WOMEN'S WAYS of BIRTHING in BALLARAT in the 1940s.

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A thesis submitted in part fulfilment of the requirements

for the degree of Master of Nursing.

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12 December, 1997

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SUMMARY

Birth, like death is a human event surrounded by mystery, myth and intrigue. Birthing is afforded a place of austere aesthetic reverence, but women's experiences of birthing are often dislodged by birthing's mystified position. The history of birthing has escaped attention, or has been ignored since modern times. Evolutionary modes in society, and specifically the women's movement, have been associated with a return of women's voices to numerous aspects of social life, birthing being one. This oral history research study, guided by feminist principles, raises the voices of women. This study presents the stories of women who gave birth during the 1940s, a time which felt the effects of war and post-war reconstruction.

Birthing stories of the 1940s, retold in the 1990s, capture a multiplicity of women's ways of birthing, revealing commonality, disparity and contradiction. The ordinariness of birthing is overwhelmingly evident in women's stories herein. Women said ordinariness was the 'way' they birthed; they 'took it in their stride.' This retelling of birthing as ordinary is unique. Underlying this ordinariness and promoting the concept, is a certain self-trust and confidence. Three other storylines, evident in women's stories are emphasised in this study. These storylines or 'ways' of birthing include the amnesiac experience of 'twilight sleep', the importance of women and family and the contradiction of silence, taboo and magic. The relevance of 1940s birthing stories for midwives in practice today is considered.

Women's ways of birthing in the past may reveal connections and conflicts with ways of birthing in the 1990s. This study contends that midwives of today will be

rewarded by hearing women's voices and stories of their past experiences. Encouraging women and midwives to recall past, and also present stories, can enhance birthing experiences and thus midwifery practice. The future of midwifery practice and the security of women's ways of birthing is reliant on the empowerment of women and to a lesser extent, collaborative partnerships between midwives and women. Most importantly, uncovering women's past stories will afford value to these stories and illuminate women's voices.

DECLARATION BY CANDIDATE

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due refence is made in the text.

Betty McGuinness: ……..

Date: ……

DECLARATION BY SUPERVISOR

I believe that this thesis is properly presented, conforms to the specifications of thesis presentation in the University and is *prima facie* worthy of examination.

Carol Grbich: ……..

Principal Supervisor

Date: ……..

ACKNOWLEDGMENT

I acknowledge and applaud the women who participated in this study. This study is dedicated to them. The people of my personal and professional networks deserve special mention and thanks. To Enid Tinney, Anne Caine, John and Denise Malony and Pat Duffy, Sarah Clark, Sheila Henderson and Bert Wilson, appreciation is extended. I also wish to acknowledge the support and generosity of my colleagues. Dr Rod Lacey has been truly generous with his time, words of wisdom and encouragement. John Struhs and Lorna Robertson had faith in my ability to see this project through. Sharyn Clark's assistance has been immeasurable. I also owe a debt of gratitude to all my other colleagues and ACU Aquinas Campus library staff.

Annette Summers and Carol Grbich, as supervisors, have always been available. Their way of encouraging and giving direction is heart-warming and greatly assisted my learning and maintained my enthusiasm for this project.

To Tony, Joanne, James, Claire and Rebecca and other members of my family, I owe special acknowledgement and gratitude.

As a recipient of a MAVI scholarship to assist this project financially, I wish to acknowledge the Australian College of Midwives Victorian Branch.

A Note about the Referencing Style.

The American Psychological Association (APA) referencing style, with which I am most familiar, has been adopted throughout this thesis. This style is recognised for its simplicity and practicality. Providing clarification and affording respect to authors, first names have been included when mentioned initially, except when such names were not available even after extensive searching.

INTRODUCTION

A story about Jane.

> *I have been spending eight hours a fortnight in the clinical practice setting of midwifery, in an attempt to maintain my midwifery skills. Last week I was assigned (by mutual agreement), to be with a woman who was labouring for the first time. A student midwife was also present, as was the woman's partner. The midwifery ward, in the hospital was busy which meant the head midwife only had time to 'flit' in and out of the room. A large double bed took up much of the room. The room was quiet, homely and pleasant and I felt a peacefulness in the room. This peacefulness somehow related to Jane's calm yet determined introspection. I can't really explain this peacefulness, and I'm not sure if it had something to do with the interaction between Jane and myself or if it was created entirely by Jane. I was unsure of myself as my physical assessment skills had been retarded from lack of use. The student midwife appeared to be wishing she was 'somewhere else'. She was working her tenth day in a row!*
>
> *As Jane progressed through her labour she and I interacted (sometimes only through silence) and I developed a feeling for what was going on. Although Jane was silent (did not speak) most of the time, we developed strong rapport. I supported and encouraged Jane through her labour. Well into the labour Jane managed accidentally to position herself with shoulders and knees on the bed. Jane gave birth to a baby girl (an obstetrician unobtrusively acted as accoucheur) and was delighted with herself and her baby. She gazed at the baby, dried and wrapped her. I encouraged the student to take a tea break (she was relieved) and 'hubby' went to telephone, so Jane, baby & I were alone. During the time after the baby's birth Jane eagerly discussed and reflected on her labour. She remarked about her shoulders and knees position for the birth and stated that she didn't think she would have been '**allowed** to have my baby like that'!* (Personal Journal 10 July, 1990)

It is sad to cut a beautiful story short. This contemporary story of Jane's birthing was a peaceful, emotional and empowering experience for those who had the privilege to be present. Later Jane was in control and content with herself. Jane's statement; 'I didn't think I'd be *allowed* to have my baby like that', shocked me so, probably because my

perception of Jane was of a woman who was very much in control; working to plan. That night, my journaling was a furious frenzy of conflicting ideas and feelings.

My experience as a midwife has provided much personal contact with women who seem to act out similar stories to Jane's. I am uncertain where my search about women's birthing stories really begins. It may have begun for me, at my mother's side. Alternatively, it may have begun when I returned to study where colleagues prompted me to question the status quo and to find my own voice. It does not seem that this story began with my own experiences of birthing. In retrospect, it may be that at that time I had a 'voice', but that it was a different 'voice' to my present emergent parley. Personal interaction with women like Jane occurred at the time I returned to study. It seems to me this specific search began then. In my experiences as a midwife I have recognised a pattern of women's experiences, like Jane's, in which women obey authority and do not speak for themselves. Jane was amazed that she birthed her child whilst in such a position, although it seemed to me she valued her way of birthing. This study began long ago, stimulated by my own story and interaction with women and their stories, and leads me to wonder with increasing inquisitiveness, about women's birthing experiences of the past. Hence this study searches for women's ways of birthing in the past and in so doing can offer suggestions about how present birthing practices came to be.

Women's history appears laden with silence, mystery and myth. I am undecided as to whether this calls for a celebration or commiseration. It is the oral and therefore the personal aspect of women's knowledge that creates the silence, myth and the mystery. The value or non-value of women's mothering role is involved in this silence, and has

been debated by feminists (de Beauvoir,1953; Rich, 1986; Ruddick, 1989; Rothman, 1991) and others (Bates and Linder-Pelz, 1987) alike. But as women's experience it has been silent, creating mythical and mysterious connotations, at least in recent decades. So many unknowns! My mother's, my aunts' and my sisters' experiences of birthing are unknown to me. Selected details have been shared, but the associated feelings and reality have not. What, I wonder, do these women so close to me know of my own stories. Great grandmother's stories of her experiences as a midwife at the turn of the century are likewise almost unknown. My curiosity to know about how things came to be is stimulated. Birth stories like Jane's, highlighting perceived powerlessness are particularly perplexing and require attention of both women and midwives. Telling birthing stories may be a recently revived phenomenon. Such private and bodily topics have not always been readily discussed, especially in our mothers' and foremothers' time. Beth Robertson (1992:57-58) and Anne Misson (1985:135) found women had a certain reticence to talk about such matters in days gone by. This private event was, and maybe still is, denied by taboo or a lack of language. Robertson (1992:58) claims that "...explicit references to physical process of birth are rare ...", but talk of surrounding events are much more common place. Misson (1985:135) explains the reticence as "...social and moral restrictions". Sheila Kitzinger in 1978 (:13), claimed that the private world of women had been ignored because it *was* private. That is, childbirth, until its medicalisation was women's business. Most anthropologists were male (Kitzinger, 1978:105) and hence women's business was 'off limits'. It may also be that women's business was not 'seen', or not seen to be important because it *was* women's domain. Alternatively, it could be suggested that the ways of women are silent to the world because that is the way women want it to be.

Central to this research, is women's experience of birthing in the social context of Ballarat in the 1940s. Stories about past experiences were sought and gained, from a time when Australian's were at war, and later experiencing a baby-boom (Hyslop,1989:289; Grimshaw, Lake, McGrath & Quartly,1994:265). Dianne Hamilton (1993) states that humans are 'historical' by nature because of the practice of recalling the past. Women in particular, have relied on oral stories; to share experiences, knowledge and skills, although Michelle Perrott (1992:3) argues that women's history has been treated as marginal. The women's movement has raised the issue of women's apparent silence (Farge in Perrott,1992:10; Belenky, Clinchy, Goldberger and Tarule, 1986), and an absence in history as we know it. On the other hand Anne Summers (1975:18) claims that "...history is profoundly ignorant because women have been ignored", whilst Patricia Grimshaw (1991:151) suggests that women's history has "...emerged as a central force in Australia in the wake of the women's liberation movement..." . Beverly Kingston (1975) chose to highlight ordinary women to correct such ignorance. In her research of women's lives between the 1860s and 1930s women revealed details of childbirth and associated expectations of women's motherhood role. These women's stories contradict other women's stories mentioned above, which claim that taboos have inhibited descriptions of birthing. Kingston (1975:11) claims that in 1904 the pronatal Royal Commission into the decreasing birth rate and subsequent accusations of women's selfishness was ignorant of women's concern of the fiscal capabilities of childrearing. Henry Handel (Ethel) Richardson's father, an obstetrician on the Ballarat Goldfields, records his 'cases' (Forster, 1978) and slanders the local midwives. Written words of midwives which may support their actions and detail their

lifetime work are rarely found. Such is the 'silence', heard loud and clear in the medicalisation of childbirth.

This study, in searching for women's birthing stories inherently values and promotes motherhood. Even though Australian governments have at times displayed pronatalist sentiments, as Kingston (1975) reveals of a Royal Commission, society has not granted motherhood similar encouragement. But Suzanne Chick's (1994) search for the real story about her mother - Charmian Clift, and those of other adoptive children's apparent desperate need to reconnect with birth mothers, demonstrates our human quest to recall our origins and the past. Chick's need was expressed as the desperate desire to reconnect herself to a 'mysterious something' that she intuitively felt had been missing from her life; which was found when she had satisfied her need to 'know' her mother. Chick also provides us with a powerful message about birthing, in her reflection written at the time of her second pregnancy which ended in miscarriage. She wrote:

> *One thing has emerged clear and strong - whatever happens to you, good or bad, you are by yourself. The experience is yours and you can only convey it to others, even beloved others, through words. They can only accompany you to the entrance. Once through that threshold, you are on your own.* (Chick,1994:286)

Such was, and sometimes is, women's experience of birth. It is 'hers' alone. But Barbara Rothman (1991) suggests, pregnancy and birth have been medicalised to such an extent that they are described in terms of the male defined world. To collate women's own stories, to reclaim what has, since the 'twilight sleep', become women's silence, is a new creation; re-birth in itself. That women and thus the world be the beneficiaries, is the goal. More specifically this study raises questions for midwives

practising today, in suggesting that the livelihood of midwifery is in women's hands. That midwives recognise and encourage this notion is paramount in the survival of midwifery practice.

Ballarat, a Victorian country city, is the location of this study. Ballarat has a history rich with gold discoveries and early Australian beginnings. Just as the birth stories of women in my family are unknown to me, birthing stories and women's history of Ballarat is not well known. A search of the generous Australiana and the Ballarat historical sections at the Ballarat City Library did not reveal information about women's experiences of birthing. During one of my visits to that library the Ballarat history reference librarian referred me directly to the local hospitals. Reasoning that my search for the experiences of women could not be found in hospital archives I did not heed that librarian's advice.

Ballarat founded on gold in the mid 1850s, was the location, some twenty years later of the first recorded caesarean section upon a living woman (Star & Ballarat Courier in Hyslop, 1989:111). The medicalised story is recorded: "The patient was under chloroform for an hour; a month later menstruation had resumed; and on 1 September Mary was discharged home" (Hyslop,1989:112). Commemorating the 1892 operation is a gold plated plaque in the hospital. It details, doctors' names and dates the event, but intriguingly the woman is not mentioned. Avoiding a breach of privacy, maybe. One wonders if Mary celebrated also. Recently, a student exploring and analysing birthing the caesarean way, discovered that the incognita Mary of Ballarat 'caesarean fame', was her own great-great aunt. The student's discovery became the crucial part of her

exploration. A birthing experience made known 100 years hence, but of paramount importance and much meaning for the student, her mother and the whole family. This young woman (the student) created for herself and her family, a strong connection with a relative of the past, uncovering part of the mystery of her own existence. Making personal historical connections, as my student and Suzanne Chick have done, demonstrates Hamilton's (1993) suggestion that humans are historical by nature.

Six women's oral history testimonies create the dimension for this study. This study retells the stories of these six Ballarat women and concentrates especially on the memories of the experiences of birthing in Ballarat in the 1940s. This study did not call upon women to specifically identify their social, political or cultural values and beliefs. Participants of this study recalled birthing experiences at a time when they were married. Hence, this study has not attempted to engage in a wide ranging investigation, including for example, the experiences of single women who gave birth in the 1940s. Furthermore, this study does not explore the birthing experiences of women from diverse cultural groups. Glimpses of Ballarat, a major rural western Victorian town at the time, are seen through the women's stories. These glimpses range from stories of 'blackouts' during the second world war to a woman's actions in intending to procure an acceptable methods of birth control.

It has not been the intent of this study to measure or test women's memories against for example, historical documents or hospital birthing records. This study sought to make known women's own stories of birthing, as valuable and worthy in their own right. Implicit in this study is the belief that the telling of a woman's birthing story is

commendable. That women's memories may not be complete was not of concern for this study. Emphasis was placed with hearing, recording and retelling a "...life-like, intelligible and plausible story..." (Sandelowski,1991:164). That such story telling may result in recommendations for midwives and midwifery practice today, is a bonus.

A precis of each woman's story precedes my interpretation of women's stories. This interpretation considers connections and disparities in women's oral testimonies of their experiences of birthing. This thesis draws together women's stories to consider the implications for birthing women and midwifery practice towards the year 2000. In the following section a review of the literature will be undertaken. Although the relevant literature is limited, it highlights experiences of women around the 1940s in Victoria and Australia. Glimpses at contemporary birthing stories will augment those of the past.

LITERATURE REVIEW

What women and others have had to say about birthing is an important aspect of this study. This review of literature does not illuminate Ballarat women's experiences of birthing in the past, as such stories have not been located, and to my knowledge do not exist in published or written form. This review of literature does highlight other stories, *albeit* limited, of women and birthing of the past.

In recent years there has been an emergence of birthing stories and Klay Lamprell (1991) is one of many authors who has collated a variety of women's and men's personal experiences of birthing. It seems to be, as Arlette Farge (in Perrott,1992:10) suggested, that the women's movement has interrupted women's silence, and that women are now clamouring to share and hear experiences and gain wisdom on which to base their decisions about motherhood. The information explosion has also influenced the eagerness to exhibit aspects of pregnancy and birthing. Changing societal values and an increasing openness and subjectiveness with regard to the body, have played a part in the exposure of pregnancy and birthing. Changes in society incorporate an increasing trend to medicalise life events, especially pregnancy and birthing. Furthermore, the decreasing birth rate leads to the notion that birthing is not the commonplace event that it was in the past. Couples are deciding to have fewer children. Hence the birth of a child in the 1990s may often be is an extraordinary and special event. Lamprell (1991) has played a part in the emergence of contemporary birthing stories by collating well known people's stories, for the popular market. Another author, Valmai McDonald (1992) has published for the popular market and also for midwives. McDonald interviewed many women and their partners and listened to their birth stories and found that: "...when women speak about their births, it

becomes apparent that this is a time of complex importance" (1992:xi). Some women's stories offered by McDonald seem to suggest that the act of giving birth was merely incidental. Some farmers for example, told stories about their dilemma of finishing the ploughing and getting to the hospital on time. Although there is a concentration on the physical act of birthing in these women's stories, one woman, Maxine, thought pregnancy and birth more "...a spiritual time - the thought that you are carrying another human being inside you. Motherhood is just amazing" (in McDonald, 1992:3).

McDonald was determined to record women's stories for women and for midwives. Her major point was that women in the 1990s are not being heard by health professionals (1992:153). In some ways the women's stories recorded by McDonald reflect my story of Jane, who assumed she wouldn't be heard. McDonald (1992) collated the stories of women of the 1980s whereas this study makes known women's experience of birth in the 1940s. Women's experiences of birth in 1940s will be a valuable addition to historical reference material for use by midwives and historians alike. Women's stories of the 1940s reveal women's ways of birthing and women's ways of living. The women retelling their stories are the matriarchs of women who are giving birth today, and thus may influence contemporaneous ways of birthing. Midwives would do well to consider women's experiences of birthing in the past, which may offer insight into present day birthing practices.

Traditional historical literature of the 1940s rarely mentions women's personal views, especially about a private bodily happening such as birthing. Robertson (1992), utilising an oral history approach talked to many women about their life experiences in South Australia between 1900 and 1940s. She highlights the absence of personal

comment about such things as birthing. This is also the case, in the oral histories of women involved in a relatively recent Ballarat study (Mansfield, Jenkins, Murphy & Stoddard, 1983) that focused on women's lives in Ballarat between 1920 and 1940. Robertson (1992:58) notes that the many changes in the first 40 years of this century with regard to birthing, revolved around a declining birth rate, and the medicalisation of childbirth. She also claims that historians in the 1970s began to revise perspectives on these changes and conflicts related to birthing practices, in that they began to 'see' things as natural or woman centred, rather than as *advances* in medicine. It seems to me that historians 'saw' what women ignored or were prevented from seeing. Mothers, and the population in general, seem to have been caught up in the medicalisation of life, not only of birthing. Women's ways of knowing, and maybe silence is one aspect, have been overtaken by this powerful machine and by the system in which it operates. Misson writing of birthing in Melbourne in the 1930-1960s period, claims that in fact, relinquishing control over birthing "...creates too strong a picture of women as unwilling, or perhaps even willing, victims of a medical conspiracy to lead them away from their best interests to serve those of others" (1986:7). She goes on to say that women were part of a society which accepted the changes in values which placed little importance on domestic needs and women's emotional experience. A 1930s obstetrician (in Misson, 1986:6) warned his colleagues, and women, that birth was best not treated medically. But women were concerned about infant and maternal mortality and believed, as did society, that the medical profession could provide the answers (Misson,1986:8). Consequently birthing, like death has become increasingly medicalised and thus mystified.

South Australian women of Robertson's (1992) oral history, birthed at home or at the 'lying-in' homes of midwives, in the period between 1920 and 1940s. In his own oral history William Griffith (1983) an obstetrician, reported that around this time in Ballarat, women would sometimes fire him if he didn't agree to attend their birth in their home. Hospitals had been places of disease, hence a place for childbearing women and other healthy people to avoid. Anthea Hyslop (1989:246) and Griffith (1983:11) report that Ballarat Base Hospital's policy excluded women in pregnancy and childbirth until about 1924, when a free public maternity ward was opened. Claudia Thame (cited in Williamson, 1982:14) claims that most women avoided public hospitals prior to 1930, although Kerreen Reiger (1985:84) states that women began to chose to birth in hospital "...to avoid the very real risks of the nineteenth century childbed". More recently Annette Summers (1995) has highlighted that the severance of the community midwife from women in the community and the subsequent shift to hospital birth, was not necessarily an improvement in services. Summer's found that women were "...coerced and persuaded..." (:297) to attend hospitals to birth their babies. Summers (1995:295) cites several authors (Lewis, Thame, deVries, Durdin & Linn) who have argued conversely that birthing in hospital was safer. Wendy Selby (1992:336-337) claims that, in the early part of this century in Queensland, women did not make an informed choice about birthing in hospital. Selby argues that political and medical orchestration of the move of birthing from home to hospital was executed by unqualified claims of safety. Selby determines that these claims could not be verified. She (Selby,1992:336) describes the situation as a doctor led campaign where "...doctors were fighting to dominate all aspects of health care, and midwifery work was seen as an important part of a successful practice" (Selby, 1992:336).

From the 1930s onward major changes in pregnancy and birthing services were occurring, with increased surveillance by the male-dominated medical profession (Reiger,1985:84). The birth rate in Ballarat before and during the second world war was approaching 200 annually, but rose to 707 in 1944-45 and continued to rise, and hit an all-time high of 950 in 1945-1946 (Hyslop, 1989:289). The 'baby-boomers' had arrived. Pronatalist attitudes post World War II played a part in this large increase in the birth rate (Misson, 1986:19), although Anthea Hyslop (1989:289) describes this increase in birth rate as natural, due to the return of soldiers to families. Margarete Sandelowski (1984) reports that in the United States of America at this time a 'Natural Craze' in birthing was galvanising. Anecdotal reports and other oral histories (Griffith, 1983:11) suggest there were numerous privately owned maternity hospitals operated by midwives, in Ballarat around the 1940s. Women's stories herein verify this suggestion. The maternity allowance introduced in 1912 throughout Australia has been suggested as an incentive for the increase in private maternity homes, in Sydney at least (Lewis, 1980: 202-203). All women in this study chose to birth their babies in public hospitals or privately operated maternity homes, verifying the changes in place of birth, outlined in the literature.

Misson (1985 & 1986) was prompted to ask Melbourne women about their experiences of birth because of a dearth of birth stories in traditional historical records. She had not found evidence of women's feelings as birth was documented only in terms of mortality and morbidity statistics (1985:134-135). Due to this dearth of material, Misson chose to use oral history as a method of obtaining information, and so came across the dual problem of women being reticent to talk about birthing, and a lack of accepted descriptive language. Susan Pyke (1986) undertook a similar oral history study to elicit

women's intimate experiences of birthing. Pyke's study focused on birthing experiences of the 1920s and 1930s in Victoria: a time when women were being encouraged to go to hospital. She found that women "...relived and remembered with remarkable intensity" (:55). The eight women who shared stories in Pyke's study birthed their babies in hospitals, but otherwise chose not to attend a doctor. Women of Pyke's study claimed that to be thought of and accepted as 'normal' one had to have a child: "One was expected to marry and one married with the specific purpose of having children" (1986:54).

The hidden or absent language of this private subject is still evident today in attempts to discuss the body and bodily functions. Writing in the late 1940s, Simone de Beauvoir (1953) who chose to be childless, seems repulsed by woman's gestational ability because of the associated social expectations. She argues that: "With all the respect thrown around it by society, the function of gestation still inspires a spontaneous feeling of revulsion" (1953:154). She talks at length of this and the associated taboos equating woman with death (:155). Mary Douglas (1966) was seeking to understand the rules of purity and taboo in primitive cultures, in her classical work 'Purity and Danger'. She proposed that pollution rituals and taboos associated with childbirth were a means to maintain order in societies. Douglas (1966:3) claimed that: "The whole universe is harnessed to men's [sic] attempt's to force one another into good citizenship." Douglas (1966:65-95) considers in depth, childbirth and associated taboos. It is difficult to deny the existence of the taboos mentioned, in Australia in the 1990s. Taboo may be strongly linked to women's silences. Bon Hull (1980:11-13) views taboos associated with childbirth as a method of patriarchal control. To demonstrate this she details the story of a woman named Dee, from a farm in the Western District of Victoria. Dee tells

how she participated in all the farm work for more than twenty years, but was barred from slaughtering animals she was menstruating. Her husband had warned her of this taboo soon after their marriage. Dee's sister-in-law was visiting the farm and because Dee was menstruating Dee's husband asked Dee's sister-in-law to help with the slaughtering. Later Dee's sister-in-law asked her why the request had been made. They both 'laughed their heads off' because Dee's sister-in-law was also menstruating. Given the twenty years of this practice, the taboo had gathered strength. Dee explains:

> *I didn't tell my husband until after she had left, but I must admit that I smelled that meat like a cat, every day. Of course it stayed sweet and fresh. I am a woman, and though I worked often harder than a man, I still had to be reminded that I could be 'unclean' and different because I menstruated. Anyhow that was how my husband and I sent that old myth floating off over the plains of the Western District.* (in Hull,1980:14)

De Beauvoir (1953:128) in her seminal work, 'The Second Sex', amid claims of a failing feminist movement, seems to support the use of 'certain anaesthetic methods' for assisting childbirth. De Beauvoir highlighted women's reproductive role as entrapment but directed that the "...way of the world cannot be dictated by biology." Such was the de Beauvior led feminist thought of the time. Despite, or in spite of feminist thought, medical ways of managing the pain of birthing included anaesthetising women. This was part of what Misson (1986:9) termed the 'Safety Model of Childbirth' - evident in Victoria between 1930 and 1960. Others (Blood, 1982; Robertson, 1992; Adam-Smith, 1994), also mention twilight sleep which refers to the induced coma like state, that resulted from administering to women chloroform, to 'save' them from pain. Women of Robertson's (1992) study said they slept for days whilst someone else cared for them and their child. Patsy Adam-Smith (1994) recalls

not knowing whether her first child was born via the 'front or back passage' until she miscarried her second pregnancy. This lack of anatomical knowledge may be in opposition to women's knowledge of today, but reflects either silence or 'taboo', and more significantly, a lack of control. Mrs Ford (in Dale, 1991:26-17) said she had no idea about birthing or mothering. Mrs Ford's story is one of many women's stories collated by Lisa Dale, which focused on women in the home in South Melbourne in the 1940s and 1950s. It is probably most important for this study in what it does not say, although there are Mrs Ford's comments about mothering and a lack of information, about which Dale (1991:27) claimed: "Ignorance and inadequate preparation were ...obvious when it came to birth." As part of this claim Dale (1991:26) also suggested that women in her study believed that motherhood was expected. When Nicky Leap and Billie Hunter (1993:72) undertook their oral history study in the United Kindgom they found that women were sad and resentful about their lack of birthing knowledge although this was "...often expressed with a mixture of bitterness and a lively sense of humour." Women expressed their anxiety about birthing in 'their' day, because of lack of knowledge, which they proclaimed was probably due to taboos. Leap and Hunter's (1993:72) study also revealed that women knew very little about sex or how their bodies worked. The concepts of lack of knowledge and acceptance of motherhood appear somewhat contradictory. Mindful of the diversity of women's beliefs and behaviours associated with motherhood, further exploration of these concepts is required to clarify this apparent contradiction. This study addresses such contradictions which arise from women's stories herein.

The search for 1940s literature or other sources that illuminate women's experience of birth in Ballarat, has not been significantly revealing. The majority of studies reviewed

herein conclude that the silence of women of this time, or the absence of women in history overall, is significant in itself. The women's movement in recent times has prompted women to speak, and to be heard, but it seems that women of the 1940s have not been heard. As the literature herein describes, a certain mystery surrounded women's experience of birthing in the 1940s. Taboos created a certain hesitation in the sharing of information, at least in a written recorded format. Pronatal policies and medical 'advances' of the time seemed to further mystify women's experience. It may be that participants of this study were hampered in their story telling by their lived experience in mystery and taboo. Recent literature has revealed that women are eager to share birthing stories. Women who gave birth in the 1940s may also possess this eagerness. This study has provided an avenue for their stories to be heard.

METHODOLOGY

Reviewing the literature has revealed that women's personal experiences of birthing are unique, yet unified, connected and multifaceted and possibly capricious and unconventional. This study elucidates and illuminates the essence of personal experiences and meanings of birthing in the 1940s. Feminist theory has guided this study and thus has captured the richness and colour of women's experiences. Feminist theory has evolved in recent decades to encompass a wide range of guiding principles. Feminists have questioned whether one or a variety of feminist research approaches are called for in putting feminist theories into practice. Rosemarie Tong (1989:1) provides an overview of the many different theoretical approaches to feminism, claiming that feminism "...accommodates several species under its genus". She ‘goes to great lengths to differentiate between many theoretical approaches to feminism. Alternatively, Shulamit Reinharz (1992) seems to celebrate differences among feminists but avoids the clear theoretical divisions of Radical, Marxist, Liberal, and the like, clarifying the plurality of ‘feminisms’ rather than one ‘feminism’. Mindful of the potential for lack of parameters, this study is guided by the former; an all encompassing ‘feminisms’ view, rather than one ‘feminist’ paradigm.

Pertinent to this study is the conflict that has surrounded women's traditional roles, such as birthing, and associated feminist theories. Tong (1989: 72) leads us through the Radical Feminist views of Shulamith Firestone, in which women's reproduction is seen as a mechanism of maintaining women's subordination. Firestone's 1970 view (in Tong, 1989:75), saw the "...joy of giving birth (as) a patriarchal myth...", and advocated technology as the answer to this subordination. According to Firestone (in Tong, 1989:75), women aided by technology could control their own reproduction and thus

obliterate oppression. Adrienne Rich first published 'Of Woman Born' in 1976 (Rich,1986:34-35) where in Radical Feminist terms she described the powerlessness and conflict motherhood brings. She outlines too, the conflicts of patriarchal mythology of woman and motherhood, in which 'female' is viewed as "...impure, corrupt, and the site of discharges and bleeding..." and motherhood as "...beneficent, sacred, pure, asexual and nourishing". Hence, two contradictory notions embedded in society, which promotes motherhood. In the 1986 edition of 'Of Woman Born', Rich explains that for her, feminism has moved beyond the concrete and particular experiences of women in 'biological oppression', to one which focuses more broadly on personhood. This view seems to have been emerging much earlier for Rich when she predicted that: "...feminist vision has recoiled from female biology, for these reasons, it will I believe, come to view our physicality as a resource, rather than a destiny" (in Tong, 1989:88-89). Tong seems to dispute Rich's statement, although she claims to be "...disturbed and exhilarated..." by Firestone's ideas (in Tong,1989:89-90), which advocate technological power not to have children. For example, Tong suggests that unless women stop mothering, men will never learn how. The debate relating to biologically determined oppression is extended somewhat by Elisabeth Badinter's (in Rodgers,1995:2) arguments that maternal instinct is a myth; an argument that may not 'sit' well with prompting men to 'mother'. Tong and Badinter seem to be suggesting that mothering is not a task easily undertaken, but that it has been assumed, in the main and in the past, by women, often to their detriment.

Feminist theory seems to have discarded the 'biological as the root of oppression' principle and is more broadly defined in the 1990s. As Gisela Kaplan (1996:193) argues: "Feminism has not only been inspirational but pragmatically influential in

culture, education, health, social policy and politics." Although this statement demonstrates the inclusiveness of the contemporary paradigm, the potential for inspiration and influence exists for some women, but others have cause for criticism. As early as 1976, Pat O'Shane clearly recognised the uselessness, for Australian Aboriginal women, of consciousness raising within an oppressive society. O'Shane (1976: 33) claims it was not sexist attitudes that annihilated tribes of people, "...racism did, and continues to do so". In 1976 O'Shane highlighted the connected spirit of sisterhood among Aboriginal women. In 1993 she honoured all women in the maxim: "Educate a woman, then you educate a family." Taking this statement one step further seems logical, in that honouring women for knowing women's ways would educate *a nation*. O'Shane's claim of racism echoes those Kitzinger (1978) revealed about anthropological studies, which were controlled by the patriarchal educational system and thus ignored or trivialised women. Alternatively, Catherine Berndt's (in Tonkinson, 1994) study, aimed to emphasise and value the role of Aboriginal women in their society. The evidence that racism still exists today (Huggins in Grieve & Burns, 1994) remains problematic for Australian feminism. Jackie Huggins argues that the experience of Aboriginal women in Australia today reveals overwhelmingly that they are "...discriminated against due to their race rather than their gender" (1994:70). She sees white feminists as part of the problem in that they continue to discriminate against Aboriginal women by failing to collaborate with them (:79) even though Kaplan describes an Australian brand of feminism as "...both utilitarian *and* [my inference] egalitarian" (1996:61).

Contemporary feminist discourse seems overshadowed by post-modern thought. Vicki Kirby claimed that such debate "... is an attempt to displace our understanding of the

knowing subject as the author of his or her own action" (in Grieve & Burns, 1994:120). She also argues that our present understanding of 'subjectivity', 'knowledge' and 'power', are dislodged by post-modern theory which also complicates and torments our understandings. Grieve and Burns (1994:3) herald the post-modern view as a sharpener of the debate of universality versus difference. One is led to question then if contemporary feminist efforts to honour and value women's ways and to desire liberation from power and oppression, do in fact exist. If feminist thought devalues subjectivity and negates the notion of 'power over' as oppression, the way of women is devalued. Richard Rorty (1991) creates further havoc in this debate, specifically about methodology, in that he seems to describe methodological changes as 'tormentor' and 'complicator'. Rorty challenges the existence of real differences between methodological approaches and describes attempts at methodological review as mere alternative jargon (1991:200). Of Foucault's influence over theoretical debate, Rorty (1991:202) highlights "...knowledge claims (as) moves in a power game". It may follow then, that women's quest for a valued existence; for a voice, is merely a methodological change. Furthermore, if one heeds Mary Daly's (in Reinharz,1992:11) advice one would abandon methodological rigor. Daly claims that the concern with methodological rigor is driven by patriarchy. In addressing such disparities, Reinharz' (1992) exposè of feminist research methodology in which diversity is valued, seems to account for evolution if not revolution. Reinharz (1992:13) cites Carolyn Burke, who claims that the real strength in the women's movement is the ability to acknowledge "...serious disagreement on ... feminist methods".

Feminist theory has been debated in turmoil and apparent disaster and disagreement, but is now revealed as a broad and solid base, providing diversity. Thus, the general

'feminisms' theory informing this study can be emphasised by the three basic principles presented by a number of authors. These general 'feminisms' principles include:

> *valuing of women and a validation of women's experience, ideas and needs; a recognition of the existence of ideological, structural, and interpersonal conditions that oppress women; and a desire to bring about social change of oppressive constraints through criticisms and political action.* (Acker, Barry & Esseveld; Chinn & Wheeler; Klein in Hall & Stevens, 1991:17)

The basic tenet of action for women's rights (Kaplan, 1996:38) is reflected in these principles. Starhawk's (1987) interpretive framework utilised in this study which will be outlined in the following section, is likewise congruent with these principles.

INTERPRETIVE FRAMEWORK: STARHAWK'S SOCIAL FORCES.

Based on the premise that feminism in its broadest sense is informed by a kaleidoscope of theoretical stances, this study ulitises the feminist principles collated and presented from the literature by Joanne Hall and Patricia Stevens (1991). The triad of social powers defined by Starhawk (1987) provides an interpretive framework for this study. Aligning with the principles outlined above, this framework offers a credible means of validating and interpreting women's stories. Starhawk's triad of social powers is outlined here and is utilised in a following section entitled 'Storylines'.

Starhawk prompts us to develop 'power-with' ways of living, to reduce the conflict created by traditional 'power-over', patriarchy. She suggests 'power-with' connects and promotes power among equals (Starhawk, 1987:9). Starhawk (1987: 8) is committed to Goddess power of women and to witchcraft, and reveals that: "...protection, preservation, nurturing, and fostering of the great powers of life as they emerge..." (1987:8) is her bias. She describes three types of social power as; 'power-over', 'power-from within' and 'power with' (1987:9-16).

'Power-over' creates false-divisions, such as a mind-body dichotomy, and is linked to domination and control, which comes from seeing the world as "...atomised, non-living, mechanically interacting parts". Starhawk relates 'power-over' as a power backed by force, where an authority must be obeyed. She cites Stanley Milgrams' 1960s study which clearly reveals 'power-over' strategies. Milgrams asked subjects to administer electric charges to volunteers in a so called 'learning' experiment. The volunteers were actors, prepared for the task; they screamed at the subjects, urging them to stop the charges, but more than half the subjects continued to administer the charges at the

highest level possible. A modern day, *real* example of 'power-over' which Milgram's research demonstrates, is Green's New Zealand experimentation on women and babies, in which he aimed to prove his hypothesis that carcinoma-in-situ did not lead to carcinoma of the uterus (Sandra Coney, 1988). Green was able to continue this study for many years, even though national and international colleagues disagreed with his hypothesis; even though there were protests at local level and even when women had not given informed consent. Green's study demonstrates the existence of what Starhawk (1987) refers to as 'power-over' - seeing the world"... as non-living, mechanically interacting parts."

According to Starhawk (1987:9-11) 'power-from-within' is an intrinsic power, linked to mysteries that awaken the deepest abilities and potential, but arises from a sense of connection with others, and the environment. Encouraging 'power-from-within', Starhawk's (1987) work is akin to the findings of Mary Belenky, Blythe Clinchy, Nancy Goldberger & Jill Tarule whose 1986 study about women's ways of knowing identified five epistemological categories; silence, received knowledge, subjective knowledge, procedural knowledge and constructed knowledge. Correlations can be made between the 'silent' women of the Belenky et al. study, and those without voice, to whom Starhawk refers. Links can also be seen between women who know in constructed ways and women who operate in a 'power-from-within' mode. Although Belenky et al. (1986) 'ways of knowing' reveals that some women transform from being 'silent' to 'knowing' in constructed and integrated ways, it would seem that women fluctuate between levels of these ways of knowing, depending on contextual and other factors. Starhawk (1987) advocates a move away from 'power-over' through a 'power-from-within' mode, to a 'power-with' way of being. 'Power-with' is described as social power

among women and the "...power not to command but to suggest and to be listened to" (Starhawk,1987:9-13).

According to Starhawk (1987:12) 'power-with' is especially elusive, because the 'power-over' system in which we exist, destroys or devalues women's ways. 'Power-with', relates to sharing and consensus and "...sees the world as a pattern of relationships, (and) ... values beings ... some more highly than others" (Starhawk, 1987:15). 'Gossip' is the fire and energy which generates power-with, and can bolster a "...close-knit society more effectively than law" (Starhawk, 1987:16). Oral history; listening to and collecting women's stories about birthing, may be seen by Starhawk as valuable gossip. Misson (1985) chose to locate and listen to women's stories because her review of historical documents did not reveal women's experiences or voice. Sherna Gluck and Daphne Patai (1991:1-2) claim that listening to and collating women's stories using the oral history method is consistent with feminist principles, but is problematic in that innocent assumptions in feminist method have ignored race and cultural diversity. Kathryn Anders and Dana Jack, and Kristina Minister (in Gluck & Patai, 1991), claim that in our androcentric world where male speaking is the norm, oral history as a method to hear women talk will be an invaluable means of generating new ways of knowing; new ways of constructing our world. Reinharz (1992:16-17) claims that in re-telling feminist researcher's stories she allows the researcher's voice, and the women involved to speak for themselves. Of feminist oral history, Reinharz (1992) proclaims the needs and benefits of reconnecting.

CONDUCTING AN ORAL HISTORY PROJECT

Ethical Considerations in the Research Process.

The aspects of trust, respect and control in the research process require consideration. The feminist principles outlined above have guided the processes of this study. Oral history method naturally deals with feelings, attitudes, and possibly private and previously hidden aspects of people's lives. As researcher I have been cognisant that this study and this method may have unravelled long forgotten memories of a sensitive and personal nature. Furthermore, this method of capturing women's birthing stories required a sensitivity to the possibilities of effects of traditional taboos or silences associated with birthing. As oral history researchers (Douglas, Roberts & Thompson, !988:30; Anderson & Jack in Gluck & Patai, 1991:30) point out, it was and continues to be my responsibility as researcher to respect the interests of women involved.

Ethical issues related to this project and which require attention are guided by feminist principles. Such principles require of the researcher an examination of personal motivations for undertaking this study, and call into question whose purposes are being served (Douglas et al.1988:30). There is a need to accept and name personal motivations that have led me to this study. On reflection, I would suggest that my motivation arose from my belief in the need to make women's stories known, and in this there is dilemma, which is worthy of further discussion. I refer to the conflict associated with women's oral tradition and the possible patriarchal or rather the positivistic method of the written word as 'truth' in itself. It may be that, in future, value will be recognised in mere personal sharing among women, within their everyday

networks, rather than what seems to be an adherence to the positivistic methods of the western world and thus of academe, by the focus on the written word. Attempts to elucidate personal, private or other experiences with women may be a contradiction, in terms of feminist principles. Personal and oral narratives, released into the wider domain of academe and the world of patriarchy, may not serve women's purpose or feminism. It may be that women whose voices are heard above the clatter and rhetoric do so only by aligning with the dominant 'power-over' view, which rewards and values such things. It is possible that this thesis is driven by academic demands and not by feminist principles, or a respect and connection to women's ways. There may be more value in personal experiences that are not broadcast to the world but are shared within each women's network where listening rather than telling, and connectedness and integration and preservation and nurturing, are the keys to the greatest human potential; if indeed that is a suitable goal. Feminist method, according to Maria Mies (1983:123) requires a 'view from below', that reverses the traditional 'research objects', or power over the 'subject', view. Mies (1983:123) claims that a horizontal relationship between researcher and participant is a necessary component of active participatory and reciprocal research. Thus this study is not concerned with promoting a value free inquiry. Perceptions of values and bias, once highlighted, may be valuable to this study.

Guided by feminist principles, the processes of this study require an adherence to such. My goal as researcher and woman, is to pay heed to ensuring collaborative relationships with the women involved. Thus this is my bias - an adherence to feminist ways, which include protection, nurturing and a respect for the diversity in the ways of women. In a

practical sense then, control over or ownership of stories generated, has not been claimed. Robertson (1994) highlights other practical aspects that require attention and relate to my responsibilities as researcher. These aspects will soon be considered. Suffice to say here, that this research study was officially approved by the Social and Behavioural Research Ethics Committee of the Flinders University of South Australia (Appendix One). Written consent and instruction (Appendix Two) was obtained from participants, following explanation of the purposes of the research and the verification by women of their transcripts. Aspects of copyright, access and other conditions were discussed with women and agreements regarding these aspects were included with the written consent form. Privacy and confidentiality issues were respected and women who participated chose to grant consent to have their stories recorded and deposited in a local oral history repository.

Research Processes.

The research approach requires further explication. Feminist oral history method, or as Starhawk (1987) says 'gossip', provides this study with a practical approach. Oral history method in accord with feminist principles has captured the richness of women's ways of birthing in Ballarat in the 1940s. Reinharz, in demonstrating this consonance of feminist principles and oral history method, cites Ruth Benedict's story. Ruth Benedict lacked purpose in her life and became desperate to know about other women; to know "...how other women have saved their souls alive and accorded dignity to the rich processes of living" (Reinharz, 1992:127). In learning of her ancestral sisters, Benedict was able to restore them to their rightful place and begin to find her own

voice. My interpretation of Jane's experience of birth began this story; the literature has provided additional 'gossip' and women's historical accounts will further inform the thesis, with which contemporary connections are made. Oral history as a feminist method, also ensures that women learn about themselves, as well as make connections with women of the past (Reinharz, 1992:127). As Gluck (1977, in Dunaway & Baum, 1984:222) claims, women are "...refusing to be rendered historically voiceless any longer, and ... are creating a new history - using their own voices and experiences" (in Dunaway & Baum, 1984:222).

Feminist oral history method provides a practical and political research approach and has a certain utility. Selby's (1992) research relied upon women's oral testimonies to verify conventional sources of evidence, although she declares a nagging doubt in stating that substantial numbers of oral testimonies were required to apply a level of confidence to her study. To declare such a doubt seems to contradict the edict inherent in feminist principles, that is; to recognise and value women and their experiences. I would suggest that Selby's doubt aligns with Starhawk's (1987) claim of our society as one of 'power-over' which in turn reflects the dominant positivist paradigm. Even so the utility of oral history method can be highlighted. Selby attends to this by clarifying that:

> *oral history ... and all sources of evidence are constructed recollections of the past, and therefore all sources of evidence are subject to selective editing, loss of memory, political motive, human error, a desire to please, and all the other criticisms made of oral testimonies*. (Selby, 1992:342)

A new history of Australia (Grimshaw, Lake, McGrath & Quartly, 1994) recognises and values women and their voices; something previously denied by traditional historical method. Gluck (in Dunaway & Baum, 1984: 223) claims that the oral history

process can have a beneficial effect for women, in that past life experiences can be re-lived and thus connected and integrated into older life phases. Oral history method and feminist principles, similarly respect personal testimonies. Women's stories since industrial times at least, have been devalued, and women have been rendered voiceless (Gluck in Dunaway & Baum, 1984). But women have merely been voiceless in the way that their stories have not been respected or heard. This may not mean that women are storyless. Patriarchal and traditional scientific 'power-over' ways have compelled women to be silent. This study reveals many voices and a collective story. Bain Attwood (in Attwood, Burrage, Burrage & Stokes,1994:216) affirms that history is not past. He argues that: "Paradoxically, the past has to be of the present, for unless there is such a conjunction the past is not available for study and analysis (in Attwood et al. 1994:215).

Sandelowski (1991:161-163) talks of narrative, not in opposition to oral history but as adjunct, and contends that narration is a kind of causal thinking within a historical understanding, moral enterprise and political realm. She claims that telling stories 'tidy things up' in the reconstruction of lives. It seems that recent revival in story telling or oral history collection is a call to recapture humanness in the world. Each one of us demands to tell our own story and in so doing come to understand ourselves and partly, others. Explicating this process:

> *Mourning the devaluation of narratives as sources of knowledge, and emphasizing the moral force, healing power, and emancipatory thrust of stories, scholars across the disciplines have (re)discovered the narrative natures of human beings*. (Banks, Bell, Brody, Heilbrun & Polkinghorne in Sandelowski, 1991:161)

Oral historians have described technique and equipment and warned newcomers of the hazards of this approach. Several authors (Douglas et al. 1988; Starr in Dunaway & Baum, 1984; Robertson, 1994) note that oral history method had its beginnings in American history academe, in the 1940s, but Robertson also claims that in reality, oral history is as old as humanity itself. Minister (in Gluck & Patai, 1991:31) reports that oral history is blossoming even in an androcentric society which maintains social institutions. Minister talks of changes in oral history processes, driven by feminist theory; a move away from the traditional historical associations in which the method began. These changes have created a flexibility in oral history method. In 1977 Gluck (in Dunaway and Baum, 1984:222) listed 'topical', 'biographical' and 'autobiographical', as *the* types of oral history. Robertson (1994:3) does not delineate oral history as such, but talks of 'memoirs', and 'insights' from the influential and ordinary people as well'. Paul Armstrong's (1987:3) work focussed on life histories, which he claims are expanded versions of "...oral and local history." Paul Thompson (1988:3) emphasises that oral history has arisen out of traditional history method which is politically driven and associated with organisations rather than people. Contemporary oral history "...thrusts life into history" (Thompson, 1988:21). Stewart (in Plummer, 1983:26) warned that oral history would amass details that would "...never be of use to anyone." Sandelowski refutes that claim, arguing that narrative approaches "… illustrate how lives can be understood, revealed and transformed *in stories* and *by the very act of storytelling" (*1991:163). The practical action of women telling stories and the collation of such stories becomes transforming and reflects feminist principles.

Maintaining a feminist approach to oral history method is aided by Reinharz' (1992:29) suggestion to begin by planning to believe in the women's stories and begin to question the interview if contradictions arise. Reinharz (1992:26) suggests that this questioning is a task in analysis of the data; an opportunity to discuss contradictions. The considerable attention that was placed on approaches to and communication with participants in this study promoted good collaboration. Developing rapport and trust with women was seen as vital to the success of this study. The careful planning and attention to detail enhanced this process and promoted open relationships where true dialogue could occur.

Selection of Participants.

In order for this study to be contained, criterion for selection of participants was developed. Therefore, participants included women who:

i) gave birth to at least one child, living or stillborn, sometime in the 1940s, within Ballarat city borders, and who in addition,
ii) live now within Ballarat city borders,
iii) use English as their main spoken and written language,
iv) have the ability to converse,
v) are not my close friends nor mothers of close-friends.

Women of Ballarat were approached through my personal and professional networks, and initial contact was made via telephone. Initial contact provided an opportunity to ascertain whether women met the criteria listed above, and to develop a profile of women who wished to participate in this study. Following initial agreement with the prospective participant via telephone, a letter of introduction was mailed. Two

interviews were held, the first to record the women's story and the second to discuss and clarify the transcribed interview.

The Interview:

The traditional nature of the interview as a research approach has been called into question by feminists (Minister, in Gluck & Patai, 1991:35; Oakley & Graham, in Armstrong, 1987:14). Janice Raymond favours open-ended unstructured or semi-structured interviews with women because, for example, this "...maximises discovery and description" (in Reinharz, 1992:19). To facilitate the collection of oral testimonies from women in this study, the open semi-structured interview process was utilised.

The first open semi-structured interview, of approximately one hour duration, with each woman, was recorded using high quality equipment, namely the Marantz recorder recommended by Robertson (1994). Robertson (1994) provides explicit and thorough recommendations about the use of equipment to ensure a high quality of recordings. Following transcription of the initial interview this transcription and a copy of the audiotape were forwarded to respective participants for perusal prior to the second interview. A second interview was arranged after women had had the opportunity to listen to their story and read the transcript. This second interview allowed clarification of the transcript and corrections, deletions or changes to be made, a practice which promoted the participation of women in the construction of this work. At the second meeting the research process and purpose were again discussed and clarified. All participants in this study granted unconditional consent at the time of the clarification interview.

Arranging interviews involved planning with women the duration and timing of interview and the conditions relating to the venue for interview. An interview guide (Appendix Three) was utilised during interviews. This guide utilising associated key-words, was developed with the intention of promoting the women's own story rather than a researcher directed story. This key-word approach to guiding the interview incorporates a semi-structured, open-ended process which adheres to a feminist approach in practice (Reinharz, 1992:19). The key-word interview guide also provides a reminder about the focus of the interview.

Interview summary sheets (Appendix Four) suggested by Douglas et al. (1988) and Robertson (1994) were completed following each interview to provide 'hard copy' notes of the interview. Noted within summaries were nuances not captured by audio-tape recording; for example, body language, emotional reaction or tone of voice. Pertinent details such as the participants personal details, and a brief outline of the content of the interview was also noted. Interview summary sheets also provided the opportunity to record additional data as reminder of the content or main themes of the woman's story. In addition, the summary sheet called for an evaluation of the interview. In addition to the methods described above, a journal was maintained throughout the interview stage and beyond. My reflections of numerous aspects of the interview were recorded. Dates and details of each contact made with participants were also noted.

Attention to the necessary details such as labelling of tapes following interview is well described by Robertson (1994). I am grateful now for the attention to detail that I applied throughout the interviewing stage and the labelling and storage of audiotapes.

Meticulous recording and transcribing, and later recording details of listening and of readings of the transcripts have proved valuable. The work of Sandelowski has been invaluable for this research study. Sandelowski's (1994:312) detailed suggestions about proofing a transcript against the sound recording and memory, and her systems of notation were especially practical and useful.

Collating and Interpreting Women's Stories.

Analysis of transcripts was undertaken by the method recommended by Sandelowski (1995). Here Sandelowski calls for an interpretative process that does not create a mindless reduction of data. She calls for a realisation of the transcript as a construct rather than reality and encourages the researcher to read the transcript as often as required to get a sense of the whole of each transcript prior to attempting comparisons across transcripts (:373) and suggests developing a foolproof and disciplined system and abiding by this system (:374). Sandelowski warns researchers about the reductionist line by line data analysis techniques and claims that these techniques have the tendency to inhibit creativity and imagination:

> *This kind of coding is analytically and contexually empty and only produces researcher fatigue and frustration as more and more words are produced that have to be managed, but that are not likely to be very useful to the analysis process.* (1995:374)

Analysis of the clarified transcripts was undertaken by reading and systematically making notes on both margins of the page. The very first reading also served a clarification and correction purpose. Two readings at least, of each transcript was followed by a combined listening and reading process. This process allowed for clarification, for example of words and of feelings emphasised by changes in voice

pattern. Notation was made denoting such nuances. The combination of listening and reading transcripts also provided the opportunity to get a feeling for the story as a whole. Summaries of each woman's story were made and the major themes identified. These themes were clarified by the forth reading and listening to the audio-taped stories. Identified themes and other statements were also clarified within the second interview held with women.

Analysis of each woman's story was also supported by review of the interview summary sheets and my journal. Interview summary sheets provided useful comment with which to verify or retract analysis details. Invaluable to the process of analysing transcripts was the journal originally intended only for organisational matters. This journal was beneficial in recording in-depth interview summaries and evaluations, of both the initial and the clarifying interviews. It served a dual purpose, as adjunct to summary sheets and also for recording organisational matters.

Women's stories are presented verbatim as often as possible to present their view, rather than my interpretation of their story. My own story will weave throughout, making connections, highlighting and discussing contradictions or reassurances. Discussion with women at the second meeting began this process, in that statements were clarified, and further questions asked. Feminist oral history method encourages women to speak for themselves and to allow voices to be easily identifiable in the written version (Reinharz,1992:131). Anne Smith's (1989) work presents women's stories as paramount. The stories presented by Smith are re-presented almost without analysis,

interpretation or comment. The potential benefit is that women's stories speak for themselves, allowing others the opportunity to interpret in their own way, thus valuing diversity and difference among women. As Susan Geiger (in Reinharz, 1992) claims, the greater the diversity in feminist study, the greater the potential.

In the process of interpretation within the confines of this study I have identified four storylines which are clearly evident within women's stories. Confining women's stories to four storylines creates the risk of generalisation and injustice. Warnings to feminist researchers suggest that the risks of such generalisations;

> *can be misleading, inadequate and lacking in any flesh and blood reality, they can fail to take account of the astonishing variations among women.* (Sexton in Reinharz, 1992:4)

In order to avoid such risk, and to align with feminist principles ensuring credibility and an inquiry reflecting reality, Starhawk's (1987) triad of social power as an interpretative tool was utilised. This framework indicating three types of social power, detailed earlier, provides a means by which aspects of women's stories are highlighted and connected. The work of Belenky et al. (1986) will also provide clarification. Identifiable storylines create connections and disparity between stories and recreate women's ways and birthing ways of Ballarat in the 1940s and 1990s and beyond.

<u>The Limits of Oral History Method.</u>

Oral history method elucidated women's experiences of birthing in the 1940s. Specifically, this method has enabled six women to tell their own stories in their own

ways. Women's stories were relied upon with confidence, achieving the goals of this project. Abundant and rich data arising from women's stories has facilitated interpretation revealing rich meaning in women's stories. In addition, interpretation has conveyed significance for midwifery practice. All research approaches have certain limits, oral history method included. The particular limits in this study require exposure and discussion.

The process of open semi structured interviewing brings certain limitations. The potential for unwieldiness is apparent. Contradictorily, I suggest that this study was hampered in that little more than two hours, on average, was allowed for each woman to tell her story and for that story to be clarified. This is contradictory as the initial interview yielded comprehensive data, littered with happenings and with meaning. This study would have benefited by the conduct of a second clarification interview with each woman. Alternatively, this method would have been enhanced by additional collaboration with women, in particularly in relation to interpretation and the storylines arising from the data.

Interviewing or prompting another to tell their story, requires a certain ability to communicate effectively; in this case with older women. It is possible that my passion about the topic and the project influenced women's responses, even though strategies were in place to avoid such influence. Furthermore, the interview process may have also been influenced by any of a myriad of personal traits and attitudinal factors.

My first attempt at oral history method was successful, but incomplete familiarity with the technical aspects made a difference. For example, during one interview I was so

engrossed in the story that I forgot to turn the tape over. Consequently, part of that woman's story was not recorded. Journal writing, and summary sheets filled that particular void. My novice status in this specialised task of interview was brought home to me in subsequent reading of transcripts, when on numerous occasions notable aspects of the woman's story 'suddenly appeared'. I would assume that an experienced interviewer would be alert to such aspects and take advantage of the moment during interview, for further questioning and clarification.

Some women who participated in this project were a little daunted by the technical equipment, in particular the large table top microphone. Measures employed to put women at ease in the interview situation lessened anxiety for those who were concerned. Being reassured about their control over the material recorded also relieved anxiety. The large microphone was the perfect device for producing a high quality audio-tape recording, but a smaller clip-on microphone may have served equally as well, and created less anxiety for storytellers.

My interviewing skills and this project as a whole would have benefited by my listening, rather than merely reading, to other oral history recordings. Listening to oral history recordings, for example those held at the JD Sommerville Oral History Collection; State Library of South Australia, would have aided this project and my skills.

The conditions in the room during the interview also had an impact on the material recorded. On one occasion a participant's daughter was present, in another room

talking to a visitor who had recently arrived. This detracted from the interview only later when the tapes were replayed. Even with the excellent Marantz equipment (or probably because of it) voices were mingled, later creating difficulty in deciphering words. On another occasion a participant's husband interrupted the interview. Competency with the equipment assisted at this moment.

Overall, the limitations of oral history method in this project, were few. Women told their stories freely and willingly, suggesting that my novice status as an interviewer and researcher may not have hindered the interview process. Further clarification and collaboration with women about storylines may have aided this oral history method. The following section interduces women's stories and the storylines arising.

THE WOMEN

Six Ballarat women participated in this study. For the purpose of this work, and in respect of privacy for the women and their families, pseudonyms protect identities. The women will be known as; **Fleur, Blanche, Meg, Mabel, Silvia, and Rachel.** All participants were resident in Ballarat during the 1940s and at the time of interview. Many of these women spent their childhood on farms in the district surrounding Ballarat, although Fleur's father worked in a butter factory whilst Rachel's father was a businessman and a one time mayor of Ballarat. Women remembered their days in the 1940s with clarity. They reminisced about their earlier school days with fondness. All of the women had chosen to birth their babies in a hospital. Despite an apparent conformity of social experience and choice of place of birth, the women's stories herein reveal a multiplicity of experience and a diversity of women's ways of birthing. Women in this study birthed their children while Australia was at war and during the celebration of its end. Although women were questioned about the impact of the war on their lives, their stories do not dwell on the effects. Women almost dismissed the question as if it was an afterthought, and quickly returned to remembering birthing. A profile of each woman's unique story follows, providing a precis of each story, often transcribed verbatim allowing the woman's voice to be heard.

FLEUR'S STORY.

Fleur began her story with her own birth, at Wallace in 1919 one winter day when snow was falling heavily. Fleur recounts the story of her own birth and that of her twin brother with vivid and emotive clarity. The midwife, Mrs Foster, had been in attendance, and summoned Dr Corry from Mt Egerton. Travelling in horse and buggy through the snow it was some time before he arrived. Fleur's brother, born in the breech position, had suffered damage during his birth and lived only eight hours. Fleur's mother said she could always remember his groaning. Fleur also recalls her mother telling her about the bed they used for tiny Fleur. It was a wicker basket; half a dress box. Her body was rubbed each day with a mixture of olive oil and brandy ("or was it whisky"), and she was wrapped in cotton wool. She remembers her mother saying there was plenty of milk "because twins were expected". Much later, Fleur attended primary school at Newlyn and has fond memories of those days.

Fleur married in 1941. Her first two children were born in Ballarat in the 1940s; Ailsa in February 1943 and Glen in October 1944. A third child, Christine, was born in 1954. Fleur said she had "no problems at all" birthing her babies. In explanation she recalled an appointment with her doctor who said as Fleur recalls "I see you are sticking strictly to the book. I'm all for it." Fleur recalls only morning sickness as a problem during pregnancy and swapping stories with friends about having babies. Friends would swap stories. Husbands were not present at births. Fleur said:

> *...you wouldn't want them there, you had to do it on your own. It was a normal thing to have babies. I'm very lucky to have healthy children and to have had three healthy children... it was the norm actually. I suppose I would have been disappointed if I*

> *hadn't had them, but I tell you, when you are having them you think you know everything -- until the last minute (laughs). You think you know everything ---- Yes I'm all right! I was scared stiff I can tell you.... Golly it's a shock. And the discomfort afterwards. That was a shock.*

Fleur finds it hard to believe how women today know what happens during birth, because as she said: "They gave us Twilight", and thus she claims to have no experience or memory of her three births. One thing Fleur did recall and spoke of most vividly and emotively was the mask which "...they would ram down on your face..." and a baby born in the evening was not sighted until the next morning. The first sight of the newly born was also vividly remembered by Fleur, who said;

> *Well I suppose I just slept and they brought this baby wrapped and her big eyes just looked at me, and the second baby, the boy, he had his eyes all swollen and puffy, and third baby- it was a girl- she looked exactly the same as my first girl, with the blue eyes....*

Fleur also talked of "someone (who) would push and shove...": presumably a midwife.

Fleur has hazy memories of choosing to go to Eildon House, the private maternity section of Ballarat Base Hospital. She said; "mostly everybody went there". Being separated from Ailsa for two weeks when Glen was born was agonising, according to Fleur. Children were not allowed to visit the hospital. The agony was explicated in her recollection of this event. She recalled: "I couldn't bear not to be able to get my hands on her...." Aisla stayed with her grandparents at Newlyn, and as soon as Fleur was home she said to Barry, her husband:

> *Oh, I want Ailsa home ... I've got to have her. 'I did, I had to have her'. And I can remember I was sitting in the dining room and she came in through the front hall, and this little thing, I can see her today, in her little pink dress, and she just looked at me. And I went and I grabbed her and I nearly (laughs) ... you know, cuddled (action -- bear hug) her to death! And of course ... there had to be a few tears - and she looked at me as much to say: 'Well what's wrong with you'. You know it was just delightful .... I said I had to have her, and I couldn't (let her go) .... So we battled on from there....*

According to Fleur, both her family and Barry's were 'tickled pink' to see grandchildren, but Fleur says having children didn't change her way of life much because "...in those days you didn't work.... I worked ...(but) when you married you had to resign your job. You just gave up your job: that was a matter of course."

Having children was hard work, but thrilling and Fleur commented that it was difficult to "...imagine that it was as long ago as it is." Fleur's mother lived approximately twelve kilometres away. Neither of them drove a car. Her mother was always very supportive but lived too far away in real terms, to be available to help. Fleur has said it was hard work, but she managed almost by herself.

Fleur recalls World War Two during the time her first two children were born. She remembers her friends and workmates who were killed. She said "...it was terrible really".

BLANCHE'S STORY

Blanche chose to birth her babies at Norwood, a private maternity home in Webster Street, Ballarat. During the 'baby boomer' years in the late 1940s the maternity home was purchased by the Ballarat Base Hospital (Hyslop, 1989:290) to ease the accommodation crisis in maternity beds. Blanche recalls that at the time she birthed her babies at the home, it was operated by "...Sister Molly Murphy, (whose) husband had a chemist shop up Sturt Street." Blanche remembers Norwood as a beautiful old home, very well furnished. She recalls a grandfather clock stood in the hall and wonderful murals decorating the walls. At some time it was home to an Italian family. As Blanche recalls, Norwood had trained and untrained staff who undertook all the necessary tasks, from washing sheets to preparing meals. Blanche remembers lending a hand, helping to fold nappies. Not all the mothers helped. Blanche recalls suggesting that another woman help fold the nappies but staff were horrified at the idea. It seems that such a suggestion was certainly not appropriate for upper class woman who according to Blanche, couldn't 'manage' without the silver tea service.

Blanche was born at Clark's Hill in 1913. Her parents originally operated a farm near the Bungaree cemetery. Blanche says she and her six brothers were all born at the farm with a midwife in attendance.

> *When Mum was due to have the baby you yoked up the gig and pony and went about five or six miles down Wattle Flat, got Granny Smith, who had no nursing profession or anything--- the only thing she* ...(had done was*)... confined her own mother when she was fourteen...and she'd come and do the whole thing; look after the mother and the baby and confine the mother and look after the pub as well. For three pound for the fortnight. And I don't know how many mothers she confined, and never lost one. They thought she was wonderful ---. No doctors; they never went*

> *to a doctor. Now, as soon as they get pregnant they go next day, don't they.*

Blanche attended primary school at Pootilla and at Bullarook. She remembers one teacher especially, Mr Pye. He was in charge of thirty pupils at any one time. Blanche remembers him fondly. She later received a scholarship to attend secondary school but at that time her brother was killed at home, her mother reacted badly, and at fourteen years of age she was called upon to stay at home and look after the family. Blanche states:

> *I would have liked to do medicine or nursing or something like that. See, that was what I did want to do. Of course that was squashed.... Well, I didn't have an alternative did I?*

Sometime later Blanche married and she had her first two children prior to 1940, but many of her children were born in the 1940s, at Norwood. Blanche's last born arrived at the newly established maternity unit at Saint John of God Hospital, Ballarat in the early 1950s.

In Blanche's opinion, having babies in the 1940s was a natural event, there was no fuss. Women accepted pregnancy and took their chances. Recalling the first experiences of being pregnant Blanche says;

> *Oh, it's a great--- a bit of trauma isn't it, when you find out that you are going to have a baby. Of course, I always loved kids. And I thought this is going to be lovely.... And my husband's mother lived with us always. She lived with us for about thirty years. The most marvellous person that ever God put breath into. You hear people talking about their mother-in-laws you know, with an awful sort of slant on them, but she was the most marvellous person that ever lived. She was thrilled to pieces. Thrilled to bits. And when the baby came home she sort of took over.... And of course, this baby, it was such a novelty. Every*

night she'd sing it to sleep and I'd have to take the baby and put it in the cot. Well we didn't have a cot-we had a clothes basket.... Just an ordinary clothes basket. I tell you things were tough. And then after a while- 'waaah', you'd have to go and get this kid up and bring it back and this performance went on every night. Singing it to sleep. Well, twelve months after that I had another one and I thought to myself; 'My God, I'm not going through this again (laughs)'. So that was stopped, I tell you!! Oh no, she was a wonderful woman.

Directly following the birth of baby 'number six', Blanche "…passed out (because a) clot of blood went to the lung". The doctor declared that Blanche 'shouldn't be having all these children.'

Anyway, I was supposed not to have any more children. When I came home, Gran, as we used to call her, said "... you can't go on having all these children!" Well I said: "What am I gonna do? You can't tie the man up anywhere can you?" She (Gran) said, the best thing you can do is to go and have a talk to the priest.

The local priest was a big Irishman, who Blanche thought didn't know any more about it than she did, but she visited him in the confessional.

Anyway I got in (to the church*) and went to confession, and I said: 'I'd like to have a talk to you Father Ryan.' So I told him the story. Well he stood up and you know the little window that used to be in the confessional ... he slapped his hand down and said: 'My mother had fourteen kids and it never hurt her.' And all these people sitting here kneeling at the back of the church. I said: 'Thank you very much Father,' and stood up and walked out. I could have kicked him...(laughs). But I thought it was the most stupid thing I'd ever heard. Of course, I went back to church. That wasn't gonna stop me. But I thought, 'By Crikeys'. A lot of those Irish priests have got a lot to answer for I think. The older ones!*

Blanche kept on having babies, because as she said, neither contraception or sex were talked about. Blanche's mother explained that 'the period' was part of growing up. Her mother had never discussed sex or having babies.

> *You know when I got my first period, I thought I had cancer or something. I didn't have a clue. And I was too frightened to say anything at home. And of course next morning it was in the bed you know. And that was the first I knew anything about it. Oh well what could I do? I just kept having them. 'Til I was forty-two. A bit over forty-one and I got pregnant again. I thought, 'Oh this is great, change of life', you know. Everything stopped. I thought, 'well this is the end of the babies'.*

Blanche said:

> *I knew about the cows and the bulls, because we milked cows and all that sort of thing. Sheep and ewes and rams. Horses and that. But it was never discussed or never talked about.... Sex was taboo. It was nothing. A woman came to our place, and she was big, but it was never talked about. They'd never say 'Mrs Jones or what's - name is having a baby.' Never. Wasn't it a queer sort of a turnabout.*

Having babies was ordinary according to Blanche.

> *You just sort of accepted it, you know. There wasn't anyone who sort of thought it was terrible or anything. It was always sort of accepted. There were some (women) who chose not to (have babies)... perhaps they couldn't see their way clear to have them and educate them.*

MEG'S STORY

"Well as far as I know I was born in Cairns..." in 1908. Meg argued that she didn't have many memories of childhood, but as she warmed to the idea of telling her story she recalled more and more. One recollection gave life to another. Meg recalled attending a Catholic primary school in Cairns Queensland, and the strict behavioural codes at school in those days.

> *I know we used to get the cane. Yes, I do remember one nun, Sister Elizabeth, that used to take us down stairs, put us on a seat, made us take our shoes and socks off to see if our feet were clean. Also another day, she would have a dish of water and a fine tooth comb, and she'd comb your hair right through.*

In later years Meg moved, with her family, to Victoria. In the late 1920s the family took the train from Brisbane to Melbourne and settled in the Western District of Victoria. Meg had clear memories of life in the country. Hurricane lamps were then a new invention; Aladdin lamps hanging on the wall, fired with kerosene; making butter, separating cream and other aspects of farm and country life she recalled with affection. The time Meg spent in the Western District was during the Great Depression and from that time Meg recalls 'Susso' payments "...of about five shillings a week..." for 'swaggies' who roamed the country in search of work. She says;

> *...the men walked in twos, not ones, they walked ...say from Melbourne to Adelaide. And they would have a blanket rolled up, a tin billy tied to that, and as they went through each town they'd call into a house or a farm, and they'd get a meal.* (This was) *... before the ...second world war. When the second world war broke out in... September '39 I think it was.*

Meg's first two children were born in Melbourne during the time of the second world war. Her first child was born prematurely at seven months gestation. Meg tells of a fall she had at home after which her labour pains started.

> *(*The*)...doctor tried to stop it. They put me into hospital and they thought they'd stop it. But they couldn't. I laboured all that time and you didn't have any needles, you had nothing. So that's it.*

Meg's account of this event includes a long stay in hospital, awaiting this first-born child's acquisition of a certain weight and health status.

> *I was in hospital all that time and you made the booties, the bonnet, the dress and they held her... you know the sink, see the sink* (kitchen sink) *there, that used to be on the wall. And I had her in that, and the hot water bottles mind you on each side of her and* (at her) *feet. Not her head, but each side of her and feet. And when she was a full-time baby I could take her. And she was three pound fourteen born, she was six pounds fourteen or fifteen when I brought her out. She was a little bald headed---.*

In 1949 Meg gave birth to her third child Tom, in Ballarat. About the birth Meg said:

> *(*I*) walked the floor, until I was taken to the labour room and that was it. Had to put up with the pain from there. Oh, well the pain was (*awful) *while it lasted, but once ... the head came out, that pain left, because they took the baby straight away. Oh well you'd cope with it. I can remember Tom* (being born*). I was forty when Tom was born and I went in at five o'clock in the morning in labour and he wasn't born 'til half past one that same day. But they never gave me anything. I think it was Dr Greening. He's dead and gone now.*

Meg commented that she wouldn't like to see women suffer in childbirth these days. "I wouldn't like to see it ever come back... having an infant without any anaesthetic or anything."

When Meg's second and third child were born, her sister came to care for the older children. She said she didn't miss the older children. "You know they are safe, and you are safe and your new baby is safe." Meg came alive with fond memories of lessons to be learnt when her older daughters left home.

> *When Rebecca got married, I set the table, I did it for weeks. I set her plate, and Helen got married eighteen months later. I started to do the same thing with Helen, and then I realised what a silly thing I was doing. And I knocked it off. With Tom I didn't do it. After they get married, that's when you miss them. You wait for them to come in. And they don't turn up.*

Meg recalls babies being born 'out of wedlock'.

> *There'd be the odd one I'd say, but they were looked down upon, and today you don't. Which is why the babies of today, you can't adopt because... they won't give them up. They won't give them up which I don't blame them.*

MABEL'S STORY

Born in Cairns, Mabel says all she can remember of her childhood is "...riding horses and loving dogs, and animals". Mabel rode horses in the bush during the time she lived at Charters Towers.

> *We'd go for miles and miles out in the bush, to feed cattle or something like that. We had a sulky and horse, but we used to have to, well I'd say discipline them.... What I'm thinking of now is the way... we'd never bring an animal or a buggy home without---. We finished the whole thing by grooming the horse cleaning the buggy and polishing it up. It was a well-disciplined ... then again, when I look at it now... I'd say that's discipline personified. But today, when you go back you say this is absolutely dictatorial. And dominating. And authority... I wouldn't expect any child to grow up in that. Yet it didn't do us any harm. Didn't do us an ounce of harm I don't think.* (Maybe) *...the children of today will turn out okay, they may not. I don't know. With the drugs and stuff that are around now, they've got no help.*

Mabel, who is Meg's sister, moved with her family, to Victoria to live. Mabel recalls 'the great train trip' south. At one stage the train had stopped. Passengers were to alight to break the trip, Mabel poked her head out the window (she was about 17 years old at the time) and got ash from the engine in her eye. It burnt her eye badly. They went for treatment and only just managed to arrive back in time to board the train for the remainder of the journey. Mabel has fond memories of the Western District.

> *Now when you get out there in the bush...that is beautiful. All through my life now I can reflect back, and that was home. I had the horses and I had everything up there, the dog and everything. The bird life, animal life, pigeons.*

Mabel reflected on bush life as healthy existence, when people didn't often get sick. The life was hard, but people worked hard and it was 'good for them'. Healing with natural remedies was in their own hands or Chinese herbalists. Mabel recalled that several Chinese herbalists were based in Peel Street, Ballarat. She once took one of her children (probably in the 1940s) and the herbalist cured an infected finger.

About birthing, Mabel readily recalled being pregnant the first time and the birth of Joan in 1947.

> *Oh, there's no greater gift in the world, than to have a baby. A lot of work. Well I think it was a real pleasure. You know, you took it in your stride. You know you have these exercises and stuff now, you were pregnant - so what! You'd go about your work the same as every day. No fuss was made, no nothing. But this day and age, they go out to exercise rooms and they do all this, they're doing that. The breathing and the ---. and I think, my God, there's a natural thing. Why don't you leave a person alone? But they have people so scared now, the young girls I'd say, that they won't have any part of it.*

Of Joan's birth in 1947 Mabel explains:

> *She was breech and I was asking for the - what do you call it? The mask over your face, and the nurse there, the head nurse said she wouldn't give it to me. 'Do it yourself. Do it yourself',* (she kept telling me). *And as soon as I'd get ready to have the stuff, instead of on your nose she would pull it away. I thought she was terrible. In any case she eventually came back and helped. I mean, after all, a person could be afraid. When I look back now I think of somebody else in my position, and I think if they did that to them that would be a fairly hard thing to do. Oh, yes that's going back a long time ago. That's '47. I had the mask, held down over my nose. It was ether. It was a lovely smell. Well I don't know whether you would call it a lovely smell!*

Of being in hospital for two weeks Mabel recalled:

> *You were in bed, they kept you in bed for a fortnight after the baby was born then. Oh great, it was a holiday. I loved it for the simple reason, I think it gives the young person time enough to relax, and somebody's taken the baby, looking after the baby and giving it to you each day, and you don't have to do anything, and it's a beautiful feeling. It's a real holiday, well it was to me. I don't think we needed it but it was just lovely.*

Mabel had help from her extended family when some of her babies were born.

> *I had an aunty and a niece and a cousin who wanted me to go out there, and I went out there (*to their place*) afterwards and stayed there. There was always somebody. There was always somebody there. Now that's another thing I think is lacking now. The children, the young people of today haven't got their parents. They have... drifted apart. Well I know that was the normal thing* (to take all the children home with you, after the two weeks in hospital), *you just take them back. That's why I say it's no big deal. It isn't a real big thing. They're frightening them* (today). *This television's too much I think.*

SILVIA'S STORY

Silvia was born at Newlyn, a township close to Ballarat, where her parents were potato and dairy farmers. Silvia is the youngest sibling of nine children, seven of whom are alive today.

> *We lived through the depression. We did all right. Most of us. I enjoyed school.... We used to go in on a train. In the winter it left in the dark and came home in the dark. The Ballarat to Creswick line is still there.... but it's not used any more. This ran through Allendale, Broomfield, Kingston to Newlyn.*

Silvia began her working life in Melbourne and later commenced nurse training in Ballarat in 1941.

> *So, then I worked in Melbourne.... In an office...(where the boss) made suits. Terrible boss he was. But anyway, I left and came home for a while. While I was waiting... to get a call to come into nursing. You had to have your name down and wait.... We only came in ones, we didn't come in schools. I had ideas of going into the army as a nurse. My sister went in as a Sister. She served up in Adelaide River and around Katherine. But I didn't like Melbourne. And she said, 'Go nursing', so I did. Matron Little was in charge. I think the tutor* (Sister Harvey) *came in about my third year. Miss Long... was just in her third year of training when I got there I think. Jean Harris did some tutoring ...I think, ...some midwifery tutoring.*

Silvia enjoyed her nursing and midwifery days.

> *But we worked hard. Long hours and really hard work. But I did my 'mid' because of the 'Manpower'. You know we would have been sent anywhere when I finished my training. If we weren't asked to stay and do a fourth year we could have been sent anywhere by the 'Manpower'. So, I thought I'll stay and do my 'mid', that's why I did my 'mid'. We were there in the busy time because the war...it was war time.... When I did my 'mid' I went to Eildon* (Eildon House was the private section of the Ballarat

Base Hospital at the time) *and worked about twelve months and then I got married. And then came back and had a baby.*

Was married in March and had my first child in January (1947) - *that was pretty quick wasn't it. Oh well, what do I remember about ... (*being pregnant). *I'd have terrible morning sickness I know, it was dreadful and what did I do*? *I was working. We had a cake shop... a bake house behind and there was a shop on the corner. It was a family business. We supplied the bread shop up in Sturt Street.... So I kept working in that little shop 'til I had the baby and, well I think I went in ---. Although you knew everything it was a different story when you were having your own. I went in with five minute pains, contractions. Well they weren't really contractions; pains. And when I got in, after a while they stopped. I was a fortnight early and of course, we didn't question any doctors, I mean they knew everything. They were always right. We wouldn't say--- I think now I should have been sent home and anyway, they sort of induced me and I had a long labour and I had instruments and I didn't remember a thing about it 'til I woke up in the ward.... I must have been doped. I must have been out to it, you know, for quite a while. I just woke up in the bed and I'd had the baby. I think it was that morphine and scopolamine or something. And I know he was bruised and had a funny shaped head. But I was torn to bits. Sutures everywhere. Then I got a urinary infection. I think I was in for twelve days. You weren't allowed to get up for a week.... I think I was just so sore.*

I remember he (the first born*) was a bit cranky for a long time, so whether that* (morphine and scopolamine) ... *had anything to do with it I wouldn't know. But of course, the next time wasn't so bad. I think all I had was a bit of anaesthetic. My second child was born in December, 1948. And the other two --- wasn't much trouble at all. Had four altogether. The other two were later. 1956 and '58 or something like that.*

Asked if her husband was present at the birth of her children Silvia said: "No it was unheard of. Unheard of. Just wasn't part of the deal in those days."

Silvia didn't attend antenatal classes, and thinks she remembers attending her doctor when she was three months pregnant.

> (My doctor was) *Doctor Prior. Not Jim Prior. The other Doctor Prior; he used to be up in Victoria Street. He's dead now. Been dead for a while. ...I suppose you should've gone* (to the doctor) *a bit earlier, but I didn't sort of feel I needed to (laughs). I put it off as long as I could. But in those days you had to book in, into the hospital fairly quickly otherwise you wouldn't get a bed. That's a fact. You know it was so crowded, and there were so many that seemed to be having babies.*

Silvia recalls her parents were delighted when she brought home her babies.

> *My mother had all hers at home of course. There was a local midwife. I don't think she was ever qualified, but she used to come. I wanted two girls and two boys and I got them.*

Bringing the baby home was an experience.

> *Well we were told not to pick them up of course, when they cried. And he* (the first) *had terrible wind. You know, you were told they'd be spoilt if you picked them up, they'd want to be picked up all the time, and anyway, I let him cry a bit. But I got a bit wiser after the first baby. No, I was pretty weak and watery for a while I remember. And then ... I fed all the babies. Breastfed them. And I thought you didn't get a period if you breastfed. Well I did shortly after I got home and I thought I must have been haemorrhaging. But it was the period. Anyway I had a period all the time I was feeding them. It didn't seem to make any difference. It was nine months before I started to wean him* (the first born), *I remember.*

Silvia said it was popular to breastfeed. Sister McGrath, a midwife at Ballarat Base Hospital, "...was a great one for breast feeding". Silvia said breastfeeding was popular in her day, unlike when she was a baby. Silvia recalled that she and her

siblings were all bottle fed because her mother "...was too busy. I think we all had the bottle. She'd have one baby a year nearly; a bit impossible".

About having babies, Silvia supposed the most important thing was:

> *...that the baby would be healthy and nothing wrong with it. It was never a pleasant experience to me, it was damn hard work. I didn't like being pregnant much. Oh well...I'm pretty active. I've always been sporty and get about, you know. I had this awful morning sickness all the time. And sleeping was often difficult. And I didn't have any help, the little ones, they take up your time. Feeding was difficult. Even today the eldest doesn't eat meat. He was a difficult feeder.*

> (My)... *husband had just come back from New Guinea when we got married. Took them a while to settle down those fellows, after coming back. But we had a good life. He died fifteen years ago. Well we didn't know much about it* (the war) *because we were too busy nursing. Although the Americans were here a while, we went out with a few Americans, because they would ...ring up the hospital, and have plenty of money, plenty of everything. There was a camp up in the mental home or whatever you call it.*

RACHEL'S STORY

Rachel was born in 1919 in a private hospital managed by Nurse Hayden, in Mill Street, Ballarat.

> (My) *paternal grandfather was a miner. He died of phthisis, when my father, who was the eldest of five, was twenty-one. So, my grandmother was left with a young family, but she managed, and they were a very supportive family. Four boys and one girl. And my mother's father was a school teacher. She (Rachel's mother) was born at the school house in Milbrook near Bungaree, and then they moved to Bungaree and later moved to Ballarat.*

> *They were Methodists, and my parents met at Lydiard Street Methodist Church, on the hill near Christ Church Cathedral at the corner of Dana Street. And they were married there. There were five in our family, one boy and four girls - and three of us are still in Ballarat. I went to Macarthur Street State School and we, well we went when we were four in those days, so, I can remember quite vividly.... I said to someone yesterday, it's a grey day, and back in the 'Bubs' as they were then, there was always a calendar of the month on the blackboard and the teacher would ask you 'What sort of a day is it today?' I can remember she asked me 'What sort of a day is it today Rachel?' And I said: 'A grey day'. I'm still saying it seventy years later (laughs). And I can remember sharpening a slate pencil between the bricks and the mortar in the building, which the bigger children did, and getting into trouble from the headmaster.*

Rachel recalls her days at Ballarat High School:

> *...if I missed a tram or if riding the bike I had a flat tyre, I would run all the way from Macarthur Street east of the lake, round the lake and I'd sing hymns, thinking that if I did that I could get up the drive with the train travellers when they arrived and sneak in that way. But I can still hear Miss Vickery saying 'RACHEL?' She caught me one day, you know we were worried about being late and getting into trouble.*

Rachel worked for her father when she left school, which she said:

> *...sort of protected ...* (her). *I would have liked to have been a teacher. But with the age group I was and the Depression, my sister and brother and I all went to the business* (tailoring and mercery) *there. That helped sort of keep that going. Well, I think (*the Depression*) was good training for us. You didn't waste money. And I remember people coming to the door, men with a suitcase with perhaps oven cloths made from sugar bag, bound. People would come, men would come asking for food. And we always felt our gate--- there was a mark somewhere that they would come to our place. Whereas the policeman who backed onto us around the corner, no one ever went there.*

Rachel met her husband when he was stationed in Ballarat during the war. They were married in 1943. The families were pleased when they knew a baby was on the way.

> *They were pleased. We'd been married four years by then and, well Fred and I were looking forward to this baby. We were living in a flat...at the time and when it was time to go, the waters broke, I didn't know such a thing happened, and we walked around to Eildon House carrying the suitcase. And I said to Fred, 'It's just like going on a holiday. Going out in the dark with a suitcase.' How simple could you be? (laughs). No, it was no holiday. I knew absolutely nothing about having a baby. I thought they gave you something called 'Twilight Sleep' and you went to sleep and woke up and there was the baby. We were very simple then. I can remember in the delivery room, Dr Richardson saying to me, 'You're not pushing'. And I didn't know till then that I had to push (laughs). I remember saying to my mother, I thought the baby was six feet long, and she said she was not conscious for any of her children. She didn't know anything about it. I can remember in the delivery room, staff dropping chloroform on a mask there, but other than that there was nothing. Well, I seemed to be on my own forever, and thought, 'Do they still know I'm here. How long is this going on?' But then I got slower and slower with the three. It was me, I guess.*

When taking the first baby home Rachel recalls:

I was very pleased to take him home. We went home to my mother for a week or fortnight, then we went back to the flat. And I wish they gave you a book of instructions with them. They showed you how to bath and well you knew the health centre was there to go for advice. But James was a 'toad', he didn't sleep through the night until he was on three meals a day. But I guess that was my fault. Perhaps he was hungry. During the day he'd scream. And my father used to say, 'That child is hungry' And I said, 'But I've had a test feed Dad, he's getting sufficient.' Perhaps the quality wasn't there. Yes, he did, he cried a lot. Twelve o'clock midday he'd start, he used to be fed at two. We survived.

Well, either I picked him up or bounced the pram and tried to get him to sleep again. It hasn't left any traumas with him. We got through. My husband was good. He'd get up with all of them and pick them up for their overnight feed. And I'd go on from there and put them back.

STORYLINES

The précis of stories outlined in the previous section include aspects of each woman's life history which attempts to capture their being and vitality. Women told their stories with a great sense of being alive in the past; at least, women recalled much of their early days in the 1940s with amazing clarity. Capturing the richness of every woman's narrative is challenging. These stories demand respect. My aim is not to disturb or confuse stories, although, willingly and somewhat impertinently, I make connections, and fashion dissections, presenting my impression and supposition. The richness of women's stories is evident in that numerous themes have arisen. In order to protect yet recreate the richness of narrative and simultaneously capture vital aspects, a restricted number of storylines will be explored. Connections between some experiences of the women fall into place, whilst diversity and disparity of experience is also evident in the stories women shared with me. Storyline connections and deviation will be augmented by reference and interpretation using Starhawk's (1987) three types of social power, previously explained.

The women who shared their experiences of birthing in the 1940s did not choose to retell in great detail the intimate, physical and psychological processes of the events. Women's stories seem to exclude or evade detailed information about specific aspects of birthing. This seemed to be an episode of silence, although some women clarified this silence. In addition, it would seem women have chosen to forget. Contradiction arises as I think of Silvia's story, retelling the events of her first birthing experience. Silvia's voice expressed the anger she still feels, about not

taking matters into her own hands at the time. She clearly remembers 'not being allowed' to go home when she 'mistakenly' went to hospital 'too early'. It is more likely than not that women did not feel comfortable recalling birthing stories. Immediately I think of Blanche, who does not fit this scenario. Moreover, neither does Silvia. Both these women relayed experiences of a bodily private nature, about menstruation for example, and did not hesitate to agree to share their stories. Even Rachel, admitting to being prudish, spoke about bleeding.

The many storylines unfolding within women's stories include numerous aspects of life related to birthing and childrearing. That birthing was an ordinary, expected and an eagerly awaited matter, seemed to be important for the women to tell me about. The emotion and the pain of birthing wasn't far from the surface during storytelling, even though many of the women whose stories are retold herein, were 'victims' of 'twilight sleep'. Herein there is diversity. It seemed to me that there is some evidence of taboo surrounding the totality of pregnancy and the birthing experience.

Connection with other women and with family is highlighted in women's stories. This connection I have labelled Women and Family. This storyline reveals aspects of reproduction and formation of new families, such as support by extended family members, and separation from older children during the two-week hospital stay. The midwife as an entity, hardly rated a mention in the women's stories. At times my questioning stimulated the recall of a 'Sister' McGrath or Molly Murphy, in a way that insinuated that I, as a midwife, ought to know these midwives. The four storylines of Taking it in our Stride: Ordinary Birth, Women and Family, Twilight Sleep and Contradictions: Silence, Taboo and Magic arise spontaneously from

women's stories and illuminate the richness in diversity and connection. Some storylines offer connections between women's stories, whilst others reflect disparity and separation.

TAKING IT IN OUR STRIDE: ORDINARY BIRTH

Pregnancy and birth in the 1940s was a profound and emotional personal experience but collective ordinariness was overwhelming. Many of the women who shared their stories seemed to think of their pregnancy and birthing in the 1940s as an everyday thing. It seemed to me, that for these women it was merely part of life. This ordinariness does not ignore the diverse complexities of women's ways, nor does it negate the expectation that women's life role was to reproduce. The ordinariness of the experience of birth arising in this study, expounds the way in which some women dealt with pregnancy and birth. The women were familiar with birthing, babies and families, but of course this only partly depicts how women described birthing. To them it was profound, but common place. As Mabel recalled there was; "... no greater gift in the world.... You took it in your stride.... No fuss was made, no, nothing". Blanche called it a natural event and when questioned to explain this idea she said that to her, pregnancy and birthing was an everyday event; one carried on with everyday tasks prior to and whilst pregnant, and soon after the event. Blanche did clarify though, that women worked hard in those days; hard physical work, which she suggested, may have made birthing better. Fleur said it was the normal thing: "No it was the norm actually. I feel I'm very lucky. I suppose I would have been disappointed if I hadn't have had them." Silvia worked in the family business either side of giving birth although not always feeling at her best. Pregnancy was "...never a pleasant experience to me, it was damn hard work. I had this awful morning sickness all the time and sleeping was difficult, and I didn't have any help". Rachel's story seemed to say 'I wouldn't have it any other way', in a manner that quietly and confidently demonstrates ordinariness.

Robertson (1992:57) relays Irene Bell's story which equates with ordinariness. Irene's story of her first birth is interspersed with putting "...the chook in the wooden stove to cook... (on) Christmas Day". In Alma Bushell's (1986) collection of stories of women's lives, birthing is rarely mentioned (which may signify its ordinariness) but when it is referred to, its ordinariness is revealed. Women's stories highlighted in other studies (Dale, 1991:26; Pyke,1986:54; Reiger,1987:143) make known that motherhood was the expected and accepted role for women. Such explanation about women's role in reproduction is commonplace within the literature. It would seem that other studies mentioned above for example, have interpreted women's acceptance of birthing as resignation and resentment. For the women in this study there appeared to be some acceptance of their role, but this was superseded by the sense of ordinariness. The ordinariness was fired by their own know-how and capabilities. They took it in their stride. This ordinariness is somewhat contradicted by May Holland's (in Reiger,1987:143) statement: "You took it as they came along". May's resignation is evident. Women in Anne Blood's (1982:32) study of birth in 1938 in South Australia were reportedly not fascinated by birth. They were reportedly, being apprehensive, resigned, and having a sense of duty to reproduce. These three aspects of pregnancy and birth were not noted by women in this study.

The ritual of prenatal care we know today was not an item for the women who shared their stories, although women did recall going to their doctor for confirmation of their pregnancy. It was not a time of ultrasonographically defined pregnancy. To some extent it was still a woman's domain. Rachel recalled a visit to the doctor when she was a month or so 'late'. Rachel said: "...the doctor pressed my stomach, said yes I was pregnant and to book in and where did I want to go, and to come back

next month." Rachel also explained that she didn't ask the doctor any questions and she didn't expect him to tell her anything. "I guess he thought if I wanted to know anything I'd ask. But there was nothing. I just thought it was normal routine". Fleur's story reveals a similar flavour in that she claims that: "To be quite honest I had no problems, no problems at all".

There is a strong sense of ordinariness throughout these women's stories although not all women shared the opinion that pregnancy and birth was ordinary. Diversity is evident in that some women recalled not knowing what to expect, only then to endure an inordinately painful labour, whilst others have no recall of birthing, due most likely to the amnesiac effect of 'twilight sleep'. The perceived ordinariness within women's ways is attributed to the degree of acceptance of pregnancy and birth; not merely due to social influences, but with regard to knowledgeable expectations. Women were obviously reassured by their capabilities in this domain. This storyline has connections with another: 'Women and Family', in that the majority of the women in this study relied on their ingenuity and families as a source of knowledge, guidance and support. It is not surprising then that Selby (1990:90-100 & 1992) found that significant numbers of women in Queensland in the late 1930s, preferred to rely on their own knowledge of childrearing and either did not attend the infant health centres or follow professional advice. Selby (1990 & 1992) claims that women's accounts differ greatly from the so called official story (Queensland Parliamentary Papers and Debates, cited by Selby,1990:100), which produced impressive successes and attendance records. It could be that in this regard, women in this study experienced what Kinney (cited by Sandelowski, 1984:xi) claims was occurring in the United States with the advent of 'natural

childbirth': that "...the pleasure of childbirth lay in savouring every one of its sensations, even its pain."

Traditionally, women's life histories have not been recorded, so it can probably be assumed that published accounts of birthing being portrayed as potentially hazardous (Sandelowski,1984:xvii) were recorded by men. Sandelowski claims that the few accounts recorded by women themselves indicate that women;

> *do not find it incongruous to speak of childbirth in dual contexts of life and death, exaltation and terror, reward and punishment, and pleasure and pain*. (*Birth)... is at once a natural, ordinary, life giving, and growth-promoting experience and a supernatural event, extraordinarily miraculous, and like dying*. (1984:xvii)

Complexity and diversity are portrayed here, as in the stories of women in this study. This storyline of ordinariness reflects the type of social power Starhawk (1987) refers to as 'power-from-within'. This intrinsic power (Starhawk,1987:10-15), linked to mysteries that awaken the deepest abilities and potentials within, is thus revealed by the ordinariness attached to pregnancy and birth. Women in this study accepted their mothering role, with certain resolve backed by secure knowledge. It seems that such knowledge was more than mere acceptance, but was instead based on 'just' knowing, conceivably, intuitively. Relevant here is Starhawk's (1987:10) claim that 'power- from- within' arises from a sense of connection with others. Women's stories relate to this aspect in that although voices were not loudly broadcast, there seemed to be collaboration with other women, especially family members, strengthening confidence and resolve and therefore the everyday nature of childbirth. Several women in this study relied on family members for moral and practical support which can in a sense, be allocated a collective 'power-from-within'

label. Contradiction is evident in that women's stories told of not speaking up and not asking questions. Women clarified this as a means of knowing that and knowing how, of being confident in their ways. What I heard women say in this study revealed to me an overwhelming ordinariness with regard to pregnancy and birthing. Taking it in their stride, women relied on their families, especially their sisters and mothers, for support.

WOMEN and FAMILY

A common factor arising from transcripts that recorded these women's stories, was the evidence of support at the time of pregnancy, birthing and early mothering. (Parenting is a word avoided as fathers hardly rated a mention in women's stories with regard to this storyline. Fathers did not feature strongly in the women's stories at all). Most of the women recalled strong family connections at the time of their first and subsequent birthing experiences and they actively formed connections. Women were important to women. Connecting with other women created a confidence evident across storylines and across these women's stories.

The women in this study were married at the time they gave birth in the 1940s. Few women remained in the workforce after marriage during this era. Fleur remarked:

> *... in those days you didn't work- I worked with the ...Banking Company... and when you married you had to resign your job. You just gave up your job, you know, that was a matter of course. The bank wouldn't put up with you. For one thing if you were pregnant or being sick or anything round the place, they wouldn't (*keep you on*). You just gave up.*

Fleur, in telling this part of her story, still sounded a put out; somewhat indignant. Listening again to Fleur's voice I can hear the annoyance. Even Silvia resigned her vocation of midwifery (which she began because of the 'Manpower'), following her marriage in 1946. At this time midwives were probably in strong demand due to post-war reconstruction and the rising birth rate. Silvia's work-place of the time, the Ballarat Base Hospital, noted staff shortages especially in maternity services, because

> *...new babies were everywhere plentiful* (and when) *... services were most needed there was a serious shortage of nursing staff. Immediately after the war this made itself felt all over Victoria, as civilian nurses resigned, either to marry or find better-paid work now that the 'Manpower' no longer controlled them.* (Hyslop,1989:271 & 290)

Summers (1995:288) argues that because of the increasing involvement of the state in "...aspects of family life, married women began to be excluded from this type of work." Unable to return to her chosen employment, Silvia was gainfully and busily occupied in the family bakery throughout her first pregnancy. The newly married couple lived with Silvia's in-laws for the first six months as 'houses were scarce after the war'. They later purchased the house next door enabling easy access to the bakehouse and to family. Freda Briggs (1994:xii) reminds us that during the second world war women were told it was their duty to join the workforce but were later 'returned' to their rightful place in the home. The work that Silvia did in the bakehouse was rendered invisible, like work in the home was and is today.

Blanche claims that she had her heart set on "...doing medicine or nursing..." but stayed at home and ran the household from the time she was fourteen. Reiger's (1985) study of the family and the home, concentrating on the forty years before the 1940s, illuminates women's role in the home. In her critical analysis, the complex notions of the social construction of the housewife (:35-40) are pertinent here. Reiger's (1985:84-125) study reproves medical and male domination of the family, especially pregnancy and birth. In the face of adversity, in their enforced role, women in this study evidently developed strong networks with other women. The importance of connection with other women, not merely in a practical way but also in a spiritual sense was apparent.

This storyline arose from the frequently mentioned matters of support and assistance from families, especially sisters and mothers, around the time of the birth of a child. Not all women in this study sought assistance, although most had frequent contact with their parents, seeking and gaining support. Blanche who was denied the opportunity to further her chosen 'direction' in life, spoke most fondly of her mother-in- law.

> *She was a wonderful woman.* (Gran would sing the baby to sleep*) By hell she could put them to sleep. She'd rub them on the forehead you know, she had some sort of touch about her. And then at bath time - everything had to be put out. We used to live in an old house...all these things on the clothes horse airing. The pyjamas and their singlets would have to be hot before .... She was a real fuss pot about airing things. Oh no she was a wonderful woman.*

Blanche's story of her mother-in-law, reveals extraordinary support. 'Gran' seemed to 'run' the household and almost took over childcare. Just as well, according to Blanche, who kept having babies.

Rachel recalls taking her first baby home from Eildon House in 1947, and although she sometimes wished for a book of instructions, she was:

> *...very pleased to take him home. We went home to my mother for a week or fortnight*, *then we went to the flat.* (Mother) ... *didn't wait on me hand and foot but the support was there.*

Rachel also applauded her strong network of friends. She claims this group of female friends gave enormous support throughout her childbearing years and still brings vitality and strength to her life today. She asserted:

> *They were always there and you could talk over the problems and such with them. And I think we were all on a par, and told our stories to grizzle to each other or told the good things.*

This additional support group for Rachel, strengthened the family support network. Mabel and also Meg revealed the family support that they found apparent during for example, the fortnight spent in hospital at the birth of a child. Meg relied on Mabel to care for her children during 'confinements'. Family networks and support were to be relied upon. Family were trusted. Mabel recalled that when her sister was not able to assist, an aunt and niece were counted on. Mabel loved the time in hospital although she admits it wasn't needed, and later went to stay with her aunt who lived 'out of town,' on the land. Mabel's love of horses and the country, may have enticed her into her aunt's care, but she said: "There was always somebody there". Meg's commitment to family, well after birthing, is demonstrated in her story of setting the table, retold in her profile above. Affection laden, this story reveals the trauma of the 'empty nest' notion, but also clarifies the ongoing strength of connection with children.

Fleur, voiceless in complaint about separation from her child, raises a contradiction. Fleur retold how she felt about being confined in hospital, deprived of contact with Ailsa. Her hazy recollections of choosing to go to Eildon House for the birth reveal an acceptance of such isolation. Later she 'just had to have Ailsa at home with her' after the birth of her second child, Glen. Through family support networks Fleur's agony (for that is what was heard and felt in the retelling) in isolation from her other child, was lessened. The contradiction lies in Fleur's apparent acceptance of a

'twilight sleep' birth in hospital and the associated conflict of separation from Ailsa. Misson (1986:9-10) claims that women were in part, passive participants in the medicalisation of birthing, given their acceptance of 'twilight sleep', hospitalisation and intervention. The issue is more complex, and Misson also claims that women were convinced, as was the western world, of the importance of scientific advancement.

This storyline, like 'Ordinary Birth: Taking it in our stride' also vociferates 'power-from-within' (Starhawk, 1987); with contradictions. The intrinsic power, confidence and the sense of connection with others is strongly evident in this storyline. Connections with family and friends and with the knowledge in their ways is represented here. 'Power-from-within' is palpable in the reliability and confidence of women and in the strength of networks. It is overwhelmingly obvious in the connection between Blanche and 'Gran'. It is evident also in the not quite so harmonious relationship Silvia experienced with her in-laws. These powerful connections created by women, reveal the ability women had to generate and maintain alliances. The confidence revealed, hints at women's recognition of the feel and the strength of this particular ability. Starhawk (1989b:327) talks about such rituals as "...events that bind a culture together, that create a heart, a centre, for a people." Starhawk (1989b:334) also claims that such bonding rituals slowly weave connections that create transformations. Jane's story which began this study, reveals a continuance of this accord, although Jane seemed to voice her opinion and *albeit* surprise at birthing in her own way. It is unclear whether such 'power-from-within' connections among women of the 1940s have remained to empower women's ways

in the 1990s. Contradictions lie in the accord between women and the medicalisation of birth. Whilst 'power-from-within' is obvious in the connections women made with women, especially within the family; developing an accord with medically controlled birth seems to avert confidence in these connections.

'TWILIGHT SLEEP'

For women in this study, birthing experiences were obscured by 'twilight sleep'. Fleur mentioned 'twilight sleep' at the outset of the interview and wanted to know what I knew about it. As Fleur said, she had no memory of her three births, although she vaguely recollected a mask being 'rammed' onto her face.

> *I didn't know what was happening. Evidently it made you do all strange things, ---I had a friend who was having a baby a little before me, she said, 'They climb the walls and everything'. I don't know how they gave it. But it used to put you out - I wasn't conscious.*
>
> *I put my hand down and I had a binder on, you know the towelling binders they used to put on, and I said: 'Ooh, I must have had my baby. Now that's all I knew about it.'*

Silvia and Rachel both talked about 'twilight sleep'. Silvia claims "They sort of induced me and I had a long labour...and I didn't remember a thing about it.... I think I must have been doped". Rachel expected 'twilight sleep' therapy, but it is unclear whether this was administered as she recalls 'not knowing about pushing' and supposing her baby to be 'six foot long'. Other women in this study may also have birthed under the influence of 'twilight sleep'. But Blanche for example, recalls being given 'something' at the completion of labour, probably during second stage.

Blanche said:

> *They used to give you, some sort of chloroform or something, near the end. (They would) put it over...muzzle your nose... it wasn't very severe. But it just sort of eased the pain. I suppose it didn't ease the pain, but you didn't feel it so much. Very often they didn't even give you that. It all depended how severe it was.*

Women's stories of birthing treatment is somewhat vague, which may be indicative of the use of amnesiacs and narcotics during the birthing process. Women in this study do recall with exceptional clarity, many aspects of their birthing, that it would be remiss to merely claim an overall lack of recall about 'twilight sleep' particularly. Conversely, Meg confirms that she had nothing for the pain of labour. She clearly recalls that she endured this pain without assistance.

The history of the use of anaesthetics, amnesiacs and analgesia for the pain of labour is well documented in the medical literature. Arthur Hellman, writing in 1915, claimed that increased medical interest in 'twilight sleep' was awakened by "... lay agitation for the relief of pain in labour..." (:8). Even then, Hellman (1915:9) reported the drugs most commonly used were morphine and scopolamine and that asphyxiation of the baby was a serious problem (:20). Studies (cited in Hellman, 1915:16-17) of the time reveal that 50 percent of babies were born 'dazed' and "...27.7 percent were oligopneic" (:147). His text offered cautious promotion of the technique and the claim that: "In teaching institutions it allows vaginal examinations by students without the annoyance to the patients" (:46). The latter statement reveals a disregard for women. Such disregard may have extended to all patients and may have been the medical profession's explanation for experimentation and assault. It is not unusual then, in an era when assault is worthy of recommendation (at least for Hellman), that Sandelowski (1984) reports that women transferred their responsibility for pain relief to professionals. Sandelowski (1984), Cynthia de Haven-Pitock & Richard Clark (1992), Judith Leavitt (1980) and Rich (1986:128) highlight the antagonism of the clergy to 'twilight sleep'. The clergy argued that the technique altered the natural pain of labour, denying women the pain of labour as

punishment for original sin. Conversely, women advocates of the 'twilight sleep' movement in America, demanded its implementation, to enable women's freedom from childbearing (Sandelowski, 1984:4).

Approximately fifty years earlier, in 1853, Queen Victoria had accepted the use of chloroform with the birth of her seventh child and thereafter this method of pain relief in labour was labelled 'Queen's chloroform' (De Lee, 1924:179). Its popularity grew. Further developments brought the use of 'twilight sleep' in its most common form; narcotics and anticholinergics (e.g. morphine and scopolamine). At the time of the advocation of its use, De Lee (1924:184) claimed its usefulness in pain relief was secondary to its primary objective of amnesia. Induced amnesia erased the memory of painful labour even when during the labour women would scream and thrash about (Leavitt,1980:149). Introduced in 1902 in Europe and America (De Lee, 1924:184), 'twilight sleep' was soon discontinued due to the danger to the mother and baby (De Lee, 1924:184; Sandelowski, 1984:10). Pockets of popularity remained, obviously in Ballarat in the 1940s as the women of this study testify. As Sandelowski (1984:18) maintains, 'twilight sleep' therapy justified the presence of the medical practitioner. It would also justify the place of birth as a hospital where safety was guaranteed. At Ballarat Base Hospital the use of the therapy continued until approximately 1963 (Personal communication with a Ballarat obstetrician, July, 1996).

Women's stories retold in this study reveal silence and unknowns. Their experiences of birthing in the 1940s were mystified, unnamed and concealed due to 'twilight sleep', but this study determines that the hospital as the place of birth, and 'twilight

sleep' therapy were accepted. Misson (1986:6) claims that hospital birth "...became received wisdom ...beyond debate..." a decade earlier. Selby's (1992:27 & 142-146) claims that women in Queensland early this century resisted infant care advice, but they seemed not to be resistant to a stay in hospital to birth their babies. The coercive force of the 'populate or perish' dictum was a 'power-over' social force, as Selby's (1992) study about the introduction of maternity hospitals in Queensland clearly elucidates. Women were encouraged to birth their babies in hospitals, by the federally funded 'baby bonus', granted in 1912, but payable for doctor attended births (Lewis in Summers, 1995:15; Misson, 1986:50; Lewis, 1980:202). Ann Oakley (1984:2) questions why such a socially defined event ever became medicalised. She posits two main stages of the medicalisation of pregnancy and childbirth. The first stage, in the seventeenth and eighteenth centuries, where pregnancy and childbirth were regarded as a natural state and the second stage of gradual redefinition as pathology (:12). Oakley (1984:29) claims that the significance of the medicalisation of childbirth and the popularisation of the hospital as well as the demise of midwifery, was a necessary proponent of the development of obstetrics. Furthermore, Kitzinger (1978:104) asserts that the medicalisation of birthing has caused birthing to be externalised. The silences and unknowns of birthing experiences in this study highlight such externalisation. Women did not have control and possibly, chose not to have control at the time, although as Silvia's story confirms, women may also regret that they did not take control, or at least participate. In retrospect, Silvia knew it would have been better to go home from the hospital because she was not in labour. The 'Safety Model' of birth that Misson (1985 & 1986) clearly exposes is what women in this study were entwined in.

Medicalisation via the 'Safety Model' claimed to have the answers in providing safety from death and damage, directly aiding the obstretric's cause (Misson, 1986:7-9). Misson (1986:7-8) suggests that women were not victims of medical omnipotence, but that they were terrified by the thought of death. Women had reason to fear death as "...few women before 1940 would not have known someone who died in childbirth (Misson, 1986:9). Misson further argues that the accord between women and the medical 'Safety Model' of childbirth was held up by women's anxiety for their personal safety. Selby (1992:27 furnishes an alternative argument in that the medically induced changes to roles of motherhood were resisted by women. Fear of death at the time of birthing was not revealed in women in this study, but it does seem to have credence in the choices made to birth in hospital. Women obviously knew of death in childbirth and 'played it safe'.

Selby (1990:100 & 1992:336) in her study of Queensland women who birthed early this century, claims that reassurances of safety, from the medical establishment were ill founded. She reports that deaths caused by experimentation on women during birthing were falsified as a means of securing the popularity of new maternity hospitals and therefore of obstetrics. Pyke's (1986:53) study of childbirth in Victoria in the decades prior to 1940, support this view in stating that women's perceptions were "...shaped by an ideology imposed by a medical elite, anxious to ensure its power base within the lucrative hospital sphere." It seems that women were reassured by claims of safety; swept up in the tide of medicalisation just as civilisation was captured by the western world's quest for scientism.

> *Many people have neither the ability nor the means to express themselves because these facilities and abilities either were never*

> *established in the first place or were taken away after having been provided."* (Reinharz, 1994:180)

Here Reinharz speaks of voice and of silence. Women in this study, caught up in the tide of the medicalisation of birth, did not give voice to objections about 'twilight sleep'. Fleur assures us of women's position regarding work in the 1940s, in that women's place was in the home. The lack of opportunity the Blanche bemoaned reveals that value was not afforded women, except in a childbearing and mothering role. It could be said that women's voice of the time has not been heard because women were not allowed to speak, although it may be that women chose not to silent. This particular scene of specific devaluation, and the so called 'silence' of women, points to Starhawk's (1987:9-16) 'power-over' social force. According to Starhawk, this type of social power is akin to violence. It creates false divisions, such as mind-body dichotomy and thus mechanisation. Mechanistic science, she claims "...provides us with the technology of power-over" (:14). This oppressive type of social power is evident in the women's stories of birth in the 1940s in Ballarat. "Twilight sleep', of which women knew little and which further clouded their knowledge of birthing, reveals a form of control by the medical profession. Thus, it is proposed that in the medicalisation of birthing, women's knowledge has been confiscated and mystified, giving rise to an externalised experience; one that 'belongs' to others.

Starhawk (1987:14) asserts that 'power-over' systems '...instill fear and then offer the hope of relief in return for compliance and obedience". Specifically, this social

power is "... grounded in the ability to punish by imposing physical or economic sanctions" (:16). 'Twilight sleep' may be seen as a form of punishment. Certainly, 'twilight sleep' and the various other forms of experimental interventions of birthing can be seen as significant reasons for the increase in maternal and infant mortality (Saunders & Spearitt in Selby, 1992:26; Selby, 1992:32 & 143-144). In addition, women were punished by the move to hospitals for the purpose of birthing, with the threat of death either for themselves or their child if not compliant. This punishment is evidence of mind-body dichotomy and a disregard for the spiritual and the psyche due to the complexity of medicalisation of birthing and the resulting disconnection of women from their support networks and their first-born children. Again, Fleur's story of deprivation from her first child whilst confined for the second, provides example. Isolation from family and from other children enforced a punishment. Such isolation probably had the potential to interfere with connections and relationships women had established in their lives. Medicine intruded in what could be imagined as life's most spiritual event: birth. This intrusion is summed up by Starhawk's following explanation.

> *Spiritually leaps where science cannot yet follow, because science must always test and measure, and much of reality and human experience is immeasurable*. (1989a:203)

Starhawk does not seem to discard science entirely, but suggests that its force be tamed.

Starhawk (1987:14) warns of 'power-over' because it devalues people and motivates through fear. Within this storyline of 'twilight sleep', devaluation of women can be seen through the medicalisation and concomitant mechanisation of birth. So

thoroughly was this devaluation indoctrinated that it remains today, evidenced in contemporary birthing stories especially Jane's and Joanne Byrne's (in Davis, Byrne & Cullen, 1992) the latter exposing a classical example of alienation from the body. The 'Safety Model', so called by Misson (1986), and the promise of safety it signified, was (and is) a spurious attempt to allay fear. Instead, the result has been a false sense of security, and an alienation from the body impregnated with a distrust of the body physical.

This storyline of 'twilight sleep' interpreted as 'power-over' strongly recalled by some women, was irrelevant to others. Diversity of experience is again evident. Some women of this study were not affected by 'twilight sleep' therapy, although all chose to birth their babies in hospitals. Meg complained bitterly of the pain she endured in birthing, whilst Rachel vividly recalled entire events. It seems that in this study, the 'power-from-within' force exerted from birth as an ordinary event and the importance of women making connections with women in the earlier storyline, transcends the effects of the 'power-over' of 'twilight sleep'. Strong links between storylines can be determined. Discussion of one is incomplete without mention of the others. My perception is that birth was ordinary and taken in one's stride because of the importance of connections among women. Likewise, the eclipse of the effect of 'power-over' by that of 'power-from-within', demonstrates the strength of connections women make with women. These links confirm a holistic focus.

CONTRADICTIONS: SILENCE, TABOO AND MAGIC.

Fleur, Blanche, Rachel, Silvia, Meg and Mabel were intrepid, confident young women of the 1940s. They were courageous today, as they spoke with me and told their stories. These women are not akin to the silent women of Belenky et al. (1986) study, although some aspects of this category are evident in their stories. The ways of these Ballarat women in the 1940s, can be seen through all five categories of Belenky et al. 'women's ways of knowing'. Belenky et al. explain that the silent women of their study were: feeling 'deaf and dumb', cut off from others, experiencing disconnection, had no confidence in their ability to learn from their own experiences, had difficulty in conceiving the self, were without dialogue, were seen and never heard and were blindlessly obedient to wordless authorities (Belenky et al.1986:23-34).

The women in this study are not wholly reflected in Belenky et al. 'silent' category, but it seems they were voiceless in acceptance of hospitalisation and treatments. In this I would say, they mirror the blindly obedient 'silent' women. Conversely women's stories in this study also reveal the empowering and uniting 'power-from-within' and 'power-with' social forces Starhawk (1987) expounds, as well as connected and integrated ways of knowing; aspects of women's ways of knowing highlighted by Belenky et al. (1986).

The overwhelming ordinariness vociferating from women's stories herein conveys a certain sense of security in what they did, without the need to know why. They were confident. Pregnancy and birthing were ordinary occasions, something one just 'got

on with'. Women in this study did not need to know the intricate working details of cervical dilatation. Parallels can be made here with Starhawk's (1987:24) description of the magic of 'power-from-within'. Magic, according to Starhawk is; "...a body of knowledge compiled from many sources...(with tools to) embody values of immanent spirit, interconnection, community, empowerment and balance." The ordinariness evident in the women's stories is akin to Starhawk's magic. Comparison between what women in this study say, and contemporary birthing stories exposing women who are alienated from their labouring bodies (for example; Joanne Bryne in Davis et al. 1992), emphasises this.

For the women in this study, silence was created by 'twilight sleep'. Contradictions abound in this acknowledgment. Women regarded birthing as an ordinary event, and in that they were confident. In silence, women accepted 'twilight sleep', it seems merely because it was available, or acceptable at the time. Rachel's story seems to indicate this. When asked how she came to choose Eildon House as the place of birth for her children, her response indicated that she assumed 'it was where people went.' In other ways silence seemed to signify solidarity and strength, akin to de Beauvior's (1953:518) claim that women's silence is purposeful. She claimed that women's silence in response to pregnancy:

> *...comes in part from their delight in surrounding with mystery an experience that belongs exclusively to them; but in addition they are baffled by inner contradictions and conflicts they are aware of at this time*. (1953:518)

Incongruously, several women in this study declared they knew nothing about pregnancy and birth and in this can be regarded as voiceless. Fleur said that:

> *...when you are having them you think you know everything...until the last minute (laughs). I was scared stiff I can tell you.... Golly it's a shock. And the discomfort afterwards, that was a shock.*

When her 'waters broke' Rachel was surprised: "I didn't know such a thing happened. I knew absolutely nothing about having a baby." Rachel clarified her lack of knowledge with the claim that: "Maybe there is something in not knowing too much", which may affirm Stahawk's claim of magic. Rachel in reflection, said that being young and confident and having the support of 'the girls', saw her through the dark patches. Misson's (1985:135-137) study recognised that women could not share information freely because language did not exist. Opposing evidence is obvious herein. Whilst women claimed they 'knew nothing' their stories simultaneously justified a certain confidence. Caught up in the medicalisation of childbirth, even in the silent acceptance of 'twilight sleep', women's stories seem to radiate a degree of self assurance. Rachel didn't expect her doctor to tell her anything about pregnancy. She said she was 'normal' and had no need for questions. Blanche knew about labour. She recalls pre-labour antics at the farm several miles from Norwood, when they had not long had a car.

> *None of them ever come in a hurry. I always had plenty of time. Well the water broke you know. You wouldn't do anything before the water broke. Like you might have been having a bit of back pains and that before. I remember one time I was having a baby and ---It was one Saturday morning and there was a reunion at the Dean school. And Jack, my husband always went to Dean you see, when he was young.... I was out putting sheets on the line, and I said, 'You'd better not be too long because the waters broken. He said, ' Perhaps I'd better not go.' I said, 'Oh you go. Plenty of time.' We didn't have too much time that time, by the time he got home from that, and of course you've got everything ready... you've got sheets washed and everything ready.*

This aspect of Blanche's story is revealing in that it portrays self assurance with a sense of anticipation, yet there is a hint of indifference. It may be of course, that Blanche had done this many times before. Other women's stories reveal similar excerpts, exposing not only the ordinariness discussed earlier, but significant trust in their own ability, which Starhawk (1987:24), in 'power - from - within,' refers to as empowerment and balance. Diversity of experience and of story telling is evident in that both Meg and Mabel provided specific details of their birthing. Meg freely recalled the birthing being easier after the baby's head was born and Mabel's story specified a breech birth. This and other details in the women's stories deviates somewhat from Robertson's (1992:57-58) claim that: "Explicit references to physical processes are rare".

One may ask then, how taboo could exist within this philosophy of empowerment and balance. Contradiction abounds. The silence is not taboo, but semblances of taboo were evident in the way women actually told their stories. Women seemed to be reticent to speak to me, to speak into a microphone. This is probably not surprising. Why would older women not be reticent when a stranger, an academic, asks them intimate, personal, potentially sexual and sensual questions, about a time they may have chosen to forget? But women did share their stories openly and with a vigorous eagerness and although there was a certain reticence in the telling, there did not seem to be embarrassment or overwhelming taboo. Women were not asked to share specific physiological details of their birthing stories, because that was not the intent; yet some did so. Whilst women in this study remembered many intricate details about their birthing; others ignored the specifics of the physical processes. As

discussed above, these details may have been regarded as unimportant. Women, in the telling of their stories spoke out about taboos. Taboo presented in the form of avoidance or disguised language. Like silence, this recurring theme is worthy of elucidation.

Silence and taboo connect and contradict women's stories. Taboo and the associated avoidance language are probable reasons for women's (especially Fleur and Rachel, mentioned above) claims about lack of knowledge about birthing. Fleur remembered so much. She recalled going to the doctor who said: 'I see you are sticking strictly to the book'. It seems this language is disguised and specifics are avoided. Conversely this sort of language may have suited the situation, which was normal, according to Rachel. She said she didn't ask any questions and didn't expect any advice, probably because such things were not openly discussed, but also because: "I guess he thought if I wanted to know anything I'd ask. But I was well, there was nothing. I just thought it was normal routine". Hence, ordinariness and the disaffirmance of taboo. Later in her story Rachel proudly states that she has "...never had an internal examination" and later still in the clarifying interview, she declares that her children think her prudish. She chose to explain this by saying her parents were of the Victorian era and declared her embarrassment of contemporary sanitary pad advertisements. Blanch also spoke openly about taboos. She said no one talked about sex or menstruation. As her story in the previous chapter sums up: "It was a queer sort of turnout". After her sixth baby was born at Norwood in 1938, Blanche 'passed out' and was told that having more children was not in her best interest. This part of Blanche's story, details the whimsical means of avoiding pregnancy by 'tying

up her man' and a subsequent visit to the Catholic priest whom she 'could have kicked' for his insensitivity, bloody mindedness and total lack of understanding about the burden of repeated pregnancy. Evidence of the existence of taboos can be seen in these aspects of Rachels and Blanche's stories. Aspects of Blanche's story regarding contraception, also explains Roman Catholic religious beliefs and the contradictions therein for women and the clergy. Blanche's story is supported somewhat by Nellie Walsh's story (in Wilson,1984:175). Nellie, born in 1917, claims that she loved and loves to talk about sex.

> *The sex was no different then to what it is any other time. The only thing is it depends on how you felt. I personally grew up not wanting to go from man to man. I never had the time....* (She said she gets on well with people , male or female.) *Who cares whether its hanging or not hanging.*

Although somewhat phallocentric, Nellie's language does not appear to be hindered by taboos.

It may be that further evidence of taboo can be seen in the absence of husbands from birth scenes. Rather, this maybe a simplistic assumption. Fleur said "You wouldn't want them there. You had to do it on your own." Silvia concurred: "It was unheard of for husbands to be present at birth. Unheard of." There is congruence herein as women in this study did not mention husbands except in an exclusion role. On the whole, neither husbands nor men featured in women's birthing experiences.

The taboo associated with childbirth, sex and contraception has been well documented in the literature (Arms, 1977:11; Dale, 1991:27; De Beauvoir,1953:154 - 158; Engleman, 1882; Hull, 1980:14; Douglas, 1966; Misson, 1985 &1986). In her

earlier seminal work Douglas (1966) comprehensively describes the complex notions of taboos and the associated rituals, in so called primitive cultures. Douglas claimed then that these cultures were inspired by fear and confused with defilement and hygiene, peculiarities which separated them from the great religions (1966:11). In her more recent work (1992) she claims that in retrospect this earlier work can be seen only as a prejudiced statement, especially as far as the spiritual separateness argument. It seems that much of the literature published after the work of Douglas (1966) and also more recent work, follows similar patterns of taboo recognition. Sara Ruddick (1989:188) reveals that classical philosophical texts regard natality as the "...fearful counterpart of Reason." Thus birthing is a troubling aspect, and is thus misunderstood and hidden in patriarchy. Strong taboos existed in the years around the 1940s in South Australia, evidenced in the ways childbirth was obscured form young people (Robertson, 1992:60). Robertson (1992:57-60) portrays several women's stories that reveal bitterness because of the taboos associated with suppression of information about sex and birthing. In Starhawk's social forces this silent violence among women would be regarded as an effect of 'power-over'. Sheila Ruth (1987:154-155) claims that such taboo in western society, is created by patriarchal gender dualism. Ruth explains this dualism in the fear men have of bodily experiences and death, and the opposing bodily experiences of women which are "...grounded in the business of immediate, physical existence." She aligns this patriarchal consciousness with a

> *...separation from life, ...the aversion of death, ...rejection of the body... the denigration of sex...(which) all become caught together in a web of relation - death, bodies, women, sex, contempt, violence, control, power and God.* (Ruth,1987:162)

Ruth's notions of patriarchal taboo with women, bodies and thus birthing also align with the social force of 'power - over' represented by Starhawk (1987) aligning in part with silences depicted herein and with the stories of taboo some women highlighted. Women in this study were clearly aware of taboos surrounding birthing but this did not seem to hinder the telling of their stories now.

Storylines: Summary.

The four storylines; Taking it in our Stride: Ordinary Birth, Women and Family, 'Twilight Sleep' and Contradictions: Silence, Taboo and Magic, provide an overture of women's ways of birthing in Ballarat in the 1940s. The storylines selected represent merely part of each woman's story, yet these storylines capture the richness and wisdom of women's ways of birthing. The essence of their experiences has been told; connection and contradiction reveal diversity of experience in the 1940s. Storylines, and profiles also highlight women's ways of sharing now. Throughout the storylines discussion and interpretation illuminated women's stories, related theoretical notions and the three types of social power. The work of Belenky et al. (1986) and numerous other authors, also aided this illumination. Overwhelmingly, the ordinariness of birthing arises from women's stories in this study. This statement immediately begets contradiction due to the diversity evident in women's stories.

Women have had the opportunity to retell their stories of the 1940s. Production of this study has allowed their voices to be heard in a world where few opportunities exist for birthing stories to be retold. Value has thus been afforded to the women involved, and to their stories. The value of these stories to midwives and to

contemporary midwifery practice becomes obvious. Midwives eager to make connections with, and empower contemporary women require a knowledge of what has gone before. The following section will consider ways in which midwives may develop empowering partnerships with women.

MIDWIVES IN TRANSITION: BUILDING BRIDGES WITH WOMEN.

Midwives rarely rated a mention in women's stories. Some women retold stories of the 'marvellous' midwives who came to their parents' homes when they themselves were born. Rachel particularly recalled a midwife who was her mother's favourite and Blanche recalled a similar woman who would assist the birthing and take over the household. In this study most of the women themselves were born at home with assistance from a community midwife. Research by Summers' (1995) highlights the strong bond that developed between women and the community midwife. In the 1940s when the women of this study began to have their own children, birthing in hospital was already popular. Fleur, a gentle woman, mentioned someone (presumably a midwife), who rammed a mask over her face. Fleur, in the retelling appeared angry and upset. She described the situation clearly. Other women also recalled similar negative occurrences. In fact, Mabel mentions the 'terrible' midwife, but also names Maggie McGrath and bestows her with hero status; appearing insulted when I admit to not having known this legendary figure. Mabel's claims about Margaret McGrath are confirmed on several occasions by Hyslop (1989:245&281), who asserts that this midwife was loved by staff and mothers alike. I have no reason to doubt Hyslop's findings nor Mabel's statement, but the thesis by Selby (1992) does cast doubt on official reports which deviate from women's ways of knowing. Blood (1982:66) and Robertson (1992:61-66) also divulge stories of 'bossy' nurse-midwives and 'villains'. The 'villain' as midwife is also indirectly noted in Jane's story that begins this study. Jane's story discloses her disempowerment within the hospital setting, revealing disconnection between

midwives and women. Likewise strong links between women and midwives are not evident in the women's stories in this study.

Women's experience is the major focus of this study. That the midwife was rarely mentioned is significant and reinforces the storyline of 'Ordinary Birth'. Midwives working with women in the 1990s require a vested interest in past birthing experiences of women. The complexities of contemporary health care systems require that midwives are competent and confident in both politics and midwifery. Midwives competence in these arenas will ensure that women's needs are met and the practice of midwifery remains. As Summers purports:

> *Midwives who wish to have a voice in the provision of midwifery care must be aware of their history in order to effect change and to respond with confidence to medical discourse*. (1995:300)

Starhawk (1987:23) reminds us that: "Our collective history is as important as our individual history." Rich (1986:128) also reminds us purposefully of much earlier times; of doubtful beginnings when Agnes Simpson, a midwife was burnt at the stake in 1519 "...for having attempted to relieve birth pangs with opium or laudanum." Elizabeth Davis and Carol Leonard (1996:68) believe that women have "...cellular memory of the burning times... ." Midwifery practice in Australia has suffered a similar fate in more recent times with the demise of the community midwife and the introduction of legislative control examined by Summers (1995) and by Maureen Minchin [1977]. The burning of midwives at the stake, the demise of the midwife and the story of Elizabeth Kenny (Selby, 1992), who threatened the practices of

medical practitioners and was eventually discredited by that profession, epitomise the condemnation of nurses and midwives, and women.

With the medicalisation of birthing the midwife and also women became invisible. Oakley (1984:142) questions the disappearance of the midwife. In the same vein, Marie Colliere (1986) explores the takeover of, and the devaluation of caring, and the associated dispossession of motherhood knowledge. The previously mentioned social force of 'power-over' (Starhawk, 1987) is depicted in the medicalisation of birthing. The demise of the midwife as a result of the dominion of obstetrics is a destructive force of 'power-over' for both women and midwives. The divergence of midwives and women is also evident in women's stories herein and in the literature. In addition, of the small number of primary sources pertinent to this oral history study very few were undertaken by midwives. I have puzzled over this fact. I have wondered why, in the 1990s my interest is in women's experiences of birth and oral history in particular, while Misson, Blood and Pyke for example, who collected oral histories of birthing in the 1980s, were historians. Midwives have been silent on their own behalf and their ways have not necessarily been parallel with women's ways. Starhawk (1987:179) warns that to "....be silenced is to be kept isolated". Rich (1986: 255) explains that:

> *Oppression is not the mother of virtue; oppression can warp, undermine, turn us into haters of ourselves. But it can also turn us into realists, who neither hate ourselves nor assume we are merely innocent unaccountable victims.* (1986:225)

This is also the message Starhawk proclaims. As realists, midwives and women would do well to join forces, make connections and solidarities. Midwives have only

recently begun to research and become attune to women's ways of knowing or women's needs. Recently, Marie Markus (1995) listened to women's voices. Still other midwives (Davis, 1987; Davis & Leonard,1996; Hickey,1995) have demonstrated an interest in empowering women and in so doing, empowering midwives. Thus, it seems, midwives are beginning to escape from the dominance of medicalisation and are preparing to listen to and join forces with women. Recent research (Brown and Lumley,1994:11) has found that birthing women are dissatisfied with relationships with caregivers, the amount of control in decision making, the provision of information and exposure to intervention. If midwives were to empower women, women could turn these dissatisfactions into achievements. Women's stories in this study and the pattern of women's experience epitomised by Jane's story, lead me to propose that of paramount importance is enabling women to achieve via a process of empowerment. This may be a challenge beyond the capabilities of contemporary midwifery. Midwives as women (in the main), may firstly need to be empowered if they intend to empower others. Empowering by way of developing strong connections with women will secure both the care women are seeking and the midwife's role. If women and midwives collaborate making connections, creating intimacy and support rather than isolation and silence, birthing may be reclaimed by women and also by midwives.

Jane's story which begins this study relates the disempowerment perceived. If midwifery as a whole, is to build bridges with women and to repair pathways, there is much construction to be undertaken. Political and professional strategies are required to secure connections with women. Herein the social force of 'power-with' (Starhawk, 1987) can be realised. For Starhawk (1987;12), 'power-with' "...can only

truly exist among those who are equal and who recognise they are equal." She claims that in our world system of domination 'power-with' as a social force is especially elusive as it is the antithesis of the way we live in patriarchy's image (:67). 'Power-with' is most forceful through personal restraint (:13). Building bridges to secure this social force would allow collective decisions to be made by women and supported by midwives. 'Power-with' values human relationships according to the way people connect (Starhawk,1987:15). Starhawk (:15) declares that 'gossip' is the language of this social force, the title she gives to the way of building bridges and of cementing relationships. Women and midwife connections are developed on trust and respect. Women are able to recreate freedom and equity in birthing and midwives can support women in this endeavour.

Peace and hope for women is clearly proclaimed by Ruddick (1989). In fact Ruddick (1989: 244) plans for a feminist maternal politics of peace where:

> *peace makers create a communal suspicion of violence* (read 'power-over'*), a climate in which peace is desired, a way of living in which it is possible to learn and to practice nonviolent resistance and strategies of reconciliation.*

Richard Tarnus (1991) extends Ruddicks statement to include all humanity. Tarnus argues that:

> *Our moment in history is indeed a pregnant one. As a civilisation and as a species we have come to a moment of truth, with the future of the human spirit, and the future of the planet, hanging in the balance. If ever boldness, depth, and clarity of vision were called for, from many, it is now.* (Tarnus, 1991:413)

Although Tarnus is talking of humanity as a whole, his statement rings true for women and for midwives. Our moment as midwives is indeed ripe, especially in Victoria where recent legislative changes heralded a new code of practice. Boldness and courage are called for in midwives to build bridges with women.

Starhawk (1987:179) calls for an act of healing in storytelling. Connections will be made between women and midwives who hear each others' stories. With Starhawk's way of sharing stories, midwives and women will be released from the negative silences. Carol Christ (in Starhawk,1987:180) encourages women's story telling because women's stories have not been told. Christ claims that without stories women cannot understand themselves and so they are silent. This study has told women's stories and I have retold my version of Jane's story, and in so doing oppression can be seen and thus usurped. In the way of Belenky et al. (1986:132), integrating voices is seen as important for women who learn in constructed ways. Women in this study revealed the ordinariness of birthing in the 1940s and thus took up the opportunity to reveal their constructed birthing wisdom and their wisdom of birthing. Contemporary midwives, in uniting with women will also have the opportunity to build healthy birthing connections. As Patrizia Di Lucchio (1993:7) states: "Parturition is a great bridge - not only between a woman's body and her mind, but between a woman's individual experience and the collective experiences of other women." Attempts by contemporary women (for example, the women of Davis et al. 1992) to capture and understand all details of, and to focus on the physical birthing process, have denied mysterious and magic notions of confidence and 'just knowing'. Unravelling the praxis of birthing to far, may reveal the mystery, and destroy the magic.

CONCLUSION

Birth in western society is somewhat of a mystery. It is surrounded by an increasing degree of intrigue. A decreasing birth rate has created a certain separation, isolation or unfamiliarity with birthing, which has prompted such mystery and intrigue. Birthing as a women's experience has not been afforded value due to the medicalisation of birthing which has separated women from their own experiences. Jane's story disclosed a perception of a contemporary woman's powerlessness in a hospital birthing setting. Jane's story also disclosed my personal conflict with a health care system that demands control over women in surreptitious ways. There was a need to know how women birthed in the past; at a time when my own mother birthed most of her children. Thus, this oral history research set out to hear voices of Ballarat women who birthed several of their children in the 1940s.

This study has afforded value to women and to women's stories of birthing in the 1940s. Contradictions and connections between women stories became obvious. Diversity in ways of birthing was apparent. Storylines wove intricate strands and also darned contradictions throughout women's stories. Conversely, some storylines created conflict and disagreement. That birth was an ordinary event for most women was a compelling revelation of this study. Women claimed that birth was an everyday event. They took it in their stride. Contradictions arose with evidence that women who birthed in at least one setting in Ballarat, were silenced by 'twilight sleep', at a time when this amnesic and anaesthetic control over birth had ceased in many other centres. This oral history research also revealed that women and families were a vital element surrounding birthing in the 1940s. The support of families and

especially female members, close or distant was a significant factor in both birthing and childrearing. Silences, taboos and a certain magic was also evident. Often the obvious taboos that existed augmented an ongoing silence and acceptance with control over women's birthing by health professionals.

Overwhelmingly, in listening to women tell their stories, connections have been made. This oral history research, guided by a feminist framework, has afforded value to women's past stories of birthing. This may give license to contemporary midwives to build bridges with women of today in an endeavour to empower women to take control and construct for themselves birthing experiences that are extraordinary, but ordinary.

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Appendix One

THE FLINDERS UNIVERSITY OF SOUTH AUSTRALIA
School of Nursing Studies

LETTER OF INTRODUCTION
(to be issued to students on the letterhead of the relevant Faculty)

Dear Sir or Madam,

This letter is to introduce Betty McGuinness a Master of Nursing student in the School of Nursing at this University. She will produce proof of identity if required.

She is undertaking research leading to the production of a thesis relating to women's experiences of birthing in Ballarat in the 1940's.

I would be most grateful if you could spare the time to assist in this project by granting Betty McGuinness an interview in which your birthing experiences in the 1940's could be highlighted.

As Betty will explain any information provided will be treated in the strictest confidence and you will not be individually identifiable in the resulting thesis, unless that is your choice. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Betty McGuinness intends to make a tape recording of the interview. She will seek your consent on the attached form, to record the interview, to use the recording in preparing the thesis on conditions that you identify.

Any enquiries you may have concerning this project should be directed to me at the address given above or by telephone on 08) 20 13271 (reverse charges).

This study has been approved by the Social and Behavioural Research Ethics Committee. The Secretary of this Committee can be contacted on 08) 201 2160, (reverse charges).

Thank you for your assistance.

Yours sincerely,

Dr. Carol Grbich
Course Co-ordinator,
School of Nursing.

CLB:jb
April 1992

Appendix Two

THE FLINDERS UNIVERSITY OF SOUTH AUSTRALIA
CONDITIONS OF USE FORM FOR ORAL HISTORY INTERVIEWS

Person interviewed assigns copyright to another body
You (the person interviewed) may own some of the copyright in your tape-recorded interview. This includes the rights to edit, reproduce, publish, broadcast, transmit, perform or adapt the interview. This form asks you to give your copyright to *Betty McGuinness - Australian Catholic University, and to the Australian Catholic University Aquinas Campus Callinan Library.*

However, this form also lets you put restrictions on how the interview may be used during your lifetime and it does not stop you from using the interview yourself.

I *(person interviewed)*
assign to *(name of assignee)* *Betty McGuinness*
by *(interviewer or project)*

on the understanding that *(name of assignee)* Betty McGuinness & ACU Callinan Library

will use the interview, or allow others to use it, only on the following conditions:
(cross out any part below that does not apply)

1. No conditions.

2. Conditions: The interview may be listened to or read for research purposes but anyone wanting to edit, reproduce, publish, broadcast, transmit, perform or adapt the interview either during my lifetime or before *(date)*..... must get my written permission first, unless reasonable attempts to contact me are unsuccessful.
   I understand that I may send change of address notices to *Betty McGuinness and Australian Catholic University Callinan Library.*

3. Other conditions:

I understand that the interview will be held in *(name of repository/ies)* *The Callinan Library ACU Aquinas* where it will be used for research, publication or broadcast by the public under the same conditions.

I also understand that I will receive a copy of the interview and transcript and that I am granted a licence (permission) to reproduce, publish, broadcast, transmit, perform or adapt the interview myself.

Signature of person interviewed

Address of person interviewed

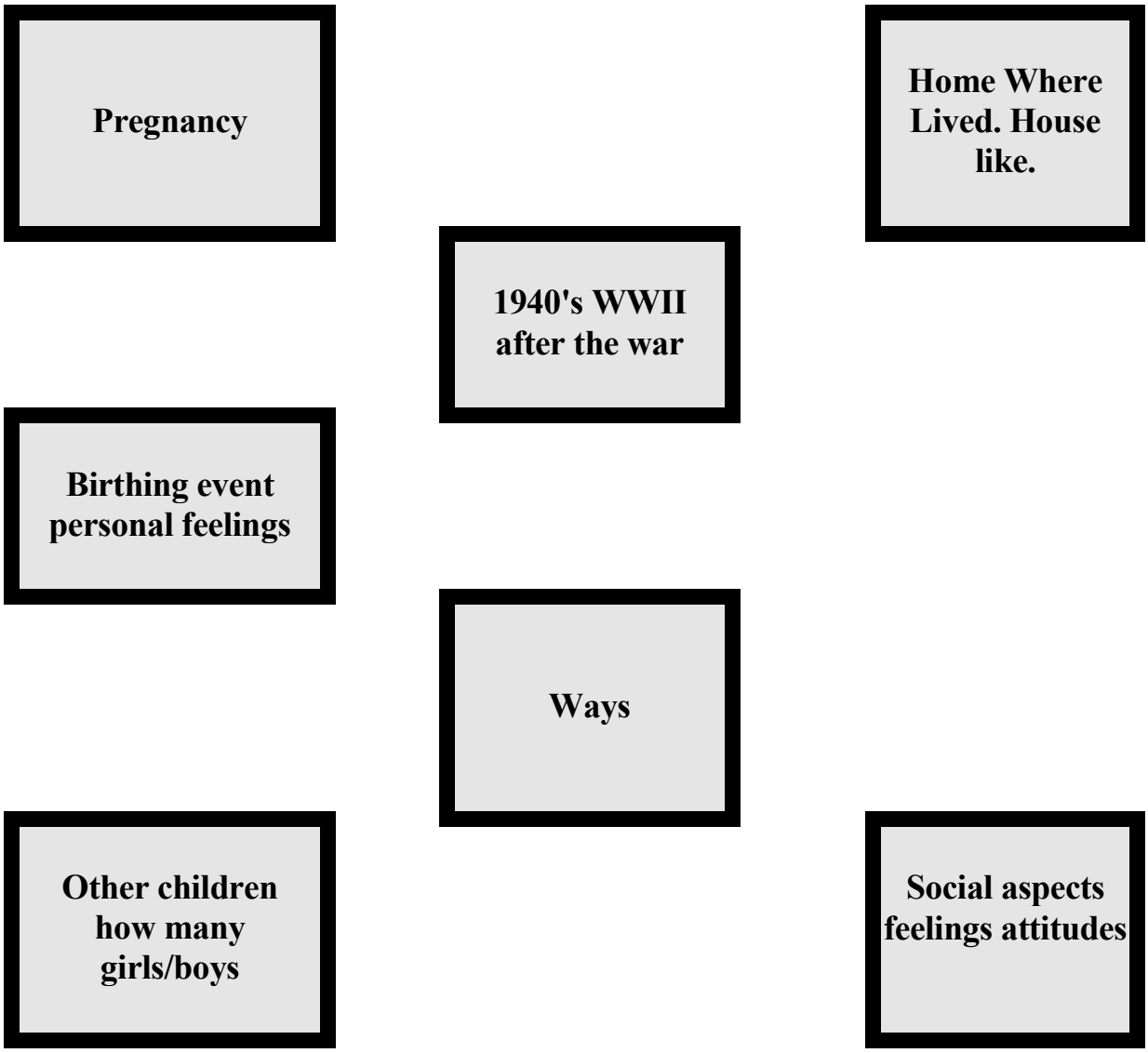
Telephone number of person interviewed

Signature of interviewer: …….. Dated: …….

*Adapted from Robertson (1994)

Appendix Three

INTERVIEW GUIDE



Appendix Four

INTERVIEW SUMMARY SHEET: Women's Experiences of Birthing: 1940s

Name: .....

Address:.....

..... Telephone: .....

Date of interview: . . . . . No. of tape ☐

Duration/time of interview:..... minutes

Bibliographic details

Date and place of birth: .....

Comments: .....

.....

Interview outline/Summary

List order of topics spoken about/Highlights of story.

.....

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Comments/Evaluation:

eg. Difficult aspects, interruptions. Strengths/weakness of Interview.