

Oral history and research part 1: uses and implications

By Billie Hunter

ABSTRACT

Much of the history of 'ordinary' midwives has gone unrecorded. This is a great loss to midwifery knowledge, as the experiences of midwives in the past have potential relevance for current practice. This article is the first of two that discuss the use of oral history research to access such information. The article describes how oral history research may be performed, and considers the relative advantages and disadvantages of the method. Its uses and implications for midwifery are discussed.

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We need to know our past to understand our present. The present is a product of the past: we are moulded and conditioned by a past of which we are alarmingly ignorant' (Beddoe, 1983).

How much truth do these words of the social historian, Deirdre Beddoe, have for midwifery? Are midwives alarmingly ignorant of their own history? The history of midwifery practice still has a tendency to be dominated by obstetric history (Rhodes, 1995), or by the thoughts and actions of those at the forefront of professional development (Donnison, 1977; Towler and Bramall, 1986). What was happening at the grass roots level is not so well known or so easily accessed. The 'ordinary' midwife did not commit her thoughts to paper and so these experiences have largely gone unrecorded and hence unconsidered. (Notable exceptions to this are the publications by Leap and Hunter (1993) and Allison (1996))

This is a great loss to midwifery knowledge. As midwives become more critical in their analysis of what it means to be a midwifery practitioner, the thoughts and experiences of past midwives must be an essential part of the jigsaw. This becomes particularly pertinent when considering current developments in the organization of midwifery care: the innovations recommended by *Changing Childbirth* (Department of Health, 1995) bear great resemblance to the way that community midwifery was practised before the introduction of the NHS. By analysing

these midwives' experiences, potential insights that are relevant to contemporary practice may be gained. This point will be explored in more depth in the second of these two articles.

There are a number of ways that these experiences can be accessed: examination of records, personal diaries and memorabilia, or by the use of the oral history method. It is this latter approach that this article will describe.

What is oral history?

The use of oral history has become increasingly popular since the 1970s. It is not a new type of history — oral history was the earliest method for passing down historical knowledge. It is, however, a new form of accepted evidence. Seldon and Papworth (1983) describe it as: 'Information transmitted orally, in a personal exchange, of a kind likely to be of historical or long-term value.'

It is a form of qualitative research, in that it uses recorded in-depth interviews to explore the social world from the participant's perspective and understand the meanings attached to events (Mason, 1996). However, it differs from other forms of qualitative research in that it focuses on the past. It is underpinned by the fundamental question: 'How did things get to be as they are?'

Oral history research is dependent upon the collaborative interaction between researcher and participant, and thus it is a shared enterprise. The role of the researcher is to encourage reminiscence, jog the memory and record the participant's words as accurately as possible. Following the interview, the researcher has a commitment to analyse and present the story so that it remains 'true' to the beliefs and experiences of the participant.

Why do oral history research?

Seldon and Papworth (1983) suggest the following reasons for conducting oral history research:

- To obtain information where little documented evidence exists
- To obtain information where documented evidence is biased or suspect
- To challenge the accepted view of an issue – thus revise history
- To protect against loss of historical data
- To supplement existing data, i.e. ‘put the meat on the bones’.

Each of these points could be considered to hold relevance for midwifery practice. Documented evidence of past practice is scanty, and what does exist tends to reflect a particular perspective.

Take, for example, the knowledge we have of ‘handywomen’: documented evidence, from reports and midwifery journals of the early twentieth century, provides the viewpoint of the professional midwives. This usually paints a picture of the handywoman as dirty, ignorant and even dangerous (Leap and Hunter, 1993). It is this view that has dominated midwifery history. However, the perspectives of the handywomen themselves are largely unknown, as most were poor and illiterate and hardly in a position to express their views. The limited oral history evidence that is available, either from handywomen themselves or from those who knew them, often provides a different image (Chamberlain, 1981; Leap and Hunter, 1993). This suggests that there was a spectrum of practice from poor to excellent, and thus offers a challenge to the accepted view.

Oral history holds value for midwifery as it gives a more rounded picture of how things were. By ‘putting the meat on the bones’, it enables us to gain deeper insights into midwifery practice.

Oral history research

Oral history is a very accessible method of research for any novice researcher. My own experience, documented in Leap and Hunter (1993), of visiting retired midwives armed with just a Dictaphone and a rough outline of questions, led to my belief that this is a method that could be used by anyone with interest, motivation and effective communication skills. The major resource implication is that of time. Many of the issues in oral history interviewing apply to any qualitative research interview situation, and the reader is recommended to

refer to the key texts for further information (Spradley, 1979; McCracken, 1988). There are, however, some issues of particular relevance to oral history interviews, which will be considered here.

Prior knowledge

First, it is important to ensure that knowledge of the subject matter is sound. For instance, a knowledge of the pertinent issues in midwifery at the time can prove invaluable when encouraging participants to reminisce, and can act as a good means of stimulating recall. Likewise it is useful to have a basic understanding of the social history of the period, as this will often provide a significant social context for reminiscences. For instance:

*‘When there was the General Strike in 1926, I was training in Plaistow. The policeman used to come and look after us and escort us along the road. The policeman came because the people went absolutely mad. I don’t think anybody realises what it was like unless they were alive then. They were throwing eggs, tomatoes, and all sorts of things all over the place. There used to be big vans, full of men, all gone crazy. Throwing things at you. So the police had to guard us to get us safely to the mothers’ homes’
Nellie H (Leap and Hunter, 1993: 195).*

Participants

Participants should ideally be those with first hand experience and knowledge of the issue under investigation. Contacts may be made in a variety of ways, from advertisements in newspapers and journals to personal contacts. It may be useful to seek out participants who are likely to represent a range of opinions and perspectives, in order to develop a more rounded picture of the situation.

Ethical issues

These need special consideration for participants to feel safe to reminisce freely. Informed consent must be obtained, preferably in writing, and the researcher needs to ensure that participants understand the purpose of the study, how it will be performed, what will be expected of them, and what will happen to the findings. Participants then need time to consider before reaching a decision.

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Guarantees of confidentiality and anonymity should be given, and participants may need further information about how privacy of information will be maintained (Sieber, 1992). Oral history research may often stir up painful memories and prompt intimate disclosures, and it is important that the researcher is prepared for such situations (Leap and Hunter, 1993: 192–6).

Interviewing skills with older participants

While not wanting to appear ageist, it is realistic to take certain issues into consideration when undertaking interviews with older people. The ideal interview environment should be as informal and relaxed as possible — preferably the participant's own home. The time should be arranged to suit the participant, and should allow for 'comfort' breaks. Short-term memory may be restricted, and so it is often wise to phone or write near the interview date to confirm.

It is essential to create a pleasant, non-threatening environment before embarking on the interview. This may entail quantities of tea, cakes and 'small talk'. Many of the midwives that I interviewed had collected together copies of old midwifery textbooks, records of practice and photos to show me, and these made an excellent ice breaker.

Interview strategies exist on a continuum, from structured to semistructured to open interviews. My own experiences led me to move from an initial structured approach, with a set list of questions that was very reassuring for the interviewer but ultimately restricted the quality of discussion, through to a semistructured method. I found the latter to be most effective: the use of an interview guide with themes and prompts is useful to keep the interview on track, but also allows for development of ideas or the introduction of issues not thought of by the researcher.

As always with interviewing, active listening skills are essential. It is particularly important to reassure the participant that what they are saying is valued. People who have experienced little personal power in their own lives may find it difficult to believe that they have anything significant to tell a researcher (Yow, 1994).

The use of field notes is an effective way to record non-verbal responses and key points made. They can also be used to note down points to be followed up later in the interview.

Advantages of oral history

Oral history work provides a means of 'getting into' the world of another, and experiencing the complexities of their experiences. It is undoubtedly subjective. The data obtained enrich understanding, and may suggest issues not previously thought of.

Oral history interviews also appear to be a 'natural' method of obtaining information from older populations, as the method fits easily with the process of reflection and evaluation of past life experiences that many older people undergo.

As a method of historical investigation, it is a means of giving 'ordinary people' a voice, and thus provides information about everyday life — not usually the stuff of history books. It is also a means of tapping into the shared value systems of various cultures, for example, the informal, unwritten social rules — 'this is how we do it in midwifery'.

Oral history also provides greater understanding of documented evidence, e.g. the effect of the introduction of the NHS upon working midwives, and can thus fill in gaps in historical knowledge. In this way we can gain greater understanding of the implications of different methods of organizing maternity care.

Disadvantages of oral history

A major drawback of this method is that it may only provide a limited picture. The perspective is very much that of the participant, so that what is discovered is grounded in the participant's own experience of life. There is therefore the risk that the viewpoints expressed may be narrow, prejudiced or ethnocentric, and not representative of the wider population.

Retrospective accounts, particularly those of older participants, may be unreliable and suffer from distortion and lack of consistency. At times it may be difficult to ensure that the focus of the interview is maintained, as tired participants may tend to repeat themselves or follow paths away from the area under consideration. It may often be preferable to conduct a series of shorter, follow-up interviews to avoid this.

Another aspect of distorted accounts is the presence of romanticism. In my own research, for instance, there was a tendency for participants to focus on 'the good old days'. For instance:

‘When you’d go to a family they’d just have one room and one little bed. They might have a sheet or two — they were very, very poor but grateful. They might have a rug or two on the bed and no blanket. And if they’d got a drunken bum of a husband, which was very often the case, as long as he got money for a drink that’s all he cared. Life was really hard. Coal fires and a gas lamp. But they were very happy.’ Josephine M (Leap and Hunter, 1993: 195–6).

There may also be a need on the part of the participant to please the interviewer, by telling them what they think they want to hear. This may explain the verbatim quotes from Maggie Myles heard in responses to questions about midwifery skills.

These points raise questions about the reliability and validity of oral history. Reliability (i.e. consistency in the testimony) can be demonstrated by further questioning; validity (i.e. accuracy of information) can be checked by comparison with other sources. It may be that the account is not always ‘the truth’ — but does this matter? It nevertheless holds truth for the informant. What is interesting to the researcher is how the story has been constructed and what meanings it has for the individual concerned.

As discussed previously, oral history work involves many ethical issues that need careful and sensitive attention from the researcher. The disclosure of distressing experiences from the past can be of benefit, if handled in a non-judgmental and supportive manner, and may help the participant come to terms with these experiences. However, the researcher always needs to be aware of the limitations of their role and avoid the temptation to become a counsellor rather than a researcher (Morse and Field, 1996).

The quality of oral history research is highly dependent on the skills of interviewer. Poor communication skills or the failure to establish an atmosphere of trust will limit the extent of the participant's responses. Likewise the expression of the researcher's personal bias is likely to lead to selective memory. The interviewer needs to pay special attention to the power dynamics of the relationship, especially with regards to issues of gender/ethnicity/social class/status.

Conclusion

Oral history would appear to be an effective method for discovering much that is still unknown about midwifery. It requires little in the way of physical resources, although it is time consuming in terms of interview and transcribing time. It does, however, require a researcher with excellent communication skills and a well-developed awareness of potential ethical issues. It is a method that has been little utilized in midwifery research, but is one that offers considerable potential in the development of midwifery knowledge.

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KEY POINTS

- Oral history is a qualitative research method that can access undiscovered midwifery history.
- It is potential value to contemporary midwifery practice, as current innovations show great resemblance to pre-NHS practice.
- It requires a researcher with excellent communication skills and an awareness of ethical issues.
- Disadvantages of retrospective accounts are that they provide a limited picture that may show distortion and lack of consistency.
- Advantages are an increased knowledge and understanding, resulting in a more holistic picture of ‘how things were’.