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2005

*Winner of the 2004 Postgraduate Prize
for Scholarship in Sociology*

Magdalena Harris

Living with Hepatitis C

General Articles

Miles Fairburn and S.J. Haslett

*The New Zealand social structure,
1911-1951: Did it become more
middle class?*

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*Beyond local content: the replacing
of nation-states in New Zealand
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Zealand, Second Edition*

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*Challenging science: Issues for New
Zealand in the 21st century*

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Instructions for Contributors

LIVING WITH HEPATITIS C: THE MEDICAL ENCOUNTER

Magdalena Harris

Abstract

This paper is based on interviews with twenty individuals with hepatitis C living in the Auckland region. A primary theme that arose from these interviews was that of the participants' interaction with medical professionals. The stigmatised and ambiguous nature of hepatitis C often made for an unsatisfactory and harrowing encounter. I argue that the biomedical model is flawed in its attitude towards chronic illness. Instead of a one-dimensional focus on treatment and cure there needs to be renewed focus on helping patients "live a good life while being ill". Necessary for the attainment of this goal are ongoing models of care that take into account the experiential nature of illness and the social context of the individual.

Introduction

Although a conservative estimate places 35,000 New Zealanders living with hepatitis C (NZ Hepatitis C Resource Centre, 2000) this is a disease which has received minimal media or policy attention. Due to this dearth of interest hepatitis C has been described as New Zealand's "silent epidemic" (NZ Hepatitis C Resource Centre, 2000). My research seeks to speak to this silence by giving twenty individuals with hepatitis C an opportunity to voice their experience. Participants were based in Auckland and drawn from Narcotics Anonymous and through the Hepatitis C Resource Centre. One of the major themes that arose from these interviews was participants' experience of the medical encounter. As hepatitis C was diagnosed as such in 1989 it is a relatively recent chronic disease with an uncertain trajectory and ambiguous symptoms. These factors, coupled with the conflation of transmission with intravenous drug use, mean that for individuals living with hepatitis C the medical encounter can be a very unsatisfactory and at times harrowing experience.

While chronic illness, such as hepatitis C, is increasingly endemic the primary western medical encounter is still based on the biomedical model of treating acute illness. This model of care fits within the socially affirmed

restitution narrative: that is, “yesterday I was healthy, today I am sick, but tomorrow I’ll be healthy again” (Frank, 1995, p. 78). Here the emphasis is on treatment and “cure”; the focus is at the disease loci, rather than the experiential person and their social networks. For the chronically ill the restitution narrative is a cruel irony, as they can not necessarily hope to get well, or be “cured”. More beneficial for the chronically ill would be social supports and information regarding “how to live a good life while being ill” (Frank, 1995, p. 156, emphasis in original):

Perhaps most fundamental is the nature of the system itself; it is an illness care system founded in profits. What chronically ill people need is a health care system based upon services – diverse services. They need to preserve and to enforce their current health status. The system reinforces sickness over measures to maintain health during chronic illness. (Charmaz, 1997, p. 263)

Participants in this study consistently articulated a desire for information regarding the maintenance of their health, and a frustration with the inability of the medical profession to provide this information. Consequently, they looked elsewhere for guidance and implemented practices such as dietary changes into their lives. Dissatisfaction with a one-dimensional focus on the liver at the expense of the whole person frequently saw participants discontinuing medical visits. An unacceptably high proportion of individuals received their hepatitis C diagnosis over the phone, with the majority subject to discriminatory treatment. While the scientific biomedical model purports itself to be “objective” and thus above moral judgements the experiences of these research participants tell a very different story.

Discrimination: Hateful patients

General practice remains a particularly hostile environment for many people who [have], or are assumed to have, a history of injecting drug use. Similarly, gastroenterology departments and liver clinics remain opposed to fair and equal treatment for people who inject. This most commonly results in reduced treatment options and inadequate quality of care, particularly in relation to pain relief. (Professor Kidd in ADB of NSW, 2001, p. 37)

Australian social research on hepatitis C reports prevalent discrimination within the health care sector (Gifford, 2003; Hopwood and Treloar, 2003;

Day, et al. 2003; Loveday, 2003; ADB of NSW, 2001; Cope, 2001; Crofts et al., 1997). One probable reason for this is that people with hepatitis C are more inclined to disclose their status in a medical setting, either through a perceived obligation or a real need (Day et al., 2003; Loveday, 2003). While there is no legal requirement to disclose hepatitis C status in health care settings (Loveday, 2003, p. 52; ADB of NSW, 2001) this may not be widely recognised. Predominant in this study and others (Hopwood and Treloar, 2003) is the finding that individuals with hepatitis C feel a moral obligation to disclose. A felt responsibility to disclose primarily arises out of concern for the protection of others, especially the health care worker. Hopwood and Treloar (2003, p. 64) posit that this moral obligation stems from the individuals seeing themselves as involved in a “therapeutic relationship”, a partnership of trust and care between the patient and the medical practitioner.

If respect is not felt to be reciprocated by the medical practitioner then the “therapeutic relationship” can deteriorate, and with this the responsibility to disclose. Nineteen out of the twenty participants in this study reported that they always disclosed in health care settings. John however, chose not to because of a previous discriminatory experience:

I went to the dentist, I had a bit of work to be done, and the dentist said, on the form they asked about hepatitis C and HIV, so I ticked hepatitis C yes, and she ah changed my booking to, she goes away, she says “ah hepatitis C positive”, she goes away and has a consultation with somebody else, comes back to me then changes my booking from the morning booking to the last one in the evening, so as if any of the stuff, if any of the tools got blood on them then I’d be the last one, and they would be able to be sterilised over night. Something like that she said ... That is crap ... so all of that palaver; now I just tick no. (John)

Incidences such as this are common in the participants’ narratives, with dentists often cited as refusing to treat or allocating the last appointment of the day. John is right: there was no need for the dentist to act in this manner. Dentists, medical practitioners and other professionals who come into contact with bodily products (tattooists, etc.) are required to follow universal infection controls. As many people with hepatitis C and other infectious diseases are unaware of their condition, disclosure cannot and must not be

relied upon for implementation of infection control (Hopwood and Treloar, 2003; ADB of NSW, 2001).

A perceived moral obligation to disclose precludes the ability for people with hepatitis C to be strategic in disclosure, and thus enact some agency in protecting the self from possible discrimination. This, coupled with the power imbalance inherent in the medical encounter, renders people with hepatitis C more vulnerable to and potentially more adversely affected by discrimination. Incidents of discrimination in health care settings have been found to be doubly distressing (Crofts et al., 1997, p. 89), possibly because of a perceived breakdown in the “therapeutic relationship”. The view that hepatitis C is a “junkies disease” (Krug, 1995) lies at the core of such discrimination. For, although medicine claims an objective and altruistic basis, it seems to be suffused with the moral values of its practitioners (Lupton, 2003, p. 134):

Despite evidence that treatment for drug abuse is effective, many physicians view addicted patients as incurable and morally culpable. As with other “hateful” patients physicians may come to view addicts as manipulative, unmotivated and undeserving of care ... such attitudes contribute to the unwarranted withholding of treatment and to mutually unsatisfactory patient-physician interactions. (O'Connor et al., 1994 in Edlin et al., 2001, p. 213)

Richard, a practicing GP reiterates this medical disdain for drug addicts:

I am amazed how little my colleagues know about it [HCV], and I wonder if that is because it a bit of an addict disease and they are not so interested. Doctors generally don't want addicts in their practice, and I don't want using addicts in my practice, I tried being a methadone prescribing doctor for a while and the scumbags that walked in (laughs), the nurses, everyone was so relieved when I stopped doing it. (Richard)

Richard is a GP and ex intravenous drug user who has hepatitis C. Some of his patients have hepatitis C, and having recently gone through the interferon treatment himself, he has experienced being both a patient and doctor. While Richard reports that his colleagues do not want addicts in their practices, he himself portrays a similar attitude, speaking of addicts as “scumbags”. Similarly he is intolerant of his hepatitis C patients who present as symptomatic and unable to work:

I mean there is this whole question of how much it causes symptoms or not, some people swear it makes them tired, and achy all the time, and that must be hard if that is the truth ... I do get a bit annoyed, I have some patients who do make it their excuse for not working, they don't do anything, and they come in every two months, "fill out my sickness benefit, I've got hepatitis C, I can't work I am too tired to work", things like that ... Maybe I am being unfair, maybe some people do have it that badly, I suspect not. (Richard).

This attitude, of "just get over it" and "get working", is emblematic of one indoctrinated in the medical system. Here, training is based on the treatment of acute illness engendering a suspicion of ill defined and ongoing symptoms (Lupton, 2003; Kleinman, 1988). Medicine as an "institution of normative coercion" (Turner, 2003, p. 271) subsumes individual disparities to disease commonalities. With a disease such as hepatitis C which has a broad spectrum of effects, this approach is not helpful. Patients need to have their subjective experience acknowledged, so they can fully partake in the therapeutic relationship:

People whose reality is denied can remain recipients of treatments and services, but they cannot be participants in empathic relations of care. (Frank, 1995, p. 109)

The discriminatory attitude Richard reports his colleagues as having is consistently articulated by the participants of this study. While none of them were currently using intravenous drugs and four never had, many a time they were assumed to be using by doctors and treated as a "junkie":

It was just a label that I could not shake, and those doctors would just not let me shake it, they would not, they insisted I was a drug addict, and no they got it all wrong. And I paid quite a price for that actually; they were prepared to let me suffer through it quite a bit. (Ruby)

For some, stigma can become so internalised that discrimination is expected, or not recognised as such when experienced:

Even my dentist is wonderful, he's great, he'll have me at the last appointment, and we all understand that's why, yeah no he's cool, and that's what [dentist] does he says oh we'll just get you in on the last appointment, and do it usually on a Friday, and then they can

do a big clean up, but it is funny because I go in there and everything is wrapped up in bloody glad wrap. (Lucy)

Lucy is an ex-intravenous drug user, which may be a factor in her apparent acceptance of such behaviour. To be seen as a “junkie” engenders such pervasive discrimination that sub-standard treatment can become normalised (Day et al., 2003, p. 320).

Although hepatitis C does not impact upon pregnancy outcomes, or cause complications (Davala and Riely, 2002, p. 297), several women received differential treatment during their maternity care. The requirement that Lucy was to put her breast milk in biohazard bags was so outrageous that not even she accepted it:

I'll get very upset over the ignorance of people, and the narrow-mindedness. Get this; I had to put my breast milk in biohazard bags ... this is while Max is in intensive care, and I was thinking these other mothers are going to wonder what's going on here, and I'm going to have this big uproar, that's what I was scared of, you know. Um, but they made such a big deal over it. (Lucy)

Justine also experienced negative treatment during her pregnancy. She was constantly pressured to have a caesarean, which she refused, aware that the risk of passing hepatitis C on through childbirth was negligible:

When I was pregnant with Sam it was quite full on yeah, because um, I was put into the drug care unit in the hospital anyway, and they test you for AIDs and hepatitis C, but it is treated like an AIDs thing and they really wanted me to have a caesarean to minimise the risks of my baby contracting it which is very rare, it was quite a bit of pressure at that point, yeah there was a stigma attached to it, especially in that medical world. (Justine)

For participants, especially at the vulnerable time of childbirth, this treatment had a dehumanising effect. The body, compartmentalised, is treated as a machine, as if its parts could be effectively separated out from the emotional reality of the patient.

Biomedicine: Fixing the machine

Diagnosis and treatment seek to address the observed lesion, the quantified measurement, more than a person living in pain. The patient's own experience and subjective voice become inessential to the medical encounter.

The experience many patients have of being ignored as a person, treated like a “thing” is not then just a matter of isolated insensitivity. It is symptomatic of a metaphysical position that has oriented modern medicine from the start. When the patient is not treated as a living, suffering being, compliance is reduced, evidence is overlooked, inappropriate treatments are prescribed, genuine healing gives way to “fixing the machine”. (Leder, 1991, pp. 147-8)

There is a wealth of writing on the dehumanising nature of the western medical system, particularly in its dealings with the chronically ill (Lupton, 2003; Crossley, 2003; Carson, 2002; Lorber, 2000; Little et al., 1998; Charmaz, 1997; Wendell, 1996; Frank, 1995; Leder, 1991; Hunter, 1991; Kleinman, 1988, 1995; Illich, 1976). A major limitation of the biomedical model is seen to be its failure to assess adequately the actual social environment in which illness is experienced (Lorber, 2000; Krug and Hepworth, 1999; Charmaz, 1997; Kleinman, 1988) and to understand the embodied experience of illness (Carson, 2002; Little et al., 1998; Frank, 1995; Kleinman, 1988).

In relation to hepatitis C, criticism has centered on the medical systems disparaging of symptoms as “psychosomatic” (Hanssens, 1995) and its focus on the physical at the expense of the emotional and social (Krug and Hepworth, 1999).

The dominance of the physical is evident in the participants’ descriptions of their encounters with physicians, where the body is compartmentalised and all else subsumed to the liver:

Western medicine as practiced now, for these subspecialties is a very technocratic, it is, it’s very much about scans, biopsies, livers and drugs and tests. And the patient is the necessary evil that sort of accompanies it. And I found that with the guy running it, he was very much interested in me as a liver. (Richard)

And the scary things were the medical profession, because of their clinical kind of model, and it being under gastroenterology that they focus on it being a liver... So it was around the horror stories of your dying of liver cancer and liver transplants. Which is inadequate and very biased ... [There needs to be] other information available around the promotion of wellness. (Miranda)

Miranda’s desire for information around the “promotion of wellness” is reiterated time and time again by the participants in this study. Rose, Sarah,

Zac and Robert all discontinued hospital visits, disappointed at being offered nothing but interferon. As Rose says, "there is none of that sort of practical life stuff".

This leads to what Frank posits as central concern for members of the "remission society": the question of "how to live a good life while being ill" (Frank, 1995, p. 156). While a holistic concern is to the fore in participants' narratives, this is discouraged by medical insistence on the efficacy of pharmacology above all else:

I know the medical profession believes that diet makes not a jot of difference and no alternative medications make a jot of difference. (Richard)

In the past two decades calls for physicians to attend to the "whole patient" have not been answered with notable success ..."holistic medicine" continues to be the object of scorn. (Hunter, 1991, p. xxii)

The experience of participants in this study does however suggest that diet and alternative treatments make a difference. For fifteen of the twenty participants to make significant changes to their diet and stick to them, indicates that the diet has a part to play in alleviating certain symptoms associated with the disease. None of the participants were given any advice on diet by a medical professional but instead made these changes through trial and error, and from sourcing information from the Hepatitis C Resource Centre, the internet, books and peers. While neither diet nor alternative treatments are expected to "cure" hepatitis C, they can make a significant difference to the individual's quality of life. Physicians' perceived indifference to the patient's ability to "live a good life while being ill" can create a sense of psychological separation between the doctor and patient.

Doctor and patient: Psychological abandonment

How can a doctor presume to cure a patient if he knows nothing about his soul, his personality, his character disorders? It is all part of it. (Broyard, 1991, p. 47)

The separation between doctor and patient has been described as "pathological" (Broyard, 1992, p. 55), as alienating the patient from their

own experience (Katz, 1984; Leder, 1990; Wendell, 1996; Carson, 2002) and as doing a disservice to both doctor and patient (Kleinman, 1988; Broyard, 1992). Biomedicine's focus on the technological and the body as a machine (Kleinman, 1988; Leder, 1990; Hunter, 1991; Crossley, 2003) turns the clinician's attention away from the experiential meaning of illness for the patient. This "disables the healer and disempowers the chronically ill" (Kleinman, 1988, p. 9). Katz (1984), a physician, uses the metaphor of silence to characterise the interaction of doctor and patient. He feels that the doctor's reticence is tantamount to "psychological abandonment" (p. 208).

All of the above writers call for increased dialogue in the medical encounter and for recognition of the patient in their entirety, not just as a vector of disease. While this may seem utopian in the face of stretched medical budgets and diminished consultation time frames, recognition and respect are fundamental to a successful relationship. Respectful dialogue with a patient and awareness of their social context would aid treatment success and compliance, proving cost effective in the long run. For example, the alienating medical behaviour that Elisabeth describes led her to discontinue consultations with the private gastroenterologist in question:

When you feel like you are a piece of meat being shoved around by your GP, the gastroenterologist, you are just a number; you are not a person with feelings or thoughts or anything else in fact. When I first saw [gastroenterologist] I felt so roughed up by him I definitely felt like a number and not a name. (Elisabeth)

If Elisabeth had been treated more humanely she would have stuck with the physician, and in feeling more supported, may not have turned down his offer of interferon treatment.

Little et al. (1998) use the notion of liminality to provide insight into the subjective experience of illness. Liminality, being on the threshold, in limbo, is similar to Frank's concept of the remission society, where you are neither sick nor well. The liminal experience is that of existing in a gulf, no-man's land, much as Elisabeth describes:

There are no managing levels in there at all. There is a huge area of, just a huge gulf, a ravine of questions that I'm sure every sufferer has. And at this point here you have got the GP and at the other end you have got the surgeon, when you are wheeled in for a liver

transplant. And there is this gulf between the two, and at the minute I am living in this gulf, like you are right now. What you discover is as great as your own curiosity I guess, and I don't think it should have to be an individual search, because it just takes so much time, and there are times when you get worn out and depressed. (Elisabeth)

The gulf that Elisabeth describes, a lack of attention to the whole person, is also a product of medical specialisation in which the patient is divided up to be dealt with by different practitioners. This compartmentalisation is evident in Richard's comment on the contra-indications of depression and interferon:

Well their response would be, if it is a real problem call the psychiatric liaison person and they can deal with it. You will find that in these sub-specialties that they don't want to deal with it, as a rule, they want to deal with the liver, that's their input. If there is a psychiatric input call in the psychiatric registrar, and refer him into that system. (Richard)

The division of medicine into "sub-specialities" means that for some participants it took a long time before they received an accurate diagnosis of what was actually wrong with them. Sarah and Miranda, in particular, spoke of having their illness experiences invalidated by medical professionals before they eventually received a diagnosis of hepatitis C. Physicians' pre-diagnosis assumptions of "malingering" are unfortunately common (Loveday, 2003, p. 52). While the phenomenon of medicalisation (Illich, 1976) has received much scholarly attention, Wendell (1996) writes that:

Less attention has been paid to the dangers of having physical experiences of illness or disability ignored or invalidated by medicine in societies where medicine has great cognitive and social authority. (p. 130)

The social authority of medicine is evident in Sarah's narrative. When physicians denied the reality of her illness, Sarah found it hard to continue with life as she knew it:

And the doctor will say well you know just keep going, and you're not all that sick. So it was quite extreme really, and I had felt that I had lost in the face of all that, any desire to be a mother, a desire to be to be accepted and fit in, and that it had overridden my instincts. Plus the fact that I would go to the doctor feeling very, very ill and come back with nothing. (Sarah)

Being diagnosed with hepatitis C was almost a relief for Sarah. After years of invalidating experiences with the medical profession, at last the problem had a name.

Diagnosis: They told me over the phone

The majority of participants (18) received their diagnosis of hepatitis C between 1990 and 2002. Two participants received a diagnosis of non-A, non-B hepatitis before 1989, the year the virus was identified as hepatitis C. Only nine participants were informed of their hepatitis C status in a face to face consultation with a doctor: six participants were informed over the phone; two told by a nurse "in passing"; one, a doctor, tested and diagnosed himself; one was told through a look-back programme and the other was unclear. Participants' reactions to diagnosis include that of feeling "devastated", "numb", "unclean", and "depressed". Two participants expressed that they expected to have hepatitis C, and were just relieved that they were not HIV positive. This reaction is not uncommon among intravenous drug users. A conservative estimate is that 42- 84% of intravenous drug users in New Zealand have hepatitis C (Ministry of Health, 2002, p. 11); hence the disease has become relatively normalised within this population.

The majority of participants who were informed of their hepatitis C status over the phone received their diagnosis in the last decade, in the years from 1995 to 1999, with one in 1990. This method of diagnosis is insensitive and negligent. It does not allow for adequate post-diagnosis consultation or for the potentially fragile mental state a person may be in upon hearing such news. Elizabeth describes receiving this information while driving, not a safe or desirable situation in which to receive a major medical diagnosis:

As I was driving north about 5 years ago on my Christmas holiday she [GP] is on the phone telling me I have got hepatitis C, don't share your toothbrush, don't drink any champagne at New Years Eve, and I'm thinking oh my god I'm going to die. And I was stuck up somewhere in Northland for about two weeks trying to have a holiday, and I was just so stressed, it started from day one. From the minute they told me there was some sort of stress and uncertainty and feeling of unclean, unclean. (Elisabeth)

Zac makes a comparison between his phone diagnosis of hepatitis C and the strict procedures in place for diagnosis of HIV:

I was devastated ... I found out that I'd got it and I thought oh my, my life is never going to be quite the same again, you can actually die from this, and I know that not many people do die, but if you compare it to HIV which is socially topical, your results aren't released to you, until you get to see the doctor in person, yet with hepatitis C I was told a period of time after them knowing, if it was HIV ... You'd be called in immediately, but because it's hepatitis C, they obviously didn't prioritise it, and left it until I rang back, and if I'd never rung back then I would never have known ... Yes they told me over the phone. (Zac)

The blasé manner in which Zac received his diagnosis was common, as the majority of participants reported receiving no, negligible, or confusing information about what it meant to have hepatitis C. The lack of information received at diagnosis perpetuates unnecessary fears of hepatitis C being a death sentence, with some participants actually informed that they would only have so long to live:

I was gutted ... when I very first found out, the first couple of weeks I just didn't think to much of it, but the reality was that I thought that I was going to die, I just thought I was on borrowed time, that I was bugged. I became very depressed, it was awful. It was traumatic. The more information we got didn't make it any better either. It was grim you know, I was told that I, well eight years ago I was told, well after they did the biopsy, I was told I had about five years [to live]. (Ruby)

I had to go to the health department and be interviewed by some fucking bitch. So I popped along, my normal self, no qualms about it, hey I've got it, just deal with it, and she sat me down, and ... she asked me if I was a prostitute, if I had been a prostitute, a drug addict ... then at the end I sort of said to her "should I be worried about this?" and she said "well yes" and I said "what am I going to die?" and she said "yes", and I said "well how long have I got?" and she said "20 years"... And then for the next six months I was just joking with my family, but it was just hurting them, I was sort of saying "Oh well I've only got 17 years and six months and three days to go now", 'cos it really screwed up my head, thinking when did I get it, when am I going to die then. (Rachel)

A majority of medical practitioners are ill-informed about hepatitis C (Krug and Hepworth, 1999, p. 307). However, it would be preferable for physicians to admit their ignorance rather than causing unnecessary distress with false pronouncements on life expectancy.

A lack of information from the medical profession meant that most participants became researchers of their disease, turning to the internet, books and peers for information. A popular text is Matthew Dolan's (1999) The hepatitis C handbook, which Miranda believes that doctors also need to peruse:

I haven't done much reading but I think I could tell them a thing or two. Because I have a very inquiring mind and when you are the piggy, and you are the one that's got to live your life inside this diagnosis you tend to absorb stuff ... So when it comes to talking about these issues with my GP now, I don't think he has even read The hepatitis C handbook. Here he is telling me what to do and I'm saying well get the research on board first boy. Have a look around you. (Miranda)

As much of the information collected is informed by a medical discourse, this encourages a medicalising of the self (Krug, 1995). The taking on and placing of oneself in a medical framework is apparent in the participants' awareness of their liver function counts, which are seen as a major (if unreliable) marker of the disease process. Only one of the twenty participants I asked was unaware of her ALT (alanine aminotransferase¹) levels, and several asked me what mine were, a common comparison between people with hepatitis C.

Conclusion

Kleinman (1988) believes that a doctor's role should be that of "empathetic witnessing", and, similarly, Frank (2004) calls for a "renewal of generosity" in the doctor-patient relationship. While these may seem to be utopian

1 An alanine aminotransferase (ALT) test is a blood test that measures the level of alanine aminotransferase enzyme found mainly in the liver. ALT is measured to determine whether the liver is damaged or diseased. Low levels of ALT are normally found in the blood. However, when the liver is damaged or diseased, it releases ALT into the bloodstream, causing levels of the enzyme to rise. The ALT test often is done along with other tests that can determine whether the liver is damaged, including aspartate aminotransferase (AST), alkaline phosphatase, lactate dehydrogenase (LDH), and bilirubin. Both ALT and AST levels are (reasonably) reliable indicators of liver damage (WebMDHealth, 2004)

wishes the reality is that for any relationship to be successful it needs to be based on a foundation of mutual respect and recognition. The participants in this study express simple desires. Those involve the ability to be part of a proper "therapeutic relationship": that is, to have their ailments, experiences and fears taken seriously and addressed. Differential treatment on the basis of moral judgement is not acceptable. Such discrimination only serves to drive individuals with hepatitis C and other stigmatised diseases away from accessing medical services. For conditions such as hepatitis C with no definitive "cure" there needs to be renewed focus on helping patients "live a good life while being ill". Necessary for the attainment of this goal are ongoing models of care which take into account the experiential nature of illness and the social context of the individual.

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The New Zealand Social Structure, 1911-1951: Did it Become More Middle Class?

Miles Fairburn and S.J. Haslett

Abstract

The views of historians on how the class structure changes in advanced economies from the late nineteenth century have been influenced by "post-industrial society theory". This article examines an adaptation of the theory which non-Marxist historians of vertical mobility and the class structure have applied to New Zealand from the 1890s to 1951 using New Zealand-wide census data. The article tests the adapted version by taking 10 leading provincial towns at 11 bench mark years as cases, using street directories as the source material. The analysis finds that the towns fail to support "post-industrial society theory" despite its adaptation, and that the social structure changed in unexpected ways.

Analyses by functionalists of the occupational structures of advanced industrial societies have tended to be influenced by what has become known as "post-industrial society theory", primarily associated with Daniel Bell's classic *The coming of post-industrial society* (1973; also see, Braverman, 1974; Wright, 1997). As is well known, the key idea of "post-industrial society theory" is that in advanced industrial societies automation is steadily diminishing the demand for unskilled labour, the rapid growth of technology is greatly increasing the demand for scientists and technicians, and that the expansion in the scale of production and in the service areas of the economy is requiring ever more bureaucratic organization and thus a growing body of administrators and university-educated managerial experts. The inevitable result of this process is that the number of people employed in professional, managerial and administrative occupations is rising much faster than those in unskilled manual jobs, and that the growth of the salariat has outstripped that of wage-earners. In consequence, advanced industrial societies are becoming less proletarian and more middle class, even though their traditional middle classes - independent business people, farmers and professionals - are shrinking in relative size.

Post-industrial society theory is sometimes discussed ahistorically, implying that the process it describes started in advanced economies many decades before the modern era and has always been with them even since (e.g. Blau and Duncan, 1967, pp. 428-9; Erikson and Goldthorpe, 1992; Thernstrom, 1973, p. 50). In New Zealand, the theory has also left its mark, perhaps more indirectly than directly, particularly on some innovative studies on vertical and occupational mobility and the changing occupation structure variously covering the period from the 1890s to the 1950s. The New Zealand research, it should be noted, has not adopted the theory holus-bolus but adapted it considerably taking into account national particularities and the fact that despite being one of the most modernised societies in the world in the first half of the 20th century, New Zealand was not nearly as advanced as the archetypal "post-industrial society" of the late 20th century. Thus the New Zealand literature gives much less emphasis to the role of university education and much more to secondary schools in the provision of credentials; it acknowledges that much of New Zealand bureaucratic employment and New Zealand egalitarian values did not reflect the meritocratic principles entailed by post-industrial theory; and instead of stressing the demand for the skills of the expert manager and the knowledge-expert, the New Zealand work gives prominence to the demand for the lower level skills of office-workers, minor officials, salespeople and semi-professionals. Moreover, the New Zealand literature does not imply as some writing on post-industrial theory does that the trends it refers to have been unceasing and unvaried since they started; rather it tends to the view that they were strong from the mid-1890s to the 1920s and from the late 1930s to mid-century but that they were variously slowed, halted or reversed, albeit briefly, by the 1930s Great Depression (e.g., Bedggood, 1980; Jones & Davis, 1986, pp. 62-63; Meuli, 1977; Olssen & James, 1999, pp. 429-430; Olssen & Hickey, 1998; Olssen, 1992, pp. 272-276; Pearson & Thorns, 1983, pp. 44-7; Watson, 1984; Wilkes et al, 1985).

Despite these differences, however, New Zealand non-Marxist literature on the class structure has followed the broad thrust of post-industrial theory, claiming that generally from the 1890s onwards the unskilled occupations grew much more slowly than those in the "new middle class". The net effect, given that the "old middle class" also declined and the skilled manual

stayed relatively stable in relative terms, was that the overall proportion of people in the manual categories fell, and the overall proportion in the non-manual rose.

The displacement thesis (as we shall call it to distinguish it from post-industrial society theory when applied to late 20th century advanced capitalism) is both plausible and useful. It explains the exceptional cohesion and social stability of New Zealand over the period for the 1890s to the 1950s. It fits the self-image New Zealand had of itself as a highly successful society, filled with opportunities for "getting on" for the hard-working, and thus largely devoid of the overt class conflict and the social rigidities of the old world. It seems to be entirely consistent with certain structural trends that began from the late 1890s: the rapid rise of the service sector of the workforce, the continued decline of extractational employment, the lack of large-scale industrial development and the high rate of urbanisation. It makes sense of the growth of "credentialism" centring on the secondary school, the surge of mass demand for secondary schooling, and the strenuous efforts by successive governments to use secondary education as a vehicle for generating equality of opportunity and the conflicts this had with other political goals (e.g. Fairburn, 1993; Olssen, 1992).

The displacement thesis, however, is based on limited data. Nearly all the studies draw on one particular source material: published census tabulations on the occupational structure for New Zealand as a whole (Meuli, 1977; Olssen & Hickey, 1998; Pearson & Thorns, 1983, pp. 44-47). By the standards of most countries, these census data are remarkably good. Apart from the fact that the census was normally held every five years, its categorisation of occupations is comparatively consistent over time and the level of detail at the national level, relatively high. Against that, however, its breakdown of occupational data at sub-national level is sketchy; and more important still, the five yearly census cycle was ruptured after 1926: between then and 1951, only two censuses were held, one in 1936 the other in 1946, the product of the depression and the war.

In turn, these limitations create two problems of interpretation which have not been considered until now. One is the possibility that the national data mask substantial local and regional variations and thus might be the product of extreme values in a few places. The other problem is the

possibility that the big gaps in the national data in the last third of the period produce a highly distorted view of trends not just over this particular part of the period, but over the long term, and between data points in the first half of the period and those in the second half.

This article has two related aims. One is to show that in the period from 1911 to 1951 the displacement thesis needs modification when the New Zealand class structure is analysed at intervals that are more frequent and regular than those studied by historians using national census data. The second aim is to bring attention to certain areas of social change that have been neglected by historians and sociologists but might have been as significant as those they have looked for in the occupational structure. To demonstrate these claims, the article analyses street directory sources for ten towns at eleven bench-mark years over the study period. As the article reaches unexpected conclusions and takes a novel approach to source material, it will necessarily give extensive coverage to several thorny methodological problems, including the extent to which its conclusions are distorted by the biases and errors of the street directories.

As indicated above, primarily because the studies of the New Zealand class structure have depended for their primary sources on national census tabulations of occupations, they have interpreted trends by taking years that are widely separated, particularly for the era from the 1930s to the early 1950s. Whatever else that might be said about Henry Wise's New Zealand post office directory, which provides the raw data for this study, its key advantage is that it was generally compiled and published annually, thus enabling the class structure to be studied at very frequent intervals. As the article is a spin-off of a study of the social foundations of electoral behaviour, the eleven bench-mark years selected are all years when general elections were held: 1911, 1914, 1919, 1922, 1925, 1928, 1931, 1935, 1938, 1946 and 1951.¹ Not many historical studies of the modern class and occupational structure have been based on such a large concentration of observations. The advantage of this procedure, as will be seen later, is that it enables short-term trends to be picked up, for the effect on the class structure of particular stimuli to be discerned (like wars, economic booms and

¹ Note that the election scheduled for 1934 was deferred as a depression measure, and the study omitted the election years of 1943 and 1949 for lack of resources.

depressions), and quirks in the data to be identified and taken into account in the interpretation of the results.

More problematic is the selection of the cases. These consist of ten leading provincial towns: Hamilton, Gisborne, New Plymouth, Wanganui, Napier, Hastings, Palmerston North, Nelson, Timaru and Invercargill. Over the study period, these towns were New Zealand's largest outside the four main centres, making up about 13 percent of the total population in 1930. They were very similar in size, their household populations averaging around 2300 at the beginning of the period, reaching about 5500 at the end. The reason they were selected is partly that they were regarded by contemporaries as a unitary group, partly that they were small enough to be studied manageably, and partly that the census consistently tabulated better data about them than other administrative units. The main reason for their selection, however, is that on average they had an occupational class structure that appears to have been very similar to that for the four main centres taken together and not too different from that for urban New Zealand or from that for New Zealand as a whole (Fairburn and Haslett, forthcoming (a): Appendix).

The concept of class applied here is Weber's (1947, pp. 181-188). Thus it rests on the principle that in modern societies, life chances are determined by market power (itself the product of skill, wealth, education, and so on) and that market power determines a person's class position. The definition is not concerned with status (which is a matter of life style, not life chances), and does not necessarily imply anything about the extent of structuration (Giddens, 1973). As a rule, historians of class and mobility in New Zealand implicitly or explicitly follow Weber (and the neo-Weberians) and devise class schemas based on occupations similar to those used by their Weberian counterparts in the United States and Britain (e.g., Thernstrom, 1973), although Goldthorpe's (1987, 1992) more disaggregated model has been a strong influence on the Caversham project (e.g., Olssen & James, 1999). What the schemas have in common is that they make a basic split between manual and non-manual occupations (corresponding to working class and non-working class respectively), divide each of these basic categories into several sub-categories, then distribute individual occupations into them according to indicators of market power such as level of income, degree of

stability of earning, access to pension schemes, control over entry into the occupation and so on. This article has followed these procedures but has aggregated some of the sub-categories partly to avoid the small cell problem and partly because the sub-categories in question require fine-grained distinctions to be made without adequate information. It divides manual occupations into two categories: the unskilled/semi-skilled and the skilled, and the non-manual into lower white collar and higher white collar (exclusive of farmers). The salaried or new middle class thus are merged with owners of businesses, employers and self-employed semi-professionals and professionals in the two white collar categories. Given the purposes of the article, it would obviously have been preferable to separate out the salaried. But it was impossible to do this with a reasonable degree of reliability, given that there was a good spread of many professionals and semi-professionals (like lawyers, doctors, surveyors) across self-employed, employer and salaried positions which the directories generally do not distinguish.² It also so happens that the results of the analysis allow us to deduce trends in salaried employment from the trends in the two white collar categories, discussed later. The allocation of individual occupations into each of the four manual and white collar categories has mainly followed standard New Zealand practice.

In addition to its four occupational categories of social class, the study uses three residual categories: one for all female household heads (irrespective of their occupations), another for farmers (exclusive of farm workers), and a third for male heads not listed with an occupational title. The procedure is unusual in that New Zealand studies of historical class mobility tend to exclude farmers (especially when the studies deal with the urban workforce), take little or no account of the undescribed, and allot females a separate class schema which parallels that for males.

The study devised these three residual categories since preliminary analysis showed that the number of household heads belonging to each

² For example, the 1926 census on the occupational status of males indicates that 410 doctors were on salary, 463 were self-employed, and 231 were employers. The figures for lawyers were 342, 155, and 1120 respectively; for surveyors, 305, 18, and 112; accountants, 2564, 283, and 452; engineers (mechanical, structural, civil, electrical, local body, and consulting) 893, 40, and 77; insurance agents, 716, 99, 27. To be sure, the vast majority of salesmen and clerks belonged to the (lesser) salariat.

was unexpectedly large (amounting to over 30 percent of the total for all ten towns in 1951) and might have distorted the analysis of the four class categories if not taken into account. As things turned out, the decision produced some revealing results about changes in the social structure, and these will be discussed later, along with the meanings of the “farmer” and the undescribed categories.

But before that point is reached, something needs to be said about the categorization of female household heads. The key reason they were not allotted into a parallel class schema but lumped into the one category is that the directories generally failed to record their occupations but left this space blank.³ Although the identifying conventions may have been behind the failure, it was also probably the end result of the comparatively high degree of success the New Zealand state achieved in implementing its policy of the male breadwinner wage (Nolan, 2000). During the first half of the 20th century the rate of participation by New Zealand women in paid work, married women especially, was extremely low not only by modern standards but also by the standards of Britain, Australia and the United States at that time (Bourke, 1994; Carmichael, 1975, pp. 79-84; Gilson, 1969, pp. 29-48). Moreover, the participation rate was static up to the Second World War and though it rose during the war, it fell in the rest of the 1940s (Montgomerie, 2001). In short, the lack of information in the directories about the occupations of most female household heads reflects the simple fact that New Zealand was a patriarchy during the study period: women were the subject of an exceptional degree of employment discrimination not only in terms of access to the workforce but also in relation to pay rates, job security, ability to pursue careers, access to employer pension schemes and so forth (also see, Erikson & Goldthorpe, 1992; Goldthorpe, 1987). How all the female household heads who did not engage in paid work supported themselves financially is an interesting question that will be addressed shortly.

To sum up, the study has divided the occupations of household heads recorded in Wise’s street directory in each town in each year into seven categories. The seven categories are

³ Wise’s did not even follow the practice of the electoral rolls and marriage certificates by designating them by marital status.

- (i) male unskilled/semi-skilled manual,
- (ii) male skilled manual (excluding self-employed), supervisors and petty officials,⁴
- (iii) male lower white collar (petty proprietors, minor professionals, office workers),
- (iv) male higher white collar (managers and owners of large businesses, higher professionals),
- (v) all female household heads with and without occupations,
- (vi) male farmers (excluding farm employees),⁵
- (vii) male household heads given no occupation.⁶

Altogether about 400,000 household heads form the basis of the study. In the analysis which follows of the composition of household heads, the proportion of heads belonging to each (or a combination) of the four class categories (i-iv) has been based on the aggregate of these four categories, and the proportion belonging to each of the three residual categories (v-vii) has been based on all seven categories. The intention of this procedure is to enable comparisons to be made between this study and the national studies

⁴ Distinguishing between skilled manuals who were on wages (category ii) from those who were self-employed (category iii) was facilitated by the practice in *Wise's* of denoting self-employed household heads (tradesmen and otherwise) with the initials "pr" (proprietor) and of giving the name of the business in square brackets for managers and owners of large businesses. There is no guarantee that *Wise's* did this with absolute consistency but there are good reasons to believe that the amount of inconsistency would not have been large. One reason is that for the national male workforce in 1926, the self-employed skilled manual constituted only 9.06% of all skilled manual (self-employed plus employees) which is surprisingly small (see the reworking of the census occupational status data in Meuli, 1977, p. 177). Another reason is that the proportion of household heads in category (ii) of all heads for each town, is remarkably stable from one year to another over the 1911-1951 period, which is not what would be expected if the coding of tradesmen had been highly erratic (see Fairburn & Haslett, forthcoming (b)).

⁵ In this period, "farmer" could variously mean a farm manager, a share-milker, a farm owner's son working for his father with little or no pay, retired farm owner, and farm owners of greatly varying assets, incomes and productive activities. For this study, males were coded as farmers only if they were explicitly called "farmers", "sheep farmers", "dairy farmers", "orchardists", and "apiarists". Farm managers and all other farm employees were excluded from the category as far as the information permitted. There is no way of telling how far those designated farmers were retired.

⁶ No household heads described themselves as unemployed. Hence a separate category was not provided for them.

of the class structure based on census data. Discussion of how far biases and errors in the street directories affect the findings will be left to later.

Let us start the analysis with an examination of trends in the proportion of unskilled/semi-skilled workers. Table 1 takes the towns as a whole and gives the proportion of household heads belonging to the unskilled/semi-skilled category as a percentage of all household heads in the four class categories combined. The displacement thesis would lead us to expect the unskilled/semi-skilled sector to fall over the whole period though increasing briefly during the economic slump of the early 1930s.

Table 1
Male unskilled/semi-skilled manual household heads as a percentage of household heads in all four class categories in all towns as a whole, 1911-1951

Year	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
Unskilled/ Semi-skilled %	32.0	31.9	33.3	32.1	32.3	33.3	33.1	35.0	35.3	36.5	33.6

Notes:

Unskilled/semi-skilled is category i. The base is the aggregate of categories i to iv. Sources given in text

But plainly this does not occur in the towns: instead of the proportion falling over the long run, it tends to rise, moving from 32 per cent before the First World War to a peak of over 36 per cent by 1946. The upward movement cannot be called sharp or constant, and it is largely reversed in the four years after the 1946 peak, right at the end of the period; but it is nonetheless a definite trend over most of the study period: during these forty years New Zealand was slowly becoming not less but more of a society of labourers. Moreover, in contrast to the findings by investigators of national census data, the level does not move down from 1911 to the mid-1920s, but is basically flat. The only area where the town data are consistent with the displacement thesis, is that they show that the level rises during the economic slump of the early 1930s. But contrary to the assumptions in the historiography, the upward trend apparent from 1931, does not finish by the end of the slump in 1935 or in the middle of the subsequent economic

boom of 1938 but much later, just after the end of the war in 1946. The effect of the slump in increasing the relative size of lower manuals is much more prolonged than expected.

To anticipate the possible objection that extreme values in a few aberrant towns were responsible for trends in the average values for the ten as a whole, Table A in the Appendix separates out the towns, giving their respective proportions of unskilled/semi-skilled. The table shows that none of the towns was an "outlier". In general, each followed the ten town average. In each, the lower manual sector was larger at the end of the period than at the beginning (more so in 1946, however, than in 1951). In most of them, the lower manual segment tended to expand or be stable from 1911 to 1928, Hastings being the only town where the proportion can be definitely said to have diminished. In nearly all of them, furthermore, the proportion of household heads at the bottom of the class structure expanded from the depression year of 1931 or earlier from 1928 and did not stop rising until 1946: only in New Plymouth does the growth seem to stop during the economic boom of the late 1930s. Nelson is a partial exception in that although the depression-induced growth comes to an end by 1935, the war seems to have increased it again because by 1946 the level is back up to the 1931 mark.

Apart from their failure to conform to the trends postulated in the studies of national data, a surprising feature of most of the towns is that the two world wars tended to be associated with a growth in their proportions of unskilled/semi-skilled manuals. While economic slumps can reasonably be expected to increase the relative size of the population at the bottom of the class structure, it is not obvious why the two world wars should have done so. Also surprising perhaps is that in some of the towns the sector expands before the slump, from 1928, although this may be explicable considering that it coincides with sharp rises in unemployment from the late 1920s, the subject of considerable political debate and government action at the time (Brown, 1962).

The overall rising trend in the unskilled/semi-skilled manual sector was not associated with changes in the relative size of the skilled manual. Indeed, over the whole study period the skilled sector was extraordinarily stable, the percentages in each year for the ten towns as a group being shown in Table 2.

Table 2
Male skilled manual household heads as a percentage of household heads
in all four class categories in all towns as a whole, 1911-1951

Years:	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
all towns combined											
%	27.5	27.7	27.2	26.9	27.3	27.4	27.4	26.4	26.1	26.1	26.2

Notes:

Skilled manual is category (ii). The base is the aggregate of categories i to iv.
 Sources given in text

Although the class structures in the towns as a whole were becoming more bottom heavy, this was not at the expense of their skilled wage workers. There were, however, considerable variations in trends between the towns, as revealed in Table B in the Appendix.

This brings us to the question of how far trends in the relative size of the lower white collar category in the ten towns confirms the displacement thesis. Table 3 takes the ten towns as a whole and calculates for each benchmark year the proportion of household heads in all four of the class categories who were lower white collars.

Table 3
Male lower white collar household heads as a percentage of all four class
categories in all ten towns as a whole, 1911-1951

Year	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
Lower white collar											
%	26.4	25.8	25.4	27.7	28.0	27.8	28.1	27.4	27.3	25.6	28.8

Notes:

Lower white collar is category iii. The base is the aggregate of categories i to iv.
 Sources given in text.

The table indicates that the chances of belonging to this composite category of small businessmen and minor salaried workers tended to grow, slowly and unevenly, from 1911 to the mid 1920s; to fall from over 28 per cent in 1931 to 25.6 per cent in 1946; then rise strongly to 1951, finishing some two percentage points higher in 1951 than at the beginning of the period. These trends are more consistent with the displacement thesis than those

for the unskilled/semi-skilled sector – but the fit can hardly be called close. To be sure, we must remember that this is a composite category; it does not consist exclusively of salaried employees. In this context, if we take account of the strong evidence in the studies of national data that the proportion of small urban businessmen fell from about the first decade of the 19th century to the mid 1920s, it seems very likely that over the 1911-25 period the slight upward trend in the composite white collar index hides a stronger upward movement in the proportion of minor salaried workers in the ten towns.

However, a disaggregation of the towns qualifies this picture. Table C (Appendix) shows that the proportion of lower middle class was static in all but two of the towns over the 1911-1925/8 period. All the upward movement in the proportion of lower white collar in the ten towns as a group in 1911-1925/8 comes from Hamilton and Palmerston North; excluding the values of these two “outliers”, the average level of the remaining eight has a falling trend.⁷ What happened to the lower salaried sector after the mid-1930s is impossible to say, though it is questionable that it was able to grow fast enough (especially during the slump) to counter the falling trend in the lower middle class as a whole that lasted until 1946.

The other group in the “new middle class” which the displacement thesis claims grew faster than the unskilled, consists of managers and higher professionals on salaries. Unfortunately, it proved impossible to separate these household heads out from the larger business owners and employers in the towns. Hence the two groups have been merged in the fourth class category. Even so it is possible to infer tentatively certain trends in the higher salaried sector by putting them in a wider economic context. Table 4, an aggregate of all the towns, shows that there was a slow but definite and almost continuous downward movement in the relative size of the economic elite in the towns over the study-period. The decline long predates the slump of the 1930s, beginning in 1914. It continues during the First World War but is reversed temporarily during the Second (albeit very slightly) - in contrast to what happened to the unskilled sector, suggesting that the Second

⁷ Lower white collar as a percentage of all four class categories in the towns, exclusive of Hamilton and Palmerston North, for years 1911-1928: 1911, 20.8%; 1914, 19.8%; 1919, 18.4%; 1922, 19.9%; 1925, 20.3%; 1928, 20.2%.

World War tended to expand the number of those at the bottom end of the class structure relative to those at the top.

Table 4
Male higher white collar household heads as a percentage of all four class categories in all ten towns as a whole, 1911-1951

Year	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
higher white collar %	13.9	14.4	13.8	13.1	12.2	11.2	11.3	11.1	11.1	11.6	11.2

Notes:

Higher white collar is category iv. The base is the aggregate of categories i to iv. Sources given in text.

The decline of the whole higher white collar class in the towns, taken in conjunction with the increase in the relative size of the higher salaried at the national level from 1911 to 1926,⁸ makes it likely that the proportion of household heads in the salaried elite in the towns rose during these years. It is unlikely, however, that during the economic depression of the early 1930s the proportion of household heads in the higher salaried sector fell, and the same could be said about the Second World War since it interrupted the university education of young men intending to enter the professions. Yet it is conceivable that the influx of returned servicemen into university courses immediately after the War, pushed up the overall proportions of the higher salaried. Data for the towns treated separately can be seen in Table D of the Appendix.

This brings us to the last point implied by the national studies: that the overall effect of the displacement of the unskilled by the new middle class was to reduce the relative size of the "working class" and expand that of the "middle class". The towns, however, do not confirm this point either. Table 5 aggregates the two manual categories to form the "working class", and aggregates the two white collar categories to constitute the "middle class", and expresses each aggregate as a percentage of all four classes combined. Far from showing the towns were becoming more middle class, the table shows that there was a slight overall tendency in the opposite direction, the

⁸ Meuli (1977) finds that the percentages of salaried professionals rose from 1.88 to 3.0 % and of salaried managers from 1.17 to 2.05%, 1911-1926.

proportion of the working class rising from 59.6 percent in 1911 to 62.6 percent at its peak in 1946. Contained within this long-term trend are two different medium term movements. In the first, from 1911 to the late 1920s, the two-class structure was highly stable, in the second, from the slump to the end of the war, the working class expands at the expense of the middle – with the net result that the relative size of the middle class in the ten towns reaches its nadir by the end of the Second World War. The shrinkage of the middle class from 1938 to 1946 goes against the prevailing view by historians that the first Labour Government greatly expanded opportunities for the urban working classes to be upwardly mobile, though it should be noted that the proportion of middle class household heads expands rapidly during the four years right at the end of the period. The weak, overall decline in the middle class in the towns as a group, it should be added, is not produced by extreme values in a few aberrant towns: disaggregating the towns (see Table E, Appendix), we find that the declining middle class trend affects nearly all of them, with the exception of New Plymouth where the class structure seems to be highly unstable over the short-term. Even in the two newest and fastest growing towns, Hamilton and Palmerston North, both of which had large servicing sectors, the relative size of the middle class tended to fall over the study period.

Table 5
Male working class household heads and male middle class household heads as percentages of all four class categories combined in the towns as a whole, 1911-1951

Year	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
Manual %	59.6	59.7	60.6	59.1	59.7	60.8	60.5	61.4	61.4	62.6	59.8
White Collar %	40.3	40.2	39.3	40.8	40.2	39.1	39.4	38.5	38.5	37.3	40.1

Notes:

Manuals are categories i + ii; white collars are categories iii + iv. The base is the aggregate of categories i to iv.

Percentages have not been rounded to total 100 %.

Sources given in text

Reinforcing the interpretation that the towns became more not less working class over the study-period, are trends in one of the residual categories - farmers. The class analysis excluded household heads in the farmer category partly to permit comparison with the national studies, and partly because "farmer" was a label often affixed to people having such a wide range of market power in the Weberian sense, that it is impossible to determine reliably where anyone wearing such a label belongs in a class schema.⁹ That said, it would not be beyond the realms of possibility to say that those called "farmers" in the directories primarily, even mainly perhaps, consisted of farm owners possessing a degree of market power at least comparable to that of lower white collar household heads (category iii).¹⁰ In this context, a little known facet of the towns is that they contained a surprisingly large number of farmers in the early years. For the towns as a whole, the proportion of farmer household heads looks very small, just six per cent of all seven categories of household heads before the First World War. But it should be remembered that the calculation of these percentages is based on all seven categories, not just the four class categories. In addition, the average figure for the ten towns masks considerable variations between individual towns early in the period: Hastings and Palmerston North had the largest concentrations, averaging around 11 percent each for Hastings and for Palmerston North, 1911-19 (for data see Table F, Appendix).

The point about the presence of farmers in the towns early in the period, is not just that it was surprisingly large but that it subsequently dwindles to very small proportions by 1951. Hence even if only half of these "farmers" had the market power equivalent to that of household heads in the lower white collar category, and if they are counted as such, the contraction in their relative size accentuates the trends in the class analysis. That is to say, if "farmers" are added to the class categories, and thus merged with the

⁹ According to the 1926 census, the median income for all self-employed males working in agricultural and pastoral occupations was £190 pa; this was slightly lower than that for self-employed males in commercial occupations (£220 pa), in the wood-working trades (£210 pa), and in the metal and electrical trades (£220 pa), all of whom were classified as lower white collar.

¹⁰ The best evidence for this assumption is that in the employment status section of the NZ census, the term "farmer" is not one of the many categories included in the tabulations of wage and salary earners in agricultural and pastoral occupations.

“middle class” in the two-class model, as they should be from a Weberian perspective, this would have the effect of increasing over the period the upward trend in the relative size of the “working class” in the class structure. In actuality, then, the exclusion of farmers from the class analysis understates the tendency over time for the towns to become more working class and less middle class in composition. Quite clearly, the rise of the new middle class in the towns failed to make up for the falling proportions of farmers, of employers and self-employed, with the result that an increasing fraction of the workforce was forced into the lower echelons of the working class.

The other residual category, total female household heads, also plays an interesting part in the social structure but for different reasons. As would be expected in a patriarchal society, only a small minority of household heads were females at the beginning of the period: they constituted just over 12 per cent of all household heads in all the towns in 1911 and 1914, with little variation across the towns (see Table G, Appendix). But what is unexpected are their subsequent trends: in the towns as a group, the proportion rises over time, becoming about 50 per cent higher by the end of the period than at the beginning, a long term trend which to varying degrees is followed by every town. Now, the wars push up the level of female headed households as would be expected, given the absence of husbands through death and overseas service. Hence it is not surprising that a few years after the wars, in 1922 and 1951 respectively, the level comes down again as the husbands return and the widows remarry. But what is noteworthy is that in both post war eras the proportion does not return to its pre-war level but is higher, and, in the case of the inter-war period, keeps on rising.

The overall upward movement in the proportion of female headed households represents a major area of social change, one not easy to reconcile with the tendency in the historiography to view the position of women as relatively static between first wave feminism of the 1890s and second wave feminism in the 1960s. Explaining the change is difficult since little is known about the women in question except that a large minority was listed with another female head with the same surname (presumably an unmarried sister) and that most are not given occupations. To a large extent, however, the increase is probably a result of the expansion in the provision of state

pensions available to women which enabled them to live independently in their own houses when their husbands died rather than being taken in by their married children or a charitable institution, the traditional form of care for widows without adequate means in New Zealand. The explanation is difficult to demonstrate since women without male breadwinners, especially widows from 1911, were eligible for a wide variety of pensions which could be held simultaneously (Strang, 1992). As most of these pensions were means-tested before the 1930s, this might account for the substantial numbers co-residing with what appear to be their unmarried sisters. Although the state was abnormally rigorous in preventing women from becoming financially independent through paid work, it was remarkably generous in giving them financial independence in other ways, through pensions, to encourage them to stay out of the paid work force (Nolan, 2000).

The third residual category, male household heads without occupation, also provides a novel insight into major areas of social change. At the inception of the study period, the average proportion of the "undescribed" for the ten towns as a whole is very low, around four percent of all household heads in the seven categories, with considerable differences between individual towns. Thereafter the proportion grows almost continuously, reaching over 13 percent by the end of the period, along a track that rises rather slowly until the mid 1930s, but then shoots up from 1938, as can be seen in Table H of the Appendix.

Why these particular household heads should be listed without occupational labels and why their proportion increased over time seems odd at first sight. The reason, however, becomes clear when one of the peculiarities of New Zealand's past is understood. In the colonial era retired people were rare, partly because up to the 1890s the fraction of the population who would now be regarded as of retirement age was abnormally small, and partly because most of the elderly could not afford to retire. Exceptionally few colonists belonged to friendly societies, invested in life insurance to save up for their old age, or belonged to private pension schemes; and elderly indigents had abnormally little access to community support except old peoples' homes (Thomson, 1998). Hence, rather than leaving the workforce as they aged, most colonists had no choice but to

continue working up to the time they died (unless fortunate enough to have families to take them in), with the result that the concept and practice of retirement were hardly known, and a linguistic convention for calling people "retired" failed to take root. The usage was still uncommon by the 1950s even though the development of state and private pension schemes from 1898 had encouraged a growing proportion of the elderly to leave the permanent workforce. Accordingly, although a good many household heads in the directories, especially by the end of the study period, must have been retirees, they were not in the habit of calling themselves "retired", and, lacking an appropriate alternative expression, failed to call themselves by an occupation.

What confirms this explanation is the strong relationship between two series of data over the study period: that for the total number of household heads in the towns in the undescribed category and that for the total number of New Zealanders in receipt of the Old Age Pension (introduced 1898). The Pearson correlation efficient between the two series is +0.979.¹¹ Thus it is no accident that the proportion of the undescribed soars from 1938, since this coincides with the establishment in 1938 of the first Labour Government's Social Security Act which greatly increased the number of old age pensioners by reducing the age of male eligibility to 60 and abolishing the means test for everyone aged 65 and over.

The expansion in the proportions of households headed by women and the elderly creates an interesting problem for class analysis. Given that most people in both categories were on state pensions sufficient to make them financially independent, they can hardly be said to belong to a social class in the Weberian sense: for it is not skill, education and ownership of property (market power) but ascribed status (gender and age) that determines the life chances of these state pensioners. In this connection, making up as they do a growing and substantial minority of all household heads by the end of the study period (over 30 percent by 1951), their presence somewhat weakens the appropriateness of the concept of New Zealand as a class society. By extension, the most important area of social change over the

¹¹ With a significance level of <0.0001. The pensions data consist of those on the Old Age Pension up to 1939 and those on Universal Superannuation and the Age Benefit thereafter. This is not to say that all the undescribed were pensioners.

first half of the century is not displacement of one social class by another but of people belonging to the class structure by state beneficiaries.

So far the discussion has said nothing about the possibility that the virtual failure of the town data to confirm the displacement thesis is a product of biases and errors in the street directories. This issue deserves close attention since the directories have a bad reputation for reliability (Brooking et al, 1999, pp. 59-60; Daley, 1992; Husbands, 1992), while the reliability of the census, the dominant source of data for the displacement thesis, is beyond question. It is to this problem that we will now turn, dealing first with the issue of bias.

The directories undoubtedly provide a skewed sample of the gainfully employed male workforce. Since they list the heads of households as opposed to the gainfully employed occupants of households, they understate the unskilled (since a disproportionately large number of the unskilled have live-in jobs and reside in boarding houses), and young workers still living at home (who tend to occupy lower rungs of the job ladder than their fathers). If our town data were adjusted for these biases, the relative size of the unskilled/semiskilled category and of the working class would increase by a few percentage points, reducing that for the white collar categories.

The real issue, however, is not the extent of the bias but how it might have changed over time. If the relative propensity for the unskilled and the young to form their own households increased over the study period, this would explain why the town data show that the proportions in the unskilled/semi-skilled and the working class categories tended to move upwards. Greater opportunities for household formation should increase the proportion of households in the lower strata. There is, however, no reason to believe this occurred over most of the study period. On the contrary, opportunities would have diminished, given that the age of marriage increased until the onset of the baby-boom of the mid-1940s, that the economy performed badly over most of the period (except in the late 1930s and after 1949), and that the rate of unemployment was generally high (apart from 1914-18, and 1937-51). The only point in the study period where a big increase in opportunities for young adults and the unskilled to establish their own households took place, was from 1946 to 1951 when the age of marriage was driven down sharply by such things as full employment,

rising real wages, the generous rehabilitation scheme for returned servicemen, and the state's "pro-natalist" policies. Yet during these years, the proportion of household heads belonging to the unskilled/semi-skilled category and to the two manual categories in aggregate did not go up but down, considerably so, as we saw earlier.

The directories almost certainly contained errors – as all sources do – but several pieces of evidence indicate that their incidence is much lower than expected.¹² One comes from a spot check of the town data that involved comparing them with electoral roll data, a more accurate source. Selecting Gisborne in 1935 as a random test case, the proportions of all its male households in each of the six categories calculated from Wise's were remarkably similarly to the proportions of adult males calculated from the electoral roll.¹³

The next piece of evidence stems from a comparison between the number of household heads listed in the directories for the ten towns and their total of occupied private dwellings as enumerated in the nearest census year, 1911-1951. Although the basis for the comparison is not perfect, the differences between the matching pairs of years are relatively small, varying between 1.3 and 8.7 per cent. Another piece of evidence comes from a search for suspect values in the town data at a high level of disaggregation. If the errors were substantial they should have produced sharp differences

¹² The error problem has often been misconceived. What is crucial is not whether the directories (or any other source) contain errors, but how far the scale and particular nature of the errors favour the results of a particular inquiry. In this context, it is noteworthy that the most common complaint about the directories comes from historians of geographical and vertical mobility. Their specific complaint is that the directories failed to keep up to date with the disappearance from streets of individual household heads through death and changes of domicile. The failure is very bothersome for them since it prevents them from telling if any continuity in the residence and occupation of household heads reflects actual continuity or failure of the directories to keep up to date. The purposes of this inquiry are different, however. It is concerned with establishing the social composition of the towns. In this regard, the failure of the directories to keep up to date with changes in the personnel of household heads would have had little effect on the overall social composition of a town, for changes in the personnel of its household heads usually do not bring changes in its class composition – not big changes in the short and medium term anyway, since the same houses are involved and in general they neither change nor move.

¹³ The percentages for Wise's and the roll were respectively: 35.3 and 36.8 (unskilled/semi-skilled); 20.6 and 22.6 (skilled); 26.6 and 27.8 (lower white collar); 10.0 and 7.5 (higher white collar); 3.4 and 3.2 (farmer); and 3.7 and 1.8 (undescribed).

between adjoining years in the proportions of household heads belonging to any one of the seven categories for any given town. Yet statistical tests for such sharp differences threw up only nine suspects out of the total maximum of 770 cases.¹⁴

If the unreliability of the directories cannot account for the discrepancies between the trends in the town data and the trends in the studies of national census data, then what does? One possibility is that the differences result from the imprecision of occupational labels since these allowed different studies to place the same occupations in different class categories (a particular problem with skilled manuals where those on wages are difficult to distinguish from those who were self-employed). But this is unlikely to have contributed much to the discrepancies: at least two of the national studies (Meuli, 1977; Olssen & Hickey, 1998) are based on careful cross-matching between census tabulations on occupations and on employment status, and the directory listings are more informative about the employment status of some categories of household heads than expected.¹⁵

Another possibility is that the occupational class structure of the ten towns was less typical of New Zealand as a whole and of urban New Zealand than this study has allowed. But even if true, the issue of typicality cuts both ways. The national and urban models of the class structure probably give a misleading impression of the typical because they consist of average values which seem to be highly inflated by those of just one place: Wellington city. Definite evidence for this will have to wait until the occupational class structures of Wellington, Auckland, Christchurch and Dunedin over the long term have been analysed systematically, filling the big gaps left by Michael Smith's study of interwar Christchurch (Smith, forthcoming) and the monumental investigation of early 20th century Caversham (e.g., Olssen, 1995; Olssen & James, 1999). The effect of Wellington in inflating the relative size and growth of the new middle class, however, is suggested by the available census data on the composition of employment for each of the top fourteen urban areas. In 1936, for example, Wellington had the largest

¹⁴ The tests were based on a multiple regression (ANCOVA) model and on log-linear models for category, town and year. The models measured the degree of change for each cell in relation to the long-term linear trend for the series.

¹⁵ See fn 4 above and Fairburn and Haslett (forthcoming (b): Appendix).

percentages – and numbers - by far of gainfully employed males engaged in each of the central government administration, post and telegraph service, and property and finance sectors.¹⁶

In addition, the differences between the town and national trends could be reconciled by postulating a relationship between internal migration and disparities in the geographical distribution of opportunities in the period. It is conceivable that New Zealand developed a dual labour market at this time, where the new white collar jobs were burgeoning in one or more of the four main centres, but failing to keep pace with population growth in the ten towns. It might be for this reason that the displacement thesis fits national data (since one or more of the four main centres contributed disproportionately to the growth in the New Zealand-wide average of salaried workers) but not the ten towns. The displacement thesis could be reworked, however, to postulate that the role of the ten towns was to facilitate the process of mobility between the two labour markets: the rapidly growing secondary schools in the ten towns supplied the larger centres with the new recruits required for the expanding office, managerial, technical, and sales sectors. Amongst other things, the hypothesis fits the demographic pattern in that the ten towns had smaller proportions of people in the younger adult age groups than the four main centres; but it needs more work.¹⁷

The last possible explanation for the differences is that to a degree they are more apparent than real. Although the three studies of national data generalise about the long term trend variously starting from 1891, 1896 or 1901, two provide occupational class analyses for 1911 which tell a different story if used as a dividing line between two periods (Meuli, 1977; Pearson & Thorns, 1983, pp. 44-47). In the first period - between the base years of either 1891 or 1896 to 1911 - the relative size of the new middle class rises and that of the unskilled falls, resulting in a substantial net increase in the

¹⁶ Data calculated from NZ census for 1936, "Industry Groups and Principal Industries – Urban Areas".

¹⁷ Taking males aged 15-30 as a proportion of total population, the percentages for the ten towns combined were generally about one to two points lower than the percentages for the four main centres combined in every census year 1911-51. However, if Christchurch is excluded, the average values for the main centres are appreciably higher. On top of this, the comparison is slanted against the four main centres because at this time new immigrants from overseas, who mainly settled in Wellington and Auckland, consisted of a disproportionately high number of young adult males.

overall relative size of the middle class. But in the later period – between 1911 and the end years of 1926 or 1936 - the trend is much more ambiguous. In both studies, the overall relative size of the middle class scarcely changes at all over the later period, and in one study (but not the other) the unskilled class and the new middle class are highly stable in their relative size. In other words, if we divide the national data into an early period and a later one, taking 1911 as the boundary, the national data for the later period are not inconsistent with what is happening in the ten towns at the same time. In conjunction with the data from 1911 to 1951 for the towns, what this periodisation suggests is that from the early 1890s to 1911 the new middle class was displacing the unskilled and New Zealand was becoming more of a middle-class society; but then during the subsequent forty years, the process stopped, and perhaps the society became slightly more working class again. Such a pattern has a very good fit with the trends in New Zealand's rate of real economic growth, which was strong from 1895 to 1908, then generally very weak for the next forty years apart from 1933 to 1944 and in 1949-51 (Easton, 1997, p. 19).

This study has drawn attention to several anomalies in post-industrial society theory when it is applied to a particular case in the past even after it has been heavily modified to fit the particularities of the case. The first problem is that the theory, like other theories about the class structure, takes no account of state pensioners (lacking other sources of income), which in New Zealand's case are too numerous and grow too fast in relative and absolute terms to be written off as a insignificant phenomenon. The second problem is that the theory makes generalising claims that do not allow for substantial variations in the class structure across space and, perhaps, time. Lastly, the inability of the theory to allow for substantial spatial and perhaps temporal variations, weakens its explanatory power. If the occupational structures for most of New Zealand's urban centres – or for New Zealand as a whole – were not shifting in a post-industrial direction between 1911 and 1951, then the theory cannot readily explain certain major trends it is supposed to explain. These include the rise of credentialism, exceptional social fluidity, the high level of social cohesion, mass demand for secondary schooling, the vigorous efforts the state made to use secondary education as a vehicle of equality of opportunity and so on. Either these trends have

been overstated or they can be accounted for with better explanations. The anomalies in the theory also suggest more generally that if a country was in fact becoming more not less working class, then its history might have to be interpreted rather differently.

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Appendix

Distribution of each of the seven categories of household heads in the ten towns

Table A

Male unskilled/semi-skilled manual household heads in the towns as a percentage of all household heads in the four class categories, 1911-1951

Unskilled/semi-skilled in:	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
all towns combined	32.0	31.9	33.3	32.1	32.3	33.3	33.1	35.0	35.3	36.5	33.6
Hamilton	30.9	25.9	29.5	23.1	24.0	29.6	29.5	30.9	31.6	34.3	30.9
Gisborne	34.3	32.8	33.6	34.5	34.3	36.8	35.6	38.1	39.3	36.6	36.2
Napier	31.5	31.5	32.9	32.5	32.8	35.0	33.1	34.7	35.3	36.6	35.4
Hastings	35.9	34.8	33.9	32.9	33.1	33.1	35.5	38.3	38.7	42.2	41.0
New Plymouth	24.4	28.4	33.4	28.4	29.7	30.6	32.7	32.4	33.9	31.5	30.1
Wanganui	30.0	32.2	32.6	33.3	34.7	34.4	34.5	37.7	38.8	41.0	38.0
P'n North	29.8	29.6	33.1	31.3	30.9	33.0	30.2	32.8	32.5	33.5	27.8
Nelson	32.6	31.6	34.9	32.7	31.7	34.6	35.6	34.1	32.5	35.7	30.9
Timaru	35.9	38.0	38.7	38.0	37.6	36.4	36.4	38.9	39.1	39.5	37.4
Inv'gill	32.6	31.4	31.7	31.9	32.4	31.3	30.6	32.8	32.4	35.1	31.7

Notes:

Unskilled/semi-skilled is category i. The base is the aggregate of categories i to iv. Sources given in text.

Table B

Male skilled manual household heads in the towns as a percentage of all household heads in the four class categories, 1911-1951

Skilled manual in:	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
all towns combined	27.5	27.7	27.2	26.9	27.3	27.4	27.4	26.4	26.1	26.1	26.2
Hamilton	25.9	28.2	28.6	29.4	31.6	27.3	28.0	27.3	26.4	25.2	26.0
Gisborne	27.6	26.8	27.2	26.3	26.1	25.6	25.8	22.2	23.9	26.0	27.0
Napier	31.1	30.4	28.6	28.0	29.2	28.4	27.6	27.6	26.8	26.3	25.5
Hastings	27.1	28.6	28.2	26.2	27.3	29.8	27.0	27.7	27.2	25.0	24.2
New Plymouth	24.0	24.1	24.1	25.1	25.1	25.5	27.5	26.4	25.0	31.5	30.1
Wanganui	32.2	32.2	32.8	30.7	30.4	31.4	29.5	27.6	26.9	26.1	27.2
P'n North	25.3	27.1	24.6	25.1	25.9	26.4	27.8	26.2	25.5	26.9	27.6
Nelson	23.1	22.7	22.4	23.3	24.0	22.6	24.4	26.7	27.3	25.1	26.5
Timaru	25.8	24.0	24.8	24.8	23.4	23.8	25.8	24.2	24.4	25.2	24.5
Inv'gill	27.7	28.6	26.9	27.0	27.5	28.8	27.6	26.8	27.0	26.3	27.0

Notes:

Skilled is category ii. The base is the aggregate of categories i to iv. Sources given in text.

Table C

Male lower white collar household heads in the towns as a percentage of all household heads in the four class categories, 1911-1951

Lower white collar in:	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
all towns combined	26.4	25.8	25.4	27.7	28.0	27.8	28.1	27.4	27.3	25.6	28.8
Hamilton	26.1	26.4	25.2	32.5	32.4	31.2	31.5	31.5	32.1	30.6	32.4
Gisborne	24.6	25.8	25.7	25.5	25.4	26.0	27.4	28.7	26.5	27.4	27.7
Napier	23.6	22.8	22.2	25.0	24.8	23.7	26.7	25.9	26.0	25.0	27.6
Hastings	24.6	24.7	24.0	28.2	28.2	27.4	28.8	24.4	24.7	23.3	26.3
New Plymouth	35.8	30.5	28.1	33.2	34.2	33.1	28.6	28.4	28.3	25.7	32.0
Wanganui	24.8	22.2	22.2	24.3	24.3	24.8	25.9	25.1	24.7	21.8	24.5
P'n North	28.0	29.3	30.1	31.9	32.2	31.0	31.3	30.2	30.3	26.1	32.1
Nelson	27.3	27.5	28.0	29.4	28.8	29.2	27.5	27.1	26.3	24.5	29.1
Timaru	27.1	25.4	24.9	25.9	26.8	26.8	25.3	25.8	25.1	24.0	26.0
Inv'gill	26.1	26.9	25.8	26.0	26.0	26.6	27.7	26.7	27.5	26.0	28.3

Notes:

Lower white collar is category iii. The base is the aggregate of categories i to iv. Sources given in text

Table D

Male higher white collar household heads in the towns as a percentage of all household heads in the four class categories, 1911-1951

Higher white collars in:	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
All towns combined	13.9	14.4	13.8	13.1	12.2	11.2	11.3	11.1	11.1	11.6	11.2
Hamilton	16.9	19.2	16.6	14.9	11.8	11.6	10.8	10.1	9.8	9.6	10.6
Gisborne	13.3	14.4	13.3	13.5	13.9	11.5	11.1	10.8	10.2	9.8	9.0
Napier	13.6	15.1	16.1	14.3	13.0	12.7	12.4	11.6	11.6	12.0	11.4
Hastings	12.2	11.6	13.7	12.5	11.2	9.4	8.5	9.5	9.2	9.3	8.4
New Plymouth	15.6	16.8	14.2	13.1	10.9	10.5	11.0	12.6	12.6	14.2	12.5
Wanganui	12.8	13.2	12.1	11.5	10.4	9.2	9.9	9.4	9.4	10.9	10.0
P'n North	16.7	13.8	12.0	11.4	10.9	9.3	10.5	10.6	11.5	13.2	12.3
Nelson	16.8	18.0	14.5	14.3	15.3	13.5	12.4	11.9	13.6	14.5	13.3
Timaru	11.0	12.4	11.4	11.1	12.0	12.7	12.3	10.9	11.1	11.0	11.9
Inv'gill	13.4	12.9	15.4	14.9	13.9	13.1	14.0	13.5	13.0	12.4	12.8

Notes:

Higher white collar is category iv. The base is the aggregate of categories i to iv. Sources given in text

Table E

The two male manual categories combined (iworking class) as percentage of all household heads in the four class categories combined in the towns, 1911-1951

	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
All towns combined	59.6	59.7	60.6	59.1	59.7	60.8	60.5	61.4	61.4	62.6	59.8
Hamilton	56.9	54.2	58.1	52.5	55.6	57.0	57.5	58.2	58.0	59.6	56.9
Gisborne	61.9	59.6	60.0	60.8	60.5	62.4	61.4	60.3	63.2	62.6	63.2
Napier	62.7	61.9	61.5	60.5	62.1	63.4	60.7	62.3	62.2	62.9	60.9
Hastings	63.0	63.5	62.1	59.2	60.5	63.0	62.6	66.0	66.0	67.3	65.2
New Plymouth	48.5	52.6	57.5	53.6	54.8	56.2	60.2	58.9	59.0	60.0	55.3
Wanganui	62.2	64.5	65.5	64.0	65.1	65.9	64.1	65.3	65.7	67.2	65.3
P'n North	55.2	56.7	57.7	56.5	56.8	59.5	58.0	59.1	58.1	60.5	55.4
Nelson	55.7	54.4	57.4	56.1	55.8	57.2	60.0	60.9	59.9	60.9	57.4
Timaru	61.8	62.0	63.6	62.9	61.0	60.3	62.3	63.1	63.6	64.8	62.0
Inv'gill	60.4	60.1	58.6	59.0	59.9	60.1	58.2	59.7	59.4	61.4	58.7

Notes:

Working class is category i + ii. The base is the aggregate of categories i to iv. Sources given in text

Table F

Male farmer household heads as a percentage of all household heads in the seven categories combined in the towns, 1911-1951

	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
All towns combined	4.6	5.6	5.6	5.7	5.3	4.5	4.2	3.0	2.8	2.1	1.9
Hamilton	8.1	7.2	7.3	7.2	5.6	5.5	5.9	3.7	3.2	2.4	1.7
Gisborne	2.4	3.2	4.0	4.2	4.3	3.1	3.5	2.9	3.0	2.5	2.0
Napier	1.1	1.9	2.1	2.7	2.9	1.6	0.9	0.5	0.4	0.3	0.4
Hastings	13.0	14.2	11.6	13.1	11.7	10.0	8.8	6.8	7.0	7.0	5.9
New Plymouth	6.7	6.8	7.3	7.9	7.0	5.7	8.5	4.7	3.9	2.6	3.0
Wanganui	5.8	7.9	7.4	6.6	6.0	5.0	4.3	2.9	3.0	2.4	2.3
P'n North	12.5	11.5	10.7	9.2	9.0	7.3	4.9	2.9	3.3	2.0	1.7
Nelson	1.6	1.7	2.0	2.6	2.1	1.9	1.7	1.6	1.1	0.5	0.3
Timaru	1.4	1.9	2.1	2.7	2.5	1.9	1.5	0.9	1.0	0.8	0.7
Inv'gill	1.4	2.4	3.0	3.0	2.6	2.7	2.3	2.5	2.3	1.3	1.2

Notes:

Farmer is category vi. The base is the aggregate of all seven categories i to vii. Sources given in text.

Table G
Female household heads as a percentage of all household heads in the seven categories combined in the towns, 1911-1951

	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
All towns combined	12.6	12.1	15.1	14.2	14.3	14.5	15.0	15.4	15.6	18.6	17.3
Hamilton	10.2	8.4	12.3	10.8	11.6	11.3	11.9	12.5	13.0	15.4	13.5
Gisborne	9.7	10.5	12.1	12.2	11.5	12.3	13.5	14.6	13.3	16.7	17.1
Napier	12.4	13.0	16.6	16.4	15.2	16.3	16.5	15.4	16.2	20.6	18.9
Hastings	8.7	9.3	11.9	12.0	12.8	13.4	13.6	14.3	14.3	17.6	15.8
New Plymouth	12.8	14.3	13.5	13.5	13.6	15.1	14.0	15.2	16.0	19.6	18.5
Wanganui	13.3	10.6	12.7	12.5	13.5	14.0	15.2	15.6	15.4	18.5	17.8
P'n North	11.5	10.2	13.6	13.2	13.5	13.7	14.1	14.9	15.5	19.2	16.9
Nelson	17.4	18.4	21.5	19.4	19.4	19.2	19.3	19.1	20.2	20.2	18.4
Timaru	13.3	13.4	18.8	15.7	15.9	17.0	15.8	18.0	18.1	20.6	19.7
Inv'gill	14.0	12.6	17.4	16.4	16.5	14.5	16.3	15.2	15.2	18.7	17.9

Notes:

Female is category v. The base is the aggregate of all seven categories i to vii.
 Sources given in text.

Table H
Male household heads listed without occupation as a percentage of all seven categories combined in the towns, 1911-1951

	1911	1914	1919	1922	1925	1928	1931	1935	1938	1946	1951
All towns combined	3.8	3.8	4.4	6.3	5.3	5.6	6.2	7.3	8.2	13.5	13.5
Hamilton	4.5	5.5	4.2	5.7	7.3	4.6	4.5	5.0	5.3	8.0	10.1
Gisborne	4.0	2.5	3.2	2.9	2.4	3.0	3.6	3.2	2.8	3.4	5.3
Napier	3.2	2.3	3.7	3.3	2.4	3.4	4.2	4.6	5.1	14.0	11.6
Hastings	2.8	2.6	3.9	2.7	2.1	3.8	4.4	5.4	6.0	11.4	12.6
New Plymouth	0.2	3.4	4.8	7.4	4.4	4.7	6.9	9.3	10.7	19.5	17.9
Wanganui	2.6	1.0	1.5	6.5	3.9	4.6	5.9	7.2	8.2	15.7	15.8
P'n North	0.6	0.9	2.1	6.7	3.8	4.1	5.8	7.3	8.6	16.6	15.2
Nelson	6.2	7.3	4.1	6.7	6.5	7.0	7.1	7.6	9.8	14.9	15.0
Timaru	6.5	7.4	8.5	10.4	10.7	9.7	9.5	9.2	12.2	15.1	15.3
Inv'gill	5.6	5.8	7.4	8.6	8.5	10.1	8.6	11.1	11.1	13.4	14.2

Notes:

Those without occupation is category v. The base is the aggregate of all seven categories i to vii.
 Sources given in text.

Beyond Local Content: The Replacing of Nation-States in New Zealand Television

Brennon Wood

Abstract

The increasing commercialisation of New Zealand television since the late-1980s has been accompanied by concern about the viability of "local content". Those concerned fear that market dependence on imported material is corroding any sense of national unity. Content analysis, however, shows that New Zealand has never figured in prime time as a sovereign nation-state. Drawing on theories of imperialism and globalisation, I argue that commercialisation has transformed this culture of territorial dislocation in ways that demand a fundamental revision of local content discourse.

Introduction

Since the late-1980s, New Zealand television has been transformed by a radical expansion of market forces. Among other things, this commercialisation included the conversion of TVNZ into a state-owned enterprise, privatisation of the spectrum, the removal of all limits on foreign ownership and the arrival of private channels. A raft of initiatives put an end to thirty years of enclosure within state monopoly and gave New Zealand one of the most deregulated television markets in the world (Lealand, 2000). This veritable "revolution in the air" (Smith, 1996) has been accompanied by the birth of a new cultural category, "local content". As an object of political regulation and scholarly interest, local content is associated in particular with the 1989 establishment of the Broadcasting Commission. Promptly branding itself "New Zealand On Air" (NZOA), the Commission uses public revenue to purchase socially desirable "outcomes" from a system otherwise completely given over to commercial objectives. It is certainly true that a general concern for the status of New Zealand-made programming predates the arrival of NZOA; antecedents can be traced back to radio in the 1940s (Day, 2000, p.317). However, the local content category proper emerges only with the late-1980s televisual revolution.

The advent of local content as a distinct discursive object signals a desire to protect New Zealand's presence in the globally expanded market. As the NZOA Chair stated in the Commission's first annual report,

NZ On Air will help keep 'New Zealand' firmly embedded in the fabric of the new broadcasting structure. We will assist broadcasters to ... ensure that the cultural contribution of broadcasting is not overwhelmed by commercial imperatives. (NZOA, 1990, p.2)

The "local", then, is a synonym for our scare-quoted national identity. The 1989 legislation constructs NZOA as a custodian of "New Zealand identity and culture"; "minority" and "special" interests are "mainstreamed" in the cause of national unity (Bell, 1995a). According to local content discourse, the untrammelled exposures entailed by commercialisation jeopardize this sense of unity. Commercial logic inevitably favours cheap, tested imports over more expensive and risky domestic programming. Unless protected by market subsidies, the national will inevitably be swamped by the foreign.

The protectionist impulse has given local content discourse a decidedly conservative inflection. Local content is an "endangered species"; if television is going global then we should be hard at work "keeping it ours" (Bell, 1995b; Norris and Farnsworth, 1997). There is something quite misleading about this posing of the issue. Although often seen as a defence against the global market, the promotion of local content has helped transform "New Zealand" into an internationally branded commodity. As Bell (1993; 1995b, p.192) argues, under NZOA, "public funding and its products" have been "fully articulated within a market framework". Rather than being juxtaposed to the commercial revolution, local content arises within and is part and parcel of that context. As an exercise in reactive market boosting, it coordinates the cultural conservatism of social democracy with radical economic deregulation. Far from militating against the new order, local content exemplifies the post-1980s hegemony.

Critical voices need to become less defensive. To this end, I undertake a detailed investigation of prime time television as the context in which local content makes sense. I read local content as a culture that runs with rather than against the grain of post-1980s commercialisation. According to Bell (1995b, p.195), local programming has been defended because the state has a "continuing need for a national base". Such is no doubt the intention,

but has this need been satisfied? I think not. My analysis shows that local content has indeed kept New Zealand “firmly embedded in the fabric of the new broadcasting structure”. This embedding, however, consistently frustrates the state-sponsored drive for national identity.

Towards the Study of Local Discontents

If local content discourse is inflected by cultural conservatism then two questions obviously arise: what is to be protected and from whom? As the answers to these questions are strongly linked, I will work from the former to the latter. What is it, then, that needs to be conserved?

Since its establishment, NZOA has conducted annual surveys of the amount and type of television’s local content. Given their frequency and institutional imprimatur, the NZOA surveys have become a core site for the renewal of this regulatory object. To be measured is to be defined. According to the official methodology,

New Zealand content is classified as material which is predominantly made in New Zealand and which reflects New Zealand identity and culture. Thus programmes which are made in New Zealand but which have no New Zealand flavour are not counted ... Neither are programmes about New Zealand but made elsewhere ... Programmes which have both New Zealand and international content are generally classified to include only the New Zealand portion unless this is impracticable. (NZOA, 1995: 1)

The official definition attempts to pin down its object by coordinating a binary that distinguishes between “made in New Zealand” and “New Zealand flavour”. When the two coincide, content is classifiable as “local”. This definition insists upon familiar boundaries. Clearly, local content discourse is heavily inflected by nationalism. The Broadcasting Commission’s speedy and now effectively forgotten renaming of itself as New Zealand On Air exemplifies the availability of such assumptions. Local content is not made there about there, nor is it either made here about there or there about here. It is a culture made here about here. As the official definition shows, national unity is expressed as a sense of spatial coincidence. Local content is a “bounded space”, a territory (Taylor, 2003, p.101). With its emphasis on the coincidence of “making” and “flavour”, economy and culture, local content constructs a political jurisdiction. As Gellner (1993,

p.409) argues, nationalist ideologies assume that "the national state, identified with a national culture and committed to its protection, is the natural political unit". It is the cultural integrity of New Zealand as a nation-state that local content discourse seeks to protect.

And from what does this New Zealand need to be defended? By and large, the answer is built into the official definition. All nations produce their own peculiar local content. The world is divided into an array of similarly composed nation-states and commercialisation opens New Zealand television to a market in which they compete for semiotic space. As we know, big fish eat little fish. There is a risk of cultural imperialism, in which other, more powerful nations expand their territories into space rightfully occupied by New Zealand. Local content discourse constantly mobilises the threat of such usurpation; it is driven by fears that, as Prowse (in Norris and Farnsworth, 1997, p.68) puts it, "we are losing ground to the foreign invaders". And to which "foreign invaders" in particular? Above all, it is the United States that is most consistently identified.

Writing in the mid-1970s, Day (1975, p.45) argued that "although the media are international in their span they are, in their content, firmly embedded in the national cultures of a few major industrial nations". "Continual immersion in such a foreign culture", he warned, will "greatly enfeeble the lives of the members of the recipient smaller nations". In a similar vein ten years later, Day (1988, p.83) argued that the United States was "the dominant external influence" and "a contemporary threat to our national sovereignty". At this very time, however, Lealand (1988, pp.111-2) forcefully critiqued such accounts, developing a more favourable interpretation against what he saw as a strong current of "anti-Americanism". Lealand interpreted fears of Americanisation as an attack on popular culture more generally. Against such familiar conservatism, he insisted that popular culture "is international and universal and is no longer defined or confined by national barriers". On these grounds he insisted that "the only generalisation that can safely be made about the United States of America is that no generalisations are possible".

Lealand (1988, p.29) complains that the charge of cultural imperialism "has evolved into a taken-for-granted, widely used in both academic and non-academic life, with little apparent desire to approach the subject in a more objective or considered way". His own critique, however, inadvertently

sponsors the continuation of such common sense. In order to defend popular culture from conservative rejection, Lealand casts the USA beyond generalisation. Whatever the merits of the argument regarding popular culture, this approach leaves the actual status of the USA itself unspecified. Local content discourse has by and large preserved this lack of clarity. "America" has become a rather too easily floating signifier. Although it has continued to be seen as the external threat, this has been more a matter of vague pointing than systematic understanding.

There is something unsatisfactory about Lealand's refusal to generalise "America". Rather than leave this analytical space empty, I want to consider a different, albeit related account of the USA's significance. In the 1990s, the critique of cultural imperialism was countered by a new conception of globalisation (Tomlinson, 1997). Rather than the expansion of one nation-state into the space of another, globalisation was held to be a process that dissolves the distinction between such entities. Rather than bringing "foreign invaders" to our shores, it is a ubiquitous "deterritorialisation". Here "America" is precisely the generalised signifier of an erosion of enclosed sovereignties. In this paper, I seek to clarify claims about cultural imperialism by considering the relevance of such arguments to the New Zealand case. In order to undertake this evaluation, however, we need to move beyond the abstraction that besets local content discourse.

Prowse's hostile invocation of "foreign invaders" implies a self-evident concreteness. We'll know them by the whites of their eyes. But in its very self-evidence the "foreign" precisely lacks definition; it simply lumps together the rest of the world. And, as I commented above, the threat and the threatened are constructed in tandem; if the enemy is unclear, so too is that which is to be protected. As Bell (1995a, pp.108-9) argues, NZOA was established without any attempt "to define national identity and culture or ... to defend it as a focus for public funding". The object of interest, "New Zealand", remained an unspoken common sense, "an empty category". Local content has been taken as a quality worth having and, as Lealand (2004, p.448) caustically reminds us, debates about the quality of New Zealand television have remained "under-articulated and impoverished".

Paradoxically, the concern for methodical precision has if anything only intensified this lack of clarity about the threat and the threatened. The official

definition focuses attention on the measurement of television both made in and “flavoured” by New Zealand. This approach has effectively sidelined any sustained consideration of programming sourced from elsewhere in the world. In NZOA’s annual surveys, such sources figure only as a blunt aggregate to be either gloomily or optimistically compared with the size of domestic productions. Local content research has not ranged beyond its narrow classification, even though this “beyond” is actually in the country, on television. Given that the latter, nevertheless surely “New Zealand” programming figures only in such shadowy form, I will call it “local discontent”. My concern here is to explore the connection between local content and this wider field of discontents.

The fixation upon a narrowly defined local content has ignored relations between New Zealand productions and the wider New Zealand context in which they are disseminated. Local content is thus the product of a dislocation. This downplaying of the wider context is sanctioned by the assumption that television is a site where nation-states are territorially unified. In other words, the dislocation that produces local content ideologically naturalises a particular form of spatial sovereignty. Sealed up within these borders, it is assumed that local content has its own peculiar sense. I dispute such abstraction. Local content makes sense only in relation to local discontent. Moreover, as I will show, rather than the smoothly hyphenated equivalence of nation and state, televisual culture is profoundly disarticulated.

Matters Methodological

In order to locate local content, I draw on a longitudinal data series. Nationally-networked, free-to-air programming in the month of October has been coded for nine sample years between 1966 and 2002. The analysis focuses on prime time, defined in keeping with the NZOA protocol as 6-10pm.¹ Using the official definition, the sample has been coded in order to distinguish the domain of local content and I apply a range of simple statistics to assess its contextual significance. In the first place, this involves sourcing

¹ Advertising durations have been excluded and a total of 2474 broadcast hours analysed. The nine sample years map onto the institutional history of New Zealand television as it moves from the NZBC to the BCNZ and beyond. For a more detailed discussion of the data base, see Wood (2004a).

analysis. I have measured the stake of the three other countries that supply New Zealand programming: Australia, the UK and USA.² Concern with the relative size of local content has been a major preoccupation of debate in this country. Here I improve upon existing research both by extending the historical frame and by detailing rather than simply aggregating external sources.

Determining the significance of local content involves more than measuring its size relative to the productions of other countries. To leave matters there effectively reduces televised culture to a series of zones occupied by nation-states. Concern focuses on the movement of these entities along a single scale of territorial magnitude. According to this logic, the size of nation-states may change but their character remains identical throughout. In other words, this logic presumes precisely what needs investigating – the character of national representations. By treating nation-states as self-defined, the space “between” is neutralised. Television is an abstract emptiness across which they compete. Rather than assume such neutrality, we need to investigate the character of the contents themselves. Accordingly, I develop a typological analysis that distinguishes between three general content modes:

- (1) *entertainment*, which consists of fictions and staged spectacles (i.e. feature film, drama, comedy, music, sport, game shows, chat shows and variety);
- (2) *fact*, which refers to an external world (i.e. news, current affairs, documentary, practical advice and religious programming); and
- (3) *hybrid*, where entertainment and fact are blended to create heterogeneous forms (e.g. “bio-pics” and “reality TV”).

These three modalities are ways in which television organises space. My aim is investigate how this cultural spatiality interacts with the territoriality of nation-states.

The method adopted here has limits. The generalisability of findings to non-prime time, for example, should not be assumed. The post-1980s notably saw the arrival of various forms of pay TV, all of which go

² Programming sourced from countries coded as either ‘unknown’ or ‘other’ has been excluded from analysis. Combined, these latter sources amount to 1% of the total sample.

unconsidered here. Sampling stops before the chartering of TVNZ in 2003 and thus may not hold for future developments. Moreover, in adopting the official definition of local content, my analysis inevitably replicates some of its shortcomings. I do not disaggregate the category in a number of ways necessary for fuller analysis. The portion funded by NZOA is not separated out; this is not a “performance appraisal” of that institution. I am also silent on the issue of Māori television. From the viewpoint of ethnic distinction, the sourcing analysis consists of assimilative abstractions. Such assimilation is also problematic when it comes to programmes made through co-production deals between one or more countries. Following the NZOA protocol, a judgement has been made as to whether one country decisively dominates the mix or, failing that, relative amounts have been estimated.³

The modality analysis is carried out at a highly abstract level. I have selected the categories of entertainment and fact because they have been used in the classic account of cultural imperialism. Such quantitative analysis, however, faces the familiar problem of blindness to movements across and within categories. To counter this weakness, I undertake a more detailed investigation of hybridising trends, but this analysis also has its limits. My approach attends to movements across rather than within the categories of entertainment and fact. I consider hybridity only to the extent that it entails cultural forms that can be recognised in their own right and do not, for example, consider trends within programmes that remain scheduled as news. It could be argued that such intra-category developments are if anything more significant than the larger scale movements on which I focus.

My account is thus at best no more than partial. How could an empirical investigation be otherwise? Though limited, research carried out on these terms can, I believe, shed some light on the place of local content in New Zealand television.

³ There is also the issue of ‘New Zealand’ shows produced according to generic formats. Consider, for example, the recent case of Touchdown Production’s *The Chair*. Although made in Auckland and no doubt ‘flavoured’ by its celebrity host Matthew Ridge, the show is a stereotypical format expressly designed for sale overseas. Although I have classified such shows as local, a finer grained analysis of reality formatting reveals the arbitrariness of such national designations (see Wood, 2004b).

The Flows of Source and Modality

As Figure 1 shows, post-1980s commercialisation has been accompanied by a dramatic shift in the standing of source countries. In the days of state monopoly, sourcing was a tripartite system. New Zealand, the UK and USA were on roughly equal footing, with the latter marginally ahead. USA levels, however, notably declined in the 1970s, while UK sourcing rose and New Zealand remained static. With the late-1980s departure from state monopoly, the old three-way system has been replaced by a much more stratified distribution. The UK has fallen sharply to about 10%, roughly on a par with increased levels of Australian content. At first, from the early to mid-1990s, the USA and New Zealand vied for the vacated space, but by 2002 the latter had clearly declined to second rank, some twenty points behind.⁴

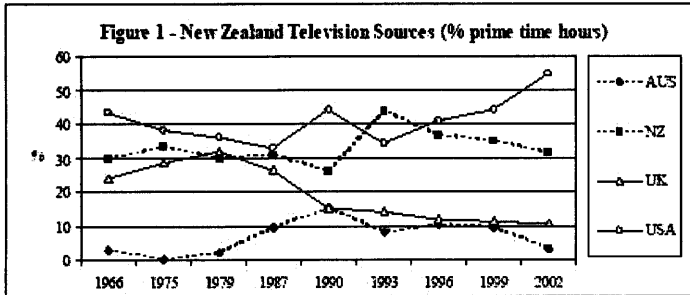
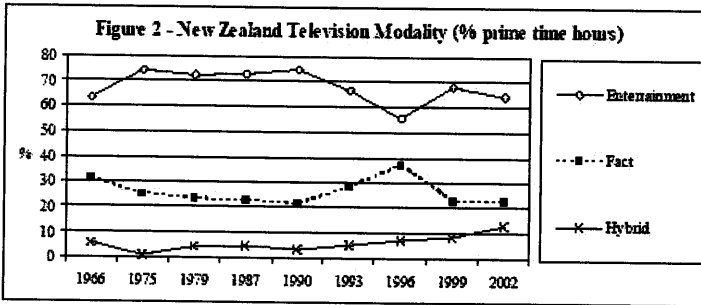


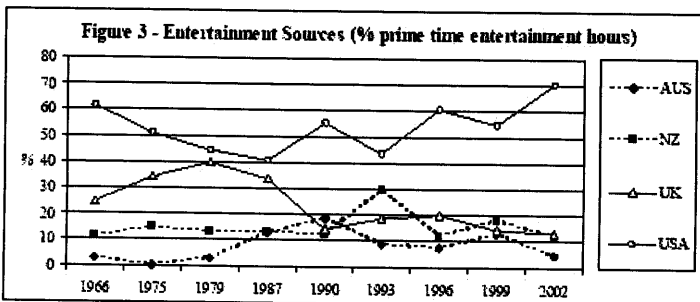
Figure 2 reports on the three content modalities. In the days of state monopoly, entertainment clearly dominated at approximately three quarters, with fact trailing at round 25%. Although entertainment has remained the most common modality, it notably declined from the early to mid-1990s. While the USA vied with New Zealand for semiotic stature (Figure 1), entertainment fell to 56% and fact increased to 37%. By 2002, however, this trend had reversed. Fact declined back to about one quarter while entertainment increased to two thirds, clearly dominant but some 10 points

⁴ In terms of New Zealand source levels in particular, the sample approximates (within 2-3%) the findings of NZOA's prime time surveys, with the exception of 2002 (where my figure is 8% lower; though in this respect note that NZOA excludes TV4 from its calculations). NZOA (2002, p.8) reports the following local content levels for the sample years - 1990: 27.2%, 1993: 40.5%, 1996: 36.3%, 1999: 38.5%, and 2002: 39.5%.

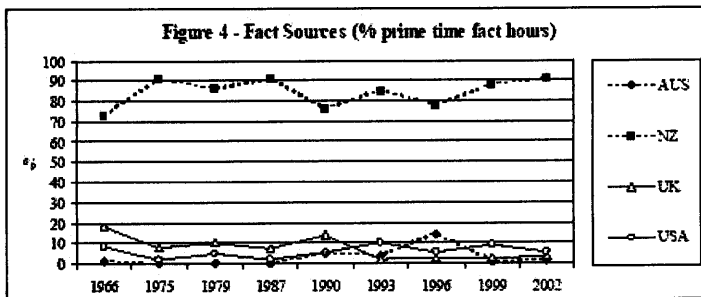
below state monopoly levels. Reinforcing the sense of instability, by 2002 hybridity had risen to 13%, nearly four times the 1990 level.



I will return to the significance of increased hybridity below; here I will concentrate on the sourcing of entertainment and fact in particular. Figure 3 shows that the former has been profoundly reordered. In the years of state monopoly, entertainment was dominated by the USA, though its presence had declined to near equal pegging with the UK at about 40% by 1979. Since the late-1980s, however, the UK's contribution has fallen sharply, converging with Australia and New Zealand at round 10%, while that of the USA has increased. By 2002, the USA provided 70% of entertainment programming.



As Figure 4 shows, facts have been comprehensively dominated by New Zealand content, typically at 90% of total sourcing. Its hold weakened, however, in the early to mid-1990s, falling to the nevertheless very high level of some 80%. Until the 1990s, the UK was consistently the second most common source, albeit at a distant 10%. Since then, UK facts have declined to converge with other sources at very low levels of less than 5%.



The Renovation of Empire

If New Zealand sourcing begins at about 30% of prime time in 1966, it ends at much the same level in 2002. We might thus be tempted to say that local content has at least managed to hold its place despite intensified market pressures since the late-1980s. It seems that the conservative impulse has been satisfied. Such conclusions, however, are misleading. The findings reveal a series of persistent dislocations that cast doubt on any claim that New Zealand's cultural sovereignty has been protected.

What is surely striking is the extent to which the findings replicate the critique of cultural imperialism first launched in the 1970s. Like Nordenstreng and Varis (1974), for example, my analysis reveals a 2:1 dominance of both entertainment over information and of imported content over local productions. Similarly, the findings also show that entertainment is dominated by imports while the smaller field of fact is the preserve of New Zealand content. Although remaining in the leading position, the USA's presence declined during the 1960s and 1970s. It gave ground not to local productions, which remained static, but to the UK. However, since the

1990s the USA has risen in stature. On these terms, then, the cultural imperialism thesis still holds for the post-1980s. As old ties with the UK have weakened, New Zealand has fallen ever more under the sway of a new hegemon, the USA.

The divide between entertainment and fact, with local productions confined to the latter, can be readily interpreted as evidencing an imperial culture that dislocates New Zealand as a nation-state. In general, states build space with references while nations find their homes in the imaginary. Weber's classic account of state rationality, for example, resonates with factual instrumentality. Nations, on the other hand, are clearly less referential. As Anderson (1991, p.6) argues, such "communities" are distinguished "not by their falsity-genuineness, but by the style in which they are imagined". This is not to say that each couplet is an achieved identity; states can be found in entertainments, nations in facts. To use a spatial metaphor, I am talking about an inclination, a proclivity. On these terms, then, nation-states articulate reference with imaginative stylisation; as sovereign entities, they map entertainment onto fact. But this is precisely what we do not see in New Zealand prime time, neither under state monopoly nor in the subsequent years of increased commercialisation. Imagination and reference have never been constructed as a territorial unit over which a single nation-state is sovereign.

To be sure, commercialisation has been accompanied by significant changes. State monopoly television combined New Zealand referents with Anglo-American imaginaries, with the three countries on roughly equal footing in terms of total contribution. By 2002, a more hierarchical order had emerged. While local content remains at previous levels, the USA has risen to over half of prime time and the UK has declined to a distant third. Although New Zealand has maintained its near monopoly of the factual, entertainment has been singularly "Americanised". Since the 1980s, the USA has replaced the UK as a source of imaginary belonging. The dislocation of the local now has a different basis. Throughout, however, New Zealand has remained matter of fact; it lacks the imaginative powers that are needed to secure a nation-state's sovereignty.

Far from satisfying the conservatism of local content discourse, then, the results seem only to have justified its fears. New Zealand's sovereignty

has never been established. What the 1990s conserved, if anything, is this country's cultural subordination. And, as warned, this subordination has been "Americanised". Other, more powerful countries do not evidence the disjuncture of fact and entertainment sourcing that marks New Zealand prime time. The great bulk of American television, for example, over 90% on the four main networks, is produced within the USA (NZOA, 1999, p.131). According to Barnett (in Norris and Farnsworth, 1997, p.71), in the USA

there is almost no demand at all for any drama, documentary or children's programmes which portray any lifestyle or history other than that told by, or about, Americans. That's not unreasonable.

As such remarks suggest, there is something paradoxical about the fear of Americanisation. By depending on imported entertainment, New Zealanders may effectively become American in "lifestyle and history", but this also means that "we" will be unlike the Americans, who are a culturally sovereign nation. American television evidences precisely the territorial unity that New Zealand prime time lacks. By this count, then, the call to national identity means not only guarding against but also emulating the USA.

As Lealand (1994, p.34) puts it, "America" is "both the enemy and the inspiration for protest", at once envied and despised. Small wonder it has proved such an ambivalent signifier. As well as prompting fears of invasion, the USA's territorial strength is held out as an ideal to which New Zealand should aspire. Hence Barnett's otherwise surely bizarre claim that it is "not unreasonable" for there to be "almost no demand at all" for non-national representations. The critical rejoinder is obvious. Has the world benefited from American solipsism? Such claims assume that television is and should be a medium of national integration. By this count, then, the persistence of imperial dislocations in the 1990s could be taken as evidence of the continued relevance of local content discourse. If success has to date proved elusive then perhaps simply more effort is required. I want to suggest, however, that the old problems have both persisted and changed. The form of nation-state dislocation has shifted in ways that even more radically undermine the drive for cultural sovereignty.

Signs of Change?

The above account of cultural imperialism conveys a strong sense of historic continuity. A similar sentiment is often voiced in local content discourse. As Farnsworth (in Norris and Farnsworth, 1997, p.78) puts it,

It doesn't really matter what regime we've been under, whether it's been something that's largely state-funded as with the NZBC, or the present deregulated regime; local content has never ever risen much above 25% of total transmission hours.

Such has been the case, echoes Lealand (1991, p.73), "since the dawn of television here". New Zealand television has been a commercial affair from the outset. Entertainment dominates commercial media and such media favour cheap imports over more expensive local productions. For all the changes of the late-1980s, the system is still driven by the market and the market continues to operate in the same way. As commercialisation magnified already-defined competitive forces, the 1990s perpetuated New Zealand's long-standing subordination. We should, however, be wary of such narratives of imperial continuity. Although there is undoubtedly much to the economic argument, it is carried out at a high level of abstraction that ignores significant cultural transformations.

Surely there are many signs of change. Along with the general persistence of imperial structures, Figures 1-4 also suggest considerable instability in the period immediately following the onset of intensified commercialisation, roughly from the early to mid-1990s. This was one of those rare periods when the local content level rose well above 25%; indeed in 1993 it rose to round 45% and was briefly the leading prime time source, a unique event in the sample history. During this time, hybridity doubled and the relative weighting of entertainment over fact shifted. Entertainment steeply declined from 75% in 1990 to 55% in 1996, while fact rose sharply from 22% to 37%. As entertainment declined, the USA's takeover got off to an unsteady start; in 1993 New Zealand contributions rose momentarily to 30%, an historic highpoint. And as overall fact levels rose, New Zealand's dominance wavered, falling 5-15 points below the 90% contribution of preceding years. Moreover, throughout this period we see the advent of Australia as a significant contributor, disrupting the old tripartite system.

These signs of change suggest something of a watershed in the early 1990s. What emerged on the other side of the 1980s is more than just a

modification of old imperial structures, with the USA simply filling the UK's shoes. The evidence suggests a period of volatility round New Zealand sourced programming and the relative standings of entertainment and fact in particular. In order to explore the significance of these shifts, I will undertake a more detailed analysis of hybridity, a field in which New Zealand productions now play a role that has both increased in stature and changed in character.

Border Crossings

In their classic account of programming flows as a "one-way street", Nordenstreng and Varis largely ignore hybrid developments.⁵ This is in keeping not only with their reliance on quantitative methods (which work with mutually exclusive categories) but also with the relative infrequency of hybrid broadcasts at the time. On these terms, then, programme flow is conceived as a trade network in which distinct objects become commodities and change hands. A similar conception figures in local content discourse. Here too concern focuses on shifts in the magnitude of entities that are assumed to keep the same character throughout. If analysis takes the nature of entertainment and fact for granted, then the task is simply one of calculating changes in their rate of occupation. The USA replaces the UK; New Zealand remains a bit player. Such approaches, however, downplay cultural contingency and ignore how reference and imagination change over time. Here the analysis of hybridity can be helpful, for hybridisation is precisely an erosion of the boundaries between categories.

Over the last decade or so, hybridity analysis has played a central role in the development of globalisation theories that reject the narrative of imperial continuity. Although such accounts have not figured much in local content discourse, during the 1990s they were so popular among academics overseas that, Tomlinson (1997, p.126) claims, the imperialism thesis became distinctly "unfashionable". Here we are offered an alternative conception of televisual flow. Rather than the uneven movement of discrete objects between different types of people, globalisation is a fluid erosion of both categorical certainties and the nation-states that once punctuated their

⁵ Their study codes all those "hodge-podge" hours (even if some parts are "serious") as entertainment (1974, p.9).

movement. Rather than a loss of territory to some external invader, globalisation is a “deterritorialisation” that dismantles the old order of “embedded statism” (Taylor, 1996).

There is much of value to this argument, though it is often overdrawn. As Tomlinson (1999, p.141) says, “the central proposition of deterritorialization” is “that globalization lifts cultural life off its hitherto close connection with physical locality”. On New Zealand television, however, these connections have never been close. The imaginary has routinely escaped; prime time has been partitioned rather than centralised. New Zealand has always been semiotically disembedded. Accounts that pose deterritorialisation as radically new thus exaggerate the extent to which current trends break with the past. It is thus unfortunate that 1990s globalisation theory developed in opposition to the imperialism thesis. Perhaps, however, the tide is turning. Boyd-Barrett (1999, p.69) claims that of late “the term “media imperialism” has come back into fashion, reformulated as a cyber metaphor rather than a geographical metaphor – imperialism as the conquest of communication spaces”. In a similar vein, here I aim to improve rather than disable our understanding of cultural subordination.

That the analysis of hybridity often figures in globalisation debates is not surprising. As Tomlinson (1999, p.141) remarks, “the idea that globalized culture is a hybrid culture has a strong intuitive appeal which follows directly from the notion of deterritorialization”. It is surely obvious that “the dissolution of the link between culture and place is accompanied by an intermingling of these disembedded cultural practices”. I caution against any such “intuitive appeal”. Hybridity and deterritorialisation are contingently rather than “naturally” connected. The hybrid is not a uniform field of singular significance; it has a long history and a range of forms.

As I have argued elsewhere (Wood, 2004a), we can distinguish between three different modes of hybrid crossing between entertainment and fact:⁶

⁶ A fourth hybrid mode, the infomercial, has been excluded from analysis as it does not figure in prime time hours. On infomercials, see Wood (2004a). It should be noted that I have disaggregated the much discussed turn to ‘reality TV’ into two distinct forms, diversion and absorption.

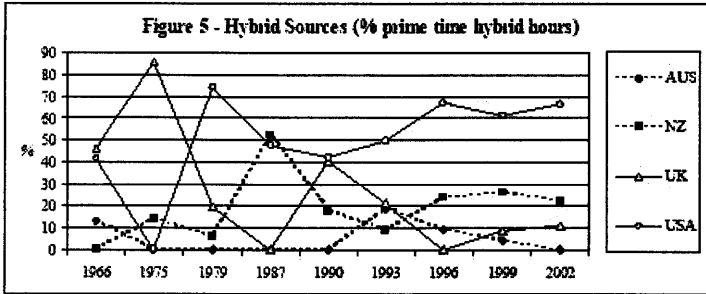
- (1) *re-enacting*, which compounds fact with fictional entertainment, resulting in dramas and films “based” on “real” events (e.g. “biopics”). Typically, this basis is signalled in the opening and closing credits, with the content itself thoroughly fictionalised.
- (2) *diverting*, which compounds fact with those entertainments that depict “real people” on specially designed stages, such as the game show studio. In diversions, people act “as themselves” not on artificial sets but in their daily contexts. As Langer (1998, p.49) suggests, such programming focuses either on “the ordinary routines of extraordinary individuals” (celebrity journalism) or on “the extraordinary actions of ordinary folk”, typically with “home video” compilations of everyday upsets.
- (3) *absorbing*, which compounds fact and fiction in ways radically different from re-enacting. Rather than “base” fiction on fact, here the two radically coincide. References to extreme situations (e.g. crime, medical emergency) are fictionally stylised to intensify dramatic impact.

I propose to analyse hybridity in these terms. In keeping with the imperialism thesis, post-1980s New Zealand remains locked in referential space, while the USA has supplanted the UK in the imaginary. Has commercialisation, then, simply continued the old territorial dislocation of the nation-state? Or does the analysis of hybridity suggest something different? Is a new cultural displacement at work?

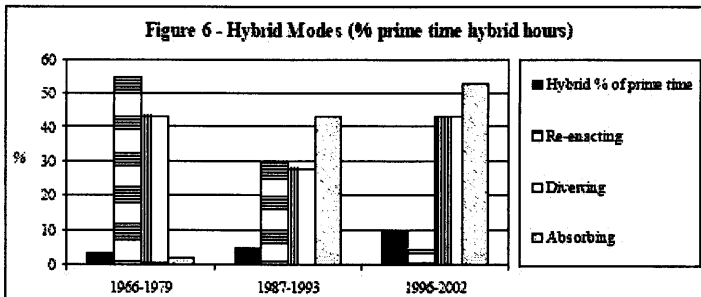
The Reorganisation of Hybrid Space

If the four-fold increase in hybridity since 1990 suggests change rather than continuity, so too does the analysis of hybrid sourcing. As Figure 5 shows, prior to the late-1980s, hybridity was unstably dominated by the UK and USA. Since the mid-1990s, however, a more stable pattern has been established. The USA clearly dominates at some two thirds, while New Zealand has emerged as a major player in second place at about one quarter, more than twice the level of the UK. Figure 5 also reinforces the above suggestion of a watershed in the early to mid-1990s. In 1987, immediately prior to the end of state monopoly, New Zealand momentarily became the leading hybrid source, some 5 points ahead of the USA at round 53%. It

declined from this level back to third rank in the early to mid-1990s, then rose to second place from 1996 on.



Has this uneven movement been accompanied by shifts in the weighting of hybridity's three modes? Has the character of the hybrid space occupied by the source countries changed? In order to answer this question, I have aggregated the otherwise rather low sample hours into the three distinct periods suggested by Figure 5: 1966-1979, 1987-1993 and 1996-2002. I have also recalculated the proportion of prime time that consisted of hybridity on the same basis.



As Figure 6 shows, the rise of hybridity takes place in the late-1990s, when previously stable levels doubled to around 10%. Figure 6 also reveals a significant change in emphasis. At the outset, hybridity was dominated by re-enacting and diverting, with the former 10 points ahead at about 55%.

From the late-1980s to mid-1990s, absorbing sharply rose from formerly insignificant levels to the leading position at 45%, with re-enacting and diverting declining to roughly on a par at 25-30%. Since the late-1990s, the predominance of absorbing has been entrenched, increasing to about 53%. Diverting has risen to some 10 points behind, while re-enacting has further declined to less than 5%.

Analysis has revealed a profound reorganisation of hybrid space. The old order of state monopoly consisted of re-enacting and diverting, with the former in the leading position. Sourcing was unstably dominated by either the UK or the USA, with New Zealand a minor player. All this changes in the 1990s. Since then, hybridity has been dominated by absorbing and diverting, with the former in the leading position. The USA is clearly the major contributor, though New Zealand's standing has increased to second place. What are we to make of this reorganisation of hybrid sourcing and emphasis?

The Reconfiguring of Territorial Dislocation

According to the theories of imperial transfer, post-1980s commercialisation brings a new but, as always, northern metropole. Hybridity analysis tempers such claims of continuity. With the onset of market "revolution", hybridity has become increasingly routine and, in the process, its character has profoundly changed. My remarks here will focus on the status of re-enacting and absorbing in particular, given that the analysis has shown a dramatic shift of emphasis from the former to the latter.

In the years of state monopoly, hybridity was dominated by re-enactments that "based" fictions upon facts. Typically, such programming consists of "bio-pics" about historical figures, such as the UK's *Nelson* and *Disney's Rob Roy*, both of which aired in 1966. Re-enactments show scant regard for the canons of historical verity; the drive to tell a good story dominates over any concern for factual accuracy. However, this domination by entertainment values does not erode the independent status of facts. Quite the reverse - facts are precisely externalised as a "base" to which the content refers. Re-enacting, then, is a form of hybridity that preserves the borders between entertainment and fact in the very process of crossing them. The preservation of these boundaries has significant consequences

for the territorial disposition of nation-states.

State monopoly television was divided along familiar imperial lines, with local content confined to fact in a medium largely given over to entertainment imported from the UK and USA. By this count, the New Zealand nation-state was dislocated by foreign imaginaries. Hybridity analysis, however, suggests that this dislocation was not without its distinctive powers. With hybridity at low levels and dominated by re-enacting, entertainment and fact were stable discriminations. Although entertainment made up most prime time hours, re-enactments maintained the integrity of factual references to an external world. As Nichols (1991, p.3) argues, such referential "sobriety" conveys a sense of historical confidence; the world is available for knowing and transforming. Accordingly, then, although New Zealand was dislocated by imaginaries sourced elsewhere, the local state nevertheless maintained an instrumental effectiveness. To be sure, the state was one-sidedly consigned to a realm of facts, but it was nevertheless secure in this disembedding.

The rise of absorbing in the 1990s undermined any such sense of security. No matter how heavily fictionalised, a bio-pic about Lord Nelson cultivates belief in historical realities that can be both recalled and reworked. In programmes such as the USA's *Cops* and the New Zealand-USA compilation *Police Stop!*, however, "reality" has a quite different meaning. Rather than "basing" sustained fictions upon external facts, these shows directly recreate fragments of the real with styles drawn from the likes of horror and action movies. As Nichols (1994, p.54) argues, although such programming activates "a sense of the historical referent beyond its bounds", its techniques "absorb this referent within a tele-scape of its own devising". In this new "aesthetics of immediacy" (Nichols, 1994, p.59), the instrumentality of facts inevitably declines. Far from instilling historical confidence, the hybrid is now fixated by an apparently endless series of emergencies beyond anyone's control; respite is fleeting and disorder always returns. As the external world becomes less available, so too are the powers of imagination curtailed. The capacity to invent worlds has given way to an absorbed reality from which no escape seems possible.

Under state monopoly, entertainment and fact were firmly abstracted, with the former devolved to the imagining of other places and the latter consigned to local instrumentality. This disjuncture was transformed in the

1990s. The USA has not simply replaced the UK, for the imaginary now has a different relationship with the referential. The boundary between the two has imploded. Although New Zealand remains a statist reference, its facts have lost the security of a firm separation from fiction.⁷ As the local state's facticity declines, so too does the inventive power of national imaginaries sourced from elsewhere. The period since the late-1980s has indeed been marked by imperial continuities; the dislocation of the local nation-state persists. But the terms of this dislocation have changed. Cultural subordination has been intensified by trends that devalue both the instrumental powers to which New Zealand content is confined and the imaginative powers from which it is excluded.

Conclusion

Since the demise of state monopoly television, much concern has been aired about the viability of local content. Debate has been driven by a desire to protect domestic productions from the market forces unleashed in the late-1980s. By and large, attention has focused on the size of local content relative to a crudely aggregated field of imported programming. Local content goes up or down, but its character has not been systematically analysed. Little attention has been paid to the wider programming context within which it airs. These gaps in our understanding have been sanctioned by a common-sense assumption. It has been assumed that local content expresses New Zealand's sovereignty as a nation-state and it is this sovereignty that stands in need of protection. In short, local content discourse is a nationalist mobilisation against "foreign invaders". I find this argument and its politics unconvincing.

"America" often operates as the signifier of that from which New Zealand must be protected. As the globally dominant nation-state, the USA threatens to expand its presence in "our" television. On the face of it, my analysis appears to have justified these fears of re-colonisation. Since the late-1980s,

⁷ This interpretation is supported by studies of local news programmes, which have shown a declining concern with domestic politics and an increased emphasis on entertainment values since the late-1980s. The growing preoccupation with international spectacles suggests that the amount of local content in television news has declined in ways not measured by the analysis undertaken here (or by the NZOA surveys). See for example Atkinson (2001).

the USA has risen to clearly dominate prime time. If anything, then, the findings seem to prompt renewed efforts to protect local content. I have argued, however, that the challenges posed by commercialisation require a more fundamental rethinking of the terms of local content discourse.

In many respects, the USA's ascendance does indeed signify a continuation of New Zealand's chronic cultural subordination. Local content has remained locked in the realm of facts, excluded from the imaginative powers of belonging. But the USA's presence also indicates an historic break. "America" signals both the persistence and disjuncture of imperial domination. As hybridity analysis shows, the form of local content's territorial dislocation has radically changed. Prime time culture no longer consists of clearly defined domains of reference and imagination; it has lost the capacity to make the distinctions that nation-states articulate. The USA's domination is thus not an invasion by the foreign nationalism of an external state. It is a mistake to see the issue as one of defending "New Zealand culture and identity" from the encroachment of some equally abstract "American culture and identity". This is shadow-boxing. As McQuail (1989, p.213) insisted some time ago, "the current problem should be defined in terms of commercialization rather than Americanization". It is precisely market ascendancy that defines "the American way of television".

Local content discourse has failed to comprehend the context within which it arises. In seeking to conserve "our" nation-state, it ignores the extent to which commercialisation entails a territorial revaluation that has eroded the capacity of prime time to secure such sovereign spaces. As the custodian of local content, throughout the 1990s NZOA operated with a largely de facto and traditional sense of imperial domination. Given the expected disjunctures of imperial culture, NZOA has concentrated its resources on the promotion of entertainment, leaving factual programming largely untouched as this is believed to be a mode in which the local can be more readily expressed.⁸ If these efforts have failed to date then this surely only means that, as the NZOA reports routinely insist, we must try harder.

⁸ The one significant prime time exception is documentaries, which NZOA has also targeted for subsidisation, albeit with less commitment than drama or comedy. Debrett (2004, p.20) argues that the commercial emphasis on 'celebration [rather] than reflection' has curtailed local documentary's ability to construct national identity. She casts doubt on claims that this situation will be changed by the recent chartering of TVNZ.

If it is the imagination that remains colonised then that is where attention should be directed. NZOA (2003: p.26) allocates funding to ensure that programmes “that wouldn’t otherwise be made in a commercial market can be produced”; it has consistently defined its task as an attempt to fill a gap in the market. But the character of this “gap” has changed. The culture has shifted; facts have lost their instrumentality, entertainments their imaginative power. Pumping up levels of entertainment will not deliver national sovereignty.

Local content discourse, it seems, is too fixated on the past. But we should not forget the abstract character of this conservatism. Historically, New Zealand television has never been a site of “our” national unification. The past bequeaths us nothing like that to protect. Territorially unified television has been typical of our northern metropolises, the UK and USA. Prime time New Zealand has never had such cultural sovereignty, neither under state monopoly nor in the 15 or so years of local content mobilisation. To misread the past is to mistake what the current situation demands. The conservative impulse fails as contemporary politics because it underestimates the depth of changes wrought by post-1980s commercialisation, changes that have even more radically eroded the capacity of televised culture to sponsor national unity. Perhaps, then, we should abandon the attempt to coordinate reference and imagination in the name of such unity. Perhaps we should aspire to something quite different.

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Queer Subjects of Suicide: Cultural Studies, Sexuality and Youth Suicide Concepts in New Zealand

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Abstract

This paper undertakes a brief examination of current trends in New Zealand youth suicide research and policy, arguing that the extent to which youth sexuality is addressed is comparatively limited. Although lesbian/gay/bisexual sexualities, concerns and identities are relatively absent, it is important not merely to add minority sexualities to suicide concepts in New Zealand research and policy development; rather these are well-placed to take on-board highly-nuanced understandings of sexuality that (a) draw on culturalist, queer theory and postmodern/poststructuralist approaches, and (b) are more in line with a culture of sexual fluidity among contemporary youth. Personal and identity-related anxieties around such a sexual culture, it is argued, may be among risk factors for youth suicide. By showing how youth sexuality is either marginalised or mis-read by policy-makers and researchers, some early indicators of directions suicide research might take with regard to sexuality are asserted here.

Introduction

A significant aspect of both research and policy in youth suicide in New Zealand that remains under-researched is the set of questions invoked by concerns around sexuality and sexual identity. As with most international youth suicide research and prevention strategies, sexuality and sexual identity are addressed only as an appendage to broader study and policy—often by providing a short statement or a sub-section which argues that lesbian/gay youth face greater causal risk and comprise a statistically-significant group among those who attempt suicide. Problematically, both the absence of sexuality in much New Zealand suicide research and policy, and/or the simplistic treatment of sexual identity in suicide studies more broadly, fails to take on board the imperatives indicated by The New Zealand Ministry of Health Suicide Prevention Document (2001). This document

suggests among five key components of youth suicide prevention that (a), research and strategic development address multiple risk and protective factors, and (b), that these include a focus on improving data, research and evaluation. In short, it indicates a need to expand the knowledge and ways of thinking about risk and causality as they relate to youth suicide, and secondarily presents an injunction to develop a well-nuanced, appropriately-theorised basis on which to research suicide in New Zealand. It is in the spirit of this document that an understanding of sexuality from a queer theory and queer sociality perspective can provide significant gains for both research and policy on youth suicide.

According to Wilhelmina Drummond's 1997 study, suicide in New Zealand has been studied following the lines of three dominant foundations: sociological, in the tradition of Durkheim; psychoanalytic, in the tradition of Freud, and the ecological-contextual approach developed by Erikson (Drummond, 1997). Little published work on youth suicide in either New Zealand or internationally has dealt with suicide from a cultural theory perspective, and almost none has been developed from a perspective that takes into account either a poststructuralist and critical approach to questions of identity formation or a queer theoretical approach that diffuses sexuality across a broad range of suicide-related concerns. Working from a cultural studies perspective is a useful contribution to suicide studies and policy development and to understanding the relationship between suicide and sexuality in New Zealand for three reasons. Firstly, the focus of research on sexuality and sexual health over the past decade has moved from behaviourism to a more culturalist approach, thus to the cultural settings within which sexual behaviour and sexual identity/identification takes place, and the cultural rules that organise and make such behaviour and identities intelligible (Parker & Aggleton, 1999). Secondly, it follows that in a media-saturated culture, sexual and gender norms are increasingly given through media formations, rather than being made sensible through the older institutions of family, education, medicine and psychology. Indeed, research on the "acquisition" of sexual knowledge and sexual identity has pointed to the increasing importance of media texts in providing this information and making sexuality intelligible to individuals (Cover, 2002; Greenburg et al., 1993). Finally, the resulting interest in the media and cultural construction

of sexual meanings and sexual identity has led to important new insights on the factors shaping sexual health (Dowsett, 2000), and points towards the need for a more complex, nuanced understanding of the sociality of sexual identity as it underpins causal factors for a broad range of youth suicide forms, risks and ideation.

In this exploratory essay I want to examine how research on sexuality and youth suicide might be re-thought from a queer cultural studies perspective in a New Zealand context across three areas. Firstly, I will suggest that sexuality might be deemed to play a significant role in suicide risk factors broadly as a result of a continuing cultural anxiety over sex, sexuality and gender. Secondly, it is important to take note of a decade of queer theory (as a poststructuralist engagement within the fields of gender and sexuality) in order to expand on what it is we mean by sexuality: attempts to append sexuality-related risk factors to suicide studies often leave intact an essentialist and minoritarian approach to sexuality that wrongly presumes the fixity and self-evidence of a hetero/homo binary, despite increasing evidence that sexual identity is blurred, confused, complex and is particularly so among younger persons. Finally, I want to demonstrate this point by showing how a reading of a singular “youth suicide” case in the United States can easily—but not necessarily most correctly—be assimilated to a concept of “gay suicide”. I will end with some initial statements on how research and intervention policies (broadly) in New Zealand can begin to address these concerns by offering a set of questions that attempt to engage suicide and sexuality as interrelated in a greater matrix of complexity.

I: Absent Sexuality And Suicide Research/Policy In New Zealand

In popular culture, sexuality and suicide have long been linked (Nicholas & Howard, 1998), and a connection between marginal sexualities and suicide has long been recognised in popular culture forms from film to graffiti (Remafedi, 1994). Texts such as Tennessee Williams’ *Cat on a Hot Tin Roof* or the early “gay cult” film *The Boys in the Band* (1970) are perhaps the most notable among these. Indeed, as media theorist and gay studies scholar Larry Gross has pointed out, of thirty-two films with major homosexual characters released between 1961 and 1976, thirteen feature gay suicide

(Gross, 1991, p. 28). According to theorist Richard Dyer, it was once a narrative function of texts involving lesbian/gay characters to invoke suicide in order to provide homosexuality with a "melancholy quality" and this is typically related to the older filmic and literary stereotype of the male homosexual as the "sad young man" (Dyer, 1993). However, as Vito Russo reports, suicide as a stereotypical solution to the "problem" of living a lesbian or gay life "soon wore out" (Russo, 1981, p. 168), and this is very clearly seen in the 1990s spate of films and television with ostensible lesbian/gay themes and characters, and most frequently presented in a lesbian or gay liberal-affirmative tone. We could argue now that suicide as the expected culmination of a lesbian or gay adolescent's existence is no longer a staple of media fare dealing with non-heterosexual lives, characters or themes, in spite of the continuing circulation of a statistically-demonstrated linkage between non-heterosexual subjectivity and youth suicide (Gibson, 1989).

Much research into the link between non-heterosexual sexualities and youth suicide has often been conducted at a community level rather predominantly in North America using both North American sample groups in ethnographic and empirical research and presuming location in a North American contemporary culture. Studies of youth suicide in New Zealand have been comparatively less willing to take into account questions of sexuality as it might relate broadly to causal factors. In some studies it appears as an appendage to a list of potential and ruminated causes. For example, among Drummond's list of causal factors of youth suicide in New Zealand are identity crises related to work or career failures, family breakdown, instability and dysfunction, abuse and neglect, exposure to suicidal behaviour, diet and sexual orientation problems (Drummond, 1997). Treating these aspects separately and individually ignores both the cumulative possibilities of risk factors, or the possibility that different risk factors are related—in the case of the present interest, the possibility that different risk factors are either extension of concerns around sexuality or causes for concerns around sexuality. The New Zealand Ministry of Health Suicide Prevention Document (2001) suggests that "Being gay, lesbian or bisexual has been linked with a higher risk of suicidal behaviour . . . due to the impact of negative societal attitudes towards homosexuality and bisexuality" and that "gay, lesbian and bisexual young people were more

likely to have a range of mental disorders” (Ministry of Health, 2001: 11). These are the document’s only significant references to diverse sexualities and further charts, statements and lists of risk factors do not include reference to sexual orientation or sexual identity. This is considerably out of step with research on youth suicide in other countries, including the 1989 report from the US Department of Health and Human Services which suggests that one-third of youth suicides are related to issues of sexuality, gender performance and self-esteem (Gibson, 1989). Furthermore, the inference that lesbian, gay and bisexual youth are to be viewed as distinct from heterosexual youth by virtue of low levels of mental health is significantly out of step with current research on the mental health of sexual-minority youths (e.g., Savin-Williams, 1995; 2001).

The surprisingly low emphasis on sexuality in discourse on youth suicide in New Zealand is worthy of study in itself. I will, however note that, cultural specificity is a probable factor in what can best be called a willingness to ignore studies undertaken elsewhere. In particular, Paul Gibson’s 1989 study for the Reagan Administration is an important founding document in identifying and disseminating the significance of minority sexual identity to risk factors, yet it remains considerably under-referenced in New Zealand studies of youth suicide. While it would be limiting to suggest that a lesbian/gay suicide statistic is ahistorical or purely transcultural, it does remain the fact that the production of lesbian and gay identities in western countries is not necessary dissimilar region-from-region in a wholesale way, and does rely on an increasingly globalised/Americanised set of images, ideas, stereotypes and behavioural norms and expectations—the resources that make lesbian/gay sexual identities intelligible and coherent. The implication is that the link between sexuality and suicide is considered less important in New Zealand specifically, and this may relate more to the need to consider significant multicultural and indigenous issues that are less-often treated with policy-level responsibility in other countries.

Secondly, it does pay to ask whether heteronormativity or heterosexism (the presumption that sexuality is naturally heterosexual, relegating sexual otherness to unnatural, abnormal or illegitimate categorisations) is more marked in New Zealand than elsewhere. Anecdotal evidence would suggest that this is not the case, and despite more recent protest reactions to “gay

civil union" legislation and policy from conservative christian fringe organisations, New Zealand's anti-discrimination legislation is more progressive than in many other (western) states. Rather than relying on an assertion of comparatively higher levels of heterosexism, non-heterosexuality in suicide policy/research in New Zealand might be the result of the stemmed efficacy of the local lobbying potential of lesbian/gay groups in New Zealand. Due to the comparatively higher lesbian/gay populations within larger urban areas such as Melbourne or Sydney in Australia, London or Manchester in the United Kingdom, and San Francisco or New York in the United States - cities sometimes referred to as the "gay meccas" - a stronger set of lobby organisations with higher levels of funding can engage politicians, opinion-makers, and policy-makers more readily than in a country of New Zealand's size, and are thereby able to foster the development of a research culture that will be more strongly aware of lesbian/gay issues as they relate to suicide risk factors. More research on both these factors would need to take into account the discourses through which youth suicide is studied in New Zealand and through which prevention strategies are developed, as well as empirical comparative analysis of the role of lobby organisations in fostering "sexuality aware" research cultures—tasks highly significant in determining future directions for sexuality-related youth suicide both locally and internationally.

Finally, it is important to note that a broad, globalising lesbian/gay culture itself has not often incorporated youth suicide into its cultural and political concerns. This is for three reasons. First, lesbian/gay lobby politics internationally is dominated by a liberal "civil rights" approach that seeks legislative change and anti-discriminatory protections on the understanding that such reforms will invoke a trickle-down effect and alter the state of cultural marginalisation of lesbian/gay youth. It is more difficult to intervene directly in areas of discursive change that do not have at least a gestural structure for reform, as does the political lobbying arena. Second, such lobby politics has focussed more recently on issues of same-sex marriage rights or civil union bills, and this has been the result of particular ideological perspectives that have dominated lesbian/gay politics since the mid-1980s (Cover, 2004). Such perspectives are arguably "middle class", and "middle aged", and rarely take into account factors that affect lesbian/gay youth

such as suicide, homelessness, a sense of cultural isolation or access to the necessary resources through which to forge identity. The funding and time of any broad-based rights movement is always finite, and some fields of intervention are inevitably ignored. Third, lesbian/gay culture, local lesbian/gay media publications, and the dialogue that emerges from lesbian/gay political organisations have for a number of reasons often been “silent” on issues that seemingly cast aspersions on a lesbian/gay community’s capacity for justice, self-determination, or identity stability. This is usually for the reason that any identifiable social problem among a minority group is seized by those opposed to that group’s civil rights agenda, often relying on stereotypes and recirculating those stereotypes (Cover, 2004a). For example, heavy recreational drug use among gay men has often been utilised in damning attacks by christian conservatives on gay culture. Submerging issues such as the high rate of youth suicide, the problem of same-sex domestic violence and economic disparity among lesbians and gay men, particularly as they might indicate psychic or emotional or identity instability, has been a political tactic.

Perhaps the most significant feature of sexuality-related youth suicide in the New Zealand context is the way in which isolation is dealt with as a factor in non-heterosexual self-identification. Isolation has been figured differently for different groups of younger persons, and is generally considered a trope of lesbian/gay youth experience (Gibson, 1989). Rural lesbian/gay youth are considered the most isolated for geographic reasons and for separation from lesbian/gay spatial communities in larger cities (Roberts, 1996). Proctor and Groze ruminate that higher lesbian/gay youth suicide rates result from discrimination, loneliness and isolation in terms of the ways in which these do provide internal and external support systems (Proctor & Groze, 1994). With many of the claims that gay youth are isolated (and the relevant link with sexuality-related suicide) based on pre- or early-1990s research, the role of the internet, emerging youth groups, increased media representation, more visible urban gay cultures, and so on, must now be taken into account in any discussion of youth suicide that posits a link between sexuality and suicidal behaviour. Nevertheless, it may also be the case that those whose sexualities fall in between the gaps of the hetero/homo binary – that is, sexualities, behaviours or desires that are commonly

unrepresented or unrepresentable or not related to gendered object-of-desire—may be deemed more isolated than others by virtue of not having a name, category or signifier with culturally-circulated processes of experiences on which to “make sense” of sexual behaviour or desire.

This is particularly important in terms of the ways in which media representation has increasingly provided the resources by which all youth make sense of many aspects of self-identity (Cover 2000; 2002). Earlier studies of sexuality and suicide have been critical of a lack of media representation of gay/lesbian identities (e.g., Morrison & L’Hereux, 2001). For example, Nicholas & Howard (1998) make the following statement: “Exposure to gay role models is limited and stereotypical, with gay men often portrayed by the media as effeminate or “drag queens”” (Nicholas & Howard, 1998). This is now a dated understanding of sexuality and the media: since the mid-1990s, there has been a spate of media representations of gay men and lesbians, particularly in mass-circulation film such as *The Birdcage* (1996), *My Best Friend’s Wedding* (1997), *In and Out* (1997), *Chasing Amy* (1997), *The Object of my Affection* (1998), *Billy’s Hollywood Screen Kiss* (1998), *Bent* (1997), *But I’m a Cheerleader* (1999), television series including *Queer as Folk* (USA and UK), *Buffy the Vampire Slayer* (USA), *Metrosexuality* (UK), *Six Feet Under* (USA), and “reality TV” shows such as *Queer Eye for the Straight Guy* (USA) and *Boy Meets Boy* (USA).

If isolation is to be considered a factor in sexuality-related suicide in New Zealand, then the ways in which media work to form various audience-based cultural communities is an important consideration. To date, there has been limited research on the relationship between media and youth suicide in general, and virtually none in a New Zealand context. Among the few commentaries on any relationship between suicide (more generally) and media is the New Zealand Ministry of Health document *Suicide and the Media* (1999), which focuses its concerns around the potential impact of suicide representation in fiction and non-fiction television/film. Copycat suicide is often remarked upon as a concern for media utilisation by youth at risk (Coyle & MacWhannell, 2002). Ultimately much further research is required on the ways in which an increasingly lesbian/gay-affirmative global media may or may not be implicated in suicide, and how that relates specifically to New Zealand audiences in a culture in which isolation

continues to figure as a motif, particular as a hangover due to the shift from rural communities to industrial and post-industrial urban culture locally.

II: Queering Sexuality, Queering Suicide

In this section, I want to show how appending or adding a concept of lesbian/gay youth suicide to broader suicide studies or prevention strategies is not necessarily productive nor efficacious, and to suggest that addressing the absence of sexuality in New Zealand youth suicide studies would benefit strongly from a re-thinking of sexuality itself. In other words, it is not merely lesbian/gay sexualities that are absent from New Zealand suicide research/policy, but importantly all sexualities whether marginal or dominant (the ostensibly heterosexual) might well prove to be implicated in risk and causal factors related to youth suicide. The vast majority of existing international research on the suicide of "queer youth" suggests that it is most frequently a direct response to intolerance or location in a homophobic/intolerant society (Emslie, 1996; 507; Macdonald & Cooper, 1998; Proctor & Groze, 1994), and such commentary often cites the far right, the North American Christian Coalition and the Catholic Church as the source of such intolerance. The United States Department of Health and Human Services 1989 report concluded that young gay and lesbian persons are two to three times more likely than other young people to attempt suicide because "gay youth face a hostile and condemning environment, verbal and physical abuse, and rejection and isolation from families and peers" (cited in Sedgwick, 1993, p. 69), and identified the root of gay youth suicide causal factors as "a society that discriminates against and stigmatizes homosexuals while failing to recognize that a substantial number of its youth has a gay or lesbian orientation" (Gibson, 1989, p. 110). Some studies have suggested that a "perceived sense of isolation from concealing sexual orientation" or the loss of support after "coming out" including family conflict may expose gay youth to a greater risk of suicidal behaviour (Nicholas & Howard, 1998, p. 29).

In contrast with 1990s queer theory understandings of sexuality as amorphous, constructed and fluid, the Gibson study presumes a natural, fixed and timeless hetero/homo binary governing all forms of sexuality—

that is producing two types of sexual identities as “straight” and “gay” (with the possibility of bisexuality presumed as either a middle-ground category or a phase of experimentation or an uncertainty over orientation that will eventually adhere to one or other side of the sexual dichotomy). The study understands “straight” sexuality to be relatively unproblematic and “gay” sexuality to be something of which younger gay persons will eventually become aware. In other words, it removes any possibility of sexual fluidity, sexual alternatives or diverse sexual possibilities from the regime of sexual knowledge, and suggests that a significant risk factor for suicide is an inability for younger persons to accept the sexual identity they really are. As the study puts it: “Gay youth face problems in accepting themselves due to internalization of a negative self image and the lack of accurate information about homosexuality during adolescence” (Gibson, 1989, p. 110). In the discourse of the study, younger persons who do not accept either a “gay/lesbian” or “straight” sexual orientation are deemed to be in denial, and such self-denial is considered to lead to further depression and suicide risk (Gibson, 1989). Alternatively, the study deems problematic a process of internalisation of negative self-image represented in a homophobic society by youth, causing a repression of the “truth” of their sexuality (Gibson 1989: 125).

I am suggesting here that the issue is more complex than simply the result of being gay in a homophobic society or isolation that results from self-perception as a sexual minority. While ego-psychologists confer over the specifics of this homophobia-suicide concord as it relates to mental health, depression and the well-being of identity, post-structuralist queer theory permits us to look at the subject differently, to think differently about causes, reasons and solutions (not to mention the significations of these very terms), and to posit alternative understandings of suicide that are not dependent on first-law assertions of the fixity of sexuality as heterosexual or homosexual. If “queer youth suicide” is to be related to issues of identity and subjectivity, this suggests that there will be more at stake in the “causal factors” than a heroic, resistant or disturbed reaction to homophobia. This is not to suggest that a complex concept that can be assimilated to homophobia is not a causal factor, certainly there is considerable (perhaps detrimental) pressure in weathering physical or verbal violence or, equally,

exoticisation. Nor do I want to suggest that a queer theory approach to "queer youth suicide" is attempting to provide an all-encompassing "cause" of this occurrence. However, I do suggest that it is more greatly tied up with the notion of subjectivity than most analysts of "queer youth suicide" have asserted, and than can be accounted for in any singular disciplinary approach. The relative absence of sexuality in New Zealand youth policy/research is thereby an opportunity for adopting a more nuanced culturalist approach to sexuality itself, rather than to see lesbian/gay sexualities as an unfortunate absence to be "added on".

The theoretical motivation for this point stems from queer theoretical work on sexual identity and media. Judith Butler's (1990; 1993; 1997) theories of performative identity have been useful in attempting to account for the development of sexual identity, and she powerfully suggests that identity can best be viewed as a performance of a culturally-given set of codes and behaviours that are impelled in order to produce a coherent, intelligible and recognisable "self", but in which there is no essential bodily or biological foundation motivating any particular performance. The poststructuralist feminist strands of queer theory, particularly those articulated by Butler, Eve Sedgwick and Michael Warner, provide potent arguments that allow the deconstruction and critique of the self-evidence of the hetero/homo binary, particularly as it is re-presented in much sociology, social work, and psychological accounts of sexual health. Through queer theory, it can be argued that the performance of sexual selfhood stems from a cultural imperative or injunction to be a sexual subject in accord with the hetero/homo binary. One is compelled either to identify as lesbian/gay or as heterosexual. This compulsion is rooted in the discursive deployment of power through confession, and insists that sexual identities are articulated as coherent and culturally-intelligible. There is a specific culturally-legitimated age in which subjects are expected to re-constitute themselves as sexual subjects, symbolically represented by the parental "birds and the bees" proclamation, but more realistically circulated through institutionalised sex education, and the youthful rituals of gossip, rumour, innuendo, peer discussion and media reading.

In radicalising Foucault, Butler shows that all subjects are constituted by repetitive performances in terms of the structure of signification that

produces retroactively the illusion of an inner subjective core in line with the fulfilment of the imperative of coherence (Butler, 1990). Subjective identity becomes a normative ideal rather than a descriptive feature of experience, and is the resultant effect of regimentary discursive practices (Butler, 1990). The subject, then, is performatively constituted by the very "expressions" that, from a humanist position, have been considered the essential subject's subsequent conscious actions. It is in the encounter with discourses which categorise, label and define sexuality (implicitly or explicitly) that a subject comes to begin a process of re-constitution as a sexual subject. In other words, given the ways in which discourses of sexuality are often restricted from having the ear of (or signification for) "the child", subjective identities as heterosexual or homosexual are the re-constitution or the re-configuration of subjective performances under a "new" system in the case of each specific subject. As Butler suggests: "It is through the repeated play of this sexuality that the 'I' is insistently reconstituted as a lesbian 'I' . . ." (Butler, 1991, p. 18). For Butler, to be "constituted" means "to be compelled to cite or repeat or mime" the signifier itself (Butler, 1990, p. 220).

According to Eve Kosofsky Sedgwick, the hetero/homo binary is deployed in the name of heterosexual normality in conservative discourses, or gay affirmation in more liberal ones (Sedgwick, 1990) Sedgwick's analysis and de-naturalisation of the binary has been a significant cornerstone of queer theory. What is upheld in the deployment of the binary is a notion of gender as the position from which the subject enacts attraction in the direction of an equally gendered subject. Gender, as Sedgwick admits, is definitionally built into determinations of sexuality (Sedgwick, 1990). This is, of course, an historical account of sexuality. There are many, though marginalised, examples of how sexuality can be constituted through object-choices which are not gendered. However, contemporary western discourses posit an over-determined importance of gender in sexual object-choice. The hetero/homo binary as necessary and definitional for a lesbian or gay subjectivity means nothing without a cultural construction of gender and the necessity of attraction towards gendered "objects of desire". The binary that promotes gendered-articulations of sexuality has, of course, been contested variously, and the particular tactics of these rejections of—or

adjustments to—the binary have great significance in terms of the strategic maintenance of the binary as a political tool. The positions deployed to “work the weakness” in the binary norm include, among others, certain radical articulations of non-gendered sexualities or desires that relate to factors other than gender as the primary determinant of sexual selfhood. More marginal than bisexuality—which while upsetting it, also often upholds the binary through the reinforcement of the bi—are the sort of articulations of experiences which necessarily reject gender as the prime or base categorial object(ive) of desire. In critique of the hetero/homo binary, however, Sedgwick suggests that

certain dimensions of sexuality . . . distinguish object-choice quite differently (e.g., human/animal, adult/child, singular/plural, autoerotic/alloerotic) or are not even about object choice (e.g., orgasmic/nonorgasmic, noncommercial/commercial, using bodies only/using manufactured objects, in private/in public, spontaneous/scripted.). (Sedgwick, 1990, p. 35)

It is possible to add to this list trajectories that generally are not encompassed in dialogue on sexuality or erotics. Gender—any concept of gender—might be discharged entirely from a trajectory of desire. Time, space, place, the disunified body may well be the codes or factors which demarcate the naming and self-understanding of sexual preferences, orientations, desires or encounters. In other words, there is no foundational logic on which to suggest that gender be the primary object-of-attraction (sexual, emotional), and that this reductive view of desire is the result of deployments of disciplinary power in terms of the hetero/homo binary. It is particularly important that any understanding of the relationship between identity and sexuality-related youth suicide take into account these highly-nuanced accounts of identity-formation and subjecthood.

It is important to the study of sexuality-related suicide that there is significant and increasing evidence that many contemporary youth do not abide by the hetero/homo binary as the chief determinant of sexual identity, and perform sexuality otherwise—that is, through alternative discourses. Indeed, the postmodern flux that allows the binary to be put in question may well prove to be transforming the very notion of “lesbian/gay community” which is, as Craig Johnston has indicated, in a state of radical transformation

(Johnston, 2003). Reuven Kahane suggests that “postmodern youth”¹ often operate by what he calls a “code of informality” which is centred around “symbols of freedom, spontaneity, adventurism, and eclecticism” (Kahane, 1997, pp. 1-2). He suggests that older “generational” cultures often react against this behavioural code with accusations of “deviance”. Those who may have negotiated a means by which to articulate sexual desire outside of the gender-directed hetero/homo trajectories are likely to have encountered—as “resource”—the appropriate codes and discourses by which such desires are intelligible. Postmodern youth, then, potentially build sexualities through what we can call the condition of identity forged within fragmentation, fluidity, uncertainty and a denial of ideological or rationalist truths (Latham, 1996).

Putting into question the categories “queer”, “youth” and “suicide” from a poststructuralist perspective opens the field of possibilities for reconfiguring both research and policy into youth suicide locally. There are three broad questions that emerge alongside this reconfiguration. The first is to ask how the categorisation of youth sexuality into hetero/homo terms works to exclude from research/policy those who do not identify with either category or the more prominent labels “straight” and “gay, lesbian or bi”. Savin-Williams (2001) indicates the long-standing need to consider whether or not gay, lesbian and bisexual individuals constitute the “universe of same-sex attracted youths” and points to recent surveys which suggest that same-sex attractions are considerably greater than the “number of adolescents who identify as gay, lesbian or bisexual” (Savin-Williams, 2001, p. 9). A 1997 study suggests that same-gender sexual orientation can be identified as a risk factor and that non-disclosure of a minority sexual orientation exacerbates this risk (Herschberger, Pilkington & D’Augelli 1997: 477). This ethnographic research involved a sample in which those who indicated an uncertainty about sexual orientation were excluded, a useful

¹ By which he means the various youth cultures which arise in response to postmodern conditions (Kahane, 1997). If we take Jameson’s account of ‘postmodern’ as the condition of late capitalist western society (Jameson, 1985), then youth cultures emerge as a variety of responses to consumer culture, marketing, and the instability of signification. I would argue that there is no necessary ‘conscious’ understanding of the proliferation of signification in a Derridean sense, but that a diverse set of ‘identities’ and a culture of ‘differences of opinion’ indicate the ‘postmodern play’ of many of these more marginal youth sites.

example of the ways in which studies of sexuality-related suicide have presumed and reified the categories “heterosexual” and “homosexual”, rather than examining the ways in which such a regime of categorisations might be implicated in broad, social causes of youth suicide. What of those whose sexual-attractive desire is seemingly (not necessarily consciously) non-gender-based but are subjectified by the hetero/homo categorisation through its legitimacy and (western) cultural intelligibility? What is the effect of this regimentation on a youth culture for whom the categorisation may no longer be relevant? What occurs when this regimentary discourse fails to subject in cases where the subject has no other discursive platform of sexual intelligibility? Such queries can be put forward with a view towards an ethic of cultural and political proliferation of the significations of sexuality and sexual desire. Furthermore, the presumption of binary fixity locates sexual “uncertainty” as a kind of “fault” of the subject, a refusal to identify with the “truth” of one’s own sexuality, whereas the informal knowledges and sexual behaviours of contemporary youth produce a truth with as much validity as those of older-generational investigative, behaviourist, liberal-humanist and fixed-binary approaches.

Secondly, the idea that sexuality is fixed and essential results in the notion that sexual identity and identification are prior to other factors that may operate catalytically in suicide attempts or more general suicidal and at risk behaviour. Taking an approach that views sexuality as less-stable and less-fixed than humanist knowledges indicate allows us to think through the possibility that sexual minority status, sexual fluidity and non-heterosexual behaviour might result from other factors related to youth suicide rather than contribute to the causal factors. Although this assertion is in conflict with contemporary biologically-essentialist “popular” attitudes to sexuality as genetic, fixed and “born that way”, it is an appropriate deconstructionist and poststructuralist approach that results in the need to consider the relationship between media depictions of sexuality, media depictions of youth suicide, popular cultural statements of a link between homosexuality and suicide. In discursive terms, there is a strong push-and-pull relationship between the conflicting ideas that sexuality can and does change over time and that there is a core “inner” sexual identity that is fixed, timeless and

unchanging, even if unknown to the self. There is much evidence of the former position, with many anecdotal accounts and narratives from those who in later life, perhaps after marriage, embark on a non-heterosexual set of attachments, desires and behaviours that had not been experienced before: for example, a gay man who at thirty-five suddenly marries and has children, adopting not only the "outer appearance" of heteronormativity but all the responsible desires and erotics as well. At the same time, this sort of transformation is often read through the latter understanding of sexuality as a fixed and totalised identity (Foucault, 1990), that is, such persons came to the realisation of a "true self". Alternatively, any transformation or anomaly in the expression of erotic desire is often presented as a kind of "loss of faith", a diversion from one's "true self", a "kidding oneself". Both alternatives of the latter position work to obscure the diverse and complex nature of sexuality and sexual subjectivity, insisting on the importance of the identity "category" and on the articulation of an integrity with that category.

A significant point here is that much sexuality-related suicide research and commentary performs the very same imposition of hetero/homo classification that is arguably a causal factor. Proctor and Groze (1994) point to the fact that according to the Gibson (1989) study, 30 percent of all completed youth suicides are related to issues of sexual identity, and that a thirty percent proportion of surveyed gay, lesbian or bisexual youths have reported suicide attempts by a mean age of 15.5 (Proctor & Groze, 1994). We might argue that there is no necessary, logical reason why these two statistics should be collapsed, nor a suggestion that they are mutually exclusive. What is termed here "sexuality-related suicide" is not the same as "lesbian/gay/bi suicide" and may have different causal factors, different forms of sociality that contribute to an environment sponsoring suicidal behaviour, different experiences of isolation, self-esteem problems, depression and suicidal ideation. To suggest, however, that sexuality-related suicide is no more than a synonym for lesbian/gay/bisexual suicide is to read one phenomenon in terms of given knowledges that may well be outdated and irrelevant to younger people at the beginning of the current century. Much research follows from the notion that marginalised and

victimised overall adolescent groups such as gay, lesbian and bisexual groups experience higher rates of suicide, a finding consistent with Durkheim's sociological theory of suicide (Durkheim, 1952; Morrison & L'Heureux, 2001). The problem here is that this leaves intact an assumption that non-heteronormative youth have a high degree of integration into an overall group, or at least a high level of self-perception of belonging to such a group even if isolated physically/geographically—neither of which may necessarily be the case.

Further, to view suicide as resulting from homophobia and group-isolation is to presume that the overall misery, oppression or repression of a group would intuitively indicate higher suicide rates among members of that group. James Barber's recent study on the relationship between suicide rates, group/community misery and the role of the nation has findings which show that the "absolute misery" of the group is not directly correlated with higher youth suicide rates; rather the advancement of a group produces higher rates—he coins the term "relative misery hypothesis" to explain the ways in which those who are isolated from or do not experience the advancements, increased tolerance or acceptance and instead suffer a widening gap between one's own perceptions of esteem and those of others are at greater risk (Barber, 2001). In queer theory terms, this might indicate the ways in which increasing tolerance and media representation of lesbian/gay culture impacts negatively on those whose sexual desires and behaviour are barely-but-somewhat assimilable to lesbian/gay culture, and located on the periphery of lesbian/gay representation. For those who may perceive a "fringe belonging" to a GLB community (on the basis of sexual behaviour that is not heteronormative but not necessarily lesbian/gay), the risks of suicidal behaviour or identification might be exacerbated by the increasing tolerance, legislation and representation of a visible, stereotyped "core" lesbian/gay set of identities.

Finally, what is obscured by the presumption that hetero/homo fixity is the ultimate "truth" of contemporary sexuality is the possibility of a strong relationship between suicide and sexual anxiety itself. We do indeed live in a culture which is profoundly anxious about sex and sexuality—a culture which has shifted the institutional role of categorisation and surveillance of sexuality from psychiatry, religion, psychology and medicine to media.

Various media forms provide the discursive knowledge of appropriate sexual behaviour, but these are often either reductive or prescriptive, providing a set of normalised behaviours which becomes a cause of anxiety for the majority of people who are unable to self-categorise or whose sexual behaviour, desire or erotics do not have a neat "fit" with such media categorisation and prescription (Dowsett, 2000). The culture of media, of course, is just as significant in imposing sexual anxiety: the censorship of sexual material in media forms from children and younger teenagers is a powerful factor in shaping and promoting sexual anxiety at the level of identification and identity performativity. This is a culture which seeks to ban access to discourses of sexuality which invoke concepts of bodily engagement with others until a specific "age" has been reached (Evans, 1993; Fraser, 1999; Hargrave, 1992). This points to the salient fact that a child at some socially-sanctioned point in the blurred distinction between child/adult is asked to encounter discourses of sexuality, and required subsequently to perform a coherent sexuality identity. Much contemporary western liberal-humanist rhetoric tends to conceive children either as asexual beings or in danger of corruption if "exposed" to dialogue on sexuality. This is in stark contrast to the understanding, produced through the discourses of psychoanalysis and retrospective experience, of the child as an already sexual creature in danger of his or her own sexual self through a lack of understanding of sexual implications. Sedgwick herself refers to the already sexually-active adolescent as a figure also banned from information, protections against pregnancy, support and respect (Sedgwick, 1993).

Indeed, and as a random example, the furore over gay representation within the boy scouts' movement could be read less as a collapsing of the older gay man with the figure of the paedophile but, since there have been numerous cases of banning openly gay adolescents from scouting groups, a fear that the "too young" will have access to a range of sexual representations (embodied in sexual subjects) that will allow a proliferation of whatever will be defined as "unreasonable". In other words, the age at which the child becomes a sexual subject is obscure, blurred and produced within a considerable anxiety that encourages even today a policing and disciplining of childhood and adolescent sexuality, concerned that one should not be a sexual subject "too early", and enforces such policing with

a moralised censorship of sexual information from all those who might be “at risk” of an un-reason brought on by an encounter “too early” with discourses of sexuality. As Sedgwick has put it: “Seemingly, this society wants its children to know nothing . . . and wants not to know that it is getting what it wants” (Sedgwick, 1993, p. 3).

However, perhaps the greatest cause of anxiety over sexual identity and behaviour occurs in the mid- to late-teens, not long after the socially-sanctioned age that one be permitted to encounter discourses of sexuality—officially through sex education or unofficially through graffiti or religious tracts (Leap, 1996), gossip, rumour, innuendo or now more recently the internet. Such encounters call for an identity reconfiguration, to shift from being an asexual child I to a clearly-articulated and appropriately categorised lesbian/gay or straight I. In other words, the subject is re-configured as a sexually desiring subject, and what in heteronormative terms might be considered the playful “training” of children—particularly female children—in the norms of heterosexual expectation through dolls, prams, and other indicators of gender expectation, the imperative at this particular juncture is to be “serious” and “coherent” as a desiring being. When the imperative to be (sexual) is culturally applied to a subject, it is in line with the hetero/homo binary and not about making multifarious choices based on desires external to the imperative to desire a gender. As Sedgwick has put it, the imperative is a demand that we classify ourselves as a heterosexual or a homosexual, regardless of whether we may or may not individually be able or willing to perform that blank, binarized act of category assignment. (Sedgwick, 1993, p. 117)

It is in the moment of encounter with the text or discourse of sexuality as a binary-based, fixed and essential division into hetero/homo that a process of sexual subjectivity is inaugurated, that a trajectory for a “lesbian” or “gay” or “straight” subjectification is initiated. The move from “I” to a “gay” or “lesbian” or “straight” “I” is not simply a further step in a process of “becoming”, but a cause for apprehension, disquiet, and angst as one must constantly and continuously police one’s own behaviour, desires, erotic inclinations, gender conduct and bodily movement in order to ensure sexual identity coherence and intelligibility.

III: Reading Sexuality And Suicide

I want to give here an example of how a case of youth suicide has been read as "gay suicide", potentially against the expressedly fluid desires/behaviours of the subject. An email distributed on the GLB-News Listserv in January 1998, drawing from the Akron Beacon Journal of January 4 1998, gave a lengthy description of the suicide (a year earlier) of fourteen-year-old Robbie Kirkland. Prior to his suicide, Kirkland had made at least one other attempt, and had absconded from home. As the report describes, his therapist confirmed "that Robbie was gay", a fact accepted by his family: "His father, John Kirkland; his stepfather, Dr. Peter Sadasivan; and his sisters Danielle, Claudia and Alexandria tried desperately to make Robbie feel normal." The support from his family appears to be overwhelming and is discussed in a gay-affirmative tone of liberal positivity. "But Robbie refused to attend local gay support meetings with his mother, and refused to speak to gay friends she wanted to bring home for him to meet. His depression grew worse" (Kinz,1998).

On the basis of this report, and bearing in mind the mediated nature of the dialogue, it is possible to make the following assertion. Kirkland's suicide could have had nothing to do with overwhelming homophobia, but with the discursive imposition of a hetero/homo binary itself. As the report suggests, his parents attempted to "affirm" he was "gay". At an early age, Kirkland may well have been experiencing a non-gender-based understanding of sexuality—albeit, as the rhetoric goes, a "confused" one. It is possible to imagine that Kirkland's erotic/sexual desires operated in terms of an emergent youth culture based on codes of informality and fluidity (Kahane, 1997). At the same time, the language of his desires may have been unimaginable to himself, unimaginable to researchers/psychologists/commentators, and unknowable in terms of the dominant hetero/homo logic presented to him as the logic of sexuality. His desire might then have been reductively articulated by those around him (and we might include media practice in this) to an essentialistic, identity position. The "identity" was conferred on him, by "expert" therapists, by parents, by the performative inculcations of a simplistic discourse which operates a binary division of sexual desire in reductively gendered terms. A binary disseminated by a discourse which is at odds with the "overwhelming"

speech of an abjected, unassimilable and untranslatable desire. Kirkland's suicide may have been brought on by his resistance to self-categorisation of this unintelligible desire as gender-based and his resistance of the performative effects of hetero/homo regimentation. His refusal of the "hail" of discourse to a "gay subjectivity"—while possibly having no other "available discourse" through which to articulate these desires—points to an inability of discourse to synthesise, to re-configure the language through which Kirkland already experienced erotic desire. And ultimately this disavowal leads to the opening of an abyss between his own intelligibility of the experience of his desire and institutionally/media "authorised" understandings of sexual desire as rooted in the hetero/homo binary.

Where youth suicide research and policy is perhaps most harmful is not, then, in absenting sexuality from the picture but in "doing sexuality" in too narrow a manner—presuming the categorisation of sexuality that works within an enlightenment culture will be the same as for a contemporary, postmodern, fragmentary youth culture. If we are to account for the significance of sexuality in youth lives and self-perception and, through queer theory work on the instability and complexity of sexual identity, the importance of how sexuality per se is conceived cannot be over-stated. In other words, there is a significant need to expand ideas about sexuality and sexual identity. Rather than presuming that an existent "gay identity" or "lesbian identity" might constitute a minority statistic in overall youth suicide statistics, or even a significant (30% or more) statistic, we need to think more about how attitudes to sexuality and the relationship between gender nonconformity relate to accusations or self-perceptions of sexual minority status, or how general anxieties about sexuality occur as sexuality once again becomes increasingly understood as fluid. A cultural studies approach to youth suicide research and policy must thereby make itself accountable to more complex, nuanced theories of sexual identity, with particular reference to the un-representability of some sexual behaviours/desires in media formations. The aim is thus to examine the immediate, penetrating dangers of an imposed discursive order which regiments and disciplines subjects into speaking and acting as if the hetero/homo binary is natural, ahistorical and fixed. For these more marginal and youth-based sites, one has to ask if the hetero/homo binary can still be

considered relevant. Further, one must question its imposition on sexual subjects through institutions (legal, social work, educational, cultural), since it is arguably a form of regimentation which can lead to fragmentation of selfhood, a sense that media which promises to “represent” non-heteronormativity fails to deliver on that promise, resulting in depression, self-harm and suicidal behaviour.

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Managing Family Secrets: Same-Sex Relationships

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Abstract

Discussions with people in same-sex relationships reveal how secrecy is managed within families. In particular the authors explore why such relationships are kept secret from close family members, what strategies are used to keep the secret, and the risks and consequences of disclosure. The management of secrecy and disclosure is considered in light of the different social and political contexts in which lesbian women and gay men negotiate their sexual and relational identities. It is concluded that secrecy is not necessarily dysfunctional. As well as minimizing family disruption and stigma by association, secrecy facilitates control of the person's gay or lesbian identity.

Introduction

This paper reports some of the findings of an exploratory investigation into the management of secrets about gay or lesbian identity and intimate relationships. The investigation is a pilot for a larger study of secrets about non-normative family arrangements that people keep from their family members but which may be shared within other relational contexts. The study is based on an assumption that secrets have a life. Things are not just secret axiomatically: they become secret. Sometimes the secret is present at the outset and remains so (for example, an extramarital relationship). Sometimes the event is not secret at the outset but over time becomes so, not so much because it is actively hidden but because fewer and fewer people know (e.g. a premarital pregnancy; an adopted child). In other cases a deliberate decision is made to keep something secret (e.g. a conception by in vitro fertilisation). Having become secret, strategies need to be invoked to ensure secrecy is sustained, or to determine differential sharing of the secret. This proposal is consistent with Tefft's idea of a "secrecy process", by which he meant "the chain of interactive and reactive actions" which is triggered by the act of concealment (1980, p. 37). A family activity might

remain secret for generations (e.g. hidden pregnancies, see Bradshaw, 1997) or might be disclosed as circumstances change over time (e.g. conception by donor insemination, see Hargreaves, 2002; voluntary childlessness, see Cameron, 1997) with activities starting out as secret eventually becoming "just private". In each case the secret is managed. There are decisions made about from whom the information is kept secret, how the secret is maintained, and to whom, when and how it will be disclosed. As part of this process, we are interested also in the risks associated with disclosure: whom family secrets protect and why do they need protecting? Who are keepers of the secret and who are threats to the secret? Locating secrecy within the family, we also question whether it is necessarily dysfunctional and negative¹.

While identifying the dangers of secrecy, Bok (1984, p. 20) argues that all human agents seek a degree of control over secrecy and openness as a means of preserving autonomy, freedom and, ultimately, survival. Concealment, for example, is regarded as a survival strategy amongst young lesbians and gay men (Rivers & Carragher, 2003). This strategy has been particularly necessary within a social context, which, although changing, is largely regulated by hegemonic heterosexual norms, or what Adrienne Rich refers to as compulsory heterosexuality (1981). Superficially such secrecy appears to contravene the intimacy and trust which is sometimes assumed to be intrinsic to family relationships.² In due course, through other studies of the management of secrecy and disclosure, we wish to explore what these family secrets might tell us about the meaning of family and the negotiation of family relationships.

In this paper we use the above framework to explore some of the issues surrounding secrecy with respect to people in same-sex relationships. While

¹ Warren & Laslett (1977, p. 26) quoted Simmel (1950, p. 331) in defining the secret as "the sociological expression of moral badness". They said that society gives people a right to privacy but not to secrecy. Secrecy, they said, is a strategy for hiding negative facts and to avoid the negative repercussions. By denying any right to secrecy Warren and Laslett seem to imply that secrets are dysfunctional.

² A key premise of our study was to differentiate what is secret from what is private (Bok, 1984; Laufer & Wolfe, 1977; Warren & Laslett, 1977). In essence, privacy is about activities which are not public but which are legitimate (e.g. a married couple's sexual activity). The fact of the activity is not secret but the doing of it is hidden. Secrecy is usually about activity not considered acceptable or legitimate; both the fact of the activity and the doing of it are hidden. The activities we are interested in – e.g. abortion, extramarital relationships, infertility – usually fall in this latter category.

for outsiders it is the sexuality, rather than the relationship, which is disapproved of (see Yip, 2002), most of our participants argued that for them it is the relationship which is central. Use of "same-sex relationship" where possible emphasizes this point. Our participants, implicitly or explicitly, also located their decisions about secrecy in wider social, political and legal contexts which are important for our analysis.

The focus of this paper is on the management of secrecy. However, the experiences recounted also connect with an analysis of sexual politics, illustrating Plummer's contention that in late modernity, sexual stories including tales of "coming out" proliferate, and the "world of past silences has been breached" (1996, p. 34). According to Plummer, the telling of these stories plays an important part in the development of gay and lesbian politics. Shifting stories of the self and identity, he argues, carry the potential for a radical transformation of the social order, and have made it possible for non-heterosexual people to claim "rights" in ways that were not possible before these stories were invented (Plummer, 1996, p. 46). In particular, critiques of citizenship and associated public debate have led to calls for lesbian and gay people to be able to claim some of the legal and social policy benefits, obligations and entitlements which have been developed around the hegemonic model of heterosexual family life (Donovan, Heaphy & Weeks, 1999). Such "rights" are evidenced most recently in New Zealand's Civil Union Act 2004, which provides legal recognition of same-sex relationships. These rights thereby reflect a new concept of intimate citizenship that is not exclusively heterosexist.³

Participants for this pilot study were identified through personal networks and advertising in an email newsletter distributed to a lesbian network. These volunteers were people who were "out" to at least some family members and in other relational contexts. Yet they had all, at some stage, been secretive with all their immediate family members. Prospective participants chose whether they participated in a focus group discussion or individual interviews. This choice was given on the basis that some participants might prefer to tell their stories within the privacy of a one-to-

³ The concept of "intimate citizenship", which is "concerned with all those matters linked to our most intimate desires, pleasures and ways of being in the world" (Plummer, 1996, p. 46), arose from a critique of Marshall's heterosexist concepts of citizenship (Richardson, 2000).

one interview, whilst others might wish to engage in discussion with others about the issues. In some cases, this meant that those who participated in interviews had more to “hide” and were less likely to be “out” to their family or in other relational contexts. Whilst we had anticipated that people participating in focus groups might be less likely to share their personal stories openly, and instead talk more generally about the socio-political issues raised, we found that participants in both contexts appeared to be equally willing to share their individual experiences. Five individuals participated in two small focus groups; five participated in semi-structured interviews: two as a couple and three individually. The material presented in this paper derives from these ten participants: seven women and three men; six lesbian, one woman in a “non-physical” but intimate same-sex relationship, two gay men and one transgendered female-to-male who identified as gay. Nine of the ten participants were currently involved in same-sex partnerships. All but one, who currently lived in Australia, resided in metropolitan areas of New Zealand. They ranged in age from early twenties to early sixties. The paper explores and illustrates the key themes identified by a thematic analysis of the transcripts. All participants have pseudonyms.

The life of the secret

For the people we talked with, their same-sex relationships did not become secret: they were secret at the outset. However, there were significant differences in why and when the secrecy happened. For some of the women who had been married, the initial secrecy was mostly to do with the existence or possibility of an extra-marital relationship: it was more to do with infidelity than with homosexuality.

For the unmarried woman, and the men, the initial secrecy was to do with feeling attracted to people of the same sex. Here the context of place and time are important. For those identifying as gay when homosexuality was illegal the imperative to be secretive was significantly stronger. One might compare Brigit, a woman in her twenties, with Dave, a man in his late fifties. At secondary school, Brigit said, she might have recognised she was gay but she “sort of ignored it and thought I don’t want to deal with this”. She did not want to have boyfriends and did not want to have girlfriends either, so she said “I’ll just flag sexuality till later. I sidelined it”.

Brigit acknowledged to herself she was lesbian when she got into her first relationship. When she went home for Christmas she told her parents and "it wasn't a major problem".

Dave, on the other hand, did not come out until after the homosexual law reform (in 1986), when he was in his late forties. He recalled that when he went to school he knew he liked boys and that there was a sexual attraction. But he suppressed it. At this time homosexuality was regarded as both a crime and an illness.⁴ Dave knew that some gay men were hospitalised, and given shock treatment. Apart from incurring the wrath of his mother, who had strong religious beliefs, Dave had good reason to fear being identified as homosexual. So he carried his secret into middle age.

With these different origins, it would not be surprising if secrecy and its disclosure are managed by different strategies, reflecting both the reason for secrecy and, as a corollary, the people from whom it is most important to keep the secret.

Moral censure

Even setting aside the risk of formal censure, via legal statutes or medical canon, anticipated censure on moral grounds is the driving force behind secrecy from family. For the women who were or had been married, there was a concern that the "badness" attached to homosexuality would influence their husbands' and in-laws' perception of their fitness as mothers. Marianne was afraid of losing her six-year old son. Rose went further, explaining that her son and daughter-in-law would not let her see her grandchildren unsupervised in case she molested her granddaughter. "Homosexuality and paedophilia are in the same basket for them", she said. This, and the following examples, illustrate how stereotyped and negative representations of homosexuals have prevented them from participating as full social and political citizens, not only in the public sphere but also in the private family sphere which are both governed by heterosexual norms (Richardson, 2000).

More commonly, moral censure was grounded in conservative religious values. Dave told how he and his lover denied their homosexuality because

⁴ See Weston (1991, pp. 44-47). Referring to the US, Weston notes, "Only in the wake of gay liberation did deliberately disclosing one's sexual identity to biological or adoptive relatives become *structured* as a possibility and a decision for self-identified lesbians and gay men" (p. 44). The same can be said of New Zealand.

they were Christians. They denied that what they were doing was sexual. Dave's mother reinforced this: "I learned from my mother that it (being gay) was dirty, filthy, nasty and evil. ... it was what dirty men did in toilets. She always told me about being careful in toilets". After his first homosexual experience when he was 12, Dave said he was "sort of thrilled and agitated and thought that I had sinned so badly that I had to confess to her, and so I mumbled it out and she, her idea was you prayed it out".

Nigel also grew up when homosexuality was illegal. His parents, too, "knew" about gay men and referred to them in stereotypical terms: "They die old and lonely and bitter. And they knew that all gay men hung around toilets and all gay men were paedophiles". While Nigel, like Dave, used his Christianity to deny to himself that he could be gay, Nigel also used his church involvement as "a nice cloak ... because I could pretend I'm virtuous". By "virtuous" Nigel meant not looking at girls. Instead he spent his time with his (male) friends.

Some participants kept their secret because of family members' homophobia. Ruth said of her son, whom she described as homophobic, that "he would have been very, very upset" if he knew about her same-sex relationship. Brigit also referred to her younger brother who "didn't get told for a long time" because her mother thought he might react badly "because he is a bit of a rugby head" (i.e. homophobic). Dave commented that as an only child one "makes family out of close friends" and for him his fear was of losing his godson if he knew Dave was gay. The godson was a rural labourer and "very, you know, gung - ho" (implying conservative).

Ethnicity and cultural identity were also shown to prompt ideological objections. Rose's daughter married a man from a different ethnic background and if his parents knew she was lesbian they would expect him to have nothing to do with her.

Even if not actually bad or evil, several of our participants believed homosexuality would be perceived as "abnormal". In this sense the homosexual person is stigmatized.⁵ Judy commented on how this might reflect on parents:

⁵ See Goffman, (1963, p. 12). The stigmatized person is reduced "from a whole and usual person to a tainted and discounted one". He noted further how the "connexions" (*sic*) of persons who have a degree of stigma can also "acquire a little of the disease twice removed" (p. 43).

It's their [parents'] fault and their neighbours and their brothers and sisters and their aunts and uncles and everybody in the street is going to know that their child's turned out gay and what sort of parents are they? ... they've turned out these abnormal children. It's the shame. It boils down to "what will others think?"

Similarly, Cynthia noted that her parents, who subscribed to a conservative religion, were well-known in the community:

And we were a model [hetero]sexual family. So that's where the secrets started for me. It was to protect my parents, family and their shame, because they felt a huge amount of shame.

Nigel noted, "anything that's not normal is bad". For Judy the purpose of secrecy was "to keep normality in my family". However, the shame felt by parents would also cause pain. Marianne explained how the "pressure from society as a whole that it's not seen as okay ... was the thing that was possibly going to cause them (parents) pain" and that this pain was the main reason she kept her relationship secret from them.

It is important to note that these comments above are the perceptions of the gay man or lesbian: they reflect what they believe their parents, children, husbands believe. Approaches to disclosure are affected by how family members are known to behave, knowing what they "do with secrets". The perceptions of how family might react might also reflect the gay man or lesbian's own beliefs about homosexuality, because we can never get away from hegemonic discourses such as the normative status of heterosexuality, also referred to in the literature as heteronormativity (Richardson, 2000). For instance, Jean talked about her own "shame about not being perfect" and Dave clearly thought he had done something sinful. In some cases the perceptions about family beliefs are borne out but in other cases, when the secret is disclosed, the earlier perceptions are shown to be unfounded or exaggerated (see below). The importance at this point is that these perceptions form the basis of the secrecy – they are reasons why gay men and lesbian women keep their secret from those closest to them.

Going beyond the censure itself, is the likely repercussion of censure. At the extreme, our participants feared being cut off, prevented from seeing

their children, or being excluded from the family.⁶ This raises the issue of the exclusion of gay men and lesbians from the meaning of “family” and therefore full citizenship rights on the basis that they are perceived as a threat to the stability of the heterosexual nuclear family (Donovan, Heaphy & Weeks, 1999; Richardson, 2000). Nigel said he “knew” his family would react negatively to him being gay “so I didn’t want the pain of their rejection”. The fears expressed by these New Zealanders mirrored those cited by Weston’s American interviewees (1991, p. 51). “Rejection” was the word most commonly used to explain the risk of being out to family. This alone might be sufficient to explain why family members are considered differently from other people. Judy explained:

With family you worry about hurt and pain and rejection. When it’s other people you worry about trust ... what will they do with the information?

The pain of losing love is a powerful incentive to remain secretive. Nigel said, “the only reason it was a secret for me was that I didn’t want to lose the love of my family”. The pain was palpable among those women who talked about fear of losing their children or grandchildren.

Participants were not concerned only with the personal and direct impact of parental disapproval. They were also concerned about what this would mean for the parents – the shame referred to and its attendant pain, but also at a milder level, to avoid parents worrying. They knew how their families managed difficult things. Where they are disguised or not talked about one quickly learns that secrecy is a strategy for avoiding worry or upset, to maintain the equilibrium of the family. To this extent secrecy about a same-sex relationship is in a similar category to secrecy about, for example, an illness or crime. In other cases a parent might be told about something difficult but just “doesn’t want to know” and pretends ignorance. In yet other cases the parent dictates terms under which they will accept or acknowledge what is difficult. Some of these behaviours were evident when our participants talked about disclosure, as discussed later in this paper. In all cases they affect how secrecy is managed.

⁶ See Oswald (2000) for a vivid description of the ways in which gay people are ritualistically excluded during the celebration of a heterosexual wedding.

Managing the secret

The strategies adopted to ensure secrecy was maintained were wide and varied. Most strategies involved some form of impression management (Goffman, 1963). Unsurprisingly, overt and deliberate strategising was more important when the individual lived in close proximity to their parents, husband, children or siblings.

For same-sex lovers living in a distant town secrecy management tended to become deliberate only when visiting. A common strategy, according to some participants, was to have two bedrooms at home but use both only when parents visit. In Marianne's case, the secret was from her young son. To achieve this she and her partner had adjoining bedrooms with a secret connecting door. Martin, on the other hand, appeared to solve this particular problem by living on his own. On the other hand, he had particular issues to address during his gender transition, such as whether to use male or female toilets. Visits of gay or lesbian partners to the parents commonly occurred on a "flatmate" basis. Participants agreed this fiction was easier for women to maintain than for men. These situations illustrate the paradoxes of sexual identities, which are deeply personal and at the same time tell us about multiple social belongings (Weeks, 2003). Weeks argues that "sexual identity involves a perpetual invention and reinvention, but on ground fought over many histories" (2003, p. 126).

These strategies also reflect the "double life" to which Goffman referred (1963, p. 98).⁷ The focus here is obviously on where partners sleep, rather than on where they live. At this point secrecy is definitely about sexuality – even though for most of the participants in this study the emphasis in the description of their relationships (especially for the women) was on love and emotional intimacy rather than exclusively or primarily on sex. The focus on bedrooms highlights the prime locus of parental concern since it is the strongest signal of the sexual nature of the relationship.

For women participants who were engaged not just in a same-sex relationship but also an extramarital relationship, secrecy was particularly complicated – especially where young children were involved. Yet secrecy

⁷ Goffman (1963, p.110) also notes that "what are unthinking routines" (e.g. visiting parents) "for normals can become management problems for the discreditable", i.e. those who have a stigma but "pass" as normal.

could also be simpler because of the assumption that women friends might do things together "innocently". Ruth, for instance, went on holiday with her lesbian "friend", keeping the intimate dimension of her relationship secret from her husband. Jean "went walking" with her lover, even engaging in the subterfuge of scuffing her shoes before she came home to reinforce the impression. Twisting the truth slightly appeared relatively easy. Nigel reflected:

A really good tool that can be used to manage a secret is another person's desire to fool themselves. So you tell them something very close to the truth, but it's not, and they choose to believe what they're comfortable with.

A major issue for gay couples is any imbalance in secrecy or openness between partners. These people spoke of having to protect their partner's need for secrecy even when they themselves might happily be open. As Judy said, "Once you're outed you can never get back in the closet". This has implications not just because of the need to maintain the secret for someone else but also in what it says to the "open" partner. Jean said it hurt when she told her partner's children to keep her same-sex relationship secret because her own children did not know. For some participants it also hurts to be introduced as a "friend" when the open partner wants to be identified as someone closer.

Collusion also occurred within families, when some members knew and others did not. When Brigit's parents colluded to keep her secret from her brother, it was eventually her mother, not her, who told the brother. Judy told her brother but he advised her not to tell their mother. This, she said, was a nuisance, because her parents were then the only people she wasn't being honest with, and she couldn't be herself. Nigel did not tell his sister for some time, not because he chose not to but as a favour to his mother. This selective disclosure effectively prolongs the secret beyond that which the gay or lesbian person desires. It inevitably makes management of the secret more difficult, especially if control is in someone else's hands. It is because differential sharing creates, *de facto*, "alliances and coalitions" (Edmonds, 1988, p. 60) that secrecy is extended, implying further management strategies, which might add to the gay or lesbian person's disclosure difficulties.

In other cases the collusion is that the parent or husband “knows but doesn’t know”. Dave said his mother “started to get suspicious. But we’d never talk about it. I don’t think she would want to know”. Ruth thought her husband “guessed things, but he’s never actually said it, because he’d prefer not to know”. So long as the person involved in a same-sex relationship does not make the nature of the relationship explicit, others can pretend it is not as it is. This also indicates why it is a fallacy to assume a person who has not been told does not know (Edmonds 1988, p. 61). Passive collusion is as effective in helping keep the secret, as is explicit action. Colluding to “not know”, like keeping the secret, is important to keeping life normal.

Active disclosure: Telling the secret

Participants reiterated the reasons they kept their relationships secret in terms of fear of rejection and maintaining [heterosexual] normalcy in the family. But how real is that fear? For the people in this study there were three groups of “family” members for whom disclosure could be an issue. For the women who had been married, disclosure to husbands or former husbands was related to the state of the marriage at the time. Ruth had remained married to care for their daughter and because it suited her economically. She saw no need to tell her husband about her other relationship: “He’s happy with the way things are (Ruth living at home) and nobody being disturbed”. Those women whose marriage had ended claimed this was not to do with their lesbian relationships as such. Their marriage dissolution was to do with it not meeting their needs for intimacy, or in one case because the husband was unfaithful. Cynthia’s husband “knew I had questions about my sexuality” but, she said, “my sexuality was not a reason our marriage ended”. Within this relative diversity, it did not seem that disclosure to husbands or former husbands was a major concern; in fact Jean commented that she thought she had done her husband a disservice by not being totally truthful to him. For her, the secrecy rather than the same-sex preference, was a disturbing aspect of her marriage’s “uncoupling”.

Weston observed that “coming out to a biological relative put to the test the unconditional love and enduring solidarity commonly understood ... to characterize blood ties” (1991, pp. 43-44). For all of the people interviewed, disclosure to parents and siblings was certainly a matter that created anxiety.

Some people dealt with this by dropping hints or talking about their relationship "in very obtuse ways". This would allow a suspicious parent to have suspicions confirmed without either party having to actively discuss them. Disclosure is particularly difficult when it is anticipated parents will react differently. Judy said she "sussed out pretty early that my father would accept it but I knew I couldn't tell my father without telling my mother. And I knew she couldn't handle it, so I didn't tell him". When she did tell her parents her father "got very angry with me for keeping the secret from him and said that I didn't trust him. My mother didn't understand and just decided that she wasn't going to talk about it and that we weren't going to talk about it to anybody else". Despite not having wanted to tell her parents, and despite her mother "not wanting to know", Judy said "once I did it was a tremendous sense of relief". From that point, taking a partner home wasn't an issue; both parents were accepting even though her mother did not talk about it. This alludes to what Caron and Ulin, (1997, p. 418) call "tacit tolerance" in which no explicit approval is articulated but family behaviours begin to become inclusive of the partner, for example inviting them to family gatherings. Caron and Ulin observed that "only when full approval is given will partners feel comfortable expressing affection in the presence of family members". Taking a partner home is not yet the same as sharing intimacy with the family.

Brigit, twenty years younger than Judy, said she did not feel huge pressure to tell her parents. "I thought my father would have no problem with it and that it would be my Mum that would have the problem. And initially that was the case. But now Mum is completely fine and Dad never talks about it. He found it harder than he expected. I think Mum has always known ... because she's not stupid". It was her mother who assumed responsibility for telling her brother.

Dave and Nigel had grown up when homosexuality was illegal, and both had religiously conservative mothers. Dave did not come out until after his mother died. He found his extended family were all very accepting. Nigel "made a guess" at how his parents would react. He thought he would be "disowned". However instead of blaming him, they blamed themselves. Their concern was that he would die old and lonely and miserable. When his parents begged him not to tell his sister he agreed, to please his mother.

Interestingly, he reasoned, “the emotional closeness (with his sister) wasn’t as deep as with Mum and Dad so if she chose to reject me well that was just (her problem)”. When he eventually told his sister “she was just completely fine”. “That explains it”, she is reported to have said, going on, “I’m sorry you couldn’t tell me before. But I’m pleased that I know now”. From disclosure Nigel says he has gained a closeness with his sister that he did not have before.

Martin could tell his father he was transgendered but he could not tell him he was [also] gay. Yet he also said that defining “this is who I am” is important and that while his relationships with his family are important they don’t define him. He would like his family to accept him as he is but if they don’t then he is not going to change.

Cynthia’s parents “have accepted the inevitable ... but it’s still a huge secret. There’s a huge shame thing”. Rose said she is “invisible” to Cynthia’s parents; she is sure she is excluded from conversation about Cynthia and her children. Nevertheless, Cynthia’s parents had told other people. Her aunt, she said, “was fantastic”, but her sister still keeps her children away “because of my lifestyle”. By contrast, Jean was anxious about her father “but he was just fine”. She recounted with pride how her father introduces her partner as “her partner”. Her brothers are also accepting, something she attributes to her father being very open.

Other family circumstances might prompt or facilitate the disclosure. For Jean, the fact that her daughter was in an extramarital relationship appeared to make her feel less vulnerable in disclosing her own secret. Cynthia’s son “just ignored it” but, now, says he is gay, “so that brings us a bit closer together”. For Ruth the trust built up supporting her mother after her father died enabled her to share her secret with her mother. Judy learned of the need to tell when her partner’s mother died before Judy’s partner had told her:

I realised then that she should have told her mother, she never did, and I know her mother knew and her mother threw out lots and lots of hooks. I think she really wanted her daughter to tell her, and she died before she did. That was a bit of a catalyst for me. I didn’t want the same thing and to think I should have told [my mother]. I thought that at 49, if her reaction was a bad one, I could probably handle it.

The reactions of parents were varied and not always as anticipated. If there is a theme though it is that the reactions were not usually as unaccepting as feared. Disclosure brought relief. Even if the parent "didn't want to know", partners found ways to move forward. As long as the relationships remained secret this could not happen openly.

It was expected that disclosure might mean the same-sex relationship ceases to be a secret and becomes "just private", as it did for Nigel (Laufer & Wolfe, 1977; Warren & Laslett, 1977). In some instances, however, disclosure effectively shifted the secrecy from the disclosing person to the family member. Cynthia, for instance, defined her relationship with Rose as private but said her mother would consider it to be a secret "because of her shame". Secrecy remained linked to moral censure with the locus shifted to family or parent. As indicated above, parents, once told, commonly became the gatekeepers of the secret with respect to other people.

Women who were mothers were concerned about the risks attached to disclosure to their children and grandchildren. In some cases these children were young at the time their mothers embarked on the same-sex relationship. As discussed above, this was kept hidden by quite deliberate strategies. However children grow up and a time for disclosure arrives. Marianne's son was six when he lived in the home where Marianne and her partner had adjoining bedrooms. When Marianne told him about the true nature of the relationship some years later she did not report this as difficult, only that "the fear that surrounded it diminished and dissolved". Jean told her children about her relationship after she left her marriage. Her children "were amazingly open and supportive" while nevertheless appreciating their father's hurt about the marriage breakdown. "In truth", she said, "I've found nobody cares" about the lesbianism. In Rose's case, where her son, whom she described as belonging to a fundamentalist religion, reacted by preventing her seeing her grandchildren and her daughter's acceptance was constrained by her son-in-law's disapproval of lesbianism, there was recognition that the grandchildren would eventually make their own decision. If they had a problem with her relationship, she said, "that's their problem".

As with the reaction of parents, the overriding theme from this small group of lesbian parents is the variability in children's responses. It is difficult

to disentangle reactions that might be to do with an absent father apparently being rejected from reactions that are to do with the new same-sex relationship. At the same time, one might expect secrecy from adult children to be the most difficult to maintain: further research on strategies for disclosure would be useful.

Reasons for secrecy and implications of disclosure

Most of these people did not like having to keep such an important aspect of their lives and identity secret from those closest to them, describing secrecy as “not in my nature” (Jean), or “an annoying nuisance that you can’t be yourself” (Judy) or “a stumbling block for emotional closeness” (Nigel). Why, then, is secrecy maintained? Two themes emerged from the discussions. First, secrecy was about protection. Second, and related, secrecy was about timing; it was an adaptive process that was functional. The idea of secrecy as an adaptive process is developed by Tefft (1980, pp. 17, 35) and is consistent with the assumption that secrets are not static but have a life.

Four kinds of protection are obvious from our discussions: protection of the person and sometimes their same-sex partner; protection of their family members; protection of “the family”, as an institution; and protection of self-identity. Participants wanted to avoid the pain of hurt and rejection, of losing family love. But if family was not important this would not matter, rejection would not be painful: for instance, Nigel was not so concerned about disclosing to his sister because he wasn’t so emotionally close to her. It is therefore of interest why a family might react this way. Ruth suggested it is because family members themselves are “controlling and protective”, have strong feelings about their members and [thus] are judgmental. It is implied that if the family member was not so important judgement might be more casual, and less severe. Family also has its own ethos, its own value systems. It is not surprising that the most diligent secrecy and strongest fear of disapproval were experienced by those participants who had parents or children with strong conservative religious values (which cast homosexuality as sinful).

Protection of close family members might well be related to their acceptance of the child as someone other than the person they thought she

or he was or should be. Judy, like Nigel, avoided “upsetting their world”, preferring to “just pretend, so it kept some stability”. There would be worry and unhappiness from parents who cared. Nigel’s mother believed he would suffer because of his homosexuality and “my Mum only wants me happy”. Marianne worried that her mother was already upset by bereavements and she did not want to upset her further. More immediately though, secrecy was to protect family from being stigmatised by association, to protect them from their shame, from parents thinking they had “gone wrong”.

A third concern was protection of the family itself. Judy kept her secret “to keep normality in my family”. The revelation that there would be no grandchildren, the family would not perpetuate itself through this relationship, might also be a concern. In Rose’s case, the denial of access to her grandchildren literally disrupted the family as a unit and Marianne’s fear that her husband would remove their son from her care would be “catastrophic” for her son. At a different level the threat to the family itself related to the special bonds of trust which family is supposed to embody. Nigel, for one, felt certain disclosure would “imperil” these bonds.

Participants in this study varied about when they disclosed to close family members. For some the timing was specifically about protecting a parent. For Dave it was about whether or not he actually needed to come out: “I always thought it’s no good coming out until you’ve got a partner and then all the agony and pain’s worth it you see”. For most people coming out was about accepting oneself. They had to be ready to disclose. Secrecy was about protecting their identity until they were ready to share it. As Stein (2003) has argued, coming out is not just a process of revealing something about one’s true essential self, it is a process of fashioning a self – a gay or lesbian self that did not exist before coming out began. Like all narratives of the self, these stories are incomplete, selective, and shaped by the needs of the present as much as by the past. For these participants secrecy was part of the adaptive process of adopting a new identity. Several participants talked about coming to terms with their own identity as gay or lesbian or transgendered female-to-male identifying as gay. Martin, who was undergoing gender reassignment, and was not currently in a same-sex relationship, elaborated: “To say that you’re a lesbian, or gay, and then to say that you’re going into a relationship, you’ve actually got to confront

your own demons. You've got to think about what sexuality is". This might take time. Marianne explained:

I wasn't really much use in discussing it or dealing with other people until I'd dealt with it myself. There was a lot to come to terms with. I think it is a new identity.

Cynthia and Jean indicated this adaptive process:

Partly the secret was protecting ourselves because we sensed what would happen down the track, so we took our time to gather our strength and to establish and build the foundation of our relationship. So it was self-protection. (Cynthia)

I wasn't in a strong enough space initially to deal with it. And I am now. (Jean)

As noted, for some this process of becoming ready was difficult – Dave and Brigit, a generation apart in age and growing up in very different circumstances, both talked of denial, not wanting to deal with it. Nigel said he knew he wasn't acceptable to anybody. "Anything that's not normal is bad". Nigel also raised the concern that he would never have children as "one of the griefs" he had to come to terms with, though he recognised that fatherhood was now a possibility for gay men; 30 years ago it would not have been. He transferred his own difficulties to his parents:

Thinking about the grief that I felt when my world view about myself changed and what my future was going to be, I can understand about the grief my family would have, having their world view about me changed as well. And I guess that's a part of the whole adaptive secret thing. It's giving you time to deal with your grief.

The process of disclosure might well reflect the gradual nature of coming to terms with oneself. There is a difference between not hiding something and actively discussing it. Several participants indicated their parents knew but did not discuss their relationships. Brigit said her mother displayed a photo of her and her partner "but I don't know if she says 'that's Brigit and her girlfriend' or if she just says 'that's Brigit and her friend'".

Beeler and DiProva (1999, p. 443) wrote: "Disclosure of homosexuality by a family member creates a crisis within the family". They claim this is in part because it introduces a challenging discourse of sexuality into the family;

secondly it reveals that the family member belongs to a group outside the family, which commonly they do not understand and might outright reject. "Their family member may suddenly seem unknown" (1999, p. 445). However our participants indicated the importance of disclosure in establishing, or perhaps re-establishing, an identity in the family. Nigel noted that positive things come from disclosure: "shared secrets can increase closeness when disclosed. They protect you because you've got something precious that you've given them". Disclosure sometimes led to siblings and children sharing their own secrets, a reciprocity of disclosure. Families who accept the new identity might well have to change their family practices: how they "do" family (Morgan, 1999). If the same-sex relationship is acknowledged then decisions have to be made about whether the same-sex partner is included or excluded. Where the relationship is known but ignored, that is, nothing changes, one must question whether acceptance is real - or to use Weston's terms, whether the same-sex identity is a social fact (1991, p. 66).

Conclusion

While secrecy is commonly constructed in the literature as negative and dysfunctional, it is apparent that secrecy is also functional (Bok 1984; Rivers & Carragher, 2003). Certainly secrecy is a burden and is not undertaken flippantly or casually. It creates tensions, especially when partners cannot "be themselves" in the company of family members. But while secrecy might create distance, at the same time, paradoxically, it protects closeness. In particular, secrecy gives control to who is told, when and how. As such, it also gives control to how a person in a same-sex relationship manages his or her place in the family.

In this small pilot study several themes have emerged which require investigation in other secret family experiences of interest to us. Foremost for the person in the same-sex relationship, disclosure really is a test of kinship bonds. Once disclosure has occurred, reactions of family members varied, from secrecy and shame to private acceptance to total openness. Caron and Ulin (1997, p. 418) suggest this variation might reflect the stages the family itself goes through as they come to terms with the new identity of their family member. Beeler and DiProva (1999, p. 451) refer to families'

need to go through their own “coming out”, deciding who they tell and when.

Decisions about whether to disclose, and to whom, reflect on the one hand the importance of “not losing” that kin relationship and, on the other hand, the perceived risk that this would happen. Perceptions of risk to emotional closeness, of risk of rejection and the pain associated with this, risk of other family members feeling “tainted” by abnormality or shame, and the need to protect them from this are likely to be relevant to people experiencing other kinds of different family arrangements. However, it is likely that in many other family experiences, the actual repercussions of disclosure are less troublesome than was feared,⁸ and indeed might be sometimes less troublesome than was the existence of the secret itself. In particular, the importance of “readiness to tell”, related to the individuals’ own acceptance of their different identity, could be just as salient as to people in same-sex relationships. Time, place and personal values or beliefs influence timing as much as does perceived acceptance and readiness of the other family member. The secret, then, is a product of a dynamic. It does not exist on its own, but in interaction and by negotiation within ever changing private and public socio-political contexts. It has a life that is actively managed; it is not there by default.

Acknowledgments

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⁸ Weston (1991, p. 62) also noted that fear of rejection was common but was often not borne out in reality, while Beeler and DiProva (1999, p. 444) note that while rejection, estrangement and maltreatment “occur often enough to represent a significant social problem, nonetheless, estrangement from family is the exception rather than the rule”. However from another US study Patterson (2000) reported that the most common initial reactions of parents to disclosure were “negative” and that this was more pronounced “among older parents, those with less education, and those whose parent-child relationships were troubled before disclosure” (2000, p. 1063). Our group was too small to test these findings but it was clear that strong religious convictions of a parent were an impediment to disclosure and acceptance.

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Professions and Community

Judith Green

Abstract

This paper arises from work on a number of pieces of research for policy, in which we have been commissioned to access the views of particular communities, usually in order to involve them in consultations about services. These include a Food Standards Agency (FSA) funded study of ways to include hard to reach groups, including young people, in policy consultations; a study for Thames Chase Community Forest prompted in part by concerns about "barriers" to the use of green space; and some policy analysis work on current strategies to address inequalities in accidental injury rates.¹ These are the kinds of project sociologists are typically commissioned to help with, involving twin policy concerns of increasing the "voice" of certain sections of the population, and in addressing inequalities in service provision or outcome. In thinking about how "to research" communities, we have, of course, ended up thinking less about the communities themselves, and more about the relationships between researchers, policy makers and the communities that are the targets of policy intervention, and about how those relationships construct rather different notions of what it is to provide or design a service for users. How should professionals, whether they are professional researchers, policy makers or practitioners, relate to the communities that they serve or organise services for, and what effects might different models of relationship have on the outcomes of services provided? And what kinds of community are brought into being, at least discursively, through particular policy formulations? This paper is a tentative exploration of the possible connections between these twin concerns of professionalism and community, and why they might have some implications for the potential success of contemporary health policy initiatives aiming to redress inequality.

¹ This paper is the result of a number of discussions about policy with colleagues working on these consultations, and I am grateful in particular to the following: Nicki Thorogood, Ulla Gustafsson, Alizon Draper and Ruth Pinder, whose ideas have been drawn on here. I am also grateful to colleagues at the 2004 BSA Medical Sociology Conference and the 2004 SAANZ conference for comments on this paper. An earlier version of this paper was published in *Medical Sociology News* (2004) volume 30, 30-46.

The fields of both “professionalism” and “community” have been fertile ones for sociology. Professions have been an enduring topic of sociological interest, with considerable contemporary concern over issues of governance and public accountability (see, e.g., Allsop et al., 2004). The concept of “community” has also had a renaissance as a referent of policy recently, with sociological ideas entering the mainstream through public discourse on social capital as a route for redressing social inequality. Rather than start with the literature on these topics, I wanted to begin by referring to one image of the relationship of professionals and communities that would be familiar to most people in the UK, from a popular TV soap, *Eastenders*. This is set in a fictional suburb of London’s East End, an area of London in which, in both sociological and everyday mythology, local community is still strong. In the TV series, we regularly see one professional, the local doctor, interacting with the rest of the community in spaces such as the local market, cafes, and the centre of this fictional community, the Queen Vic pub. Now there are many things that might suggest these scenes are part of a fictional rather than documentary image of urban life in the UK, but two are of interest here.

First, this kind of social mixing of professionals and the (largely white and working-class) communities they serve actually rarely happens in urban areas. Few working-class people would have the kind of exchanges we see between characters such as Dr Trueman and his patients. Indeed, most professionals (other than religious leaders) live apart from the geographical community they work within, and certainly rarely interact within the same social leisure spaces as their clients. Second, there is perhaps an obvious figure missing from the television images of the Queen Vic, that of the contract researcher in the corner, desperately trying to recruit participants for a focus group on Sure Start, Urban Renewal, Health Action Zones, or one of the many other complex social policies that are currently targeting the real-life equivalents of communities such as that of *Eastenders*. These markers, one a presence, one an absence, of fictionality are, I think, related. I’ll start with the presence of the professional within the community.

Narratives of profession

In the classic Parsonian sense, the “good professional” is of course affectively neutral: he or she does not let the emotions of social relationships impinge on decision making in the professional sphere. To “be professional” implies a certain distance from the mess of emotional and social entanglements. But of course this has not necessarily meant that professionals have not been enmeshed in social networks and traditionally, it has been argued, doctors would perhaps have had the kind of cross-cutting ties across the communities they worked with that are suggested in images from *Eastenders*. Here for instance, in a piece reflecting on changes to health service from 1948, when he bought a partnership in Nottinghamshire just as the National Health Service was being established, one General Practitioner (GP) recalls the 1950s. Back then, he remembers:

...we still lived ‘above the shop’ and great importance was still attached to belonging to the community. It was rare for the doctor to live outside the practice area. He might well be on the Parish or District Council, act as a school governor, and would certainly be active in organising the local fete or gala each year. (McLaren, 1999, pp. 16-17)

To a large extent this idea of a professional commitment beyond that of service provision has perhaps disappeared in contemporary urban Britain, and not just in terms of health care. Dale Southerton (2002), for instance, in his study of social hierarchy in an English new town, found a sharp geographical as well as cultural separation of the professional and other classes there, reproduced in a finely divided, even segregated, housing market, in which each class knew exactly where they belonged spatially within the town. Southerton discusses the ways in which each group marked its boundaries through talk about the kind of people they were, compared with the other groups: what sorts of consumption patterns they had, what sorts of moral values and so on. In the most affluent group, the most salient reference point for group identity was that of the “professional”: those in this area saw themselves, in distinction to the other two groups, as “successful professionals” (Southerton, 2002, p. 184). For the most long-established affluent residents “community ties” referred to close social networks with other professionals. Community action (such as coming

together on some voluntary project) involved working with others from the same tightly circumscribed neighbourhood, not others across the town from the other social groups. This is a very different notion of community from that painted above by this Nottingham GP.

I started getting interested in this spatial and cultural separation, and its association with another, more nostalgic picture vision of community, about ten years ago, when I was involved with a small project with GPs in south London (Green, 1993; 1996). This project was commissioned by the health authority to address a "problem" that they had identified; that of the comparatively large number of single-handed GPs still working in the area. These practitioners had small practices, often with no other staff other than perhaps reception help, often provided by family labour. They were regarded as a "problem" because they did not fit well with the ideals of modern primary care. They did not, it was argued, behave like modern professionals, in that they were relatively isolated from other doctors, with little access to ongoing medical education, and they had difficulties in providing the ever-growing range of technical services that were expected from modern primary care. Single-handed GPs were, in short, apparently "leftovers" of an old-fashioned kind of practice that really shouldn't still exist within the health care system of a modern city.

For the project, we carried out interviews with 25 of these single-handed GPs, and 25 GPs in partnerships (matched by age and gender) working in the same geographical areas. At the time, what struck me most was the very different ways that community was constructed in the two sets of interviews. For single-handed GPs, "community" referred primarily to the practice population that they both served and described themselves as part of. For example, one described the catchment area of his practice as:

My little parish here ... the little local population has its own particular problems, and I see my way forward as, if I'm going to remain single handed, as fitting in more with the local population with its peculiar problems, rather than anything else. (Single handed GP)

Another, on describing the satisfactions of his job, said:

What I would call ‘colloquial intimacy’, little jokes, stories, being present in pivotal periods of people’s lives, and playing some kind of practical role in that. Having people wave to me in the street when I ride my bike around. Er, having, being part of a community. (Single handed GP)

These were typical of the accounts from single-handers. Now the partners, who worked in the same sorts of places, talked about them in very different terms:

It’s not nice for people walking in the middle of this estate. (Partner)

Well, you see, there’s the Axminster estate where they have riots, the Borrowdale estate where they have murders and the Chartwell estate where you find heads in dustbins ... On the walkways of the Axminster estate you’re on your own. You might as well be on the North Pole. (Partner)

Now it is perhaps unfair to make too much of this contrast, and there are some good reasons why the single-handers might want to stress the positives about their locale, and the partners the stresses. However, the imagery of “my little parish” compared with “the north pole” as ways of describing the geographical community within which you work was nonetheless striking. One describes a geographical space in which you belong, as a professional, and have a particular and ongoing, if rather patrician, relationship with – it is both a physical space and a social space that you are intricately a part of. The other, the North Pole, is an alien space, which you visit at your peril, in certain demarcated times.

The partners, working in modern, larger practices, talked about a clientele they came in to deal with, then left at the end of the day, often never covering evenings and weekends, except if on the rota. If not a place of danger, as in the quotes above, “the community” (those people who constituted the practice list) were certainly “work” and potentially troublesome work at that, creating excessive and ever growing demands. Indeed, when asked whether they would consider working as solo practitioners, most of the partners said that the demands from patients would be unbearable on your own.

When it came to describing professional colleagues, the tone of imagery was reversed. Partners identified with what could be called a “professional

community" describing their colleagues in warm and positive terms, and as a source of social as well as clinical support:

I get a lot of support from the partners, sharing ideas, responsibility, concerns. (Partner)

Indeed one's colleagues were a bulwark against the stresses of this rather burdensome local patient population:

I think the worst problem that single-handers have ... is the inability to explode about patients to one another. (Partner)

In contrast, the single-handers talked about partners they had once had as a frequent source of stress and dispute, and breaches with fellow professionals were a common reason given for the decision to work solo. Professional community was not, in general, something they identified with, or expressed any regret at not having – indeed the very idea of a professional community was largely absent from their accounts of working life. For single-handers, providing a quality service lay not in the honing of technical skills through continuing education or discussions with colleagues, but in the relationships they had with patients. The rhetorics of the single-handed GPs constructed an idealised clinical relationship of a healer to both their individual clients, nurtured through continuity over time, and to the collectivity of the local community, nurtured through this notion of belonging. This relationship was therapeutic in itself, in that healing lay in the relationship, rather than in the provision of a certain set of professionally defined services. In contrast, the services provided for clients of the larger group practices were probably technically superior and provided in an affectively neutral way, with professional community being the referent for service quality.

These interviews were carried out over ten years ago and since then the organisation and workforce of primary care in the UK has changed radically, with even more GPs now working for large partnerships, and far more GPs working in salaried, rather than self-employed positions (DOH, 2004). A new breed of GP has emerged, unlikely to be working full time, not wanting the pressures of partner status, and perhaps choosing only to do the kind of work they enjoy doing. A recent study of young, salaried GPs (Cooke, 2004) found that they self-consciously contrasted themselves with what

they called “old fashioned GPs”. Old-fashioned GPs were perceived to have had a professional life that was bound up in the community, with the GP role as a master status, describing the whole of their life and their relationship to others. In contrast, the “new” GP valued a work-life balance, the teamwork of the primary care clinic and the ability to select what they called “nice” work:

I think the old fashioned general practice, it was your life, you were on call 24 hours a day, your patients knew where you lived ... your life was not your own until you retired ... you were part of the community, almost part of their family ... whereas the new general practice I feel is people are doing a job ... at the end of the day, it's not a life really anymore. (GP, quoted by Cooke, 2004)

There are, then, two rather different discourses of professionalism and its relationship to community at work here. One, in the accounts of the single-handers, derives primarily from a set of relationships with clients and the other derives primarily from a set of relationships with other professionals; the former is framed as rather anachronistic, and the latter as modern.

The narrative of a loss of community

It is tempting, perhaps, to romanticise the relationships claimed by the “old fashioned” single-handers, but of course there are downsides to any community. Like any community, that created by the single-handed GP is as circumscribed by those excluded as those included, and indeed many were rather choosy about who they registered, in contrast to the large practices which would take any patient so long as their list was not closed. But the temptation is a rather seductive argument about loss, an argument that has permeated much of recent general social policy writing on social capital and community, as well as policy writing on primary care in the UK. Changes in the provision of primary care, reflecting broader social changes in the division of labour in industrialised countries, have, it seems, both separated professionals from the communities they work with, and somehow eroded those relationships between professionals and local communities that were once part of the fabric of the social order.

The first caveat to being wholly seduced by this argument, and rather nostalgically looking for a way back to some more idyllic notion of

community, is that this was not inevitable. Indeed the health centre or large group practice was once seen as a radical force in primary care provision. Tudor Hart, for instance, contrasted his experience of overworked GPs in squalid shop front surgeries from his early days as a London GP with the development of health centres which would, he said provide "an outpost of popular science ... (and a) centre of participative democracy" (Tudor Hart, 1988, p. 335). David Armstrong (1985) argued that it was the health centre itself that configured space and time to actually produce the "community" as the new site for which primary care could uniquely provide a service. The health centre was the physical manifestation of this new referent in health: the community. Ironically, though, the health centre, through its contrast with earlier forms of primary care, has apparently brought into being an entity which exists primarily and most graphically in the nostalgic images of a past general practice. So the notion of the profession as part of a local community of clients is perhaps one that has been discursively created in the early 21st century as a marker of some imagined loss, rather than any empirical description of a real relationship.

A second reason to be a little sceptical of arguments that modernisation and bureaucracy have eroded the ties of vertical social capital that might have endured in earlier ages, with GPs opening local fetes and riding around waving to their patients, is that the old-fashioned notion of the professional whose status and role in the community was bound up in their professional identity is of course an ideological one, and as such largely rhetorical. It is what Shuval and Bernstein called the "basis of a functional mythology" of medicine as a calling, which probably characterised very few real doctors, either in the 1950s or now (Shuval & Bernstein, 1996). Certainly if we are looking for the GPs who identify with a local community, and have primary obligations to the families who live there, they seem to exist primarily in some rather mythical settings - in the rhetorical, and possibly romanticised accounts of the few "old fashioned" single-handed GPs left, in the retrospective accounts of retired GPs, and in fictionalised accounts of East End communities.

So we don't have to accept that in the old days professionalism was somehow more functional for the social order, but simply to note that there is at least a perceived loss here, in more modern discourses of

professionalism. The geographical and cultural separation of professionals from the communities they work in has emerged as a problem, and one that has perhaps some implications for social divisions more generally in society.

The loss of community and the erosion of civic society

In the US, this “loss” of the ties of vertical social capital is a phenomenon analysed by, among others, Theda Skocpol (1996; 1999), who has linked it to the erosion of civic society. As Skocpol notes, the rise of a large and educated middle-class of expert professionals has changed the ways in which communities interact there as well. She talks about an earlier age “[w]hen US professionals were a tiny, geographically dispersed stratum”:

Working closely with and for non-professional fellow citizens in thousands of towns and cities, lawyers, doctors, ministers and teachers once found it natural to join – and eventually help to lead – locally rooted, cross-class voluntary associations. But today’s professionals are more likely to see themselves as expert individuals who can best contribute to national well-being by working with other specialists to tackle complex technical or social problems. (Skocpol, 1999)

Skocpol describes the decline of large membership civic organisations in the States, such as the National Congress of Parents and Teachers, or the Masons, which drew membership from across the social classes and, crucially, also acted as significant contributors to national policy debate. Between the 1960s and 1980s these were replaced by a growing number of more centralised and professionalized associations, which were more orientated towards advocacy and political lobbying. Large membership organisations foundered, and no longer acted as locally rooted participant groups. The only ones to survive and prosper, she argues, are those such as the National Rifle Association and National Right to Life Committee, which are overtly partisan activist organisations. Skocpol summarises these changes as shifting American civic society from a membership to an advocacy society.

Old-style mass membership organisation drew from the professional, business and working classes, but often, of course, exclusively by gender or ethnicity. New associations are less reliant on building grass roots activism

and membership as a route to funding, and more likely to draw on wealthy individual donors. They are therefore less democratic, in that they are less likely to involve local branch meetings and representative democracy and more likely to rely on mail shots and executive professional organisers for communication through the organisation. The new membership groups disproportionately exclude involvement of working class people. They are tilted towards the wealthy and the advantaged “doing things for” others rather than doing things with them. In short, she suggests that “community” itself has been professionalized, with membership organisations likely to be led and organised by professional organisers reliant on technical expertise in media presentation, lobbying, recruitment and fund raising. What they don’t provide any more is local level social support; the kinds of vertical, or “bridging”, social capital that provides both ties across social groups and a voice for local communities through local branch-structure participative democracy. Indeed, one might go one step further than Skocpol, and argue that even “doing things for others” has been superseded by not doing things, but rather facilitating other people doing things. Increasingly, the provision of professional expertise is defined as the organisation of others’ efforts, rather than actually providing a service.

Society thus becomes more polarised. There is an ever larger expert cadre, whose labour is increasingly the provision of expertise directed primarily at other professionals, or semi-professionals, and ever more segregated communities, with fewer ties across the social fabric and restricted access to a democratic voice. The problems of inequality, and the communities who suffer them, are then the targets of much contemporary social policy.

Polarisation: the problem for contemporary policy

Contemporary social policy in the UK in recent years has been located within this framing of a triple and inter-related problem. First is the problem of polarisation itself, with enduring inequalities (and associated health effects) posed as an affront to the supposed meritocracy of modernity. Second is restricted access to voice for certain groups, with a consequent concern about involving the public in decision making both as a liberal good in itself and as a route to legitimacy. Third is the apparent declining stock of

social capital, with the “loss” of community identified as both a cause and a consequence of polarisation.

The UK policies we have been considering (the Department of Health’s Preventing Accidental Injury (DOH, 2002), and the more local, circumscribed initiatives such as the Food Standards Agency’s commitment to developing methodologies to consult with “hard to reach” consumers, and Thames Chase Community Forests’ evaluation of how to widen access to green spaces) all attempt to address, from different angles, the problems of community voice and polarisation, and utilise a discourse of redressing inequality as a policy aim.

These policies share a number of features with much contemporary UK public policy. In general, this could be characterised as increasingly complex: setting broad brush national headline targets based on evidence for both prioritisation and programme implementation, but facilitating, rather than directing, local action, often through second tier local organisations that don’t themselves deliver services, but facilitate others in delivering services. These organisations are typically complex partnerships of both governmental and non-governmental agencies. There are often obligations on providers and policy planners to involve the public (O’Neill & Williams, 2004), and there is often an explicit aim of targeting the most deprived communities, or the most at-risk social groups.

To illustrate these features briefly, the current DOH accident prevention strategy (DOH, 2002) is a typical example. First, this policy emphasises the evidence-based approach, prioritising actions based on reviews of the evidence that identify promising interventions, including referral to falls prevention programmes for older people, and installation of smoke alarms by the fire brigade. Second, the delivery of accidental injury programmes should be organised through Local Strategic Partnerships, including Local Authorities, Primary Care Trusts and other stakeholders. Interventions should be targeted at areas of health inequality (DOH, 2002, p. xi). Thus, it advocates looking at particular social groups to see where and why interventions are and aren’t successful, and to gather evidence about why there is, for instance, differential access to injury reduction advice by social group (DOH, 2002, p. 46). There is also the usual obligation to involve the public. One aim is for instance to “gather input from individuals in deprived

areas and from ethnic minorities to ascertain how goals and objectives might reflect their views”, but within, of course, the constraints of a professionally defined set of solutions. The problem, therefore, is located within particular communities, whose responses to programmes are somehow inadequate, not in the structures of inequality themselves. It is not, perhaps, surprising that there is nothing here about addressing the social structural determinants of inequalities: the focus is firmly on shaping interventions to target those social groups that have been identified as of high risk.

Finally, this targeting is to be done by professionals who will become what the document calls a “well trained workforce”, front line staff who, it is suggested, should have a “common base line of information and understanding to underpin their joint working and initiatives” (DOH, 2002, p. 43). So part of the programme explicitly involves developing a professionalized canon of information and knowledge that is shared. It also constructs a new professional grouping or community; that of the accidental injury specialists, which now has a growing infrastructure to support it, such as the emergent MSc programmes in injury reduction.

Implications for relationships between professionals and communities

There are a number of potential problems with these kinds of policy aims that arise from the logical contradictions between them. There have been, for example, well-documented specific problems in trying to deliver locally through multi-disciplinary partnerships that include representatives from different organisations with different agendas and very different evidence bases (see e.g. Green, 2000). I don’t want to explore all the tensions involved in simultaneously aiming to be evidence-based, address inequalities and to include community perspectives. What I do want to do here is just flag three ways in which policies like this possibly reinforce the social segregation of the professional expert from the community which is targeted.

1) The evidence base reproduces professional values

The starting point of a professionally-defined, and rather narrow, evidence base as the framework for both the headline targets and, increasingly, the programmes chosen for implementation to achieve those targets inevitably

shapes the aims and processes of policy in ways that are potentially rather alienating for the communities that are their subjects. At one level, evidence-based policy implementation is perfectly reasonable and indeed almost irresistible, in its appeal to technocratic rationality. To resist the call for scarce resources to be spent on statistically evidenced priorities, or interventions for which there is evidence for success would be to place oneself beyond rational policy discourse. But of course this evidence base has been generated through answers to rather specific questions, already deeply mired in professional value systems. Questions such as "How can we get children to eat five portions of fruit and vegetables a day?" or "How can we prevent hip fractures in the elderly?", or "How can we get local Bangladeshi families to take more outdoor exercise?" take little note of the competing priorities parents, children or older citizens might have, in addition to optimum nutrition, not tripping over or improving their cardio-vascular health. So if we then try to include public voices in planning, they are usually asked not to shape the priorities of food policy, or how to improve their quality of life, but simply how we, professionals, can best get you to adopt what we've already decided is in your best interests.

Policy interventions have presumably always recreated the social and cultural values of the elite, but what the tenor of contemporary policy does is make this increasingly irresistible through the twin appeal to both an apparently politically neutral evidence base and to public involvement in decision making, which legitimates the content and forms of implementation. In short, the public are being asked to contribute to thinking through how they can best be shaped and governed.

To take just one small example from the Thames Chase Community Forest (TCCF) project. This is a typical complex, if fairly local policy, aiming to regenerate a large area to the east of London as "a varied wooded landscape for local people to influence, create, use, enjoy and cherish" (Forestry Commission, 2004). TCCF involves the usual mix of partnership working, second tier organisation, and involving public voices. One of the aims is to increase access to the green space for local urban communities. However, this is clearly not to be on their terms. One public suggestion about using the green space to create a "Theme Park" to increase usage through creating something interesting on the land was met with absolute derision by the

TCCF steering committee, as having “missed the point” completely. The public, of course, are not merely encouraged to “use, enjoy and cherish” the space, but must be taught to do so appropriately, in an approved way. In essence this involved proper orderly department while using the forest, appreciation of “native” flora and fauna, and healthful and purposeful activity. One approved activity is going for walks, and there are a number of leaflets available from TCCF to help plan a walk. Even walking, however, must be done with a self-consciousness described by one Sports Development Manager thus:

You should be slightly puffed, not out of breath, so you can carry on a conversation, and slightly warm. That’s the whole idea.

So the very physiology of the body, as well as its department in space and time, are to be governed by this policy. An evidence-base on the therapeutic uses of the environment overrides any other moral values the public might have had, such as fun or excitement, or simply lazily enjoying the space. In short, the public are invited to give voice only in response to questions already framed by professional values.

2) The intensification of professional networks

A second contribution to the hardening of the boundaries between professionals and the communities targeted by these policies is the focus on inter-professional teamwork and multi-agency working to deliver ever more complex interventions. Again, the aims here are rational ones of removing barriers between the professions and trying to integrate the policy aims of different agencies through “joined-up” approaches. However, these tendencies have two other effects. First they reinforce the primary orientation of professionals to other professionals, now not only within their own fields, but also across the professional classes. They also create a new tier of expertise, what we might call meta-knowledge. It is no longer enough to merely have acquired a canon of esoteric professional knowledge, as it was under the old professional regime; the “good” professional must now engage in continuing education to constantly update that knowledge, and reflect on its methodological and epistemological base in order to meaningfully engage in multi-professional working. Knowledge for policy is increasingly

complex, involving meta-analysis, systematic reviews, and integrated reviews, which ideally draw on knowledge bases across a number of disciplines. At the point where “traditional” professional expertise, those discrete canons of esoteric knowledge acquired through formal training and informal acculturation, were almost at the point of democratisation, and accessible (in principle at least) to all, they of course no longer serve to separate the expert from the lay person. The erosion of professional discretion through the drive to protocol-driven practice, and the increasing accessibility of “facts” through information technologies such as the web, meant, in theory at least, that the lay public could access it. Now what distinguishes the expert from the lay person is access to meta-knowledge, a “knowledge about knowledge”, embodied in such skills as access to constant updates of information through engaging in multi-professional networks. To be a good professional, one must now not relate primarily to a client group, but to a referral and knowledge network, developed through engagement with the plethora of partnership organisations that emerge in every policy field. Ironically, the democratic urges of multi-professionalism serve to further distance the professional provider from the lay client, cut out from these referral and communication networks.

3) The erosion of respect

Third, and perhaps most corrosively, what the imagery and the practice of much contemporary policy does is contribute to the erosion of respect between professionals and communities. Richard Sennett (2004) has written at length about the scarcity of respect in modernity. He points to a number of facets of modern society that contribute to its decline. One is our discomfort with the rituals that might facilitate communication across social divides. Second, we have difficulties with admitting the just claims of adult dependency. Third, there are limited ways in which people can participate with self-respect in the conditions of their own care or earn self-respect through giving back to the community. Without such exchange, people cannot enter into the mutually bonding ties of gift relationships, which are what perhaps build social capital. Although offering a critique of modern welfare policies, Sennett pulls away from policy advocacy. “Treating people with respect” he says “cannot occur by simply commanding that it should

happen" (Sennett, 2004, p. 260). We cannot command respect, but we can perhaps identify aspects of modern policies that are more or less likely to facilitate respect, and I'd like to argue, following Sennett, that the unintentional effects of the characteristics of contemporary social policy that I've outlined above are likely to decrease respect.

A first step in respect is what Sennett calls the "error" of recognition (2004, p. 44), in which we imagine we see ourselves in others. This is the point of connection across difference. Second is the acknowledgement of that difference: that the other is legitimate, even if not like us. In the TV show *Faking It*, two people from across a social divide meet so that one can learn to pass his or herself off convincingly as a member of the other's sub-culture, such as a middle-class classical musician who has to "become" an urban DJ. When the show works, the person "faking it" both experiences this error of recognition ("this person who seemed like my polar opposite is actually like me") and then, often from learning some craft skills from the other, comes to appreciate their values and accomplishments for what they are. This is perhaps the essence of the kind of respect Sennett is talking about², based on the identification of commonality across difference and the recognition of the legitimacy of different values. Separating particular groups as "targets" for interventions does not facilitate this kind of respect.

First, it serves deftly to turn clients into "others", for whom it becomes more difficult to make that error of recognition. Instead of experiencing a shared humanity (however mistaken) in the "other" who is a need of a service, we feel primarily the otherness, the damage, and the weakness, of the targeted. The good professional is not "in need", but competent, independent and healthy: the targeted client, the other, is "in need". Second, it makes almost impossible the recognition of legitimate difference. In delineating more and more carefully the population groups most in "need" of interventions (the geographical communities with highest teenage pregnancy rates, or the ethnic communities with highest rates of diabetes) we construct identity groups that may or may not have any consciousness of themselves as a group, and then demand from them a representative "voice" – of young people, of ethnic community, of diabetes patients. To

² Thanks to Ulla Gustafsson for this.

some extent this reflects the well-rehearsed liberal dilemma about dealing with difference, in that in discursively delineating the boundaries, noticing difference, we at the same time reproduce it. But contemporary policy goes one step further. It does not just notice the difference, name it and thus reify it – it then goes on to “target” the other. This targeting is not done to explore difference or come to understand different worldviews, but to request a voice to assist in self-governance and intervention. Now targeting again sounds like a rational use of resources, but it is not a neutral verb, and it carries I think certain rather unpleasant connotations.

“To target” is to mark in order to aim at, and perhaps the only rational response to being targeted is to duck, quickly. And then to feel rather resentful. Indeed many projects reliant on community development have found exactly this response. Martin O’Neill and Gareth Williams (2004) report, for instance, on the frustration and hostility of residents of one south Wales community after years of targeting that has resulted in little discernable benefit. Professional researchers came in, prepared their reports, then retreated back to the more affluent areas from which they came, serving only to reinforce the labelling of a disadvantaged community. One example in our work with young people involved in the FSA project, who were asked to design posters to illustrate their ideas about school dinners, is a graphic one. One group designed a poster with the slogan “Walworth kids have got a chip on their shoulder”. Having a “chip on your shoulder” is an absolutely rational response perhaps to being asked to contribute to the governance of your own diet in a social situation (the school) in which your autonomy is denied in every other way. And so disrespect is reciprocated, with front line professionals increasingly reporting a “lack of respect” from clients.

Conclusion

I’ve suggested that the ideology of modern professionalism is rooted no longer in the mythology of vocation and service orientation but primarily in professional networks, hardened through the evidence-based commitments of much contemporary policy, and perversely, perhaps, from the obligations to built multi-disciplinary partnerships. Esoteric knowledge and specific expertise are no longer enough to separate the professional

classes from the laity, and instead there has been a drive towards what we might call “meta-knowledge”, located not in the canon of say medical knowledge or in academic disciplines, but in the networks of professionals, increasingly inaccessible to non-professionals in communities.

The most disadvantaged communities, increasingly separated from all potential ties of vertical social capital, are now the targets of social policy. Whilst the verb “target” might suggest merely focusing resources to where they are most needed, I suggest that this also constructs a particular relationship between professionals and communities on the receiving end of this targeting and it is a relationship that fundamentally speaks of disrespect and separateness. In essence, both discourses of professionalism and the shape of contemporary health policy in the UK are increasingly hardening the boundaries between professionals and the communities they once served, making the amelioration of inequality less, not more, likely.

Thirty years ago David Werner (1978) made a radical call for health professionals to come from the rural communities in which they practiced. In the modern city, with cross cutting and rather amorphous community boundaries, this call would be inappropriate – which communities would we mean? Do we really want our police forces, health services and teaching staff to mirror exactly the complex constellations of social, cultural and religious identities of the local population? It is not possible, or even necessarily desirable, for professionals to represent exactly the multiple communities they serve. Neither is it possible or desirable to return to the patrician relationships professionals had with communities of the past, even if they ever existed. But if we are serious about addressing social inequality, and its effects on health, a first step, following Sennett, has to be a search for a more respectful relationship between professionals and communities, appropriate to the kinds of community which really exist in modern urban society. This has to involve, at a minimum, a retreat from the “othering” of communities in need, and on an individual level a recognition that, as Arthur Frank has noted, “the wounded healer and the wounded storyteller are not separate, but are different aspects of the same figure” (Frank, 1995, p. xii).

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Response to Judith Green

Rosemary Du Plessis

I would like to thank Judith for her wide ranging and challenging paper, and respond to it in two ways, directed at two rather different questions. The first relates to the general relevance in this context of the trends identified in the United Kingdom. Does the narrative about professions and community offered resonate in the context of Aotearoa/New Zealand, or at least for large urban contexts? The second relates to the specifics of sociologists' location in social networks and "entanglements" and its implications for our professional practice. Green asks the question: "How should professionals relate to the communities they serve or organize services for, and what effects might different models of relationship have on the outcomes of services provided?" I want to consider the relevance of Green's paper for what it means to be a professional sociologist in the current context and our relationships to those who participate in our research. Are we as sociologists increasingly detached from those who participate in the research we are doing? Or are "social entanglements", in some contexts at least, a key ingredient for significant aspects of our professional work?

1. Relevance to the New Zealand context

Is the narrative about the increasing detachment of many professionals from the communities they serve valid for Aotearoa New Zealand? Are professionals involved in the provision of health, education, welfare, and recreation services less likely to live and work in the communities they serve in this country as well as in the United Kingdom?

My answer to this question is yes, at least to some extent. However, the story of increasing detachment may be truer for some communities than others. In New Zealand as well as urban UK, professionals who provide social services are likely to have their homes in communities other than those who are their clients. However, middle class communities may well be served by those who live in them. In many rural communities those providing services may also live adjacent to those who use these services.

They may be people who grew up in those communities, or people who have married those who are locals. They may be located in hybrid networks that span the local community, other urban contexts and professional, education, sport and political associations. Some of these counter examples of professional embeddedness might be useful in identifying how it might be possible to resist some of the trends Green identifies and to foster alternative professional/community relations. We may also want to question whether the model of the erosion of civic society offered by Skocpol is an accurate description of what happens in Aotearoa New Zealand. Differences in taxation result in less tax reducing endowments, fewer professional organizers and fundraisers and a continuing need for non-governmental organizations to engage in vertical and horizontal organization to sustain initiatives to which people are passionately committed.

Are professionals increasingly focused on developing integrated services directed at "targeted" sections of the community constructed by interdisciplinary and multi-agency teams? Certainly we also have a plethora of programmes targeting groups like "youth at risk", teen parents and Maori women smokers in their childbearing years. These integrated and targeted services involve the intensification of professional to professional relationships that may result in diminished attention to professional/client relationships. They are, however, unlikely to succeed unless they involve significant connection with the aspirations and everyday practices of the groups that are targeted.

Do professionals in New Zealand similarly operate within a context of high level rhetoric about community engagement and public participation in decision-making? Yes. Is there a significant gap between aspirations and practice? Yes. Are attempts at bridging that gap through attempts at "community involvement" potentially open to legitimation by state agencies? Yes.

These responses are informed by tacit knowledge as someone with an interest in different facets of social policy in this country, not as someone who is involved in social service provision or the training of those who will provide such services. I respond, however, as a sociologist and as someone involved in training professional social researchers. How relevant are Green's comments for this group of professionals? How relevant is the story offered for this audience of social researchers and to my own experience?

I read Green's paper very much reflecting on its relevance for a current research project that absorbs a considerable amount of my time.¹ The researchers in the team are multiple with respect to their physical location and disciplinary orientation and the project is directed at better participation by communities in discussion and decision-making about new health biotechnologies. It is firmly located in one of the discourses identified by Green – the need for community engagement and public participation in decision-making. Do we spend more time talking with other professionals about how and why we can do this work than actual engagement with various sections of the community? Yes. Is this a source of concern for us as researchers? Yes. Are we working in a field in which knowledge for policy is complex and relatively inaccessible for many community members? Yes. Is the project vulnerable to the possibility of cooption by state agencies interested in demonstrating that participatory democracy is being realized in Aotearoa New Zealand? Can the exercise itself be used to defend science against claims about its remoteness from the lives of citizens? Yes. On the other hand, are the “social entanglements” and networks of the researchers a resource for the research rather than an impediment to the achievement of its objectives? Yes.

This brings me to the second strand I want to pursue – the challenges for us as sociologists and investigative social researchers that arise from Green's arguments. For, we are not just those who describe shifts and changes in the practice of a profession, we are also those who act professionally as embedded social actors with specific life stories, abilities and disabilities; we are professionals with particular life stories and whakapapa. While social researchers as knowledge producers are not the focus of Green's discussion of professions and community, it seems appropriate to pursue the relevance of the argument for us as professionals.

2. Professions, communities and social research

My starting point for responding to this aspect is the reflections on “narratives of profession”. Green reviews the Parsonian position that “the

¹ The project referred to is the Constructive Conversations Korero Whakaaetanga project, a FRST funded research programme based at the Social Science Research Centre, University of Canterbury. See www.conversations.canterbury.ac.nz for information about this research.

good professional" is affectively neutral – he or she "does not let the emotions of social relationships impinge on decision-making in the professional sphere". According to this view, to be "professional" implies a certain distance from "the mess of emotional and social entanglements". The story offered about professions and community recognises that professionals have been enmeshed in social networks that include those consuming the services they provide, but that this connectedness is diminishing. Professionals' networks are less likely to include those experiencing the highest levels of social exclusion and/or vulnerability. They are more likely to involve forging and appreciating connections with other professionals directed at both targeting and constructing "the other" – those most unequal, most marginal, most deprived.

I want to argue that sometimes being a good professional sociologist is to be socially entangled and that these connections enable access to situations, interactions and conversations that are crucial to generating knowledge that is relevant to the research questions that drive our inquiries. Opportunities to do research in certain fields can depend on the social capital of investigative social researchers. It depends on them being people who have had certain experiences, lived in certain communities, and made certain personal life decisions. The challenge of sociology is to use the analytic frameworks of this discipline to produce knowledge that differs from journalistic or personal accounts and to expose the strategies used to generate that knowledge to critical scrutiny. Much of what we do in sociology is organized around ensuring that what is offered as "knowledge" is not just self serving "bias", while at the same time using ourselves, and our relevant social entanglements, to generate that knowledge.

A large amount of the first investigative work of sociologists in Aotearoa New Zealand develops out of the life situations of graduate students. These life experiences include work as women's refuge advocates, their involvement in developing and sustaining the work of home birth associations, their experience of sole parenthood, their work in needle exchanges, their involvement in professions like midwifery, police work, nursing or social work, and their location in particular friendship networks. Graduate students' religious beliefs, involvement in social movements, their enthusiasm for sport or the movies or their own experiences of embodiment often shape the critical sociological questions that drive their research and

facilitate their investigative work. Access to people “in the community” with knowledge sociologists want to explore can depend on our embeddedness in various social networks. And our success in qualitative interviewing at least, and sometimes the design of questionnaires, may depend on local knowledge that arises out of our “social entanglements” as well as our professional networks as sociologists involved in complex connections with other professionals.

Perhaps these “entanglements” are more important when people start their careers as sociologists and less important as they become established as researchers and embark on projects that are less self directed and more determined by funding opportunities, commissioned research and debates in the literature. But I would suggest that the very valuable knowledge that is produced between the covers of MA and PhD theses in sociology is frequently the outcome of the “entanglements” of those who write them. And these apprenticeship pieces, shaped by the interests of the scholar rather than the funding agency, are a core source of knowledge about Aotearoa New Zealand.

In a research project in which I am currently involved, the Constructive Conversations Korero Whakaaetanga project, existing community, professional, family and friendship ties of the research team have been very important in recruiting diverse community actors into group discussion about the social, cultural, ethical and spiritual implications of genetic testing and the storage of genetic information. We have to expose the specifics of that recruitment of participants to critical scrutiny and respond to arguments about the potential for bias. However, existing connections with members of our team (including involvement in previous research with them) has been crucial in persuading some people to come along to a focus group to talk about a topic that often seems quite distant from the concerns of their everyday lives. The social capital of diverse and multi-disciplinary researchers is a key component of aspects of the research strategy.

3. Embracing entanglements?

If the networks and entanglements in communities (whether based on physical location, experience or professional interest) are important in contributing to the generation of knowledge about social life in Aotearoa

New Zealand and what gets done with that knowledge, then it matters who sociologists are. It is important that we recruit students into our courses and especially into graduate work that are varied in their ethnicity, the class background of their families of origin and their life experience. Mature students who have had experience of employment in a range of occupations are a particular taonga or treasure. These entanglements are resources for the discipline of sociology and the passions, political impulses and networks associated with them may drive exciting and innovative research endeavours. These entanglements among us as professionals will enhance our respect for those defined as "the other" in the context Green graphically presents.

The experience of disability, mental health issues, sole parenting, drug use and political struggle on a range of different issues are not just "out there" in the mythic "community", but here in our own professional networks, hence they are a resource for systematic, rigorous and critical knowledge production.

I should conclude by indicating what I am not saying, as well as arguing with some passion for the significance of our multiple locations as people as well as professionals. I am not saying that you have to have the attributes of those you research. The capacity to do high quality research on nursing, gang culture, sex work, anorexia, gambling, strategic community partnerships, cosmetic surgery, domestic abuse or recreational drug use, without having the experiences of those participating in the research, has been demonstrated. I'm not saying that someone who had the experiences that are recorded and analysed always does the best research. What I am arguing is that some excellent sociology, in Aotearoa New Zealand and elsewhere, is enabled by sociologists' location in networks that run in directions that are rather different from the story of increasing detachment and disconnection that dominates Green's account. My interest in this commentary has been to recognise the relevance of her account, but also to resist aspects of it, particularly with respect to our own practice as sociologists, who sometimes, but not always, use our "social entanglements" as resources rather than encumbrances.

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Response to Judith Green

Phil Harington

Judith Green creates a hook for her paper by referring to old television shows. My recollection of a convivial community was formed in part from programs like Dr Findlay's Casebook and that one about the vet in the Yorkshire Dales. In these scenarios professional narratives given as stories from the frontline put viewers in the shoes of those who work "single handed in their little parish". The key players in their professional roles did seem to prefer being involved with the community over having a life that had some other bearing. Somewhere it would be posed; "what's a person with your talent doing in a place like this?" and the drama would be how they seemed to make the decision to stay and the community felt the better for it. Such homely narratives for prime time consumption seemed to be assuring us that factors other than opportunity maximisation make up the human capacity for action. Ideas of identity, belonging, freedom and reciprocity take many forms and instigate many outcomes both intended and unintended. Part of our job as supporters of this journal is to explore the consequences of such social relationships. It is likely we will find things are not as they seem.

Green is keen to explore how primary care policy has effectively "separated [medical] professionals from the communities they work with, and somehow eroded those relationships between professionals and local communities that were once part of the fabric of the social order". Green reminds us that this was not inevitable – there was a time when the health centre was "seen as a radical force in primary care provision". The insertion of health instead of medical in front of centre was an emblematic effort to reposition the role of the agency in the community as having to do with wellness not illness and the possibility that people, women in particular, could control their own bodies and not have their position in society turned into a disease requiring medical and pharmacological intervention.

In the early eighties I was researching (Harington, 1985) how the community health movement was beginning to be recolonised by those

that wanted to “assert the clinic” and keep the illness model alive. In both the Kirk and the Whitlam governments in Australia there had been support for community health policy that sought to create the storefront in a variety of forms as a space for citizenship development: the law centre; the youth drop-in centre; the community house. In their own contexts, in their own voices, lay or para-trained activists could proffer folksy wisdom or the whispers of conscientization. The women’s movement mounted the critique about how knowledge was controlled and dispensed and how at that very moment in our quest for assistance, we could be given something ameliorative, something that helped but left us no wiser about the experience, or, through a knowledge shared with others we could gain tangible insight that invigorated our capacity to act upon the world. It was nostalgic to read Green quote Tudor Hart on the value of science and the value of knowledge being shared in some participatory democracy. We now thank Foucault for reminding us that the medical gaze is hardly likely to work this way.

Nowadays I am interested in a related aspect of this debate between the community and the practitioner. I do not think our (Dr Green’s and my own) general interests are very different but I come to this debate from a different professional allegiance. I work in a social work training site. It is a program that has run affirmative action policies for twenty years with the aim of getting more Maori and Pacific practitioners into the profession. It has also developed a practical affinity to support the aspirations of women, LGBT, disabled, migrant, neighbourhood and rural communities take greater control over their social services and the practices that are ventured in agencies that have an impact on their lives. We take into professional education students from the “school of hard knocks”. Education has previously been an unhappy experience for these students. They have witnessed the failure of many professional relationships when they have properly sought assistance for illness, housing, legal advice, commerce, etc. There is a suspicion of the generic about professional practice that is voiced as a determination to “work with their own”, to shake up the system and to find alternative means to bring services to people in ways they can participate in. They warm to an idea that professionals can be located in community and that social work harbours a paradigm of practice (albeit still entirely

problematic) that sees the practitioner as agents of citizenship. The interest, almost the manifesto, is exemplified in a recent chapter by Tulele (1994).

I have in my recent efforts to explore the relationship between professional practice and community benefit, parlayed this aspiration into a concern for civic literacy. This is not merely about the literacy involved in voting or being an active citizen but rather the idea that professions and those with gate-keeping status in social services should also be literate in the ways of the communities and the aspirations they serve. The result of best practice in each party should be that the rights of participation, freedom, and identity are not jeopardised when access to services is sought. It's a simple idea with many risks of obfuscation in practice but the aspiration to have it understood and viable as an axiom of professional practice should not be ducked in professional education, especially in a field with emancipatory claims.

Some time ago a layered, or even a sequencing, model for bicultural service delivery was outlined by Mason Durie (1995) indicating how differences can exist between a generic and an alternative culture of practice. The years since then have seen the development of the "social development approach", exemplified as an aspect for critical appraisal in the Local Governance and Partnership Project of Wendy Lerner (2004). New Zealand has seen a concerted growth of organisations that express a social service delivered with some civic providence. That is, services with a particular focus are rendered in organisational forms and with appropriate staffing to respect difference, to avoid or nullify any systemic or deliberate risk of "exclusion" or discrimination, and to indeed affirm the principles of an active citizenship. Movement to these modes of operation has arisen from diversifications within the generic, and from claims made from the outside for more appropriate and affirming forms of service practice, and in some instances from sheer political resilience to be self determining. While requiring immense critical appraisal such moves can be argued as indicating some divisibility of the state.

I have a slightly different take therefore on the way we are now entering the policy domain resting on intentions to engage the community, build capacity, strengthen social capital and form partnerships between the state and the nature of practice in the idiom of the community. We have come to

this language because the traditional "welfare state" was too concerned with a generic model of professional practice. The expert with a skill to assist all became so bureaucratised. They tended to serve the interests of the organisation ahead of a citizen's claim for attention. Instead, the good professional, specialist, expert, the person with an ethic to work for the good of clients and to the best knowledge of their canon, became a patronising technocrat dispensing what was available. In reality the person in the welfare system who might actually front with the citizen was more likely to be a different order of personnel in nursing, teaching, and social work, with some (gendered as well as careered) risk to be overawed by some higher authority.

Quite clearly the women's movement, the emancipatory ideals that arise in an increasing Maori renaissance, the claims of communities seeking more power to determine their own destiny, were an outcome of too many players in the welfare state who were either patronising or rule-bound, having too much prerogative over what was done. It was never going to be possible to replace such strictures with "the market" somehow loosening up products tailored for any discerning customer. Neo-liberalism suggested such things could be "niched" into the many forms the customer could afford. It may have suggested people could shop around for the services they preferred but it did nothing for equity and everything for compounding privilege. It produced another anger not just over the role of the state, but also about the way professions were so willing to capitalise on their monopoly and forgo an ethical or even a vocational interest in the welfare of the weakest and most vulnerable.

Take the case of the gay student in my class who asked if civil union is coming to pass and whether we can expect the gay community to become more classical in its participation in rates of family formation, adoption, divorce and demise (retirement, old age etc). Who are going to be the social workers who assist them through these transitions? Maybe the gay community will be strong and attentive, loaded with its own capacity (could I say social capital?) but we can also suspect that there will be many a generic agency, a hand of the state, even a well intended practitioner that will want to offer an extension of the generic response. Trust it as you might, but the risk of homophobia is not to be denied. The location and sustenance of

expertise within their community is a more hopeful prospect. Communities want competencies to be their own and respected for it.

I agree when Green identifies how particular inequalities have been singled out as an affront to the vast knowledge we have locked away in ivory towers and learned disciplines and political good intentions. The techno-rationalities do have their strengths. What they do not have is a way to communicate that to other rationalities, to other world views. Strangely, social work is re-positioning itself here, accepting Etzioni's (re)classification as a quasi-profession they have tended to argue they are the champions of a "process rationality" and want to be heavily involved in the ways communities regard, debate and resolve their options. I have just returned from a social work conference in Adelaide where Reclaiming Civic Society was the theme and a curriculum was offered in civic development for engaging communities in new forms of democracy and self-determination.

The final point of the three Green covers suggests new policy is trying to manage an underlying disillusionment in current society. We do not know just how broad we want to be with the capacity for "identities" to self determine their development. Thus far we have loosened ideas, some civic zest, and contestations ground through our efforts at playing knowledgeable gods and in fashioning expertise, policies, budgets, services, and so on. Such things seem to be the consequence of a dominant system playing its cards. The players here may be agents of the state but equally they will be experts with knowledge and some canon of practice, some claims to an authoritative power. The agenda however is more split. There are now "factions" within and between the place we aspired to find unity, each claiming some rightfulness. We are surprised by the materialisation of a backlash.

I take Green's paper to be a challenge to find the role professions should play in the future. I know the accusation, that schmoozing professions with community, will see professions ultimately privatise the community's knowledge and sell it back to them as a service. I also know that good practice requires good scholarship, critical analysis and technologies by which it can be shared and debated. Green warns us in the latter stages of the paper that boundaries are hardening, and that with greater surveillance the state is thinking it can assert its will in these developments. There may be new spaces for activity but "we" do not want any surprises. I liked the

reference to meta-knowledge suggesting professions may seek to remove themselves from the fray becoming aloof, not because they have expertise, but because they have the qualities of a fast internet connection – they concentrate on what they do, do it quicker and make the fee for processing it of more value. It is great drama.

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Reviews

Sites of gender: Women, men and modernity in southern Dunedin, 1890-1939

Brookes, B., Cooper, A. & Law, R. (Eds.) (2003). Auckland: Auckland University Press.

Reviewed by Cybele Locke

As the bells rang out and the steam whistles sounded at midnight to mark the dawn of the twentieth century, Emmeline Gallaway and her husband Thomas clasped hands and wished each other a happy New Year. Thomas said, 'I hope this will be a better one than usual.'...The sky was alight with red, blue, green and yellow fireworks, roman candles were set off and 'crackers rattled in all directions'. The display was capped off by a splendid meteor that came out of the north, travelled in a horizontal direction, and faded out over the Otago Peninsula. The pyrotechnics served to unite the community in anticipation of what the new century might hold.

Around two hours later, Emmeline Gallaway, clothed in her white nightdress and one stocking, lay dead on her bedroom floor, surrounded by a pool of blood. Thomas Gallaway roused his neighbour saying, 'Oh do come. Someone has come in and half killed me and I believe my wife is dead.' (Brookes, 2003, p. 348)

This intriguing tale of murder opens the final chapter of *Sites of gender*. As an historical account it is embedded in place (the Gallaway household, Bradshaw St, South Dunedin) and time (the turn of the twentieth century), but it is also sited in the context of gendered behaviour, in this example, married life (although one would hope murder and marriage were not always paired!). *Sites of gender* explores the dialectic relationship between gender and place over a series of decades between 1890 and 1939. As the editors explain: "The populations of these physical 'sites' were determined by their differing participation in social 'sites': work, domestic production, education, consumption and leisure" (2003, pp. 12-13).

The relationship between gender and place underpins the structure of this edited collection. Chapter one lays out the theoretical underpinnings

of the book and places the volume in its historiographical context. Chapter two traces the geographical patterns of settlement of Dunedin's southern suburbs and introduces gender through two case studies, the working men's mobilisation of the 1880s and 1890s and the 1893 women's suffrage petition. Chapters three to twelve examine the history of place and key areas of social life where gender was enacted: work, education, production and consumption, leisure, poverty, mobility, transport, health, religion (and very briefly) marriage.

This interdisciplinary study grew out of the "Caversham Project", a quantitative and statistical study of social and geographical mobility in the borough of Caversham, began in 1978 by Erik Olssen. The Caversham Project Database contains more than 70,000 people who registered to vote or who lived on a street within the boundaries of three former boroughs, Caversham, South Dunedin and St Kilda, between 1890 and 1939. Numerous working papers and articles were produced from this database, including Olssen's book, *Building the new world*, which explored the relationship between social structure and the organisation of work in southern Dunedin. There was an almighty silence on the historical experiences of Dunedin women in these texts and a working group was formed to address this bias in 1995. The "Sites of Gender" group involved people from the fields of history, human geography, urban planning, gender studies and clothing technology, which produced the volume's multi-disciplinary flavour.

In many ways, *Sites of gender* reads like a tribute to Joan Scott. In 1988, Scott challenged academics to contemplate: "How does gender work in human social relations? How does gender give meaning to the organisation and perception of historical knowledge?" (Scott, 1988, p. 31). The opening chapter of *Sites of gender* acknowledges the impact of this challenge, describes the genealogy of gender as a category of historical analysis, and places the contributors within that genealogy. The family tree of gender studies – growing from "women" to "gender" to "difference" – did not necessarily occur as a linear process and some chapters in this collection recover aspects of women's history while also engaging in an analysis of gender relations and/or the dynamics of power and difference. The gender category chosen can often tell the reader as much about the writer (and

their discipline) as the history. The opening two chapters are excellent articulations of the theory of gender, sited in place, but these theories are not necessarily reflected upon, or described further, in the more content-driven chapters. The chapters on work, school, leisure, poverty, health and marriage are content-focused, and predominantly written by historians. These chapters contain discussions of historiographical issues but are less explicit about the theories of gender that underpin them. Chapters on production and consumption, mobility, and transport are reflexive case studies that are more interested in the materials and social meaning of their "sites", than in describing the sites themselves. This reflects the disciplines of the writers – geography, urban planning, sociology and clothing technology. Finally, John Stenhouse's provocative chapter on religion not only recovers the role of women in churches but at the same time challenges the reader to analyse the present-centred orthodoxies of "new" social historians who have been blinded to the religious past by their search for late-twentieth-century values regarding women's roles, gender relations and sexuality. With this challenge in mind, I want to explain how my own experiences of teaching influenced which chapters of this volume I enjoyed the most.

Sites of gender became one of the main texts for a level-three course I taught on the history of New Zealand as a social laboratory from 1880 to 1920. The volume was a fantastic addition to this course for a series of reasons. First, when I wanted to breathe some life into my lectures, the chapters on work, poverty and school provided wonderful content. These chapters assisted my descriptions of how gender was embodied in people and the social institutions people engaged with – life as a breadwinner, life without a breadwinner, and training to be a breadwinner or a breadwinner's wife. There were many other chapters I could have used to provide material for teaching – I really enjoyed Barbara Brookes' chapter on health – but I was afraid my course was becoming a little Dunedin-centric. On another level, the introductory chapter was an excellent resource for teaching students the basics of gender theory. They had to grapple with this chapter themselves, led by one of their peers. It was far more successful than the tutorial we had on class, which used the introduction to Erik Olssen's *Building the new world*. While Olssen's introduction is a scholarly study of class as a

social category, most of my students found it somewhat impenetrable.

The many authors of this collaborative, interdisciplinary effort are to be commended for bringing to life (and sometimes to death) the inhabitants of southern Dunedin. *Sites of gender* is a series of thick descriptions of people embedded in place, viewed through the lens of gender. At times the theorising of gender and social meaning attached to gendered positions is under-analysed but the beauty of this work is the historical content which trips off the page with a freshness that captures the imagination. As a teaching tool, this collection of essays is an excellent resource.

Reference

Scott, J.W. (1988). *Gender and the politics of history*. New York: Columbia University Press.

Health and society in Aotearoa New Zealand, Second Edition
Dew, K. & Davis, P. (Eds.) (2005). South Melbourne: Oxford University Press

Reviewed by Judith Green

This is the second edition of a successful text aimed largely at introducing those on health-related and social science courses to the perspectives and subject areas of medical sociology and public health. Like the first edition, the chapters here represent a mixture of overviews of key areas (including methodology, theoretical approaches, health inequalities and health-care reforms) and more focused case-studies, most of which also introduce core concepts and related literature. A strength of this text remains its collation of empirical data and reviews of literature on some of the key aspects of health and society in Aotearoa New Zealand, such as the health of Pacific peoples (Margaret Southwick) and the health implications of an ageing population (Arvind Zodgekar). All chapters utilise a range of well-chosen empirical examples of research from, and policy relating to, Aotearoa New Zealand, but some authors (for instance, Papaarangi Reid and Fiona Cram, who suggest that these are “two countries”) explore the implications of this context a little more critically. There are some sound pragmatic reasons why one might choose a “local” text for teaching, such as the immediacy of familiar examples for students, and the relevance of contemporary accounts of policy development, but ideally also some theoretical ones. Exploring what is specific about the local context, and in what respects policy, practice and academic issues are typical of those in other particular regions of the world can open up lines of critical enquiry for students. The specific experiences of colonialism, the Treaty of Waitangi and land alienation are, for instance, crucial context here for understanding issues such as inequalities in health in contemporary society, but also potentially generate questions about broader principles in terms of how we account for the relationships between social structures and health. Inevitably, this challenge is taken up to a varying degree by different authors.

Both the basic structure and topics covered worked well in the first edition, and are maintained here, with the addition of one new chapter on

primary care and participation and some minor changes in authorship. The chapters on policy have been updated to cover contemporary developments such as the emergence of Primary Health Organisations, and some individual chapters have been re-orientated in the light of more recent scholarship. Mike Lloyd's chapter on communication, for instance, is almost a response to his chapter in the first edition on medical communication. The revised chapter is now framed around the Latour-inspired work on technologies and their inter-relationships with social beings, noting that material objects add "complexity and complication" to health tasks such as diagnosis: human "talk" happens in a material world, and we need to analyse that as well as speech communication. This chapter works extremely well as an accessible and interesting introduction to the work on medical technologies, but it would perhaps have been useful for readers to have had the original introduction to discourse analysis traditions as well, given that this is an area of sociological scholarship that has great appeal to practitioners. The chapter on formal and informal care has also been rewritten, this time with a new author, Allison Kirkman, building her discussion around a case study on dementia. This provides a neat and pertinent vehicle for exploring the division of labour between different sectors of health care, and also introducing the reader to a number of other more general issues, such as the role of media reporting and advocacy organisations.

Authors of introductory and overview chapters on theory (Allanah Ryan), methodology (Libby Plumridge), culture (Judith Macdonald and Julie Park) and health inequalities (Philippa Howden-Chapman) have perhaps the heaviest burden of writing accessibly but not simplistically for readers new to sociological perspectives. This is managed with considerable success, with Ryan providing a readable (new) chapter on the main sociological theoretical approaches that have been used in health research that nicely balances appreciation of real epistemological difference with the possibilities for pluralism, using some interesting illustrative, often local, empirical examples. Plumridge sensibly avoids any detailed discussion of "methods", which could not really be covered in one chapter, and instead stresses the need for "appropriateness" in methodology, with useful references to the local institutional context of research. The (expanded from

the first edition) chapter on culture is an excellent short introduction to how both lay and biomedical ideas of health and illness are deeply rooted in broader cultural frameworks but open to transformation. It includes nice examples of different beliefs about bed-sharing with infants across the main ethnic groups and the importance of language and beliefs in understanding access to cervical smears. Howden-Chapman provides an admirably succinct and coherent overview of the enormous research literature on the social determinants of health inequalities and the main explanatory models, updated with some of the recent work on ethnicity and on what we can learn from rapid economic change in eastern Europe. Though all these authors of overview chapters write with considerable clarity, there is inevitably some technical vocabulary that is likely to be unfamiliar to at least some of the intended readership, and a glossary of key sociological terms would be a useful addition to the glossary of Mori terms.

The editors' concluding chapter optimistically suggests that the various authors here share a common theoretical and conceptual framework. However, diversity is perhaps a more striking feature of this collection: there is a range of disciplinary approaches here, from fairly straightforward (even if sociologically informed) social epidemiology, through social policy, to attempts to engage with post-modern theory in a chapter on teamwork. The conflicts between these perspectives are not drawn out, either within chapters or to any great extent in the introductory sections. The concluding chapter also highlights the *critical* contribution of sociology, although again this is less in evidence than claimed in this collection, with some fairly descriptive sections on new professionalism, and nursing, or contemporary policy development. Some readers might prefer an approach that highlighted division and controversy within the field: but perhaps one (unexamined, here) consequence of the local context is a tendency to focus on consensus at the expense of critical debate. The editors are right, though, in their claim that this collection does showcase the strength and vitality of the health research community in Aotearoa New Zealand, and the second edition of this text is as likely to be as widely used as the first.

Encountering nationalism

Jyoti , P. (2004). Malden, Massachusetts, Oxford & Victoria: Blackwell.

Reviewed by Avril Bell

When I was an undergraduate studying nationalism, I remember one of our set texts addressing the question "Is it possible to have a theory of nationalism?" Although I can no longer remember the author or the article itself, I remember that the answer was "no". "Nationalism" as a term and as a set of phenomena covers such a vast conceptual and empirical field that no single theory can encompass its totality. Many texts on nationalism focus purely on its political dimensions and its links to the state and citizenship. Many others are more historical in focus, addressing the issue of the origins of nationalism. These are largely Eurocentric in perspective, with the exception of Chatterjee's (1993) well-known corrective. Benedict Anderson's (1983) *Imagined communities* still stands out and remains hugely influential, although it is probably the concept itself rather than the detail of his argument that has had the greatest impact. There are multitudes of texts that deal with contemporary and historic nationalist movements throughout the world and now well-developed bodies of work that address the once marginalised issues of the links between nationalism, gender and sexuality and the increasingly salient issues of nationalism and multiculturalism and nationalism and globalization. Amongst this proliferation, new general texts on nationalism continue to appear. Many I find disappointing in their pretensions to comprehensiveness that even so fail to cover the kinds of issues I am interested in as a researcher and teacher of nationalism in New Zealand.

As a researcher the most interesting I have come across for some time is John Lie's (2004) *Modern peoplehood*, which subsumes nationalism, ethnicity and race under the general category of "peoplehood". As a teacher, Jyoti Puri's (2004) *Encountering nationalism* is a welcome addition to the field, published as one of Blackwell's 21st Century Sociology Series offering students a sociological perspective on key contemporary issues. The series editors claim to be providing something different in the way that these

texts combine theory and empirical research to develop original perspectives on the issue in focus, rather than following a “standard textbook” approach. Puri’s book bears out their claims. In it she provides overviews of an impressive number of topics within the field - theories of nationalism and its links with modernity, and scholarship addressing the relationships between nationalism and variously, colonialism and racism, gender, sexuality, ethnicity, religion and globalization. Throughout she identifies key works and writers within these fields and intersperses her theoretical discussion with empirical examples from the literature or from current issues. “September 11”, for instance, recurs at various points throughout the text, however, her examples are not restricted to North America and Europe. She also draws examples from her homeland, India, and from Africa and Asia more broadly. Puri has made a real effort to be global in her reach, although she acknowledges a primary focus on the “Euro-American” context as the predominant audience for her book (p. 16). Even if her work is Euro-located (she lectures at Simmons College in Massachusetts), it is not Eurocentric.

Throughout the vast array of topics covered, Puri weaves a thread of argument that sets out her own “culturalist” approach to nationalism. Her approach is introduced in Chapter One, “Vexed Links: Perspectives on Nationalism, the State and Modernity”. This chapter outlines and critiques major lines of theorising about the state (Marxist, Weberian and political systems theories) and the major theories of the relationship between modernity and nationalism. Here she uses Renan and Kedourie as a springboard to discuss the work of Smith, Gellner, Nairn, Breuilly, Giddens, Tilly, Hobsbawm and Anderson. While each of these are argued to contribute something to the understanding of nationalism, in toto she critiques all attempts at grand theorising and their Eurocentric and homogenising tendencies. While her “culturalist approach” is never given a succinct definition in the book, it is presented not as a rejection of these major theorists, but as a corrective to their limitations. The closest Puri comes to a definition of her approach is when she sets out its advantages (p. 66-7 and p. 210-11). Basically, to take a culturalist approach is to view nationalism in constructionist terms and as highly ambivalent, complex and particular in nature. Thus she argues that nationalism can be both revolutionary and

repressive, can create unity and powerful exclusions, is both spectacular and quotidian, both political and cultural, and can be both elite-driven and popular.

This foregrounding of the complexity of nationalism is immediately appealing. Puri effectively suggests that nationalism operates in a field of complex dynamics in which no single judgment or generalisation can be made. In the remainder of her book she sets out to give some order to this complexity by reporting on the main lines of theorising and research that address these complex dynamics. This takes the form of chapters on the relationship between nationalism and variously, colonialism and race, gender, sexualities, and ethnicity and religion, and a concluding chapter that addresses issues of globalisation and arguments that nationalism is in decline.

As a reader I found some of this discourse prosaic. Puri's chapters are compiled methodically and logically, but without any obvious flair. However, I guess I am not her ideal reader and her approach will probably be more appealing to students. I also found the area of my own major interest, colonialism, racism and nationalism, given the least satisfying treatment. As a researcher and teacher of New Zealand nationalism, the developing field of settler nationalism addresses the specificities of how colonialism, racism and nationalism intersect here. Puri has practically nothing to say about settler nationalism, however. She identifies "settler colonies" as a specific type (p. 74) and points to one feature of the particularities of settler nations - difficulties in asserting any long historical trajectory (p. 99) - but otherwise their particular forms of ambivalence and complexity are ignored. This is one area in which her efforts to be inclusive reaches its limits, which in some ways is surprising given her location within the USA, itself a settler colony. I suspect this omission arises out of the relative newness of this area of study and its underdeveloped state in the USA.

With this exception, Puri's achievement in introducing a vast array of topics and arguments across these fields of inquiry is substantial. I cannot think of a major theorist or researcher in any of the areas covered that she has left out. In this regard her book meets its aim of operating as an introductory text for students in the area. As long as they manage not to be bewildered by the succession of arguments and issues, students will have

an entrée to an extended and contemporary literature on the topic. I will be adding this book to my own students' reading list.

References

- Anderson, B. (1983). *Imagined communities: Reflections on the origins and spread of nationalism*. London: Verso.
- Chatterjee, P. (1993). *The nation and its fragments: Colonial and postcolonial histories*. Princeton: Princeton University Press.
- Lie, J. (2004). *Modern peoplehood*. Cambridge, Massachusetts: Harvard University Press.

Challenging science: Issues for New Zealand in the 21st century
Dew, K. & Fitzgerald, R. (Eds.) (2004). Palmerston North: Dunmore
Press.

Reviewed by Linda M. Jones

If you want to pick up a stimulating non-fiction read, then *Challenging science* might just fit the bill. It is an edited work that is exciting in its selection and presentation of a range of serious scientific debates, dilemmas, and contradictions, in contemporary New Zealand society. From the title I was unsure whether the work would offer some challenge to current scientific epistemology and methodology, or had as its focus debates that science is challenged to explain. However, I soon became eager to find which new “challenge” each chapter would address, as Dew and Fitzgerald have collected essays from multifarious perspectives, and that support their arguments with delectable local research examples.

Dew and Fitzgerald state that their aims are both to lay down a challenge to scientists and scientific thinking from a social or community position; and to illustrate some issues where scientific knowledge has challenged or changed society. The collection is interdisciplinary and eclectic. It is organised into three parts: the challenge of communication and public participation; the social shaping of science and the challenge of objectivity; and complex questions and challenging answers. While I will discuss one chapter per part, I could equally have chosen any other chapter. They all make good points.

I began my reading with a heightened level of scepticism about the sanctity of scientific knowledge. After working on the debate on the safety of mercury in dentistry from several research perspectives, and having first hand experience of many of the “challenges”, I already believed that a book like *Challenging science* was overdue. From Part 1, one of many chapters in the book that deals with health was Ninnes’ “Science, public participation and spin”. In this discussion of the risk of dioxin exposure, I found the same issues faced by participants in a study I conducted with people who believe themselves poisoned by dental amalgams. As with mercury, Ninnes found that while much may still be discovered about dioxin in biological

systems, there is a clear scientific explanation of how dioxin is metabolised. He shows that the real challenge comes when powerful groups, with a vested interest in promoting the safety of some level of exposure or in assessing risk for public policy, are at odds with the often emotional and therefore “unreasonable” reaction of an exposed community. Ninnes’ chapter explores the public’s democratic right to exert influence over their environment when spin-doctors use scientific knowledge. The importance of the issues that Ninnes addresses is apparent in the media coverage of the ongoing debate on dioxin.

In Part 2, Pickering’s discussion of the “Quantum booster and medical orthodoxy” explores among other scientific challenges, quackery and evidence-based medicine, with Liam Holloway’s experience still in recent memory. Pickering does this well, and it leads me to consider more than just lay-expert issues, but the way professions such as medicine capture the ideology of practice, and from that position exert control over economic and legal territory for their members. Evidence-based medical practice will not work in reality unless even quacks can get their evidence published.

“Looking at a challenged science: The politically charged atmosphere of weather modification” appears in Part 3. Matthewman’s chapter was refreshing in that it was one of the few chapters not to deal with a health topic. Matthewman initially explores the debate within science on the efficacy of weather modification. He then considers the raft of factors, “aesthetic, cultural, economic, environmental, legal and theological” (p. 258), that impact on public opinion of the work of weather scientists. It is clear from this essay that science will never find a silver bullet for every problem. In illustrating his argument, Matthewman draws intriguing parallels between a film in which neighbouring towns want very different weather patterns for their local economies and real world instances. After reading this, you can add politics and ethics to the list of “challenges” facing science.

There were few negatives. I did wonder whether Matthewman’s frequent use of words like “turbulent”, and phrases like “precipitate panics” or “prevailing economies”, were indicative of his having become a climatogogue. In any event, as with Matthewman, chapters written by one or two authors were generally easier, stylistically, to read and hence seemed more pertinent to the aim of the book. Heinemann’s figures of “epigenetic

methylation patterns" from a section of DNA did nothing to add to the text and smacked of something akin to a competence gap between social science and natural science, although questions of gene regulation are clearly a 21st century challenge to science.

There were many interesting and important points that I found also captured my colleagues' attention when I talked about the book. Two in particular were Dew's discussion of "small town New Zealand and peer review"; and Beasley's of New Zealanders frequently being in the right place at the right time to get involved in unique research topics. In the former, cronyism and vindictiveness are both seen to impact on individual publication careers. In the latter, Beasley's documentation of the links between colonisation and kuru (a disease experienced in Papua New Guinea) is only possible because of some of those small town influences allowing her to meet the right people and put the jigsaw together. A further useful point was Hutt's reporting of how the public understands or values science. There is a salutary lesson here for those engaged in the scientific research enterprise.

It is fascinating to see the "challenges" applied to, or arising from, the work of local researchers on New Zealand problems. I have been engaged ideologically with many of these issues for many years, and have not found a comparable critical psychological text to support my work. Perhaps that is why the Dew and Fitzgerald book, while taking an interdisciplinary perspective, is devoid of psychological studies. That aside, like New Zealand fiction, we need to see more of ourselves in print. Like New Zealand sport, we do seem to be good at trying a bit of everything. This book has the evidence.

I would recommend that post-graduate students dip into this before they get too deeply into their thesis topics; that academics buy it to read on the long-haul flight to their next conference (my copy held together through some tough travelling); and public servants use it to inform their policy and funding decisions. This book gives reason for the public to be somewhat "against (traditional scientific) method" and for scientists not to place science on a pedagogical pedestal. Could this be Feyereabend revisited?

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The author's name(s), departmental or institutional affiliations, snail-mail and e-mail addresses, and a short biography of each author should appear on the first page of the paper. A short (100 word) abstract of the paper should be included.

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References: A reference list consisting only of those references cited in the text should be arranged alphabetically using the following American Psychological Association style:

Book: Keane, J. (1996). *Reflections on violence*. London: Verso.

Chapter in a book: Matei, S. (1999). Virtual community as rhetorical vision and its American roots. In M. Prosser and K.S. Sitaram (Eds.), *Civic discourse: Intercultural, international, and global media*. Stamford, Connecticut: Ablex.

Article in a journal: Lichtenstein, B. (1996). Aids discourse in parliamentary debates about homosexual law reform and the 1993 Human Rights Amendment. *New Zealand Sociology*, 11 (2), 275-316.

Unpublished paper: Ryan, W. (2001, June). *Globalisation and governance*. Paper presented at the Association of Asia-Pacific Social Science Research Council's (APSSREC) Seminar on New Zealand and the World: The impacts of globalisation – social, economic and cultural dimensions, Wellington.

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