

The Richard M. Titmuss Memorial Lecture

SOCIAL WELFARE AND THE POSITION OF WOMEN

Dr. Ann Oakley  
University of London

Paul Baerwald School of Social Work  
The Hebrew University of Jerusalem  
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Dr. Ann Oakley is Deputy Director of the Thomas Coram Research Unit at University of London, Institute of Education.

by

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I should like to begin by saying how pleased I am both to have been invited to give this lecture, and also to be back in Israel. I was last here 21 years ago. From that visit I remember a series of adventures, including a trip to the desert where the owner of a camel on which I was persuaded to sit offered my husband 100 pieces of gold to buy me. The offer was refused, but I have sometimes wondered what my life would have been like had it not been!

To be giving the Titmuss Memorial Lecture is, of course, a special privilege and responsibility. Richard Titmuss was for me both an ordinary and an extraordinary man - because he was my father - and this was more important than his professional achievements, as it would be to any child. During his life-time my knowledge of Richard's work was sketchy, and it is only since his death that I have become more familiar with it, and also realised how much some of my own ideas and approaches coincide with his, or deviate from them, but at any rate have the same roots. I think one way in which this is true will become clear later on in this lecture. I hope you will forgive a slightly personal slant in what I have to say. The personal angle is there because one of the principles in which I believe is the task of the sociological imagination as defined by C. Wright Mills[1] to unite public issues and personal troubles. Mills said that any social analyst must be concerned with the relations between biography and history and must be flexible enough to move between the impersonal and the private in order to understand what's really going on in the world.

Finally, by way of introduction, and still in the same nostalgic personal vein, it seems particularly appropriate to me that one of Richard Titmuss's grandchildren should also be present on this occasion. My daughter Emily, who is nearly the same age as I was when I first visited Jerusalem, has accompanied me on this trip and is currently being exposed both to some of the same overwhelming impressions of Israel that I received 21 years ago, and also to the traumatic experience of hearing, for the first time, her own mother lecture!

### Welfare and Women: Some Questions.

The questions that I want to address in this lecture are basically two. Firstly, what is the nature of the relationship between social welfare policies and practices on the one hand, and the position of women on the other; and secondly, is there a paradigm, or model, of welfare that is really compatible with the objective of sex equality? My title and these questions mean that I am talking about women. I do

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not think it is necessary to be defensive about this. We need to examine the position of women in relation to welfare because the 'social division of welfare'[2] has meant a 'sexual division of welfare'[3] that has for most of its life been a hidden agenda. But in order to understand the origins and effects for both men and women of public policy in the twentieth century, we must take out, and look at, all its component divisions.

As I'm sure you realise, the questions that I have chosen to address are both extremely complicated questions and the fact that I am not a specialist in social policy does not make them easier for me to answer. It's very hard to arrive somewhere like Jerusalem and be called upon to deliver a piece of wisdom and then take off again without having much idea about whether the visitation was meaningful to the native inhabitants. One of my Jewish friends in London warned me about this. He told me a story about one of your local, well-respected academics, who is fond of travelling but is not often enough where people think he ought to be, which is here. So what is the difference between God and the professor? God is everywhere, and the professor is everywhere except Jerusalem. I am in Jerusalem, and I'm going to stick my neck out and say what I really think. As someone else once said,[4] if men and women only talked about those matters on which they were expert, a deathly silence would descend on the world. Since that would be a truly dreadful fate, I'll just say what I think and you can then disagree with me so that we will at least still be making noises at or to one another.

My starting point is Richard Titmuss's lecture on 'The Position of Women' which was given in London in 1952 (when I was eight years old), and published as one of his 'Essays on the Welfare State' in 1958[5]. Among the points made in that lecture were the following:

1. Recent developments in the position of women are a supreme example of 'consciously directed social change'.
2. The history and practice of feminism has been overwhelmingly concerned with middle class women and has tended to ignore the condition of working class women, which may be different in important respects.
3. Changes in the position of women have led to new and particular problems of social policy, as yet, Richard Titmuss wrote, largely un confronted by policy-makers.

What kinds of changes was he talking about? His argument was based on the statistics of life and death, which told anyone who cared to look that women in the 1950s were spending a far smaller proportion of their lives physically engaged in childbearing than their grandmothers in the late nineteenth century, and they were also living much longer. The sum of these changes was, according to Titmuss's calculations, that the proportion of women's lives devoted to reproduction had dropped from around a third in 1900 to about 7% in 1950. Other developments fed into this actuarial picture to create

rise in marriage rates, the increase in the employment of married women and the arrival on the scene of a phenomenon known as 'companionate marriage' which meant that the expectations of intimacy held by both men and women of the institution of marriage often proved too much for it - more marriage meant more and more divorce, and the pram-pushing behaviour of husbands was not necessarily as good for marriage as it was for women and babies.

#### Women (and Welfare) on the Edge of Time.

I am, of course, condensing and paraphrasing here, but the image Titmuss erected was that of a woman caught between old and new worlds. Forced into a different relationship with her own biological femaleness, she had become as a consequence capable of playing a different role in the androgynous world outside the home. But neither she nor the world, nor as a matter of fact Richard Titmuss, knew whether this was what she ought to be doing.

This essay on the position of women predated by at least a decade the entire unwieldy literature of the women's movement. It was remarkable for its infusion by the particular ability Richard Titmuss had of grasping and simplifying a broad range of complex phenomena - of seeing the wood and the trees at the same time and describing both with equal eloquence and relevance. Yet in important ways his logic was flawed and it did not go far enough. Beneath the surface of statistical and attitudinal changes cited in 'The Position of Women', there lurked this gender division which the Titmuss paradigm could never properly accommodate, for the simple reason that the foundations of modern social welfare were built on it; to talk of welfare was, and is, to make assumptions about the roles of men and women which, if challenged, call into question the very notion of social welfare itself. Furthermore, we would also have to question the triadic theoretical structure in which we are used to locating all these issues: the State, society and the individual become mythologising terms once the idea of normative integration based on similarity of interests promoted in the Titmuss paradigm, is replaced by the idea that the interests of different social groups, and especially those of men and women, are historically (though not necessarily) opposed.

The pioneer of state allowances for family dependencies, Eleanor Rathbone, quoted in 1941 a historical conundrum that was later taken up and translated into a more modern rhetoric by the 1970s women's movement. In its original version the question was 'when Adam delved and Eve span who was then the dependent?'[6] The newer version became 'when Adam delved and Eve span, who cleaned out the lavatory pan?'[7]

The central issue is that in the industrial-capitalist world the prevailing division of labour by gender means that 'women' and 'welfare' are equivalent terms. This is true in two different and apparently contradictory senses. As Hilary Rose amongst others has pointed out, 'despite the scale of collective reproduction in welfare, the huge budgets of education, housing, health, income maintenance and

community as a whole, and this is a function they have held historically and cross-culturally. It is women who are the prime carers of others' health and personal needs, both materially and emotionally. Although we call it housework, and it's concerned with providing meals and cleaning lavatory pans, each housewife is in fact a mini welfare state, performing important support services not only for those who through age or infirmity cannot escape their dependence, but also for some who are not in a position to see that they might do so. The Beatles got it right in that forceful refrain that permeated the false consciousness of the 1960s:

'It's been a hard day's night  
and I've been working like a dog.  
It's been a hard day's night,  
I should be sleeping like a log,  
But when I get home to you,  
I find the things that you do,  
Will make me feel alright'.[9]

The things that women do make us all feel alright. This, then, is one of the main points that needs to be made in answer to the first question I posed about the relationship between welfare and women's position. Before the State arrived on the welfare scene, women were already doing it. They have continued to do it, either aided or impeded by the State, and at that (predictable) moment in history when the State becomes much less interested in social welfare, the original suggestion is made that women should start providing it instead. This is the moment in history that commands our attention now. And the fact that these new appeals to feminine conscience are being couched in the fashionable technical language of 'community care' is something I'll get back to later on.

The other sense in which women and welfare mean the same thing is that women are significant users of welfare services. The dependencies entailed by reproduction have always meant this, but from the early 1970s on we have had to confront a new version of an old phenomenon - the 'feminization' of poverty. One main reason for this change is the rise in one parent families - in Britain today one family in seven with children has only one parent, and 8 out of 9 single parents are women. It has been calculated for the United States that if trends continue, the poverty population will consist solely of women and children before the year 2000.[10] Another reason is the growing proportion of women among the elderly - in Britain more than two-thirds of retirement pensioners are women.[11]

The contradiction is that women are more important than men both in providing and in using welfare. I believe that this contradiction should alert us to one of the basically misleading assumptions underlying social welfare - namely that welfare is beneficial and progressive, or to put it simply, that there is no such thing as too much welfare (or alternatively to quote Mae West, "Too much of a good thing can be wonderful")

I should like to expand on what I mean in two ways. First through an anecdote of personal experience. And, secondly, by taking a few minutes to explore the evolution of the relationship between women and welfare in a field that I know reasonably well, which is that of health policy.

For the anecdote I turn to an infamous aspect of the British social security system known as 'the cohabitation rule'. In the early 1970s the Supplementary Benefits Commission laid down the rule that a woman's entitlement to benefit should depend not merely on marital status but on whether or not she is living in a relationship with a man. The argument was stated as being that women living with men should not be treated from a social security point of view differently from married women. In both cases, the existence of a domestic and sexual liaison were seen as ground for demanding that the man and not the State should provide financial support for the woman concerned.[12] The ruling created the need for an army of investigators ('sex snoopers'), whose jobs consisted of visiting women's homes to find out whether or not they had a man around, and it thus generated a wealth of unpleasant personal experiences, in addition to the public outcry against the inequity and inherent conservatism of the ruling itself.

In the area where I live, which is in North-West London, some of the anger generated by these kinds of welfare practices is visible in the form of a new tradition of feminist graffiti. On my way to work in the morning I pass one wall which says 'Why Be a Wife?', another that declares 'Women Live!' and a third which politely asks 'If they can put a man on the moon, why don't they put them all there?'.

The cohabitation rule was a major inspiration for a new theoretical paradigm of welfare - the radical feminist one - that began to unfold itself in Europe and North America in the 1970s.[13] And that's where the personal part of the anecdote comes in. Growing up in the Titmuss household and being exposed daily to the intellectual enthusiasms of men like Brian Abel-Smith, Peter Townsend and David Donnison (not to mention some of your previous Titmuss Memorial lecturers including Roy Parker and Adrian Sinfield), the very air I breathed was full of the idea that a welfare 'state was not only possible and desirable, but would automatically result in an equal society. I did not question the assumption that welfare was progressive and that it was progressive for everyone. And then, as I emerged eventually into the air outside the household, I met with the shocking realisation that in important ways this same ideology of welfare did not allow me as a woman the same definition of personal identity as it allowed a man. To add insult to injury, my own father was the defender of both the progressive welfare state and of the unprogressive social security system.

I cannot tell you how awful that realization was. It threatened all the beliefs I had grown up to hold sacred and I felt a conflict between womanhood and personhood that I have been feeling ever since - the conflict that in dry sociological language is called 'women's 2 roles' and which I believe most feminist movements have responded to

roles, and simply asserting the duty of women to be just like men.

In retrospect what I experienced on a personal level was the public clash between two opposing views of welfare, one gender-blind and one gender-sensitive. I was a moment in the dialectic whereby one paradigm gives birth to its opposite and it is characteristic of such moments that you only realise afterwards just what they were about.

So now I realise what it's all about let me move on to considering this relationship between women and welfare in the health field.

#### Health for All - But Women and Children First?.

The need for welfare services arises because dependency is a basic feature of the human condition. In the same way suffering as an aspect of being human leads to the societal need for health services. There is a close relationship between suffering and dependency. Indeed, if we look in the dictionary for definitions of the two terms 'health' and 'welfare' we find that their meanings are virtually indistinguishable. 'Health' is 'soundness of body; that condition in which its functions are only discharged....well-being, safety, deliverance, a wish expressed for a person's welfare'. And 'welfare' is 'the maintenance of members of a community in a state of well-being and satisfaction...'[14]

It's interesting to note that in the beginning, when there was first a collective interest on the part of modern Governments in the quality of individual citizens' lives, concern to relieve dependency and concern to relieve suffering were part of the same project. In the eighteenth century the early hospital provision for the sick was limited to the poor: the State's responsibility for health care overlapped with its responsibility to relieve poverty.[15]

In Britain, modern social policy has its roots in the last decades of the nineteenth century and its earliest flowerings in the liberal legislation immediately preceding the first World War: school meals for needy children, the medical inspection of school children; the first Old Age Pensions Act; the beginnings of national health and unemployment insurance. These developments were spurred on by a curious phenomenon which is the accelerated interest shown by the State during times of war in the biological characteristics of the people. There are many historical instances of this, but in the early 20th century it was Britain's involvement in the Boer War in South Africa that first made public the low standards of health prevailing in the population. It became obvious that three-quarters of a century of industrial progress had not affected the rate at which British people died, something had to be done and that something was protection by the State of the health of mothers and children.

In the early 1900s therefore, public health authorities established clinics to provide education for mothers in hygienic childrearing, and also some material resources including free

homes had become established as an embryonic health visiting profession, mothers had been identified as the main causes of children's poor health, and their rights to bring up their children as they wished had started to be substantially eroded by State legislation and intervention. This process accelerated after the first World War, not only in Britain but in other countries as well, when systems of prenatal care were set up, with exhortations to women to the effect that their duties as citizens implied the need to subject themselves to the scrutiny of State medical authorities. Once these two structures - of prenatal and child health care - had been set up, the time was ripe for a transformation of the conditions of childbirth itself. Gradually and then rapidly, (in the period from the 1960s on) childbirth was taken by the State and the medical profession out of the community and into the hospital.

It has been noted that State intervention in the field of medical care advanced further earlier in Britain than in any other country in the Western World.[16] The establishment of the National Health Service in 1948 was, and remains, a revolutionary act. But the NHS was made possible by changes and conflicts in the early years of the century. Two forces combined: first the new emphasis on improving the public health, and second, the struggles of doctors to gain some professional autonomy from the mass of small organisations through which people at the time contracted their access to medical care. So far as women are concerned, they held a particularly important place in the historical process leading to the creation of the NHS. As I have already said, the 'laws' of how best to safeguard health - the preventive philosophy of health care - were first discovered in the context of the mother-child relation. Furthermore, it was above all women who, in the era before what the Americans fondly call 'socialized medicine', were disadvantaged because of their roles as wives and mothers rather than employed people. They had no access to free or cheap medical care. Because of their function as reproducers the State looked closely at them, saw them to be important and set up mechanisms to control them, but by virtue of exactly the same function, they were, and have remained, marginal to the public institutional structures that give entitlement to welfare only in exchange for wage labour.

Let's just consider for a moment what the experience of motherhood is like for a woman today compared with one having a baby around 1900 or so. In 1900 pregnancy was not a condition that was, or indeed could be, diagnosed by a doctor. Medical textbooks in use at the time even went so far as to advise that 'the most certain mode of knowing whether a woman be in a state of gestation or not is by waiting till the term of nine months is complete'.[17] The only way to be sure was to see the baby. Otherwise medical practitioners could talk to women about how they felt - but the only circumstances in which they could carry out physical examinations were by using opiates to sedate the patient and keeping their eyes firmly fixed on the ceiling. In any case, the vast majority of women would never have seen a doctor during pregnancy or labour - most obstetric care was provided by untrained but experienced

windows open at night), most women would, of course, not have read them. The same was true of the mothercraft manuals. Most women were their own experts on motherhood, or turned to others in the community for help and advice. They did not need a paediatrician to tell them to breastfeed their babies, and the love they showed their children was not inspired by the need to avoid the immense psychological hazards of maternal deprivation.

By comparison a woman today cannot become a mother without exposing herself to the immense psychological hazards of listening to the experts. We don't believe we are pregnant until a doctor says so; we have little faith in the vitality of our fetuses unless we see them on the screen of an ultrasound scanner; we can't give birth except on a hospital bed and even when we have the baby in our arms, we can't love it except according to the new psychological orthodoxy of mother-infant bonding (as developed originally by two (male) American paediatricians).[18] As to childrearing, it's a wonder that any of us can get anything right, so vast, contradictory and dictatorial is the advice that clearly stares us in the face from every possible source.

The medical management of motherhood takes place within a broader context of medicalised health care. Medical services for health are a very recent invention, historically speaking, and again, most health care across the world and throughout history has not been provided by accredited experts but by individuals, usually women, whose place within the community has meant that others have looked to them for the wisdom born of experience, rather than the technical expertise provided by bureaucratically organised training. Feminist historical scholarship[19] over the last 15 years has shown important links between 4 terms - woman, witch, midwife and healer - the alternative name for healer being wisewoman. I don't want to oversimplify this association but I will just say that one of the things for which perhaps as many as 9 million witches[20] in Europe were burnt was their capacity to heal the sick. Revolutionary social movements, such as feminist, have this unnerving tendency to reverse vision. It's refreshing to know that being a witch is a good thing and not a bad thing, but I think its one of the reasons why the treatment women receive in modern health care systems tends to characterise them as biologically disordered because of their femaleness. In case you think I'm exaggerating here, think of three key medical vocabularies developed over the last 50 years for describing women. They are postnatal depression, premenstrual tension and the final crisis of the menopause. Such a perspective on women enables most of us to be seen as emotionally unstable most of the time. This in turn renders us unfit for nearly all labours outside the home - though it isn't perhaps quite as damning as some of the more mechanical views of nineteenth century physicians who declared that higher education for women would cause their ovaries completely to shrivel up and render them sterile for life. We can either think or be mothers - but not both at the same time.

under the watchful eye of professional experts. If the experts only watched, perhaps it wouldn't matter so much, but of course they do a lot more than that. One frightening example is the world-wide use in the incidence of caesarean section. In some places half of all mothers now have their babies surgically removed from them. Even in a fairly cautious country like England, 1 in 9 deliveries are now caesareans.[21]

#### Whose Welfare for Whom?.

I am leading up to a question that is the central question I would ask about women and welfare policy, and that is the question about who really benefits.

#### (a) Health.

Continuing with the example of health for a moment, we can say with complete confidence that one category of beneficiary has been the professionals who have claimed the preservation of health their legitimate expert territory. As a consequence of the use of the maternal and child welfare movement, for example, we have not only health visitors (public health nurses), and state-regulated midwifery, we have psychologists who specialise in theories of child-rearing, we have obstetricians and paediatricians, and even subspecialties within paediatrics, so that the life of the child is carved into distinct time periods belonging to different social groups - the first 4 weeks to the neonatal paediatricians, the next 48 weeks to others. But even more significantly, what Ivan Illich has called 'The Expropriation of Health'[22] by the medical profession has rendered the medical expert possibly the most powerful expert of all, given that nothing else has much meaning without life and health. It has also meant that people no longer regard health as a state they can secure for themselves. Health is provided by doctors, and by complex systems of state or private insurance. Most significantly, perhaps, medicine in the twentieth century has succeeded in medicalising unhappiness by calling it depression and including the mind and the emotions in what Rene Dubos has called 'The Mirage of Health'[23]. One sign of this is the growth of central nervous system drugs within the pharmaceutical industry. In the U.S. the prescription of tranquilisers rose by 290% between 1962 and 1972; during the same period per capita consumption of alcohol went up by 23% and estimates of opiate use by 50%[24]. The fact that unhappy people now go to doctors is important not only on its own, but also because drug therapies depress the impetus to social change. Medicine is a major counter-revolutionary force - a feature recognised by the Irish playwright George Bernard Shaw when he said that medicine is a conspiracy against the laity rather than a profession, or an agent of collective social welfare.

The issue of the mixed benefits and hazards of modern medicine is a complex one and I don't propose to go into it here, except to observe that the medicalisation of life for women has been both more profound and more disabling than it has been for men. A friend of mine in the

of life is 100%. It is. We will all die, and how we live is in many ways more interesting than how we die. To look at gender divisions in health is to be forced up against a major paradox: women live significantly longer than men, but are also significantly sicker. When a country moves towards the status of a modern industrial economy the mortality rates of men and women go into reverse.[25] Whereas women used to die more, predominantly through childbearing, it is now men who die first. But quantity doesn't mean quality. Women use both primary health care and hospital services more than men; they have considerably higher rates, both of acute illness and of psychiatric conditions. General practitioners diagnose psychiatric illness in women two to three times more frequently than in men.

This difference is not accounted for by the higher proportion of consultations by women, since it has been shown that psychiatric disorders rank third among diagnosed presenting conditions for women and seventh for men.[26] Studies have also shown that central nervous system drugs are prescribed more than twice as often for women as for men, which means that in some areas in Britain, one in three women are receiving such medications.[27]

These are some consequences for women of the contemporary health care system. They are the measurable ones; we can add up statistics of general practitioner consultations, diagnoses, prescriptions and use of hospital services, and come to a convincingly quantified conclusion. But there are other consequences which are less easily measured and described but are nonetheless real. One of the earliest feminist writings in the present wave of the women's movement, Juliet Mitchell's 'Women: the longest revolution' put it like this:

'At present, reproduction in our society is often a kind of sad mimicry of production. Work in a capitalist society is an alienation of labour in the making of a social product which is confiscated by capital.....Maternity is often a caricature of this. The biological product - the child - is treated as if it were a solid product. Parenthood becomes a kind of substitute for work, an activity in which the child is seen as an agent created by the mother, in the same way as a commodity is created by a worker....the mother's alienation can be much worse than that of the worker whose product is appropriated by the boss'.[28]

It is, of course, 'the mother's alienation' that is treated by the health care system. What we are talking about are the consequences for women's autonomy, identity and sense of self worth of the expropriation by the State - in alliance with the medical profession - of both the individual's responsibility for health and of women's responsibility for motherhood. The direct costs of this are not economic - they cannot be added up and charged as a financial burden on the welfare state. The fact that the direct costs are psychological, or psychosocial, makes them discountable, because the dominant paradigm dismisses such costs as relatively unimportant. The moral of this is

### (b) Welfare.

The first question was about the relationship between social welfare policies and the position of women. I think I've already partly answered that. All such policies embody ideologies of gender which specify a certain relationship between women and welfare. Once in existence, however, these policies then help to create - or maintain - a certain position for women in the social structure. The provocative question 'whose welfare state' isn't a new one: it was asked in the late 1950s when it first became clear that the wonderful vision of a welfare state which redistributed health, wealth and welfare from rich to poor was mostly just that - a wonderful vision. For whatever reason, fiscal and other welfare policies disproportionately benefitted the middle classes. They have also disproportionately benefitted men, though in theory and in practice the effect has been much more subtle, mainly because it has been mediated through that basic structure in which men and women are most unequal - the family.

### The Sexual Division of Welfare.

In 1932 that pioneer of sexually-divided 'welfare', William Beveridge, noted that there were at least two important unanswered questions about the prevailing relationship between the position of women and the family. One question was that children might be better looked after collectively by experts than individually by their own mothers - expert childcare could be better than the love of untrained women. Less chauvinistically, Beveridge also asked whether the family (with a capital 'T' and a capital 'F') was in the last resort consistent with the economic independence of wives and mothers.[29]

My answer to this is that if it is, we haven't yet found a way of making it so. One reason may be that, so far as I'm aware, no single policy initiative has simultaneously attempted both to liberate women from economic dependence and to redefine the family in accordance with this logic. The most obvious counter-examples - post-revolutionary Russia and the kibbutzim movement in Israel - both illustrate the deficiencies of limited radicalism, since what happened in both cases was that the conservative interests of the modern capitalist State in women's reproductive role ultimately took precedence over the commitment to sexual equality. Within a decade of the Bolshevik revolution in Russia, for example, public concern about social disintegration had begun to take the form of a reaction against sexual liberation. By the 1930s highly reactionary ideologies about women are being expressed, according to which women must be happy mothers and serene home-creators 'without, however, abandoning work for the common welfare'. Women are told that they should know how to combine all these things while also matching their husband's performance on the job.[30] These unoriginal but exceptionally demanding sentiments then get translated into the policies of the Stalinist era, so that any opportunity these might have had of being implemented was lost.

If a lesson had been learnt, what would it have been? I think there would have been two parts to it. (1) that all social policies are family policies unless they set out not to be; and (2) that all family policies will benefit men unless they set out not to.

It might help to have some brief but concrete examples of how these tendencies are manifested in practice. I shall take two - income maintenance and out-of-home childcare.

In Britain, and many other countries as well, the income maintenance system is based on the idea that families do, and should, rely on the income of one breadwinner, and that marriage for women gives them a marginal and/or temporary relationship to the paid labour market. Families only depend on women's earnings when there isn't a man, or the man can't work. Translated into practice this means (amongst many other things), that married women can only claim additional unemployment or sickness benefit for their husband and children if it can be proved that the husband is incapable of working, whereas a man only needs to show that his wife isn't working - not that she is incapable of it - in order to claim additional benefit for her. For women the relevant incapacity is defined in terms of housework. In order to claim an invalidity pension for example, any married or cohabiting woman must prove that 'she is capable of performing normal household duties', whereas men do not have to establish this. The invalid care allowance, payable to the carers of elderly or infirm relations, is not payable to married or cohabiting women, even if they have had to give up paid work in order to do it - instead it's assumed that this work constitutes a normal part of women's household duties.[31] As some of you may know, this ruling has recently been challenged in the European Courts. A decision will be made in June, and if it is that the British Government is in breach of the law on sex discrimination, then it will cost the Government an extra Pounds 100 million a year to pay the invalid care allowance to 100,000 married women currently doing this work without financial recognition. (The Pounds 23 a week allowance is already paid to some 10,000 single women and men).[32]

The only reasonable defence for this sexual division of welfare is the one used by the British Secretary of State for Social Services in 1979 when he said that he didn't think 'that mothers have the same right to work as fathers do. If the Good Lord had intended us to have equal rights to go out to work, he wouldn't have created men and women'.[33] When I say this is the only reasonable defence I mean that to support this division of labour there has to be an appeal to nature or biology - or even God - some pre-social construction at any rate, because the functionalist base of the social construction is not particularly convincing. Women at home servicing men and children is convenient to men and the State (and to some extent to children, but I won't go into that one). It isn't convenient to women, and it isn't moreover what usually happens.

In Britain now more than half of all women with dependent children

represents a tremendous achievement on the part of women, because what we are talking about is a virtually single handed struggle. Probably rather less than 10% of British under-3s are in out-of-home childcare, as compared with -figures of up to 50% in some other countries.[35] British mothers have to rely on a system of piecemeal provision - relatives, neighbours, friends and childminders - women paid to take other children into their homes, who should be registered and subject to minimal health and safety regulations, but many of whom are not. One study in 1978 calculated that the government made (either full-time or part-time) provision for only 13% of the under 5s whose mothers have a job, and virtually no provision for some 2.1/2 million 5-10 year olds whose parents were both in paid work.[36] None of this is particularly surprising because despite William Beveridge's uncertainty on maternal competence, no government has explicitly argued the view that children do better away from maternal care. Indeed, by and large postwar State policies have implicitly supported the 'women's two roles' philosophy. This support has recently started to be explicitly articulated as a component in a particularly modern debate about the family and women.

#### Only Halfway to Paradise - and Back Again.

In North America and in Britain a 'war over the family' is currently raging. In this war there are at least two sides - those who defend the privacy of the family, even if it means the oppression of women, and those who contest it because it does. The debate itself appears to have been generated by two opposed features of post-war life, namely the women's movement and the tightening grip of an economic recession. Feminists have fuelled arguments for gender equality inside homes as well as outside them, and have drawn attention to the inadequacy of any vision of welfare that ignores the private domain. But countering this we have had the rising economic costs of health and welfare services and the social costs of men's and women's inability to get on with one another in a world where, at least in terms of the law and ideology, they no longer have to. The often quoted statistic that 1 in 3 marriages will end in divorce, has one kind of meaning in a full employment economy and another in one where 1 in 8 people can't get a job. The values expressed in the phrase 'women and children first' are quite different from those expressed in the idea of women and children alone. One American neo-conservative George Gilder has even argued that liberal welfare policies which allow women to rear children alone, destroy men's purpose in life. Men need marriage and the family in order to give a purpose to their economic activities (if they have any).[37] I think it possible that the underlying anxiety here is different from the articulated one. For if women and children are alright on their own, what do they need men for?

This can be taken as a rhetorical question, but I believe it highlights a major aspect of the relationship between the position of women and welfare policy. Despite the deficiencies to date of what has been called 'welfarism' - despite the constructed ideologies of femininity and domesticity within it, yet, even so, it is preferable for women to depend on the State than to depend on individual men. In



State support are not coloured by the agonies (or ecstasies) of romantic sexual love as are the (frequently) combative financial relations of men and women. For this reason the women's movement in Britain in the mid-1970s added a fifth demand for legal and financial independence via State support to its existing four demands (equality at work, equal pay, State childcare, abortion and contraception). The feminist perspective saw the potential of the State's construction of women in social policy, for it saw that the State did not need to see women in family terms, but might be persuaded to envisage them instead as citizens in every meaning of that term.

Since the State hasn't done this, it has been said of women in postwar society that they are only halfway to paradise. One could now fairly say that paradise is even further away. So far as welfare services are concerned, a new initiative is now helping to trap women between hope and disillusionment. The restructuring of welfare, to replace public with voluntary provision gives an even more unequal burden to women in the wholly admirable ideological guise of community care. One could also say that there is an obvious answer to the second question I posed at the beginning - the question about whether welfare policy and genuine sexual equality are compatible ends. They are, but they both have to be - in that horrible American term - prioritized together. I would add a terribly important qualification here, and it is that there is no point in asking for equality unless one simultaneously takes account of the three main ways in which human beings over the centuries have unfairly discriminated against one another - for being the wrong sex, the wrong class and from the wrong culture.

#### The Problem of Women.

In an address appropriately on objectives of the welfare state in Israel, Richard Titmuss speculated on the reasons why the welfare state in Britain had not succeeded in bringing about class equality.[38] He found five reasons:

- (1) 'our conceptual frame of reference was too narrow and too romantic';
- (2) 'we... assumed that social legislation solves social problems';
- (3) 'techniques of social analyses were insufficiently developed';
- (4) welfare was incorrectly seen as an obstacle to economic growth;
- (5) the whole thing was much more difficult than it was at first seen to be.

It's all true - and it's true as an explanation of why the welfare state hasn't brought about sex equality. This wasn't actually a problem considered in Titmuss's 1959 essay - the starting point for my lecture. Instead economic and social changes in the position of women

childbearing gave them freedom after the age of 40, when it was difficult to get back in any satisfying way to the world of paid work, and because they were now, in one way or another, the victims of a conflict throughout the life-cycle about what they ought to be doing - and how, in the case of childbearing with its modern dependence on the authority of the paediatric experts. Actually Titmuss was rather vague about the ways in which social change turned women into problems. I think the reason for this vagueness was that he sensed something terribly unfair about his analysis. He could see that the 'social problem' approach would ultimately make women victims of a divisive society in the same way as the working classes and the ethnic minorities had been, and were to become, victims. In his heart he knew he hadn't included women in his romantic vision of equality. Women had been left outside the system. But he could nonetheless see them hovering there, casting their important nurturant shadows over the dialectic and debate of the irresponsible society.

There are some things which are impossible to understand at the moment in which they are happening. The nature of women's importance to welfare in the 1950s and 1960s is one example of this. Titmuss's interpretation of changes in the position of women was correct at the statistical level, but the leap from the statistics to the lived experiences of women was an unwarranted one. For example, fewer children per woman doesn't mean necessarily that women have changed their attitudes towards children; nor does it mean that reproduction is less important as a factor shaping women's lives. When reproduction becomes ideologically more important, as it has since the 1950s, women are in even less of a position to remove themselves from its shackles. As I said earlier, the paradigm needs to change before we can really understand the relationship between women and welfare. My worry about this is that there aren't enough people yet who realise the need for change. I don't know whether you know the joke about the psychotherapists and the lightbulb? The question is: 'How many psychotherapists does it take to change a light bulb?' The answer is: 'One, but the lightbulb has to really want to change.'

To end, I am going to recommend one particular book to you as going as an invaluable paradigm-change. The book is Frijof Capra's The Turning Point, a long and intelligently argued book by a scientist about the need to see things differently - in particular to stop compartmentalising the world into minds and bodies, life and death, money and happiness, men and women. On the first page of his first chapter, Capra observes that 'In 1978, before the latest escalation of costs, world military spending was about 425 billion dollars - over one billion dollars a day. More than a hundred countries....are in the business of buying arms, and scales of military equipment for both nuclear and conventional wars are larger than the national incomes of all but 10 nations in the world. In the meantime more than 15 million people - most of them children - die of starvation each year; another 500 million are seriously undernourished. Almost 40% of the world's population has no access to professional health services; yet developing countries spend more than 3 times as much on armaments as on

in the technology of making weapons'.[39] According to Capra these paradoxes arise because we are overwhelmingly trained to see the world according to the mechanistic world view of Cartesian-Newtonian science. But this view doesn't work anymore. The world is interconnected: biological, psychological, social and environmental phenomena are all interdependent, and we have to see them as such. If we did, then the welfare state might have achieved the genuinely good society - and women might not be complaining the way they are now, and we might all be able to forget gender and get on with the business of living, which is the point of the whole thing. As Richard Titmuss said in a different context, 'To reformulate the philosophy of social policy, and to rescue it from its present inhibitions derived from a "welfare state" ideology, is one of the major tasks of the second half of the twentieth century'.[40]

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