Ordinary Men and Uncommon Women:
A History of Psychiatric Nursing in New Zealand Public Mental Hospitals, 1939-1972

Catherine Mary (Kate) Prebble

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Abstract

This social-cultural history explores the changing context, culture, and identity of psychiatric nurses working in New Zealand public mental hospitals between 1939 and 1972. Primary documentary sources and oral history interviews provided the data for analysis. The thesis is divided into two periods: 1939 to 1959 when asylum-type conditions shaped the culture of the institutional workforce, and 1960 to 1972 when mental health reform and nursing professionalisation challenged the isolation and distinct identity of mental hospital nurses.

Between 1939 and 1959 the introduction of somatic treatments did not substantially change nursing practice in mental hospitals. Overcrowding, understaffing and poor resources necessitated the continuance of custodial care. The asylum-type institutions were dependent on a male attendant workforce to ensure the safety of disturbed male patients, and the maintenance of hospital farms, gardens, and buildings. Although female nurses provided all the care and domestic work on the female side, the belief that psychiatric nursing was physically demanding, potentially dangerous, and morally questionable, characterised the work as generally unsuitable for women. Introduction of psychiatric nursing registration which was a move toward professionalisation did little to change the dominance of a male, working-class culture.

From 1960 to 1972 psychiatric nurses' identity was contested. New therapeutic roles created the possibility of the nurses becoming health professionals. Their economic security and occupational power, however, was tied to an identity as unionised, male workers. As psychiatric nurses were drawn closer to the female-dominated nursing profession through health service changes and nursing education reform, both men and women acted to protect both their working conditions and their patients' welfare. To achieve these ends, they employed working-class means of industrial action.

By accepting the notion that psychiatric nurses' identity was socially constructed, this thesis provides an interpretation that goes beyond the assumption that nursing is a woman's profession. Instead, it presents psychiatric nursing as a changing phenomenon shaped by contested discourses of gender, class and professionalisation. Nursing in public mental hospitals attracted ordinary men and uncommon women whose collective identity was forged from the experience of working in a stigmatised role.

This thesis is dedicated to the memory of

Rita McEwan

(1918 - 2006)

registered psychiatric nurse; nurse educator, administrator and professional leader

Acknowledgments

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List of Abbreviations

ANZ   Archives New Zealand

AJHR   *Appendices to the Journal of the House of Representatives*

AS   *Auckland Star*

CS   *Christchurch Star*

EP   *Evening Post*

KT   *Kai Tiaki, New Zealand Nurses Journal*

MPA   Medico-Psychological Association (British association of asylum doctors)

NERF-OHP New Zealand Nursing Education and Research Foundation Oral History Project

NES   National Employment Service

NZG   *New Zealand Gazette*

NZNA   New Zealand Nurses Association (title from 1971)

NZRNA   New Zealand Registered Nurses Association (title from 1932-1971)

NZPSL   New Zealand Public Service List*

PNOHP   Psychiatric Nurses Oral History Project

PSA   Public Service Association

PSC   Public Service Commission

PSJ   *Public Service Journal*

RMPA   Royal Medico-Psychological Association (British association of asylum doctors or psychiatrists: the MPA renamed)

SSC   State Services Commission

TOHP   Tokanui Oral History Project

* The New Zealand Public Service List (title used in this thesis) was also known as the New Zealand Classification List or List of Persons Employed in the Public Service.

Map Showing Location of Public Mental Hospitals
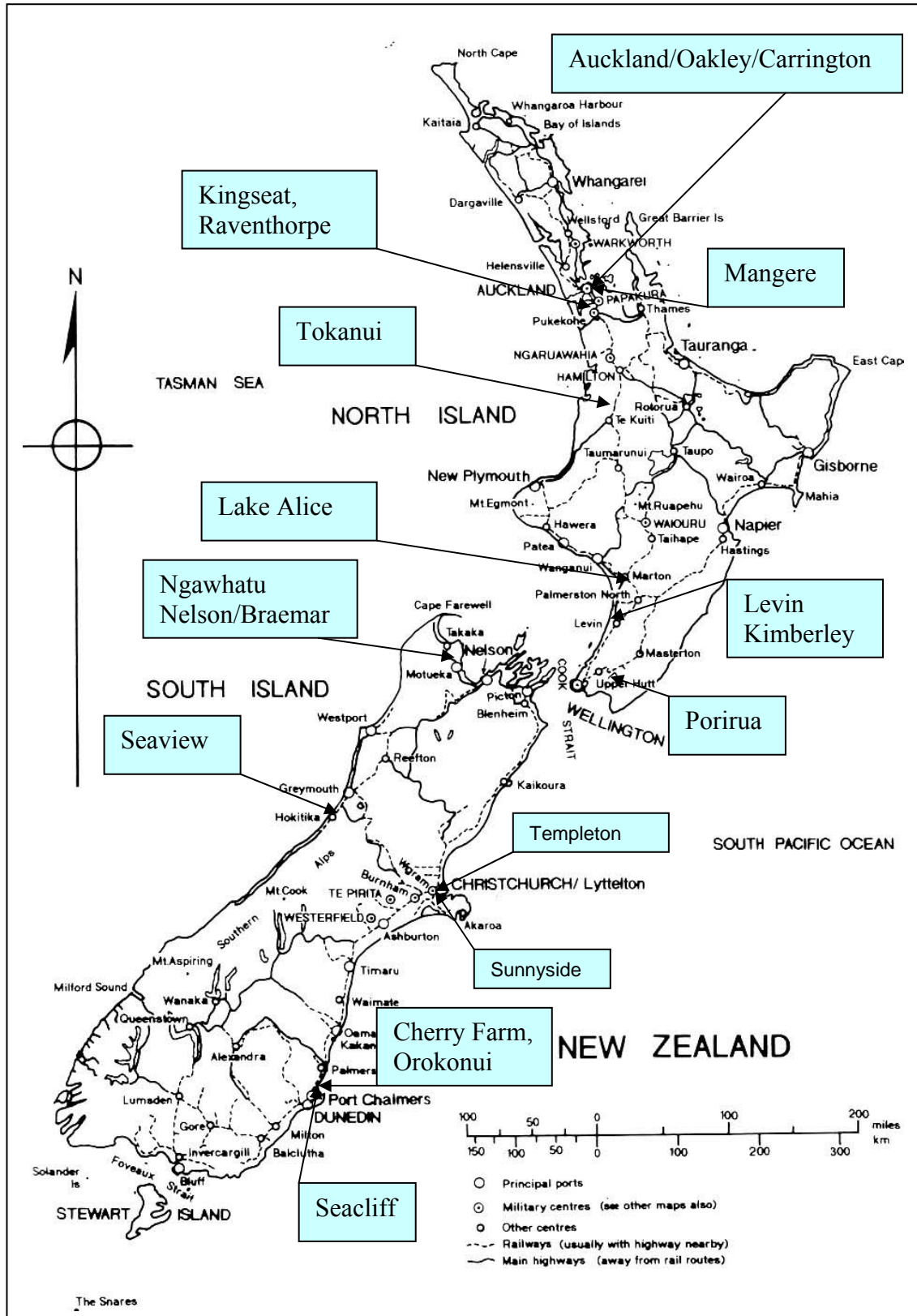
Source: Adapted from Denys Bevan, United States Forces in New Zealand, 1942-45, Alexandra, 1992.

Introduction

On 2 July 1971, fifty men and women marched in silence on the New Zealand Parliament through the streets of Wellington. Although a protest march to Parliament was not in itself unusual at this time, the identity of the protesters was noteworthy. They were uniformed psychiatric nurses from Porirua Hospital demonstrating in support of colleagues taking strike action at public mental hospitals around the country. The nurses' protest spoke volumes about their occupational identity, culture, values, and history. Taking industrial action was generally considered anathema to the nursing profession. This was, however, an acceptable option for many psychiatric nurses. They did not fit the stereotypical image of nurses as female, middle-class, compliant, and demure. Rather, their actions reflected an occupational culture influenced by working-class male values.

Figure 1 Psychiatric Nurses outside Parliament.
Source: *Auckland Star* **(AS), 2 July 1971, p.1.**

The industrial action by psychiatric nurses in 1971 happened within the context of changing occupational identity. During the previous three decades, psychiatric nursing had been challenged by calls for new therapeutic approaches, demands for closer association with the general nursing profession, and moves towards amalgamation of psychiatric with general health services. This thesis examines psychiatric nursing (mental attendance and mental nursing) in public hospitals in New Zealand between

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1939 and 1972.[1] The period began with legislative change that took the first step towards the integration of psychiatric nursing education with general nursing. The period ends in 1972, the year that psychiatric hospitals were transferred from central government to local hospital board control. That year, the government also decided to conduct pilot programmes in comprehensive nursing education at polytechnics. In effect, these two changes signalled the end of psychiatric nursing as an occupation that derived its unique identity from its historical association with attendant care in segregated, asylum-type institutions.

The history of psychiatric nursing in this period does not fit tidily within the historical nursing discourse of women's professionalisation, nor does it sit comfortably within the history of psychiatry or mental institutions. Rather it a story of workers struggling to retain a unique identity in the face of internal and external pressures. In this respect it fits within a broad definition of labour history.[2] It is a study of an occupational group: their work and living conditions; their relationships to the institutions in which they worked and to the union that gave them a political voice. It is also a study of the efforts made to transform the occupation into a profession. Embedded in this story are issues of gender, class, and identity.

International historiography

Histories of psychiatric or mental (health) nursing have proliferated since the 1980s. Initially, they were an add-on aspect of broader nineteenth-century asylum studies but later the focus shifted on to the workers themselves. Social histories of individual asylums by historians such as Anne Digby, Ellen Dwyer, Nancy Tomes, and Patricia d'Antonio produced some of the first comprehensive accounts of the life and work of

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[1] Terms used to describe nursing staff changed over the period discussed in this research. Male staff members were initially called 'mental attendants' and female staff called 'mental nurses'. The terminology began to change to 'psychiatric nurse' after psychiatric nursing registration was introduced in 1945. By the early 1970s, the term 'mental health nurse' was sometimes used. I have, where possible, used the terminology that was used at the time.

[2] Labour history, like that of psychiatry and nursing, has been transformed by social history approaches. Rather than focusing on the political processes of the trade union movement, historians have extended their interest to the lived experience of groups such as workers, women, children, and the unemployed. Topics such as leisure, working-class culture, and family life have also been included under the broad heading of 'labour history'. See: Stephen Garton, 'What Have we Done? Labour History, Social History, Cultural History,' in *Challenges to Labour History*, Terry Irving, ed., Sydney, 1994, p.56.

attendants and nurses.[3] Detailed attention to institutional records and diaries made visible this previously 'hidden dimension' of asylum life.[4] These histories challenge many of the commonly held assumptions about nineteenth-century attendants. As Tomes explains, 'At least in superficial respects, the asylum's attendants hardly conformed to the image of the unskilled, insensitive, morally depraved drudge who figured so prominently in asylum exposes of the period.'[5]

These social histories claim to have filled an empirical gap left by revisionist historians of the 1960s and 1970s. Revisionists had challenged Whiggish histories of psychiatry by arguing that asylums were a product of social and political changes in Europe that had led to the 'great confinement' of madness, poverty, and unemployment.[6] Neither progressivist accounts that focused on great men and their humanitarian achievements, nor revisionist histories that proposed theoretical models of social control had given much more than passing note to the role of attendants and nurses.[7] By 'drilling down' into the detail of asylum life, the new social histories brought to light this group of people who were the mainstay of the asylum workforce.[8]

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[3] Patricia D'Antonio, 'Negotiated Care: A Case Study of the Friends Asylum, 1800-1850', PhD thesis, University of Pennsylvania, 1992; Anne Digby, *Madness, Morality and Medicine; A Study of the York Retreat, 1796-1914*, Cambridge, 1985; Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*, New Brunswick, 1987; Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-keeping, 1840-1883*, Cambridge, 1984.

[4] Digby devoted a chapter to the attendants whom she referred to as a 'hidden dimension of asylum life': Digby, p.182.

[5] Tomes, p.182.

[6] For example: David J Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, Boston, 1971; Andrew T. Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth-century England*, New York, 1979. Revisionist histories were influenced by the writings of Michel Foucault who argued that the asylum movement was part of Europe's 'great confinement' of those who were considered 'abnormal' and anti-psychiatry writers such as Erving Goffman and Thomas Szasz: Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason*, London, 1967; Erving Goffman, *Asylums: Essays on the Social Situations of Mental Patients and Other Inmates*, New York, 1961; Thomas S. Szasz, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*, London, 1971.

[7] Until the 1970s, histories of psychiatry focused on internal concerns such as therapeutic innovations, the application of new theories of mental illness, psychiatric leaders, and the establishment of asylums or mental hospitals. For example, see: Albert Deutsch, *The Mentally Ill in America: A History of their Care and Treatment from Colonial Times*, New York, 1937; Richard Hunter and Ida Macalpine, *Three Hundred Years of Psychiatry, 1535-1860*, London, 1963. Most interpreted the history of psychiatry as 'the hesitant but progressive advance of humanitarianism': Mark Sullivan, 'The History of Psychiatric Theories Becomes Self-aware', *Current Opinion in Psychiatry*, 8, 1995, p.351. For an overview of the changing historiography of psychiatry, see: Andrew T. Scull, 'A Quarter Century of the History of Psychiatry', *Journal of the History of the Behavioral Sciences*, 35, 3, 1999, pp.239-46.

[8] Debates continue over the proper approach to nineteenth-century asylum studies. Some argue that social historians have retreated from addressing the important issues of power: Tom E. Brown, 'Dance of the Dialectic? Some Reflections (polemic and otherwise) on the Present State of Nineteenth-century Asylum Studies', *Canadian Bulletin of Medical History*, 11, 2, 1994, pp.267-95.

Substantial works on the history of psychiatric nursing have been produced since the 1980s. Nurse historians such as Olga Church (United States), Peter Nolan (England), Geertje Boschma (The Netherlands), Veryl Trilpiski (Canada), Angela Martin (Canada) and Philip Maude (Australia) explore various aspects of mental health nursing in their own countries.[9] For some of these writers, their work was a deliberate attempt to retrieve their own occupation from historical obscurity. As Nolan explains, 'Having a history confirms the legitimacy of the service one provides'.[10] In this respect, histories of psychiatric nursing have continued the tradition of nurse historians whose primary aim has been to document the story of their discipline for the sake of the newer members of the profession.

Prior to the 1980s, nursing histories in general largely followed a celebratory approach. By outlining the development of the nursing profession and recounting stories of 'great women' nursing leaders and practitioners, they acted as agents of professional identity formation. There was little room in these accounts for the stories of mental nurses and attendants. Olga Church's *That Noble Reform: The Emergence of Psychiatric Nursing in the United States, 1882-1963*, itself a largely progressivist account, can be understood as an attempt to challenge the marginalization of psychiatric nursing while remaining within the dominant discourse of progressive professionalisation. Church claims to trace psychiatric nursing's development 'from custodial caretaking to a legitimate and unique segment within nursing…'[11]

A notable exception to the celebratory approach was Brian Abel-Smith's *A History of the Nursing Profession* published in 1960.[12] Abel-Smith, a professional historian, has been commended for his use of extensive primary sources and for placing nursing in a broader political context. His *History of the Nursing Profession*, however, continues to

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[9] Geertje Boschma, *The Rise of Mental Nursing: A History of Psychiatric Care in Dutch Asylums, 1890-1920*, Amsterdam, 2003; Olga Church, 'That Noble Reform: The Emergence of Psychiatric Nursing in the United States, 1882-1963', PhD thesis, University of Illinois, 1982; Angela Y Martin, 'Determinants of Destiny: The Professional Development of Psychiatric Nurses in Saskatchewan', MA thesis, University of Regina, 2003; Philip Maude, 'The Development of Community Mental Health Nursing Services in Western Australia: A History (1950 to 1995) and Population Profile', Master of Nursing thesis, Edith Cowan University, 1996; Peter Nolan, *A History of Mental Health Nursing*, Cheltenham, 1993; Veryl Margaret Tipliski, 'Parting at the Crossroads: The Development of Education for Psychiatric Nursing in Three Canadian Provinces, 1909 - 1955', PhD thesis, University of Manitoba, 2003.
[10] Nolan, *A History of Mental Health Nursing*.
[11] Church, p.xi.
[12] Brian Abel-Smith, *A History of the Nursing Profession*, London, 1960.

marginalize psychiatric nursing and other nursing specialties by focusing exclusively on general hospital nursing.[13]

Celia Davies' *Rewriting Nursing History*, published in 1980, is often credited with leading the way in a revisionist approach into nursing history.[14] Davies' edited collection of articles deliberately sets out to explore new questions and to find new research materials. By including a wide range of topics, the collection aims to recognize the plurality of nursing. New social histories inspired by Davies' work initially appeared to allow space for discussion of psychiatric or mental nursing. A number of articles were published that presented a view of the uniqueness of the specialty. Mick Carpenter's chapter in *Rewriting Nursing History* positions the occupation of mental nursing and attendance within labour history.[15] Christopher Maggs' edited collection, *Nursing History: The State of the Art* includes a chapter by Olga Church on the emergence of training programmes for asylum nurses in the United States at the turn of the nineteenth to twentieth centuries.[16] Robert Dingwall, Anne Marie Rafferty, and Charles Webster's *Introduction to the Social History of Nursing* also includes a chapter on the history of mental nursing and mental handicap nursing in England.[17] These authors link the changing fortunes of the occupation to those of the mental health sector as a whole and emphasize the fragile connection between general and mental nursing who they describe as 'reluctant spouses'.[18]

Most 'new social histories' of the 1980s and 1990s focus almost exclusively on nursing as a woman's occupation.[19] Historians challenge the view that nursing had progressed from working-class servant-hood to autonomous professionalism. Professionalisation is viewed by some as a woman's struggle for equality within patriarchal systems.[20] The

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[13] Celia Davies, ed., *Rewriting Nursing History*, London, 1980, p.226, p.14.
[14] ibid.
[15] Mick Carpenter, 'Asylum Nursing before 1914: A Chapter in the History of Labour,' in *Rewriting Nursing History*, Celia Davies, ed., London, 1980, pp.123-46.
[16] Olga Church, 'Emergence of Training Programmes for Asylum Nursing at the Turn of the Century', *Advances in Nursing Science*, 7, 1985, pp.107-23.
[17] Robert Dingwall, Anne Marie Rafferty, and Charles Webster, *An Introduction to the Social History of Nursing*, London, 1988, pp.123-44.
[18] ibid., pp.143-4.
[19] The influence of social history on nursing historiography is sometimes called, 'new social history' or 'new history'.
[20] See for example, Eva Gamarnikow, 'Nurse or Woman: Gender and Professionalism in Reformed Nursing 1860-1923,' in *Anthropology and Nursing*, Pat Holden and Jenny Littlewood, eds, London, 1991; Barbara Melosh, *'The Physician's Hand': Work, Culture, and Conflict in American Nursing*, Philadelphia, 1982; Susan M Reverby, *Ordered to Care: The Dilemma of American Nursing 1850-1945*, Cambridge, 1987.

very possibility of nursing as a profession is also questioned. Barbara Melosh argues that 'the framework of professionalisation can only encompass one part of a wider history …it distorts that history for nursing [as a woman's occupation] is not and cannot be a profession'.[21] Susan Reverby concludes similarly when she notes that '[n]ursing has always been a much conflicted metaphor in our culture, reflecting all the ambivalences we give to the meaning of woman-hood'.[22] In Celia Davies' critique of the gendered predicament of nursing, she suggests that 'there is a sense that nursing is not a profession, but an adjunct to a gendered concept of a profession. Nursing is the activity, in other words, that enables medicine to present itself as masculine/rational and to gain the power and privilege of doing so.'[23]

Although social histories of nursing have contributed significantly to women's history, their focus has inadvertently overlooked differences within nursing such as race, class, and gender.[24] By looking at the 'grand narrative' and focusing on nursing's subservient relationship with medicine and its internal hierarchies of control, the differences within have been overlooked. In viewing nursing as a woman's occupation, social historians of nursing have largely failed to critique the social and political dynamics of psychiatric nursing, an occupation containing large numbers of men, so continuing its marginal positioning.

Attempts have been made to redress the invisibility of men in the history of nursing. Some accounts highlight the contribution of men over hundreds of years.[25] Others provide examples of periods and locations in which men must have undertaken caring roles, even though the historical evidence has not been made visible.[26] In some accounts, the Nightingale reforms are held responsible for redefining nursing as a woman's occupation and psychiatry is portrayed as one of the few areas in which men

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[21] Melosh, p.15.

[22] Reverby, p.207.

[23] Celia Davies, *Gender and the Professional Predicament in Nursing*, Buckingham, 1995, p.61.

[24] The invisibility of ethnic difference has been challenged in recent years, though the topic remains marginal in nursing histories. See, for example: Lynne S. Giddings, 'In/visibility in Nursing: Stories from the Margins', PhD thesis, University of Colorado, 1997; Darlene Hine, 'The Intersection of Race, Class, and Gender in the Nursing Profession,' in *Enduring Issues in American Nursing*, Ellen Baer, et al., eds, 2001.

[25] A detailed study was produced by R. Brown and R. Stones, *Men in Nursing*, London, 1973, see: Davies, *Gender*, p.188.

[26] Barbara Mortimer and Susan McGann, eds, *New Directions in the History of Nursing: International Perspectives*, New York, 2005, p.207, pp.6-7.

have been able to find a place.[27] Bruce Mericle discusses the gendered expectations of how men were used as attendants, and later nurses, in mental asylums.[28] Two South African studies explore the dilemma of men in nursing and its intersection with questions of class and race.[29]

Several historians discuss male nurses in terms of gender relations. Robert Dingwall notes the trend towards a growing role of men in nursing management in England in the early 1970s.[30] Mick Carpenter, in discussing the same period, critiques the Salmon restructuring of nurse management, which advocated the promotion of men at the expense of women.[31] Joan Evans remains one of the few academics to approach the subject of men in nursing from a feminist perspective.[32] Evans agrees that men's participation in nursing has been limited and that men have been channelled into areas such as psychiatry because of stereotyped notions of masculinity. She concludes, however, that masculine traits, and everything masculine, including physical strength, is granted a superior value in patriarchal culture. Evans' analysis is arguably weakened by omitting a discussion of the stigmatized nature of psychiatry.

There is general agreement that there remains a gap in the literature on the historical role of men in nursing. In *Gender Issues and Nursing Practice*, for example, Margaret Miers' suggests that 'The fact that men in nursing also presented a challenge to the gendered order in health care is something that is widely overlooked.'[33] Barbara

[27] See, for example: B. Brown, P. Nolan, and P Crawford, 'Men in Nursing: Ambivalence in Care, Gender and Masculinity', *International History of Nursing Journal*, 5, 3, 2000; Carolyn Mackintosh, 'A Historical Study of Men in Nursing', *Journal of Advanced Nursing*, 26, 2, 1997, pp.4-13.

[28] Bruce P Mericle, 'The Male as a Psychiatric Nurse', *Journal of Psychosocial Nursing*, 21, 11, 1983, pp.28-34.

[29] Catherine Burns, '"A man is a clumsy thing who does not know how to handle a sick person". Aspects of the History of Masculinity and Race in the Shaping of Male Nursing in South Africa, 1900-1950', *Journal of Southern African Studies*, 24, 4, 1998, pp.695-717; Shula Marks, *The Gender Dilemma in Nursing History: The Case of the South African Mine Hospitals* Online UKCHN, 2001; available at: http://www.qmuc.ac.uk/hn/history/seminars00.html (24 August 2002)

[30] Robert Dingwall, 'Nursing: Towards a Male-Dominated Occupation?', *Nursing Times*, 68, 1972, pp.1585-6.

[31] Mick Carpenter, 'The New Managerialism and Professionalism in Nursing,' in *Health and the Division of Labour*, Margaret Stacey, ed., London, 1977. Others have discussed the dramatic increase of men in nursing management after the Salmon Report (1966). See, for example: Sam Porter, 'Men in a Women's Job: The Gendered Experience of Nurses', *Sociology of Health and Illness*, 14, 4, 1992, pp.511-2.

[32] Joan Evans, 'Men Nurses: A Historical and Feminist Perspective', *Journal of Advanced Nursing*, 47, 3, 2004, pp.321-8.

[33] Margaret Miers, *Gender Issues in Nursing*, Houndsmills, 2000, p.88.

Mortimer likewise notes that questions about men's marginal position in nursing remain unanswered as men's studies have yet to make their mark.[34]

A growing body of work on psychiatric nursing has highlighted its ambiguous position between the professions of psychiatry and nursing. Church argues that psychiatric nursing's development as an autonomous profession was impeded by its relationship with psychiatry and mental institutions.[35] Claire Chatterton explores how mental nursing education in Britain was affected by being 'caught in the middle' between the contested interests of the Royal Medico-Psychological Association (RMPA) and the General Nursing Council (GNC).[36] Michael Arton takes this argument further when he suggests that mental nurses in Britain had been unable to 'progress towards professionalisation' because of the domination and control by 'more powerful health care groups'; that is, the RMPA and the GNC.[37] In the Canadian context, Veryl Tipliski recounts the battle between psychiatrists and nursing leaders over the right to control psychiatric nursing education in three provinces. She sees this as a gendered patriarchal conflict between the female nursing profession and male-dominated psychiatry.[38] When Angela Martin interprets the same events, she sees them as a struggle for the professional autonomy of psychiatric nursing. She argues that the introduction of separate registration in Saskatchewan for psychiatric nurses was a victory. It was achieved in spite of constant challenges from 'outside parties', especially female general nursing leaders.[39]

A third interpretation of the situation in the three Canadian provinces by Geertje Boschma, Olive Yong, and Lorraine Mychajlunow provides a different insight into the history of psychiatric nursing in Canada. Their analysis takes into account the gendered nature of the workforce. Unlike general nursing, the psychiatric nursing workforce included a high proportion of men. Boschma, Yong, and Mychajlunow suggest that the movement for separate registration for psychiatric nurses in Canada occurred because of

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[34] Barbara Mortimer, 'Introduction,' in *New Directions in the History of Nursing*, Barbara Mortimer and Susan McGann, eds, London, 2005, p.7.
[35] Church, 'That Noble Reform'.
[36] Claire Chatterton, '"Caught in the Middle?" Mental Nurse Training in England 1919-51', *Journal of Psychiatric and Mental Health Nursing*, 11, 2004.
[37] Michael Arton, 'The Professionalisation of Mental Health Nursing in Great Britain 1850 -1950', PhD thesis, University College London, 1998.
[38] Tipliski, 'Parting at the Crossroads, The Development of Education'.
[39] Angela Y. Martin, *The Other Nurse: Seeking Validation,* BA Honours essay, Saskatchewan Psychiatric Nurses Association, 1999; available at:
http://www.rpnas.com/public/jsp/content/publications/papers/other_nurse.jsp (19 June 2005)

male attendants' resistance to being excluded from the opportunities for education and professionalisation. Links with the trade union movement gave the attendants the political power to organize themselves and successfully demand professional recognition.[40]

Gender and cultural analysis has created a more comprehensive view of the history of psychiatric nursing in several recent studies. Boschma's research into mental health nursing in Dutch asylums between 1890 and 1910 emphasises the importance of gender construction. Boschma argues that the rise of scientific psychiatry and the introduction of somatic treatments led to a redefinition of asylum work as 'nursing', an occupation more suitable for women than men. The development of new roles and nurses' training created opportunities for women but limited the men's role.[41] Chris Dooley's analysis of nursing services at Brandon Hospital for Mental Diseases, Manitoba during the 1930s also provides a critique based on the concept of the social construction of identity. Dooley traces changes in the nursing workforce as a result of economic strictures that forced women from middle-class and farming backgrounds to seek work in the hospital. This new class of nurse rejected the union connections of the earlier nurses and attendants and 'constructed mental nursing as a skilled craft based on propriety knowledge…'[42] They claimed that the care they delivered was 'caring care' rather than the clinical care provided by general nurses.[43]

Other historical accounts have highlighted the male-dominated, working-class identity of psychiatric nurses. In 'Women in Mental Health: Angels or Custodians?', Claire Chatterton suggests that images of nurses as 'caring angels' sat uneasily beside the reality of large numbers of men in mental nursing in England. Women mental nurses' role in labour struggles of the inter-war years also did not fit well the dominant image of angelic nurses. Carpenter's 'Asylum Nursing Before 1914' and Vicky Long's thesis, 'Changing Public Representations of Mental Illness in Britain, 1870-1970' also

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[40] Geertje Boschma, Olive Yonge, and Lorraine Mychajlunow, 'Gender and Professional Identity in Psychiatric Nursing Practice in Alberta, Canada, 1930-75', *Nursing Inquiry*, 12, 4, 2005, pp.243-55.
[41] Geertje Boschma, 'The Gender Specific Role of Male Nurses in Dutch Asylums', *International History of Nursing Journal*, 4, 3, 1999, pp.13-9.
[42] Chris Dooley, '"They gave their care, but we gave loving care": Defining and Defending Boundaries of Skill and Craft in the Nursing Service of a Manitoba Mental Hospital during the Great Depression', *Canadian Bulletin of Medical History*, 21, 2, 2004, p.229.
[43] ibid., p.246.

emphasise the importance of trade union involvement for mental nurses in Britain.[44] John Hughes' '"Country Boys Make the Best Nurses": Nursing the Insane in Alabama, 1861-1910' focuses on the role of young men in providing nursing care at Bryce Hospital, Alabama.[45]

'New cultural' approaches have provided opportunities to consider psychiatric nurses and the institutions in which they worked in different ways. Diana Gittins' *Madness in its Place: Narratives of Severalls Hospital, 1913-1997* is structured around the concepts of space and place. Through an analysis of the spatial and social 'great divide' between the two sexes, Gittins explores, in some detail, the cultural differences between the male and female staff.[46] Lee-Ann Monk's study of attendants in nineteenth-century Victoria, Australia is unique in that it situates itself within labour and work history. It identifies 'attendance' as an occupational category and an identity.[47] By engaging in a social and cultural study of the asylum as a workplace and the male and female attendants as workers, Monk has been able to explore how they 'crafted' their occupational identities. She concludes that the male attendants did this by differentiating themselves from the patients and by defining their occupation as masculine.[48]

New Zealand historiography

Prior to the 1980s, there were very few historical accounts of New Zealand psychiatric nurses. One early description of the nursing on the female side of a mental hospital during the 1940s is included in the novel, *The Wrong Side of the Door*. Written by an ex-mental nurse, Marion Kennedy, the novel is thought to be an autobiographical reflection on her experiences at Porirua Hospital.[49] During the 1970s, several psychiatric nurses contributed to articles reflecting on their experiences.[50] Others wrote brief historical overviews. Margaret Bazley, who was at the time Principal Nursing Officer at Sunnyside Hospital and President of the New Zealand Nurses' Association

[44] Carpenter, 'Asylum Nursing'; Vicky Long, 'Changing Public Representations of Mental Illness in Britain, 1870-1970', PhD thesis, University of Warwick, 2004.
[45] John S. Hughes, '"Country Boys Make the Best Nurses": Nursing the Insane in Alabama, 1861-1910', *The Journal of the History of Medicine and Allied Sciences*, 49, 1994.
[46] Diana Gittins, *Madness in its Place: Narratives of Severalls Hospital, 1913 - 1997*, London, 1998.
[47] Lee-Ann Monk, 'Artisans of Reason: Crafting a Gendered Occupational Identity in the Asylum in Victoria, 1848-1886', PhD thesis, La Trobe University, 2001, p.1.
[48] ibid., p.iii.
[49] Marion Kennedy, *The Wrong Side of the Door*, London, 1963.
[50] See for example: N. M. Ames, 'What a Psychiatric Nurse Says', *Kai Tiaki, New Zealand Nursing Journal* (KT), 63, 6, 1970, p.23; E. Holland, 'Change – Rehabilitation Nursing', KT, 68, 9, 1975, pp.24-5.

(NZNA), included an historical overview in her 1973 article entitled, 'Psychiatric Nursing in New Zealand'.[51] A few years later, M. Van Lier, Senior Nursing Officer at Carrington Hospital, wrote of the changes in psychiatric care and psychiatric nursing from the 'dim dark past' of pre-asylum conditions through to more recent developments at his hospital.[52]

In New Zealand, psychiatric nurses (mental attendants and nurses) have been given most attention in histories of psychiatric hospitals and mental health services. Comprehensive histories have been produced on two mental hospitals: Out *of Mind Out of Sight* by Wendy Hunter Williams on Porirua Hospital and *Sitivation 125* by Warwick Brunton on Seaview Hospital.[53] Both include detailed discussion of nurses in relation to changing roles, education, workforce issues, and lifestyle. Williams' account includes lengthy, though unidentified, excerpts from oral history interviews. A 1968 study focuses on Auckland Mental Hospital between 1867 and 1926. Although discussing the place of attendants and nurses, the author's reliance on official reports and parliamentary debates results in a limited portrayal of the workers as a scarce resource and a source of complaint.[54] Two dissertations on selected periods in the life of Seacliff Hospital have also included analysis of the mental nursing and attendant workforce, their conditions of service, and changes in their education and role.[55] A more recent examination of deinstitutionalization uses Kingseat Hospital as a case study and includes a discussion of the role of the nurses.[56] Other, much briefer histories of psychiatric hospitals have been produced, usually by hospital committees to commemorate a special anniversary. These often include lists of senior nurses, photos, and short excerpts from interviews.[57]

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[51] Margaret Bazley, 'Psychiatric Nursing in New Zealand', *International Nursing Studies*, 10, 1973.

[52] M. Van Lier, 'The Care of the Psychiatric Patient Today', KT, 69, 11, 1976, pp.22-6.

[53] Warwick Brunton, *Sitivation 125: A History of Seaview Hospital, Hokitika and West Coast Mental Health Services 1872-1997*, Hokitika, 1997; Wendy Hunter Williams, *Out of Mind Out of Sight: The Story of Porirua Hospital*, Porirua, 1987.

[54] M.S. Primrose, 'Society and the Insane: A Study of Mental Illness in New Zealand, 1867-1926 with Special Reference to the Auckland Mental Hospital', MA thesis, University of Auckland, 1968, p.44 & 51.

[55] Susan Fennell, 'Psychiatry and Seacliff. A Study of Seacliff Mental Hospital and the Psychiatric Milieu in New Zealand 1912 to 1948', BA Hons dissertation, University of Otago, 1981; Caroline Hubbard, 'Lunatic Asylums in Otago, 1882-1911', BA Hons dissertation, University of Otago, 1977.

[56] John Berks, 'The Effect of Deinstitutionalisation on Kingseat Hospital, 1961-1999', BA Hons dissertation, Massey University, 2003.

[57] See, for example: Kingseat Hospital, *Kingseat Hospital 50 Years, 1932 - 1982*, Auckland, 1982; Bob Baird, *Lake Alice Hospital 40 Years*, Palmerston North, 1990; Seaview School of Nursing Reunion

Two studies have situated mental hospital nursing in a broader policy context. Kathy Truman's sociological study of the history of mental health services in the Wellington region 1945-78 complements Williams' Porirua history. The study includes detailed analysis of the effects of changing policy, treatment, and professional environments on the nurses' role.[58] Brunton's doctoral thesis on mental health policy between 1840 and 1947 also includes discussion of policy and workforce issues related to nurses and attendants. His study illustrates the effects of centralized control by a government department over the network of mental hospitals.[59] Both Truman and Brunton note the chronic problem of understaffing in mental hospitals.

Although gender issues have been addressed in several New Zealand studies of psychiatry and mental health, most have focused their analysis on patients. Bronwyn Labrum's research into women patients at Auckland Lunatic Asylum was the first major study in this genre.[60] Barbara Brookes followed with studies of both women and men patients at Seacliff Hospital.[61] Gender in relation to staff has had less attention. Two exceptions are Paula Cody's oral history study of women psychiatrists and Jennifer Styles's study of the influence of men and the construction of manhood on psychiatry in the 1920s and 1930s.[62] No studies to date have focused on gender issues within the mental hospital nursing workforce.

Committee, *'Memories': Marking the Closure of the School of Nursing, Seaview Hospital, Hokitika*, Hokitika, 1992.

[58] Katherine M Truman, 'The Development of Mental Health Services in the Wellington Region 1945 - 1978', MA thesis, Victoria University of Wellington, 1984.

[59] Warwick Brunton, 'A Choice of Difficulties: National Mental Health Policy in New Zealand, 1840-1947', PhD thesis, University of Otago, 2001.

[60] Bronwyn Labrum, 'Gender and Lunacy: A Study of Woman Patients at the Auckland Lunatic Asylum 1870-1910', MA thesis, Massey university, 1990. See also: Bronwyn Labrum, 'Looking Beyond the Asylum: Gender and the Politics of Committal in Auckland, 1870-1910', *New Zealand Journal of History*, 26, 2, 1992, pp.125-44; Bronwyn Labrum, 'A Women's World in a Male Universe: Treatment and Rehabilitation at the Auckland Lunatic Asylum, 1870-1910,' in *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health, Auckland, New Zealand, 1994.*, Linda Bryder and Derek A Dow, eds, Auckland, 1995, pp.196-203.

[61] Barbara Brookes, 'Men and Madness in New Zealand, 1890-1916,' in *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health, Auckland, New Zealand, 1994.*, Linda Bryder and Derek Dow, eds, Auckland, 1995; Barbara Brookes, 'Women and Madness: A Case-study of the Seacliff Asylum, 1890-1920,' in *Women in History 2*, Barbara Brookes, et al., eds, Auckland, 1992; Barbara Brookes, 'Women and Mental Health: An Historical Introduction,' in *Folding Back the Shadows*, Sarah Romans, ed., Dunedin, 1998.

[62] Paula Cody, 'Women Psychiatrists in New Zealand 1900-1990,' in *'Unfortunate Folk': Essays on Mental Health Treatment 1863 -1992*, Barbara Brookes and Jane Thomson, eds, Dunedin, 2001; Jennifer Styles, 'Men and the Development of Psychiatry in New Zealand in the 1920s and 1930s', MA thesis, Canterbury University, Christchurch, 1997.

Psychiatric nursing has been rarely mentioned in histories of nursing in New Zealand. The few nursing publications prior to 1980 focus almost entirely on the development of general nursing as a profession, with no more than a passing comment on nursing specialties.[63] Joan Rattray's *Great Days in New Zealand Nursing* published in 1961, does afford two pages to psychiatric nursing.[64] Rattray reflects the dominant nursing discourse of her time, focusing on the feminisation and professionalisation of psychiatric nursing; even omitting to name the one man in her list of the first psychiatric nurses to pass the State Final Examination in 1946. Parts of her narrative sound like a recruitment text as she assures the reader that psychiatry has changed and that the work 'offers a peculiarly rewarding career to the dedicated nurse'.[65]

Since the 1970s, there has been a growing body of historical work on various aspects of New Zealand nursing history. This includes autobiographies, biographies, and histories of individual nursing schools and nursing organizations.[66] These largely celebratory accounts have been augmented by the publications of short biographical articles based on oral history interviews.[67] Although these types of nursing history are sometimes criticized as lacking contextual and analytical critique, they arguably remain an important part of the process of identity-formation for the profession. As Sioban Nelson has commented, '…we must take care not to miss their function and the benefits to all kinds of historical endeavours that accrue from these efforts. First and foremost, these histories provide a record…'[68]

Another strand of nursing histories in New Zealand is that of specialty nursing groups. Military nurses have received substantial historical attention.[69] Various aspects of the

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[63] Histories prior to the 1980s included autobiographies and reflections by nursing leaders, for example: Mary Lambie, *My Story: Memoirs of a New Zealand Nurse*, Christchurch, 1956; Hester Maclean, *Nursing in New Zealand: History and Reminiscences*, Wellington, 1932. Histories also included reminiscences by nurses about their clinical experiences and adventures, for example Frances Hayman, *King Country Nurse*, Auckland, 1964; Edith Lewis, *Joy in Caring*, Christchurch, 1963.

[64] Joan Rattray, *Great Days in New Zealand Nursing*, Wellington, 1961, pp.55-6.

[65] ibid., p.55.

[66] Examples include: Margaret Brown, Diana Masters, and Barbara Smith, *Nurses of Auckland: The History of the General Nursing Programme in the Auckland School of Nursing*, Auckland, 1994; Clive Lind, *Step by Step: The History of Nursing Education in Southland*, Invercargill, 1982; Valerie Smith, *Charge of the White Brigade*, Wellington, 1991; Valerie Smith, *Nurse at Large*, Wellington, 1992.

[67] See, for example: 'Herstory. Time Brings Change: Reintroducing Joan Hamilton, R.Comp.N, Dip.N', *Nursing Praxis in New Zealand*, 9, 2, 1994, pp.46-8; 'Herstory: M. Banks', *Nursing Praxis in New Zealand*, 1, 1, 1989, pp.46-8.

[68] Sioban Nelson, 'The Fork in the Road: Nursing History Versus the History of Nursing?' *Nursing History Review*, 10, 2002, p.179.

[69] Of the following works, Kendall's and Corbett's is celebratory in style, rather than being an example of critical or well-documented history. Jennifer Bryan, 'Women who Cared: The Experiences of New

history of Plunket (infant care) nursing have also been researched.[70] Maori 'backblocks' nursing in the early twentieth century has also been the focus of both historical research and debate.[71]

The psychiatric nursing specialty, in contrast, has received minimal attention. My own article on the contested place of mental health in contemporary New Zealand nursing education is based largely on historical analysis.[72] Sandra Matheson's research paper on the same topic includes a thorough historical background based on secondary sources.[73] Chris Walsh provides personal reflections on the recent history of psychiatric/mental health nursing as she considers what the future might hold for the discipline.[74] In a more theoretical mode, Anthony O'Brien draws on New Zealand and international sources to inform his discussion of the historical and contemporary significance of the 'therapeutic relationship' in mental health nursing.[75]

Although some studies have addressed issues or events that encompass all types of nursing, there has been little acknowledgement of psychiatric nursing's unique position and identity. Kim Filshie examines educational developments between 1960 and 1973, a period in which, she argues, nursing engaged in a 'struggle to attain professional status

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Zealand Nurses and VADs in the First World War, 1914-1918', MA thesis, University of Auckland, 2001; Carolyn J Hyde, 'The Benefits of War? An Investigation into the New Zealand Nurses who Served Abroad, 1939-1945', MA thesis, University of Auckland, 2003; Sherayl Kendall and David Corbett, *New Zealand Military Nursing: A History of the R.N.Z.N.C., Boer War to the Present Day*, Auckland, 1990; Jan Rodgers, '"A Paradox of Power and Marginality": New Zealand Nurses' Professional Campaign During War, 1900-1920', PhD thesis, Massey University, 1994; Anna Rogers, *While You're Away: New Zealand Nurses at War, 1899-1948*, Auckland, 2003.

[70] Linda Bryder, *Not Just Weighing Babies: Plunket in Auckland, 1908-1998*, Auckland, 1998; Linda Bryder, *A Voice for Mothers: The Plunket Society and Infant Welfare, 1907-2000*, Auckland, 2003; Lynne S. Giddings, *'MacKinnon, Joanna 1878 - 1966'* Dictionary of New Zealand Biography; available at: URL: http://www.dnzb.govt.nz/ (20 September 2006); Lynne S. Milne, 'The Plunket Society: An Experiment in Infant Welfare', BA Hons dissertation, University of Otago, 1976.

[71] Maureen Holdaway, 'Where are the Maori Nurses who were to become those "Efficient Preachers of the Gospel of Health?"', *Nursing Praxis in New Zealand*, 8, 1, 1993; Alexandra McKegg, '"Ministering Angels": Government Backblocks Nursing Service and Maori Health Nurses, 1909-1939', MA thesis, University of Auckland, 1991; Pamela J Wood, 'Efficient Preachers of the Gospel of Health: The 1898 Scheme for Educating Maori Nurses', *Nursing Praxis in New Zealand*, 7, 1, 1992.

[72] Kate Prebble, 'On the Brink of Change? Implications of the Review of Undergraduate Education in New Zealand for Mental Health Nursing', *Australian and New Zealand Journal of Mental Health Nursing*, 10, 3, 2001, pp.136-44.

[73] Sandra Matheson, 'Psychiatric/Mental Health Nursing: Positioning Undergraduate Education', MA Applied dissertation, Victoria University, Wellington, 2001

[74] Chris Walsh, 'Reclaiming Our Space: Reflections on Psychiatric Mental Health Nursing from the Past to the Future,' in *Nursing in New Zealand: Critical Issues, Different Perspectives*, Elaine Papps, ed., Auckland, 2002.

[75] Anthony J. O'Brien, 'The Therapeutic Relationship: Historical Development and Contemporary Significance', *Journal of Psychiatric and Mental Health Nursing*, 8, 2001.

for the New Zealand nurse'.[76] Although acknowledging divisions within nursing, Filshie pays little heed to the views or actions of psychiatric nurses.[77] In Patricia French's Foucauldian analysis of nursing regulation, she suggests that specialties within nursing created domains of power/knowledge. French uses the example of the handover of psychiatric nurse training to the Nurses' and Midwives' Board in 1945 as an example of contested power relations. This idea is not, however, developed further.[78] Another thesis that applies Foucauldian and feminist analysis to nursing history is Debra Wilson's 'Transforming Education: The Legitimacy of Difference'. Wilson interviewed 15 women nurse educators who were involved in the early stages of comprehensive nursing education. She concludes that the women possessed traits that equipped them to 'successfully negotiate' the construction of the new programmes as a 'legitimate and transformative' preparation for nursing registration. Psychiatric nursing is discussed, but only in relation to resistance from clinical areas to adapt to the educational and clinical reforms.[79]

In the same way that international histories of nursing have usually assumed that it is a woman's occupation, New Zealand histories of nursing have positioned themselves as women's history. Nurses' success or otherwise in achieving professional status, establishing educational reform, or achieving equitable working conditions have all been interpreted as a product of belonging to a woman's profession.[80] Sandra Wallace concludes that nurses' moves towards professionalisation between 1900 and 1930 were impeded by nursing's status as a woman's occupation and the constraining imperatives of the Nightingale ethos.[81] Patricia Sargison's research on the first one hundred years of

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[76] Kim Filshie, 'Nursing Education in New Zealand: 1960-1973 - "The Struggle to Attain Professional Status for the New Zealand Nurse"', MA dissertation, Canterbury University, Christchurch, 1985.
[77] ibid.
[78] Patricia French, *A Study of the Regulation of Nursing in New Zealand 1901-1997*, Victoria University of Wellington Graduate School of Nursing Monograph Series, Wellington, 2001.
[79] Debra Wilson, 'Transforming Nursing Education: A Legitimacy of Difference', PhD thesis, Canterbury University Christchurch, 2001.
[80] See, for example: Margaret McDougall and Annette Stevenson, 'The Interdependence of Nurse Training and Nursing Service,' in *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health, Auckland, New Zealand, 1994.*, Linda Bryder and Derek A Dow, eds, Auckland, 1995; Victoria Jane Cullens, '"Not Just a Shortage of Girls": The Shortage of Nurses in Post World War Two New Zealand, 1945 - 1955', M.A (Applied) thesis, Victoria University of Wellington, 2001; Deborah Dunsford, '"The privilege to serve others": The Working Conditions of General Nurses in Auckland's Public Hospitals, 1908-1950', MA thesis, University of Auckland, 1994; Jan Rodgers, '"…A Good Nurse … A Good Woman". Duty and Obedience in Early New Zealand Nursing Education,' in *Reinterpreting the Educational Past. Essays in the History of New Zealand Education*, Roger Openshaw and David McKenzie, eds, Wellington, 1987.
[81] Sandra Wallace, 'The Professionalisation of Nursing', BA Hons dissertation, University of Otago, 1987.

nursing in colonial New Zealand comes to a similar conclusion, that nursing was considered 'essentially a woman's work'.[82] Jan Rodgers argues that the dominance of the Nightingale ethos both helped and hindered the development of nursing education between 1883 and 1930. Nursing, she claims, was seen as an extension of a woman's role; attributes of forbearance, endurance and obedience were valued.[83]

This focus of women's history has largely resulted in the omission of a discussion on the role of male nurses and psychiatric nurses. Sargison, for example, explains that her reason for omitting psychiatric nursing was that because it was a male-dominated occupation it 'seldom overlapped with general nursing'.[84] Psychiatric nursing, understandably, did not fit Sargison's analysis of nursing as 'essentially women's work'.

Thomas Harding's 'Constructing the Other: On Being a Man and a Nurse' is a recent exception to the usual focus of nursing history in New Zealand.[85] The thesis does not pretend to be a historical study but does include a section on the history of men in nursing since the ancient civilisations and up to and including nineteenth and twentieth-century New Zealand. Although Harding includes a discussion of psychiatric nursing later in the thesis, his historical narrative does not mention this field of nursing. Apart from his qualitative interviews of New Zealand nurses, Harding's analysis of psychiatric nursing is largely based on overseas secondary sources. Some of his reflections on male nurses in New Zealand appear to be speculative rather than grounded in historical analysis. His suggestion, for example, that male psychiatric nurses joined trade unions because they were denied entry to professional nursing organisations, is questionable.[86]

Psychiatric nursing was a male-dominated, working-class occupation. Labour history, not surprisingly, is one place that New Zealand psychiatric nursing has been represented. Bert Roth's history of the Public Service Association includes several

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[82] Patricia Sargison, '"Essentially a Woman's Work": A History of General Nursing in New Zealand, 1830-1930', PhD thesis, University of Otago, 2001.
[83] Jan Rodgers, 'Nursing Education in New Zealand, 1883 -1930: The Persistence of the Nightingale Ethos', MA thesis, Massey University, 1985, p.ii.
[84] Sargison, 'Essentially', p.9.
[85] Thomas Harding, 'Constructing the "Other": On Being a Man and a Nurse', PhD thesis, University of Auckland, 2005.
[86] ibid., p.293.

sections on the actions of the union's Mental Health Group.[87] A high proportion of the group's members were psychiatric nurses.

Methodology, sources and chapter structure

This thesis is a study of 'ordinary', working people. It is also a story of how this group of workers interacted with discourses of professionalisation. It aims to reflect not only the 'official' story of the changes that occurred to psychiatric nurses between 1939 and 1972 but also to explore the everydayness of the nurses' working lives. It is not just a 'history from above' but also a 'history from below'.[88] In this respect, it is a social history of labour.[89]

My research is also informed by theories that emanate from 'new cultural history'. Foucault's criticism of the core principle of social history 'that society itself is the reality to be studied' has been influential.[90] Theories and methods from disciplines such as anthropology, literary theory, feminism and linguistic studies have contributed to the development of a cultural history that looks for ascribed meanings rather than intrinsic reality.[91] Rather than asking how do they live their lives or how do they experience their lives, cultural history questions how do people understand their lives?

Foucault's major influence on social and cultural history is his interpretation of how power works in society. He saw power as permeating every aspect of social life; power and knowledge, for Foucault, are inextricably connected. Power, he believed, 'creates truth and hence its own legitimation'.[92] This interpretation has influenced my analysis of the history of psychiatric nursing in New Zealand between 1939 and 1972. I have approached the subject with the belief that there was no unitary, continuous identity of an occupational group called, 'psychiatric nurses'. In exploring the meaning ascribed to those who worked with the mentally unwell, I have assumed that there were contested

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[87] Bert Roth, *Remedy for Present Evils: A History of the New Zealand Public Service Association from 1890*, Wellington, 1987.
[88] The term 'history from below' is usually attributed to the labour historian, E.P. Thompson: Edward P. Thompson, *The Making of the English Working Class*, London, 1963.
[89] John Tosh and Sean Lang, *The Pursuit of History: Aims, Methods and New Directions in the Study of Modern History*, Fourth edn, London, 2006 (first published 1984), pp.131-33.
[90] Patricia O'Brien, 'Michel Foucault's History of Culture' in *The New Cultural History*, Lynn Hunt, ed., Berkely, 1989, p.27.
[91] For a discussion on cultural history and its challenges to social history, see: Lynn Hunt, 'Introduction: History, Culture, and Text,' in *The New Cultural History*, Lynn Hunt, ed., Berkeley, 1989, pp.1-22.
[92] O'Brien, 'Michel Foucault's History of Culture,' p.35.

discourses that changed over time.[93] Discourses such as 'professionalism', for example, vied with those of 'work' and 'custody'.

A cultural history approach to gender has also been important in this study. Gender, like identity, can be understood as socially constructed. Here, I draw on the work of Denise Riley, Joan Scott and others who have questioned the assumption that sex differences can be considered essential or natural.[94] Scott claims, as a historian, to be,

> …particularly interested in historicizing gender by pointing to the variable and contradictory meanings attributed to sexual difference, to the political processes by which these meanings are developed and contested, to the instability and malleability of the categories 'women' and 'men', and the way these categories are articulated in terms of one another.[95]

By accepting that gender is historically constituted and socially-constructed, I have also subscribed to the idea that there are multiple masculinities and femininities. Lynne Segal's analysis suggests that these can and do change over time.[96] At any one moment or place, according to R.W. Connell, some forms of masculinity carry more social and political weight than others. Connell refers to these as 'hegemonic masculinities'.[97] This has been a useful concept in my analysis of psychiatric nursing in mental hospitals. It has allowed me to ask why some forms of masculinity or femininity appeared to be more compatible with the role than were others.

A social construction approach to gender and identity has implications for the study of the history of psychiatric nursing. First, it creates a space to discuss the history of psychiatric nursing in a manner that goes beyond the assumption that nursing is a woman's occupation. It challenges a well-entrenched belief about the unitary nature of nursing and creates a possibility for considering multiple meanings of the occupation. Second, and perhaps more importantly, is the opportunity to go beyond merely retrieving the history of psychiatric nursing and male nurses from marginalisation and obscurity. Scott's suggestion about feminist history could apply equally to writing

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[93] Denise Riley's discussion of the category 'women' and other collective identities has shaped my thinking on this topic. Riley argued that collective identities are temporary (historicized) and contested: Denise Riley, *'Am I that Name?'* London, 1988, pp.1-17.
[94] ibid., pp.1053-75; Joan Scott, 'Gender: A Useful Category for Historical Analysis', *The American Historical Review*, 91, 5, 1986.
[95] Joan Scott, *Gender and the Politics of History*, New York, 1988, p.10.
[96] Lynne Segal, *Slow Motion : Changing Masculinities, Changing Men*, London, 1990.
[97] R. W. Connell, *Masculinities*, St. Leonards, N.S.W., 1995.

history of these marginalised groups. '[History] then becomes not just an attempt to correct or supplement an incomplete record of the past but a way of critically understanding how history operates as a site of production of gender [or nursing] knowledge'.[98]

Several questions relating to power and gender are asked in this thesis. How was masculinity and femininity constructed in relation to the roles and work of psychiatric nurses and the space they occupied? In what way was psychiatric nursing understood as a male or female occupation? How did the changes to psychiatric treatments shift the discourses of 'mental attendance' and 'mental nursing'? In what way did the discourses of nursing as a 'respectable, feminine profession' interact or compete with the discourses of psychiatric nursing as a largely male, working-class occupation?[99]

My sources and methods reflect my aim to explore both the 'official' story and the everydayness of the nurses' working lives. I have made extensive use of archival materials, largely from the records of the Mental Health Division of the Department of Health. Head Office records have been complemented by selected archives of individual hospitals. Access to these records is restricted. I am grateful to the Ministry of Health and individual district health boards for allowing me to use the material. Other primary sources include annual reports of the Department of Health's Mental Health and Nursing Divisions, the *New Zealand Parliamentary Debates* and the *New Zealand Gazette*. Records of the Public Service Association and the New Zealand Nurses' Organisation have also provided a rich source of primary data. Journals published during the period become for this purpose additional sources of primary data. The main journals used were *Kai Tiaki: The New Zealand Nursing Journal*, *New Zealand Medical Journal* and the *Public Service Journal*. I also consulted daily newspapers as a source of public comment on events in psychiatric nursing and mental hospitals.

Oral history interviews are the other major source of primary data for this research. First used by social historians to gain access to the stories 'from below', particularly from marginalised groups such as the working class, women and ethnic minorities, oral histories have more recently been viewed as a process by which meaning is constructed.

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[98] Scott, *Gender and the Politics*, p.10

[99] Sargison claimed that nursing reformers in New Zealand shaped an ideal of the 'good nurse' as being a 'good woman', pure, gentle self-disciplined, self-sacrificing and unquestionably obedient to male authority'. Sargison, 'Essentially', p.iv.

Although oral history methods can be used to check the reliability of information such as dates and events, they have much greater use in helping the researcher understand the multiple meanings ascribed to certain events, institutions, or processes.[100] The history of psychiatry, perhaps more than many topics of historical inquiry, is one of contested narratives.[101] Catharine Coleborne has discussed this phenomenon in relation to an oral history project about Tokanui Hospital near Te Awamutu, New Zealand. She found that the hospital had very different meanings for individual interviewees. For some, it was a place where one could belong, a whanau (extended family). For others, it was a closed, by implication a repressive, community operating under a 'code of silence'.[102]

In this research, oral histories have proved to be important both as sources of information and in the construction of meaning. There is little written archival information available about some aspects of psychiatric nursing, for example, nurses' reasons for joining the workforce or their day-to-day work. Interviews fill some of these gaps. They have, as John Tosh explains, allowed 'the voice of ordinary people to be heard alongside the careful marshalling of social facts in the written record'.[103] More importantly, recourse to oral history interviews has enabled me to explore the meanings of institution based psychiatric nursing through the eyes of the nurses themselves.

For nurses' reflections on the earlier period of my study, I have largely relied on existing oral history interviews. Three collections of particular value held in the Alexander Turnbull Library are the New Zealand Nursing Education and Research Foundation Oral History Collection (NERF-OHP), the Psychiatric Nurses' Oral History Project (NERF-PNOHP), and the Sunnyside Hospital Oral History Project. Oral histories of people who nursed at Tokanui Hospital are held at the Te Awamutu Museum. These have been of particular interest in relation to the later period of my research and, in particular, in relation to nurses who identify as Maori.

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[100] Anna Green's provides a useful summary of the changes in oral history: Anna Green, 'Oral History and History,' in *Remembering: Writing Oral History*, Anna Green and Megan Hutching, eds, Auckland, 2004, pp.1-8.
[101] This concept is explored in relation to patients' narratives in: Kerry Davies, "Silent and Censured Travellers'? Patients' Narratives and Patients' Voices: Perspectives on the History of Mental Illness since 1948', *Social History of Medicine*, 14, 2, 2001, pp.267-92.
[102] Catharine Coleborne, '"Like a family where you fight and roar": Inside the "Personal and Social" Worlds of Tokanui Hospital, New Zealand, through an Oral History Project', *Oral History in New Zealand*, 2004, pp.17-27.
[103] Tosh and Lang, p.314.

My own oral history interviews formed the basis of most of the remembered history. I undertook 39 interviews and one focus group. Thirty-seven of the interviewees were nurses, one other had been a union leader and the last had been medical superintendent of a large mental hospital. Two of the interviews had been conducted for a smaller project on the history of the 'Oakley Strike' prior to commencement of this research.[104] This topic has become part of the larger project. Ethics approval for interviewing was granted by the University of Auckland Human Subjects Ethics Committee (see Appendix A).

Selection of people to interview was based on several criteria. My aim was to interview 'key informants' as well as those who could provide reflections on their experiences as 'ordinary nurses'. Key informants were people who had played significant roles in psychiatric nursing administration, education, or industrial leadership. Most were nurses but one was a union leader and another was a medical superintendent. Some 'ordinary nurses' have become leaders in mental health, nursing, education, Maori Health or Pacific Island Health in the years since the period covered in this thesis. They have provided useful insights into this earlier period of psychiatric nursing history.

In finding nurses to interview, I used what I have termed, 'informed snowball sampling'. The psychiatric nursing community in New Zealand is not large and informal networks of nurses, particularly surrounding individual hospitals, remain strong. By using my own connections as a mental health nurse to contact nurses in each region, I was put in touch with retired and practising psychiatric nurses who were known to carry the memories of nursing in that area. They, in turn, helped me contact others. I attempted to achieve a spread across New Zealand, to interview people who had worked in each of the public mental hospitals and to include a broadly representative sample of men and women, Maori, Pakeha (New Zealanders of European ethnicity) and Pacific Island nurses. I am indebted to Erina Morrison-Ngatai who agreed to be a consultant on Maori issues. She advised me who to contact and paved the way for my interviews with many of the Maori participants.

Thirty-five of the nurses were registered psychiatric nurses (RPN), one a registered general nurse (RN) and one was a Samoan-trained registered nurse who had worked as a

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[104] The 1971 psychiatric nurses' strike is discussed in some detail in Chapter VII.

nurse-aide in a New Zealand psychiatric hospital.[105] Several RPNs also held general nursing qualifications. All interviewees except the general nurse had worked in public psychiatric hospitals. She had practised in a general hospital psychiatric unit in the early 1970s. All but one of the registered nurses had trained in New Zealand within the hospital based system of nursing education. My decision to focus almost entirely on registered psychiatric nurses is an act of definition. There were others who worked in public mental hospitals as 'psychiatric assistants', nurse aides, or community nurses (second level nurses with shortened training). Within a broad definition, they too are nurses. There were many others who worked for months or years as student nurses but left before completing their nursing training. By focusing my interviews on registered psychiatric nurses, I have, in a sense, subscribed to the nurses' own defining professional discourse. It becomes evident in my thesis, however, that the boundaries between categories of workers in public mental hospitals were not always clear.

Of the psychiatric 35 nurses interviewed, there were 14 men and 21 women. At the time of their interviews, their ages ranged from 50 years to 91 years. Three commenced nursing in the 1930s, two in the 1940s, 13 in the 1950s, 11 in the 1960s and six in the 1970s (see Appendix E for brief biographical details). Among the nurses were those who had worked at all the public mental hospitals except one (Raventhorpe). Seven of the nurses identified as Maori and three as Pacific Island ethnicity. The remainder were Pakeha. One was originally from the Netherlands and two from England.

Potential interviewees were sent a Participant Information and a Consent Form (see Appendix B, C and D). In most cases, consent was returned by post, but in some cases interviewees chose to return it at the time of interview. It was explained to the participants that consent for archiving the interviews may be sought at a later date. Most of the interviews were conducted in the participants' homes but several were held in their workplaces. One group interview was conducted with three nurses who had worked at Seaview Hospital in Hokitika. The purpose of the group interview was to explore some of the issues that had emerged in individual interviews. Interviews were audio-tape recorded and copies made to ensure the originals were not damaged during use. Written summaries were made for ease of analysis.

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[105] I have used the registration titles as they applied in the period I am studying. Under the Health Practitioners Competency Assurance Act, 2003, all registered nurses now come under the single title, 'Registered Nurse' but work within their designated scope of practice.

My analysis of the oral history interviews involved a process of immersion, questioning, contrasting, and comparing. This was a complex task. As Perry Blatz notes, the difficulties in oral history analysis arise from the need to make meaning of the 'sheer complexity of human experience – its interrelatedness, inconsistency, and irrationality, and more importantly, our fallibility in attempting to understand it'.[106] Unlike written archival data, oral history involves a relationship between historian and informant. The interviewee's subjective experience, emotional response, and quality of memory are as important to the process of analysis as is their recall of 'empirical' data. The relationship between researcher and interviewee frames the content and tone of the interview. My experience led me to conclude that analysis requires openness and as Blatz argues, 'no small amount of humility'.[107]

As a mental health nurse, I was in some respects an 'insider' in relation to the psychiatric nurses I interviewed.[108] This status created a level of trust with the interviewees, especially because as psychiatric nurses they had often experienced the effect of stigma by association with mental illness; they had felt misunderstood by other nurses and by the general public. My lack of experience in the public mental hospitals meant that I was in other respects an 'outsider' who had to demonstrate trustworthiness as a researcher. Although I have an understanding of the language and concepts of psychiatric nursing, I had to remind myself that in relation to my interviewees' lived experience of psychiatric nursing I was indeed, an 'outsider'.

The interpretive process sometimes commenced even before the interview itself. When making dates, times, or places to meet potential participants, we often became engaged in conversation about particular issues and events. Some of these discussions were continued within the proceeding interview. During the interviews themselves, I noted not only the spoken words but also participants' body language, their levels of engagement with particular topics, and their emotional responses when recalling and retelling particular experiences. As Anna Green explains, 'the way we tell stories, and the language we use, is not always as straightforward as it might first appear. It is rarely

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[106] Perry Blatz, 'Craftsmanship and Flexibility in Oral History: A Pluralistic Approach to Methodology and Theory', *The Public Historian*, 12, 4, (Fall 1990), p.12.
[107] ibid.
[108] Being part of a community as an oral history interviewer is considered both a strength and a weakness: Alistair Thomson, 'Fifty Years On: An International Perspective on Oral History', *The Journal of American History*, September, 1998, pp.582-3.

a transparent or neutral medium'.[109] Often, participants waited until after the tape recorder was turned off to make their more negative responses or comments. Similarly, more personal comments were sometimes made casually over a cup of tea or when I was preparing to leave. Although the content of these conversations have not been included verbatim in the thesis, they often reinforced or expanded my understanding of certain issues and events. One retired male nurse for example who had spoken at length about his sense of unfairness in the mental hospital system, called out as I drove away from his home, 'Power to the workers!' This interviewee's exclamation lodged in my mind as a symbol of psychiatric nurses' constructed identity as unionised workers.

The interpretive process continued as I listened to the audiotapes and took notes. I visited and revisited the interview data and often re-listened to the interviews as new questions emerged from my analysis. Interview data was analysed alongside the archival data, providing an additional source of information. Initially, I sought evidence about pre-identified topics such as the psychiatric nurses' experience of commencing work, participation in education, or learning new practice roles. As I became more immersed in the details and events of the period, I discovered that the nurses' memories and reflections provided unexpected and invaluable insights into their collective culture and identity. The analytical process became cyclical. At times, the nurses' memories sent me back to the written sources to check out dates, official perceptions, or political and social contexts. At other times, information from the archives directed me back to the interviews to check out how events or practices appeared to the nurses. I re-contacted several participants by phone to ask for more information or check out their perceptions of particular issues or events.

In the process of going to-and-fro between the archival and interview data, I specifically sought to uncover what appeared to be inconsistencies or contradictions. This process allowed me to establish a level of 'authenticity' or validity in the data and gave me confidence in my conclusions on particular issues or interpretations of events.[110] By searching for the presence of internal and external inconsistencies and contradictions I was also able to gain insight into the subjective experience and the multiple constructed identities of being a psychiatric nurse, especially in relation to gender and class

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[109] Anna Green, '"Unpacking" the Stories,' in *Remembering: Writing Oral History*, Anna Green and Megan Hutching, eds, Auckland, 2004, p.11.
[110] Carol Greich, *Qualitative Research in Health: An Introduction*, St Leonards NSW, 1999, pp.148-9.

differences. As Elizabeth Kennedy argues, the learning gained from the subjective nature of oral history interviews rather than undermining the authenticity of the data, is complementary to the 'empirical' insights.[111]

Participants' memories of certain events varied. Their memories of dates and details of events were not always consistent with written archival data. Rather than viewing the 'unreliability' of memory as a weakness, oral historians have over the past 25 years come to see the distortions of memory as a resource. Mistaken memory can provide vital cues to the meaning people attach to certain events.[112] During my process of analysis and interpretation, it became evident that there were times when the nurses' memories were more important as an indication of subjective meaning rather than as a source of empirical data. One retired nurse for example when recalling her training days at Seacliff Hospital exclaimed, 'it was a lovely life…the days were beautiful in those days – lovely and sunny.'[113] Her subjective experience of the weather was no doubt coloured by her happy memories of the hospital community and work as a psychiatric nurse.

Nurses have trusted me with their reflections at a time when psychiatric nursing practice of the 1960s and 1970s is being challenged within the New Zealand legal system. I am aware that this may have coloured the content and flavour of some of the interviews. For some participants, the decision to proceed with an interview was not done lightly. I have attempted to manage the participants' information with care. The consent process provided for individuals to withdraw at any time up until the end of data collection. They also had the right to ask for parts of their interviews not to be used. Participants were able to choose whether or not they would be identified. Two people asked to remain anonymous. Finally, I sent each participant the excerpts of the thesis that include references to their interview data. They were again given the opportunity to have their names removed. They also had the chance to alter or delete material from their interviews.

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[111] Elizabeth Lapovsky Kennedy, 'Telling Tales: Oral History and the Construction of pre-Stonewall Lesbian History', Robert Perks & Alistair Thomson eds, *The Oral History Reader*, 2nd Edition, New York, 2006, p.281.
[112] Alistair Thomson, 'Fifty Years On: An International Perspective on Oral History', *The Journal of American History*, September, 1998, pp.584-8.
[113] Kath McLeod interview 1 September 2004.

My thesis cannot fully claim to be a 'history from below'. It is largely devoid of the patients' voice.[114] Patients' (consumers or clients) perspectives have only recently been sought by historians researching madness and mental health services.[115] My decision to omit written and oral primary data about or from individual patients was based on practical and ethical considerations. Firstly, it is a study of an occupational group, not of mental health services per se. Inclusion of patients' perspectives would have been beyond the scope of this study. Secondly, ethical considerations make access to patient information and interviews difficult. As Coleborne discovered in the process of calling for interviewees for the Tokanui Oral History Project, 'concern over the possibly deleterious effects of interviews with current mental health clients had the effect of excluding their participation…'[116] There is a risk, however, that by omitting the patient perspective, this thesis may perpetuate the silencing of 'those who travel in silence' through the mental health system.[117] In an attempt to avoid this, where possible, I have included reflections from published writing by people who were patients during the period of study.

The focus of this study is the people who provided care in public mental hospitals. It does not include nurses who worked in Ashburn Hall, in Dunedin, the one private mental hospital in New Zealand, nor have I explored in any detail the work of nurses in psychiatric wards attached to general hospitals. In Chapter VI, I have briefly discussed the development of psychiatric units at general hospitals, a trend that was occurring in the late 1960s and 1970s. I have not focused in detail on nursing in these units other than to allude to the changing trends and new opportunities for psychiatric nursing.

I have not attempted to tell the story of those nurses who specialised in caring for people with intellectual disability. Psychiatric nurses in public mental hospitals provided care for large numbers of people with intellectual disabilities. Beginning in the 1920s, the Department of Mental Hospitals gradually established separate institutions for these patients. From 1963, these institutions were renamed 'psychopaedic hospitals' and a separate training and nursing registration was established for psychopaedic

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[114] Roy Porter warned of potential for gross distortion by ignoring the patient's view in the history of medicine: Roy Porter, 'The Patient's View: Doing History from Below', *Theory and Society*, 14, 2, 1985, pp.175-98.
[115] See, for example: Davies, 'Silent and Censured Travellers'; Gittins, and, in the New Zealand context, Coleborne.
[116] Coleborne, p.20.
[117] Davies, 'Silent and Censured Travellers', p.271.

nurses.[118] Because these nurses were employed by the same organisation, however, their employment concerns overlapped with those of psychiatric nurses. My discussion on conditions of service and union issues relate to both groups of nurses. It is also difficult to differentiate the two types of nurses in Departmental statistics. Much of the statistical data in this study refers to the combined workforce of psychiatric and psychopaedic nurses.

The first half of this thesis (Chapters I-IV) relates to the period 1939 to 1959. During these two decades, institutional care of the mentally ill was entrenched within a centralised system of public mental hospitals. These four chapters investigate the changing, though sometimes unchanging, patterns of staffing, conditions, work and education during this period.

In Chapter I, I examine the physical and institutional environments in which mental nurses lived and worked in 1939 and in the following decade. A brief historical background contextualises these institutional settings. The physical and cultural distance between men and women is examined and two questions are raised; who were the mental nurses and attendants and why did they choose to enter the workforce?

Staffing problems are examined in Chapter II with particular reference to the effects of wartime and post-war employment patterns. Recruitment problems and employment strategies are discussed in relation to the public perception of mental hospital work. Issues of identity, gender, and stigma are explored.

During the 1940s and 1950s new physical therapies and treatment approaches were introduced in mental hospitals. Chapter III explores the relative impact these had on the role of psychiatric nurses compared with other factors. Particular attention is given to

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[118] For the history of intellectual disability services and policy, see: Sandy Bardsley, 'The Otekaieke Special School for Boys 1908-1950,' in *'Unfortunate Folk': Essays on Mental Health Treatment 1863 - 1992*, Barbara Brookes and Jane Thomson, eds, Dunedin, 2001, pp.123-36; Stephen Robertson, '"Production not Reproduction" The Problem of Mental Defect in New Zealand 1920-1935,' in *'Unfortunate Folk'. Essays on Mental Health Treatment 1863 -1992'*, Barbara Brookes and Jane Thomson, eds, Dunedin, 2001, pp.200-14; Philip Fleming, 'Eugenics in New Zealand 1900-1940', MA thesis, Massey University, 1981; Anne Hunt, *The Lost Years: From Levin Farm Mental Deficiency Colony to Kimberly Centre*, Levin, 2000; Mangere Hospital and Training School Jubilee Organising Team, *Mangere Hospital and Training School Twenty-five years, 1963-1988*, Auckland, 1988; B. Shepherd, *Fifty Years of Templeton Hospital and Training School 1929 - 1979*, Christchurch, 1979; Margaret Tennant, 'Disability in New Zealand: An Historical Survey', *New Zealand Journal of Disability Studies*, 2, 1996, pp.3-33.

investigating the effect of hospital conditions. Overcrowding, understaffing, and lack of resources all contributed to shaping the nature of nurses' work.

Chapter IV deals with the significant changes that occurred within psychiatric nursing education and registration in the two decades prior to 1960. These changes brought mental hospital nurses into closer contact with the broader nursing profession. In the process, significant cultural differences between the two groups were highlighted.

The second half of this thesis covers the period 1960 to 1972. During this time, substantial changes occurred in mental hospital services and in the nursing profession. Mental health policy shifted from care and containment to treatment and rehabilitation, and there were moves to bring mental hospitals into closer relationship with other health services. At the same time, there was a movement for reform in the nursing profession that was based on a belief in the unitary nature of nursing and in the need to include psychiatric skills in undergraduate nursing programmes. Changes in the mental hospital workforce were affected by both these movements.

Chapter V examines the cultural shifts that occurred within the psychiatric nursing workforce between 1960 and 1972. Staffing patterns changed and long-established structures, such as separation of the sexes broke down. Despite the changes and the contested identity of psychiatric nurses, they continued to occupy a place on the fringes of society.

The somewhat tortuous movement from custodial to 'therapeutic' nursing is addressed in Chapter VI. During the 1960s and early 1970s, the concept of 'therapeutic relationship' became a core principle of psychiatric nursing care in theory, if not in practice. Changes to practice are explored and, as in the earlier period, the influence of hospital conditions and economic factors are investigated.

Chapter VII addresses the conflicting agendas surrounding nursing education between 1960 and 1972. Calls for reform of basic general nursing education at times conflicted with the culture and identity of psychiatric nursing. Values associated with class and gender underpinned this conflict.

The final chapter (Chapter VIII) investigates psychiatric nurses' industrial unrest that escalated during the 1960s and culminating in strike action in 1971. Trade unionism

was central to the life and culture of psychiatric nurses throughout the 33 years covered in this thesis. This chapter highlights the working-class values that underpinned many of the nurses' collective actions and often brought them into conflict with the broader nursing profession.

This thesis contributes to a relatively new body of literature on psychiatric nursing as a gendered occupation.[119] In doing so, it adds a new perspective on the debates concerning the place of men in nursing. An underlying assumption is that men are central rather than peripheral in the story of psychiatric nursing. By focusing on the nurses as workers, rather than as burgeoning professionals, my thesis contributes an analysis not hampered by the assumption of psychiatric nursing as a subset of the nursing profession. In this respect, it builds on Lee-Anne Monk's study of attendants as workers in Victoria, Australia in the nineteenth century.[120] With its focus In focussing on the mid-twentieth century, this thesis contributes to a relatively unexplored period of psychiatric nursing history.

My thesis fills a gap in New Zealand nursing historiography. There is very little written about the history of psychiatric/mental health nursing. To date, the attendants or nurses have been included only as an aspect of institutional histories of mental hospitals and mental health services. There are also few historical works on mid- to late twentieth century nursing in New Zealand. Those that address general trends such as the transfer of nursing education have largely omitted psychiatric nursing perspectives. By accepting that nursing is not and cannot be 'a reality to be studied', I have been free to explore the socially constructed meanings attributed to the culture and identity of this occupational group of people variously called 'mental attendants', 'mental nurses', and 'psychiatric nurses'. This approach has not been applied previously to nursing history in New Zealand.

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[119] See for example: Boschma, *The Rise of Mental Nursing;* Boschma, Yonge, and Mychajlunow, 'Gender and Professional Identity'; Dooley; Monk.
[120] Monk.