

Disciplining the Aborting Woman: Social Work and Changing Discourses of Race, Class and Reproduction in 1950s Australia

In 1956, Miss Elisabeth Gruber, an almoner at the *Royal Women's Hospital* (RWH) in Melbourne, Australia wrote a report of a study she had conducted on two hundred and twenty-two women who had been admitted to the hospital suffering complications after an abortion. Gruber's was the first social science study on abortion to be carried out in Australia. No other document like it was produced again in Australia until the 1970s. Professional social work was still a relatively new profession in post-war Australia and a new player in the field of reproductive management. In her remarks noting Gruber's departure from the RWH's almoner (medical social work) department in 1957 the chief almoner, Miss Isobel Strahan, wrote that »the work in the department is becoming increasingly interesting with the changing social conditions and the varying problems«. ¹ Gruber's study and report played a productive role in this perceived emerging new context at the RWH.

My proposition is that Gruber's report is a sign of a significant rupture in thinking about women who have had abortions. This article investigates this shift and is attentive to the ways in which the report was produced from, and produced, contemporary discourses of gender, reproduction, race and nation in Australia in the 1950s.

Gruber's study on induced abortion (distinct from those which occurred ›naturally‹ – miscarriages) was undertaken at the instigation of the Medical Superintendent, Dr. Laver. ² It was ostensibly motivated by the ongoing concern at the RWH, a large public hospital catering to poor women, about the level of ›pregnancy wastage‹ among women admitted: approximately two abortions for every nine births. It states »as a first step to finding a remedy, it was decided to make a social study of these patients, in the hope that something should be learnt of the reasons which lead to such interference«. ³ In many senses it is sympathetic to the women it describes.

As well as being of use within the hospital, the study was published in the national social work journal in 1957 and in an Australian medical journal in 1958. ⁴ Somewhat to my surprise I could find no evidence that the report was received in the hospital with shock or distaste

despite the illegality of abortion at this time, the secrecy often surrounding it in everyday life and its highly controversial status in public discourse. On the contrary, there is evidence that the report's reception in the hospital was unremarkable.

This article is thus an examination of various contests over power and the production of subjectivities at the unremarkable margins. It is mindful of Foucault's first »methodological precaution« – that analysis of power »should be concerned with power at its extremities, in its ultimate destinations, with those points where it becomes capillary, that is, in its more regional and local forms and institutions«.⁵ It proceeds from the proposition that it is in the capillaries that we see the first signs of new forms of power and new subjectivities. This article's main strategy is to contextualise Gruber's report. While it makes extensive use of secondary sources – necessary in particular for an audience who may know little of Australia in the 1950s, it is influenced by Gail Reekie's approach to contextualisation in her study of illegitimacy. »Each text«, she explains, »is implicitly contextualised, not by some deeper external historical reality but by the texts that surround it, synchronically and diachronically, and by its own linguistic references to other texts which signify elements of the ›outside‹ world«.⁶ The primary sources for this contextualisation are a previous report on abortion conducted at the RWH in 1938, the records of the RWH through the 1950s, in particular those which relate to birth control and/or the social work department,⁷ and *Forum*, the monthly journal of the *Social Work Association of Australia*.

Gruber had come from England to Australia in August 1955 on an assisted passage, sponsored by the RWH under the federal government's Migration Scheme. Throughout the 1950s the hospital faced a constant shortage of almoners and regularly recruited women from England. Gruber was a forty-three year old single woman when in June 1954 she wrote seeking a social work position in Australia. She had migrated from Germany to England in 1931 and was a naturalized British Citizen, of protestant religion. Gruber had gained a Social Science Certificate from the *London School of Economics* and an almoner's qualification from the *Institute of Almoners*. At the time of her application she was head of a department of two almoners at St. Leonards, a small general hospital in London. There are several letters of recommendation extant in the RWH Manager/Secretary's files which represent Gruber as a formidable woman. The three personal references she enclosed with her »Precis« were all from single women, former employers and/or colleagues, including the General Secretary of the *National Council for the Single Mother and her Child*.⁸ Gruber arrived at the RWH in August 1955 and soon after began the research project about abortion.

The Australian historiography about abortion divides, roughly, between social histories of the period from the 1880s to 1939 and political histories of the period from the 1960s on. It pays scant attention to the 1950s.⁹ In an important article about abortion before World War II Lynette Finch and Jon Stratton argue that medicalised attitudes to »conception, pregnancy, birth and the ›child‹«, increasingly common among middle class female patients, were beginning to encroach on working class women in the first part of the twentieth century. The implantation of this set of values, including a strong preference for prevention of pregnancy over

abortion or infanticide, »articulated through the legal apparatuses of the state« was, however, by no means completely successful. Nevertheless, Finch and Stratton claim that throughout the first half of the twentieth century abortion was increasingly the exclusive province of doctors, if clandestinely and illegally: »Doctors replaced midwives (and) folk knowledge and neighbourhood networks fell away«. ¹⁰ This claim is implicitly widely accepted. Oral histories, and indeed the Melbourne women whom Gruber surveyed testify, however, to the continuing practice of abortion by a variety of non-medical abortionists, including pregnant women inducing their own abortions, operating mainly through remnant Anglo and new post-war migrant working class networks until the early 1970s. ¹¹ The historiography of the period after world war two focuses on the move towards legal liberalisation in the 1960s and the political struggles over abortion in the 1970s and since. The social implications of its changed practice are left un-noted. In the social histories class often figures with sex or gender as a difference to be noted, or is used as an explanatory framework. The political histories of the period of legal liberalisation tend to be organised around a battle between pro- and anti-abortion forces. The categories of race and ethnicity are rarely invoked in relation to either period, and discussion of the imperatives of the nation is almost completely absent. ¹²

Thus, the 1950s appear as a time of little public contest over abortion, although Judith Allen, one of the key authors, enigmatically describes the 1950s and 1960s as »undoubtedly the worst decades of the twentieth century for access to safe, affordable abortion«. ¹³ In this context Gruber's study could be a useful resource to further a social history of abortion in Melbourne during the 1950s. Indeed Janet McCalman's commissioned history of the *Royal Women's Hospital*, valuable for its account of abortion in the context of a particular hospital, uses it briefly in this way. ¹⁴ Uncritical use of such a document for social history purposes, however, runs the risk of representing as »natural«, that is, pre-existing the text, both those who are the objects of study and its author. That is, it risks removing from the domain of history shifts in the subject positions made available to, created and claimed by social actors. There is little critical use of documentary sources in the Australian historiography of abortion. This is significant in the light of literary critic Nicole Moore's claim that the »clues about abortion« that are provided in the 1903 *New South Wales Royal Commission into the Decline of the Birthrate* »seem to have been extrapolated into the typical features of abortion in the next three decades of representation«. This is all the more significant given the overtly racial and national concerns of this inquiry. ¹⁵ Moore claims that inquiries as late as the 1944 national inquiry into the declining birthrate »employed the taxonomies of sexualities of the 1903 commission«. ¹⁶ This article investigates the ways that Gruber's report on abortion both continued and made significant breaks with these earlier taxonomies, reading it for its produced and producing contexts.

Gruber's study took place at a time when Australia was going through a major period of nation-building and population growth. It was »a strongly nationalist period«. ¹⁷ This period included a massive, sometimes controversial, immigration program, »the product of earlier »populate or perish« fears, the Japanese threat during the war and the decision to industrialise Australia«. ¹⁸ Post-war immigration policy was initially designed to supply labour and by the

later 1950s also to increase »consumption demand through managing family formation«. ¹⁹ The immigration program was conducted under the »White Australia Policy«, one of the key planks of the founding of the nation in 1901. ²⁰ This policy had institutionalised a hierarchy of »races« which favoured white British peoples and »sent out a message to the world that ›coloured‹ people could not settle in Australia«, with the effect that by 1947 »Australia had become one of the ›whitest‹ countries in the world outside northwestern Europe«. ²¹ (The Aboriginal population did not count at all until a referendum in 1967 brought Aborigines into the domain of the national government to be, among other things, counted in the national census).

But alongside the enforcement of the White Australia Policy, government and expert thinking about race was changing. »Assimilation« was a policy applied to both new migrants and to Aboriginal peoples, although these two groups had very different relationships to the historical construction of Australian whiteness and to the nation state, and the implementation of the policy was more brutal with respect to Aborigines. John Murphy writes of assimilation:

ideas of difference based on race and blood were being replaced by difference based on »ways of life« and cultural values. The assumption of assimilation was that these differences could and should be modified, and the behaviour and aspirations of migrants and Aborigines must converge with a common white, and largely middle class, imagining of the nation. ²²

Despite the official demise of biologically based understandings of race, prompted from international bodies as well as from local pressures, such models were still being meticulously enacted by Australian immigration officials. In Sicily, for example, such officials might demand that prospective immigrants present their cuticles and their naked bottoms in order that any traces of »blackness«, which would then constitute grounds for rejection, could be identified. That is, at the outer reaches of immigration policy, where decisions had to be made about persons of questionable »racial« background, old taxonomies were fully in use. ²³ Biological understandings of race were also implicit in the ongoing division between Aboriginal people who had some European heritage and those who had none (»half-castes«, »quarter castes«, etc. versus »full-bloods«, all offensive terms) and the belief that the former were most likely to assimilate. ²⁴

Expert and popular thinking about women was also changing. Jill Matthews has argued that the 1950s saw the end of what she calls »population ideology« as the dominant ideology of (white) femininity, and the beginnings of »permissive consumerism«. ²⁵ There is some disagreement about periodisation, ²⁶ but most historians agree that by mid-century ideologies of (hetero)sexuality, the harnessing of women's desires to consumption, and the loosening of (white) women's ties to reproductive identity, played an increasingly important role in defining normative femininity. Through the 1950s these shifts were being made in a conservative political period, where women's place in the much vaunted but ill defined post-war »Australian

way of life« was as wives and mothers, newly configured as romantic and personally fulfilling roles centred on consumption. »Previously encouraged to identify with their sex in the collectivity ›women‹, wives and mothers were henceforth invited to think of their identity in terms of their individual relationships with their homes and husbands and children.«²⁷

Contrary to many popular and academic accounts of this decade as a time of stability in Australia, John Murphy argues that during the 1950s cultural anxieties were high. »Australians« worried about the possibility of a third world war, about another depression, about the impact of migrants, about American cultural influence and about communism. He argues that as the outside world became more threatening, citizenship for women and men in Australia came to be defined through one's place and activities in the private, domestic family realm. In this context of heightened emotional and political intensity surrounding the home procreation was »a national aim«.²⁸

Migrant and Aboriginal families were tentatively included in representations of this domestic ideal, but their material chances of living it were much less than Australian-born white families.²⁹ Migrant women's higher rates of workforce participation, notably when their children were young, when compared with locally born women, placed them differently with respect to the ideology of the home.³⁰ Aboriginal women had very little purchase on the status of mother or housewife. The 1950s were a time when Aboriginal women and men were under increasing surveillance by government officials, punished for a variety of failings to meet white standards of personal and domestic order and discipline, and at high risk of having their children »removed« from their care, on a range of often spurious pretexts. This government policy actively excluded Aboriginal women from acting as mothers.³¹

I suggest that in a period when scientific racism was being replaced (or overlaid) with social and cultural understandings of »way of life« and when »white« Australians were literally exposed to thousands of »new Australians« from non-Anglo backgrounds in their workplaces and communities, and were presented with official policy that imagined that migrants and Aboriginal people could be included in the Australian way of life, that the concept of being a white Australian was under pressure. Investigation of Gruber's study provides insights into changing understandings and concerns about (white) Australian women. How were new representations of Australian women's reproductive behaviours invested with racial and national meanings? What new norms of white Australian femininity were being produced at this time?

What of the *Royal Women's Hospital* in Melbourne, Australia's second largest city? Founded in 1856, it was one of two women's hospitals in the centre of the city of Melbourne, its first mission as a hospital for the poor. During the 1950s the hospital struggled to keep up with the increasing demands made on it by a rapidly growing population. The number of patients treated and the number of babies born (15,577 and 7,284 respectively in 1956) increased each year stretching the hospital's physical and human resources beyond capacity. In the 1956 annual report the RWH clearly represents itself as a modern scientific institution in service to the nation.

Complaints about migrants appeared regularly in the President's opening statement in the annual report during the 1950s. For example, in 1955 she wrote:

The number of New Australian mothers seeking admission is *the major cause of overcrowding of maternity wards*. At present 30% of our midwifery patients are migrants from Northern and Southern Europe. (...) The migrants bring many difficulties to the Hospital, multiplicity of languages and dialects being the greatest, but there are difficulties also with national customs, diets and *the general approach to hospitalisation*.³²

This complaint can be read through the claim of pioneer sociologist Jean Martin that the professional subjectivities of Australian »nurses and doctors, school teachers and social workers« were challenged by the language and cultural differences brought by migrants.³³ In contrast to these regular complaints about migrants, which were also reported among the local-born patients, the President made no reference during the 1950s to the »baby boom« among »Australians« in her regular comments on overcrowding, nor to the contribution of migrants to solving the problems created by the expanding demand for the hospital's services.³⁴

If migrants were a problem for the institution, we know from social history accounts that the hospital was a problem for migrants. Some European women were appalled by hospital food. Staff inability to communicate with women in their own language produced ignorance, confusion and social isolation in patients, and apparently one death.³⁵ The »vigorous disapproval of migrants using their own language in public«³⁶ common in this period, had its own manifestation in the hospital where migrant women were physically punished during labour for screaming in their own language.³⁷ But their babies were another matter.

Photos of babies appeared regularly in the annual reports throughout the 1950s. The one that appeared in 1956 was titled »Mothers From Many Lands Present (...) Seven Little Australians«, a theme reprised on several occasions during the 1950s.³⁸ In two rows, seven newborn babies were pictured, each with a caption telling of the land of their mother (Ireland, Ceylon, Malta, Italy, Latvia, Scotland, England). As well as its simple celebratory dimension, the »Seven Little Australians« photo embodied the same economic logic of the policy of assimilation with respect to migrants as that expressed in an editorial in the *Melbourne Age* newspaper in November 1955. The editorialist wrote that »migrants are expensive to install, but they are tremendously productive assets once installed«.³⁹

If babies of all ethnic origins were celebrated, what of the place of abortion at the RWH? The hospital had a history of strong association with abortion. Women in Australia's cities who used non-medical abortionists or who aborted themselves in the pre-liberalisation era routinely used public hospitals as back-up in the event of post-abortion complications. (Women who had been illegally aborted by doctors generally relied on their private services to provide aftercare.) In Melbourne the RWH got most of this stigmatising post-abortion business. Janet McCalman's account of the place of abortion at the RWH in the mid twentieth century emphasises the shock of »sexually innocent« nurses, and the horror of the worst cases, including those where women

suffered terrible death. She also notes, however, that »most of the induced abortions (...) required (only) a straightforward curette«. Patients bore the brunt of staff discomfort. »The conditions and atmosphere were always punitive. (...) many straightforward curettes for incomplete abortion on ›scrape day‹ were conducted without any anaesthetic until well after the (second) war«. ⁴⁰

Various internal documents at the RWH referred to Gruber's study. The study concludes with a hearty defence of the normality and moral rights of women who seek »to achieve and to renounce motherhood« and who, if necessary, break the law in order to deal with »the dreadful dilemma of an unwanted pregnancy« (31). Gruber held the view that knowledge of birth control should be more freely disseminated but this position was out of step with the mood of senior doctors on the RWH Management Committee. Gruber's influence is apparent in Miss Strahan's report to the Committee of Management in February 1957 when she advised that »one of the greatest causes of family disruption was the unwanted pregnancy and it was felt that an organisation similar to the *Family Planning Association* in Great Britain was needed«. ⁴¹ There is no recorded response to her suggestion, but six months later in the context of another matter senior Honorary Surgeon and Committee member Dr. Simpson is recorded to have said »instruction in contraception had become a normal part of medical practice and that there was no need for a special clinic and that at this hospital it was a routine part of gynaecological and obstetrical treatment«. ⁴² Women quoted in Gruber's study were, however, far from satisfied with the provision of birth control advice by doctors. It was not until May 1971 that a »Family Planning Clinic« was opened at the RWH, and not until 1975 that the hospital opened a clinic to provide abortions for public patients, with the social work department involved from its inception. ⁴³

The almoner department had begun at the RWH in 1934, just five years after professionally trained social workers were first employed in Australia. Professional social work developed in Australia along the British model and inherited »the work of the previous generation, the network of Ladies Benevolent Societies«. ⁴⁴ Throughout the 1950s the profession was almost exclusively female, often unmarried, rarely feminist, overwhelmingly middle class and in the case of almoners, often personally connected to the medical profession. ⁴⁵

According to the hospital's annual reports poverty was the main problem dealt with by the almoners during the depression years, but this gave way to the problems of »the deserted wife, the illegitimate baby, and the unmarried mother« and alcoholism, as dominant concerns by the end of the 1950s. ⁴⁶ From 1941 the management of the adoption of the babies of single women became part of the almoners' workload at the *Royal Women's*, increasingly so until in the late 1960s, by which time it was the department's main business. That is, in an institution dedicated to facilitating and managing motherhood, as the depression receded and the social work profession developed, the almoners increasingly took on the institutional role of patrolling the boundaries and managing the excesses of normative maternity.

Throughout the 1950s the almoner department struggled for recognition and resources. The time-consuming work of the assessment of patients for financial means-testing purposes was one task that compromised the almoners' capacity to provide professional services. Traces of Gruber's views were apparent in Miss Strahan's complaint in November 1955: »We are the

only almoners in the whole of the profession anywhere in the world who still have to do this. (...) fortunately the National Health Scheme dealt the final blow to the custom (in England).«⁴⁷ In a small victory, the Committee of Management agreed that assessing would henceforth be performed by Assessing Clerks.⁴⁸

By the 1950s »the need for social workers to become involved in research began to emerge« in their ongoing quest for professional status.⁴⁹ Norma Parker, University of Sydney academic and leading light of the Australian social work community, explained in *Forum* in 1952 that social work research should »aim to throw light upon deep-seated factors in social life which lead to difficulties of adjustment between the individual and his social environment.«⁵⁰ She concluded that research was the »growing edge« of social work. In this context, Gruber's social study of patients admitted for abortion is part of the advance of professional social work in Australia. It brought abortion into the profession's repertoire of psycho-social problems amenable to research and practice intervention.

The study and the report written about it drew on scholarly work at the cutting edge of social work and medical scholarship on the psychology of women in the post-war English-speaking world. The specific intellectual origins of the report are all British and American. It quotes from psychoanalyst Helene Deutsch's *The Psychology of Women* (1945) and social work academic Leontine Young's *Out of Wedlock* (1954), British medical journals, the reports from the 1939 British interdepartmental inquiry into abortion, including leading social worker Dorothy Thurtle's minority report, and the 1949 *British Royal Commission on Population*.⁵¹ The report makes no reference at all to discussions of abortion in government reports and copious discussions by doctors in the *Medical Journal of Australia*, for example, that had been published in Australia throughout the twentieth century.⁵² But its conditions of possibility were local, as well as located in the Northern hemisphere.

In his book *Governing Prosperity* Nicholas Brown argues that Australian social analysis shifted significantly in the period after the second world war. In the 1930s and 1940s »politicians, academics, advisers, bureaucrats, professionals, public intellectuals and commentators« conceived of the social realm »in terms of managing the needs of a population enduring internal instability and external threat«. This management was a matter for a centralised state.⁵³ By the 1950s the changes of post-war affluence, Brown argues, prompted a change in the nature of expert comment and in the assumptions of social policy.

(T)he dominant figure in post-war social analysis was an individual who was to be governed, and to be encouraged in her or his capacity for self-government, not so much through the directives of the state but in terms of the relation between the state and its citizens and the *self-regulation* of their more subjective propensities.⁵⁴

From 1947, reports from the almoners' department in the RWH annual report included case histories, indicative of the shift from the economic concerns of the 1930s to the more social and psychological concerns of the post-war period. These case histories were the only place

in the annual reports where individual women's lives were presented narratively for readers' consumption. Thus, in the official discourse of the hospital in the 1950s, social work was successfully establishing women's individual social and psychological lives as part of the RWH's discursive territory and simultaneously claiming a professional monopoly over knowledge of these lives. The predominance of the case history as evidence of the department's work is consistent with what social work claimed was its unique methodology – »social casework«. Establishing the conditions where casework could be conducted effectively was, however, a struggle for the almoners at the RWH. In a forceful memo written in May 1957, Gruber gave an intricately detailed account of the almoner's working day and pleaded for the means to address the shortcomings in the almoner's service. She claimed that the pressure of workload meant that providing »good case-work«, which she distinguished from »welfare work«, was impossible. Compared to welfare work, she wrote, »casework is the much subtler and more lengthy process of helping patients who wish for some change to occur in their situation to adopt a point of view and an attitude that makes such change possible.«⁵⁵

Gruber's report certainly bears many of the features of Brown's characterisation of the new 1950s trends in social analysis. Indeed the expansion of social work, a new disciplinary authority founded on expertise in the relationship between the social and the psychological, and its predominantly female embodiment, suggests a gendered dimension to the shift in analysis (something Brown does not explore).

Gruber's report's innovation and its shifts from earlier frameworks are particularly clear when it is compared to a report on abortion done at the RWH some twenty years previously by Honorary Clinical Assistant, R. G. Worcester, one of many that had been written by RWH doctors.⁵⁶ There are, of course, similarities between the two reports. As Brown comments, the 1930s approach to social analysis was »transposed into, rather than superseded by, the practices of governing the new spaces of post-war prosperity«. ⁵⁷ Both reports begin with the aim of understanding the causes of abortion in order to reduce its incidence. Both are concerned with contraceptive practices, methods used to induce abortion and the underlying causes of abortion.

But Gruber's is much more detailed than Worcester's in its categorisation of women. This goes beyond a quantitative difference in amount of detail and becomes a qualitative difference in approach to the objects of the study. Worcester had divided women according to two demographic categories – marital status and number of children. Gruber's report contains 28 tables which present complex, and often cross-referenced, information about the women in her study. Notably, Gruber's report does not only record the objective circumstance of the women in her survey. Several of the issues in which she is interested are matters of women's desire – how many children they wanted and how they wanted them spaced, and matters of emotional response, and subjective assessments of their housing and financial situations.

One of the most remarkable aspects of the study is the way in which the 222 women on whom it is based are divided into four groups. Group 1 are the »31 patients (who had) confided that they had procured an abortion either recently or in the past.« (3) But, Gruber tells us,

This figure of 31 is no good indication of the real number of induced abortions which, it may be surmised, was much greater. (...) Among the patients interviewed, a fair number came close to such admission, others were markedly non-committal and others again gave *circumstantial accounts* and such *irrelevant details*, they seemed *more anxious to deceive themselves than to deceive the interviewer*. (3, emphasis added)

Groups 2, 3 and 4 are formed on the basis of Gruber's assessment of women's credibility, in ascending order, in relation to their denial of interference. Her scepticism applies to many issues but is expressed most dramatically in relation to women's motivation.

A question was asked about the reason for their recent abortion, but it would serve little purpose to recount the miscellany of replies received. Most were of little value, some simply aroused the interviewer's suspicion. (...) A few patients had sufficient insight to say that their act, had in part, been inspired by hostility to their husbands. Doubtless similar causes prompted other women, but the patients were unaware of them or were unable to communicate them. (22-23).

Worcester's 1937 report may have included doubt about what women said, but it did not entertain any analysis of women's personalities or unconscious desires. A reader might ask what subtle techniques Gruber used to assess and quantify women's credibility?

A partial answer to these questions lies in Gruber's reliance on Leontine Young's widely read book *Out of Wedlock*. Gruber has borrowed heavily from Young in the passage above, not for its substantive meaning but for social work methodology. Young writes of a particular young unmarried mother, Dolores: »*That it was herself and not the case worker whom she was interested in deceiving* was apparent from the absurdity of her story, which sought to fix the explanation for her actions upon (...) contrived and *irrelevant detail*.«⁵⁸

Through mimicry, Gruber borrows from Young, then Professor of Casework at Ohio State University and probably the most famous social work authority in the English speaking world, the capacity to recognise a client's self-delusion.

Gruber's most dismissive and harsh criticism is directed towards those who failed to confide in her during interview, who perhaps were »inhibited by their anxiety« (28), or who spoke good enough English when answering questions about home and family, but »where abortions were concerned it was sometimes hard to tell whether the patient did not understand or did not want to understand« (2). By contrast, Gruber writes approvingly of women who spoke openly to her. Her interviews and questionnaires clearly demanded, and her report draws on, the language of confession, the process that Michel Foucault locates at »the heart of the procedures of individualisation by power.«⁵⁹

As well as the division of women into four groups, women in each group in the report are divided into »controllers« and »non-controllers«, that is, women who do and don't use birth control. Worcester's report had been unsympathetic to contraception and had recommended

stricter control of its promotion and use. Gruber's report exemplifies the increasingly prevailing view that with the capacity to control fertility came the individual woman's responsibility to do so.⁶⁰ According to her report, many of the women who were interviewed repeatedly raised the matter of »family planning« without prompting from the interviewer. »In almost every case it became clear that the women were much pre-occupied with the subject. They were firmly resolved, if they could, to control the number and the spacing of their children« (17).

Gruber's study is generally sympathetic to the women who have been interviewed. Worcester had been sympathetic too, but, to quote Brown, like other intellectuals and professional commentators of the 1930s, for him »individuals were not citizens vested with individual rights so much as units in patterns of authority.«⁶¹ This points to the nature of some of the significant breaks with earlier thinking that Gruber's report represents. Worcester's report had concluded with suggestions for reducing the incidence of abortion by relieving economic distress, measures addressed to a central government. Gruber's report, on the other hand, concludes with a defence of women's morally justified desire to control their fertility. Where Worcester suggests that »knowledge of birth control«, contraception as well as abortion, should be »controlled«, her report implicitly endorses the propriety of married women's desire for family planning and the medical profession's obligation to dispense it. It also makes comment on national debates, giving aborting women a voice in this context. Interviewees are quoted: »They want us to have more children, that's why we must not know about birth control«; »They are obliged to put some bad ones (condoms) in among them, it's the law; otherwise there wouldn't be enough children« (30).

Notwithstanding her clear sympathy for the women she interviewed, Gruber assumes abortion to have negative meanings. She describes it variously as a »temptation« to resist, an »evil«, a »woman's rebellion«, and possibly something planned in a particular »moment of weakness« (27, 29) (notably all terms or phrases associated with sexual intemperance). Her sympathy is for women's desire to plan their families. Indeed, the women are saved from their association with abortion. »(E)ssentially these women (...) wanted to conform«, she writes, »to what society expected of them« (27). »None had light-heartedly contemplated interference« (23) and married and single women alike »were not moved by selfish reasons« but out of their desires to be good wives and mothers, or, if single, dutiful daughters (25).

Gruber's report is contradictory: a sympathetic account of the aborting woman in her social environment, while constituting her as fundamentally untrustworthy and incredible. Gruber's study instils motivations and feelings about birth control and abortion into a complex picture of female subjectivity, giving them psychological as well as moral significance. That is, she intensifies a process where the aborting woman is constructed as a distinct type of person. The study authorises a female subject position with the capacity to control and plan fertility. As »temptation« or »weakness« abortion sits outside the study's approved modes of self-regulation. From this position it coincides with other 1950s representations of out-of-control femininity which constructed female sexuality taken »beyond the family into personal desire« as dangerous.⁶²

Dangerous sexuality is also evident in the report's concern with the question of the mixed marriage. Gruber's study does not overtly discuss race but attends to the significance of nationality, which is divided into two categories of »country of origin«: Australians (including New Zealanders) and Europeans. (Aboriginal women were patients at the RWH in the 1950s but are not identified in the report.) Most attention was given to whether the women were from marriages with men of a different nationality. The finding? Neither nationality nor mixed marriage seemed to have a direct bearing on causes of interference with pregnancy (6), although it was possible that in the case of »single newcomers (...) their greater loneliness predisposed them to seek affection in extra-marital relationships and their uprooted state to more ready interference« (7).⁶³ It was noted that each »single newcomer« in the study had associated with »newcomers, in each case of a nationality different from their own, while all but one of the single Australians had associated with Australians« (7). This concern with nationality, and more revealingly with the concept of mixed marriages, bears clear traces of earlier debates in Australia about whiteness and »miscegenation« between whites and Aborigines and its consequences for national vitality.⁶⁴ The issue of the racially mixed marriage was framed through biological understandings for some time to come, although Gruber's references are scrupulously social. Nevertheless her concern implies a special link between the »weak«, »evil« temptation of the practice of abortion and both non-Australian nationality and mixed marriage, all of which threatened to undermine the »Australian way of life«.

Inasmuch as Gruber's report considers this link it was engaged with the discursive project of racial assimilation, as was the RWH and the profession of social work in contexts outside the hospital.⁶⁵ It is also useful to think of the report as following a *logic of assimilation*. By extending the term to cover the logic deployed in Gruber's report I use it in its general sense of absorption into a system. But I also use it expressly to create connections between the racialised meanings of assimilation in the 1950s and the discourse of abortion that is produced in Gruber's report. In this light the concern with nationality and mixed marriages is thus not a minor concern but a significant hinge in the report to discourses of racial difference.

The imperative to assimilate the aborting woman can be understood when she is compared to the unmarried woman who gives up her child for adoption. In their historical account of single mothers in Australia Shurlee Swain and Renate Howe note that giving up your baby for adoption, involving a semi-public process of rehabilitation, was the way back to respectability and social approval. Furthermore, it provided a baby for a respectable family.⁶⁶ Adoption was a recuperable other to the ideal of white motherhood. Abortion, on the other hand, which might allow pregnant women to evade a spectacular public process of shame and punishment, was potentially an incommensurable difference to this ideal. Those who sought help from the public hospital could not, however, avoid visibility and often punishment, and, further, they could be assimilated via the disciplining gaze of the social worker.

Assimilation, and indeed the performance of good citizenship in general, was often understood for individuals in the 1950s as a problem of »adjustment«, a concept from the heartland of social work thought and practice. Migrants and Aboriginal peoples were required to

adjust, as were non-reproductive white adults. For example, Nicholas Brown notes that W. D. Borrie, a 1950s demographer and advisor to the government, »saw those couples who evaded their social duty of parenthood less in terms of the attributed ›selfishness‹ arising from population anxieties of the early decades of the century, and more as exhibiting the signs of ›maladjustment‹ to social and personal roles«. ⁶⁷ For Australian women in particular, personal adjustment in the 1950s was located centrally in the home. When Gruber writes that the women in her study »wanted to conform to what society expected of them« (27) she is containing these women in a discourse of assimilation. Brian Murphy argues of racial assimilation in relation to migrants that »the security against ›other‹ influences sought and promoted by authorities for Australians and eagerly approved of by the population came to be a form of nationalism«. ⁶⁸ Gruber's logic of assimilation demands that the desire for an abortion must be condemned then excluded to protect the stability of the ideal national feminine subject. The aborting woman, first identified as a problem, is disbelieved and then reconstructed as someone whose true desire is to conform to »the Australian way of life«.

By drawing attention to similarities in the discursive construction of aborting women, migrants and Aboriginal peoples, and indeed to the physical maltreatment of some migrants and aborting women at the RWH, I am making an argument similar to that made by Alastair Bonnett with respect to the non-white status of the British working class during the nineteenth and early twentieth centuries. He argues that the imagined alignment of the working class with non-white people, through metaphor, language and in some cases overt comparison, was one of the main modes of »the refusal of authentic racial whiteness to the working class«. ⁶⁹

The assimilatory gesture of Gruber's report extends membership in »the Australian way of life« to women who had had abortions by disavowing their desire to refuse maternity. ⁷⁰ Earlier writers disavowed this desire by reducing induced abortion and miscarriage to the one category of (biological) pregnancy wastage, and defining both as threats to the nation. Gruber disavows the desire for abortion with psychological analysis. Like imagined assimilated Aborigines and migrants who did not speak their own languages in public, women who had had abortions, first identified as needing investigation then subjected to the discipline of social work study, could be included in the Australian way of life, at least in theory. This belonging required a renunciation of what it was that defined them in the first place, which is understood as fundamentally negative. Like Aboriginality and the migrant's home, language and culture, abortion belonged to the past. Contraception was the mode of present and future »civilised life«. ⁷¹

Contraception was also the middle class mode of reproductive management, and the exercise of professional knowledge in Gruber's report is also a classing process. The difference between the aborting woman and the social worker is, in the material context of the RWH, clearly a class difference, a difference between professional and patient. While there is clear historical evidence that middle class professional women were seeking abortions in Australia during the 1950s, the aborting woman has more often been imagined throughout the twentieth century as working class. Middle class women have been imagined as the subjects of the practice of contraception. Nicole Moore comments of mid-twentieth-century women's fiction that

working class women's abortions are often represented through cliché that evacuates the image of any truth-telling authority. The experience of these working class women »is identified by a middle class protagonist for a middle class reader, effectively denying the emotion or subjectivity voiced by the female character«. ⁷² Gruber's report reproduces this classing distinction by constructing her own professional subject position in opposition to abortion and by constructing an assimilating norm for female reproductivity that does not include abortion. National and racial imperatives join with a classing gaze in an attempt to draw working class women more tightly into a space of disciplined middle class whiteness.

Gruber's report models an account from which future social work, social medicine and government reports about abortion in Australia have not significantly varied. It is an intensification of processes in the outlying capillaries of power which constitute the aborting woman as a particular type of person who needs to be investigated. This woman's deceitfulness and/or her blindness to her own motives are key defining features. This reading suggests a genealogy of the moves towards legal liberalisation of abortion in the 1960s and 1970s that dislodges from centre stage what otherwise would only be a liberal impulse for progressive change.

This reading of Gruber's report gives the professional practice of social work a place in this genealogy, playing a key role in the process where »women are decriminalised in order to be pathologised«. ⁷³ Social work went on to become an entrenched part of the provision of abortion services and the discursive construction of abortion and the aborting woman in Australia. Conversely, the claim to authority over aborting women, and involvement in the management of women's reproduction more broadly, has played a significant part in the process of staking a professional domain for social work, a process that Elaine Martin claims became more difficult, rather than easier, over time. ⁷⁴ As the RWH social work department became involved in the provision of compulsory counselling to women coming to the abortion clinic this work eventually replaced adoption as the social work department's most time-consuming work. ⁷⁵ It is notable that the discipline of social work as manifest in Gruber's little remarked report precedes both medicine and the law in instituting new modes of power in relation to aborting women. With the exception of Communist women's demands in the early 1930s, it also precedes organised feminist calls for abortion law reform. In its sympathy for women's desire to plan their families it is an early sign of a liberal white middle class politics of abortion that champions women's rights and their moral virtue, but is reticent to embrace the positive value of the embodied practice of abortion.

This reading of Gruber's report presents it as an artefact of discursive contests and alliances. These were contests animated by, and productive of, subjects occupying a range of positions with a range of strategies available to them. I refer here to contests and alliances between social workers and doctors over the provision of birth control, between social workers and hospital management in the struggle for resources and recognition of the social work profession, between social workers and women patients over degrees of candour, between migrant women and social workers over English speaking capacities, between migrant women and hospital staff over approaches to hospitalisation (these latter two arguably both matters of whiteness),

and of course between working class women of all ethnicities and all those who denied them access to adequate birth control, clearly a matter of the nation-state as well as contest with doctors. All of these contests were threaded through with changing standards of racialised and national norms of femininity in Australia and are resolved in Gruber's report, in part through the importation of intellectual, professional and experiential resources from the world beyond Melbourne in the 1950s, with intensified strategies to encourage the self-regulation of women's reproductive subjectivity and their assimilation to »the Australian way of life«.

I've already suggested caution in reading Gruber's report for social history. Indeed, it could be read as disqualifying itself for this purpose given its claim of duplicity on the part of so many interviewees! The interpretations of aborting women themselves were not included in Gruber's report, and those being categorised may have found some of her formulations puzzlingly foreign. Whether these women were cognisant of the racialised and national dimensions of the discipline to which they were subjected cannot be known, although the woman who put forward the faulty condom theory was clearly onto some sort of conspiracy! Some certainly used an (un-Australian) retreat to their own language to avoid the social worker's gaze. There is evidence in the report of traces of the subjectivity, and indeed the agency, of the women who were interviewed, starting with the fact of their abortions, construed as conspicuous difference. It is possible to understand the women's refusals (and deceptions, as these were indeed likely – abortion was illegal), and their insistence on raising the matter of family planning ahead of its place in the interview schedule, as challenges to the social worker's claim to discursive dominance.

I have drawn attention to the racialised dimensions of the contexts from which Gruber's report emerges, even though it would be plausible, from a white feminist subject position, to read it as a document with little to say about discourses of race or nation. In her paper in the social work journal Gruber states clearly that »family planning is a matter of major importance (...) in the lives of nations.« She cites economics, public health, population and defence policies as areas where family planning is pertinent: women's reproductive lives are clearly matters of nation for her.⁷⁶ Women who had abortions, who failed to perform norms of motherhood – »pregnancy wastage« rather than »family planning« – were failing to perform white Australian motherhood.

Notes

- 1 Royal Women's Hospital Archives (RWH), A 2000/18/21 Manager/Secretary's Files (M/S), »Almoner's Reports«, Report. Almoner Department 4.12.57. I would like to thank Robyn Waymouth and her assistant Margaret Mabbitt for their assistance at the Royal Women's Hospital Archives, Andrea Lemon and Andrea Rienets for accommodation in Melbourne, the University of Tasmania for funding to travel, and Nicole Moore for support. I would also like to acknowledge Margaret Allen and the Adelaide Gender and History Group and Mary Spongberg and the Department of Modern History at Macquarie University, where early versions of this paper were presented.
- 2 I can find no account of Dr. Laver's interest in the matter.
- 3 Elisabeth Gruber, A social study of patients admitted for abortions. Royal Women's Hospital, 1st March – 31st May 1956, Melbourne 1956, 1-2. Copies held in the Social Work Department at the RWH and in the possession of the author. All further page references to the report will appear in the text.

- 4 Elisabeth Gruber, A hospital almoner's observations. An introduction to a discussion on family planning, in: *Forum* 10/2 (1957), 14-19; idem, A social study on abortion, in: *The Australian and New Zealand General Practitioner* (April 15 1958), 86-92.
- 5 Michel Foucault, Two lectures, in: Colin Gordon, Leo Marshall, John Mepham and Kate Soper, eds., *Power/Knowledge: Selected interviews & other writings 1972-1977* by Michel Foucault, New York 1980, [PAGES], here 96.
- 6 Gail Reekie, *Measuring immorality. Social inquiry and the problem of illegitimacy*, Cambridge 1998, 19.
- 7 The social work department's records are unavailable in the RWhA. I am relying on material from that department, and reference to it, in material from other hospital sources.
- 8 Correspondence concerning arrangements for Miss Gruber's appointment to the RWH, December 1954- August 1955, are in RWhA, A2000/18/13 M/S, »Staff Correspondence«.
- 9 Some of the principle texts are Judith Allen, *Sex and secrets: Crimes involving Australian women since 1880*, Melbourne, 1990; Karen Coleman, *The politics of abortion in Australia: Freedom, church and state*, in: *Feminist Review* 29 (1988), 75-97; Lynette Finch and Jon Stratton, *The Australian working class and the practice of abortion 1880-1939*, in: *Journal of Australian Studies* 23 (1988), 45-64; Stefania Siedlecky and Diana Wyndham, *Populate and perish: Australian women's fight for birth control*, North Sydney 1990.
- 10 Finch and Stratton, *class*, as note 9, 45, 64.
- 11 For oral history accounts of abortions in the 1950s and 1960s see Barbara Baird, *I had one too ... : An oral history of abortion in South Australia before 1970*, Bedford Park, SA, 1990; and Terri-Ann White and Linda S. Davis, *Stories from our lives: Women's experiences of abortion*, Perth 1994.
- 12 Early feminist accounts of the New South Wales Royal Commission into the decline in the birthrate are the exception. See Rosemary Pringle, *Octavius Beale and the ideology of the birth-rate*, in: *Refractory Girl* 3 (1973), 19-27; and Judith Allen, *Octavius Beale reconsidered: Infanticide, babyfarming and abortion in NSW 1880-1939*, in: *Sydney Labour History Group, eds., What rough beast: The state and social order in Australian history*, Sydney 1982, 111-129.
- 13 Judith Allen, *Abortion, (hetero)sexuality and women's bodies*, in: *Australian Feminist Studies* 5 (1987), 85-94, here 91.
- 14 Janet McCalman, *Sex and suffering. Women's health and a women's hospital*, Carlton South, Victoria 1998, 308-309. I have found no other reference to Gruber's study beyond its publication in the 1950s.
- 15 See Pringle, Beale, as in note 13.
- 16 Nicole Moore, *Covert operations: Abortion in Australian women's fiction 1920s-1950s*, PhD thesis, Department of English, University of Queensland, St Lucia 1997, 70-71.
- 17 John Murphy, *Imagining the fifties*, Sydney 2000, 67.
- 18 Richard White, 1981, *Inventing Australia*, North Sydney 1981, 159.
- 19 Murphy, *Imagining*, as in note 17, 164.
- 20 White, *Inventing*, as in note 18, 114.
- 21 James Jupp, *From white Australia to Woomera*, Cambridge 2002, 9.
- 22 Murphy, *Imagining*, as in note 17, 8.
- 23 Joseph Pugliese, *Race as category crisis: Whiteness and the topical assignation of race*, in: *Social Semiotics* 12/2 (2002), 149-168.
- 24 Gillian Cowlishaw, *Rednecks, eggheads and blackfellas*, Sydney 1999, 179-183.
- 25 Jill Julius Matthews, *Good and mad women*, North Sydney 1984.
- 26 In particular see Marilyn Lake, *Female desires: The meaning of World War II*, in: *Australian Historical Studies* 24 (1990), 267-284.
- 27 Patricia Grimshaw, Marilyn Lake, Ann McGrath and Marian Quartly, *Creating a nation*, Ringwood Victoria, 270.
- 28 Murphy, *Imagining*, as in note 17, 16.
- 29 Grimshaw et al., *Creating*, as in note 27, 294.
- 30 *Ibid.*, 89.
- 31 Anna Haebich, *Bridging the gap: Aboriginal women, assimilation and the home: 2003*, unpublished paper in the possession of the author.
- 32 RWH, *Annual report 1955*, 5, emphasis added.
- 33 Martin cited in McCalman, *Sex*, as in note 14, 256.

- 34 By 1960 approximately 30% of the general employees were New Australians, most domestic workers.
- 35 RWHA, Minutes of Committee of Management Meetings, 4 July 1957, »Medical Superintendent's report«.
- 36 Murphy, *Imagining*, as in note 17, 161.
- 37 McCalman, *Sex*, as in note 14, 256, 259-262.
- 38 This title refers to a classic Australian novel first published in 1894, just prior to federation. See Ethel Turner, *Seven little Australians*, London 1973.
- 39 Murphy, *Imagining*, as in note 17, 152.
- 40 This summary draws on McCalman, *Sex*, as in note 14, 165, 212-221, 306.
- 41 RWHA, Minutes, as in note 35, 21 February 1957, »Almoners report«.
- 42 *Ibid.*, 1 August 1957, Reports – Executive Medical Staff (b) (ii) Women's Welfare Clinic.
- 43 McCalman, *Sex*, as in note 14, 325-328, 337-339.
- 44 Janine Bush, *Moral missionary to professional social worker – Victoria, 1920-1939*, in: Joy Damousi and Katherine Ellinghaus, eds., *Citizenship, women and social justice: International historical perspectives*, Melbourne 1999, 263-274, here 263.
- 45 Elaine Martin, *Themes in a history of the social work profession*, in: *International Social Work* 35 (1992), 328-334.
- 46 RWHA Annual report 1957, 33; RWHA Annual report 1960, 28.
- 47 RWHA, A2000/18/21, M/S, »Almoner's Reports«, Report. Almoner Department 3 November 1955.
- 48 RWHA, Minutes, as in note 35, 3 November 1955, »Almoner's report«.
- 49 Beth Crisp, *A history of Australian social work practice research*, in: *Research on Social Work Practice* 10/2 (2000), 179-194, here 182.
- 50 Norma Parker, *Social casework and research*, in: *Forum* 6/3 (1952), 4-9, here 8.
- 51 Helen Deutsch, *The psychology of women*. Volume IX, New York, 1945; Leontine Young, *Out of wedlock*, New York 1954. For an account of the British interdepartmental inquiry see Barbara Brookes, *Abortion in England, 1900-1967*, Kent 1988, 105-132.
- 52 For an account of these see Alison Mackinnon, »Bringing the unclothed immigrant into the world«: Population policies and gender in twentieth century Australia, in: *Journal of Population Research* 17/2 (2000), 109-123.
- 53 Nicholas Brown, *Governing prosperity*, Cambridge 1995, 4.
- 54 *Ibid.*, 10, emphasis added.
- 55 RWHA, A2000/18/85, M/S, »Almoner«, Memo. Miss Gruber to Miss Strahan, 12 May 1957.
- 56 R. G. Worcester, Appendix II. The problem of abortion, in: Report of the Third Session of the National Health and Research Council, November 1937, 25-32. This report comments on 208 cases.
- 57 Brown, *Governing*, as in note 53, 5.
- 58 Young, *wedlock*, as in note 51, 23, emphasis added.
- 59 Michel Foucault, *The history of sexuality*. Volume 1, Middlesex, 1984, 59.
- 60 Matthews, *women*, as in note 25, 177.
- 61 Brown, *Governing*, as in note 53, 132.
- 62 *Ibid.*, 197.
- 63 On immigration policies aimed at attracting single women see Srebenka Kunek, *Brides, wives, and single women: Gender and immigration*, in: *Lilith* 8 (1993), 82-113. For an account of some of the legislatively produced difficulties that awaited single migrant women during this period see Ann-Mari Jordens, *Alien to citizen: Settling migrants in Australia, 1945-75*, St Leonards, NSW, 1997.
- 64 See Warwick Anderson, *The cultivation of whiteness. Science, health and racial destiny in Australia*, Carlton South, Victoria, 2002, 216-243.
- 65 For a full account of the Department of Immigration's Social Welfare Section see Jordens, *Alien*, as in note 63, 32-59. Professional social workers increasingly moved into Aboriginal affairs during the assimilation period. See Haebich, *Bridging*, as in note 31. Leading social workers also engaged in the national debates about »the Australian way of life«.
- 66 Shurlee Swain and Renate Howe, *Single mothers and their children*, Cambridge 1995, 141-144.
- 67 Brown, *Governing*, as in note 53, 196.
- 68 Brian Murphy, *The other Australia. Experiences of migration*, Cambridge, 1993, 139-140.

- 69 Alastair Bonnett, How the British working class became white: The symbolic (re)formation of racialized capitalism, in: *Journal of Historical Sociology* 11/3 (1998), 316-340, here 322.
- 70 On maternal citizenship see Joan Eveline, Feminism, racism and citizenship in twentieth-century Australia, in: Patricia Crawford and Philippa Maddern, eds., *Women as Australian citizens: Underlying histories*, Carlton South, Victoria, 2001, 141-177.
- 71 Gruber, hospital, as in note 4, 19.
- 72 Nicole Moore, The politics of cliché: Sex, class and abortion in Australian realism, in: *Modern Fiction Studies*, 47/1 (2001), 69-91, here 82.
- 73 Sally Sheldon, *Beyond control. Medical power and abortion law*, London 1997, 31. My analysis of Gruber's report owes a debt to Sheldon's Foucauldian analysis.
- 74 Martin, Themes, as in note 45, 340-342.
- 75 McCalman, Sex, as in note 14, 337-338.
- 76 Gruber, hospital, as in note 4, 14.