

THROUGH A GLASS DARKLY

Seeing old age and the old

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MANY OF YOU will have seen the press photo of 102 year-old Bessie Scott, preparing to deliver the ball for the rugby test between the All Blacks and the Springboks on the 10th of July. She was chosen through a competition; the 70 year-old woman who suggested her said she would be an appropriate choice in the International Year of Older Persons, because she had "shown courage, determination and strength in her lifetime, just as our rugby players do today".¹ Bessie Scott, we were told, is fiercely independent and still lives alone in her Mosgiel home. Although officials decided to drive her onto the field, she could have walked instead. She is a keen rugby fan, though she had never before seen a test match live.

From this picture and its accompanying story, it would be easy to conclude that all is well with the way New Zealand sees, and treats, its older citizens. But the following week brought a different media story linking rugby and old age. A group of former All Blacks went public with complaints about the quality of the seats they were offered for top matches. These seats

were not free, they cost the usual amount. Kevin Skinner, the hero of '56, was particularly critical: he said it was not much use going to a match if you could "hardly see the other end of the paddock", and he had stopped going to tests as a result. It was galling to see the way the Auckland Rugby Union treated former All Blacks, the people who had made the game what it is today, compared with the "corporate people, who wouldn't know one end of a football from another ... They've forgotten all about us. Bugger them."²

These two stories represent two apparently contradictory perspectives on old age: indomitability and "fierce independence", leading to recognition and respect, versus decline and replacement, leading to forgetting and neglect. But in an odd reversal of the usual stereotypes, here the lone older woman has become the role model, the independent, strong, heroic figure, while the former All Blacks have become the denied and forgotten outsiders, relegated to inferior status. The Bessie Scott story represents the old as active, determined and involved individuals, receiving

their rightful due from a respectful society which recognises their human value. By contrast, the message of the Kevin Skinner story is that regardless of their continued presence or their past contribution, once they outlive their use-by date the old will be ignored and neglected by a thankless society which recognises nothing but current wealth and power.

These perspectives are two sides of the same coin. Unusually, in this case they are expressed through the voices of older people themselves. But in another way they are typical of many media stories which appear to be about individuals, but are ultimately about social attitudes and practices: they centre on exceptions, so that they reverse the reality. In real life, lone old women are much more likely to encounter lack of recognition and neglect, and to be unable to get what they want, than groups of former masculine heroes are.

Moreover, Bessie Scott made such an impression precisely because old women rarely have such public visibility. But the majority of older people are female. Women are 58 percent of all those aged 65 and

over. In the group aged 80 or more, they outnumber men by two to one.³ Yet in looking at old age, it is common to take minority male patterns as the norm. Women are either ignored altogether, or treated as a deviant minority.

I will return to gender issues later. But now I want to shift the focus away from representations of "oldness" as embodied in individuals to broader representations of oldness in general.

There are two important ways in which oldness is currently being seen in New Zealand. First is what can be called the discourse of vulnerability. Here the focus is on the bodily experience of ageing and its consequences. Growing old has traditionally been seen as a process of inevitable decline, resulting in increasing physical and in some cases mental impairment. The dominant medical perspective does not counter this view. Instead it seeks to cure disease and stave off death for individuals by increasingly heroic medical intervention. In some circumstances it pays no attention to the quality of life which results.

But there is now a growing counter-view which looks beyond the medical model, and focuses instead on how the older population as a whole can best be helped to remain as free as possible from impairment. We can call this the public health perspective. It stresses broad-spectrum collective measures such as education and prevention, combined with self-help, prompt rehabilitation, and co-ordinated community support. It brings into view the social components of

vulnerability, such as isolation or care-giver stress, which may lead to depression or abuse. It also emphasises the social components which protect *against* vulnerability. For example, an Australian study notes that "A substantial international literature is developing on quantitative studies showing ways in which family and other social support may protect against illness, enhance coping with stress, and improve illness outcomes".⁴

This public health perspective may be time-bound; that is, it may appear to accept the commonly held notion that vulnerability in old age is largely determined by what happens after old age begins, whenever that is taken to be. The broadest versions of the public health perspective, however, see experience in old age as continuous with and heavily affected by previous experience. The latest available information and research suggests that about 50 percent of the variation in human life-span after age 30 can be put down to survival attributes that are fixed – that is, they can no longer be altered – for individuals by the time they turn 30. What is more, only a third to a half of this 50 percent is due to genetic factors. The other half to two-thirds is due to non-genetic survival attributes, such as socioeconomic status, nutrition history and disease history. The longer people live, the more their life-span may be determined by factors that are fixed by age 30.⁵

Therefore the level of vulnerability in old age depends mainly on factors such as where the society's 'floor' is set – that is, what standard

of living is seen as the line below which no one should be allowed to fall, from birth to death; and how equally access to the key resources, such as income, health care, housing, education and social participation, is distributed. To see old age and the old more clearly, it is vitally important that we recognise this connection.

Both the medical view and the public health view take the value of older people and old age for granted. But a very different view of older people is now surfacing. It is exemplified in a 1997 article by one of the *National Business Review's* gentlemen columnists. The headline is "Elderly's welfare appetite gives everyone a pain". The article makes great play of the fact that "an old-old female costs the government 10 times as much as a 20 year-old".⁶ We could call this the cost-benefit perspective. It focuses not on vulnerability itself, but on the cost of vulnerability to taxpayers, who are assumed to be a different group from the old. This cost-benefit perspective sees public spending on health care for the old as already grossly excessive, warns of massive increases to come, and urges that it be cut in favour of spending on the unmet needs of the young. This perspective seems to have been largely imported to New Zealand from the United States, where health care provision is quite differently structured. There the state funds a much higher proportion of health care for the old than for any other age group. In the 1980s, for US citizens aged under 65, only about 29 percent of health expenses were paid by public programmes.⁷ The

core problem is not the excessive cost of health care for the old, although in a mainly private system, costs do escalate as a result of market forces. It is the failure to meet the health care needs of other age groups.

The underlying assumptions of the cost-benefit perspective show that the way oldness is seen depends heavily on the way human existence itself is seen. What are these assumptions? First, that longer life and greater numbers of older people will inevitably mean much higher health costs. Secondly, that adequate collectively funded health care for all throughout life is unaffordable. Thirdly, that public health care spending is wasted on the old, especially the old-old (85 and over), because they are "past working". The implication is that the strictly limited public funds available for health care should instead be invested in more productive or potentially productive stages of life. Once the old have used up their meagre health care ration, they should be required to fund the rest themselves.

This perspective ignores the fact that in a healthy society, it is generally the old who use the largest share of the services offered by modern medicine, just as it is the young who make the most use of the formal education system. If New Zealand's notoriously high rates of car accidents, childhood injuries and domestic violence, for example, were to fall steeply, the proportion of public health spending taken up by services for older people would rise, even if no more was spent on them. This shift would represent a

marked improvement in overall health. Conversely, if funding for cheap and effective interventions needed by the old, such as cataract operations, is repeatedly swallowed up by emergency and acute care, or funding for community support is not available, the level of vulnerability among older people is unnecessarily increased, along with their need for assistance. The overall costs are of course increased too.

Even more significantly, the cost-benefit perspective can operate only by ignoring the human life cycle and the interconnections across generations. It requires us to see each stage of life as separate and distinct. Its basic premise is that the young have no connection with the old; instead they must compete against the old, in a zero-sum game which sets children and grandchildren against their parents and grandparents, and each generation against their own future selves. This absurd premise bears very little relation to the way a modern society operates.

But at least there is now a lively public debate about vulnerability in old age. There is much less public debate about the second major way of seeing oldness which I want to talk about today. It has strong links with the cost-benefit perspective on vulnerability. The best name for it is the discourse of dependency.

This discourse of dependency is far from new. But over the last 15 years it has been dramatically reshaped and redeployed in New Zealand. At first glance the reason is obvious: the predicted growth in the numbers and proportion of older people. Professor Pool has

provided an expert overview of the demographics. But in the media the demographics all too often turn into a stream of alarmist and often inaccurate projections, emphasising the growth in the proportion of older people compared with younger adults, and implying that this shift is entirely negative.

However, the numbers should be seen as something of a red herring. The reshaping of dependence as applied to old age, or to any other category, is not being driven solely or even primarily by the demographic facts.

Imagine that around the year 2010, just as the baby-boomers start turning 65, a virulent new form of auto-immune disease emerges and begins to kill off 5 out of every 10 people aged 70 or more. It quickly becomes clear that there will be no old age boom after all. Yet the discourse of dependency would not be fundamentally affected, although its rationale might alter. What matters is the viewpoint and the assumptions behind it. To take a different example: one of the main arguments for the transfer of state owned enterprises into private hands was financial loss and mismanagement. But now lean, well-run, undeniably profitable businesses such as the Meteorological Service are to be put up for sale, precisely because they are profitable. In terms of ageing, the numbers game is merely the convenient pretext for a reinterpretation which would have occurred anyway. It is not to do with demographic change; it is to do with the repeal of the welfare state, the destruction of collective social structures, and the

concentration of power and wealth in fewer hands.

The discourse of dependency has been reshaped around what looks like a simple pair of concepts: dependence and independence. To understand how these concepts have been constructed, and how significant they have become in how oldness is seen, we need to shift our focus away from the concepts themselves to the relationships between them. In particular, as Jonathan Culler puts it, we need to look closely at "the differences between them which the system employs and endows with significance".⁸ Only by doing this can we begin to understand how the dependency discourse works.

What is the difference between dependence and independence? In terms of daily living, it revolves around the issue of personal assistance. People are said to be dependent when they need someone to help them with daily living in some way. Bessie Scott's "fierce independence" refers to both her ability to look after herself, and her refusal to accept any assistance. This is the norm for adults, and the old do not usually want to fall short of it.

Yet thousands of people, regardless of age, do not meet this norm. They may not know how to do their own washing, cook their own meals or clean their own houses. Instead they rely on others – usually women – to do this for them. An Australian study shows how deeply the expectation that women will support their husbands in this way is ingrained: it found that in a group of older couples, after the wives became frail and disabled, half contin-

ued to prepare the meals for their non-frail husbands, and one-third continued to have responsibility for the housework.⁹

Socioeconomic changes, such as the shift from local shops and deliveries to scattered self-service supermarkets, may turn the previously independent into the partially dependent regardless of their own capabilities. And in a modern urban society, everyone depends daily on the skills and reliability of numberless others, from sewer cleaners to air traffic controllers.

As soon as we start to question dependence and independence as a taken-for-granted pair of opposites, we can see that they are not opposites at all, and cannot be used to label life stages. Lifelong interdependence is a much more useful perspective. Nevertheless, the fictional norm of personal independence as the mark of full adult status remains. The particular kinds of personal dependence which contravene this norm become stigmatised, because they represent a regression from adulthood and a loss of autonomy.

When it comes to money income, the difference between dependence and independence changes shape. It revolves around the issue of where the money comes from, and why it comes. The Bessie Scott story highlights the shift that has taken place in this meaning of dependence over the last 15 years. There is now a prominent point of view which would refuse to see her as "fiercely independent" at all, because she gets her basic income from the state. And unlike Roger Estall, Michael Wall, or Christine

Rankin, she does not get it in return for her current labour, or as a result of her past paid employment, but simply for having lived more than a set number of years.

Getting your main income in the form of a collectively funded state benefit is now defined as dependence. Independence is defined as getting an income in any other way, except perhaps from the proceeds of crime. So by definition, almost all those who have reached old age are dependent, along with the unemployed, the sick, invalids, the widowed, care-givers, sole parents, and all their children. The one group which has remained exempt from this label of dependence is war veterans. Significantly, this is also the only group which is steadily shrinking in numbers.

Why have the old come to be seen in this light? The ready answer is "because they have stopped earning a living from paid work". In her 1988 paper for the Royal Commission on Social Policy, "Perspectives on the Elderly", Peggy Koopman-Boyden echoed many overseas authors, and foreshadowed many New Zealand ones, when she blamed the fact that the old are seen as dependent on retirement. She describes retirement as "a form of socially created dependency in old age". Some pages further on, it becomes "the major cause of the inequalities faced in old age". Later still, it is seen as "the single most important factor contributing to the depressed social status of the elderly, and ...part of the general tendency to devalue the worth of elderly people".¹⁰

The logical next step in this

argument is obvious. In order to shed the stigmatised status of dependence, people should be permitted – or compelled – to remain in paid work regardless of their age. The British author David Green took the same line in his work for the Business Roundtable in 1996. He wrote, “Retirement from work has attractions but in the modern world it seems to signal the end of useful life, and this may explain the low esteem in which older people are often held.”¹¹ How can this be remedied? Green has the answer: “The duty of self support means we should retire only when we can afford to do so. People who have not saved enough to live on, or to buy an annuity of sufficient size, cannot afford to retire, and should carry on working for as long as possible.”¹²

The first problem with this way of seeing dependence and old age is that it takes so much for granted. It is true that the practice of ceasing full-time paid work at a set age is socially constructed. It was introduced not to benefit workers, but to serve the interests of employers, who were, in the words of retirement historian William Graebner, “rationally and aggressively in search of efficiency and productivity”.¹³ It stemmed from the idea that an ageing workforce was a menace to progress. This was not only because older workers could not keep up with the speeded-up pace of work (many younger workers could not keep up either). Older workers were also seen as too set in their ways – including their union loyalties and organising experience. As Graebner points out, retirement

was not a device for creating employment. It was merely a device for redistributing existing employment.¹⁴

But short of mass starvation, mass retirement at set ages could gain ground only when the powers of government enabled pensions to be introduced. Pensions were acceptable not only because they were humane and suited employers; but also because consumption, rather than production, came to be seen as the solution to the problems of an economy which was producing more than it could sell. Material poverty does not mean being unable to produce; it means being unable to consume. Pensions enabled workers to survive retirement; but more importantly, they enabled them to continue consuming, even if only at a very low level, regardless of how the economy was faring. So it was hoped that paying pensions would counteract the business cycle and help to stave off depression.

To offset the strength of the existing mythology of labour, over the years a mythology of retirement was constructed. Remnants of this mythology can still be seen in the few television advertisements which portray older people. These advertisements feature a narrow range of products and services, such as retirement funds and fibrous breakfast cereals. They show older people in general, but particularly older men, indulging in an endless series of energetic romps with their grandchildren, or improbable and expensive leisure pursuits, such as sailing or playing the saxophone.

This mythology of retirement is now under attack. Full-time market

work, as the norm which all adults must continually strive to meet, has become the basic premise underpinning all income support policies. There has been a steady growth of emphasis on the value and indeed the duty of paid employment for all adults of “working age”, with little or no regard to gender, marital and parental status, disability, ill-health, earning capacity, or unpaid work responsibilities. Levels of unemployment, underemployment and overemployment, and changing labour market conditions, get no significant consideration either. There have even been calls for a return to treating children as not only capable of paid work, but able to benefit from combining it with schooling (in a system where education is supplied wholly by private providers).¹⁵ While these calls have not as yet had much serious attention in New Zealand, what at first seemed equally outrageous suggestions have eventually reappeared as government policy.

Over the last ten years, the boundaries of legitimate reasons for receiving collectively funded income support have closed in like the walls of a medieval torture machine, until almost no space is left inside them, and what space there is becomes intolerable. So it is not surprising that there are now increasingly frequent calls for age to be added to the list of invalid reasons for state income support – particularly universal support. The apparent overall improvement in the health status, as well as the longevity, of the old is used as another reason for ceasing to exempt them from the obligation to

seek paid work. An increasing flood of articles, books and programmes paints a picture of a rapidly growing group of healthy, skilled, experienced older people chafing under the yoke of forced retirement and discriminatory hiring policies, and both eager and able to stay in or resume paid work. This perspective sees severe ill-health as the only valid reason for stopping paid work. It sees the demonstrated inability to support yourself, or to save enough to support yourself, as the only valid reason for income support in old age.

There has certainly been considerable improvement in the health status of older people. But this improvement has been very uneven. As the National Health Committee noted in 1998, high socioeconomic groups are in a much more favourable position than low socioeconomic groups. The groups that already had the lowest mortality rates have showed the biggest health gains. People with the lowest incomes report the poorest health at every age. The more unequal the distribution of incomes, the worse the health inequalities. Primarily it is deprivation which leads to poor health, rather than vice versa. As the information on longevity shows, early health inequalities are compounded over the years. In New Zealand this gap has not closed in recent years, and may have widened.¹⁶

But like the numbers of older people, the health of older people is beside the point. Retirement and pensions were not introduced primarily out for concern for workers' health, and they are not being

decried now primarily out of concern about the status and self-esteem of older people, or out of interest in the skills and experience they have to offer. As Dr David Thomson explained two weeks ago, and as a growing number of people in their 40s, 50s and 60s already know, being available for paid work does not mean having paid work. Working hours which are too long for parents are also too long for older people. Part time, short-term jobs which do not pay enough for fit young adults to live on, let alone to support children, will not keep someone in their 60s either. It seems quite pointless to focus on the continuing ability of older people to earn a living when the labour market is already patently failing to provide so many of those under 65 with employment which lasts long enough, pays enough, and leaves enough time to carry out unpaid work, let alone enjoy leisure. In the circumstances, it seems eminently sensible to continue to provide an income which is high enough to enable older people to leave the labour market.

Once again, it is necessary to stress that paid work is not the only way in which people contribute to their communities. To argue that the shift from earning to retirement and reliance on a state pension creates dependency is to assume that it is natural to see the absence of paid work in a wholly negative light. If the old are not valued primarily because they do not work for pay, then instead of asking how they can be helped – or compelled – to join or rejoin the workforce, we should be questioning the moral

economy which sets such a high value on employment, and such a low value on other occupations. And we should ask why the value of employment is being emphasised so strongly now in connection with old age. We must conclude that the main reasons are to lower wages and conditions by increasing the competition for jobs, to cut back the state's obligations in order to reduce the taxes paid by the most affluent, and to erode the last bastion of belief in the concept of universal collective support.

There is a second major problem with seeing oldness in the light of dependency. I hope that many of you will have spotted this problem by now.

Paying so much attention to retirement assumes that most people experience it. It has been called "a full-fledged ideology embodying a way of life and a way of thinking about the experience of being old."¹⁷ But both this ideology and the current attacks on it are based on male employment norms which have not previously applied to most women in New Zealand, and are now rapidly disappearing for men too.

The growing focus on retirement and dependence makes old women more invisible than ever. In fact, much of the discourse on ageing continues to ignore or sideline women's experiences, even though they so clearly make up the majority of the old. The report of the prime ministerial task force on positive ageing, for example, was almost entirely devoid of any discussion of gender differences.¹⁸ Many discussions of retirement pay no attention

to gender at all, or else treat women as a minority "special case".

This is consistent with a general trend to see women as no different from men in terms of paid work and earning ability.¹⁹ It is true that the pattern of women's involvement in the labour force is now moving closer to men's. But the reverse is also true. Part-time work, job insecurity and breaks in employment are spreading among men too, and their labour force participation is falling as women's rises.

Yet women's median earnings remain much lower than men's. Census data clearly shows that the years before 20 and the years after 65 are the only periods when women's and men's median incomes are roughly equal. There is little evidence that this situation will change on a broad scale. Although a small percentage of women will join the top income decile, the gap between this top decile and all others will continue to widen. At the bottom end, the percentage of households where no adult has paid work will continue to grow.

The rough equality in old age between men and women in terms of income is entirely due to our egalitarian pension system, which is not linked to paid work. In stark contrast to the discourse of dependency, it does not rank recipients on the basis of their paid work involvement, past, present or future. But almost every other type of benefit now does this. In terms of income security and predictability, the benefit rules are constantly altering.

As for wages, since 1982 real average wages have declined for all but the top two income deciles,

while job insecurity has dramatically increased. So superannuation is coming to be seen as more generous and more secure than many other sources of income, despite the many twists and turns in government policy on it.

To see more than a tiny fraction of the old as unduly privileged, or basic pension rates as overly generous, is a delusion. It would make no sense to make the lives of many older people intolerable because of the worsening plight of others who receive their main income from state benefits, and increasing numbers of those who have paid work – any more than it made sense to remove market rents for state housing, and reduce low income state and private tenants alike to a level playing field of misery.

However, it must be remembered that in 1991, national superannuation was reduced overnight to a harshly means- and assets-tested benefit. The repeal of this change is one of the few instances where the government has been forced to reverse a major policy degrading a statutory benefit. But in 1999, the married rate of superannuation was allowed to fall to 60 percent of the average wage. For single or widowed older people who live alone, the rate was to fall to just 35 percent of the average wage. In this group, women outnumber men by two to one.

It is ironic that just as women's paid work patterns (although not their earnings or their unpaid work) move closer to those of men, one of the few truly equal rights which New Zealand women have – that is, the right to be exempt from paid

work obligations and to receive a universal pension at a set age – is coming under sustained attack. If these rights are removed, it is women who will suffer most. The blinkered discourse of dependency leaves them facing an impossible dilemma: they will be expected to go on providing the lioness's share of support for those who need it in old age, while simultaneously either earning their own living, or existing on a means-tested, asset-tested, poverty-level benefit.

There is another light in which older women, in particular, can be seen. They pose the ultimate challenge to market values. They rarely have paid work: despite all the changes to superannuation, the percentage of women aged 65 and over in full-time paid work, or looking for it, is just 1.7%, only very slightly higher than in 1981; and while the percentage in part-time paid work has almost doubled since 1981, it is still only 3.5%.²⁰

Older women can no longer produce children. They are not usually shown as sexually active or attractive to men. The major part of their lives has usually been spent doing unpaid work, which is invisible to and devalued by the market. Eventually they may no longer be able to take care of others any more; and they may require help from others to take care of themselves. In other words, they have no market value at all. Yet their numbers are growing around the world. By 2025, over 25 percent of all New Zealand women (and between 30 and 40 percent of women in the US, Europe and Japan) will be 65 or older.

If these women have no value,

then human life itself has no value. What is the point of increased longevity, if the old are not worth supporting as human beings in their own right?

It is hard to come to terms with ageing. Unlike other animals, we remember our youth too well. Moreover, the market scenario of endless material growth depends on perpetuating the illusion that ageing does not exist. The lot of older people in New Zealand is far from perfect. Inequalities and differences in life chances are magnified in old age. Far too many older people – especially women, who are much more likely to spend their later years living alone than men are – become disconnected from their families and communities, through fear, personal circumstances, social structures, or sheer lack of resources.

But more clearly than any other stage of life, old age gives the lie to the notion that we exist solely to produce more and consume more market goods, and that human community can be sustained on a basis of user pays. Growing old demonstrates that there is life beyond paid production – even beyond reproduction – and there is growth beyond the market. If we end up giving in to the cost-benefit perspective and the discourse of dependency, and we deny the right to continue living – not just merely surviving – to those who are no longer productive in market terms, we will have lost the moral right to a future. If we allow a narrow philosophy of market values to rule, leaving our society unable to rise to the challenge of much greater

numbers and proportions of older people, we will have profoundly failed to come to terms with our humanity. ❧

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Notes

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19. See A.Else, "Having it Both Ways? Social Policy and the Positioning of Women in Relation to Men", *Social Policy Journal of New Zealand*, 9, Nov. 1997.
20. Statistics New Zealand, 1996.

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