Abstract: This chapter explores the motivations of and pivotal role played by Mary Paton, the official founder of the Nursing Mothers’ Association (now the Australian Breastfeeding Association), in the first eleven years of the association’s life, 1964–1975. At a time when breastfeeding rates were plummeting, Paton deliberately set out to reverse this trend. Gathering other women around her, and developing a volunteer training program that fostered an empathetic and non-directive style of leadership, Mary established a network of discussion groups that offered not just informed ‘mother-to-mother’ breastfeeding support to thousands of women, but social opportunities and skill development.

Keywords: Nursing Mothers’ Association of Australia, Australian Breastfeeding Association, breastfeeding, Mary Paton

The Nursing Mothers’ Association of Australia (known until 1969 as the Nursing Mothers’ Association and since 2001 as the Australian Breastfeeding Association) is one of the largest volunteer women’s organisations in Australia. In 2011 the association had fifteen thousand members. In the late 1970s, the number of members reached approximately nineteen thousand. Many more women never became formal members but have also had contact with the association – perhaps by ringing the breastfeeding help-line, attending antenatal classes, reading their numerous publications or purchasing ‘mothering aids’ such as meh tai baby slings, lambskins or puddle suits.

The founding story of the Nursing Mothers’ Association of Australia (NMAA) was included in all the association’s early brochures. It reads:

The founding members of the NMAA were six young mothers … From their first informal meeting in Melbourne in 1964, the aims of the Association evolved namely to help, encourage, educate and support mothers who wish to breast feed thus creating a basis for skilled and loving mothering and close, happy family relationships.1
It was the passion and energy of one of these six women, however, which was the driving force behind the association in its first decade. This chapter will explore some aspects of the early years of NMAA up until 1975 and the crucial role played by Mary Paton, particularly in developing a network of local groups offering breastfeeding support to thousands of women. In doing so, we acknowledge the earlier work of Kerreen Reiger who examined the history of NMAA and the Childbirth Education Association in her book *Our Bodies, Our Babies.*

In 1964, when Nursing Mothers’ was formed, Paton was thirty-one years old. She had been married four years, had two small children and lived in one of Melbourne’s growing suburbs in the east of the city. She had grown up in the old established suburb of Canterbury, the daughter of a timber merchant and the fifth of six children. Her mother had died when she was just twenty months old, but Paton remembers a happy childhood. She and her siblings had the run of a large house and gardens under the care of a housekeeper and attended private schools. After leaving school, Paton trained as occupational therapist, several years after the course was first established in Victoria, and in her working life she developed a special interest in psychology and psychiatric care. In 1957 she travelled overseas for two years in America, England, and Europe, and took one of the first overland buses to India. Paton recalls, ‘I never thought as a woman I couldn’t do what I wanted to do. I thought Blow it. I will. I had that sort of attitude…’

It was this attitude that led Paton to bring five friends together, all of whom had breastfed at least one child, to form the Nursing Mothers’ Association (NMA). The incentive came from Paton’s own experience after the birth of her first baby in 1962. Paton had kept to the strict four-hourly feeding routine recommended by almost all health professionals, but after being forced to wean her baby at four months because of low milk supply she had become convinced that a different approach to breastfeeding was required, one that was more responsive to the needs of both mothers and babies.

The early success of the group owed much to the women she brought together. All were tertiary educated and had worked in paramedical fields. All now had a certain amount of time available since they had left paid employment when they had children, as was typical during this period, and now considered themselves full-time housewives and mothers. All had husbands who worked in either business or medicine and this gave them access to professional networks, as well as financial and practical resources such as telephones and cars. Most had also grown up observing their family’s involvement in voluntary work and shared a natural assumption that those with the time and resources would contribute to the community in this way.
Paton’s own father had taken in two war evacuees and Paton and her siblings had put on concerts for the war effort.

And so the NMA was formed, taking as their model the La Leche League, a pro-breastfeeding group started by seven mothers in America in the 1950s. The new association confronted a hostile environment. Throughout the Western world breastfeeding rates had been on a downward slide for some decades. Advances in infant formulas meant that bottle-feeding was seen as the modern and scientific choice, allowing women greater freedom to work and to socialise. Even in 1946, only four out of ten Victorian mothers were feeding their babies at six months (despite the fact that nine months was the recommended duration). But the decline escalated in the postwar period and by 1966 only a little over one Victorian woman in every ten was breastfeeding at six months.

Consequently, a whole generation had grown up in a society where bottle-feeding was increasingly the norm and those who chose to breastfeed were a shrinking minority. In the popular press and women’s magazines, feeding a baby became synonymous with bottles and breastfeeding was rendered virtually invisible. Indeed, since breastfeeding in public was not socially acceptable, it was largely invisible and many early members of NMA have spoken of never seeing a baby breastfed until they had their own. At the same time the continuing emphasis on routine and rigid four-hourly feeding schedules meant that those who did attempt to breastfeed frequently failed since such long intervals between feeding meant they were unable to build up a sufficient supply of milk. By the 1960s, therefore, deeply entrenched social and family values were tied up in the promotion of bottle-feeding, and the very existence of NMA presented a threat to a range of interests, including many health practitioners.

In recognition of this, Paton and the five other founding members initially devoted enormous energy to establishing the association on firm organisational foundations that would ensure both its survival and legitimacy. This included the appointment of an executive committee, subcommittees, the writing of a constitution and code of ethics, and the publication of a newsletter. Paton remembers her resolve: ‘It couldn’t be airy-fairy. It had to have a structure if it was going to work.’

A skilled organiser, assisted by her husband’s experience in business, Paton worked constantly behind the scenes to provide the detailed planning that underpinned these developments. She, along with the other founding mothers, took advantage of existing social and professional contacts to recruit those who might be willing to assist the new organisation. Sympathetic medical practitioners were also approached to join a medical advisory board. Many of the practices the association wished to encourage clearly ran counter to the advice given by individual doctors, hospital staff and infant health practitioners.
sisters, but Paton felt that gains could only be made if the association worked non-critically and in partnership with health professionals. She recalls: ‘We wanted to convey the impression that we were not going to interfere … We all realised how important it was not to get on the wrong side of the medical and allied professions because it would achieve nothing.’ The code of ethics warned representatives of the association against dogmatism and stated that they were only to make ‘suggestions’ and not give medical advice.

Paton’s house became the unofficial headquarters of the NMA until office premises were secured in 1970 and since it was her address and telephone number that appeared on early publicity it was Paton who responded to many initial enquiries (although this responsibility was eventually shared among other committee members). Paton also wrote constantly, penning letters of encouragement to members, particularly as membership began to extend to rural areas and interstate. Her oft-repeated belief in the importance of the ‘personal touch’ meant that these letters were typically written in a warm and friendly style, often with references to the shared experience of motherhood.

While the workload during this period was enormous, Paton was consistently motivated by her belief in the physical and psychological value of breastfeeding for both mothers and babies: ‘It really made me furious to think that these simple things were not getting across to mothers. All the damage that it would be doing … psychologically … I think that it was maybe because I worked in psychiatric hospitals.’ The workload was also shared with other founding members who likewise took on large responsibilities. Committee meetings were held regularly and the original committee quickly attracted a growing number of talented women also committed to the cause of breastfeeding. Many who were involved recall the excitement of this period; the intellectual stimulation of grappling with new ideas and building the fledgling organisation, as well as the companionship of working closely with other women. Paton herself flourished in a group setting, appreciating the sense of shared mission and the opportunity to collaborate. She also promoted the delegation of tasks, believing that this fostered commitment to the association as well as the obvious practical benefits.

Absolutely fundamental to Paton’s vision for NMA was the local discussion group where mothers met to share their experiences of breastfeeding and learn from each other under the guidance of a trained group leader or facilitator. The first trial groups were offered in 1964 and were led by Paton or one of the other founding members. Discussion was confined to one of four prepared topics. By the late 1960s these groups had evolved into semi-autonomous units that met monthly in eight different Victorian locations. There were also two interstate groups. Each had their own local group leader and increasing freedom to choose the topic to be discussed.
The emphasis of the groups was mother-to-mother support. They expressed Paton’s belief that the best way of ensuring breastfeeding success was to bring mothers together to share their experiences. The group leader provided some information and ensured that suggestions were well founded but her main role was to facilitate discussion and help everyone to participate. Mothers were also encouraged to trust their own instincts and to not be unduly swayed by the advice of well-meaning family, friends or medical ‘experts’. The first guide for group leaders, published in 1966, made the following points:

How to lead a discussion.

They [the groups] should have a friendly and democratic atmosphere...

Talk informally not dogmatically or in an authoritarian manner.

The group leader must keep her own emotions in the background.

All participants should be free to interrupt and ask questions or comment at any time. The leader must accept this right for them to express their own ideas even though they may differ.

Comments and points should be thrown out into the group for open discussion. For example, ‘How many of you have experienced such and such?’... To get the maximum benefit from the group all people must participate. For the shy, retiring type ask their ideas, opinions, experiences or just why they want to attend, what they hope to get out of it. Turn the question back on the aggressor, do not attempt to argue.

To get the greatest effect, one must recognise the individual.

The leader must not ram her own opinions...

Do not focus attention directly on any one person for any length of time.\(^{11}\) Paton recalls that most women who attended early NMA meetings were not accustomed to this form of discussion, being more familiar with lectures or talks given by an ‘expert’. Nevertheless, the discussion group format – more typically used in the past by those interested in expanding their knowledge through a discussion of selected readings or books – had increasingly attracted the attention of those interested in parent education in the postwar period. A conference on mental health in childhood held in Sydney in 1953 placed an emphasis on discussion groups rather than on didactic teaching.\(^{12}\) The following year, the Institute of Child Health in New South Wales circulated a report written by Clarice MacNamara, who had been awarded a bursary to study parent education in the United Kingdom. The director of Maternal, Infant and Pre-school Welfare in Victoria summarised this report as suggesting that a ‘better method for parent education than the isolated lecturer or lecture series with a large audience is the small, informal discussion group.
planned for considerable continuity and where the role of the expert is that of a friendly permissive guide or informant, not that of a lecturer.\textsuperscript{13} As a result, the Victorian Department of Health began using discussion groups as one part of their parent education program in 1954. Discussion groups as envisaged by Paton, however, gave centrality to the experience of the women who attended and owed more to her own professional experience. Although she was aware of similar groups run by the La Leche League in America, Paton’s main source of inspiration came from her employment as an occupational therapist working with psychiatric patients at the Royal Park Hospital. Mary was employed here in the mid 1950s in the wake of the Victorian Government’s inquiry into mental health and the initiation of a range of progressive treatments for patients.\textsuperscript{14} At Royal Park this included the employment of occupational therapists for the first time and the construction of a specially designed occupational therapy building.\textsuperscript{15} One of Paton’s duties was to convene group discussions. These appear to have utilised some of the insights gained from psychology and psychotherapy to encourage patients and staff to speak openly about their own stories. The clear benefits of such groups left a strong impression on Paton, particularly the extent to which participants learned from each other simply by sharing their own experience. Paton was also inspired by the sense of community and support that emerged among patients who had previously felt isolated.\textsuperscript{16} A further two of the founding members of NMA had also worked previously as occupational therapists at Royal Park and so shared Paton’s understanding of this form of group discussion.

Paton was passionate about the key importance of discussion groups, describing them as the ‘best medium through which NMA aims can best \textsuperscript{sic} be achieved’ and ‘the lifeblood’ of the Association.\textsuperscript{17} By the mid 1970s, when the number of groups around Australia had reached 119, she pointed out that this network of groups was filling a great vacuum:

\begin{quote}
We are really re-creating, in another form, a greater family. For as you know, in our so-called western culture, the greater family is, and in most cases, has, broken down. This breakdown has in my opinion led to many of our society’s ills today.\textsuperscript{18}
\end{quote}

While the workforce participation of married women was increasing during this period, most women did not engage in paid work once they married.\textsuperscript{19} As Paton recognised, many early members of the NMA had moved away from established networks of friends and family and felt isolated. In the newer suburbs, in particular, inadequate public transport and the lack of communal meeting spaces increased the sense of social isolation. In addition, many women who had engaged in satisfying paid work and were increasingly likely to have gained tertiary qualifications before having children were often
unprepared for the loneliness of life at home with small children. Libby Shade recalled:

I was fairly typical of mothers who went out into the suburbs to have their children, I hadn’t got to know very many neighbours and I was fairly lonely and isolated in the way that other mothers are and I was looking for an organisation which would offer me the comfort of friendship as well as trying to raise a healthy baby. So I found out about the organisation of the groups and this appealed to me very much.\(^{20}\)

NMA groups provided many women with the opportunity to escape their own homes and mix with women who held a similar commitment to breastfeeding. Women shared not just their breastfeeding experience but also many other aspects of their lives, and often recalled a strong sense of acceptance and connection they had not felt before with other women. Groups also fostered strong networks of practical support with members frequently assisting each other with childcare or housework. At the same time, membership of an NMA group was largely compatible with and often seemed an extension of their role as full-time mothers and wives. Meetings were typically held in members’ homes, supper could be shared around the kitchen table, and at daytime meetings children could play with the children of other members.

You walked into the house and there were heaps of mothers, heaps of children. And they were all helping each other. Just the welcoming, friendly sort of thing was what really got me wanting to come back again. And the feeling of not being alone.\(^{21}\)

In a similar vein Marion Latham, who joined the association in 1968, recalled attending her first group meeting in Avondale Heights, in Melbourne’s west:

I was a very insecure and shy and lacking in confidence person at the time I suppose and so I rang a friend and said how about would you come with me and so she came with me and we enjoyed the night and so we went back and we just got involved like that … My friend and I just kept going and I think we just enjoyed the company, we enjoyed talking about babies and children, those meetings used to get fairly large because it was the only one in the western suburbs.\(^{22}\)

Women who met at Nursing Mothers’ groups tended to support each other not just in breastfeeding but in a certain style of parenting that recognised the emotional as well as the physical needs of children. Paton, along with many other early members of NMA, had discovered that the close relationship cultivated through breastfeeding had naturally influenced other aspects of their parenting. They therefore included as one of the stated aims of NMA, the intention to recreate an interest in mothers in breastfeeding, thereby ‘promoting better mothering, and thus encouraging closer and happier family relationships’.\(^{23}\) This was a traditional ideology in some ways, since it assumed that a mother’s place was in the home – at least in the early years of
her children’s lives. In other respects it was subversive, running counter to a more disciplinarian model of parenting that had been popular in the postwar period and still had currency in the 1960s despite the increasing weight given to emotional nurture in the field of child psychology. It also represented a challenge to some of the key tenets of scientific mothering – the importance of routine, discipline and the advice of experts. At a time when picking up a baby too frequently was thought to risk ‘spoiling’ and mothers were directed to wean at exactly nine months, Paton described breastfeeding to an Age journalist as ‘important psychologically to both the mother and baby. A baby needs to be cuddled and mothered during its first year of life … I think it is important to breast feed the baby for as long as the baby wants it. This may be until it is 12 or 18 months.

NMA group discussions were informally structured but could only be led by trained group leaders or counsellors (generally known as office bearers until the 1980s). At the first group leaders conference in May 1968, Paton applauded their role:

Group leaders are the very core, the heart of NMA. They are the members who really get down to the basic workings of the Association – i.e. helping and encouraging breastfeeding and good mothering. As group leaders you will find this terribly rewarding. The personal touch, so important to the mother-to-mother relationship is what you can add.

The training system for group leaders evolved over time. Initially, the six founding members had relied on reading as much as they could about breastfeeding – mostly from American publications such as the La Leche League’s Womanly Art of Breastfeeding and Karen Pryor’s Nursing Your Baby. The earliest training scheme for office bearers required that the trainees read these and several other books and answer a series of questions based on the reading. Before even being considered for training, women had to submit a ‘lactation history’, indicating that they had successfully breastfed at least one baby for nine months (initially this was six months).

The questionnaire and the lactation history were regarded as important (and potential trainees were sometimes turned away because they had not breastfed for a sufficient amount of time), but substantial weight was also placed on personal leadership qualities. Potential trainees had to be recommended by existing office bearers and the list of personal requirements suggests a great emphasis on empathetic listening, tact and objectivity. When Paton prepared the association’s first ‘Office Bearer’s Manual’, a bulky 120 typewritten pages circulated in 1971, it listed the ‘attitudes and personal requirements’ of office bearers of the NMAA:

She must listen and be able to resist relating her own experiences at length.

She asks questions to clarify the picture.
She offers suggestions which may be briefly illustrated with her own experiences or those of other mothers.

She reassures and supports.

She can extend personal contact by telephoning and visiting a nursing member.

Her attitude should be objective, unemotional, and tempered by understanding resulting from her own experiences. This requires an understanding of her own weaknesses as well as her strengths.

Her ideas should be suggested not forced – forcing can be detrimental. Most effective action comes after waiting and consideration followed by diplomacy and warmth.

She is able to give and take, both with her members and fellow Office Bearers, tactfully and patiently.

She enables NMAA to function fully not only by giving help, but by following it through and establishing a good mother to mother relationship, which makes the help more effective.

She is never fanatical. She may see herself as ‘strongly caring’, but this can be interpreted differently by outsiders. How often does she discuss NMAA at general dinner parties, etc?

This approach was built upon Paton’s earlier experience as an occupational therapist, but also owed much to the central philosophy of mother-to-mother support and to the practical experience of trying to make this a reality over the previous seven years. Paton and other early group leaders often learned through trial and error, and through witnessing the benefits of an empathetic and non-directive approach. Early group leaders, for instance, often had to retrain themselves to remain in the background and to allow all present to take responsibility for how the group functioned. After a meeting she conducted in October 1966, Paton reported: ‘Meeting very cosy and friendly. Notes not really followed, participants asked questions and raised points themselves and in this way most of the points were covered.’

Many of the questions that trainees had to complete in order to qualify as leaders or counsellors focused on their listening skills, their ability to suggest, not advise, and on the support they might offer, as much as on their knowledge of breastfeeding, and there were instances where over-zealous potential trainees were quietly encouraged to help the organisation in other ways. On the other hand, the onerous written requirements of the training scheme – consisting of essay-like answers to a number of questions – possibly meant that potential trainees with the ‘warmth’ and ‘friendliness’ sought in group leaders were discouraged from training. At various times in the association’s history this became a matter of concern. An early Queensland member and office bearer, Virginia Phillips (now Thorley), for instance, argued in 1978 that while the training system was very ‘sound’, it was slow and women ‘with a lower educational standard’ were disadvantaged by it:
One hesitates to ask a girl with only grade 9 education to train, whatever her suitability, as some of the reading matter would be heavy going for these girls, and they would feel quite lost when faced with the more technical articles in recent issues of Talkabout [NMAA newsletter for office bearers]. Yet, in some country areas, and I’m sure inner city ones too, girls like this are closer to the backgrounds and lifestyles of the young mothers in the particular area, than would be a girl of a rather higher socio-educational background. Many women who did complete the training and went on to be office bearers within the association felt it increased their self-confidence and provided skills they could apply in other areas of life. Some used their leadership skills within their local community, while others felt their training equipped them to re-enter the workforce or approach a new field of study or career. Margaret O’Callaghan, who joined the association in 1971, became a group leader and later branch representative in the Australian Capital Territory. Returning to tertiary study, she went on to a new career in overseas aid, working first for AusAid before being invited to apply for a position with the United Nations Population Fund.

I included my NMAA experience in the CV needed to join the UN and it was actually taken into account by the Executive Director who approved my recruitment even though I did not have a Master’s degree – which was a prerequisite. This was possibly unique and very important that it was given weight. Paton took great pride in the fact that voluntary work within the association and, in particular, training as an office bearer, frequently provided women with the confidence and skills to take on new challenges. There was tension, however, between the association’s constant reminder that children and husbands must always come first and the imperative for office bearers to be available to other mothers – patiently fielding counselling calls, leading meetings, mailing bulletins and visiting new members. NMAA aimed to promote ‘skilled and loving mothering’, yet the time office bearers spent on association business could conflict with family time. Paton, a mother of three children under four by 1966, confronted a mountain of NMA paper work each day. Office bearers who volunteered to be on the telephone counselling roster often found that the phone rang at the worst times – when their own child was having a tantrum, for instance, or when the family had just sat down to their evening meal. When Eril Jolly, a member of the executive committee in the early 1970s, found that the extent of her NMAA work was alarming her husband and threatening to shatter ‘the family harmony’, she considered resigning but eventually compromised by hiding association material in a cupboard and trying to get her work done when children were at school or her husband at meetings. She subsequently wrote:

I try not to discuss NMAA activities but current news and subjects I know my husband is interested in. I make sure that dinner is almost ready when he comes
home from work and have discovered that if the table is set when he comes in, the home appears to be well ordered and that I am not running late due to numerous NMAA phone calls. I can fully set the table between my hearing the car turn in and my husband walking through the front door.32

Because much of the work was carried out within the domestic sphere, there was also a blurring of responsibilities and early members struggled to marry a new way of parenting – of being responsive to their children and not to routine – with the accepted 1960s’ roles of wife and homemaker presiding over a neat and orderly household. Home hints and recipe books were devised to help streamline work around the home, and members shared tips for keeping up appearances while underneath ignoring the non-essentials and taking every possible shortcut. The association was clear, however, that if domestic routine conflicted with the needs of children it was the routine that must be sacrificed.

Many women felt that their membership of a nursing mothers’ group gave them a heightened appreciation of the demanding work all women did in mothering and the need for greater social recognition of its value and worth. In the 1970s, the demands by second wave feminists for access to child care and equal pay, and in particular the emphasis on women in the paid workforce, were sometimes seen as antithetical to the ideals of nurturing and loving mothering promoted by the association. Writing in 1972, NMAA’s second president, Jude Laird, argued that:

If a mother is to nurture and guide her child towards maturity, independence, with an ability to relate to others, she needs to see her role as a mother as a worthwhile ‘profession’. If a woman does not fulfil her role as the protector of the family’s emotional and physical health and well-being then a danger exists that either the tasks involved will not be done or will be done by organisations blind to the needs of the individual.33

Other NMAA leaders strove more clearly to position NMAA within the feminist movement, although their focus continued to be on advancing the rights of women in relation to their mothering role rather than issues of greater economic, political and educational opportunity. One early member contended that, ‘along with equal opportunities in the workplace and equal pay for equal work, women should have the right to enjoy motherhood’.34 Paton pointed out that ‘without waving banners, without marching or demonstrating, without bombarding established authorities and institutions with aggressive or negative criticism’ NMAA could claim to be ‘probably one of the first Australian groups fighting for women’s rights to be established in the current upsurge of women’s groups over the last decade’.35 While NMAA had no official policy on the participation of mothers in the paid workforce – arguing that it was a matter for each individual to decide – the tacit view was
clearly that full-time mothering while children were small was the preferable option, and the one best suited to the emotional needs of the child. By the mid 1970s breastfeeding rates in Australia had begun to rise after a steady decline over the preceding forty years. In 1975, 30 per cent of Victorian babies were breastfed at three months of age, compared with 20 per cent in 1971. In all states, the number of mothers breastfeeding their six-month-old infants was on the increase. Victoria’s Director of Maternal and Child Welfare, Dr Elizabeth Wilmot, attributed partial responsibility for these trends to the NMAA. Paton’s services to the community as the founder of NMAA and her efforts to assist breastfeeding mothers and their babies was recognised when she was awarded a Medal of the Order of Australia (OAM) in 1978. She was further honoured by the award of a Member of the Order of Australia (AM) in 2006.

Paton stepped back from a role on the national executive early in the 1970s, although she continued to exert an influence over the policies and practices of the association. Officially designated as the founder of the association in its constitution, Paton often took the role of reiterating key philosophies of the association to members, especially at times of strain or tension. During one such crisis at the national level in 1975, Paton reminded all members that:

Through the years, NMAA has had its ups and downs, and by using the basic principles upon which it was founded, difficulties have been resolved, and the Association strengthened. Surely NMAA must be a unique organisation in this country, because of the way in which its principles of warmth and caring are practised between thousands of mothers.

In the decades ahead the environment in which the association offered such support was to undergo enormous change. By the 1980s membership was declining, an escalating number of mothers were returning to the paid workforce and resources were devoted to reaching beyond the association’s middle-class base to other groups in the community. Nevertheless, the attempt to hold fast to the philosophy of mother-to-mother support, first articulated by Paton in 1964, remained central and continues to underlie the activities of the association, now known as the Australian Breastfeeding Association, in the twenty-first century.

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1 Introducing the Nursing Mothers’ Association of Australia (NMAA), pamphlet, n.d., Mary Paton papers (privately held), Sydney, NSW.
In 1961, for instance, only one in ten married women between the ages of twenty-five and twenty-nine who also had children was in paid employment. Australian Bureau of Census and Statistics, unpublished data from 1961 census compiled by Katy Richmond, *Women in the Workforce: The Workforce Participation of Married Women in Australia*, Latrobe Sociology Papers, no. 2 (Melbourne: Department of Sociology, School of Social Sciences, Latrobe University, 1973), 19.


Mary Paton interviewed by Karen Twigg, 30 March 2011, ABA.

Mary Paton interviewed by Karen Twigg, 30 March 2011, ABA.

NMA Committee Meeting Minutes, November 1965, Mary Paton papers.


NMA, Qualifications for Group Leadership, 1966, 4, Box 69, MS 13230, Manuscripts Collection, State Library of Victoria, Melbourne, VIC.


Ibid.


Mary Paton interviewed by Karen Twigg, 30 March 2011, ABA, Melbourne.

Mary Paton, ‘Why do we have Groups?’ handwritten notes for speech to *Talkabout* conference, 1975, Mary Paton papers.

Paton, ‘Why do we have Groups?’

In 1966, 28.8 per cent of all married women between ages of fifteen and sixty-four were in the workforce. By 1971 this had increased slightly to 32.7 per cent. Richmond, *Women in the Workforce*, 2.

Elizabeth (Libby) Shade (Vic) interviewed by Trisha Edgoose, Box 11171, Item 25, NMA/ABA Oral History Project.

Karen Grieger (SA), interviewed 1999, Box 9686, Item 33, NMA/ABA Oral History Project.

Marion Latham (Vic) interviewed by Trisha Edgoose, 15 March 2000, Box 9700, Item 87, NMA/ABA Oral History Project.

NMAA, First Draft, Constitution, n.d., Box 69, MS 13230, Manuscripts Collection, SLV.
This attitude was in the process of change by the 1980s as more women returned to the paid workforce and the association increasingly provided resources for women in paid employment.

Mary Paton, Opening address to first group leaders’ conference, May 1968, 1, Box 69, MS 13230, Manuscripts Collection, SLV.


Virginia Phillips, RAPAC submission, 1978, Box 93, MS 13230, Manuscripts Collection, SLV.

Margaret O’Callaghan, Questionnaire, ABA History Project, 2011, ABA, Melbourne.

*Talkabout* 4, no. 2 (April 1973), Box 29, MS 13230, Manuscripts Collection, SLV.

President’s Message, *NMAA Newsletter* (March–April, 1972), Box 22, MS 13230, Manuscripts Collection, SLV.

Article by Bridget Sutherland, 13 July 1972, publication unknown, Box 9, MS 13230, Manuscripts Collection, SLV.

*NMAA Newsletter* (September 1974): 6, Box 22, MS 13230, Manuscripts Collection, SLV.

This view mellowed in the 1980s as the number of women returning to the paid work force escalated, including many who were members of NMAA.


Mary Paton, ‘A Christmas Message from NMAA’s Founder’, *NMAA Newsletter* (December 1975): 3, Box 22, MS 13230, Manuscripts Collection, SLV.