plunket and kindergarten trainees experience in dealing with pre-school children. The considerable benefits to children and mothers of attendance at such a centre were rarely mentioned. Instead, the emphasis was consistently placed on professional and training-oriented rewards.⁴¹

The Plunket Society's desire to ensure mothers followed its advice, and its belief in the family component of Plunket philosophy, led to the Society's encouragement of Young Mothers' Clubs from the late 1940s. Individual branches had been running groups since the 1930s, and the Dominion Council drew on their experiences to develop formal Club guidelines and rules. The Dominion Council decreed that the Clubs were to be non-political, non-sectarian and comprised of women of the mothers' age group. A club was not to raise, hold or distribute funds, or to invite discussions on subjects likely to "offend the religious

³⁶ Royal New Zealand Society for the Health of Women and Children, The Care of Babies and Small Children: a guide for school girls, Dunedin, 1956.

³⁷ Annual Reports of Wanganui Branch of Plunket Society, 31 March 1946 and 1952, WRM.

³⁸ Annual Report of Dominion Council of Plunket Society, 1951, Hocken.

³⁹ J.R. Gilmour, "The Mother, the Baby and the Plunket Sister", fifth year essay for Preventive Medicine (Otago Medical School, 1950).

⁴⁰ Deem and Fitzgibbon, 1953, p. 16.

⁴¹ E.S. Hamilton and Helen Deem, "Report on the Dunedin Pre-school Educational Centre", December 1945; miscellaneous correspondence and untitled papers on Pre-school Centre, 1941-1958, Hocken.

Table 2.3: Enrolments in Plunket mothercraft classes, 1950-1960

Year	Number of Branches teaching girls	Number of girls enrolled in mothercraft classes	Number of Branches teaching pregnant women	Number of pregnant women enrolled in mothercraft classes
1950	35	2,110	13	1,247
1952	34	2,113	18	1,766
1954	26	2,619	14	1,890
1956	28	3,753	18	2,313
1958	23	3,921	21	2,069
1960	27	4,204	22	2,211
TOTAL	-	18,720	-	11,496

Source: Annual Reports of the Plunket Society, 1950-1960, Hocken.



The Plunket Society in the 1950s maintained that all adolescent girls needed to be competent in mothering skills, and ran extensive education programmes to train them in the Plunket method of mothercraft. This class was being taught at Southland Girls' High School.

Source: Plunket Society Archives, Hocken. Reproduced with the permission of the Plunket Society.



The Plunket Society seldom included fathers in their education programmes, although some branches ran separate fathers' babycraft classes.

Source: Plunket Society Archives, Hocken. Reproduced with the permission of the Plunket Society.

views of any member of the club e.g. family planning.” Rather, Clubs were to “foster and maintain the interest of mothers” in Society work, and suggested activities included the establishment of local libraries on parenting and talks on maternal and child welfare issues.⁴²

The clubs proved popular with young mothers, with groups forming throughout the 1950s, although the Society’s intended aims were not always fulfilled. Full statistics are not available, but anecdotal references to the Clubs’ numerical growth, and letters of enquiry to Dominion Headquarters regarding the procedure for their establishment, suggest a flourishing towards the late 1950s (see Table 2.2). Clubs met regularly, usually weekly or fortnightly, for social events and educational talks. The Waipawa Club went to a film every month, and members shared their hobbies, interests and experiences, as well as inviting education and health professionals to speak. Where several clubs operated in an area, regular joint meetings were held for social occasions, games and speakers.⁴³ Although much of the groups’ activities were concerned with Plunket business as prescribed by the Society, the social and fellowship aspects often appear to have dominated the clubs. Women saw them as a friendly, relaxing space in which they could talk informally and meet other women with similar interests, and used them as a space to discuss childrearing practices and problems.⁴⁴ Doreen McDonald, involved with Plunket in Northland and nationally for over forty years, regarded Mothers’ Clubs as the biggest change to Plunket she had seen in that time: “They have become a very important part of Plunket because young mothers meet and discuss their problems. I feel it makes for better motherhood.”⁴⁵ In hindsight, many former members saw the clubs as a means of overcoming “suburban neurosis” and social isolation.⁴⁶

The Plunket Society also sought to extend its services to Maori mothers in the post-war period, aiming for both health and wider cultural goals, although with limited success. Maori infant health in the 1950s was particularly poor; breast feeding was at a low rate amongst Maori mothers, and nose and ear infections and pneumonia were rife in infants.⁴⁷ Maori infant mortality was consistently far higher than Pakeha throughout the 1950s, and in every principal area and age group of infant death Maori figures were the highest (see Tables 2.4, 2.5 and 2.6). Plunket was aware of these problems and saw the introduction of the Plunket system as a potential solution.⁴⁸ In addition to improving health standards, the

⁴² “Plunket Mothers’ Clubs: Objects and Rules”, 1952 and 1959, Hocken.

⁴³ Plunket News, Vol. 1 No. 31 (May 1951); minutes of Waipawa Mothers’ Club meetings, 1951-1960, WSM.

⁴⁴ Molly McGovern, in an interview for Plunket Oral History Project, 1992, ATL; Lyn Heath, “The Plunket Society in Otaki”, Historical Journal/Otaki Historical Society, 11 (1988), p. 75.

⁴⁵ “Fun and friends best recollections of 42 years in Plunket”, Northern Advocate, 21 April 1972, WAR.

⁴⁶ “President of Wide ‘Health Clinic’”, New Zealand Herald, 10 September 1971, WAR.

⁴⁷ Dr Rina Moore, undated item (c.1959), in Plunket Society files, Hocken.

⁴⁸ Submission by the Plunket Society to Consultative Committee on Infant and Pre-School Health Services, June 1959, Hocken, pp. 54-55.

Table 2.4: Maori and Pakeha Infant Mortality, 1950-1958

Year	Pakeha		Maori	
	Numbers	Rate per 1,000 live births	Numbers	Rate per 1,000 live births
1950	1,008	22.75	356	69.74
1951	1,017	22.78	357	68.16
1952	1,014	21.82	461	84.45
1953	931	20.06	404	73.07
1954	968	19.99	334	58.60
1955	1,002	20.09	363	62.51
1956	978	19.39	335	54.36
1957	1,036	19.98	384	57.90
1958	1,043	19.40	373	54.37

Source: Cedric Gardiner, "Maori Infant Mortality", New Zealand Medical Journal, 58 (1959), p. 321.

Table 2.5: Maori and Pakeha Infant Mortality By Cause of Death, 1958

Principal Causes of Death	Pakeha		Maori	
	Number	Rate per 1,000 Live Births	Number	Rate per 1,000 Live Births
Influenza, pneumonia and bronchitis	114	2.1	107	15.6
Gastro-enteritis and diarrhoea	11	0.2	42	6.1
Congenital malformations	223	2.3	32	4.7
Birth injury	123	2.3	32	4.7
Asphyxia and atelectasis	136	2.5	29	4.2
Haemolytic disease of new-born	48	0.9	-	-
Prematurity	149	2.8	42	6.1
Other	239	4.4	89	13.0
Totals	1,043	19.4	373	54.4

Source: Cedric Gardiner, "Maori Infant Mortality", New Zealand Medical Journal, 58 (1959), p. 323.

Table 2.6: Maori and Pakeha Infant Mortality By Age Group, 1954-1958

(Rates per 1,000 Live Births)

Infants (< 1 Year)			Neonates (<28 Days)			Post Neonates (>28 Days <1 Year)		
Maori (M)	Non-Maori (NM)	Ratio M/NM	M	NM	Ratio M/NM	M	NM	Ratio M/NM
57	20	2.9	20	14	1.5	37	5.9	6.3

Source: Eru Pomare, Maori Standards of Health: A Study of the 20 Year Period 1955-1975, n.p., 1980, p. 13.

Society felt its system could provide “a sense of purpose and dignity” to Maori people and “restore a sense of dignity to the race.”⁴⁹ The Society saw its services as involving more than purely nursing or health values, but also as a community self-help scheme which could achieve wider cultural change. The demand would need to come from the Maori mothers themselves, though; Plunket stated in 1959 that it was prepared to extend its work to Maori mothers and babies on the condition that Maori mothers “ask for . . . and be prepared to work for” the Plunket Society in “the same way as their Pakeha sisters.”⁵⁰

However, the welfare of Maori families was the responsibility of Public or District Health Nurses, and the Health Department did not allow Plunket Nurses to attend Maori mothers at home. District Nurses were seen as the “traditional” caregivers to Maori mothers and were described as “proprietary” and “territorial” about “their” Maori mothers.⁵¹ Their concern, though, was for the whole family, and District Nurses often lacked the specialist knowledge and expertise of Plunket Nurses. Plunket stressed that Maori mothers would not be turned away from clinics, and both individual Plunket women and the Maori Women’s Welfare League encouraged Maori mothers to avail themselves of the Plunket Nurse’s services.⁵² Nevertheless, few Maori mothers received Plunket advice, whether in their home or at a Plunket clinic. A study of Maori infant mortality by a Department of Health Medical Statistician in the mid-1950s found that just 4.1 per cent of the Maori mothers surveyed used Plunket services, compared with 86.8 per cent of the Pakeha mothers (see Table 2.7).

Further to these educational initiatives, the Plunket Society was also concerned in the post-war period with general matters of infant health and welfare and public health issues; the latter, discussed intermittently throughout the decade, acquired a higher priority in the late 1950s under the influence of Dr Neil Begg, Medical Director from 1956.⁵³ Society opinions were generally conservative and were channeled through the appropriate Government Department. Issues raised at the 1952 Annual General Conference are typical of the Society’s focus and actions: continued negotiations with the Health Department regarding funding, approaches to the Minister of Agriculture and Director of Food and Drugs Division of the Department of Health to support measures towards the eradication of bovine tuberculosis and

⁴⁹ “Plunket Hopes to Raise Community Spirit”, Otago Daily Times, 23 April 1960, clipping loose in Plunket Society files, Hocken.

⁵⁰ Submission by the Plunket Society to Consultative Committee on Infant and Pre-School Health Services, June 1959, Hocken, p. 120; “Plunket Hopes to Raise Community Spirit”, Otago Daily Times, 23 April 1960, clipping loose in Plunket Society files, Hocken.

⁵¹ Joyce Thorpe, in an interview for Plunket Oral History Project, 1992, ATL. These attitudes often meant that Plunket committees’ concern for Maori infant health was not acted upon. For example, J.D. Conaglen, Memoirs including History of the Opunake Branch of the New Zealand Plunket Society and Early Pihama History, Opunake, 1966, p. 3.

⁵² *ibid*; “Community Roles in Care of Children”, Evening Star, 27 June 1960, clipping loose in Plunket Society files, Hocken.

⁵³ Parry, p. 125.

Table 2.7: Use of District Nurses and Plunket Nurses In a Sample
of North Island Maori and Pakeha Mothers, 1954-1955

Advice on Infant Care Given By	Maori Mothers		Pakeha Mothers	
	Number	Per Cent	Number	Per Cent
District Nurse at home	264	89.2	6	4.7
Plunket Nurse at home	8	2.7	100	77.5
District Nurse at Clinic	1	0.3	-	-
Plunket Nurse at Clinic	4	1.4	12	9.3
None	19	6.4	11	8.5
Totals	296	100	129	100

Source: Cedric Gardiner, "Maori Infant Mortality", New Zealand Medical Journal, 58 (1959), p. 327.

more adequate labelling of poisons respectively, concerns with the content of children's comics, radio programmes, and films, and the availability of dangerous toys.⁵⁴ These concerns reflect the Society's child-centred philosophy and desire to protect infant health both within the home and in the wider community.

The Plunket Society's internal policies in the post-war period centred on the management of organisational expansion, again with the aid of Government Departments, and the formulation of plans to alleviate organisational stress. The booming birth rate increased pressure on the Society's services, and attaining sufficient resources and support to maintain the Society's work became an ongoing struggle. Staff and premises were particularly in demand, and in some areas mobile Plunket Rooms in vans and buses were trialled in order to reach more mothers and babies, particularly in new suburban developments without a permanent clinic.⁵⁵ Negotiations with the Lands and Survey Department continued throughout the decade as new housing developments were planned and Plunket sought provision for rooms in the blueprints.⁵⁶ Similarly, the aid of the Health and Labour Departments was sought in clarifying and creating guidelines for nurses' employment conditions and salaries, as the number of Plunket Society employees grew.⁵⁷ As a result of this expansion, the Plunket Society sought the co-operation of other children's health services to ease its tasks. A Children's Advisory Council, comprised of doctors, Plunket representatives and the Health Department, was proposed in order to "enable full co-operation of workers", "free discussion" and to advise the Minister of Health on children's health matters.⁵⁸ A Child Health Council was, in fact, established as a result of the Society's recommendation, although its brief was to "regulate" all infant health agencies, including Plunket, rather than to co-ordinate them.⁵⁹

Both the policies and the means of implementation chosen by the Plunket Society in the post-war period suggest a complicity with existing structures which is consistent with maternalist ideology. The Society consistently reinforced current gender roles which placed mothers as full-time domestic workers, and fathers as economic providers only peripherally involved in family life. The nuclear family was promoted to prospective parents, adolescents and mothers in line with contemporary ideology. The Society's attitude to Maori mothers and communities reflected contemporary social policies of racial assimilation, and a typically maternalist sense of responsibility for mothers of all races and social groups. Maori were

⁵⁴ Report of Annual General Conference of Plunket Society, 18-20 November 1952, Hocken.

⁵⁵ Miscellaneous loose papers on Mobile Plunket Rooms, c.1952, in Plunket Society files, Hocken.

⁵⁶ Correspondence between Plunket Society and Lands and Survey Department, July 1953 regarding Te Rapa, Melville and Tauranga; February 1954 regarding Kawarua; Hocken.

⁵⁷ Minutes of Dominion Council of Plunket Society meeting, 13 March 1957; correspondence between Plunket Society and Labour Department, January 1953; Hocken.

⁵⁸ Submission by the Plunket Society to Consultative Committee on Infant and Pre-School Health Services, June 1959, Hocken, p. 110.

⁵⁹ Report of the Consultative Committee on Infant and Pre-School Health Services, 1960, p. 38.

expected to respond to the standard, unmodified Plunket system in a similar way and with similar results to the Pakeha population. Further, the Society worked within existing structures to achieve its goals, accepting the health system as it stood and advocating only superficial change. Initiatives for change aimed to supplement the existing system rather than alter or replace it. The new initiative of the establishment of Mothers' Clubs was, as will be discussed below, fitted into the Society's organisational structure and extended the hierarchy rather than adding a new dimension.

Each section of the Plunket Society had clearly delineated roles and responsibilities in the post-war period, and each was comprised of a distinctive group of women. As a result, women at each level contributed in a different way to the Society's operations and thus had differing experiences of the Plunket Society. In essence, decision making and policy formulation was the task of the elected, usually older, personnel of the Dominion bodies, and support and implementation that of the mothers on local committees.⁶⁰ The experiences of the users of the Plunket service, who were not generally simultaneously committee members, are also considered here.

At the Dominion, or national, level, a Council was responsible for administration, and an Executive for general policy. These women were elected every two years and advised by a number of paid professional staff. During the post-war years the position of Nursing Director was held by Sydney Lusk (1945-1957), followed by Janet Mackay. Miss Lusk had served as a health visitor in British Guyana in the late 1930s before taking the position of Matron at Auckland Karitane Hospital from 1938 to 1945.⁶¹ Helen Deem held the position of Medical Director from 1939 to her death in 1956, when Neil Begg, a paediatrician, joined the Society. His personal style of persuasion rather than compulsion, and his wide range of professional interests provided Plunket with a "new attitude and a new style."⁶² He was keen for closer co-operation with Parents' Centre, and was aware of the influence of such new movements on mothers.⁶³

The Dominion Council was comprised of approximately twenty elected women representing all areas of New Zealand. These women were usually long-standing Branch committee members, elected by their local Plunket Province, and rarely remained on their local Branch committee while active at Dominion level.⁶⁴ As a result, they were generally middle-

⁶⁰ A number of local histories include accounts of the development of the local Plunket Branch. See Derek Dow, Annotated Bibliography for the History of Health and Medicine in New Zealand, Dunedin, 1994, pp. 115-117.

⁶¹ Petersen, p. 188.

⁶² Parry, p. 124.

⁶³ Mary Dobbie, The Trouble With Women, Whatamongo Bay, 1990, p. 141.

⁶⁴ "Fun and friends best recollections of 42 years in Plunket", Northern Advocate, 21 April 1972, WAR.

class, Pakeha women with disposable time and resources; they were also usually older than committee women or the users of Plunket services.

The majority of women serving on Plunket committees at this time were also older women with school-age children, and were unlikely to be using Plunket services for their own children while on the committee.⁶⁵

In our branch, as in many others, this responsibility [committee work] rests on older women whose families are usually well beyond the need for Plunket care. Only then have they the time to devote to such things. Indeed, many of us are grandmothers.⁶⁶

While this was usually seen as positive - "older women on committees lend stability and experience"⁶⁷ - these women had almost universally raised their own children according to Plunket. Their enthusiasm was for spreading the child-care method they had personally used, and criticism of it was unlikely and rare. The age gap between the providers and the users of Plunket services meant that those women actually using the service, and most able to comment on its quality and appropriateness, were actually the furthest removed from the locus of decision-making, the national body. It was also common in some areas for the Plunket Nurse to invite selected mothers to join the local committee, suggesting that those mothers who showed a supportive interest in the Society were more likely to be on the committee.⁶⁸

Committee members were largely concerned with supporting and providing for their local nurse's needs. In many respects this work was an extension of women's domestic chores to the public sphere. Fundraising was almost never-ending. In addition to the initial funds necessary to build and equip nurses' rooms, maintenance and replacement of items was often necessary.⁶⁹ In some areas a car was thought necessary, bringing with it high maintenance and fuel costs.⁷⁰ The branch was also expected to make a contribution to the running of the area Karitane Hospital, and to the national body. As one ex-committee member remembers, "there wasn't a month go by when we didn't have to make money". These efforts were time-consuming and tiring. Popular fundraisers included balls, galas, garden parties, cake stalls and bazaars,⁷¹ and "in those days you didn't just send one cake, you baked half a

⁶⁵ Margaret Francis and Molly McGovern in interviews for Plunket Oral History Project, 1992, ATL.

⁶⁶ "Example in 12 Years' Team Work", *New Zealand Herald*, 19 October 1966, WAR.

⁶⁷ "President was Plunket Baby", *NZWW*, 6 October 1962, WAR.

⁶⁸ Joyce Andrews and Margaret Francis, in interviews for Plunket Oral History Project, 1992, ATL.

⁶⁹ For example, the Shannon Sub-Branch worked for ten years to raise sufficient funds for its own Plunket Rooms (opened 1940), and continued to raise funds for the building's upkeep, extensions and the nurse's salary. Marjorie D. Law, *From Bush and Swamp: The Centenary of Shannon 1887-1987*, Palmerston North, 1987, p. 221.

⁷⁰ For example, M.J. Allan, "Waipawa Plunket Society", in *This is Waipawa*, Waipawa Borough Council, Waipawa, 1961, pp. 39-40.

⁷¹ For example, the Waianiwa Sub-Branch ran gala functions, euchre evenings, garden parties and lamb drives. John A. Cutt, *Rainbow Waters: Waianiwa 125 Years*, Waianiwa, 1982, p. 157.



Whole communities gathered to support Plunket Society fundraising and construction projects. The building of the Tokoroa Plunket Rooms, shown here, drew women as caterers and men as builders and labourers.

Source: Plunket Society Archives, Hocken. Reproduced with the permission of the Plunket Society.

dozen.”⁷² In addition to finance, women provided their Karitane Hospital with breast milk, fruit, vegetables, and eggs.⁷³ Sewing circles provided the hospital and the local rooms with furnishings and baby clothes, and when men were co-ordinated into working bees to build or maintain rooms, the women provided them with teas and the occasional keg of beer.⁷⁴

However, other aspects of Plunket work took women beyond their usual social boundaries and introduced them to new people. Committee members represented Plunket on other community organisations such as Red Cross, St John’s Ambulance and Catholic Women’s League, and supported their activities.⁷⁵ When new babies were born, committee members paid the mother a personal visit, bearing gifts of clothing, cakes or a Plunket book.⁷⁶ Branch presidents attended annual Dominion Conferences, and committee members travelled to nearby branches for joint meetings and provincial conferences. For Doreen McDonald in Kaitaia that meant travelling regularly throughout Northland, twice-yearly to Wellington, to conferences often held in the South Island, and “meet[ing] wonderful people and mak[ing] some wonderful friends.”⁷⁷ Other branches held regular meetings for members of the area’s sub-branches, with sometimes as many as six sub-branches represented.⁷⁸ This social contact was stressed by many women as the most rewarding aspect of Plunket work;⁷⁹ numerous friendships were made and invitations extended to join other organisations, with the result that “you really become involved in all the local activities.”⁸⁰ Plunket was an organisation that “everybody” belonged to and it attracted women who wanted to meet other like-minded women.⁸¹ There were sometimes opportunities to separate oneself from one’s family:

being on the committee was a night out for the ladies away from their husbands and children; it was fun and we worked hard; we had social occasions.⁸²

More frequently, though, Plunket was a place where women could develop their maternal and family interests and extend them into the community to useful ends. The work

⁷² Joyce Andrews, in an interview for Plunket Oral History Project, 1992, ATL.

⁷³ Annual Reports of Wanganui Branch, Plunket Society, 31 March 1949 and 1960, WRM. Mangaweka Branch sent between 25 dozen and 93 dozen eggs to the Wanganui Karitane Hospital every year from 1925 until 1970, as well as fat for soap making. Alison Dorrian, *Mangaweka and District’s First 100 Years*, Mangaweka, 1984, p. 71.

⁷⁴ Minutes of Waipawa Sub-Branch meeting, 15 March 1959, WSM.

⁷⁵ Annual Reports of Wanganui Branch, Plunket Society, 31 March 1956 and 1959, WRM.

⁷⁶ Joyce Andrews, in an interview for Plunket Oral History Project, 1992, ATL; Annual Report of Wanganui Branch, Plunket Society, 31 March 1958, WRM.

⁷⁷ “Fun and friends best recollections of 42 years in Plunket”, *Northern Advocate*, 21 April 1972, WAR.

⁷⁸ For example, minutes of Waipawa Sub-Branch, Plunket Society meeting, 21 May 1955, WSM; N.S. McKenzie, *Gateway to the Maniototo: A History of Kyeburn and Kokonga Districts*, Ranfurly, 1989, p. 104.

⁷⁹ For example, Ian Simpson (ed), *A Rich Harvest: A History of Waikoikoi West Otago*, Gore, 1980, p. 138.

⁸⁰ “Fun and friends best recollections of 42 years in Plunket”, *Northern Advocate*, 21 April 1972, WAR.

⁸¹ Myra Graham, in an interview for Plunket Oral History Project, 1992, ATL.

⁸² Joyce Andrews, in an interview for Plunket Oral History Project, 1992, ATL.

was seen as interesting and enjoyable from a personal perspective as well as socially important, although the time- and energy-consuming nature of it was also stressed. A Plunket Nurse of the 1950s considered that “the secret with Plunket committees is that they must always feel they’re doing something worthwhile and they’re needed.”⁸³ Women’s comments on the importance and value of their Plunket work would similarly suggest that committee members appreciated the feeling of contributing to a meaningful activity; feelings perhaps unavailable to the women in other aspects of their lives. Shades of King’s eugenicist terms of forty years’ previous sometimes appeared in women’s explanations of their involvement: “my interest in Plunket stems from my interest in the nation. I believe that a nation is only as strong physically, morally and mentally as its individual home unit . . . Plunket cares for the people and it cares for the future of the nation.”⁸⁴

The feeling that Plunket was “not just mothers and babies, it’s the whole family”⁸⁵ was generally felt to be a strength, with women taking their children to daytime Plunket meetings and involving their husbands in building and maintenance work.⁸⁶ The behind-the-scenes support of husbands in women’s Plunket work was frequently acknowledged as necessary in a neat reversal of gender roles; a woman could not be involved in community groups without a supportive husband, just as a man could not work without a wife to manage domestic matters.⁸⁷

Women members’ experiences of the Plunket Society embodied a combination of both feminist and maternalist ideals. While some women enjoyed the development of their mothering skills and knowledge that Plunket work provided them, others found the new opportunities of friends, organising and the occasional independence from one’s family particularly worthwhile. The former were experiences which the Plunket philosophy aimed to create: a reinforcement of women’s role as mother and domestic worker. As such they represent maternalist ideals regarding the supremacy of motherhood. The latter, however, were not foreseen by Plunket. They were experiences which women confined in suburban or rural areas to full-time motherhood were unlikely to access in their daily routines, and were thus valuable and new experiences for them. This widening of personal outlook is particularly suggestive of the later “personal is political” notions of 1970s feminism. That both maternalist and feminist experiences were constructed from the one organisation shows that members could actively shape their organisational involvement to meet their personal needs, in itself a characteristically feminist action of individual agency and self-control.

⁸³ Eleanor Alden, in an interview for Plunket Oral History Project, 1992, ATL.

⁸⁴ “President of Wide ‘Health Clinic’”, *New Zealand Herald*, 10 September 1971, WAR.

⁸⁵ Molly McGovern, in an interview for Plunket Oral History Project, 1992, ATL.

⁸⁶ For example, the installation of plumbing fixtures at the Maungakarama Plunket Rooms, 1947. Maungakarama Reserve Board, *Maungakarama Past and Present*, Maungakarama, 1985, p. 258.

⁸⁷ For example, “President was Plunket Baby”, *NZWW*, 6 October 1962, WAR.

The users of the Plunket services, being a different group of women again from both the local committee members and the national personnel, experienced the Plunket Society rather differently. There was some controversy over the merits of Plunket philosophy, both amongst mothers and more publicly in the pages of women's magazines and through women's organisations.

Mothers' perceptions of the Plunket Society in the post-war period were mixed, and largely depended on the degree of intersection between the Society's focus and the mother's needs. Mothers, particularly first-time mothers seeking physical check-ups and information on growth, weight and nutritional matters, praised the service, and found it reassuring and helpful.⁸⁸ Other mothers, though, found Plunket of limited use and considered it an authoritarian, old-fashioned organisation. Frances Porter, raising her children in Brooklyn, Wellington in the 1950s, found the philosophy "too regimented", particularly the standard weight line which "didn't help anyone" by creating anxiety amongst mothers whose infants failed to develop according to its expectations. She dreaded the Plunket Nurse's appearances and found her manner imperious and condescending:

I remember her coming into the house and immediately pulling the bassinet to bits to see that I had made it properly, whether the pink blanket was on top or whether the sheet was properly put on. Because I wasn't a confident mother, this was totally off-putting . . . when I took my baby to the local Plunket centre, we were pretty hard up at that stage and the [baby] clothes I had, because I was no dressmaker, were a reasonable quality but I didn't have anything fancy, and I remember her [the nurse] saying "Oh, most mothers bring their babies in pretty matinee jackets." It was the wrong thing again [and I felt] I'd never be a good Mum under Plunket.⁸⁹

Geraldine McDonald, also in Wellington, remembered:

The Plunket Nurse came round . . . I said "she [the baby] is crying quite a bit" - "Well, you're overfeeding her and you must stick to a regime" . . . She didn't have anything [to offer me]. She was an old-fashioned Plunket Nurse, and it was just weighing the baby, making sure you stuck to the regime, and don't overfeed. Basically that was it, and she didn't seem to know much else.⁹⁰

These women also disliked the Plunket attitude to mothers. Frances Porter was constantly frustrated at being addressed by the Plunket Nurse and personnel as "mother" and never by her name. She felt "depersonalised" by the habit, and that she was no longer a woman or a person under Plunket, but first and foremost "a mother".⁹¹

The controversy flowed over into the public sphere of magazines. An editorial in the New Zealand Woman's Weekly in August 1955 discussed the trend for mothers to rely more

⁸⁸ Ngaire Klein, in an interview with Heather Knox, 19 September 1994; Margaret Francis, in an interview for Plunket Oral History Project, 1992, ATL.

⁸⁹ In an interview with Heather Knox, 3 June 1994.

⁹⁰ In an interview with Heather Knox, 28 May 1994.

⁹¹ In an interview with Heather Knox, 3 June 1994.



New mothers were visited at home by their local Plunket Sister weekly (or more often) for the first eight to twelve weeks. During consultations, the baby would be weighed, examined and measured, and the nurse would discuss the baby's progress, management and feeding with the mother. The cot, clothing and bath were examined, and the mother's health, diet and daily schedule were discussed.

Source: Plunket Society Archives, Hocken. Reproduced with the permission of the Plunket Society.



As a replacement for house calls, visits to the local Plunket Rooms were recommended at fortnightly intervals for a further three to six months, then monthly for the next six to twelve months. Here Miss Nora Fitzgibbon, working as a relief Plunket Nurse after her resignation as Plunket Society Director of Nursing, studies an infant's progress according to the standard weight line printed in the Plunket Record Book.

Source: Plunket Society Archives, Hocken. Reproduced with the permission of the Plunket Society.

on their “maternal instinct” than science and “the book”, concluding that regimes of regulation, management and organisation were “out of date” and should be rejected in favour of the mother’s own relaxed ideas.⁹² In the ensuing discussion on the relevance of Plunket’s ideology to present-day mothers, one woman went so far as to describe Plunket’s critics as “contemptuous”:

As a young mother, I am expressing amazement at the contempt in which many people seem to hold the Plunket Society. Many people consider it their duty to tackle a new mother on how best to feed, bathe and clothe her baby, and when one mentions what the Plunket nurse advises the invariable and surprising answer is “You don’t want to take too much notice of Plunket nurses; they don’t know everything.”

The same mother denied allegations that Plunket “lays down rules to be strictly adhered to”, stressing that the Plunket Nurse only advised mothers.⁹³ Similarly, a second woman wrote in support of Plunket: “it would undoubtedly be a tragedy if it [*Modern Mothercraft*] really were out of date, as the advice, help and confidence gained from this book are unlimited, and many trips to the doctor made unnecessary.”⁹⁴

Again, it would appear from these letters that many mothers in the 1950s found Plunket services helpful for physical check-ups but tended to perceive the organisation as authoritarian, old-fashioned and regimented. These and similar opinions were also expressed by women in the Parents’ Centre and Play Centre movements in their submissions to the 1959 Consultative Committee on Infant and Pre-School Health Services, which assessed the effectiveness and relevance of New Zealand’s infant health services. Their submissions argued that the Plunket Society’s promotion of outdated ideas was dangerously backward and the Society’s organisational structure inflexible and authoritarian.⁹⁵

These challenges to Plunket’s authority from mothers suggest a more feminist than maternalist voice. Feminism’s goal of widening women’s choices, and its philosophy of recognising social problems and promoting more appropriate alternative systems were all part of mothers’ queries of Plunket’s role and suggestions for change. In contrast, a maternalist response would not acknowledge systemic problems and would be likely to work within the dominant ideology without seeking large-scale change.

The several arms of the Plunket Society’s post-war operations were co-ordinated in a hierarchical organisational structure, and relationships between them reflected this structure. Headquarters gave directions for local committees to carry out, and local committees in turn instructed their Mothers’ Club on its boundaries of operation. The flow of communications

⁹² Jean Wishart, “Science Bows to Maternal Instinct”, *NZWW*, 4 August 1955, p. 1.

⁹³ “Readers Declare”, *NZWW*, 4 March 1957, p. 3.

⁹⁴ “Readers Declare”, *NZWW*, 1 September 1955, p. 5.

⁹⁵ See Chapter Three: Play Centre and Chapter Four: Parents’ Centre on the submissions; also Chapter Five: Conclusion on the inter-relationships of the three organisations.

was largely one-way, with little information feeding from the mothers and committees back to the Dominion bodies, resulting in wide differences in understanding of the meaning of Plunket. Negotiations for changes to these structures were confined to the Mothers' Clubs.

Myra Graham, on the Tai Tapu committee, remembers that policy and decisions "came from [headquarters in] Dunedin; we accepted what we were given"; likewise Margaret Francis recalls her branch doing "everything headquarters suggested."⁹⁶ When branches failed to make the stipulated contributions and responses headquarters was likely to "growl" and in some areas gained a reputation as the "bogy men."⁹⁷ Attempts by committees to influence the Society's administration processes were generally overruled by headquarters staff. A remit to General Conference from Te Awamutu suggesting that in the case of a Plunket Nurse being unavoidably absent, the Branch Committee should be able to temporarily employ qualified nurses without the prior consent of headquarters, was withdrawn following comments from Miss Lusk, the Society's Nursing Adviser. Miss Lusk reiterated the Society's policy in the area, namely that branches should telegram to headquarters staff, who would examine the nurse's record and reply as to whether she was to be employed.⁹⁸ Although this response can be seen as a means of ensuring the employment of quality staff, it also reinforced the role of headquarters staff as decision-makers and local committees as powerless.

Even matters on which mothers had the greatest amount of experience and knowledge were overruled by staff, with little discussion of the various perspectives on the issue at hand. A 1952 remit suggesting the abolition of the standard weight line in Plunket record books due to the anxiety and spirit of competition it engendered in mothers was not put to the conference. Dr Deem spoke to the remit, saying that if nurses explained variations in progress adequately, mothers would not worry.⁹⁹ Similarly, suggestions for social change were often altered or withdrawn as a result of staff intervention. A conference remit from Wellington calling for more severe penalties for sexual offenders against children was contested by Neil Begg, Medical Director, and altered to emphasise preventive measures.¹⁰⁰ As a result of these comments, committee members tended to see headquarters and Dominion level women as fulfilling a more important role than themselves; to hold a position at the local level was "humble" and at Dominion level a high achievement:

To those who regard the Dominion presidency as a lofty achievement, far above their aspiration, Mrs Ryburn reminds them that she reached this high office from the humble beginning as a sub-branch member.¹⁰¹

Relations between Mothers' Clubs and branches were generally co-operative, although problems arose over financial issues, and one Club used its organisation to campaign against

⁹⁶ In interviews for Plunket Oral History Project, 1992, ATL.

⁹⁷ Margaret Francis, in an interview for Plunket Oral History Project, 1992, ATL.

⁹⁸ Report of Annual General Conference of Plunket Society, 29-30 November 1950, Hocken.

⁹⁹ Report of Annual General Conference of Plunket Society, 18-20 November 1952, Hocken.

¹⁰⁰ Report of Annual General Conference of Plunket Society, 30-31 October 1956, Hocken.

¹⁰¹ "President was a Plunket baby", *NZWW*, 6 October 1962, WAR.

their local Plunket Branch. Mothers' Clubs were not fundraising bodies and therefore could not operate financially independently of the branch. The Pahiatua Club changed its name and dissociated itself from the Plunket Society after its request to open its own bank account was declined by its branch.¹⁰² In Waipawa, the Mothers' Club became incensed by the manner in which the branch committee treated its nurse and initiated a campaign of public meetings, press exposure and complaints to the Dominion Council.¹⁰³ The Mothers' Clubs treated their nurse as an authority, inviting her to speak to their meetings or join them for supper as a special guest.¹⁰⁴ This increased contact between nurse and mothers often led to a more informal mother-nurse relationship, increased attendance at clinics, and increased receptivity to the nurse's advice.¹⁰⁵

The organisational distance between mothers and the Dominion bodies led to a poor working relationship. Mothers were often unaware of the policy changes discussed at Dominion level, as evidenced in their perceptions of the Society as outdated and authoritarian, and the Dominion body was unaware of the position of mothers. With many mothers coming into contact with alternative childcare ideas and organisations such as Parents' Centre, Play Centre and La Leche League, wider options were presenting themselves and mothers were able to consider combining Plunket ideology with that of other groups. The Plunket Society was aware of these alternatives, but felt it had adapted its advice to a more flexible approach which took account of social change. The Dominion Council believed that its current "middle of the road" policy of four-hourly feeding, for example, was "considerably modified" from earlier Plunket ideologies and "enable[d] mothers to cope with the many responsibilities associated with the home and to fit in with individual circumstances."¹⁰⁶ Similarly, there is evidence that some mothers in the 1950s sought information and preparation for childbirth, and more mother-focused parenting information,¹⁰⁷ whereas Plunket continued to avoid discussions of childbirth and focused instead on the needs of the infant and the family throughout the 1950s. Despite, also, an awareness that Plunket Nurses' advice was being disregarded, the Society did not attempt to investigate mothers' reception further. Rather, it was felt that the best response was to promote the worth of Plunket through personal means such as Mothers' Clubs.¹⁰⁸ Ironically, it was possibly these clubs which were introducing mothers to alternative parenting ideas through increased social contact with other mothers.

¹⁰² Report by Mrs Jack of Karori Plunket Mothers' Club regarding guidelines for Plunket Mothers' Clubs, June 1956, Hocken.

¹⁰³ The dispute is only briefly mentioned in the minutes of the Waipawa Mothers' Club meeting, 10 July 1954, WSM; more detailed records are in the Dominion Council's correspondence with Waipawa Branch, Hocken.

¹⁰⁴ For example, Bernard L. Wells, *The Fruits of Labour: A History of the Moutere Hills Area served by the Port of Mapua*, Nelson, 1990, pp. 365-369.

¹⁰⁵ Eleanor Alden, in an interview for Plunket Oral History Project, 1992, ATL.

¹⁰⁶ Annual Report of Dominion Council of Plunket Society, 1950, Hocken.

¹⁰⁷ See Chapter Four: Parents' Centre.

¹⁰⁸ Report of Annual General Conference of Plunket Society, 30-31 October 1956, Hocken.

In the post-World War II period the Plunket Society's philosophy and processes were largely maternalist and conformist. It endorsed a family- and child-centred parenting ethic, reflecting the contemporary social emphasis on the strength of the nuclear family, and the necessity of full-time motherhood. Its expectation of women members as supporters rather than decision-makers was in line with contemporary gender constructions of women as "behind-the-scenes" workers. The Society was generally concerned with promoting this philosophy to a wider audience, and with extending its services to all mothers regardless of social or ethnic origin. On those occasions when it was politically active, it pressed for relatively minor and non-controversial modifications to current policies. The users of the Society's services were largely distanced from the locus of decision-making, and the members of the local committees were generally involved with matters of support and maintenance. All of these characteristics are consistent with maternalism as a conformist, non-challenging ideology which did not specifically aim to empower women either in its philosophy or its implementation.

Although parts of the Plunket Society's operations resulted in characteristically feminist experiences for women, particularly the widening of women's experiences, this was not their original intention. Committee members, expected to support and maintain the Society's activities, have stressed experiences of job satisfaction and value, and making friends, as the most fulfilling aspects of their involvement. Similarly, Mothers' Clubs, intended to maintain mothers' interest in the Society's activities, were instead transformed into largely social environments.

These developments suggest that Plunket in the post-war period sought to fulfill a different agenda from its members. The Society followed a maternalist line of philosophy, organisation and policy, although some women indicated that they wanted more typically "feminist" experiences from the Society: increased input and involvement in the Society's policy formulation, more acknowledgement of their opinions, and more responsible roles for members than committee work. The Society expected its prioritising of family and infant health concerns, for example, to suit young mothers, whereas in practice mothers showed they also wanted personal satisfaction and pleasure. Women's use of the services for their own benefit, ultimately enjoying experiences of friendship and satisfaction, suggests a degree of agency on the part of mothers of the 1950s in securing for themselves, through Plunket involvement, experiences that were possibly difficult for them to achieve elsewhere.

Contributing to the divergence of the Plunket Society's and mothers' expectations were the Society's hierarchical organisational structure and the lack of active involvement on the part of mothers. The users of the service were removed from the locus of decision-making and active Society involvement, creating both a lack of awareness of mothers' needs on the part of the Society, and an accompanying lack of appreciation of philosophical change on the part of mothers.

Some of those women who felt the Plunket philosophy inappropriate, and did not wish to work within its structure, formed alternative parenting movements with different

motivations, ideas and organisation, such as the Parents' Centre and Play Centre movements. The Play Centre movement, in particular, rejected hierarchical structures in favour of a more de-centralised system which gave women members more control over their own organisation. However despite a very different philosophy it was at times equally as dogmatic as the Plunket Society.

CHAPTER THREE

PLAY CENTRE - A MATERNALIST EARLY CHILDHOOD MOVEMENT WITH A FEMINIST BASIS

The Play Centre movement of the 1950s incorporated feminist elements alongside its maternalist interests in a more balanced manner than the Plunket Society's strongly maternalist orientation. Play Centre's basic philosophy, policies and structure all reflected feminist recognitions of gender-based systemic inadequacies, and a commitment to the provision of a woman-centred alternative within a de-centralised structure which empowered women with control and agency. However the movement's philosophy was a product not only of concerns over gender issues such as the widespread lack of household help, but also of current early childhood education practices. The process of amalgamation failed to retain both objectives, and the commitment to developing a facility for progressive early childhood education eventually over-rode the provision of domestic relief and leisure time for mothers. The resultant philosophy focused on the needs of children at the expense of mothers, and emphasised roles other than motherhood as inappropriate for women with children. Thus Play Centre philosophy showed both maternalist and feminist elements. The typically maternalist belief in the supremacy of motherhood was coupled with a feminist recognition of problematic gender relations and a desire to formulate an alternative. The benefits Play Centre was able to offer women, though, appear to be more feminist than maternalist in nature. Training programmes and educational courses led to the widening of women's knowledge, skills and social circles, and for some women had lifelong personal and vocational consequences.

This chapter examines the Play Centre philosophy, its roots and influences, and explores the inherent contradictions within it, before discussing the nature of the movement's policies and processes, membership, impact on individual members and structure in the 1950s.

The progressive educational methods being developed overseas filtered into New Zealand from the 1920s, and stimulated new initiatives in education, particularly pre-school education.

The new perspectives on childhood and child-rearing of the inter-war years evolved from the plans of post-World War I Europe for a democratic, free education system.¹ Sigmund Freud's and Jean Piaget's theoretical work on the psychology of infants, and the practical experimental programmes of Maria Montessori and Susan Isaacs, centred on creating a learning environment for young children which focused specifically on children's special needs and abilities. Dr Isaacs' philosophy of "learning by doing" was based on harnessing children's inherent impulses of curiosity and spontaneity, impulses generally ignored or inhibited by contemporary educational methods. She encouraged children to actively think, enquire and explore the world around them, and saw the task of the school to "open the facts of the external world to him [the child] in such a way that he can seize and understand them".² From 1924 these ideas were put into practice at Dr Isaacs' Malting House School in Cambridge, England, where children engaged in free activity and play with adult encouragement.³

Dr Isaacs in turn drew on the work of Maria Montessori, and her idea that young children were human, and able to partake in real human experience provided it was graded to the child's capacities.⁴ Dr Montessori's Casa Dei Bambini (Children's Houses) in San Lorenza, Italy, in the early decades of the century, provided an environment for children's self-education, with little adult intervention, and allowed children to discover for themselves what best suited their own level of development and interest.⁵

New Zealand was first introduced to these ideas in the 1920s by people such as James Shelley, New Zealand's first Professor of Education, who came from Manchester University to Canterbury University College in 1921.⁶ Clarence Beeby, an educationist himself greatly influenced by Shelley, wrote that he brought "new life" to the study of education in New Zealand,⁷ and "a breadth and a dramatic quality that it had never known".⁸ What Shelley's theory was, exactly, is unclear. Clarence Beeby remembers:

We knew what he *disliked* in education. He was at his dramatic best in excoriating hidebound systems of schooling that relied on rote memorising of formal facts and figures, that neglected the individual child and that denied creative activity, mental and physical, to eager childhood and youth. But he was vague about the kind of school that should replace the flawed ones that we knew, and even vaguer about the best means of proceeding from the imperfect present to the glowing future.⁹

¹ Helen May, "Learning Through Play: Women, Progressivism and Early Childhood Education, 1920s-1950s", in Women and Education in Aotearoa 2, Sue Middleton and Alison Jones (eds), Wellington, 1992, pp. 83-101.

² Susan Isaacs, Intellectual Growth in Young Children, London, 1930, p. 20.

³ *ibid*, pp. 23-48.

⁴ *ibid*, p. 21.

⁵ Ailsa Densem, The Playcentre Way, Auckland, 1980, p. 121.

⁶ See also Ian Carter, Gadfly: The Life and Times of James Shelley, Auckland, 1993, pp. 131-166.

⁷ *ibid*, p. 85.

⁸ C. E. Beeby, The Biography of an Idea: Beeby on Education, Wellington, 1992, p. 44.

⁹ *ibid*, p. 48.

Nevertheless, Shelley's ideas were to heavily influence the primary school teaching of several teachers. Some, such as Moira Gallagher, Gwen Alley (later Somerset) and Beatrice Newnham (later Beeby), took his ideas into their early childhood education experiments also. These teachers challenged the contemporary expectation of teaching as strict, regimented and controlled, and explored new ways of teaching. Moira Gallagher's classes split their day between conventional schoolwork and free activity - sewing, drawing, writing stories, reading, in fact "anything we thought would help them along".¹⁰ Similarly, Gwen and Crawford Somerset shared a belief in an "open classroom" style of learning. Although teaching elsewhere since 1914, it was their classes at Oxford, Canterbury, from 1922 to 1938 which developed their teaching philosophy. The Somersets allowed the children to engage in free activity, indoors and outdoors, and encouraged individuals to develop at their own pace. Drama, role-playing, nature walks and handcrafts were part of the school day in addition to reading, writing and arithmetic.¹¹

The initial response of contemporary educationists to these new ideas was largely one of suspicion, although as the progressive ideology reached a larger audience the level of acceptance grew. Moira Gallagher, working at the same school as similarly-minded Isobel Little in the 1920s, remembered that their "activity programme" learning style was tolerated until Little retired:

The inspectors came in the next Monday after she had finished and said, "There is going to be no more of that nonsense". They came and set things right and we were told to get on with the serious business of learning. I stayed on and just carried on with my wicked ways.¹²

The Somersets encountered curiosity and astonishment at the good results attained by their unconventional means:

When the Inspectors came . . . [they] were puzzled, not complaining, but not understanding why these extraordinary methods seemed to produce acceptable results. I tried to explain . . . I was treated to a long earnest dissertation on the grading of teachers and also the accepted methods that qualified anyone to reach top grades. He ended with the observation, "But I really cannot understand how your children answered all my questions quite easily". He seemed to think there had been some 'skullduggery' around.¹³

Progressive methods were legitimated to some extent, however, by the government's endorsement of the New Educational Fellowship (NEF) conference in 1937. The NEF, an international organisation which discussed and promoted new developments in educational thought and practice, was holding a conference in Australia, and the New Zealand government took the opportunity to bring the conference to a New Zealand audience. Fourteen educationists from seven countries, including the noted Susan Isaacs, gave week-long presentations in the four main centres to large audiences of teachers, parents and the

¹⁰ Quoted in May, p. 86.

¹¹ Gwen Somerset, *Sunshine and Shadow*, Auckland, 1988, pp. 137-165.

¹² Quoted in May, p. 86.

¹³ Somerset, p. 149.

public. Speakers discussed such issues as the importance of the individual child, criticised the role of inspectors and examinations in schools, and called for more activity in the classroom; topics which in the New Zealand of 1937 “only a visitor could say . . . publicly and be listened to in silent respect”.¹⁴ The lectures sparked passionate debates not only amongst educators, but the public and the press, and it was felt that an “educational renaissance” was underway.¹⁵ To an intellectually isolated nation which rarely encountered overseas professionals, it was a remarkable experience.¹⁶

Educators of the time credit the NEF conference with creating an environment in New Zealand in which new progressive ideas could be discussed, developed and put into practice. Certainly one direct benefit of the conference for progressive educationists was the donation of surplus funds to the Christchurch and Wellington Nursery Play Centre Associations.¹⁷ The extent of Isaacs’ and other progressives’ influence on pre-school education in New Zealand is clarified through an examination of the pre-school programmes and philosophies which were initiated in various centres in the late 1930s and early 1940s. However, these programmes were also created to help women who needed or wanted relief from full-time childcare. Domestic service had declined dramatically since the mid-1930s, and since the beginning of World War II the domestic help of fathers and husbands was often unavailable. The combination of groups centred on the fulfilment of these women’s domestic needs with women interested in the educational needs of their children was to form the basis of the Play Centre movement.

In Christchurch, English educationist Doreen Dalton (later McMeekin) opened nursery play centres that aimed to serve the needs of both children and mothers. Doreen, a student of Susan Isaacs, came to New Zealand from London in 1938 to lecture in child development for Adult Education at Canterbury University College. Doreen opened demonstration Nursery Schools at Rangiora High School (1938), Papanui Technical High School (1940), and Avonside Girls’ High School (1943). These nurseries aimed to provide high school girls with practical experience of mothercraft in addition to expanding the children’s social experiences and giving the mothers some relief from childcare responsibilities.

Although little is known about the other nursery schools, accounts of the Rangiora Nursery School indicate that the co-operation of doctors, the local Plunket nurse, parents and townspeople created a centre which successfully served the needs of mothers, children and students.¹⁸ The programme was a semi-structured one, with set times for meals and rests

¹⁴ Beeby, p. 104.

¹⁵ Peter Fraser, quoted in Beeby, p. 106.

¹⁶ Beeby, pp. 103-105.

¹⁷ Geraldine McDonald, “Educational Innovation: The Case of the New Zealand Play Centre”, *New Zealand Journal of Educational Studies*, 9:2 (1974), p. 156.

¹⁸ “Christchurch Association: The First Twenty-One years, 1941-1962”, *Play Centre Journal*, 7 (May 1962), pp. 5-8; Society for Research on Women (Christchurch Branch), *Parentcraft Education*,

interspersed with periods of free play,¹⁹ in a similar manner to programmes run by Susan Isaacs in England. Mothers were able to leave their children and gain valuable “freedom in which to be themselves and follow their own interests.”²⁰ So popular was the Nursery School that within two years of its opening in November 1938 a waiting list had developed and the school had to open an extra day a week to accommodate all the children.²¹ The play programme, parental involvement and educational aspects of the Rangiora Nursery School were all continued into the Play Centre movement.

In Wellington, a group of mothers established a co-operative child-minding circle, primarily to relieve mothers of the full-time responsibility of childcare. Two of the women, Joan Wood and Inge Smithells, had husbands overseas on active war service and felt a need for some help in the task of child-rearing. They wanted other mothers to provide that substitute care, and co-opted the help of their friend Beatrice Beeby to plan the group. All three women were well-travelled and well-educated in their own right, in addition to having husbands in influential educational positions. Of particular influence to the group’s evolution were Beatrice Beeby’s practical and theoretical knowledge of child psychology, and Inge’s experiences of Danish and English co-operative ventures.²²

The trio’s discussions resulted in a plan incorporating both the participation of mothers and the employment of a trained childcare worker. Mothers were to pay a monthly fee to cover the supervisor’s wage and a small amount each time the child attended to cover equipment and sundry expenses. The supervisor would be assisted by the mothers themselves, rostered on two at a time.²³ The programme was organised with set periods for planned activities, and closely followed that of kindergartens, partly a result of hiring former kindergarten teachers as supervisors. The first such group, calling itself a Nursery Play Centre, was opened in Karori in April 1941, and a second followed in Kelburn in June. With Wadestown, Alicetown and Khandallah showing interest in establishing Play Centres, a formal organisation was felt necessary and the Wellington Nursery Play Centres’ Association was formed in July 1941. The Association’s aim was:

to provide (a) leisure time for mothers, (b) opportunities for the social development of the pre-school child; these benefits should be provided on the part of mothers (i.e. by taking the responsibility of caring for the children, and by making the Play Centre self-supporting).²⁴

Christchurch, 1979, p. 3; “The Rangiora Nursery School - Learning By Play”, *Woman Today*, 3:7 (October 1939), p. 3; “Rangiora’s Nursery School”, *Woman Today*, 3:6 (September 1939), pp. 12-13; “The Nursery School A Unique Experiment”, loose clipping in P & EC Archive file, possibly Rangiora High School Centennial publication, c. 1980s.

¹⁹ “The Rangiora Nursery School - Learning By Play”, *Woman Today*, 3:7 (October 1939), p. 3.

²⁰ “Rangiora’s Nursery School”, *Woman Today*, 3:6 (September 1939), pp. 12-13.

²¹ “The Nursery School A Unique Experiment”, loose clipping in P & EC Archive file, possibly Rangiora High School Centennial publication, c. 1980s.

²² More detailed biographical notes appear in the Appendix.

²³ Joan Wood, “Early History of Play Centres, 1941-1948”, *Play Centre Journal*, 7 (May 1962), pp. 2-3.

²⁴ Minutes of Wellington Nursery Play Centres’ Association meeting, 14 August 1941, ATL.

The Wellington model soon spread further afield through personal networks and contacts, and was to form the basis of the Play Centre movement.²⁵ Inge Smithells made visits to Christchurch in 1941 and 1942, where Doreen Dalton helped her establish the Canterbury Nursery Play Centres' Association in 1941, and served as its first President. Doreen travelled to South Canterbury and the West Coast speaking to public meetings about progressive education philosophies and encouraging the establishment of play centres,²⁶ and as a result the Association expanded to include rural areas in Westland and Canterbury as well as urban Christchurch by the late 1940s.²⁷ Inge Smithells also took Play Centre to Palmerston North in 1943, where three centres opened that year.²⁸ Shirley Anderson introduced Play Centre to Dunedin in 1949, and a Mrs Keys took the idea with her to Remuera.²⁹ By 1945 Mrs Keys had developed a Play Centre with sixty mothers on the roll,³⁰ and she became organising secretary of the Auckland Nursery Play Centres' Association on its formation in 1945.³¹

Meanwhile in Feilding, Gwen Somerset had set up a pre-school play group also for the primary benefit of parents, reflecting her long-standing desire to involve parents in early childhood education. Her experiences of growing up in a large family, and as a primary school teacher, had developed her awareness of the link between home and school education, and she was committed to fulfilling the "social and emotional needs of a family as well as the more obvious physical and mental needs".³² While overseas on a Carnegie Fellowship in 1936, Gwen had been disappointed by her observations of pre-school education centres in Great Britain and the United States, which seemed intent on "tak[ing] children away from the harmful influence of parents",³³ and she returned to New Zealand determined to develop a programme which would promote an effective parent-school relationship.

At Feilding Community Centre, where Gwen and her husband Crawford had come in 1938 as adult educators, a nursery school evolved from a parents' weekly discussion group on child-rearing problems. Gwen soon recognised that there was a further need, beyond discussion amongst adults, for "practical experience with a group of young children where

²⁵ For accounts of the early development of the Wellington, Auckland, Christchurch, Palmerston North, Buller and Dunedin Play Centre movements, see *Play Centre Journal*, 7 (May 1962), pp. 3-17.

²⁶ "Nursery Play Centres", *Timaru Herald*, 8 September, 1942.

²⁷ The Play Centres on the West Coast later disaffiliated from the Canterbury Association and formed the Buller Play Centre Association in 1957. Kerry Carati, "The Way We Were", *Playcentre Journal*, Term 1 1991, pp. 12-13.

²⁸ Patricia Malthus, "An Account of the Development of Nursery Play Centres in Central Districts 1943-1973", Diploma of Education thesis (Massey University, 1979), p. 2; Joan Ward, in an interview with Heather Knox, 22 September 1994.

²⁹ Densem, p. 98.

³⁰ Minutes of Provisional Day Nursery Committee meeting, 3 May 1945, A I&M.

³¹ Minutes of Auckland Nursery Play Centres' Association meeting, 14 August 1945, A I&M.

³² Somerset, p. 183. Gwen Somerset, "The Beginnings of Parent Involvement", in *Hugs and Hassles*, Lorraine Whitwell (ed), Auckland, 1989, p. 9.

³³ Somerset (1989), p. 10.

their early development through free, spontaneous activity (or play) could be observed and shared by parents.”³⁴ The nursery school, opened in September 1938, fulfilled this need: it was “the means by which the parents learned about children’s play and behaviour and gained some insights into the way they could give their children the basic requirements for development.”³⁵

This programme thus fulfilled several of Gwen’s educational objectives simultaneously, educating parents about their children, ensuring parental co-operation in education from an early stage, and providing free, spontaneous, group play for children. In addition, Gwen observed that parent involvement in this instance contributed to women’s self-development, raising their awareness of themselves as capable and creative individuals.³⁶ Throughout her lengthy and considerable involvement with the Play Centre movement, Gwen was to prioritise the parent education component of Play Centre.

The Wellington, Feilding and Rangiora childcare groups were all inspired by women with needs and problems not addressed by existing services. Parenting education, generally available only from the Plunket Society in the 1940s, was limited and, according to some, outdated. It centred on the physical aspects of childcare despite a social and medical move towards psychological approaches. Kindergartens took children for longer periods of time - half a day - without any compulsory mother involvement, and followed a more structured programme. The session was broken up into periods of different types of play, with a scheduled morning tea break and rest time, which the whole group followed. Trained kindergarten teachers supervised the session, leaving mothers to work behind the scenes, fundraising, administrating and organising.³⁷

These existing services were founded on ideas contrary to the basic beliefs of the early Play Centre groups - that mothers were capable of educating their children themselves, without relying on established institutions and trained staff, and that observing children at play could help parents. Anecdotal evidence suggests that it was Play Centre’s emphasis on parent education and participation, and its lack of structured scheduling that led mothers to choose it in preference to kindergarten. In the light of John Bowlby’s research, mothers wanted to be involved in their children’s education; and given the lack of opportunities for mothers to take paid work or return to studies, Play Centre provided an acceptable avenue to work and learning.

However, beyond their common experience of women organising to address their own needs, and their common interest in child-care, the groups which were to amalgamate into the New Zealand Federation of Nursery Play Centres’ Associations in 1948 had

³⁴ *ibid*, p. 11.

³⁵ Notes on an address to the New Zealand Federation of Nursery Play Centres Associations, 1 May 1948, Gwen Somerset, ATL.

³⁶ Somerset (1989), p. 14.

³⁷ Beryl Hughes, Flags and Building Blocks, Formality and Fun: One Hundred Years of Free Kindergarten in New Zealand, Wellington, 1989, pp. 39-41.

divergent interests and goals.³⁸ These interests represented both feminist and maternalist ideologies. The Wellington women, those in Rangiora and others they inspired elsewhere, recognised the stresses full-time motherhood place on women and hoped to gain some personal leisure time. Their recognition of gender-based inequalities and a desire to create a woman-centred alternative for women's benefit reflecting typically feminist goals. The Feilding women were more maternalist in that they prioritised the extension of their mothering skills and knowledge and wanted to observe and learn from their children in order to be better parents. As a result the philosophy which resulted from the amalgamation emphasised two parallel concerns - the good of the child and the good of the parents.

The Play Centre philosophy of the 1950s saw children as needing new experiences, adventures and companionship for their growth, and parents as needing education for better parenthood; the original goal of relieving mothers of full child-rearing responsibility was over-ridden by the evolution of concerns for the needs of children.

Play Centre's approach to early childhood education was based on a developmental view of growth, and emphasised the importance of play as a learning tool. Children were seen as little adults, who deserved the same respect accorded "real" adults. The similarities between the play of adults and that of children were repeatedly stressed to underscore this sharing of experience. Children's activities were valued, and given equal, if not greater, status to those of adults. The 1965 publication Living and Learning With Children, written as a textbook for supervisors and other interested parents, set out important qualities of parenting, and reinforced ideas of respect and understanding:

recognizing the plan of development, the nature of unfolding maturation, and the cues of readiness to learn; *providing* for the basic needs with a loving emotional tone; understanding what the child is like and what may be involved in various aspects of his growth. Stated another way, all this implies loving the child for himself, accepting him for himself, always approving of *him*, even when disapproving of *his actions*, and being natural, sincere and consistent.³⁹

A "firm but permissive" approach to childrearing was advocated with the imposition of few restrictions and demands in order to allow the child to develop and grow freely. Learning was seen as a developmental process, the "constant changing of behaviour through guidance, practice and experience",⁴⁰ and play as an integral part of a child's learning. Play was defined as an activity carried out for its own sake, often with no particular end in view, and was

³⁸ Although an initial meeting was held in 1946 to discuss the Federation's constitution, the first meeting of the Federation took place in 1948. Minutes of New Zealand Federation of Nursery Play Centres' Associations meetings, 12 December 1946 and 1 May 1948, ATL.

³⁹ C.G.N. Hill, Gwen Somerset and Alex Grey, Living and Learning With Children, Wellington, 1965, p. 18.

⁴⁰ *ibid*, p. 20.

recognised as an experience which encouraged physical and intellectual growth, character development and self expression:

His [the child's] personality develops as he plays creatively. As he becomes more skilful with his hands, he learns independence. His language develops and his speech improves as play stimulates his imagination and his reasoning. Free, spontaneous play develops to the full the capacity of a young child.⁴¹

In addition, play was believed to develop intelligence, help emotions to mature, create friendships and foster healthy physical growth. It was expected to change one's outlook, build character, help deal with reality, and be enjoyable. Thus, to improve children's chances for play was to also provide them with opportunities for growth, development and learning.

The involvement of parents in Play Centre served the interests of both the individual centre and the parents. Mothers could learn parenting skills and acquire knowledge of their children's development through mother-helping, and fathers could learn through conversations with their wives or directly through attending talks and lectures.⁴² The training of mothers as Play Centre supervisors, originally instigated due to a shortage of kindergarten teachers available for employment,⁴³ became an extension of this parent education programme. Having mothers as supervisors benefitted women seeking employment and knowledge, but also enabled the Play Centre to promote itself as an extension of the home, rather than a substitute. In addition, the appearance of Bowlby's maternal deprivation research led Play Centre to see parent participation as psychologically essential, and the previous desires of mothers for leisure time as selfish and damaging:

The co-operation of the Mother is a necessary factor [in fostering emotional stability] . . . We consider that a child under five years should be very closely associated with his mother and his home, and that too long or too frequent separation during these years leads to insecurity and a feeling of deprivation.⁴⁴

It was felt that having the mother involved and often present at Play Centre showed the child the strength of her love and dedication, qualities seen as necessary for mental and emotional development. Even when discussing women's role in the Play Centre, then, the needs of children were in the foreground.

The Play Centre philosophy of the 1950s reflected the feminist and maternalist concerns of its original groups for both parents and children. The movement sought to empower women with parenting skills and knowledge, indicating a feminist concern for women's growth. Simultaneously, Play Centre stressed the necessity of full-time motherhood for women, and emphasised children's needs, in a characteristically maternalist manner. It was to be the particular challenge of the movement's policies, members and structure to successfully combine these divergent philosophical concerns in practice.

⁴¹ Gwen Somerset, *Play and How To Provide For It*, Wellington, n.d., p. 2.

⁴² Minutes of Federation of Nursery Play Centres' Associations' Sub-committee on Education meeting, 28-29 August 1953, ATL.

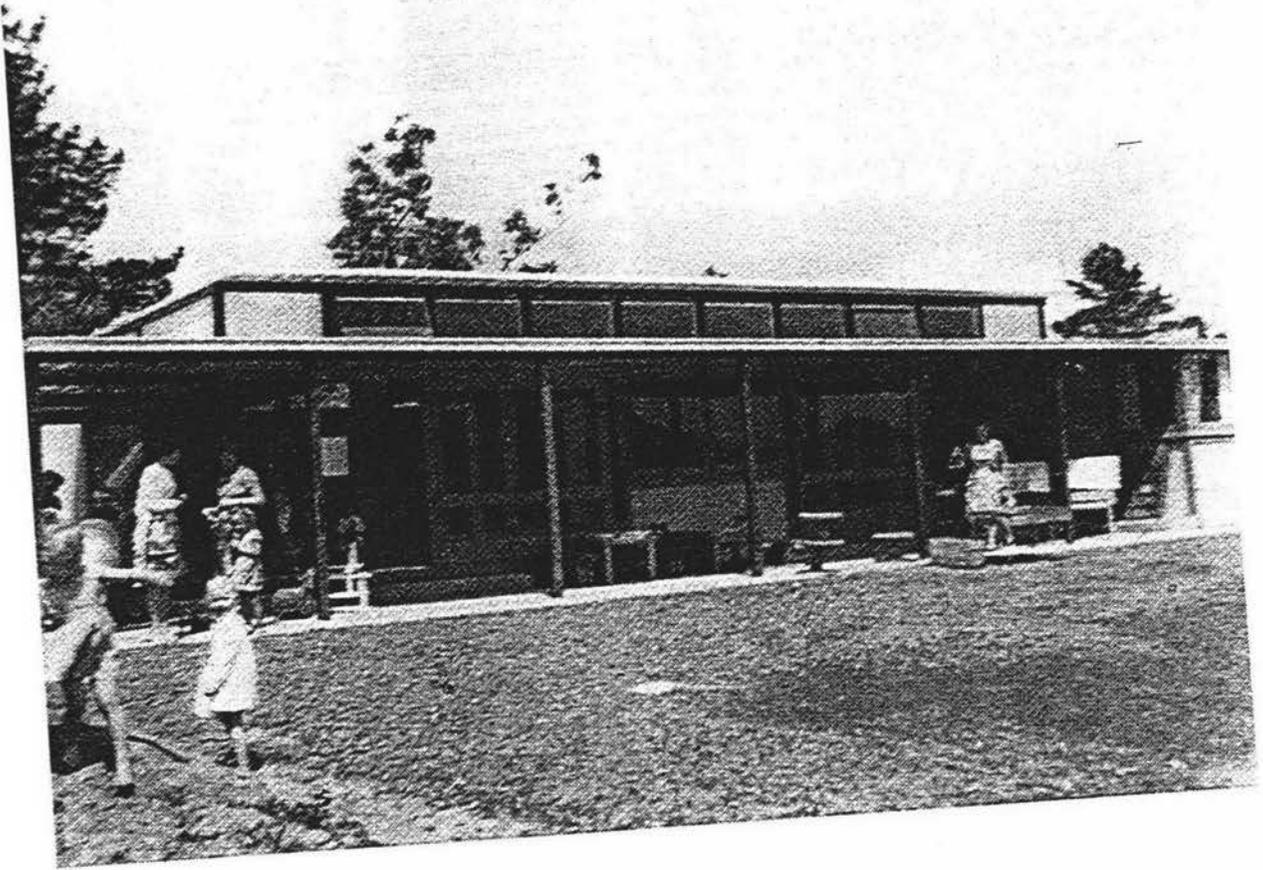
⁴³ Wood, p. 3.

⁴⁴ Annual Report of the Federation of Nursery Play Centres' Associations, 28 April 1951, ATL.



The Play Centre movement viewed play as an opportunity for children to develop their emotional expression.

Source: Alex Grey, Preparing for Children's Play, Auckland, 1963. Reproduced with the permission of the New Zealand Playcentre Federation.



A building designed and constructed for Warkworth Play Centre, with indoor and outdoor play areas, and a covered verandah for all-weather outdoor play.

Source: Alex Grey, Helping in the Centre, Auckland, 1964. Reproduced with the permission of the New Zealand Playcentre Federation.



Mother-helping at Play Centre was confined to an encouraging, rather than instructional, role. Here, children explore the tree and sand area at Turangi-Tokaanu Play Centre while an adult watches.

Source: Alex Grey, Helping in the Centre, Auckland, 1964. Reproduced with the permission of the New Zealand Playcentre Federation.

Play Centre's policies in the 1950s aimed to fulfil both women's and children's needs, and to promote Play Centre's particular brand of early childhood care to a wider audience. Individual centres and Associations ran extensive parent education programmes designed to benefit the whole family, while the national body worked to develop the Play Centre identity and to widen public and institutional awareness of the movement's ideas. The needs of mothers appear to have been less highly prioritised by the national body than those of children, with particular emphasis placed on the need for changes to government health and education policy. Lobbying was carried out through direct personal and written approaches to institutions and individuals, and through submissions to Select Committees.

Parent education was comprehensive, extended beyond the Play Centre, and reflected the movement's desire to empower parents with knowledge. All new parents were required to attend a compulsory series of introductory lectures at the time of their child's enrolment to ensure members were equally familiar with the core aspects of Play Centre philosophy from the outset. These discussed the importance of play in children's learning and growth, and the Play Centre structure. All mothers were then required to help in the centre on a roster system, and were encouraged to take the supervisor training courses run by the Association. The requirements for the supervisor's certificate included the completion of written work, the observation of children, visits to other centres, participation in discussions and attendance at meetings. Training and refresher courses were lengthy and covered early childhood needs, the parent-child relationship, play, learning, guidance strategies and practical skills such as story telling and singing.⁴⁵ The thoroughness of this training was seen as mutually beneficial to the child, the parent, the home and the Play Centre, reflecting the movement's belief in the importance of education to home and family life.⁴⁶

Play Centres ran adult education courses on other parenting issues than those of concern to Play Centre also, broadening parents' horizons even further. The Palmerston North Association organised winter lecture series, open to all members, with external speakers. Sessions included a librarian from the National Library School on children's books, a lecture on overseas nursery schools, an art teacher on children's art, film evenings and a discussion of the transition from Play Centre to school.⁴⁷ Panel discussions on parenting problems were also popular in Palmerston North, and at least one was held each term

⁴⁵ In 1952, three of the five Associations ran training courses of at least twenty-four lectures, as well as practical sessions, weekend schools, and refresher courses. The other two Associations ran ten- and twelve-lecture courses. Report of Dominion Advisor to Federation of Nursery Play Centres' Associations, 1 May 1953; "News from N.P.C. Associations", *Play Centre Journal*, 4 (May 1958), p. 14; Minutes of Central Districts' Play Centres' Association's Central Committee meeting, 26 March 1953, PNL.

⁴⁶ Circular letter from Gwen Somerset to Associations, 27 January 1952, PNL.

⁴⁷ Minutes of Central Districts' Play Centres' Association's Central Committee meeting, 8 May 1952, PNL.

throughout the 1950s. Several centres organised occasional courses in leadership and meeting procedure for supervisors, office-holders and general members.⁴⁸

As a relatively new national association, the Play Centre movement in the 1950s was also concerned with establishing and maintaining a distinct organisational identity. Members felt the need to “decide clearly” the place of Play Centre in the pre-school field in the interests of internal cohesion, and for external appearances.⁴⁹ Funding applications to the Education Department were thwarted on occasion as a result of Departmental misperceptions of Play Centre’s particular contribution to New Zealand family life, and clarification was an ongoing process throughout the decade.⁵⁰ The movement’s goal, substantiated by meetings with the Kindergarten Union and canvassing members’ opinions, was to work alongside similar groups while still preserving elements of difference.⁵¹ The current organisational co-operation in terms of sharing resources, training and problem-solving strategies was thought valuable, but it was also realised that too much sharing could lead to the absorption of one group into another.⁵² Betty Odell, a member of the Play Centre Policy Committee, reported on kindergartens’ partial adoption of parent helping with both pleasure and concern: “Our [Play Centre’s] future depends on being different - widely different. Otherwise we have no reason for existence. At present the tendency . . . is to become more and more similar.”⁵³

Simultaneous with the process of establishing an identity was its maintenance in diverse environments. Rural Play Centres mushroomed from the mid-1950s, from 49 in 1955 to 81 in 1960 (see Figure 3.1). These Play Centres, being more than 12 miles from a main city, were more distant from training and support services. Queenstown Play Centre, for example, was part of the Dunedin Association, and its members had to travel considerable distances to attend regular Association training courses.⁵⁴ Teaching methods and organisational structures were adapted to suit these different needs by the Play Centre

⁴⁸ Geraldine McDonald, in an interview with Heather Knox, 28 May 1994.

⁴⁹ Letter from Lex Grey to Gwen Somerset, 14 April 1954, ATL.

⁵⁰ Play Centre’s first application for increased government funding was under discussion for two years before fulfilment due to the belief of the Associate Director of Education, Mr Ball, that Play Centre and Kindergarten were duplicating each other’s services. Notes on the N.P.C. Deputation to the Education Department on Thursday, 6 May 1954, ATL; Minutes of Federation of Nursery Play Centres’ Associations’ Policy Committee meeting, 11 May 1956, ATL.

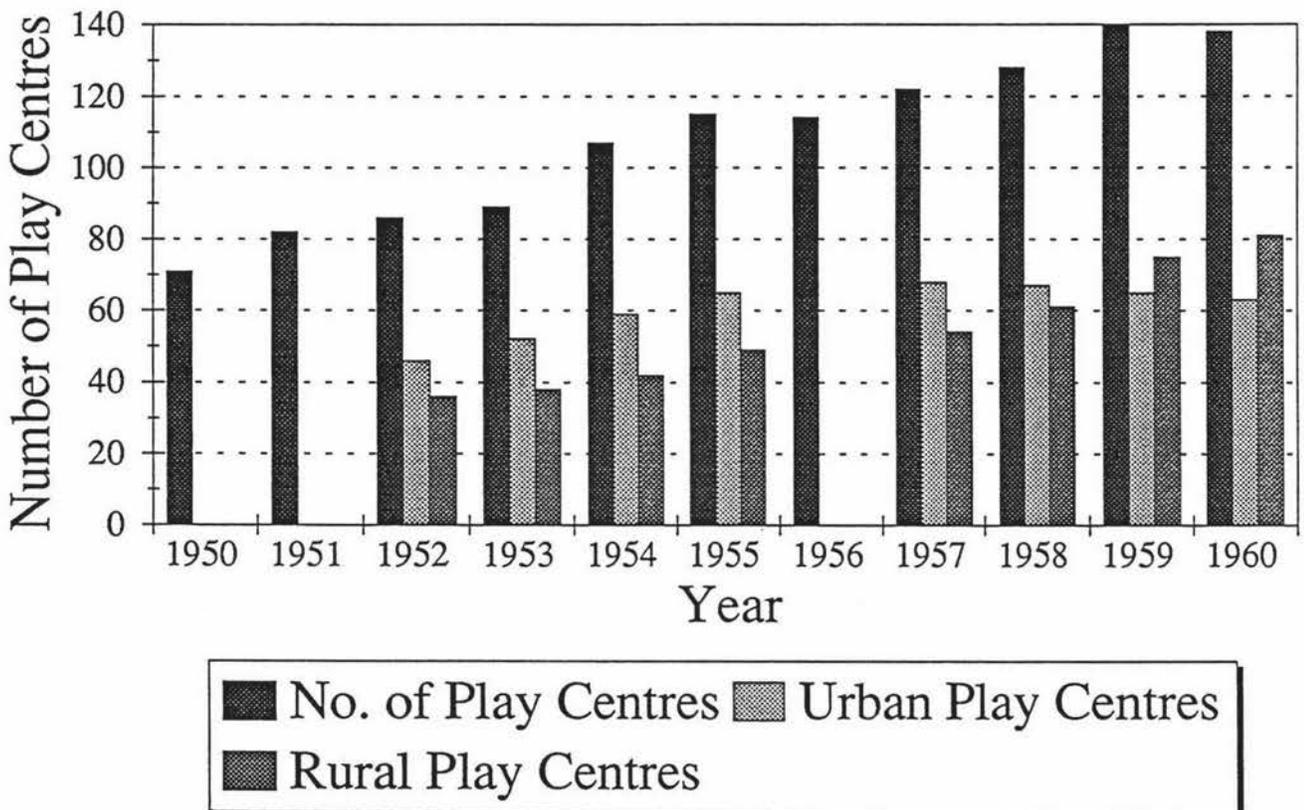
⁵¹ Approximately 60 per cent of Play Centre members wanted to retain a diverse range of pre-school services, while the remainder wanted one pre-school service with differentiated facilities. Kindergarten teachers also favoured independent services as many disliked the high turnover of Play Centre mothers, and found Play Centre work “distasteful and extremely tiring”. Reports from Associations on Kindergarten Co-operation, 1954, ATL; Anna Meade, “The History of the Playcentre and Free Kindergarten Movements”, in *Public Participation in New Zealand Preschool Education*, Anna Meade (ed), Wellington, 1981, p. 54.

⁵² For example, Central Districts’ Play Centres’ Association ran joint activities with the Kindergarten mothers, such as film evenings and discussion groups, and briefly organised a joint Kindergarten-Play Centre Pre-School Committee which provided a formal point of contact and exchange of ideas. Malthus, pp. 15 and 27.

⁵³ Letter from Betty Odell to Gwen Somerset, 20 April 1955, ATL.

⁵⁴ Dominion Adviser’s Report to the Federation of Nursery Play Centres’ Associations, 17 May 1959, ATL.

Figure 3.1: Growth of Play Centres showing urban/rural balance, 1950-1960



Sources: Annual Report of Federation of Nursery Play Centres' Associations, 1952; Dominion Adviser's Reports to Federation of Nursery Play Centres' Associations, 1954-1961, ATL.

Federation and in particular Gwen Somerset, the Dominion Adviser. Changes included the establishment of a correspondence school for supervisors' trainings, weekend trainings which welcomed the whole family, and increased Federation funding for inter-Association visiting.⁵⁵ As a result, isolated Play Centres were able to operate in a similar manner to urban and suburban centres, and to engage in the Play Centre ways of learning and administration. Play Centre's recent development also meant the public impression and awareness of the movement required attention. Play Centre's basic mental health and developmental philosophies were promoted to wide community and institutional audiences, with the goal of integrating Play Centre ideals into existing institutions: day nurseries, infant, primary and secondary schools, universities and the Plunket Society. In the case of day nurseries, the Play Centre Federation's Policy Committee made recommendations to government regarding additions to the registration criteria, and framed them in terms of Bowlby's maternal deprivation research:

We feel that children who are spending much time in a day nursery are even more in need of good play equipment and understanding supervision than those more fortunate children who are not separated from their mothers for long periods.⁵⁶

The incorporation of Play Centre principles such as parent participation into infant and primary school programmes was urged "so that a child . . . may begin his experience of a wider world effectively and without a break in the continuity of experience" and "to help parents feel that they have a responsible role to play in their children's schooling" in a reflection of Play Centre's dual concerns with children and parents.⁵⁷ The Play Centre Federation also aimed to have secondary schools and universities teaching child development courses, in order to prepare, respectively, future parents and professionals for dealing with children.⁵⁸ Both individual letters and governmental submissions were made on these matters, indicating an appreciation of wider avenues than existing political structures for the promotion of Play Centre ideas.

Play Centre expressed several concerns regarding the operations of the Plunket Society. It was recommended to the Consultative Committee on Infant and Pre-School Health Services that the training of Plunket nurses be widened to include human development and relationship skills, and broad concerns of the public perception and standing of the Plunket Society were expressed:

⁵⁵ Dominion Adviser's Report to the Federation of Nursery Play Centres' Associations, 23 May 1958, ATL.

⁵⁶ Recommendations on the Child Welfare Amendment Act by the New Zealand Federation of Nursery Play Centres' Associations, September 1958, ATL.

⁵⁷ Submission to the Commission on Education by the New Zealand Federation of Nursery Play Centres' Associations, 1 August 1960, ATL.

⁵⁸ Secondary school courses in Child Study were recommended in the New Zealand Federation of Nursery Play Centres' Association Submission to the Commission on Education, 1 August 1960, ATL. Universities and University Colleges received individual letters following a remit at the 1957 Annual Conference, ATL.

It is distressing to hear many mothers reply, when asked if they use the Plunket service, "Oh, it is handy to get a weigh up sometimes", implying that . . . a certain amount of confidence in "Plunket" has been lost over recent years.

The Society's structure and ability to adapt to new ideas was also questioned:

We are not certain whether the Royal N.Z. Society is equipped to face these changes [in approaches to infant welfare] or whether it has sufficient fluidity of structure to allow for a wider definition of its function.⁵⁹

Play Centre's criticisms of the Plunket Society were distorted and misquoted by a press horrified that Plunket could be treated in such a manner, again reflecting the Society's position of authority in New Zealand. The Play Centre Federation was forced to further justify and substantiate its claims both to the general public and individually to complainants such as the University of Otago Education Department. While the Plunket Society did not immediately address these and similar criticisms it did embark on a lengthy process of self-appraisal that ultimately brought changes to its approach.⁶⁰

These political ideas and processes, like the Play Centre philosophy, represented both feminist and maternalist concerns. The recognition of inadequacies in both the health and education systems, and the desire to reduce or abolish those inadequacies, suggests a feminist identification of problems in social systems. Further, Play Centre supplemented the usual governmental styles of input with direct and personal mechanisms, again suggesting a need for other methods more effective than the standard ones. The movement was also careful to consult with appropriate groups and people when considering decisions and formulating policy, empowering women members with a degree of control over their organisation. The encouragement of fathers to be actively involved in their children's upbringing extended the boundaries of contemporary gender roles of mother as child-rearer and father as breadwinner, and suggests the typically feminist goal of change in social stereotypes. However, in some cases Play Centre reinforced the dominant social delineations of women's roles and thus also showed maternalist elements. Secondary school girls were seen as potential mothers, and university students as potential career professionals - apparently mutually exclusive groups. The possibility of mothers also following career paths was not acknowledged. Play Centre's acceptance and promotion of Bowlby's research also created an environment of maternal guilt and responsibility that restricted women to the role of "mother". Further, while Play Centre continued to recognise and address social problems throughout the decade, the emphasis shifted from an original identification of gender-based problems to concerns for children's well-being. Woman-centred policies were ultimately overshadowed by child-centred policies.

⁵⁹ Submission by New Zealand Federation of Nursery Play Centres' Association to the Consultative Committee on Infant and Pre-School Health Services, June 1959, ATL.

⁶⁰ See Chapter One: Plunket Society.

With a broad philosophical and political basis encompassing both feminist and maternalist ideologies, it might have been expected that the Play Centre movement would attract a wide variety of women members. In practice, the organisation met with some resistance from parents, failed to address the needs of others and consistently attracted a select group as members. This was usually a result of the use of personal networks to attract new members, and led to the movement having a homogeneous social outlook despite considerable numbers. The contradictory experiences of women Play Centre members, though, reflect the dual philosophical concerns of the movement.

Public controversies arose over the ideals and practices of Play Centre, with some parents not welcoming the growth of either the movement or its beliefs. Some people and institutions were unprepared for the new and apparently challenging nature of Play Centre philosophy:

[the Education Department] was geared to teacher trainees and Mums and Dads were right in the background . . . but here were these stropy women who were saying they could look after their own pre-school centres and wanted Government funding . . . it was tricky, keeping on side with Moira Gallagher, even keeping on side with Beeby. We weren't really popular with the Education Department. But the National Council of Women was completely accepted because [it] posed no threat - [it] tended to stay within the establishment.⁶¹

Some were not prepared for the idea of mothers as teachers; a woman who started a Play Centre in the early 1950s remembers the difficulties: "you had to really sell it to parents that they could run their own preschool. They believed that they should hand their child over to a teacher."⁶²

Other parents felt that "free expression in the classroom" had gone too far, and that it was necessary to restore a "happy balance between the formal and the informal".⁶³ A number of public meetings, press articles and letters, particularly in Wellington from 1958, condemned "play-way" learning and called for more emphasis on "the three Rs" of writing, arithmetic and reading. In response to these allegations, primary school teachers demonstrated that academic standards were no lower, and in some cases higher, than those of twenty years ago, and stressed the benefits of "play way" learning - educating the whole child, and thus producing a person well equipped to take their place in the community. The controversy culminated in demands for a national survey of parents' opinions on primary education, to be carried out by the Parent-Teacher Federation and school committees, and an independent Royal Commission on primary education methods. These debates, and the press coverage they aroused, indicate an extension of parental concern at early childhood level into primary

⁶¹ Moira Gallagher was Pre-School Officer for the Education Department. Dr Beeby was Director of Education. Frances Porter, in an interview with Heather Knox, 3 June 1994.

⁶² Helen May, *Minding Children. Managing Men: Conflict and Compromise in the Lives of Postwar Pakeha Women*, Wellington, 1992, p. 167.

⁶³ "A Thumbnail History of the "Playway" Revolt in Wellington", *Parent and Child*, 6:3 (May-June 1958), pp. 2, 20-25, 34.

education, and are a further example of the active lobbying and controversy thought unlikely in the supposedly conformist 1950s.⁶⁴

Some groups of women, such as working class and Maori women, often had needs which the Play Centre organisation failed to address and they therefore saw few benefits in joining. Employed mothers rarely had the time to attend sessions as mother-helpers, and were more likely to send their children to kindergarten or use private childcare facilities. The Play Centre movement's consciousness of Maori pre-school education needs seems to have been limited to an assumption that Maori children would respond similarly to Pakeha children under the Play Centre way, and that therefore no changes were necessary to attract Maori families. Indeed, the Play Centre movement believed it was sufficiently "adapt[able] to the needs, readiness and interests of parents" to offer something to all families and all parents.⁶⁵ The lack of Maori families in Play Centre was thought to be a result of Maori ignorance of the Play Centre organisation, and an introduction to the Pakeha Play Centre was expected to result in Maori joining or opening Play Centres.⁶⁶ Ephra Garrett, involved with the Central Districts' Association in Palmerston North in the late 1950s, remembered:

In those unsophisticated days . . . [Play Centre] didn't really address itself to the [cultural] differences. It didn't find itself any bother in welcoming Maori mothers in but they didn't know much about Maori families or Maori mothers or what they might need.⁶⁷

These attitudes reflect maternalist beliefs in the universality of women's maternal needs and a concern to provide for all mothers, despite a lack of detailed knowledge of the diversity of women's needs. The Pakeha outlook, philosophy and priorities of Play Centre members did not attract Maori families, and was compounded by a strong sense of class difference amongst some Play Centre women who did not wish to associate with women of other social classes.⁶⁸ It was not until the early 1960s that Maori became involved in Play Centre. In those years, Alex (Lex) Grey⁶⁹ and the Maori Education Foundation adapted the Play Centre model to suit Maori culture and perspectives and achieved enormous, almost immediate, success; even in areas where the original Pakeha-inspired groups had failed.⁷⁰

⁶⁴ Frances Porter remembers the Khandallah School Committee as an active, demanding, "stropky" lot. In an interview with Heather Knox, 3 June 1994.

⁶⁵ Minutes of Federation of Nursery Play Centres' Associations' Sub-committee on Education meeting, 28-29 August 1953, ATL.

⁶⁶ Minutes of Central Districts' Play Centres' Association's meeting with Moira Gallagher (Supervisor of Pre-School Services), and Mr Bradley (Officer for Maori Education, Education Department) on Pre-School Maori Education, 13 October 1961, ATL.

⁶⁷ Ephra Garrett, in an interview with Margaret Tennant, 8 September 1994.

⁶⁸ Frances Porter, in an interview with Heather Knox, 3 June 1994.

⁶⁹ More detailed biographical notes appear in the Appendix.

⁷⁰ 88 centres opened in 1963, followed by a further 33 the following year; by 1965 18 per cent of Maori pre-schoolers (1,541) attended Play Centre. Play Centres in Maori communities successfully addressed culture-specific problems such as Maori children's lack of communication skills at school, negative attitudes to school and education, and Maori parents' relationship to the education system. They were also to form the basis of the highly successful Kohanga Reo movement when, in later years, concern with the low incidence of speakers of Maori language led to language teaching beginning at pre-school level. Miria Pewhairangi, "Maori Self Assertion in Pre-School Education -

At the local level, the women who joined Play Centre tended to discover the organisation through friends, creating an ever-expanding circle of similarly-minded women.⁷¹ The women were generally well-educated, middle-class and Pakeha. They were often married to professional or academic men, and possessed the resources, time and interest necessary to become actively involved in their children's education. All were full-time mothers in the home, although many took part-time work if it did not interrupt their children's routines. Both Ngaire Klein, in Palmerston North, and Geraldine McDonald, in Wellington, worked on flexible, short-term projects which could be fitted around their mothering responsibilities.⁷² Despite encouragement from the organisation for men to take an active role, and frequent discussions on how to achieve greater participation by fathers,⁷³ men did not generally take supervisory or organisational roles. Fathers' contributions to their local Play Centres were largely limited to the stereotypically male areas of equipment maintenance and construction. Parents tended to leave the local Centre when their children passed pre-school age; as a result, new supervisors and office-holders were constantly being trained. Auckland Nursery Play Centres' Association estimated that in three years 90 per cent of a centre's membership changed.⁷⁴ With the numbers of adults involved - over 500 in Auckland at the time of that comment - training requirements could be considerable (see Table 3.1 and Figure 3.2).

Association and Federation personnel were both similar and different to local members. Women often progressed from membership of their local Play Centre to hold office at the Association and Federation levels after their children went to school, and tended to remain involved for long periods. Overseas and university connections were common at national level as well as local, and women maximised the opportunities these qualities provided Play Centre. While she held the position of Federation Advisor, Gwen Somerset's husband Crawford represented the New Zealand government at an international conference of family organisations in Holland. As Gwen was travelling with him, she was able to observe and act on behalf of Play Centre. However, some women also found their social position constricted their organisational involvement; Beatrice Beeby resigned from Wellington Nursery Play Centres' Association in 1948 partly because she felt her marriage to the Director of Education

1961-1982", in *Third Early Childhood Convention 1983*, Hamilton, 1984, pp. 103-104; Barbara Calvert, "Pre-School Education", in *New Zealand Education Today*, F.W. Mitchell (ed), Wellington, 1968; "Maori Family Education Association", *New Zealand Playcentre Journal*, Term 3 1976, pp. 6-7.

⁷¹ Geraldine McDonald, in an interview with Heather Knox, 28 May 1994; Frances Porter, in an interview with Heather Knox, 3 June 1994.

⁷² Ngaire Klein, in an interview with Heather Knox, 19 September 1994; Geraldine McDonald, in an interview with Heather Knox, 28 May 1994.

⁷³ For example, minutes of Federation of Nursery Play Centres' Associations' Sub-committee on Education meeting, 28-29 August 1953, ATL; Dominion Adviser's Report to the New Zealand Federation of Nursery Play Centres' Associations, 22 May 1958, ATL.

⁷⁴ Supervisor Training Report to Auckland Nursery Play Centres' Association, 13 June 1952, A I&M.

Table 3.1: Enrolments of adults in Play Centres, 1950-1960

Association	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Auckland	167	416	519	647	767	697	819	724	739	676	697
Central Districts	206	192	219	225	305	489	341	368	411	472	488
Canterbury	868 ¹	974	884	927	912	821	851	644 ²	729	839	874
Wellington	491	656	882	729	765	935	777	917	879	766	838
Buller	-	-	-	-	-	-	-	177	131	103	128
Dunedin	- ³	124	149	166	177	250	200	258	354	482	477
TOTAL	1732	2362	2653	2694	2926	3192	2988	3088	3243	3338	3502

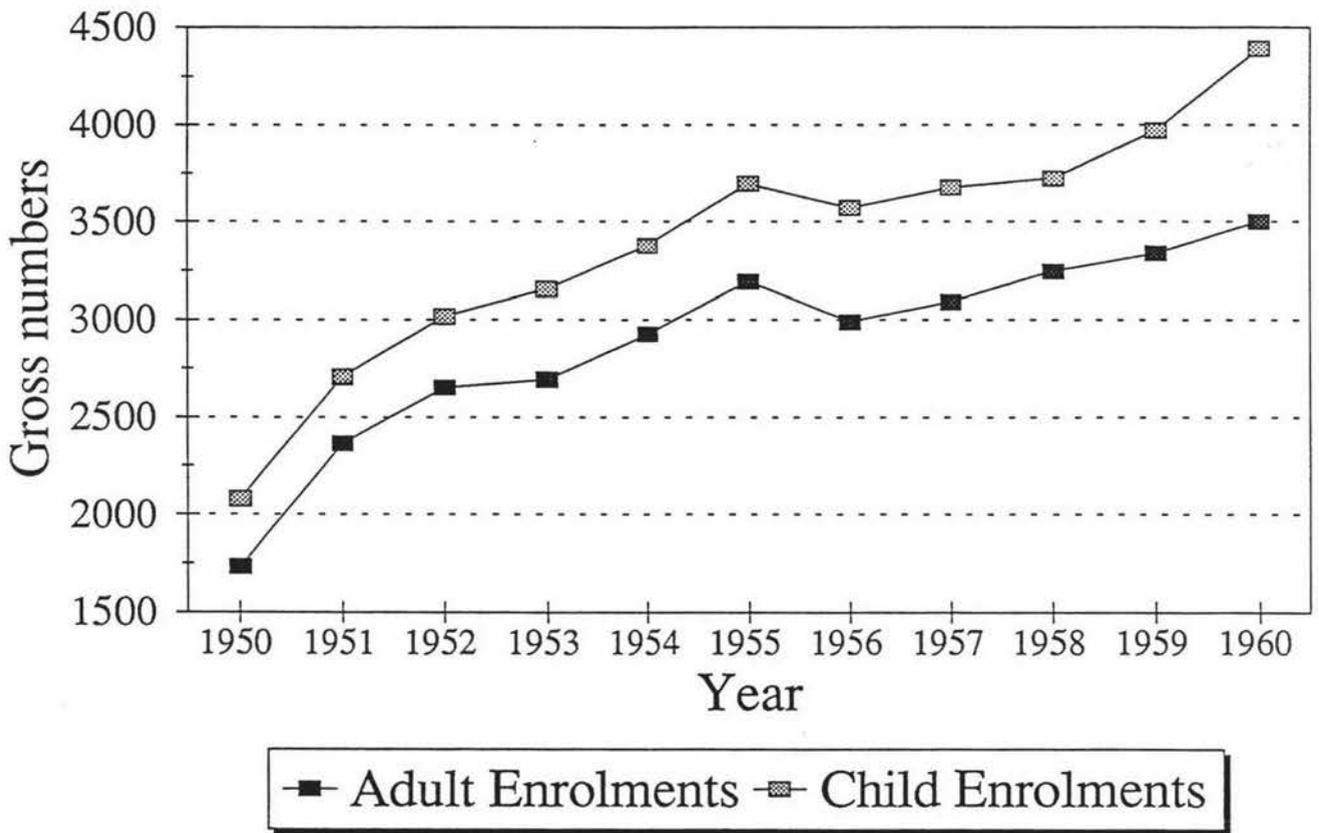
Sources: Annual Reports of Federation of Nursery Play Centres' Associations, 1951 and 1952; Dominion Adviser's Reports to Federation of Nursery Play Centres' Associations, 1954-1961, ATL.

¹ Including Dunedin Association.

² Seven groups disaffiliated from the Christchurch Play Centres' Association and formed the Buller Association.

³ Included in Canterbury Association.

Figure 3.2: Enrolments in Play Centres, 1950-1960.



Sources: Annual Reports of the Federation of Nursery Play Centres' Associations, 1951 and 1952; Dominion Adviser's Reports to the Federation of Nursery Play Centres' Associations, 1954-1961, ATL.

might jeopardise the Association's funding applications to the Department.⁷⁵ Men were involved in larger numbers than at the local level, although they tended to belong as a result of their professional rather than personal interests. Crawford Somerset and Lex Grey, adult educators, were particularly prominent.⁷⁶ Other men carried their professional roles as auditors, treasurers and solicitors into their Play Centre service, or shared their knowledge of child psychology or education.

The potential for stagnation created by the long involvement of Association and Federation personnel seems to have been offset by a number of factors. Many of the officers were simultaneously involved with professional, academic and community organisations which kept them abreast of recent developments. Several, such as Gwen Somerset, Betty Odell and Helen Field were members of the New Educational Fellowship and Workers' Educational Association, both movements interested in current progressive ideas.⁷⁷ In addition, the Federation office was rotated around the Associations, with office-holders generally being drawn from the local Association. As a result, individuals moved between Federation and Association levels regularly and often sampled a variety of roles. Mr R.J. Waghorn, later Principal of Wellington Teachers' College, held office briefly in 1947 as interim President before Gwen Somerset was elected the Federation's first President the following year. She held the position until 1952, and was followed by Dr Helen Field (previously President of the Canterbury Association), Mrs Nora Wilson (first secretary of the Auckland Association) and Mrs W. G. Hughson (of the Wellington Association), each of whom served three year terms.⁷⁸

The impact of the Play Centre movement on individual women members highlighted the contradictions inherent in the organisation's dual ideological bases of feminism and maternalism. The Play Centre philosophy valued women's abilities, and provided its members with opportunities for growth without openly challenging contemporary expectations of womanhood. Simultaneously, though, Play Centre cemented women into the role of full-time mother.

Play Centre offered several immediate benefits for women members, including education, employment, skills and increased social contact. The wide-ranging topics of Play Centre lectures provided women with a source of education and stimulation not always available elsewhere. Classes provided a forum for the discussion of parenting problems and methods:

⁷⁵ Beeby, p. 149; letter from Elizabeth Orr to Heather Knox, 18 August 1994.

⁷⁶ More detailed biographical notes appear in the Appendix.

⁷⁷ More detailed biographical notes appear in the Appendix.

⁷⁸ "The New Zealand Federation, 1946 to 1962", *Play Centre Journal*, 7 (May 1962), pp. 17-18.

[the] talk covered many things about which I had wondered and worried and felt so unsure, with the result that the tension within myself slowly but surely lessened and I became more confident of being able to handle my children more efficiently.⁷⁹

The group processes of Play Centre administration provided stimulation, and reduced a sense of isolation many mothers experienced in the 1950s. Frances Porter, raising her children in the Wellington suburb of Khandallah, felt that joining Play Centre helped alleviate some of her problems with the task of motherhood:

I had children, and that's when I got into Play Centres because I must admit I was very bored . . . I enjoyed the parent participation and committee work . . . It built up a network of women friends . . . and that was a very good network, before "female bonding" was even acknowledged. I wasn't working, I was at home, and even in Wellington one tended to get isolated. I'd been at university, I had a good degree, I'd been using it and then suddenly this blanket comes down. Apart from reading books from the library what else was there for you to do?⁸⁰

Women with academic backgrounds such as Frances frequently felt a need to continue their education and mental stimulation after becoming full-time mothers; even in the case of highly-educated women, Play Centre could often offer something new. Geraldine McDonald, with a university degree in Education, was originally hesitant about accepting the Presidency of Kelburn Play Centre:

I could see the kind of skills that you needed, and I said I wasn't going to do it because I needed these skills. They said "Don't worry, because there's a course on running meetings [you can go to]" . . . It was taught by an excellent tutor, Hilton Power, and women from different Play Centres through Wellington went there to get some management training. They even had management workshops.⁸¹

Play Centre's provision of management training enabled women to learn and master meeting procedures and organisational processes in a non-threatening environment. For some women Play Centre was also their first chance to access knowledge and develop themselves intellectually in an encouraging atmosphere:

When I first heard of play centres about two years ago, I thought, "just the way to get a little peace at least one morning a week." What a different feeling I have about it all now! . . . I spent several mornings at the centre [and] I began to see a little light . . . I became really interested and asked a lot of questions about why children play, and kinds of play material.⁸²

[Play Centre] was very empowering to women, even though I wouldn't have used that word about it in those days, but that's what I liked about it. A lot of these young mothers came in with their faces unwritten on, really, and very keen . . . They learnt so much, and when they moved on they had a whole different view of themselves. They saw themselves as able, as competent, they

⁷⁹ Parents' Letters, *Journal and Newsletter*, 4 (May 1958), p. 13.

⁸⁰ Frances Porter in an interview with Heather Knox, 3 June 1994.

⁸¹ Hilton Power was Director of Adult Education at Victoria University. Geraldine McDonald in an interview with Heather Knox, 28 May 1994.

⁸² "Parents' Paragraphs", *Play Centre Newsletter*, 14 (September 1952), p. 6.

got onto school committees, came to Massey [University] and did Human Development; it was very empowering indeed.⁸³

For either group of women, Play Centre education and training could also lead to employment as a supervisor or trainer. Although only a few hours weekly, the recognition of women's earning capability and women's sense of responsibility and pride in achievement was worth much to women otherwise trapped in the home.

Contact with women in Play Centres in other towns was frequent also, at both official and informal levels. All members were eligible to attend national training courses and conferences, and one conference delegate reported that the experience was "most stimulating especially in that it made one really feel part of a national movement working for the pre-school child, also the time spent with other delegates informally was most valuable."⁸⁴ Supervisor and general training courses were often organised as joint activities between several local centres, and were open to all members. It was acknowledged, however, that only those women who could "manage to be away from home for the weekend" would attend,⁸⁵ suggesting an awareness that Play Centre involvement somehow compromised or contradicted women's ability to fulfil their motherly role. All mothers were encouraged to visit and observe centres other than their own, whether as part of independent travel arrangements or as an excursion specifically to visit other centres. Members of the Palmerston North Association made regular visits to surrounding towns, and invited women from further afield to visit and stay overnight.⁸⁶ This high level of personal contact between women of different localities provided an opportunity for sharing ideas and feelings, and building friendships.

The combination of these skills, knowledge and contacts could lead to great increases in self-esteem. In a time when "expert" knowledge was highly regarded, Play Centre's acceptance of mothers as capable persons, and the best people to care for their children was unusual, and restored in many women some confidence in their own mothering abilities. A mother described herself before joining Play Centre:

I was full of fears for my children, inadequate and ill-equipped to deal with them in any other way than to feed, clothe and look after their physical needs. I was lonely and unsure of myself [and] completely bored . . . I would think: "A cabbage, that's what I'm becoming - a cabbage."⁸⁷

Following training as a supervisor, the same mother wrote:

I feel now that I have some standing in the community - I belong; I have a purpose. I have at last been shown how I can satisfy my need to know a little more than I do.⁸⁸

⁸³ Ephra Garrett, in an interview with Margaret Tennant, 8 September 1994.

⁸⁴ Minutes of Central Districts' Play Centres' Association's Central Committee meeting (Special Post-Conference Meeting), 18 June 1953, PNL.

⁸⁵ Minutes of Central Districts' Play Centres' Association's Central Committee meeting, 14 October 1954, PNL.

⁸⁶ Minutes of Central Districts' Play Centres' Association's Committee of Management meeting, 9 July 1959, PNL.

⁸⁷ "Parents' Paragraphs", *Play Centre Journal and Newsletter*, 4 (May 1958).

⁸⁸ *ibid.*

The friends, skills and knowledge attained from Play Centre involvement stood women in good stead for future employment opportunities, even though the contemporary society, including the Play Centre movement, did not encourage mothers to take up careers. Play Centre administration involved training and experience in financial management, administration, communication, team-building and human relationships, issues that in later years became the basis of Business Studies courses. As a Play Centre woman put it: "I always said Play Centre's been doing that sort of thing for quite some years!"⁸⁹ Pauline Cara and Alison Mary met in Play Centre and later formed a business providing outdoor recreation for women. They credited Play Centre with teaching them practical skills such as communication, as well as the importance of group dynamics:

We learned from Play Centre how easy it is for people to be left out in a group. We've had good feedback that women have found [our business] WomenWalk the friendliest group they've ever been in and we put that down to our Play Centre training.⁹⁰

Politicians Fran Wilde, Ann Hercus and Catherine Tizard were all active in Play Centre; Catherine remembered her Play Centre years as "frantically busy" and "fully occupied with children" but also "at another level I see now that I was beginning my training in public life."⁹¹ She went on from Play Centre committee member and President to the local primary school's Parent Teacher Association, the local secondary school's Board of Governors, City Council, Mayoralty and in 1993 began a term as Governor-General of New Zealand.

Play Centre clearly had the potential to provide, for those women with the time and resources to be involved, educational and employment opportunities and a wider social network. These results were strongly feminist in nature, representing a widening of women's experiences, and an appreciation of women's capabilities.

Play Centre involvement, although in some respects liberating, also served to further cement women into their socially prescribed role of full-time mother and homemaker.

The early aim of giving women respite from childcare had been discarded following the findings of Bowlby's research into maternal deprivation and the movement firmly disapproved of women working outside the home: "We are concerned about the increasing difficulty of balancing the budget but our primary concern is that children should not feel deprived and insecure through lack of adequate mothering."⁹² Even for fulltime mothers, Play Centre was not a provider of leisure time. Lex Grey's series of introductory booklets for parents new to Play Centre made this point quite clear: "Play Centre does not cater for mothers who want to be free of their children. It exists for families who want to expand and

⁸⁹ Geraldine McDonald in an interview with Heather Knox, 28 May 1994.

⁹⁰ Alison Gray, *Springs in My Heels*, Wellington, 1991, p. 104.

⁹¹ Margaret Clark, *Beyond Expectations*, Wellington, 1986, p. 86.

⁹² Annual Report of Central Districts' Nursery Play Centres' Association, 28 April 1951, ATL.

deepen the warmth of relationship with their children.”⁹³ To want time away from one’s children was seen as shirking responsibilities and depriving one’s children, with possibly disastrous immediate and longterm mental and emotional consequences. The above statement regarding the limiting of mothers’ freedoms was justified because:

Children need their mothers. She is their whole world in the early years. She represents their faith and trust. You are there in the Centre as a helper because your children need you. They need the comfort of your (or their friends’ mother’s) presence.⁹⁴

When spare time was available to mothers, it was expected to be used for only those certain activities necessary for women to do alone, as Geraldine McDonald remembered:

you couldn’t take time off for anything like pleasure - you couldn’t go out and play golf and leave your child at Play Centre. You could go and have your teeth fixed, you could see the doctor, or you could do a bit of essential stuff but nothing like that.⁹⁵

The child’s needs were constantly stressed, with the mother’s needs being to some extent disregarded. Mothers were reminded to always put their child first: when mother-helping in the Play Centre, women should “Firstly, settle your own child to play. Take time, even if it keeps you from other jobs.”⁹⁶ And on arrival home after a session they were advised to “try to attend to your child’s needs first, just as you did when you arrived at the centre - food, toilet, something to do . . . as usual, you come last.”⁹⁷ The idea of children as little adults, with goals and needs of their own, was reinforced. However it was assumed that both mothers and children shared a desire for a warm, deep personal relationship, and that Play Centre could aid the fulfillment of this need to the satisfaction of both parties.

Play Centre also had the potential, then, to constrict women’s development by stressing the supremacy of motherhood above all other vocations, a stance suggestive of maternalism. Women felt pressured to fulfil the role of full-time mother as society, and particularly the advocates of Bowlby’s work, prescribed the role to be performed. Play Centre supported these ideas and its members received a further source of the “feminine mystique” ideology beyond the existing social and cultural sources.

Not all women embraced this experience. In the light of such strong expectations of maternal devotion and duty, it was difficult for women to admit to the presence of any tension or dissatisfaction in their maternal role. However, the good of the mother and child, theoretically the complementary dual aims of Play Centre, were in practice not always compatible. The needs of mothers and children were not necessarily similar and could not always be jointly satisfied with a single solution. Frances Porter joined Play Centre for her own personal benefit, despite the fact that her children “totally loathed Play Centre, and

⁹³ Alex Grey, *Introducing Play Centre to Parents*, Auckland, 1957, p. 23.

⁹⁴ *ibid.*, p. 24.

⁹⁵ In an interview with Heather Knox, 28 May 1994.

⁹⁶ Gwen Somerset, *The Voluntary Assistant or Mother Helper*, Wellington, n.d., p. 9.

⁹⁷ *ibid.*, p. 20.

looking back now I should never have pushed them into going.”⁹⁸ Her own needs for company and stimulation clearly came first. While no harm was done her children, she freely admits that they might have been happier at kindergarten, or even going straight to school. Geraldine McDonald, an enthusiastic supporter of Play Centre, found the difficulties of mother-helping with a baby and young toddler too great and sent one of her children to kindergarten. She also valued the free time which kindergarten gave her.⁹⁹ A Palmerston North centre briefly trialled all-day sessions “for the convenience of mothers”, and although well attended they were later discontinued. No reason is recorded for the closure, but it is possible that they were seen to skew the balance of mother-child benefits.¹⁰⁰

These comments, while arising from only a few women, suggest both a need to amalgamate feminist and maternalist priorities, and the inherent difficulties in doing so. The women wanted to be “good” mothers but also wanted personal space as individuals, and apparently did not find Play Centre’s attempts to combine the two either appropriate or reasonable. Although philosophically the movement aimed to address the needs of both women and children, in practice the emphasis usually fell on the child. While it is unwise to generalise the feelings of a few to the wider population of mothers, it is possible to speculate that these Play Centre women represented the beginnings of a consciousness amongst a certain group of women of mothers and children as independent beings with sometimes divergent needs.

The internal structure of the Play Centre movement enabled the interchange of women’s ideas and experiences within and between all its multiple levels. Each level, national, Association and individual Play Centre, had a prescribed but flexible role in the structure.

The national Play Centre body, the New Zealand Federation of Nursery Play Centres’ Associations, was concerned with policy negotiations, the securing and distribution of funds, and the general administration and co-ordination of Play Centres nationally.¹⁰¹ The Federation often spoke or commented publicly on behalf of the Play Centre movement, and negotiated funding and policy issues for the whole movement. The tasks of administration and co-ordination grew in size and complexity throughout the decade as the movement expanded, doubling its numbers of Play Centres, children and adults between 1950 and 1960 (see Tables 3.1, 3.2 and 3.3).

To fulfil these roles, the Federation adopted a consultative committee system and adhered to a strict procedure for meetings. A number of specialist committees, comprised of

⁹⁸ In an interview with Heather Knox, 3 June 1994.

⁹⁹ In an interview with Heather Knox, 28 May 1994.

¹⁰⁰ Minutes of Central Districts’ Nursery Play Centres’ Association Annual General Meeting, 10 October 1951, PNL.

¹⁰¹ Constitution of the New Zealand Federation of Nursery Play Centres’ Associations, 1948, ATL.

Table 3.2 Enrolments of children in Play Centres, 1950-1960

Association	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Auckland	213	478	588	729	863	893	979	845	872	837	1119
Central Districts	235	226	245	252	344	470	391	410	410	541	581
Canterbury	989 ¹	1099	1064	1155	1139	1123	1105	928 ²	896	1021	1045
Wellington	641	745	957	848	846	940	875	975	981	903	945
Buller	-	-	-	-	-	-	-	233	153	119	162
Dunedin	- ³	159	161	169	185	270	221	285	410	550	539
TOTAL	2078	2707	3015	3153	3377	3696	3571	3676	3722	3971	4391

Sources: Annual Reports of Federation of Nursery Play Centres' Associations, 1951 and 1952; Dominion Adviser's Reports to Federation of Nursery Play Centres' Associations, 1954-1961, ATL.

¹ Including Dunedin Association.

² Seven groups disaffiliated from the Christchurch Play Centres' Association and formed the Buller Association.

³ Included in Canterbury Association.

Table 3.3: Number of Play Centres in New Zealand, 1950-1960¹

Association	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Auckland	10	16	18	18	23	29	30	33	35	32	31
Central Districts ²	10	10	7 ³	7	11	11	10	11	11	15	15
Canterbury	26	27	28	29	33	33	33	26 ⁴	27	32	32
Wellington	22	24	28	30	33	34	31	34	34	35	34
Buller	-	-	-	-	-	-	-	7	6	6	6
Dunedin	3	5	5	5	7	8	10	11	15	20	20
TOTAL	71	82	86	89	107	115	114	122	128	140	138

Sources: Annual Reports of Federation of Nursery Play Centres' Associations, 1951 and 1952; Dominion Adviser's Reports to Federation of Nursery Play Centres' Associations, 1954-1961, ATL.

¹ These statistics differ from those published in the Nursery Play Centre *Journal* and other sources, which surveyed Associations at different times of the year. The frequency of Centres' openings and closures resulted in constantly changing numbers of Centres. For consistency, these statistics are taken from the Annual Reports of Associations submitted to the federation in May each year.

² Feilding Community Centre reported as one Play Centre throughout the decade, although three groups were operating independently of each other.

³ Four groups running sessions in the same building in Palmerston North amalgamated and reported as one group, although continuing to operate separate sessions.

⁴ Seven groups disaffiliated from the Christchurch Play Centres' Association and formed the Buller Association.

Federation and Association personnel, worked on special topics and reported to the Annual Conference and the Annual Meeting of the Federation. A Standing Committee of Federation officers and additional elected members ran Federation business between annual conferences, a Policy Committee presented reports to the Federation on issues of policy, an Equipment Committee collected and circulated designs and information on play equipment, and an Education Sub-committee discussed the educational progress of Play Centres. Committees were also regularly formed for short-term projects. Conferences and meetings tended to follow formal protocol extremely rigidly, with arguments sometimes arising over points of order; the length of time before a conference that a remit was circulated, or the exact number of votes each Association was entitled to on a per Centre basis. Geraldine McDonald commented that of all the organisations she had been involved in, Play Centre meetings were consistently the longest, most pedantic, and most strictly run.¹⁰²

Play Centre Associations were mainly administrative bodies, distributing funds received from the Federation, maintaining minimum standards in the centres, and organising training programmes for members and supervisors. These tasks also grew in size as the number of Play Centres in each Association increased. The Wellington Association introduced Zone Advisers in 1953 to cope with the geographical expansion of centres into the Wairarapa and Hutt Valley.¹⁰³ The Central Districts' Association re-organised its structure in 1954 when four new centres affiliated to the Association, and developed a system of multiple committees. The Committee of Management administered the Association, advised by the Central Committee, and was comprised of Play Centre representatives as well as Association personnel.¹⁰⁴ Further committees such as a Supervisors' Body, Planning Committee and Sub-Committee of Educational Policy, and positions such as Personnel Officer and Equipment Officer were also created.¹⁰⁵ This type of fragmented structure, with many parts taking separate roles, involved a large number of individuals and ensured active involvement from Play Centre members in the running of their Association.

Contact between the Federation, the Associations, and the centres was frequent. Annual Conferences brought members of all three groups together to discuss administrative matters, consider remits from Associations and external bodies, and hear reports from the Federation's various subgroups and subcommittees. Two delegates per Association were eligible to attend, chosen by nomination and voting, and the task was viewed as a pleasurable one to be shared around the members. Regular newsletters, correspondence and personal visits maintained contact between conferences. Centres often approached their Association or the Federation for

¹⁰² Geraldine McDonald, in an interview with Heather Knox, 28 May 1994.

¹⁰³ Meade, p. 46.

¹⁰⁴ Minutes of Central Districts' Play Centre Association's Special General Meeting, 4 August 1954, PNL.

¹⁰⁵ Minutes of Central Districts' Play Centre Association meeting, 22 February 1954, PNL; minutes of Central Districts' Play Centre Association's Central Committee meeting, 11 November 1954, PNL.

advice; for example, Foxton Play Centre wrote to the Central Districts' Play Centres' Association in 1954 regarding problems with their supervisor's behaviour.¹⁰⁶ Similarly, Wairoa Play Centre approached Gwen Somerset, the Dominion Adviser, for advice on its development.¹⁰⁷ The administrative bodies in turn consulted with the centres on decision-making issues such as Play Centre's relationship with kindergartens.¹⁰⁸

Play Centre's organisational structure was inherently bureaucratic, but was nevertheless perceived and experienced by women in characteristically feminist terms. While utilising a potentially hierarchical system of national, local and individual group levels, and sometimes operating in a pedantic manner, the organisation was also seen as a democratic one. Open communication ensured women at all levels were able to contribute to the decisions and operations of other levels. Thus "ordinary" women in the Play Centres were able to have a relatively direct voice to their national body, and members were empowered with a degree of influence and control over the organisation's progress and direction.

The Play Centre movement of the 1950s combined elements of maternalism and feminism in its philosophy and processes, although as the movement developed the former took precedence over the latter. The original philosophy recognised gender-based inequalities in childcare responsibilities, and sought to rectify these with a woman-centred arrangement of communal childcare. An increased interest in children's educational needs led to the training of mothers in teaching and organising capacities, a shift which recognised women's capabilities and empowered women with knowledge. The organisation's policies also aimed to alleviate inequalities, and widened the experiences of some women members. Contemporary gender roles were not completely accepted, and men were encouraged to take an active part in child-rearing. In some quarters, the women of Play Centre were thought to be "stropky" because of their commitment to promoting change, and thus outside the boundaries of contemporary womanhood. These ideological elements were reflective of feminism as a philosophy which challenges existing social constructs on gendered bases, recognises their flaws and seeks to provide a more appropriate woman-centred alternative.

Play Centre simultaneously, however, showed maternalist concerns. The movement reinforced aspects of social prescriptions of femininity and motherhood, and assumed all women would benefit from the Play Centre system. Although the shift in emphasis from the leisure needs of the mother to the educational needs of the child empowered women with knowledge and self-confidence, it also brought a loss of interest in women's needs. Women were expected to devote themselves completely to their children's development and deemed

¹⁰⁶ Minutes of Central Districts' Play Centres' Association meeting, 27 May 1954, PNL.

¹⁰⁷ Dominion Adviser's Report to the New Zealand Federation of Nursery Play Centres' Associations, 1 May 1953, ATL.

¹⁰⁸ Reports from Associations on Kindergarten Co-operation, 1954, ATL.

irresponsible if they did not. The provision of the best educational start for children over-rode women's needs for personal space and reflected the contemporary emphasis on the necessity of full-time motherhood for children's growth. Play Centre also generalised the needs and experiences of its members to include all mothers regardless of ethnic or social origin, reflecting a typically maternalist assumption of the universal needs of all mothers. Maori mothers were welcomed, but they were expected to assimilate into the Pakeha-oriented system and thus benefit in similar ways to Pakeha mothers.

The processes Play Centre employed to achieve its philosophical goals, although largely maternalist, were experienced in feminist terms. Although a hierarchical system was used, interchange and communication was open and power and responsibility were spread through the organisation. While women sometimes felt the meetings and processes were bureaucratic and pedantic, they also appreciated the relative democracy of the organisation. In contrast to the Plunket Society, for example, members had a far greater degree of input into their organisation. "Ordinary" women at the local level were able to make a substantial contribution to the movement's policy formulation and future direction. Women members gained valuable organisational experience and skills in a non-threatening atmosphere, and were frequently able to utilise their Play Centre experiences in later employment. A structure which in other organisations, such as the Plunket Society, could be utilised as maternalist and disempowering to women, was instead experienced as enabling for women and thus characteristically feminist.

The combination of feminism and maternalism in the Play Centre movement of the 1950s, although not considered problematic by the movement, created some strains amongst its members. Some of the women who experienced its dual results of liberation and constriction began to articulate their dissatisfaction with the inherent contradictions of social expectations of motherhood. These women perhaps represented the beginnings of new forms of motherhood which recognised children and women as distinct beings with distinct, sometimes contradictory, needs.

In contrast to Play Centre's amalgamation of feminism and maternalism, the Parents' Centre movement, which also arose in response to inadequacies in existing social systems for women, and shared many common features with the Play Centre movement, concentrated more exclusively and self-consciously on woman-centred philosophies, processes and policies.

CHAPTER FOUR

PARENTS' CENTRE - A FEMINIST PERSPECTIVE ON THE EXPERIENCE OF CHILDBIRTH IN THE 1950S

The Parents' Centre movement in the 1950s operated within dominant constructions of femininity and thus, like the Plunket Society and Play Centre, showed some maternalist aspects. However Parents' Centre's philosophy and process offered women alternative means of fulfilling societal prescriptions and embodied several feminist characteristics. The movement's philosophy and policies endorsed current social expectations of motherhood and womanhood in a characteristically maternalist manner. Fundamental assumptions of motherhood as women's ultimate destiny, and of childbirth and parenting as essential maturing experiences for women were not challenged, and the nuclear family was promoted as the norm and ideal. Simultaneously, Parents' Centre exemplified feminism in its acknowledgement of gender-based inadequacies in the health system's treatment of women, particularly the management of childbirth, and its aim of providing a woman-centred alternative source of knowledge and care. Women's needs were prioritised, individual women were empowered with knowledge, agency and options, and contemporary social structures were challenged through the organisation's philosophy and policies. Parents' Centre's policies also resulted in many women retaining control over their body and bodily functions rather than relinquishing control to the medical profession, thus broadening the contemporary expectation of women as passive and submissive. Parents' Centre's de-centralised organisational structure further empowered women as it enabled members to contribute directly to the development of their organisation.

The paradox created by Parents' Centre's simultaneous maternalism and feminism is particularly apparent in its ideology and policies. Parents' Centre targeted both the perceived inadequacies of the health system, and the role of individual women in its attempts to better women's childbirth experiences. However, the crediting of women with control in their health treatment ultimately led to the blaming of mothers for social and health problems rather than possible social factors; potentially progressive ideas of women's agency in health proved to actually further cement women into full-time motherhood as a social duty.

This chapter examines the philosophy, policy, membership and structure of the organisation, beginning with the medical climate of the 1950s which Parents' Centre aimed to change.

Post-World War II obstetrical procedures were virtually unchanged from those developed in the early 1920s. New Zealand's maternal mortality rate was then the second highest in the western world,¹ and most women had their babies at home with the aid of a midwife.² Amidst high public concern at continued outbreaks of puerperal sepsis the Health Department initiated a strict regime of aseptic obstetric techniques. These procedures were explicitly detailed in the Health Department booklet, The General Principles of Maternity Nursing, Including the Management and Aseptic Technique of Labour and Puerperium (1925; known as H-Mt 20) and rigidly enforced by the new Nurses and Midwives Registration Board.

The Department's goal was, apparently, to have every confinement conducted as a major surgical operation. Patients previously confined in their own beds and rooms were instead removed to a delivery room complete with sterilising plant, gowns, masks and gloves. Following the delivery, babies were removed to a communal nursery while mothers were left to sleep off the anaesthetic. Mothers were then confined to bed for ten days with strictly enforced nonambulation, and aseptic bedpanning administered four-hourly. Babies were cared for in the nursery, and brought to the ward for four-hourly feeds. Simple nursing procedures became elaborate, complicated by constant scrubbing, the use of face masks, and antiseptic swabbing.

The medicalisation of New Zealand childbirth was rapid and effective. By 1935, 78 per cent of babies were born in maternity hospitals,³ and puerperal sepsis had been eradicated from New Zealand hospitals. Women welcomed the increased safety these medical procedures brought, their promise of painless childbirth, and the fortnight's respite from the demands of child-rearing and housekeeping.⁴ Following the 1938 Social Security Act, hospital births were free and thus even more attractive. With such successful results, there seemed little reason to alter H-Mt 20's procedures, and it continued to be used with few modifications until the mid-1950s. By this time, however, childbirth was considerably safer than during the 1920s, with the Pakeha maternal mortality rate at just 0.6 per 1000 live births and 1.6 per 1000 for Maori mothers.⁵ In addition, the advent of psychological medicine had begun to create a different

¹ The rate peaked in 1920, when 6.48 in every 1000 Pakeha births resulted in maternal death by puerperal sepsis. Mary Dobbie, The Trouble With Women The Story of Parents' Centre New Zealand, Whatamongo Bay, 1990, p. 10. The Maori rate was even higher, 8.9 per 1000 live births for the period 1921-1925. Joan Donley, Save the Midwife, Auckland, 1986, p. 161.

² Philippa Mein Smith, Maternity in Dispute: New Zealand 1920-1939, Wellington, 1986, p. 1.

³ Mein Smith, p. 1.

⁴ Donley, pp. 39-43.

⁵ Rates for 1951-55, *ibid*, p. 161.

perspective on childbirth which centred on the emotional and bonding experiences rather than the physical. Women began to feel uncomfortable with the H-Mt 20 style of nursing; experiences such as these were not unusual:

P. took me into Alexandra Maternity Hospital . . . First of all they put me in a cold metallic room all alone for 5 hours. I remember calling out for my mother when the pains were bad . . . They swooped in and took me away and put me under anaesthetic. I came to and for about 8-9 hours I didn't even know whether I had had a baby or what sex it was . . .⁶

Labour started with niggles at 6pm and pains woke me up at 10pm. My husband, R, rang the private hospital where I was booked and was told "Bring her in about six in the morning". I was having tremendous tight, gripping pains, but I felt I had to be brave and hang on. By 6am I was in agony and got dressed slowly and painfully. When we reached the hospital we were berated for not coming earlier. I clung to R's arm but he was told brusquely to "Put the suitcase down and go home - you have no part in this." I lay on a hard, sheeted board in a bathroom to be prepped and then was left alone to contend with the pains. A housemaid put her head around the door to ask if I'd like a cup of tea. I nodded gratefully, but after nibbling the dry biscuit that came with the tea I was violently sick. There was no bell to ring, so I waited miserably. The nurse, when she came and found me in a mess, was cross that I had been given tea. It was another hour before I was put to bed in a six-bed ward. I felt demented with the pain and convinced that I would die. I could hear a woman screaming somewhere not far away - in the labour theatre, someone said. At 8pm I was moved to the theatre and at 10pm my son was born. They gave me ether for that. The specialist I was under did not visit me at any time during my labour, but arrived just before the baby was born. I didn't know if what I had experienced was normal or whether something was wrong. When R came to see me I could only say, "I'll never have another child", and I wept.⁷

Women were frequently left alone for hours while in labour, cold, uncomfortable and uninformed. They were usually unconscious for the birth and often came around to find themselves alone. It was often twelve hours before they held their baby. Nurses ran tightly regimented wards where "keeping to schedule" and following standardised procedures exactly were paramount. A lack of educational material meant that women were largely ignorant of their own reproductive processes. To enter the orderly, sanitised hospital environment without any understanding of what was happening to their bodies was a frightening experience which did not help women cope with the physical pain of childbirth. Pain relief was readily given, perpetuating women's ignorance as they became able to bear children without any conscious experience of childbirth.

A number of women voiced their discomfort with such procedures, openly questioning the appropriateness of the H-Mt 20 style. Several of these women were part of a Christchurch group called the Christchurch Psychological Society, originally the Mental Health Club, which had been discussing and promoting alternative ideas on childbirth and rearing since the early 1940s. Its founders, Drs Enid Cook and Maurice Bevan-Brown, and

⁶ Helen May, "The Early Post-War Years for Women: an interview with Beverly Morris", *Women's Studies Journal*, 5:2 (December 1989), pp. 61-75.

⁷ Dobbie, p. 7.

Frank Cook had all been involved in similar circles overseas. The Cooks had experienced natural childbirth in Japan, and Dr Bevan-Brown had spent 17 years in England as a psychiatrist. He was centrally involved in new developments and with progressive thinkers, and returned keen to share the latest psychiatric research with New Zealanders.

The group was particularly interested in Grantly Dick Read's new developments in relaxation techniques. His ground-breaking book, Childbirth Without Fear (1942), described how women could overcome fear and pain in childbirth through relaxation and confidence, and became a core component of the Psychological Society's teachings. All three founders were concerned with the damage wreaked on both the child's and the mother's mental health by current obstetric practices such as drugged, unconscious deliveries and the immediate separation of baby and mother after birth. They believed that the development of confidence in the capacity to deal with one's own life events was one of the fundamentals of emotional maturity. Women should not be deprived of their "supreme moment" in life, their ultimate maturing experience, by having all responsibility removed through drugs. Similarly, children should not be deprived of immediate mother love, safety and security on entering the world, as this could endanger their future mental health as adults.⁸ Instead, the use of Read's relaxation methods, hypnosis and home confinements were promoted. Through these practices women could experience a natural birth, care for their babies themselves from the moment of birth and feed on demand.

The concern of Psychological Society members with maternity practices was shared by sympathetic friends and colleagues; further allies were attracted through personal networks and public meetings. Their sense of frustration at the conservative, conformist social climate which branded progressives as "radical" and "outrageous", and anger at the lack of any practical solutions to the inadequacies of the maternity system was fuelled by personal experiences and dissatisfaction. Grace Adams had addressed the Society in 1948, demanding that the organisation do more than simply spread ideas and information. Dr Bevan-Brown's reply had been to be patient, that public and professional attitudes and opinions could not be changed overnight.⁹ Meanwhile, Grace's sister Helen Brew, a speech therapist, had prepared herself according to Read's methods for her second child but had been anaesthetised against her will for the delivery. Pregnant a third time in 1950, she was determined to experience a wholly natural birth and with Enid Cook's help did so - at home. Exhilarated by the experience, Helen embarked on a series of talks to women's groups around Wellington, where her husband's new job as Education Department psychologist was based.

⁸ The Christchurch Psychological Society published a number of books and pamphlets, including Maurice Bevan-Brown and Enid Cook, Psychological Preparation for Childbirth, Christchurch, 1948; Bevan-Brown and Cook, The Psychology of Childbirth, Christchurch, 1948; Bevan-Brown, The Sources of Love and Fear, Christchurch, 1950.

⁹ Grace Adams, Origins of the Parents' Centre Movement (Some Personal Impressions), 1972, P & EC Archive.

These meetings provided uncommon opportunities for women to discuss their childbirth experiences in an era in which women's health was rarely discussed publicly. Helen was an inspiring speaker. She was well-versed in various related health areas, as well as having personal experiences to share, and her extensive involvement in amateur theatre and drama added to her stage presence when addressing a meeting. Her talks described both her drugged and natural childbirth experiences, her discovery of Read's methods, and the immense satisfaction of knowing it was possible to be in control of her labour. She spoke of the comfort and support of her husband's presence, the joy of hearing her baby's first cry, the peace of mind in having her baby close by her, and the pleasure of being able to put him to the breast so soon after birth and to feed him at his need. Then she questioned the rigidity of hospital practices which came between mothers and their instinctive maternal feelings.¹⁰ For many women, it was the first time they could publicly admit their disappointments, their feelings of inadequacy, fear and loneliness. The meetings also served to bring likeminded women together, and often ended with women swapping phone numbers and names, planning to pursue some of Helen's ideas in informal discussion groups.¹¹ One of these talks, given to the Wellington Family Planning Association in 1951, attracted an old Christchurch friend of Helen's from university days, journalist Christine Cole. Christine had also known Dr Maurice Bevan-Brown; it was his influence which had led her to have a conscious birth with her first child, and to negotiate rooming-in for her second. She was now keen to help other parents enjoy similar experiences. With Helen's husband Quentin, a school psychologist, the women formed the Natural Childbirth Group. The group was later renamed the Wellington Parents' Centre, and was the foundation group of the national Parents' Centre movement.

The Parents' Centre philosophy drew heavily on the work of Grantly Dick Read, John Bowlby and the Christchurch Psychological Society and prioritised the needs of women throughout. From the movement's formation in Wellington in 1951, the philosophy remained largely unchanged throughout the decade and around New Zealand. New policies such as the needs of hospitalised children were incorporated, and the promotion of home births was discarded,¹² but the ideological essence remained consistent: the need for the "appreciation by parents, the medical and nursing professions, and the general public, of the significance of the emotional aspects of pregnancy, childbirth and infant nurture."¹³ However these progressive ideas were not sufficiently radical to overcome contemporary expectations of womanhood and

¹⁰ Dobbie, p. 17.

¹¹ *ibid.*, p. 17.

¹² The clause on home confinements was removed from Wellington Parents' Centre's constitution in 1956 as it was expected to draw undesirable hostility from the medical profession. Dobbie, p. 36.

¹³ Bulletin of the Parents' Centre, 1 (July 1954), p. 2.

motherhood, with a resulting tension between Parents' Centre's potential feminism and its underlying maternalism.

The influence of contemporary theory and research was apparent in Parents' Centre's approach to pregnancy and childbirth. Neither were seen as a problem or illness but as a natural part of women's physiological processes.¹⁴ Thus "natural" methods of coping such as breathing and relaxation were thought more appropriate, where possible, than technological or chemical intervention. Whether women actually experienced a fully "natural" and conscious birth was thought less important than the process of acquiring the necessary knowledge and skills; the educational experience in itself would ease both pregnancy and labour. Childbirth was also considered an emotional experience with the potential to provide women with much personal satisfaction and joy, reflecting recent recognitions of the role of women's emotional states in childbirth. The need to ensure pregnant women were both mentally and physically comfortable in everyday situations and during encounters with the medical profession was an emphasis of the movement, and one which planned to achieve the mother's happiness. Indeed, training in natural childbirth was promoted as providing women with emotional and mental rewards in addition to physical, including increased emotional poise, confidence and self-esteem, improved maternal attitude and increased respect from one's husband.¹⁵ Further, Bowlby's conclusions regarding maternal deprivation led to a recognition of the importance of birthing to the mother-child relationship and the family as a whole.¹⁶

Parenting was seen as a shared responsibility between husband and wife which could strengthen both the marital relationship and each individual. In order to achieve the partnership necessary for sound parenting, Parents' Centre aimed to more actively involve the father in all stages through pregnancy, birth and the first weeks of life. However it was recognised, as Quentin Brew described, that fundamental cultural and social changes in attitudes were necessary to encourage this behaviour:

fathers have been deprived by a 'taboo on tenderness' or 'All Black complex' which encourages them to believe that it is unmanly to be really interested in and to enjoy looking after babies and young children. I believe that it is only inhibitions which prevent many men from being able to get much of the same pleasure that their wives get, from handling and caring for their babies . . . I am inclined to think that our society over-values the ambitious money-making man, and under-values the man who gets his greatest satisfaction and fulfilment from being a real father to his children.¹⁷

The expansion of husbands' involvement in family responsibilities was also seen as beneficial to women, boosting women's confidence in the approach to parenthood, and providing

¹⁴ For example, "Joint Submissions to the Consultative Committee on Hospital Reform", *Bulletin of the Parents' Centre*, 1 (July 1954), p. 12.

¹⁵ *Bulletin of the Parents' Centre*, 3 (June 1955), p. 1.

¹⁶ For example, submission by Wellington Parents' Centre to the Consultative Committee on Infant and Pre-School Health Services, 23 June 1959, in Plunket Society Archives, Hocken.

¹⁷ Quentin Brew, "The Father's Role During Pregnancy, Confinement and Early Nurture", *Bulletin of the Parents' Centre*, 9 (July 1957), p. 12.

pregnant women with emotional and physical support. He could be particularly helpful in protecting his wife from the criticisms of neighbours, family and “the older generation” who did not approve of flexible infant care.¹⁸ Both fatherhood and motherhood were seen as valuable maturing experiences to be approached with enthusiasm, and roles which would build on and further develop the marital relationship. This construction of fatherhood as interactive and supportive directly contradicted the dominant social stereotype of fathers as distant and non-involved, thus challenging and expanding contemporary definitions of masculinity.

Parenthood itself was a particularly psychological task, with accompanying social responsibilities, again reflecting contemporary research and theory. The goal of parenting was drawn directly from Bowlby: the provision of “a stable and happy family life”. “Poor” parenting was characterised by emotionally immature parents who failed to understand their children and did not provide the necessary conditions for emotional development.¹⁹ This type of parent could be helped, although education in child development would be coupled with a form of psychotherapy:

By encouraging the mother to talk about her own childhood and her relationship with her own parents and her brothers and sisters, the social worker makes it easier for her to understand the child’s attitudes and feelings towards herself. As the mother tells her own story, the social worker is able to gauge her relative maturity, her particular bias and her characteristic way of dealing with the child; she thus gains further insight into the particularly complex interaction of factors which form the relationship between the two.²⁰

Despite the widening of fathers’ role, though, it was nevertheless the mother who was targeted for behavioural and emotional change in cases of familial problems. Moreover, a “faulty” mother-child relationship was seen as “indisputably the breeding ground” for juvenile delinquency and mental health problems.²¹ Problems in childrearing were hoped to be avoided, however, by preventive educational measures and a general raising of women’s confidence in their parenting ability. It was hoped that her increased confidence would enable a mother to “recognize and meet her baby’s individual needs as they arise, instead of . . . relying on a fixed routine.”²²

This philosophical orientation reflected central aspects of feminist ideology: a prioritising of women’s experiences, and the negotiation and expansion of gender relations and roles. The emphasis was consistently on the best practices for mothers, with the assumption that babies’ needs would be met as a result of mothers’ well-being. “Humanitarian” as well as medical and health grounds were employed to justify change,

¹⁸ *ibid.*, p. 13.

¹⁹ Submission by Wellington Parents’ Centre to the Consultative Committee on Infant and Pre-School Health Services, 23 June 1959, in Plunket Society Archives, Hocken.

²⁰ Lydia Jackson and Kathleen Todd, quoted in *ibid.*

²¹ Letter from Federation of New Zealand Parents’ Centres to Prime Minister Walter Nash, 24 October 1960, P & EC Archive.

²² “The Parents’ Centre: Why and How”, *Bulletin of the Parents’ Centre*, 1 (July 1954), p. 3.

indicating a belief in the importance of women's experiences and emotions as well as their physical health and obstetrical needs. In addition, the prescribed familial role of men was widened under Parents' Centre philosophy to encourage more active participation. The usual 1950s' role, largely limited to financial provider, was seen as depriving men of valuable experiences and women of support. Similarly, the emphasis of other childrearing advisers, such as Plunket, on scientific expert advice was replaced by an emphasis on women's ability to help themselves. Parents' Centre's goal was not to instil absolute obedience to a particular ideology, but to empower women with the ability, knowledge and personal confidence to respond to their children as they saw fit, and to offer alternative suggestions for parenting skills.

However underlying these feminist aspects of Parents' Centre's philosophy was a maternalist current. Women's personal emotional growth was, to some extent, perceived to be a product of their childbirth experience. The desire to instil women with increased maternal authority and responsibility was accompanied by a tendency to hold mothers responsible for "problem" children regardless of other potential factors. Mothers were identified as probable contributors to poor development, and the maternal-infant relationship targeted for improvement as a solution to social problems. These ideals reflected typically maternalist interests in upholding motherhood as the most valuable role for a woman, conforming to social expectations of women and a neglect of the role of social forces in individual lives. The co-existence of these elements alongside characteristically feminist recognitions of social systems, their inadequacies and their role in women's lives created an uncomfortable paradox for Parents' Centre; while empowering women with individual strength it was also condemning them for wider social flaws.

The policy issues addressed by individual Parents' Centres and the national Federation in the post-war period reflected this philosophy. The provision of sound and comprehensive parenting education centred on women, but extended to fathers and the wider general public. Political lobbying emphasised direct personal contact in addition to written submissions, and was targeted at politicians for legislative amendments and the medical profession for practical change. The overall goal was the alteration of medical and social attitudes and practices pertaining to parenting to accommodate the Parents' Centre philosophy. These policies, like their ideological base, appeared to identify both system-oriented problems and personal failures in an uncomfortable duality.

Parents' Centre's education programme aimed to train women in physical and mental aspects of childbirth, and couples in parenting skills. Mothers who had experienced natural childbirth were trained as instructors by Helen Brew according to the Grantly Dick Read method. These women taught relaxation and exercises, while external health professionals were brought in to teach physiotherapy and childcare. In Wellington, Christine Cole's

Austrian friend Gisa Taglicht, a teacher of rhythmical gymnastics and movement, taught breathing control. Founding group members Sister Nan Clayton of Kent Terrace Plunket Clinic lectured on the physical aspects of child care and Dr Enid Cook spoke on emotional development.²³ The emphasis was consistently placed on the importance of individual differences and the need to address mental as well as physical growth. Mothers' classes were supplemented by evening lectures specifically for couples to attend together. Obstetrician Dr Diana Mason and Quentin Brew were amongst the Wellington Parents' Centres' evening lecturers, and spoke on the parent-child relationship, child-rearing and fathers' role.²⁴ Parents' Centres also maintained a comprehensive library of books, reprinted articles and journals for parents to borrow, read and discuss.

The method of delivery of this information was considered as important as the content, and the particular method adopted was hoped to achieve more than simply the dissemination of knowledge. Discussion was preferred over direct lectures, and sessions were conducted in "friendly, not-too-large, non-official groups, free of any authoritarian atmosphere."²⁵ Exercise classes and discussion groups averaged not more than ten per group to ensure this informality.²⁶ As a result, parents became "articulate about their views, their needs, anxieties and attitudes. In our skilfully-led groups, members feel free to voice matters about which they might be silent under other conditions."²⁷ Indeed, the provision of information was itself not considered sufficient. The ultimate goal was to "enable parents to solve their difficulties and doubts by participating in discussion with other parents."²⁸

Parents' Centre was also concerned to develop wider social acceptance for its ideas beyond its direct membership. Christine Cole's writing experience stood Parents' Centre in good stead to publicise itself through the media. Under her guidance, a writing and publicity sub-committee wrote articles and features which were published in widely read newspapers and periodicals such as New Zealand Women's Weekly.²⁹ Specialised publications such as New Zealand Parent and Child, a magazine circulated amongst kindergarten, Home and School Association (later the Parent-Teacher Federation) and Plunket Society members were also successfully approached by Christine.³⁰ The American periodical Child-Family Digest,

²³ Dobbie, p. 22.

²⁴ Dobbie, p. 35.

²⁵ "Parents' Centres Speak for Parents", Bulletin of the Parents' Centre, 14 (October 1959), p. 5.

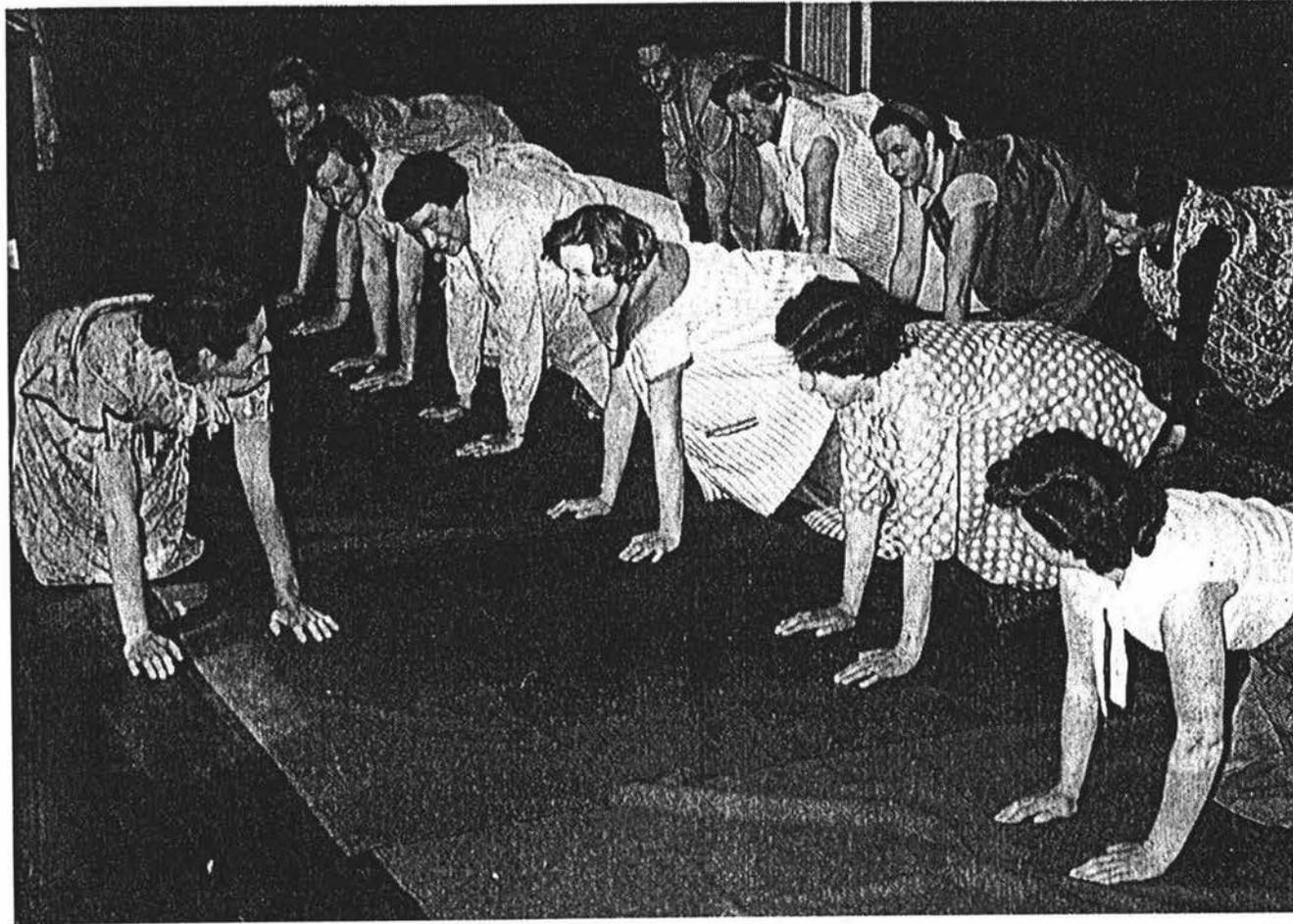
²⁶ Submission by Wellington Parents' Centre to the Consultative Committee on Infant and Pre-School Health Services, 23 June 1959, in Plunket Society Archives, Hocken.

²⁷ "Parents' Centres Speak for Parents", Bulletin of the Parents' Centre, 14 (October 1959), p. 5.

²⁸ Submission by Wellington Parents' Centre to the Consultative Committee on Infant and Pre-School Health Services, 23 June 1959, in Plunket Society Archives, Hocken.

²⁹ For example, "The 'New Look' in Childbirth", Evening Post, 28 September 1957, loose clipping in P & EC Archive; "Your Baby Beside You - All Day", NZWW, 7 January 1957, pp. 6-8; "Relax . . . and have your baby naturally", NZWW, 28 January 1957, pp. 76-77.

³⁰ For example, Gisa Taglicht, "The Art of Relaxation", New Zealand Parent and Child, 4:8 (August 1956), pp. 11-12; Helen Brew, "The Hospitalization of Young Children", New Zealand Parent and



Parents' Centre classes were generally small, informal groups. Here Mrs E. Coburn leads a Christchurch Parents' Centre ante-natal class, 1957.

Source: Mary Dobbie, [The Trouble with Women: The Story of Parents' Centre New Zealand](#), Whatamongo Bay, 1990. Reproduced with the permission of the publisher and author.

popular amongst academic New Zealand parents, took an interest in developments also and printed articles on Parents' Centre progress.³¹ In 1954 the Parents' Centre newsletter became a journal, the Bulletin, and was circulated to interested parents and health professionals, and to maternity homes throughout the country. It provided an open forum for the discussion of Parents' Centre ideas, and the exchange of news between centres. These public promotions of philosophy reflect an awareness of the need to establish an identity for the new movement, but also a desire to educate the general public on improved parenting skills.

In addition to education as a tool for change, Parents' Centre sought alterations to the health system which it felt was inadequate. A more humane, personal, and patient-centred medical system was sought, one which treated women with respect and care, and recognised a mother's needs as a person. Specifically, Parents' Centre called for the elimination of factors likely to induce fear and anxiety in mothers, such as ignorance, loneliness and impersonal care.³² Overseas research had shown certain practices to effectively eliminate these factors, and to have both medical and psychological advantages. These included trained childbirth, home confinements, rooming-in, breast feeding, and "permissive" methods of child care.³³ Rooming-in, the practice of mothers and newborn babies sharing a room rather than being separated between ward and nursery, was in part an extension of the conscious birth movement as it provided greater opportunities for mother-child bonding and learning experiences. Mothers were able to learn and practice childcare routines so that on their release they were competent and confident in handling their baby. It also reduced the risk of infection, allowed mothers to demand-feed and generally created an environment more similar to the home than the regimented nursery schedule.³⁴ Breast feeding was similarly promoted as a means of developing the mother-child bond, in addition to its nutritional benefits.

The health system's attitude to children and parents was also targeted for change. Concerns arose in Christchurch in the years before a Parents' Centre was formally established, and it was Psychological Society members and associated individuals, people who would later become founding members of the Christchurch Parents' Centre, who formed a public pressure group. As with other Parents' Centre campaigns, parents' personal experiences sparked anger into action. Helen and Lyall Holmes' four-year-old daughter Mary

Child, 4:8 (August 1956), pp. 9-10; Christine Cole, "The Troubles in the Maternity Wards", New Zealand Parent and Child, 8:1 (January-February 1960), pp. 12-14.

³¹ Wellington Parents' Centre's submission to the Hospital Reform Committee, 1954, was published in Child-Family Digest in January 1954. "Joint Submissions to the Consultative Committee on Hospital Reform", Bulletin of the Parents' Centre, 1 (July 1954), p. 12.

³² Submission by Wellington Parents' Centre to the Consultative Committee on Hospital Reform, 1953, P & EC Archive.

³³ Bulletin of the Parents' Centre, 1 (July 1954), p. 2.

³⁴ A large amount of research was published describing the advantages of rooming-in. For a comprehensive study which discusses all the major arguments in support of rooming-in, see Garth Holdaway, "A Year's Experience of Rooming-In in a Maternity Home", New Zealand Medical Journal, 57 (1959), pp. 163-169. For a mother's perspective, see "Your Baby Beside You - All Day", NZWW, 7 January 1957, pp. 6-8.

Ann was admitted to Christchurch Public Hospital for long-term tuberculosis treatment in Christchurch in 1952. Her parents remembered

we could see her once a week on Sundays between 3-4 pm. There were 60 children in the ward. If we wanted to discuss anything at all with the sister, our share of her time was one minute of the visiting hour for which we waited out turn in the queue of other anxious parents. Our precious time with Mary Ann was cut short by the length of time we waited in line to see Sister.³⁵

The Holmes' efforts to be granted daily visiting rights were supported by like-minded parents and old university friends Nancy Sutherland and Dr Helen and Professor Henry Field. They saw the issue as an extension of Bowlby's maternal deprivation research; that to separate mothers and children for days or a week at a time meant both immediate and long-term mental distress to both parties. It was also a direct challenge to the medical profession's assumptions that medical treatment was more important for children's health than the presence, attention and opinions of parents. Other Parents' Centres supported the Christchurch parents' campaign, and national lobbying and media attention eventually brought experimental trials in daily visiting in children's wards. Further aims such as the provision of accommodation for the parent on the child's admission, child development training for nurses and the provision of play and art materials and a preschool teacher in children's wards were somewhat slower to achieve.³⁶

Parents' Centre lobbied for change in non-governmental health organisations also. The Plunket Society was particularly criticised for failing to take account of recent childcare and maternity research and theories.³⁷ The Wellington group's submission to the 1959 Consultative Committee on Infant and Pre-School Health Services "acknowledge[d] with gratitude" the Society's high standard of service in the past but reflected a common complaint of mothers at the time that the Plunket Society's policies had not "moved with the times". This feeling was particularly widespread amongst mothers aware of overseas medical and psychological developments; exactly the women who were involved with Parents' Centre. The lack of any consideration of the mother-child relationship, individual differences or a child's emotional development was denounced, and the attitude of Plunket nurses to mothers described as "authoritarian". The submission called for a review of Plunket's policy and practice to "embrace the physical and mental health of the family as a whole."³⁸ The submissions of the Auckland Parents' Hospital Committee, a precursor of the Auckland Parents' Centre, and the Palmerston North Parents' Centre concentrated on the Plunket Society's hierarchical structure which prevented the medical directorate and nursing staff being aware of mothers' reactions and attitudes to the Society. Both groups suggested that the

³⁵ Dobbie, p. 28.

³⁶ Submission by Wellington Parents' Centre to the Consultative Committee on Hospital Reform, 1953, P & EC Archive.

³⁷ See Chapter One: The Royal New Zealand Plunket Society.

³⁸ Submission by Wellington Parents' Centre to the Consultative Committee on Infant and Pre-School Health Services, 23 June 1959, in Plunket Society Archives, Hocken.

Plunket Society review its organisation to involve mothers in work other than fundraising and administration, and thus make more effective use of mothers' abilities and support; again showing a primary concern with mothers' role in infant welfare.³⁹

On a larger scale, Parents' Centre lobbied for the reconstruction of the maternity nursing system and its power distribution. Three campaigns in particular were used to highlight the inequities of the system, and the efforts of several women's groups combined to bring the issues to the attention of the public and politicians. At the centre of all these campaigns, the "battle of the bidets", the revision of the nursing curriculum and the ongoing struggle to secure rooming-in in practice, was a concern with the constitution and powers of the Nurses and Midwives Board. The Board was comprised of the Director of Health, the Director of the Nursing Division, and one midwife and one nurse nominated by the Registered Nurses' Association. Theoretically a supervisory body, the Board was well known for its rigid adherence to H-Mt 20 and rejection of new procedures. In the case of "the battle of the bidets", the Board refused to allow Wairoa Hospital to continue its practice of allowing new mothers to use bidets, despite ten years of success with the innovation. The bidets had proved popular with both staff and patients, and were medically advantageous; the incidence of infection amongst bidet users was half that of bedpanned patients, fewer nurse hours were necessary and a more flexible ward routine was possible.⁴⁰ However, panning and swabbing toileting routines were recommended by H-Mt 20, not bidets. When changes in the nursing curriculum in 1958 brought maternity nursing into the realm of the Nurses and Midwives Board, the Board immediately informed Wairoa Hospital that it must either revert to H-Mt 20 practices or be deregistered as a training hospital. Effectively, the hospital was expected to choose between discontinuing sound medical practices and losing its trainee nurses.

The Nurses and Midwives Board had acted in a similarly authoritarian fashion with regard to rooming-in and the review of the nursing curriculum. Although approved by the Finlay Report in 1958, rooming-in was not prescribed in H-Mt 20 and in practice it was rarely available. In June 1959, the Bulletin noted that

in Wellington alone, there is at present not even one unit available for rooming-in in any of the city's maternity hospitals. This in spite of years of what must be practically daily enquiries about rooming-in.⁴¹

Despite these demands, and the verbal support of Flora Cameron, of the Nurses and Midwives Board, the Board made little attempt to respond to consumer needs and ensure rooming-in was made available. Neither did the Board consult with users or providers of maternity services when it revised the nursing curriculum in 1958.⁴² The review was met with outrage from women's organisations throughout New Zealand who felt the Board had failed

³⁹ "Parents look at Plunket", Bulletin of the Parents' Centre, 14 (October 1959), pp. 14-19.

⁴⁰ Harvey Carey, "Vulval Toilet in the Puerperium", New Zealand Medical Journal, 57 (1959), pp. 272-278.

⁴¹ Bulletin of the Parents' Centre, 13 (June 1959).

⁴² Dobbie, p. 63.

to take account of women's concerns. Led by a group of mothers in Oamaru, the women were particularly angry at the requirement that junior nurses perform internal examinations of women in labour and that they deliver babies.⁴³ The groups included National Council of Women, the Federation of Parents' Centres and individual Parents' Centres, and the Federation of Play Centre Associations.⁴⁴ All demanded safeguards for women patients, more attention to mothers' comfort and a Commission of Inquiry into New Zealand Maternity Services, with particular reference to the revision of H-Mt 20 and the constitution and powers of the Nurses and Midwives Board.⁴⁵

Parents' Centre also sought widespread changes in the attitudes of medical practitioners to women and maternity issues. Some professionals were already sympathetic to Parents' Centre philosophies in the 1950s and attempted to reform from within, despite their superiors' disapproval. Joy Alley introduced her student nurses to Parents' Centre philosophies and practices, with positive results. Unfortunately, the censure of the Director of Nursing, Flora Cameron, who scathingly labelled Parents' Centre members "the jump for joy people", meant it was a short-lived experiment.⁴⁶ Some professionals were also Parents' Centre members, and not only supported the movement's policies but openly promoted its members' ideas. When Quentin Brew was commissioned by the New Zealand Broadcasting Service to present an eight-episode radio series, "Understanding Children", he based much of his material on talks with members of the Wellington Parents' Centre.⁴⁷ However, these sympathetic persons were few in comparison to the many unreceptive health professionals.

Parents' Centre's encounters with Dr T.F. Corkill, senior obstetrician at Wellington Hospital, were more representative of the movement's lobbying of the medical profession. A long-time advocate of drugged childbirth, Dr Corkill was a past President of the Obstetrical and Gynaecological Society, a member of the Nurses and Midwives Board, and openly hostile to natural childbirth ideas.⁴⁸ A delegation of Parents' Centre women, led by Christine Cole in 1952, asking him to permit patients' husbands to be present during the first stages of labour, met with outrage and accusations of Communism. Later in the same year, the Plunket Society withdrew Sister Clayton as class lecturer and discouraged all its nurses from Parents' Centre

⁴³ Beverley Ross in a letter to Mary Dobbie, 17 October 1985, P & EC Archive. Beverley, a key figure in the Oamaru Mothers' Group, was asked as a result of her involvement to stand for election to the local Hospital Board. She served on the Board for many years, campaigning for improved conditions in children's wards and the provision of hospital accommodation for mothers whose preschoolers were admitted.

⁴⁴ Minutes of the Federation of New Zealand Parents' Centres Conference, 6-7 June 1959, P & EC Archive; Papers of National Council of Women Dominion Conference, September 1960, P & EC Archive.

⁴⁵ Maternity Services in New Zealand: Report by a Subcommittee of the Wellington branch of National Council of Women, 5 February 1960, P & EC Archive. Submission by Wellington Parents' Centre to the Consultative Committee on Infant and Pre-School Health Services, 23 June 1959, in Plunket Society Archives, Hocken.

⁴⁶ Dobbie, p. 32.

⁴⁷ *Bulletin of the Parents' Centre*, 11 (August 1958), p. 8.

⁴⁸ Mein Smith, p. 86.

involvement following complaints from Dr Corkill.⁴⁹ Despite negotiations with Plunket's Dr Helen Deem, the Plunket attitude was unchanged: if obstetricians disapproved of lay people in their field, Plunket had to be seen to support them. The Obstetrical and Gynaecological Society was simply too powerful for Plunket to cross, dependent as they were on the support of doctors, not to mention Health Department funds. Dr Corkill also ensured that Parents' Centre had an ongoing struggle to secure ethical approval for its classes from the New Zealand branch of the British Medical Association and the Obstetrical and Gynaecological Society. Individuals such as Dr Corkill frequently felt threatened by the idea of women knowing enough about childbirth to express an opinion on it, or even to attempt to control its course. To challenge, question and ultimately replace routine obstetrical practices and knowledge was to defy the authority of nurses and doctors; in a pre-consumer rights era this was inconceivable.

Politicians were targeted for legislative change and for support for Parents' Centre policies through a number of strategies. Regular forms of communication such as written and oral submissions to Select Committees were taken advantage of when an appropriate Committee was in session. In addition, representatives made direct approaches to politicians to discuss policy developments and to maintain a high profile for Parents' Centre ideas. Letter-writing campaigns were common, and particularly useful for immediately providing politicians with a parents' opinion on recent developments. When the Department of Health established a maternity services advisory committee which did not include an advocate for mothers' needs, Parents' Centre sent lengthy letters of outrage to a number of key politicians.⁵⁰ These letters were followed by personal deputations and further correspondence.⁵¹

The policies of Parents' Centre in the post-war period suggest a feminist tendency, with some underlying maternalist concerns. At the base of them all was a recognition that the existing ante-natal and maternity services provided by doctors, hospitals and the Plunket Society focused respectively on the clinical, physical and practical skills of motherhood, and were thus limited in scope. Parents' Centre aimed to provide a more comprehensive, holistic ante-natal education embracing the physical, emotional and psychological aspects of childbirth, childcare and family relationships. However Parents' Centre's inclusion of the need for personal change alongside structural change echoed its philosophical duality. While the Parents' Centre approach recognised the ability of families to help themselves, and drew attention to areas of health otherwise neglected by the health system, it therefore also provided the means to blame social problems on family dysfunction rather than social issues. Thus,

⁴⁹ Dobbie, p. 23.

⁵⁰ Letters from Federation of New Zealand Parents' Centres to Minister of Social Welfare Mabel Howard, Prime Minister Walter Nash, Member of Parliament J.R. Marshall. and other unnamed politicians, 22 September 1960, P & EC Archive.

⁵¹ For example, letter from Federation of New Zealand Parents' Centres to Member of Parliament J.R. Marshall, 21 October 1960, P & EC Archive; letter from Prime Minister Walter Nash to Federation of New Zealand Parents' Centres, 26 September 1960, P & EC Archive.

feminist recognitions of systemic inadequacies and their impact on individuals, and the promotion of self-help programmes, were coupled with maternalist interests in the responsibility of the mother and family for social problems. However, the implementation of Parents' Centre's primary concern with motherhood through educational programmes for parents and, in a less organised manner, for the wider community, reflected a more completely feminist desire to empower individuals with knowledge and skills. The use of direct personal communication with key people such as politicians and medical professionals suggested a dissatisfaction with relying solely on regular channels such as submissions, and a need to extend existing patterns and knowledge.

From the organisation's beginnings in the Natural Childbirth Group, Parents' Centre members and organisers all shared similar social backgrounds, and represented a narrow section of the community. This was partly a result of the use of personal networks to attract new members, but also of the nature of Parents' Centre philosophy which was not universally attractive or accessible to all women. The resultant membership was both confined to a particular social group and limited in numbers.

While enrolment statistics for Parents' Centre classes are scarce, they suggest that only a small fraction of New Zealand mothers took advantage of them. In 1957, after three years of operation, Palmerston North Parents' Centre had 200 mothers enrolled for classes, more than one-sixth of the town's parturients.⁵² In its first six months of classes Christchurch Parents' Centre had 70 enrolments, while North Shore Parents' Centre taught 33 women in the same period.⁵³ Wellington Parents' Centre averaged 100 enrolments annually for its first five years of classes.⁵⁴ Although fluctuations in population make generalisation difficult, a conservative estimate would suggest that the six Parents' Centres operating in the mid-1950s were teaching approximately 700 women a year between them. In comparison to the annual birth rate of between 55,676 and 61,869 in the same period,⁵⁵ these figures constitute a small fraction. However as a part of the group of mothers attending ante-natal classes, they equate to about a third of the number that were attending Plunket classes annually.⁵⁶ Although these figures may seem low, the Parents' Centre movement was newer, smaller and possessed fewer resources than its fellow educators in the Plunket Society. Plunket's higher public profile and

⁵² Dobbie, p. 45.

⁵³ Dobbie, pp. 36 and 38.

⁵⁴ "The 'New Look' in Childbirth", Evening Post, 28 September 1957, loose clipping in P & EC Archive.

⁵⁵ Statistics include Maori and Pakeha births for 1955 and 1959, New Zealand Official Yearbook, 1960, p. 71.

⁵⁶ See Table 2.3, Chapter One: The Royal New Zealand Plunket Society.

long-standing social position of respect enabled its operations to reach nearly 90 per cent of New Zealand mothers in the post-war years.⁵⁷

Parents' Centre members were aware of the limitations of their movement. However little consideration was given to attracting members from beyond the current social group, and the resultant movement was a homogeneous one in terms of members' social backgrounds, status, ideas and experiences. A comment by Mrs Shouler, President of the Wellington Parents' Centre, acknowledged the social divide:

Education for childbirth and parenthood is not available to the majority of families, and as a result many parents and young children suffer avoidable distress . . . Parents' Centre members have the advantage of being informed. It is up to us to try to convince our friends so that a climate for change is created and to be active in our own spheres until the services for New Zealand families are psychologically sound.⁵⁸

It is noteworthy, though, that while Mrs Shouler called for wider education on Parents' Centre ideas, she limited members' outreach attempts to their friends and their "own sphere". This method of attracting new members through personal introductions was a trait of Parents' Centre from initiation in 1951 until at least the early 1960s.⁵⁹

It was a method of growth which not only ensured like-minded individuals joined the movement, but generally excluded both Maori and working-class families and indeed any families which did not socialise with the Parents' Centre couples. Maori families, however, were perhaps less likely to find Parents' Centre as a movement necessary given the vast cultural differences. The lifestyles of urban Maori in the 1950s created more pressing social needs than education for childbirth, and differing attitudes and experiences of birth and parenting meant education, training and lobbying for change were less of a priority for Maori mothers. A smaller proportion of Maori mothers than Pakeha gave birth in hospitals (see Table 4.1), and many of those who did were reasonably satisfied with their treatment. Common complaints of the maternity hospital centred around nurses' lack of understanding of cultural difference. The mothers concerned did not always voice their concerns, however, instead accepting the hospital's practices as the "Pakeha way".⁶⁰ This lack of active opposition to medical practices rendered a movement such as Parents' Centre, committed to change in the health sector, superfluous to Maori mothers. In addition, as Maori society was traditionally organised around the family and kin, the emphasis of Parents' Centre on family development was not a new idea, and neither was it one that Maori needed to learn from an organisation; rather, it was part of growing up Maori.⁶¹

⁵⁷ See Table 2.2, Chapter One: The Royal New Zealand Plunket Society.

⁵⁸ Annual Report of Wellington Parents' Centre, 1961, ATL.

⁵⁹ "Most new members come through personal recommendations", Annual Report of Wellington Parents' Centre, 1961, ATL.

⁶⁰ Jane Ritchie, *Childhood in Rakau: The First Five Years of Life*, Wellington, 1957, pp. 53-66.

⁶¹ Jane Ritchie and James Ritchie, *Child Rearing Patterns in New Zealand*, Wellington, 1970, pp. 129-145.

Table 4.1: Place of Delivery In a Sample
of North Island Maori and Pakeha Mothers, 1954-1955

Place of delivery	Maori Mothers		Pakeha Mothers	
	Number	Per Cent	Number	Per Cent
Public Hospital	246	72.8	109	84.5
Private Hospital	26	7.7	19	14.7
Home	63	18.6	1	0.8
Other place	3	0.9	-	-
TOTAL	338	100	129	100

Source: Cedric Gardiner, "Maori Infant Mortality", New Zealand Medical Journal, 58 (1959), p. 325.

Those who did attend Parents' Centre classes were predominantly educated, professional, urban Pakeha couples. The women possessed the necessary time, energy, resources and interest to devote to training themselves in natural childbirth techniques. Many, such as Elizabeth Orr and Geraldine McDonald, were involved in university circles, and were aware of recent psychological research on parenting and family processes.⁶² They were often keen to broaden and utilise this knowledge in their own family development. Some women were already mothers, had been dissatisfied by their maternity care or experiences in the past, and hoped to avoid a repetition of the experience. Ngaire Klein went to Palmerston North Parents' Centre classes for her second pregnancy after a difficult labour and breech birth with her first child.⁶³ Others, such as Elizabeth Orr, were first-time mothers who had heard glowing reports of classes from friends who were Parents' Centre graduates.⁶⁴ Men frequently attended discussions and lectures with their wives, and took an active interest in their role as supporter in childbirth and parenting.⁶⁵

Organisational positions were filled by men and women members, and tasks were largely divided on the basis of gender. Some office-holders had themselves "graduated" Parents' Centre classes, while others were well past their child-bearing years. Nancy Sutherland, one of the founding women of Christchurch Parents' Centre, was a physical education teacher before her marriage, and had a family of five children when she became involved through friends' experiences with a hospitalised daughter. All, however, saw the potential of Parents' Centre to improve parenting skills and social attitudes to families. Women were concentrated in decision-making roles and men in support and advisory areas. The women were generally educated, middle-class and Pakeha, such as founders Helen Brew and Christine Cole. Both Helen and Christine were university graduates, had worked in a professional capacity prior to marriage, and had also experienced natural childbirth. Men were usually involved as a result of their professional interests and thus were most often in advisory roles, such as psychologist Quentin Brew, adult educationist Lex Grey and paediatrician Eric Burnard. Other men who were barristers or accountants took administrative roles as treasurers and auditors. As a result, men were perceived as being very much "in the background" of the Parents' Centre movement,⁶⁶ while women took the lead in key decision-making areas. For example, the decision to change the group's name from Natural Childbirth Group to Parents' Centre was made by women who felt the group was similar in structure and

⁶² Elizabeth Orr, in an interview with Heather Knox, 3 June 1994; Geraldine McDonald, in an interview with Heather Knox, 28 May 1994.

⁶³ In an interview with Heather Knox, 19 September 1994.

⁶⁴ Elizabeth Orr, in an interview with Heather Knox, 3 June 1994.

⁶⁵ "The 'New Look' in Childbirth", *Evening Post*, 28 September 1957, loose clipping in P & EC Archive.

⁶⁶ Frances Porter, in an interview with Heather Knox, 28 May 1994.

philosophy to Play Centre. Many Parents' Centre women were also involved in Play Centre and they wanted to reflect the close relationship between the two movements.⁶⁷

The predominantly urban, middle-class, educated and female membership had a strong influence on the development of the Parents' Centre movement. The concentration of men in advising and administrative roles provided women with space to create a woman-oriented organisation with a woman-oriented philosophy and goals. The women's socio-economic situation enabled them to contribute considerable resources and time to the organisation, and their academic backgrounds enabled them to express their beliefs forcefully and articulately in public. In other circumstances the energies of these articulate, educated women may have been diverted into other projects, but in New Zealand in the 1950s family issues were of paramount importance and thus it was the Parents' Centre movement which captured their attention.

The administrative structure of the Parents' Centre movement developed in the late 1950s as the movement flourished throughout New Zealand. Wellington Parents' Centre performed many of the functions of a national body until a national co-ordinating body was established in 1957. However, centres were largely reliant on each other for resources and, rather than becoming isolated from one another, were in close contact throughout the decade. This contact enabled women to have a strong voice not only in their own Parents' Centre but in the development of the national movement.

Prior to 1957, the Parents' Centre movement did not have a national body but nevertheless remained a cohesive organisation. This was partly a result of the movement's membership and of its philosophy. The growth of Parents' Centre was largely achieved through personal contacts, as Parents' Centre women moved around the country. Chris Gardiner had been one of the six mothers at the first mothers' class in 1952, and five years later instigated ante-natal classes in New Plymouth. Eileen Littlewood had heard Helen Brew speak and sat in on a Wellington ante-natal class before moving to Hamilton where she helped establish similar classes.⁶⁸ The first rural Parents' Centre, in Central Hawkes' Bay, began in the home of Gwen Allhusen, a mother and physiotherapist who had heard of Parents' Centre through her brother-in-law at Adult Education in Wellington.⁶⁹ These personal ties created open communication channels between centres, and resulted in close ongoing relations between Parents' Centres nationally. Further, the Parents' Centre philosophy had few parallels in other New Zealand organisations and thus the movement was forced to develop a large degree of internal reliance. Books, teaching aids, training methods and political strategies for parenting issues were not readily available elsewhere. Parents' Centres freely shared

⁶⁷ Dobbie, p. 21.

⁶⁸ Dobbie, p. 39.

⁶⁹ Dobbie, p. 47.



Helen Brew



Christine Cole



Quentin Brew



Dr Maurice Bevan-Brown



Professor H C D Somerset



Lex Grey



Dr Enid Cook



Gisa Taglicht

Prominent early members of the Parents' Centre movement.

Source: Mary Dobbie, The Trouble With Women: The Story of Parents' Centre New Zealand, Whatamongo Bay, 1990. Reproduced with the permission of the publisher and author.

resources, personnel and advice amongst themselves, creating strong networks between centres.

The national body, established at a conference in March 1957, was the Federation of New Zealand Parents' Centres. Its personnel and activities were largely a continuation of those of Wellington Parents' Centre. Helen Brew was elected as the first President, Louis Johnson as Secretary and Harold Short as Treasurer. Representatives from each of the six Parents' Centres in Palmerston North, Hamilton, New Plymouth, Christchurch, Wellington and Auckland completed the executive committee. An advisory board of eight medical, psychological and educational experts was created later in the year. Board members were all long-standing Parents' Centre personnel, for example Quentin Brew and Enid Cook.⁷⁰ In a similar pattern to the organisers of individual centres, male Federation personnel were concentrated in the ranks of the advisory board.

Tasks previously fulfilled by Wellington members became the Federation's responsibility, and with increased resources to commit to them, some projects were expanded. The production and distribution of the Bulletin, a project becoming more complex with the increase in centres, was transferred to the Federation. Political lobbying of politicians and medical professionals was continued and lobbying by individual centres was co-ordinated and monitored.⁷¹ Lobbying increased in scale under the Federation and group discussions such as the Ante-Natal Education Conference at National Women's Hospital were organised. These larger projects enabled Parents' Centre ideas to reach a larger section of the health profession and have a greater impact on developments. Wellington members also decreased their involvement in the establishment of new centres and the Federation personnel took up the roles of publicity and liaison.

Other parts of the Federation's operations had not previously been officially performed. Federation officers successfully applied for funding from both private and government sources, and organised annual national conferences for representatives of all New Zealand Parents' Centres. These conferences generally included a number of open discussions on policy matters, following which the Executive members would implement decisions. These discussions included the exchange of new ideas and programmes trialled by centres, and debates over the future development of the Parents' Centre movement.⁷² The Federation also provided the movement with formalised solidarity for the first time. The first Annual Report noted the beneficial effects of the Federation's existence: Parents' Centre could now "speak with a single and significant voice, exert greater influence and achieve higher status".⁷³

⁷⁰ Dobbie, p. 45.

⁷¹ For example, the campaign for the increased availability of rooming-in. Minutes of Executive Committee of Federation of New Zealand Parents' Centres, 7 February 1959, P & EC Archive.

⁷² Minutes of Dominion Conference of the Federation of New Zealand Parents' Centres, 31 October-2 November 1958, P & EC Archive; Minutes of Dominion Conference of the Federation of New Zealand Parents' Centres, 6-7 June 1959, P & EC Archive.

⁷³ Annual Report of the Federation of New Zealand Parents' Centres, June 1958, P & EC Archive.

The Federation maintained close relationships with individual centres. The familiarity of Federation members to the movement, each of whom had been involved for several years, meant personal links between Federation and centres were already strong. These relationships were maintained by regular, reciprocal correspondence and personal ensured visits by Federation personnel to centres. As a result, both groups were aware of the other's needs and progress, and "ordinary" members were endowed with the opportunity to have an input into national-level negotiations.

Both the lack of an organisational structure for Parents' Centre throughout most of the 1950s, and the structure eventually created in 1957, enabled characteristically feminist processes involving women's agency and control to develop. The close relationships between individual centres, and between the national Federation and centres, empowered women members with a large degree of control over the development and administration of their own organisation. The close structure also ensured policy decisions and plans were drawn from women's actual needs, and provided women with a voice in the development of social systems which would impact on themselves. These concerns for the prioritising of women's experiences and needs reflect elements of the 1970s feminist movement, particularly its small, woman-centred consciousness-raising groups.⁷⁴

The effects of Parents' Centre as a movement on New Zealand women was variable according to their level of involvement. Membership of a Parents' Centre had the potential to widen women's social circle, empower them with knowledge and skills, and provided a particular group of women with a voice with which they could publicly air their health concerns. However, the social and numerical limits of the organisation's membership restricted Parents' Centre's direct benefits to its particular circle of middle class, Pakeha, urban women. Women outside this group benefitted only indirectly through the raising of public awareness and legislative change achieved by the Parents' Centre movement in the post-war years.

The social aspect of mothers' classes was frequently remarked upon with appreciation by women. The classes provided a place for like-minded women to meet and talk, and established social networks amongst young women who otherwise may not have met. Some of these friendships were to last many years:

The group [at Parents' Centre] was different, [there were] more people. I had a close friend who had babies at about the same time, and we used to get together regularly but it was different. You didn't know them so well as your close friends and you got different ideas, different backgrounds. We're more church-orientated and its good to get the other side of things, a mixture of people's ideas.⁷⁵

⁷⁴ See also Christine Dann, Up From Under: Women and Liberation in New Zealand 1970-1985, Wellington, 1985, pp. 8, 96-98.

⁷⁵ Ngaire Klein, in an interview with Heather Knox, 19 September 1994.



Women who attended Parents' Centre classes together frequently formed friendships, many of which continued for several years. This group of mothers was photographed at a mothers' class reunion in Wellington, 1955.

Source: Mary Dobbie, The Trouble With Women: The Story of Parents' Centre New Zealand, Whatamongo Bay, 1990. Reproduced with the permission of the publisher and author.

We were kindred spirits and there was a real bond between us. We enjoyed the chats over tea and had such fun comparing notes. We made many friends.⁷⁶

Classes were also appreciated for the practical help and knowledge they provided women. Class “graduates” wrote enthusiastic letters to their instructors:

I would like to say thank you very, very much to the W.P.C. for the instruction and help which enabled me to enjoy the wonderful experience of childbirth. Had it not been for you I should doubtless have been one of the majority who know nothing of the pleasures of a conscious childbirth. I shall never forget it as long as I live.

I consider my second confinement the most wonderful experience of my life, and how different from the first . . . I did exactly as I had been taught in class and everything went perfectly . . . Altogether it was the most wonderfully satisfying experience - the terrific surge of mother love at the last when the baby was born, and the feeling of strength and well-being. None of the lethargy of last time, thank goodness. All my thanks for having made this possible.⁷⁷

I’m sure without the classes I would never have managed quite the same. I really felt they helped me a lot and don’t mind adding to the family at any time providing I can do as well as last time.⁷⁸

For many women, an involvement in Parents’ Centre had a lifelong influence, with benefits to both the individual and the movement. The organisational and relationship skills of running a Parents’ Centre stood women in good stead for political roles, and often provided women with a wider awareness of women’s issues. Elizabeth Orr moved from Wellington Parents’ Centre ante-natal classes to campaign publicly for the acceptance of rooming-in and natural childbirth, and later for other women’s demands such as equal pay and educational opportunities. In 1994 she is Chancellor of Victoria University, and active in a number of government and public organisations on women’s issues. She believes that her involvement with Parents’ Centre “ultimately led [her] into quite overt political activity on the part of women.”⁷⁹ Betty Campbell, of Wellington Parents’ Centre, served on the Wellington Hospital Board and Wellington City Council,⁸⁰ and both Nancy Sutherland of Christchurch Parents’ Centre and Elsa Wood of Hamilton Parents’ Centre also went on to be city councillors.⁸¹ These ex-Parents’ Centre women were able to use their positions of influence to continue to press for change, with some success: Betty Campbell’s achievements during her term on the Hospital Board included several which substantially improved the quality of care for children and mothers.⁸² Similarly, Marie Bell (formerly Metekingi), a trainer for Wellington Parents’

⁷⁶ “Reports from Mothers”, *Bulletin of the Parents’ Centre*, 6 (June 1956), p. 19.

⁷⁷ “Reports from Mothers”, *Bulletin of the Parents’ Centre*, 3 (June 1955), p. 16.

⁷⁸ “Extracts from letters to the Central Hawkes’ Bay Parents’ Centre”, *Bulletin of the Parents’ Centre*, 14 (October 1959), p. 19.

⁷⁹ Elizabeth Orr, in an interview with Heather Knox, 3 June 1994.

⁸⁰ Fiona Campbell, “Betty Campbell”, in *The Book of New Zealand Women - Ko Kūi Ma Te Kaupapa*, Charlotte Macdonald, Merimeri Penfold and Bridget Williams (eds), Wellington, 1991, pp. 123-125.

⁸¹ Dobbie, p. 91.

⁸² *ibid.*, pp. 91-92.

Centre, was later employed by the Department of Education and made a point of always consulting Parents' Centre people when making decisions relating to children's and women's health.⁸³ Thus the movement's lobbying activities were potentially, at least, eased, as some sympathetic women joined the ranks of councils and government.

Although many New Zealand mothers were not directly involved in Parents' Centres as members or organisers, the movement still secured benefits for them in terms of increased public awareness of maternity issues and some legislative change. The mainstream media of the 1950s was generally uninterested in women's health issues, despite, or perhaps as a result of, the post-war social emphasis on the joys of child-bearing and family life.⁸⁴ Parents' Centre articles countered this trend by openly discussing health problems and suggesting alternatives. Often following the publishing of an article on Parents' Centre ideas a magazine's letters' page would feature queries and discussion by women on the movement. Women who had experienced natural childbirth themselves, or whose friends had done so, wrote letters of praise for Parents' Centre methods⁸⁵ and pregnant women wrote requesting further information and contacts.⁸⁶ This type of discussion and exchange of information was not always available to full-time mothers in the 1950s, particularly those mothers not involved in voluntary organisations.

Attempts by Parents' Centre to modify legislation achieved mixed results in the short-term. The Hospital Reform Committee responded with interest to the Wellington submission in 1953, extending the time allotted to oral presentation. However it concluded that the subject matter of the submission was not within the Committee's terms of reference, and thus no mention was made of it either in the Committee's published report or in the presentation of the report to Parliament.⁸⁷ However, the report of the Committee on Infant and Pre-School Health Services, known as the Finlay Report and released in 1959, adopted several of Parents' Centre's recommendations. Rooming-in, daily visiting to children's wards and the admission of mothers to hospital with their sick pre-school children were all encouraged. In addition, emotional and psychological factors in general were recognised as important and the value of "pioneering" organisations such as Parents' Centre in bringing new medical developments to the attention of other groups was acknowledged:

such voluntary societies as the parents' centres and the nursery play centres . . . can adopt, advocate and exploit ideas and conceptions at the earliest stage of their evolution, whilst an organisation deeply involved in an extensive

⁸³ In an interview with Heather Knox, 28 May 1994.

⁸⁴ Both the "Family Doctor" column in *NZWW* and "The Mirror Doctor Talks to You" articles in *The Mirror- New Zealand's National Home Journal* concentrated on family health problems such as hay fever, children's nosebleeds, appendicitis, and jaundice. The "Family Doctor" almost always illustrated cases with male patients, and *The Mirror's* doctor wrote articles such as "A Man is As Good As His Kidneys", May 1950, pp. 14-16.

⁸⁵ For example, "Readers Declare", *NZWW*, 24 September 1953, p. 3.

⁸⁶ For example, "Readers Declare", *NZWW*, 17 September 1953, p. 5; "Readers Declare", *NZWW*, 8 October 1953, p. 5.

⁸⁷ *NZPD*, 304 (1954), pp. 1166-1174.

administrative undertaking must . . . await proof and authoritative acceptance of value.⁸⁸

Although the recommendations on ante-natal services were deemed to be outside the Committee's terms of reference, the report acknowledged that impersonal, strict maternity care could impair the establishment of mother-child bonding, and went on to support a number of Parents' Centre's suggestions such as sound proof labour rooms.

Parents' Centre did succeed, however, in providing parents and women with a voice in the formulation of health policy. The Finlay Report recognised the differences of opinion between the Plunket Society and other parent-centred organisations and recommended the creation of a Child Health Council to ensure co-operation between all pre-school child health organisations. Such a Council could ensure that all agencies operated on "properly established progressive principles" and could "correct the administration of any organisation which falters in its operations". The Council was to include two Plunket Society officers and have the power to co-opt representatives of Parents' Centres, Play Centres, Free Kindergarten Union, and other interested organisations.⁸⁹ The proposed Council both recognised the importance of parent involvement in policy formulation and provided some input by parents into the operations of Plunket Society and other child welfare agencies. Similarly, the 1958 Ante-Natal Education Conference at National Women's Hospital acknowledged the importance of women's views in the planning of ante-natal education. Organised jointly by the Parents' Centre Federation and Professor Harvey Carey, of the Post-Graduate School of Obstetrics and Gynaecology, it was attended by GPs, specialists, Plunket sisters and interested lay people. The conference recognised "the need for synthesis of ideas amongst those who supervise expectant mothers" and discussions integrated the viewpoints of parents, GPs, psychiatrists and obstetricians. The gathering culminated in the formation of a committee, including a Parents' Centre representative, to plan a national ante-natal education programme.⁹⁰

In practical terms, there is some evidence that Parents' Centre had an effect on the medical and health professions. Women's accounts of childbirth experiences suggest that from the mid-1950s some medical professionals did treat pregnant women in the manner Parents' Centre called for:

The staff did everything possible to help and encourage. The night sister in particular was wonderful, and kept rubbing my back and reminding me to relax at crucial moments.

My husband was with me right up to the second stage, rubbing my back, and at no time was he made to feel superfluous or a tolerated nuisance. He remained outside the theatre door for the actual birth but was re-admitted as

⁸⁸ Report of the Consultative Committee on Infant and Pre-School Health Services, 1960; "Finlay Report Highlights", Bulletin of the Parents' Centre, 16 (July 1960), pp. 13-14.

⁸⁹ *ibid.*

⁹⁰ Programme of Discussions on Ante-Natal Education, 28-31 January 1958, P & EC Archive.

soon as the baby and I had been attended to. The three of us were left alone together for an hour or more over a cup of tea. We were most appreciative.⁹¹

Whether this was actually a result of Parents' Centre's lobbying and publicity is impossible to determine; however it is unlikely that the maternity nursing profession could have remained completely oblivious to natural childbirth methods and ideas given Parents' Centre's extensive publicity campaigns. In addition, by the late 1950s some medical practitioners were not only aware of Parents' Centre but were approaching the Federation executive for advice on maternity and child health matters.⁹²

The impact of Parents' Centre on New Zealand mothers reflected the movement's woman-centred elements, which have been identified in this analysis as feminist. Despite operating within contemporary expectations of full-time motherhood as women's destiny, and promoting childbirth as fulfilling and "natural", women members felt the movement was providing them with a real alternative to mainstream medicalised childbirth. Although still conforming to social expectations, they were doing so in a more woman-centred manner that they were more comfortable with. Both members and organisers gained valuable skills, knowledge and social contacts which provided both immediate and long-term benefit. They were empowered with opportunities for personal development and broadened horizons, reflecting typically feminist concerns for wider opportunities for women. Parents' Centre's promotion of women's ideas and opinions in the health sector challenged common constructions of women as passive recipients of medical expertise, and enabled women to take a more active role in the formulation of health policies. The impetus for public debates of women's health issues provided by Parents' Centre created a more open climate of discussion, consultation and education. This prioritising of women's opinions and women's needs echoed the concerns of feminism for enabling women to have a measure of agency, control and decision-making in their lives.

The Parents' Centre movement in the 1950s showed elements of feminism throughout both its philosophy and processes, although in the case of philosophy these were accompanied by maternalist undercurrents. The movement prioritised women's needs, yet drew on contemporary rhetoric regarding women's social place and role. Dominant constructions of women as passive recipients of expertise and of men as inactive observers of family life were challenged, but childbirth, motherhood and family life were idealised as fulfilling and maturing experiences. The movement's perspectives on the inadequacies of the existing health system and members' desires to create an alternative for women similarly reflected feminist ideals, but were accompanied by demands for personal change which were closer to

⁹¹ "Reports from Mothers", *Bulletin of the Parents' Centre*, 3 (June 1955), pp. 16-17.

⁹² Annual Report of the Federation of New Zealand Parents' Centres, June 1958, P & EC Archive.

maternalist concerns for parental responsibility. The need for personal change created an inherently contradictory situation, both empowering women with the potential for self-help, and providing the means to hold them responsible for social problems should they deviate from their prescribed role of motherhood.

Parents' Centre's processes were more characteristic of feminism. Structurally, the movement enabled women to have a considerable degree of input into its development, reflecting feminism's concerns for women's agency and control. The experiences of its members reveal typically feminist results of providing women with new opportunities, particularly broadened social networks, increased skills and knowledge and heightened self-confidence. Despite a limited membership and few attempts to move towards expansion, Parents' Centre's achievements in legislative change and publicity also had some effect on mothers who were not members. The increased awareness of women's health needs, and recognition of women as consumers had implications for the general treatment of women by the New Zealand medical system.

The Parents' Centre movement can be seen as a preliminary step towards further medical challenges by women in later decades. These later campaigns aimed to pressure the health system for change, to empower women with self-knowledge, and relied initially on small discussion groups in a similar manner to Parents' Centre's operations. In particular, the self-help women's health movement which originated in the 1970s built on several Parents' Centre traits in its focus on the health education of women and the provision of the resources and knowledge for women to care for their own health needs.⁹³ However the later initiatives discarded the relatively conformist processes and structures of the 1950s in favour of more collective forms of decision-making, and tended to demand more fundamental social change. The motherhood-oriented health groups also discarded the claims of motherhood as women's "natural" biological function that Parents' Centre drew on heavily. Thus, similar sentiments on women's health needs manifested in varying forms and were expressed in different terms in different time periods, in a reflection of the wider historical change and continuity of women's political actions.

Although this analysis has identified feminist elements in the operations of Parents' Centre, the women members of the time did not consciously identify as feminist. Indeed some still do not. Christine Cole (now Christine Cole Catley), in response to being labelled "feminist", responded that her philosophies did not constitute

the strongly ideological thing some people think. Rather, it seems the natural out-growth of her remarkable upbringing in Taranaki, the expression of a naturally confident person who has come up against what seem to her to be wrong and unreasonable barriers to human happiness and fulfilment and done her best to clear them aside.⁹⁴

⁹³ See also Dann, pp. 81-88.

⁹⁴ Frank Corbett, "The Bookmakers: Christine Cole Catley and Fergus Barrowman", *North and South*, March 1990, pp. 80-96.

However, she also acknowledged a gender imbalance that individual women could rectify:

“I do think though”, she says, “that women need a little extra help along the way, . . . over all the centuries. And women like me who have been lucky in their families - . . . well, we have a duty to help.”⁹⁵

Other women who similarly deny identifying as feminist in the 1950s in retrospect define their and their friends’ actions as feminist.⁹⁶ Speaking of a friend who was involved in the Parents’ Centre movement throughout the 1950s, Marie Bell said “she wouldn’t call herself a feminist, but when you look at it its the same thing. They [Parents’ Centre] were arguing that women should have a say in childbirth to a completely male-dominated profession.”⁹⁷ Mary Dobbie, author of the Parents’ Centre history The Trouble with Women and herself a founding member of Auckland Parents’ Centre, wrote of the women who were discovering Read in the early days,

It fitted in with knowing their own bodies, a knowledge too long kept out of reach as though it were something unsuitable, indecent almost. It challenged them to meet the meaningless pains of childbearing with something that did have meaning for them. It offered a chart . . . through familiar women’s territory and away from that state of dependency so dear to the obstetrician. Their feet were on the path of women’s liberation, although they would not have thought of it like that at the time.⁹⁸

That these women refrain from using the term “feminist” despite having been involved in an organisation which challenged systemic inadequacies and suggested woman-centred alternatives reflects their perception of feminism as well as their view of their behaviour. It is likely that recent constructions of feminism as radical, public and overt did not reflect Parents’ Centre’s primary concern with motherhood and domesticity, creating a belief in feminism and Parents’ Centre as mutually exclusive categories rather than the symbiotic categories that alternative interpretations, such as this one, can construct.

⁹⁵ *ibid.*

⁹⁶ For example, Ephra Garrett, in an interview with Margaret Tennant, 8 September 1994.

⁹⁷ In an interview with Heather Knox, 28 May 1994.

⁹⁸ Dobbie, p. 1.

CHAPTER FIVE

CONCLUSION

The Plunket Society, Play Centre and Parents' Centre in the post-war period shared a common area of concern for issues of motherhood, and all operated within the contemporary social expectations of gender roles and race relations. However, each combined differing proportions of feminist and maternalist elements in their philosophies and organisational processes, producing three distinct forms of organisation: Plunket, which utilised a maternalist philosophy and process while producing some typically feminist experiences for some members; Play Centre, which showed both feminism and maternalism in its philosophy and employed potentially maternalist processes with more feminist results; and Parents' Centre, which showed feminist elements in its philosophy, process and outcomes, although also holding maternalist ideas. This chapter summarises these similarities and differences in the organisations' philosophies and processes, their impact on members and the relationships between the three organisations. These conclusions are related to research on the study of women's politics and of the experiences of post-war women. This analysis supports the work of some historians, expands upon others, and raises issues pertinent to further historical studies of women.

All three groups accepted the dominant ideologies and social expectations of their time, suggesting that all the organisations were based on fundamentally maternalist ideologies. The Plunket Society embraced the "feminine mystique"'s expectation of full-time motherhood most fully, perpetuating ideas of motherhood as women's only role, and instilling these ideas in adolescent girls, mothers and the community. Play Centre, although originally formed to free women from childcare responsibilities, later adopted Bowlby's maternal deprivation ideas and supported contemporary expectations of full-time motherhood as women's social and personal responsibility. The organisation's shift to emphasise the danger and irresponsibility of women leaving their children in the hands of others indicates the ability of organisations to change markedly in their philosophical beliefs; in the case of Play Centre, to conform more strongly to social expectations. Parents' Centre's focus on childbirth education and maternity care similarly reflected the pro-natalist social climate of the post-war "baby-boom". Childbirth and parenting were promoted as essential fulfilling and maturing experiences for women's adult

growth, and social problems were identified as rooted partially, at least, in the quality of children's mothering.

All three organisations were Pakeha-focused, and their relationships with Maori mothers reflected maternalist concerns. All upheld contemporary views of race relations, and the Plunket Society in particular showed a typically maternalist interest in the welfare of ethnically diverse groups of women. The Plunket Society sought to assimilate Maori mothers into their health programmes, but without official Department of Health authorisation to do so the Society rarely served them as members. Nevertheless the Plunket philosophy reached Maori mothers through the Maori Women's Welfare League and the process of cultural contact and assimilation. The relative rigidity of Plunket ideas compared to Maori parenting patterns suggests that Maori mothers found Plunket alien; their response to the philosophy, however, is difficult to ascertain. Expectations of cultural homogeneity and assimilation led Play Centre women to assume that the unmodified Play Centre model would be equally successful for Maori families. It was not until the early 1960s, when adaptations were made to expressly address Maori needs, that Play Centre gained popularity amongst Maori families. Parents' Centres' lack of appeal for Maori women possibly stemmed from its concern with childbirth at a time when Maori women were faced with other, more pressing needs as a result of mass Maori urbanisation. In addition, those Maori women dissatisfied with their medical treatment perceived it not as a gender issue, but as a cultural one. Thus specifically Maori groups were more appropriate means of working for change than women's groups. In either case, Parents' Centre made no attempt to interest Maori families in its particular form of childbirth education.

Alongside these maternalist characteristics, all three organisations also showed aspects of feminist ideologies; or, at least, ideologies with feminist potential. All the groups provided women with opportunities for female interaction, support and group discussion. For many socially isolated suburban housewives of the 1950s, this type of interaction led to a realisation that their personal problems were shared by other women, and perhaps also the beginnings of a collective female consciousness of gender-based societal discrimination. Parents' Centre and Play Centre, in particular, prioritised the sharing of women's knowledge and experiences, and affirmed these experiences as valuable. These characteristics link these 1950s organisations to later women's initiatives such as the feminist consciousness-raising groups of the 1960s and 1970s, and the self-help health groups of the 1970s and 1980s. Parents' Centre showed additional feminist elements in its recognition of the role of gender relations in social systems. The movement identified maternity health treatment as a gender-based form of discrimination, with a male-dominated profession holding power and control over female experiences, and, unlike Play Centre, Parents' Centre sustained this analysis throughout the decade.

Despite their common basis in maternalist concerns, the groups' philosophies differed substantially due to their specific policies, each of which incorporated varying degrees of feminist interests. The Plunket Society was most completely maternalist as it accepted the existing health system as effective and adequate, and worked within it to improve the health of

all infants regardless of ethnic or social origin. The Society's child-centred policies assumed that women's health and well-being would inevitably follow on from an improvement in infant health. Play Centre similarly sought to benefit children over mothers, but also recognised the problems of current forms of childcare and aimed to provide an alternative. Training mothers as supervisors was seen as empowering and worthwhile for individual women, while also benefitting children by ensuring the permanent presence of their mother. This combination of ideals reflected both maternalist prioritising of motherhood over womanhood, and feminist concerns for the correction of recognised social inadequacies through personal empowerment. Parents' Centre similarly recognised inadequacies in the medical handling of childbirth and aimed to provide an alternative source of knowledge and preparation for pregnant women. However, in contrast to both Plunket and Play Centre, Parents' Centre policies were centred on the mother's needs and desires, assuming concomitant benefits for infants. Parents' Centre's explicit rejection of the existing maternity system and its goal of establishing a woman-centred alternative can be perceived as feminist.

The processes employed by each organisation diverged further, showing varying combinations of maternalist and feminist elements, and producing diverse experiences for members. Structurally, the Plunket Society was the most maternalist organisation in terms of the definition used in this thesis. It deprived members of any substantial control or input into their organisation, and preferred authority to self-determination. Local branches were expected to, and did, carry out directives from a distant Head Office of "professionals" and "experts", with only limited input into decision-making processes. Women performed the Society's work for the greater good of the Society, rather than for any immediate or personal benefit. Their labour helped women other than themselves, as most committee women no longer used Plunket services. However, involvement with a Plunket committee had the potential to provide some typically feminist experiences. Opportunities for social interaction, travel and personal satisfaction in achievements, which were not always readily available to women in the 1950s, were all accessible through Plunket work.

Play Centre's structure was not dissimilar to Plunket's, but it was utilised to more typically feminist ends. The national Federation, regional Association and local Centre each comprised numerous committees and sub-committees, and meetings were renowned for their bureaucratic processes. Nevertheless the links between the sections were close, and members were involved in a larger and more active decision-making role in their organisation, with long-term vocational benefits for many women. Play Centre women had a sense of working to help themselves and their children, and of actively contributing to their Centre.

In Parents' Centre's case, feminist elements of de-centralised power and group decision-making were evident. The lack of a formal administrative structure prior to 1957 meant that members were heavily involved in maintaining national contact themselves. As a result, members were endowed with a substantial role in the development of their movement,

thus providing typically feminist opportunities for growth, knowledge and autonomy. These features were carried over into the procedures of the national Federation established in the late 1950s, which stressed communication and consultation.

The nature of each group's membership was closely linked to their structural characteristics. Plunket committees tended to attract more traditional, conservative and slightly older women, thus creating a gap between users and providers of the Society's services, and buffering the Society from social changes in childrearing trends. These women, with older children, possibly had more available time to devote to largely philanthropic ventures such as Plunket which did not directly benefit themselves. In contrast, the members of Play Centre tended to be the more progressively minded women with young children. The urban centres attracted largely tertiary educated women with professional husbands, while the late 1950s boom in rural Play Centres perhaps reflected the growth and dispersal of progressive educational ideas. Parents' Centre was similarly dominated by urban, middle class women who were aware of and interested in current developments overseas. Both Play Centre and Parents' Centre women, unlike Plunket women, were in the midst of raising young children and were possibly attracted to these organisations as self-help rather than community-help ventures. The feminist elements of Play Centre and Parents' Centre, then, may have partially resulted from their members seeking personal benefits and advantages as opposed to Plunket women whose work helped other mothers.

Interactions between the three movements operated on ideological, interpersonal and organisational levels and reflected the group's particular feminist/maternalist orientation. The new psychological theories and research which inspired the formation of the Parents' Centre and Play Centre movements also had some influence on the Plunket Society, which had been operating for forty years previously. The philosophy of the post-war Plunket Society showed a partial shift away from the authoritarian and nationalistic ideas of King to a more flexible and family-centred approach. Individual differences between children, and psychological aspects of development were beginning to be discussed. However the philosophy was still largely a scheduled, scientific, physically-based one which sought to impose regularity, rationality and standardisation onto mothers' childrearing practices. The Society also perpetuated early twentieth-century ideas such as the assumption that all girls needed to know childcare techniques, and the expectation that all girls would eventually be required to care for children, their own or others, both of which directly echoed King's own ideas on education for girls.¹ Such lack of change resulted in some users of the service perceiving the Society to be authoritarian, inflexible and of limited value beyond reassurances on infant physical health; the

¹ Margaret Tennant, "Matrons with a Mission - Women's Organisations in New Zealand 1893-1915", M.A. thesis in History (Massey University, 1976), p. 90.

changes of the post-war years had been slight, and had generally failed to filter through to the mothers themselves.

The similar type of person attracted to Parents' Centre and Play Centre resulted in the two groups often sharing common ideologies; indeed the members of both were often the same individuals. As a result, the two groups had a reasonably high level of agreement on general political and philosophical issues, particularly progressive ideas such as the importance of psychological factors in parenting. Parents' Centre and Play Centre mothers also generally used Plunket services as well, though few were on the Plunket committees. The governmental submissions prepared by Parents' and Play Centres regarding Plunket services indicated the members' attitudes to Plunket: widespread appreciation of Plunket's infant health programme but also concern with the Society's structure, personnel and administration which were felt to be inflexible and outdated. This was perhaps a result of the lack of personal involvement with Plunket administration in Parents' and Play Centre circles, as the Plunket Society had in fact undergone some change and revision, particularly in the late 1950s.

At an official, formal level, the Plunket Society sought co-operation from the Parents' and Play Centres on their areas of common interest. This desire for closer relations was not reciprocated, however, perhaps because both Parents' and Play Centres perceived Plunket to be radically different and did not wish to align themselves with such a supposedly outdated organisation. The two newer groups, then, were personally distanced from the older Plunket Society, and attempted to also distance themselves formally. This type of organisational behaviour was perhaps a result of the Plunket Society's self-perception as New Zealand's leading authority in child welfare and thus a self-imposed responsibility to co-ordinate and supervise colleagues in the field. Parents' Centre and Play Centre certainly saw themselves as relatively new groups working against the inadequate and inappropriate existing health and early childhood education systems, and were therefore reluctant to align themselves with the Plunket Society.

This analysis of the philosophies and processes of the Plunket Society, Play Centre and Parents' Centre movements in the 1950s suggests a wide continuum of women's organised actions. Each organisation exhibited a particular balance of feminist and maternalist ideologies. Plunket's emphasis on maternalist politics contrasted with Play Centre's and Parents' Centre's combinations of maternalist and feminist elements. While Play Centre moved its focus from women to children as it developed and thus showed an ideological shift from feminist-based to maternalist-based ideas, women continued to experience its processes and benefits in feminist terms. Parents' Centre's basis in maternalist assumptions was counterbalanced by a gendered perspective on health and a commitment to women's empowerment which reflected feminist characteristics. Thus each group can be perceived as part of a continuum of women's politics between the closely-related but distinct maternalist and feminist forms of action.

These conclusions on the nature of organisational women's actions in the post-war period add to the literature on women's politics and on women in the 1950s. Previous analyses employing feminist and maternalist categories are supported. The work of Shulamith Firestone and other earlier researchers is challenged, while that of Robin McKinlay, Helen May, Brett Harvey, the Birmingham Feminist History Group (BFHG) and Elizabeth Wilson is supported and expanded.

Previous usages of a feminist/maternalist distinction have produced widely varying conclusions, although most have stressed the close interaction between the two ideologies. This thesis supports these comments, as clearly none of the organisations discussed here can be perceived to be wholly feminist or wholly maternalist despite their general tendency towards one or other position. Plunket, the more completely maternalist organisation, had the potential to provide some feminist experiences, while Parents' Centre, the group closest to feminism, incorporated some maternalist assumptions in its philosophy. This balancing of ideologies reflects Lynn Weiner's analysis of La Leche League, which identified both feminist empowerment and maternalist role constriction within the one organisation.

Firestone's dismissal of the 1950s as a bleak, hopeless period for women, shared by other historians such as Angela Holdsworth, has been shown to be a result of the narrow perspective adopted by these researchers. Their focus on public forms of women's politics ignored the potential of domestic and domestic-based actions. An analysis such as this one, which includes apparently non-challenging beliefs drawing on women's domestic experiences, produces a substantially broader picture. This analysis has shown that 1950s women were in fact negotiating for change in the existing health care, child care and parenting education areas.

In terms of motherhood ideologies, McKinlay's analysis of the Plunket Society's promotion of "motherhood as a social identity" is reinforced here. The conformity to rules and standards characteristic of this form of motherhood was evident in Plunket's belief in the 1950s in the necessity of mothers adhering completely to the Society's structured childcare regime. McKinlay's application of the paradigm "motherhood as service" to Play Centre is also confirmed. The Play Centre movement stressed the psychological nature of children, and perceived motherhood as an occupation centred on the needs of children. However, McKinlay also termed the Parents' Centre ideology "motherhood as service", whereas this analysis has argued that Parents' Centre was more concerned for the needs of mothers than the needs of children. Parents' Centre did, though, utilise psychological concepts of motherhood and parenting, and in that respect did endorse "motherhood as service".

The conclusions of the Birmingham Feminist History Group have also been supported. Their analysis of 1950s activism as constructed through and within dominant ideas of womanhood, and lacking a mass movement of women's inter-related issues, is apparent in the philosophies and processes of all three organisations. The way in which Parents' Centre and Play Centre identified social inequalities in health and child care, while failing to look

beyond these problems to basic social issues, was also characteristic of the BFHG's representation of 1950s activism.

The work of May, Wilson and Harvey has been supported and expanded upon. May's "quiet revolution" and Wilson's "underground feminism" are apparent in the negotiation of Play Centre and Parents' Centre women for improved health treatment, childcare arrangements and parent education. Their negotiations operated within contemporary gender roles of motherhood and homemaker, and did not seek to change dominant gender ideology, but aimed to improve women's life experiences. However, while May's "quiet revolution" was in progress in the Play Centre and Parents' Centre movements, other women such as those active in the Plunket Society perpetuated dominant ideological systems of motherhood and supported current health and social systems without query or negotiation for their change. Thus, a diversity of women's actions in the 1950s is apparent here that has not been readily recognised in past studies. The emphasis of previous researchers on either the "revolution" of women in the 1950s or their passivity has obscured the possibility, demonstrated here, of the concurrent existence of both forms of women's activism: both within a given decade and within a single organisation.

This difference of conclusion raises issues of concern for feminist historiography. Despite previous discussions regarding the widening of women's political history to include the private and domestic spheres, some histories continue to be written with narrow perspectives. While no one record can take all the diversities of experience into account, the invisibility of women's domestic and maternal activity has wider connotations. As a result, many accounts of women's past political organising ignore an important form of action and perpetuate the myth of women's historical silence. Dale Spender, discussing her discovery of elderly feminist women, wrote

I understood that by *not* seeking them out we [of the post-sixties women's movement] had contributed to their invisibility, that we had played a role in the denial of women's existence and strength. I understood that a male dominated society will not forge for us the links between one generation of women and the next and that unless we take matters into our own hands and actively make those links we are just as effectively divided from other women, as we are from women of the past.²

The factors which link women of the 1950s with later explosions of radical and public feminism are thus easily and frequently overlooked. The conclusions of researchers such as Firestone suggest that these challenges erupted spontaneously, while broader perspectives such as those of May, Wilson and this thesis identify the continuity of women's negotiations for change across the decades.

To include domestic-centred actions which did not aim to challenge existing gender roles, such as those discussed here, in an historical record of women's organising is essential to the central aim of feminist historiography - to render women and their experiences visible

² Dale Spender, *There's Always Been a Women's Movement this Century*, London, 1983, p. 6.

and valid. To dismiss such actions and their proponents as misguided or non-feminist, and thus unworthy of study, is to maintain the silence surrounding women's past.

APPENDIX

BIOGRAPHICAL NOTES

Beatrice Beeby

Born Beatrice Newnham. Studied under Professor James Shelley at the Canterbury University College Education Department, graduating with a Bachelor of Arts in Education. Involved at university with the testing of backward children. Married Clarence Beeby, accompanied him to England while he finished his Ph.D., and later to Paris when Dr Beeby was appointed to New Zealand's Embassy in France. Interested in progressive education, supporter of New Educational Fellowship and lecturer for Worker's Education Association. Ran unstructured play groups, similar in some aspects to Play Centre movement, in her own home and neighbourhood from the 1930s. Founding member of Wellington Nursery Play Centres' Association; President 1941-1943; taught first parent education course of twenty weeks' duration (1944). Resigned 1948, possibly because she felt her position as wife of Dr Beeby (then Director of Education) jeopardised Play Centre's funding negotiations with government departments.

Helen Brew

Born Helen Butler in Christchurch; trained at Christchurch Teachers' College as a speech therapist. Member of Christchurch Psychological Society, with sister Grace Adams. Married *Quentin Brew*, fellow student and Psychological Society member. After an unsuccessful attempt at natural childbirth enlisted the help of Dr Enid Cook and enjoyed a home birth. Moved to Wellington for Quentin's job as Education Department psychologist in 1948, and with Quentin and friend Christine Cole founded the Natural Childbirth Group (later Wellington Parents' Centre). President, Wellington Parents' Centre, 1952-1954 and 1955-1957; President, New Zealand Federation of Parents' Centres, 1957-1962; Dominion Adviser, New Zealand Federation of Parents' Centres, 1962-c.1975; Regional Vice-President, New Zealand Federation of Parents' Centres, 1971. Study tour to Britain, 1973. Produced film, *Birth With R.D. Laing*, 1975, which later won the Feltex Award for Best Documentary, 1977.

Quentin Brew

Studied at Canterbury University College, member of Christchurch Psychological Society. Married fellow student and Psychological Society member *Helen Butler*. Education Department psychologist, 1948-c.1960s. Founding member of the Natural Childbirth Group (later Wellington Parents' Centre). Tutor in child psychology and adult education for numerous individual Parents' Centres, Federation conferences etc. Member of New Zealand Federation of Parents' Centres' Advisory Board, 1955-19?? Editor of the Parents' Centre Bulletin, 1957.

Christine Cole Catley

Born Christine Bull in Hunterville, central North Island. Educated at boarding school in New Plymouth. Studied with *Helen Brew* (then Butler) at Canterbury University College under Dr Maurice Bevan-Brown, graduating with a Masters of Arts with Honours in English. Had a daughter while studying. After graduation worked as a journalist in Wellington and married John Reece Cole, writer and chief librarian at Alexander Turnbull Library in the early 1960s. Continued to write freelance and work for Radio New Zealand while raising three children. Met Helen Brew again in Wellington and helped found the Natural Childbirth Group (later Wellington Parents' Centre). Vice-President, Wellington Parents' Centre, 1954-1956. Accompanied husband to Indonesia, 1956-1958, and worked as correspondent for Australian radio. Editor of Wellington Parents' Centre Newsletter, 1953-1954; Editor of Bulletin, 1954-1956 and 1958-1960; President, New Zealand Federation of Parents' Centres, 1962-1967. Head of Journalism Studies at Wellington Polytechnic, 1967-early 1970s; pioneered writing workshops for women re-entering the workforce after raising a family. With her second husband, Douglas Catley, founded publishing house Cape Catley Press, 1973. Member of Broadcasting Council of New Zealand, 1974-?? Member of Marlborough Branch of National Council of Women.

Doreen Dalton

Post-graduate student under Susan Isaacs in London; studied in California before coming to New Zealand in 1938 as an Adult Education Tutor with the Association of Country Education. Established nursery schools in Christchurch; founding member and first President of Canterbury Nursery Play Centres' Association, 1941-1944. Later Doreen McMeekin.

Helen Deem

Born Helen Easterfield. Educated at Wellington Girls' College and Otago University; graduated M.B., Ch.B. in 1924 and M.D. in 1928. Awarded Lady King Scholarship 1928;

studied problems of infant development and nutrition. Married J.S. Deem and had a daughter, Philippa; on her husband's death went overseas for post-graduate medical studies. Returned to New Zealand to work for Health Department (and Sir Frederic Truby King as Director of Health) on nutritional and public health problems of pre-school children, 1935-1939. Medical Adviser to Plunket Society, 1939-1955. Lecturer in preventive paediatrics, Otago Medical School, 1946-1955. Travelled to United States, Great Britain and Scandinavia on Carnegie Grant 1947-1948. Particular interests included accident prevention in the home, revision of infant feeding formulae, premature baby care and the Plunket Society's Pre-School Education Centre (renamed the Helen Deem Centre for Pre-School Education on her death in 1955).

Helen Field

Doctor interested in physical and emotional needs of mothers and children; School Medical Officer in the Health Department, 1940-1946. Involved in hospitalised children debate in Christchurch, 1949. Founding member of Canterbury Nursery Play Centres' Association; President, 1944-1946 and 1952-1954. President, New Zealand Federation of Nursery Play Centres' Associations, 1952-1955. Married to Henry Field, Professor of Education at Canterbury University College.

Nora Fitzgibbon

Born Arrowtown, 1899. Educated St Patricks' College, Dunedin. Completed nurse training at Christchurch Hospital, followed by midwifery training. Matron, Truby King Harris Hospital, Dunedin, 1926; Karitane Hospital, Auckland, 1934-1945. Dominion President, Registered Nurses' Association 1946-1949. President, Otago Catholic Women's League. Nursing Adviser to Plunket Society, 1934-1945.

Lex Grey

First encountered Grantly Dick Read's work through a friend who had worked with him in Africa; arranged discussion group around Read's ideas when planning birth of first child in Takaka, Nelson, 1946. Appointed Adult Education tutor, Victoria University of Wellington, 1948; taught courses on child and family issues. Member of Kilbirnie Play Centre. President and Director of Supervisor Training, Auckland Nursery Play Centres' Association, 1952-?? Lecturer in Human Development and Education, Auckland Teachers' College, 1952-1962. Pre-school Officer, Maori Education Foundation, 1963-1967; Director of Aboriginal Family Education Centres, University of Sydney, 1968-?? (modelled on New Zealand Play Centres, and assisted by Maori Play Centre supervisors). Author of Children At Play (1953) and Children Go Forth: a manual for those who live and work with young children (1955).

Married to Doris Grey, also involved with Play Centre and Liaison Officer for Auckland Nursery Play Centres' Association during the 1950s.

Gwen Somerset

Born Gwendolen Alley in Springfield, North Canterbury, 1894. Educated at Christchurch Girls' High School and Christchurch Teacher's College. Taught at East Christchurch Primary School 1917-1921, East Oxford School 1921-1938, Feilding Community Centre 1938-1947. Married fellow teacher *Crawford Somerset*, 1930. Travelled to England, Europe and America studying early childhood and community education on Carnegie Fellowship, 1936-1937. Member of Management Committee, Wellington Nursery Play Centres' Association; New Zealand Federation of Nursery Play Centres' Associations President 1948-1952; Dominion Adviser 1952-1969. Author of several Play Centre publications and pamphlets, including I Play and I Grow, and numerous articles on education; editor of the Play Centre Newsletter. From 1948, a member of Wellington Free Kindergarten Education Committee, Regional Council of Adult Education, lecturer in child development at Free Kindergarten Training College, Wellington, executive member, National Council of Women; supporter and occasional lecturer for Wellington Parents' Centre. Published autobiography, Sunshine and Shadow (1988), and numerous articles on education.

Crawford Somerset

Born 1895. Educated at Christchurch Boys' High School, Canterbury University College, Christchurch Teacher's College. Taught at East Oxford School 1923-1938, Feilding Community Centre 1938-1947. Married fellow teacher *Gwen Alley*, 1930. Travelled to England, Europe and America studying adult and community education on Carnegie Fellowship, 1936-1937. Joined Education Department, Victoria University, 1948. Member of New Zealand Federation of Parents' Centres' Advisory Board, 1957-1968; National Council of Adult Education. Author of Littledene: A New Zealand Rural Community (1938), Child Nutrition in Rural Communities (1941), Bringing Up Crippled Children: suggestions for parents, teachers and nurses (1951), Littledene: Patterns of Change (published posthumously in 1974) and numerous papers on education.

Inge Smithells

Born in Denmark. Supporter of natural childbirth, founding member of Wellington Nursery Play Centre Association. Married to *Philip Smithells*, of Education Department; later became Inge Webb.

Philip Smithells

Graduated M.A. (Hons), Cambridge, including studies in the United States. Director of Physical Education at University of South West Exeter, 1937-1939. In World War II served as adviser to Royal New Zealand Air Force on corrective work and recreation. Invited to New Zealand by Dr Beeby as the Education Department's adviser on Physical Education; became Head of University of Otago Physical Education School. Taught Gisa Taglicht, later to become first tutor in relaxation for Wellington Parents' Centre. Member of New Zealand Federation of Parents' Centres' Advisory Board, 1957-1974. Founding member, Otago Mental Health Association, 1958. Married to *Inge Smithells*.

Joan Wood

Noted lieder singer; held a university degree from Edinburgh. Founding member of Wellington Nursery Play Centres' Association; Secretary 1941-1943, Organiser 1943-1948, President 1948-1949. Married to Fred Wood, Professor of History at Victoria University.

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