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**Hearing Voices: The gendered nature of mental health  
practices in New Zealand in the 1920s - 1940s.**

**A thesis presented in partial fulfillment of the requirements of MA in  
Women's Studies  
at Massey University, Palmerston North, New Zealand.**

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## ABSTRACT

This thesis asks what insights can be gained from the oral histories of mental nurses and attendants about the gendered nature of mental health practices in New Zealand in the 1920s - 1940s. Previously recorded interviews provided the primary texts for analysis. In considering both their oral accounts and memories as constructions, feminist poststructuralist models are used to study the nurses' and attendants' experiences. Utilising gender as an analytical tool meant that the narrators' memories were understood as the gendered products of the interconnections between the practices and discourses of culture and individual subjectivity, and that gender was implicated in the practices and production of power in mental institutions.

Discourse theory and practices provided the conceptual framework and methodology for an analysis that regarded knowledge as residing in and produced by discourses. By studying the different constructions of female nurses and male attendants in discourses of mental nursing it was possible to recognise how these representations legitimised and privileged particular kinds of knowledge and power. Contextualising the narratives socially and culturally enabled consideration of how the nurses and attendants reproduced dominant discourses of femininity and masculinity in circulation at the time they were working.

The findings point to the way in which powerful discourses of gender predicated on the separation of women and men respectively into private and public spheres, intersected with gendered assumptions of mental illness and mental nursing. The oral testimonies show that the female nurses were situated between the paradigms of these discourses, but because subjectivities are not fixed and immutable, they adopted different and changing positions in relation to them at different times. Although it is argued that discourses of gender did shape the subjectivities of the nurses and attendants and were employed to support gendered institutional practices this was more complex than first appears. The voices of the female nurses can be heard sometimes embracing, sometimes resisting and sometimes transgressing gender norms.

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## ABBREVIATIONS

AJHR .....	Appendices to the Journals of the House of Representatives
NZPD .....	New Zealand Parliamentary Debates
OHP .....	Oral History Project
NERF .....	New Zealand Nursing Education and Research Foundation
OHInt .....	Oral History Interview
NZJH.....	New Zealand Journal of History
NZH .....	New Zealand Herald
NZL.....	New Zealand Listener
NZT.....	New Zealand Truth
PSA .....	Public Service Association
NES.....	National Employment Service
ECT .....	Electric Convulsive Therapy
NZTNA.....	New Zealand Trained Registered Nurses' Association
NZNA .....	New Zealand Nurses' Association
NZNJ.....	New Zealand Nursing Journal (Kai Tiaki)
OT .....	Occupational Therapy
ICT .....	Insulin Coma Therapy
CCT.....	Cardiazol Convulsive Therapy
Dept.....	Department
UK.....	United Kingdom

## INTRODUCTION

The meaning of insanity is dependent on what people say and do at particular moments in history.<sup>1</sup> In order to understand how meanings are socially constructed at specific times not only must people who are said to suffer from mental illness be studied but so must those assigned responsibility for their care. This study asks what insights can be gained from the oral histories of mental nurses and attendants<sup>2</sup> about the gendered nature of mental health practice in New Zealand in the 1920s - 1940s. It offers a contribution to gendered discourses of insanity by focusing on the ways in which discourses of the mental health profession, and in particular, the nursing and attendant staff within that profession, were gendered.

My interest in women's mental health began in the late 1970s when I was employed as a Community Mental Health Worker. As a member of a three-women team (two general trained nurses and a social worker), the task was to link women identified by a clinician as needing support with volunteers from the community prepared to befriend individual women. Referrals came from both Carrington Hospital<sup>3</sup> and a Community Mental Health Centre which had been set up as part of the deinstitutionalization process.<sup>4</sup> Often, however, a life crisis which had resulted in a woman needing clinical intervention triggered a reaction in the volunteer who had been assigned to her. In other words, neither woman was immune from the guilt, depression, nor self blame associated with failure to live up to expectations of her as a wife and mother. Yet why was it, we asked, that one woman was given a psychiatric label while the other was not? This questioning led to the

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<sup>1</sup> This is not to deny that mental distress was (and is) a reality for many people. However, of interest in this thesis are the socially constructed institutional responses to this distress, including the practices of nurses and attendants.

<sup>2</sup> Following the 1944 amendment to the Nurses and Midwives Registration Act, the women and men who passed the state final exams were officially called "psychiatric" nurses. However, the term "mental nurse" and "mental attendant" remained in use until the end of the 1950s and for this reason, these terms are used in this thesis.

<sup>3</sup> Carrington Hospital, the mental institution serving the Auckland area, was first known as the Auckland Asylum. It was, however, more colloquially known as the Whau due to its proximity to the district and stream of that name. It later became known as Avondale Asylum, then Oakley, before becoming Carrington Hospital (Brunton 2004). The buildings are now in use as a tertiary education institution.

<sup>4</sup> Psychiatric care in public hospitals, limitations on the expansion of psychiatric hospitals, and anti-institutional attitudes in the late 1960s and the 1970s signalled the trend of moving people out of institutions into the community (Haines and Abbot 1985).

instigation of facilitated groups where all the women were brought together for discussion on topics that they themselves identified as important.<sup>5</sup> What individual women were experiencing and regarding as personal failings, when considered within a broader social context, were understood as socially produced and shared by others. The success of this project led to an understanding that gender relations and the devaluation of women in society were significant issues for women's mental health. The current research is an extension of those concerns in its consideration of how gender was a factor in the way mental health care was practiced in New Zealand from the 1920s - 1940s.

American historian Joan Scott introduced the idea that gender, rather than being treated as a descriptive term for physical differences between women and men, should be developed as an analytic category within women's and feminist history. Scott proposed an agenda underpinned by a new definition of gender drawing attention to gender as a 'system of meaning', a 'constitutive element of social relationships' premised on 'perceived difference between the sexes', and an important method of 'signifying relations of power'.<sup>6</sup> For Scott, history does not just record changes in the social organisation of the sexes, but actively participates in the production of knowledge about sexual difference. Scott's articulation of gender as an analytic category directed me to an analysis which concentrated on processes, paying particular attention to the interconnectedness of the nurses' and attendants' individual subjectivities, the social organisation of the mental health system, and wider social and cultural systems of meaning. When gender is theorised as a basic principle of social structure and cultural interpretation, femininity and masculinity are understood as cultural codes of gender and need to be understood in reference to one another. Gender in this sense permeates experiences from birth, moulds an individual's sense of identity, supports particular forms of communication, and pervades social organisations such as mental institutions.

In addressing the question of the socially constructed, gendered nature of past mental health practices, this research has used archived oral history tapes as the primary source.

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<sup>5</sup> The process could be described as "consciousness raising", an innovation of second-wave feminism in the 1960s and 1970s.

<sup>6</sup> Scott (1988) pp.42-43.

As far as can be ascertained, the use of oral history tapes to examine mental nursing practices is not common. My research, in analysing archival interviews, used a previously untapped resource.<sup>7</sup> As such, the research provides an invaluable opportunity to gain insight into the experiences of women and men who were mental nurses or attendants during the period under study. Viewing the term gender as relational necessitated that, for this project, archived interviews with both women and men were included in the analysis. Because all social relationships are conditioned by gender relations, it was likely that the very ways in which female nurses and male attendants told their stories, would not be gender-neutral.<sup>8</sup>

Eight of the tapes were recorded as part of an oral history project carried out by the New Zealand Nursing Education and Research Foundation (NERF) between 1982 and 1984.<sup>9</sup> In addition, a tape from a year 2000 NERF oral history project, two tapes from a Sunnyside Hospital Oral History Project, one tape from the New Zealand Country Library Service Oral History Project, one from the Porirua Hospital Resource Centre,<sup>10</sup> and one from the Auckland City Library Special Collections were accessed. My research methodology, based on a social construction approach, meant that instead of taking the narratives at face value, analysis was informed by understandings of how the nurses' and attendants' memories would have been shaped by the dominant discourses in circulation at the time they were working. This meant that rather than treating the oral histories as transparent reproductions of "reality", they were viewed as discursive representations and analysed according to the methods of discourse analysis.

Essentially, discourses can be thought of as groups of language statements produced by a particular system, (psychiatric discourse and nursing discourse are examples), through

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<sup>7</sup> Kate Prebble, has also used oral history tapes as one source for her recently completed (unsighted) PhD on the history of psychiatric nursing, 1939-1972 ( personal communication between author and Kate Prebble).

<sup>8</sup> Daley (1998).

<sup>9</sup> At this time, many elderly nurses were interviewed with the aim of providing insight into aspects of nursing history. Since then, the original tapes have been added to and are collectively known as the New Zealand Nurses Education and Research Foundation (NERF) Oral History Collection. The tapes are deposited in the Alexander Turnbull Library, Wellington.

<sup>10</sup> The "Porirua Hospital Resource Centre" was formerly known as the "Friends of the Porirua Hospital Museum."

which ideologies circulate in the form of texts containing signs and codes. As a way of thinking, a discourse often represents a structure of knowledge and power. A discursive analysis exposes these structures and locates the discourse within historical, cultural and social relations. The notion that within discursive fields individuals are presented with a range of possible subject positions for constructing meaning, underpins the current study. Arising from this is the question: How did discourses of gender shape the understandings and experiences of the nurses and attendants under review? The idea that social power is centred and cohesive, was replaced with the concept of power as dispersed constellations of unequal relationships, discursively constituted in social “fields of force”. This provided the conceptual language for understanding the boundaries which may have constrained the oral narrators.<sup>11</sup> These concepts of power also provided opportunity for reinterpretation of the texts including exploring the possibility of the oral history project participants’ resistance to social norms. Understanding history as a practice which produces and sanctions particular forms of knowledge, meant that in my research, I not only wanted to fill gaps in the records, but also to explore how history operated as a site for the production of gender knowledge about mental health practices.

To provide a contextual background for this current research, Chapter One is mainly descriptive and presents an overview of the social and cultural environment, the construction of insanity, legislation and policy, institutional organisation, care and treatment of patients, the making of professional staff, and community perceptions. This information is based on primary and secondary sources relating to the period of focus. Chapter Two is also contextual and draws on literature which specifically relates to the nursing and attendant staff of mental institutions. It assesses the extent to which discourses concerned with the positioning,<sup>12</sup> responsibilities, and culture of these staff, were informed by gender constructs and how these findings relate to the present study. The methodological framework for the study is discussed in Chapter Three. This chapter outlines the research process and the methods used in analyzing the data. Specific methodological issues discussed include: the use of oral history as text, and memory as

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<sup>11</sup> See Weedon (1987), Davies (1992) and Scott (1988).

<sup>12</sup> Davies and Harre (2001) maintain that the concept of “positioning” facilitates the thinking of linguistically oriented social analysis in ways that the concept of “role” does not.

construction. In Chapter Four, the findings of the tapes are presented according to the selected themes of : reasons for commencing nursing, mental nurse training, working conditions and the culture of the institutions, perceptions of the mentally ill, mental illness and its treatment, thoughts on general nursing and mental nursing, gender relations and the gender order, and the effects of wider events. Chapter Five provides an analysis of the texts and a discussion on how discourses of gender both overtly and covertly permeated the organisation of society, including the mental health system, and how these shaped the subjectivities of mental hospital staff, particularly the nursing and attendant staff, and were employed to support particular forms of gender relations and practices. The Conclusion offers some reflexive comments on the research process, and the significance of the gendered nature of mental nursing and attendant care in New Zealand from the 1920s - 1940s.