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# Ann Oakley on Women's Experience of Childb

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**David Edmonds:** *Ann Oakley did pioneering work on women's experience of childbirth in the 1970s. Much of the data was collected through interviews. We interviewed Professor Oakley about her research and about the nature of interviewing.*

**Nigel Warburton:** *Ann Oakley, welcome to Social Science Bites*

**Ann Oakley:** Thank you for inviting me to take part

**Nigel Warburton:** *The topic we're going to focus on is women's experience of childbirth. Now, I know that you did some research in the 70s just on this topic, could you say a little bit about that to begin with?*

**Ann Oakley:** Yes, I did, funded by what was then called the Social Science Research Council, a study of women's experiences of having their first babies, and this was around 1975-76. So, I interviewed them four times, twice in pregnancy and twice afterwards, and with some of the women I was actually present at the birth as well. The focus of the study was social and medical aspects of childbirth, so it was partly about whether what doctors were doing to women who were having babies affected the women afterwards.

**Nigel Warburton:** *What sort of questions did you ask them?*

**Ann Oakley:** Well, four interviews, two hours each; an awful lot of questions. The first interviews, there were a lot of questions about the experiences of antenatal care. This was at a time when the treatment of women in childbirth was becoming a big media policy issue, and there was a lot of stuff in the newspapers about rising induction rates, and this sort of thing, but there was not very much in the social science field about how the treatment of women in childbirth was actually experienced by the women themselves, and I wanted to try and fill that gap, so the first interviews were a lot about what it was like going to the antenatal clinic, what their expectations were about childbirth, and then afterwards I asked for an account of the whole labour and birth, from beginning to end, which was often quite long, and of course lots of questions about baby care, about the environment, the domestic environment, about the whole issue of employment, going back to work, and about this subject which was called 'postnatal depression'. I wanted women to talk to me about how they interpreted this term, whether they thought they had this thing called 'postnatal depression' and, if so, where has it come from, essentially?

**Nigel Warburton:** *How long after childbirth were you interviewing them?*

**Ann Oakley:** This fourth interview was about five months afterwards, so, well the researcher did quite a lot of holding the baby.

**Nigel Warburton:** *And were their husbands or fathers of the children present?*

**Ann Oakley:** Sometimes, and sometimes they were there at the delivery, and sometimes I was there as well, and that was quite interesting, I won't say any more about that though...

**Nigel Warburton:** *So, I'd imagine you have this huge archive of interview content; what happened to it?*

**Ann Oakley:** I wrote a report, of course, for the Social Science Research Council, and I wrote two books. The first one was called *Becoming a Mother*, but the paperback version had a new title *From Here to Maternity*, and the other book was called *Women Confined* and the subtitle was *Toward a Sociology of Childbirth*, and that was much more analytical. It was looking at kind of models of postnatal depression, and then looking at the interview data and seeing how the existing explanatory models fitted with the women's accounts, which they didn't very well.

**Nigel Warburton:** *What was existing understanding of postnatal depression that you were providing evidence that undermined?*

**Ann Oakley:** There were really two explanations in the medical literature at the time, one of them was that something had gone wrong with the women's bodies as machines, something had gone wrong hormonally. I mean that explanation is still around. And the other one was deficient femininity, and that came from the kind of psychoanalytic domain, but what I found most interesting was talking to many of the women. Their accounts of postnatal depression were not accounts of depression, they were accounts of exhaustion, sleep deprivation, the shock of being precipitated into a new occupation, a mother without, often any kind of previous training, exposure to surgery, to institutionalisation in hospital and all these things we know are stressful to human beings, so you didn't need to have any special explanations of women as women, you just needed to understand that childbirth is a human life event and it can have these kinds of consequences.

**Nigel Warburton:** *I can imagine that's true for many women, but surely there must be some women for whom physiological, hormonal changes do trigger events of depression?*

**Ann Oakley:** Yeah, I think so, and I think there were two or three women in these 55 who fell in that category, but, I don't remember the figures now, but something like 40-50% or more said that they had been labelled as having postnatal depression, and then when probed 'Ok, so what did it feel like?' you got an account of 'I haven't slept for four nights'. In those days women were kept in hospital for nine to ten days and the experience of being kept in hospital and having a routine imposed on you, listening to everyone else's crying

babies, having the baby taken away and test -weighed if you were breastfeeding, I mean there were all kinds of things which made that not a very comfortable time.

**Nigel Warburton:** *So, did your research feed into policy at that point?*

**Ann Oakley:** I'm not sure it fed into policy at *that* point, but it has been subsequently said that that research, and there was other research happening around that time, actually did draw attention to the fact that we need to listen to the recipients of maternity care. We need to understand what it's like from the mother's point of view, and it was the beginning of a period in which maternity care policy did become more sensitive to issues like this, and issues of choice and so on.

**Nigel Warburton:** *I'm intrigued to know what inspired you to research this topic in the first place, was it your own experience of motherhood, for instance?*

**Ann Oakley:** Well, I always say that in the vast majority of cases, the choice of research topic amongst social scientists reflects a mixture of the personal and the professional, and of course, yes I was interested because I had had, by then my third child during the project, but the intellectual origin of the project was in my previous research which had been looking at women's experiences of housework, and in asking questions about how gender worked in the home, what I was getting was a picture that the point at which women's lives really changed was not marriage, partnership, but actually the birth of the first child. After that, it became much more difficult to manage an equal partnership, and I think that is still true today.

**Nigel Warburton:** *Now, I know that you've returned to this research. It's really interesting that you've gone back to research you did in the 70s and re-interviewed some of the women who you interviewed in the first study. Could you say how you actually tracked these people down and what the motivation was?*

**Ann Oakley:** Well, first of all I did most of the first study, as a sort of sole researcher, but the follow-up study, I've done this with a team of other researchers here at the Social Science Research Unit. Of the original 55 women who were interviewed in the 70s, we have found 36 to interview. The finding has involved quite a lot of detective work, going through, first of all, the NHS tracing system, but also using other means of locating women, and one of the irritating things about women is their habit of changing their names.

**Nigel Warburton:** *Did that raise any ethical problems? I know that with some social science research you have to go through approval committees in order to begin that kind of pursuit of individuals.*

**Ann Oakley:** Yes, we did all of that, and it took several months to get through the relevant ethics committees, which didn't exist in 1975: that original project didn't go through an

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ethics committee, I simply wrote to a consultant at a local hospital and said 'I want to do this study' and I went to see him, he said 'Yes' and then I had access to the medical records. That would not happen, quite rightly so, it wouldn't happen now. I mean I think it was outrageous really, but of course, I know I behaved ethically, but not everybody would. So one of the problems this time round was the ethics committee said 'Where are the original consent forms?' and I said 'We didn't have consent forms in 1975' and there was kind of a long silence while they took on board this information and worked out what to do about it, and some of the ways that it was possible to find, relocate the women involved finding their children, adult children on Facebook and grappling with the question 'Is it ethical to contact somebody though that kind of route?'

**Nigel Warburton:** *So, once you tracked them down, were they amazed that you wanted to speak to them again?*

**Ann Oakley:** They were amazed. Most of them, I think, were really, really pleased, they've been very welcoming, you know, meeting me at stations, inviting me to stay, providing meals, talking about everything. It's a very, you know, kind of heart-warming experience. Some people, when re-contacted who really did not want to be taken back to that time, and who said so, in one or two cases we were able to change their minds, ethically of course, but of course people have the right to say no, they don't want to go back and talk about that again.

**Nigel Warburton:** *And what is it that you're examining, is it their recollections now of that first few months of childbirth, or is it what happened subsequently?*

**Ann Oakley:** It's both. The main emphasis is on how these experiences get remembered. Actually it has drawn my attention to the fact that there is very little work on the sociology of memory. It's very interesting how people remember things, and how each time you remember something, you change it, and how sometimes what you remember is not what happened, but what somebody told you happened. So, moving on from that, how they remember the first childbirth, of course, we go on to whether they've had other children, how the subsequent experiences compare with the first one, many of them are grandmothers, so how do those births compare with, and how do they think things have changed for women, and then also questions about all the other things that have happened over the, it's a long period, you know, many of these women are retired now, so they've got to go through 30 years of employment history, relationship changes, and all sorts of things have come up that I didn't really expect.

**Nigel Warburton:** *I'd imagine, with the issue about memory, it must be quite difficult if you're got a transcript of the original interview and you're talking to somebody who begins to confabulate about what they thought had happened first time round. How do you resist the temptation not to somehow correct them and say 'Well, no, no that's not how it was'?*

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**Ann Oakley:** We didn't read the transcripts before we left, but of course the fact that I had done the interviews that I was redoing, I couldn't cut out my own memory, for example I remember going to see one woman, and we had lunch after the interview in her house, and her husband was there, and he said 'Nice to meet you again' and she said to me 'Where did you two meet before?' 'We met in the delivery room' and she had forgotten that I was there.

**Nigel Warburton:** *This whole process is based on face-to-face interviews and I guess almost participant observation, if you're in the delivery room. There must have been special problems about that, I mean it's an unusual kind of interview situation where somebody's something quite potentially traumatic, certainly life-changing has just happened to somebody, or is happening to somebody. Were there special considerations about the interviewing?*

**Ann Oakley:** Well, yeah, I think yes there were, if you locate the original interviews and the context of the time, and what people said, wrote, thought about social science interviewing, because when I looked at the social science textbooks on methodology and ethics of interviewing, I found they were extremely unhelpful, precisely because they did not cover those kind of situations, in which there was longitudinal face-to-face interviewing about a very intimate, potentially traumatic subject, for example, one of the things that the textbook said was 'The interviewer is a sort of mechanical data gatherer, and he (it was usually a he in the textbooks) doesn't give away any information about himself' and the example that I quote in *From Here to Maternity* that really sort of drove this point home was a woman that I interviewed, who, at the end of the second interview, just before the baby was due to be born, she said to me, she said to me 'Now could I ask you a question?' and I said 'Yes' and she said 'Can you tell me which hole the baby comes out of?'. Now, if I had been going by the social science textbooks, I would have said 'Mm, well you should ask your doctor that', but how could you not answer the question? I mean and that is an extreme example, but I got lots of questions. If you expect somebody to talk about themselves and their experiences, don't you have an obligation, an ethical obligation, to be prepared for that to be an interaction, rather than 'I'm the questioner, and you're the answerer'? It doesn't work, it doesn't work like that, it's not the way things happen.

**Nigel Warburton:** *Given that you were moving away from conventional social science interviewing techniques, to some degree, by revealing things about yourself and interacting in a certain way with the people you were interviewing, did you feel tempted to disguise that fact when you came to write up your report?*

**Ann Oakley:** Well, I think probably the report for the Social Science Research Council didn't pay a lot of attention to this, but I, I was going to say I've always felt that researchers have an obligation to write up the research as they did it and not a kind of sanitised account, but

probably that was the beginning, 70s was at the beginning of my realisation that this is what you should do, and lots of researchers didn't do it, and consequently what they wrote were accounts that were essentially unbelievable. If you put yourself in the researcher's shoes and think 'How on earth did they do that?'. It's certainly in the *From Here to Maternity* book, there's a chapter on 'being researched' in quotes, which has got some of the women's questions and some of the issues about this kind of interviewing, and then a colleague of mine, Helen Roberts, was writing a book on feminist research and she asked me to write a chapter about interviewing women, which I did, and that chapter of my publications is the most quotes, and it caused quite a sort of degree of controversy in the, amongst feminist social scientists. It's kind of complicated, but there's a class issue in there, I was a middle class, white middle class woman, so how did my biography impact on the data that I was getting. It started a debate, which is very good. The point of these things is not to close a debate, but to open a debate.

**Nigel Warburton:** *If the alternative was to be completely neutral, you would still reveal your class, it's not as if you can hide that so, having got a bit of distance on what you were doing in the 70s, would you have gone about it differently today if you began that research today?*

**Ann Oakley:** I don't think so, but perhaps I'd be more sensitive to this issue about the boundary between a professional research relationship and a friendship, purely from the kind of research point of view, I remember thinking sometimes when I came away from an interview 'I really enjoyed that' and I learnt to mistrust that. If I enjoyed the interview, I wasn't attending properly to the questions, and I was reading, I was anticipating replies too much, rather than extracting them, waiting for them. Well, you see, there was no guidance, I really felt as though I was kind of on my own here.

**Nigel Warburton:** *Now, some social scientists see their work as very much in the same spectrum as 'harder sciences', as some people put it, they are collecting data in an objective way, but it seems to me that a lot of what you've done, the factor that it was you doing it will have affected the kind of data that you actually collected.*

**Ann Oakley:** I think that's true whoever the scientist is and whatever the data are. I think people, if people, including laboratory scientists, are honest about how they collect data and where their personal experiences come in, there's much more of a link, in fact there's a whole literature, mainly by feminist scientists, about hard science, and how it's not quite as hard as people pretend, you know, every research project, there's the imprint of the person who did it, there's actually no way you can get away from that, but I think you can be, try to be aware, and try to document the ways in which it seemed that there was that kind of interaction.

**Nigel Warburton:** *Your interviews were based around asking the same questions of each person, so, to some degree what you collected could be compared and given some kind of numerical quantification, is that what you, how you treated the data?*

**Ann Oakley:** It's one of the ways in which I treated the data, on the issue of postnatal depression, I asked, we asked, standardised questions about the women's mental health after childbirth, and you can get a score out of that, and indeed we did do statistical significance tests, and so on, and looked at the association between factors, and at the same time, looked in detail at their accounts, you know, I don't buy this distinction between qualitative and quantitative, I think all quantitative work is qualitative and vice versa, even in projects where very few people are interviewed, you find the researcher talking about most, some of, well that's quantitative. I think it's an unhelpful distinction, very much so in the social science research field.

**Nigel Warburton:** *Given that what you did in the 70s was focused on a relatively small group of people in one place, do you think there's anything generalizable from that?*

**Ann Oakley:** Well, I don't think it is generalizable to, you know, women giving birth in developing countries then and now. One can ask the same questions in different places, and to some extent, that has happened, I mean there has been a lot more research, mainly in Europe and in North America, asking these sorts of questions and coming up with not dissimilar conclusions. It's an open question isn't it, of any research project indeed, how far one can generalise, and I think it's very important to be clear about the limits of generalizability, but as I said before, you know, it's about opening the debate.

**Nigel Warburton:** *And is that what you see as the great value of the social sciences generally, to open up a debate, or is it to provide evidence to change the world?*

**Ann Oakley:** Both, of course, you know, I am in this business, not to change the world, I mean that's too ambitious, but to produce evidence that is relevant to policy-making and to practice, so, the ultimate aim being to actually improve people's lives. For me, the point of it all is not to theorise in an armchair kind of way, it's about having some kind of practical impact, and sometimes you have that by opening a debate, by making people argue, and by highlighting an issue, like the treatment of women in childbirth, that was not regarded as an issue before.

**Nigel Warburton:** *Ann Oakley, thank you very much.*

**Ann Oakley:** Thank you.

[ends]