

## **A small sociology of maternal memory**

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As a branch of the sociology of knowledge, the sociology of memory arrived relatively late on the disciplinary landscape of mainstream sociology, in the 1980s.<sup>1</sup> Its subject matter is the ways in which ‘certain contents containing the past are stored and transmitted’ (Jedlowski, 2001: 40); memory is not the past itself, but, rather, how the past is understood, both by individuals and by communities or social groups. It represents ‘an active reconciliation of past and present. The meaning of the past *in relation* to the present is what is at stake’ (Keightley, 2010:57). Most sociological work on memory concerns collective memories: how events and processes in the history of social groups are perceived, interpreted, and culturally reactivated (Conway, 2010; Olick and Robbins, 1998). Less sociological attention has been paid to the practices of individual memory, with their complex relationships to both identity and social context, although the role of ‘narrative retelling’ was recognised relatively early within the sociology of health and illness (Miller, 2000). There is also a corpus of psychological work on both forgetting and ‘false’ memory (see e.g. Markowitsch and Welzer, 2010).

This paper takes the subject of women’s memories of first childbirth to examine how memories are sedimented and exposed in autobiographical story-telling of critical life events. It describes and explores individual memory practices relating to first childbirth using data from a 37 year follow up to a study conducted in the 1970s – the ‘Looking Back at Becoming a Mother’ (LBBAM) study. This raised many of the methodological issues associated with ‘repeat’ or ‘qualitative longitudinal’ interview studies (Charles, 2012; Charles and Crow, 2012; O’Reilly, 2012). It evokes issues of both nostalgia – intense personal attachment to the past – and its opposite, nostophobia, in which the past is rejected (Macdonald, 2009; Strangleman, 1999). First childbirth is an example of ‘first experience memories’ which bear a particular structural relationship to evaluations of self and life trajectories (Robinson, 1992). The purpose of this paper is to develop the task of exploring how the study of maternal memory might contribute to general sociological work on memory by looking at how women recall and form into stories their experiences of having a first child. The paper considers, first, how maternal memory has been studied; it then discusses how women in the LBBAM study remembered their childbirths; finally, it provides some comments about the implications for the general field of maternal memory studies.

### **Studying maternal memory**

Maternal memory as a distinct topic has been studied more consistently in rats and other animals than it has been in women.<sup>2</sup> Perhaps the most common conceptualisation of memory and childbirth in the Judeo-Christian tradition is that women are said to forget its pain as soon as the birth is over (Bible, King James version, John 16:21). In childbirth research this has acquired a technical name as the ‘halo effect’ (Bennett, 1985). The portrayal of childbearing women as biological forgetters starts in pregnancy with the idea of ‘baby brain’ – memory and cognition defects in the maternal brain said to be caused by pregnancy hormones. Most of the ‘evidence’ for this comes, again, from rats, and human research provides no supporting case (Jarrett, 2010). In epidemiological-medical literature, the main focus of analysis relating to maternal memory is on accuracy: can women be trusted to remember accurately such aspects as the length of their labours, the extent of medical intervention, the birthweights of their babies, their children’s diets and illnesses, and so forth? The memories of mothers are judged

to succeed or fail according to the 'objective' standard of health service records. The general drift of these studies is that maternal memory is not to be relied upon: the underlying tendency is towards forgetfulness, so that researchers express surprise when mothers do turn out to be efficient sources of information (see eg Githens et al., 1993; Hewson and Bennett, 1987; McCormick and Brooks-Gunn, 1999; Ruowei et al., 2005). Of course, 'facts' such as hospital medical records do not exist outside their social context (Prior, 2008); neither recording nor remembering are principally about data as 'hard facts' but about the meanings invested in these.

### **Looking Back at Becoming a Mother**

The objective of the LBBAM study, carried out in 2012-3, was to trace and re-interview as many as possible of the women who took part in a study of the transition to motherhood, the 'Becoming a Mother' (BAM) study which took place between 1974 and 1979. In the BAM study, 55 women were interviewed four times from early pregnancy through to five months post-birth (Oakley 1979, 1980). There was also a period of participant observation in the hospital from which the interview sample was drawn, and I attended six of the 55 births. All the original tapes, transcripts and notes from this study were preserved. In the LBBAM follow up, 36 of the 55 women were successfully located and re-interviewed by a team of four researchers, including myself, using a semi-structured interview schedule.<sup>3</sup> The women were asked, with appropriate prompts, to describe how they remembered the birth now. This was followed by other questions about the 'best' and 'worst' aspects of the remembered birth experience; how they felt now about any pain relief they had been given; how often they thought about the birth; what, if anything, they would change about it; and whether what happened affected their decisions about subsequent childbirths. Those who had gone on to have further births were asked how these compared with the first experience. The women ranged in age from 55 to 67 years at the time of re-interview (mean 63 years). As is usual in such longitudinal projects, there was a bias towards middle-class participation: more of the women who took part in the follow up interviews than in the original study were in professional or managerial occupations (42% compared with 31%). The interviews, which averaged 2.47 hours, were digitally recorded and transcribed in full. All the names in the quoted interview extracts below are the same pseudonyms as used in the original BAM study (see Oakley 1979, 1980).

Among longitudinal studies of such experiences, LBBAM is unusual in capturing a long time-frame. Most studies reporting 'long-term' memories or effects of childbirth are restricted to the early months or years afterwards (Brunton et al., 2011). Exceptions are Waldenström and Schytt (2008) and Takehara and colleagues (2014), whose studies both traced women's memories of labour pain five years after birth; Simkin (1991, 1992) who followed up 20 women attenders in her childbirth preparation classes some 15-20 years later; and Lundgren and colleagues (2009), whose secondary analysis of data from three Nordic studies included a few women who had given birth up to 20 years earlier.

An interesting aspect of the LBBAM study, from the point of view of the sociology of memory, is that I, as one of the four researchers who worked on it, was also responsible for (and did the bulk of the interviewing in) the BAM study. I did 17 of the 36 LBBAM interviews, with the remaining 19 divided between the other three members of the research team. One of the consequences of this continuity is that the memories of birth involved in the LBBAM study include those of the researcher herself. We made a clear team decision that we would not read the transcripts of the original BAM interviews before conducting the re-interviews, but it was not possible to erase my own memories of what had happened and what the women had said 37 years before.

For the analysis in this paper, relevant sections of the transcribed interviews were combined in a single file, which was then read and data extracted on a spreadsheet with columns for 10 question-and-answer topics (for example, 'what were the best and worst aspects of the birth?'). Comparisons were made with the original BAM interviews. The analysis below presents the data both qualitatively in the form of material quoted from the interviews, and quantitatively in Tables 1-3 which summarize some of the answers the women gave.

### **What and how do mothers remember?**

#### ***1/ The synopsising of memory***

Some accounts were more detailed and lengthier than others. The longer ones tended to tell more negative stories, and/or to suggest that the women were still – at this distance in terms of time – struggling to understand and come to terms with what had happened. In general, accounts were less detailed than they had been in the original interviews 37 years previously five weeks after the birth. The new accounts tended to have a condensed, elliptical quality, with key scenes highlighted for their emotional and/or physical impact:

#### **Now his birth... can you tell me how you remember it?**

I remember it quite well because I had the ventouse so I would remember that.

#### **You do remember that?**

Yes... and... I do remember one incident which I still remember now, I think I was walking round with him in my arms for some reason on my way to somewhere and a nurse came and said... 'don't ever let me see you doing that again'... (Jane Tarrant, 66 years, part-time teacher, married to retired chartered accountant).

I remember...he came out with his arm attached to his head like that [*demonstrates*]. I do remember it... I mean, how detailed do you want... I remember the contractions, I remember when he was actually born, I remember... um... you know, I don't think it has lessened it terms of the intense experience it was, if someone said... do you forget all the pain... no, not really, no... not that it was an extremely painful birth, because it certainly wasn't, and it certainly wasn't that long, and evidently wasn't that complicated except for the fact that there was a lot of blood afterwards (Gillian Hartley, 63 years, lecturer, married to writer).

This process of synoptic recall is illustrated clearly in Clare Dawson's two accounts, the first produced when her daughter was five weeks old, the second 37 years later:

#### **Five weeks after the birth**

Well it was Advent Sunday and I was at a Carol Service at the Church, about 7.30, it finished at 7.30, and then I went to sing at the hospital, and we came back from there about 8.15 and I had a cup of coffee, and I went to the loo and whilst I was there the waters broke, at least I thought that's what was happening, I wasn't altogether sure. So I'm going outside saying to everybody, 'what's it like when the waters break?'...until it became quite a flood and it was a little bit embarrassing to say the least...so I went home and said to Vic, 'I think it's started... I said I haven't got any toothpaste' which was a great hilarity to everybody...but my mum had got a tube that I could have and so somebody brought me home, and I came home and I said to Vic, 'I think my waters have broken', so he said, 'well you'd better phone the hospital'...by then it was something like 8.45, 9 o'clock in the evening, and our priest had said that he would come round and pray with me before I went into hospital... I phoned him up and said, 'I think it's

started'... Anyway he came round here and kept saying, 'go on, go and phone up'. And he and Vic sat there until I went and phoned the hospital...and they said, 'have you got any pain?' and I said, 'no'...So they said, 'well, if you really think it's started, then you'd better come into hospital'...so by the time I had packed everything we got there about 11.30. and...I was examined by the sister and then a doctor and then they decided that labour had begun...so I had two sleeping tablets, a few painkillers and a cup of Horlicks ...and Vic went home after that, they said to him, 'don't worry, nothing will happen tonight'...so he took the case and trotted off and I went to bed and they decided that perhaps contractions were beginning...the sleeping tablets did make me a bit sort of dopey and then I started having contractions quite badly very, very soon after I'd got into bed, and they said, 'press the button if you want anything', but because I was sort of dopey inbetween I don't think I realised how they fast there were coming, and the nurse saw me practically climbing up the wall at one point, and she came over and said, 'what's the matter, are you having contractions?'...The sister came and felt, and she said, 'yes I think you had better go into the delivery room'. So I went to the delivery room about – I don't know what time, I was beginning to lose the sense of time, I suppose it must have been about 4 o'clock - and they said, 'what sort of painkiller do you want?' I said, 'I'll have an epidural', and the doctor came in and did that...and after that it was just heaven, and really I just spent the entire time talking to the nurse...

#### Thirty-seven years after the birth

Well it was a... I used to sing in the Church Choir and then I ran the music group at the Church and it was Advent Sunday and we had an Advent Carol Service which meant we processed about the Church a lot singing anthems and whatever...And then afterwards we used to go to the local hospital... and we used to sing carols and do services there just for the patients...And we went back to the Church where we had a music group practice and I went to the loo and my waters went in the Church, in the loo, which was very interesting.

#### **Yes, still in your Choir robes?**

Well no, we'd taken those off but we were going into the Chapel and we were going to go and do this music practice and my mum happened to be there, my mum and a group of ladies for some reason, there must have been something going on after the service... And I said to my mum, 'Oh what's it like when your waters go?' And she said, 'Well I don't know'. I said 'Well I'm sure this isn't normal but anyway I'm not going to bother about it, I'm going to go and do music group practice'. And I got into the Chapel [*laughs*], 'No, I'm not, I'm going to have to go'... I hadn't got anything ready, so I said to my mum, 'there's nothing ready, I've got nothing'. And ah, so everybody was running round and somebody said, 'I've got a toothbrush and we've got this'. And we were sort of running around and somebody brought me home and I said to her, 'No, I think we're going to have to go'. ... So we went up to the hospital and, not like now, you know, they kept me in and I stayed in and he went home and I went into the, um, well it wasn't the labour ward, whatever the ward before you go to labour. And then somebody came in and said to me, oh you know, 'what's the matter?' So I said, 'I've got these pains', so they said 'Oh, we'll have a look', and then 'Oh yeah, you'd better go down to the, one of the labour wards. So they phoned mum and said 'You'd better come back'. So I went in and I had an epidural which was fine, lovely, thank you, I was very happy about that (Clare Dawson, 66 years, retired teacher, married to retired teacher).

Both accounts start with the Carol Service at the Church, and both include the embarrassment of Clare's waters breaking there, the hesitation over going to the hospital, and the difficulty of

establishing whether or not the labour was really happening. The incidental but vivid detail of the toothpaste in the first account has become more generalized and features a toothbrush instead in the second; the dismissed husband in the first account has become a recalled mother in the second, while the priest has disappeared. While the first time she tells the birth story Clare goes through events step by step, reliving them in her mind, the second account is much more of an already organised summary version. Most significantly, however, this does not *just* give details of the medical events of the birth in answer to the researcher's question, but places it in its social and family context. Narrating her ignorance, embarrassment and comical lack of preparation is a way for Clare fully to claim ownership of the events of her first labour and birth, and to signal these as representations of her character as a consistent aspect of the self.

## **2/ The role of anecdotes**

One common feature in many of these more elliptical later accounts is their ordering in terms of particular episodes which function as shortcuts to, and symbols of, the entire birth experience:

I remember that I desperately wanted a cup of tea after it was all over and it was the best, it remains the best cup of tea of my life and I often talk about it (Lois Manson, 66 years, head-teacher, divorced).

[The doctor] was fine, he was talking about um... good God, that's amazing, um tying flies and how this knot works really when you're fishing... he had like monofilament, he was stitching me up with and he said, 'And so you do this loop and you do' ... yes, I got a little lesson on fly-tying (Helen Fowler, 59 years, sales assistant, divorced).

The role of anecdotes in memory stories seems two-fold: these offer both recall pathways ('I've actually gone straight back there in my mind') into more detailed memories, and a way of enlivening the account for the listener. A good story is never one that tells everything, but, rather, one that picks out salient features in such a way that the listener's imagination is engaged visually or emotionally.

## **3/ 'Flashbulb' memories**

'Flashbulb' memories often contain irrelevant details, that is details that are irrelevant to the main theme(s) of the memory, but are nevertheless part of the way in which the memory has been encoded and is recaptured (Draaisma, 2001). These almost photographic representations of events in their physical context are usually associated with extreme emotion, and present themselves to the rememberer as apparently highly accurate memories of dramatic experiences. The accuracy is in part guaranteed by the intense detail of the scene as it is mentally re-enacted (Baddeley et al., 2009):

I remember it being horrible, yeah... it was pretty crappy. I remember having the haemorrhage or whatever it was, and their not being able to stop it, Nick's look of horror...and I remember looking and seeing blood over the little boots of the one of the guys... (José Bryce, 66 years, retired interior designer, divorced).

But because I was out of it, it wasn't really registering with me and, like my husband was like really panicking, and then these doctors came in with bow ties because it was December and they must have been out at a party and I had an emergency Caesarean and then I was really ill (Angela King, 63 years, health promotion adviser, divorced, current partner retired marketing director).

#### **4/ Seeing oneself**

A fourth shared feature of many of the birth accounts was the sense the women had of being somehow outside themselves and looking down on themselves giving birth:

You just have pictures in your mind, you know, different sort of snapshots of the event...

##### **So when you say you have these visual images, what are they of?**

Of straining and of it hurting and having, I had a neck-chain, a gold chain, in those days, it was one of those things you wear permanently, you know, and it was like, it was sticking into my neck and I can see it being so, so painful, you know...I remember every visual thing of it, you know, the doctor, the woman obstetrician that delivered Gillian was snappy, she wasn't particularly friendly... oh, it was just all awful.... Mm. And then vomiting, I remember, I can see myself vomiting when she, after she was born, sitting up and just over and over again, vomiting, vomiting, vomiting (Kate Prince, 66 years, retired teacher, divorced).

This sense of being exterior to the experience as it is recalled can be understood to be less a representation of what happened and more a reflection of how it felt at the time:

I have a feeling like it was a huge room, I'm sure it wasn't but that's what I have a memory of and there you are of course lying on your back, the worst position to give birth... the sense of place that I had, that's a really interesting one... why do I think I was in this big airport hangar?

##### **Why?**

I have no idea...there was nobody there and maybe that's sort of grown into this big kind of faceless room space... it is, it looks like an airport hangar, this huge kind of barn place and I know it isn't like that, it couldn't have been like that but that's the way it *feels* (Gillian Hartley, 63 years, lecturer, married to writer).

#### **5/ The research effect**

Most of the women interviewed in the LBBAM study said they did not think about the first birth very much now, or only did so when the subject of birth was raised in conversation or when their grandchildren were being born. Some women found it difficult to produce an account without prompting questions, and others commented that memory recall improved *because* the researcher was asking questions:

##### **Do you think your memories of pregnancy and the birth have changed over the years or have they stayed pretty much the same?**

I haven't really thought about it much until my daughter was pregnant, it's only now you're asking me that I'm suddenly retrieving little snippets. I might go off at a tangent, no I think they've stayed pretty much the same, it is sort of implanted in my brain (Christina Lynch, 65 years, retired administrator, married to an accountant).

#### **6/ Comparing births**

A first childbirth is by definition a new experience. The memories of the women in the LBBAM interviews are interlaced with recollections of this newness, of how they did not know how to interpret what was happening to their bodies and were ignorant of medical protocols surrounding childbirth. This is not the case with a second or subsequent birth, which in turn may change the way first childbirth is remembered. Thirty one of the 36 women in the LBBAM study had had at least one more child after the BAM study finished (11 had two or more). These 'repeat

mothers' were asked how their subsequent childbirths compared with the first. The most striking aspect of their answers was a description (by 28 women) of the second birth as better because it was quicker, easier and or less marked by medical intervention. For 11 of the 28 women the difference was attributed to not having epidural analgesia the second time; they talked of this as allowing them to experience birth more fully. Avoidance of a second epidural was more often a result of timing or staff unavailability than a conscious decision to avoid an epidural. Sarah Moore's first baby was born after a labour accelerated with drugs, an epidural and a difficult forceps delivery. The second birth was altogether different:

It was painful, I didn't have an epidural...

**Why did you not have an epidural?**

Do you know, I don't know why I didn't have an epidural...I can't remember, unless things started to move too quickly and it was too late but I just had gas and air.

**You don't recall making a decision not to have an epidural?**

No... sorry Ann, I can't remember... can't remember that.

**You didn't regret having the epidural the first time but what you did say was that it didn't work very well.**

I always put that down to the fact that he was a big baby and it was posterior presentation, I honestly can't remember if it was a conscious decision of mine not to have an epidural, I hadn't thought about that...

**And you didn't have a forceps delivery even though she was 10lbs 1oz?**

No... I didn't, just missed the local paper, there was a baby heavier.

**How do you feel about that birth?**

Fine, I had an excellent midwife, a brilliant midwife, I can't remember her name but I know that she should have gone off duty at 4 o'clock or 5 o'clock, but she stayed and she delivered Carys...she was fantastic, she was lovely...[afterwards] Dick was nursing Carys and she brought him a tray of tea and she said, 'that's for you two', and just left us with the baby and a cup of tea and it was just so nice. She must have been a mum herself... (Sarah Moore, 64 years, education consultant, married to retired teacher).

The experience of one-to-one care with her second baby led Sarah to re-evaluate the relatively impersonal care she had received at the first birth, which she did not comment on in her postnatal BAM interview at the time: indeed then she called the staff 'supportive' and of the doctors said 'I couldn't praise them enough'. The extract above is also interesting for the interventions of the interviewer/researcher who had herself been present at the birth, and who is evidently intrigued about the reasons why epidural analgesia was not chosen a second time.

The re-assessment of first birth experiences in the light of subsequent ones appears to be a process that has already happened, rather than one provoked by the interviews; the women were ready with their answers, they did not have to take the time to reflect on these. The phrasing of many comparisons suggested that the second (and other) birth experiences incorporated feelings of increased agency, leading to reconstructions of aspects of the first birth as not having been freely chosen. To call this a 'reconstruction' may, however, misrepresent the nature of the process, which seems more a question of allowing previous doubts and undercurrents of dissatisfaction to surface as articulated and valid responses in a sense of self which has itself altered to accommodate greater familiarity with the process of reproduction.

## **7/ The rest of life**

In the 37 years between the BAM and LBBAM interviews a great deal had happened in the lives of the study women: the growing up of children, the births of grandchildren (for 21 of the

women), relationship and work changes, illnesses, deaths and other dramatic and ordinary life events. The result is the contextual reframing of the first childbirth, which both 'puts it in perspective' and ensures that its original meaning is retained. Yet the meaning may itself be altered by how the outcome of the birth - the baby - herself or himself developed. If there have been problems, certain aspects of how the birth is remembered may be returned to, worried over, and/or explicitly regretted.

Jo Ingram's 37 year old son has 'borderline Asperger's syndrome'. He lives at home, working for a computer technology firm, rarely emerges from his room, has only one friend, and has not spoken to his younger sister for seven years. When asked in the LBBAM interview about her memories of antenatal care, Jo described it as 'horrible'. She went on to say:

Yes, and I agreed to the ultrasound stuff and that was a mistake too... actually I do regret that, I regret that.

**Why?**

Well I don't know, I mean Dan is very, he's turned out to be very strange as an adult.

**Really?**

Yes, and we think, well I wonder if something had happened to his brain...he's a computer nerd, oh and he's just, he's so sweet but *[laughs]* he's very odd really. ...he gets very obsessive about things and very strong willed... so you know, sometimes I think, well, is it because I am so impossible, or is it because I've got drunk once or twice while I was pregnant, is it because he had, they were doing all these ultrasound experiments at the time?... (Jo Ingram, 63 years, retired corporate affairs manager, married to builder).

## **8/ The pains of childbirth**

In both the BAM and LBBAM interviews women referred to the popular notion that the pain of childbirth disappears quickly as the 'halo effect' of greeting the baby sets in, although many also acknowledged that for them this had not been the case:

If someone said to me now, if my nieces were getting married or something and they talked about childbirth, I would say, 'yes, it's painful'. I remember my mother, my mother had six children, and I asked her, and my two sisters said, 'oh it's fine, it's a pain you forget', and my mother, I remember her saying that, 'well I've had six and you don't forget the pain at all,' and that's what I would say. (Caroline Saunders, 65 years, retired receptionist, married to financial analyst).

Pain itself was not a particularly salient feature of these retold memories. Table 1 shows the women's answers to questions about the worst aspects of birth in both the BAM and LBBAM interviews: only 4 out of 53 responses (BAM) and 3 out of 58 (LBBAM) refer to pain in general. More troublesome in the women's memories were encounters with episiotomy and its subsequent repair (6/53 and 5/58) and other medical interventions (19/53 and 5/58).

When asked the question, 'If you could go back and change one single thing about your first experience of childbirth, what would it be?' only one woman said she would have chosen to have had less pain (Table 2). Over half the responses (21/41) were about changing health care practices to provide more continuity of care, more support, less and/or more appropriate medical intervention, less use of epidurals, and a more congenial environment for birth.

## **Memories, time and change**



Do the women's comments reflect how childbirth has changed, or changes in how they and others see childbirth? The rough quantitative clues of Table 1 do suggest that the passage of time alters how an event such as first childbirth is remembered in a research interview. The immediate logging of negative detail, pertaining, for instance, to medical interventions, recedes, and is replaced by a more reflective engagement with the tenor of the experience, for example the aftermath of childbirth in terms of generalized discomfort and exhaustion, the lack of support, and difficulties with feeding and/or the relationship with the child. In Table 3, which shows responses to a question about the best aspects of birth, the biggest change is the more positive emphasis in the LBBAM interviews on having the baby as the final outcome of birth – 10 out of 36 responses in the BAM interviews, but 24 out of 41 in the LBBAM ones. This suggests that the so-called 'halo effect' is actually more likely to set in as the birth recedes in time. Another notable feature of Tables 1 and 3 is the greater number overall of negative as compared with positive responses: 17 more for the BAM and 15 more for the LBBAM interviews.

### **Discussion**

The LBBAM study is part of a general resurgence of interest since the 1990s in returning to earlier studies (Charles and Crow, 2012; O'Reilly, 2012). Drawing on women's long-term memories of childbirth as a contribution to the sociology of memory highlights many features of memory-making and memory-telling. Previous comparisons of women's memories of birth at different time points have yielded mixed results. In Waldenström's large Swedish study, recalled pain was less severe one year as compared with two months after the birth, but overall experiences of labour and birth tended to be described more negatively (Waldenström, 2003); in the same cohort five years after the birth memories of pain had not declined in women who still remembered the birth negatively (Waldenström and Schytt, 2009). This accords with the findings of other studies (Bennett, 1985; Rijnders et al., 2008), although not with the study carried out by Takehara and colleagues (2014) in Japan which concluded that five years after childbirth women remember the experience clearly but more positively. The *context* of childbirth pain tends to be remembered better than its *quality* (Niven and Brodie, 1995). This close relationship between remembering and social context is a feature of memory generally (Halbwachs, 1992), and was certainly the case in the LBBAM interviews. Simkin's detailed study of 20 women's long-term memories 15-20 years later describes close links between positive health care experiences and positive accounts of the birth (Simkin, 1991, 1992), little 'inconsistency' in memories of pain, and vivid recall of such details as the onset of labour, rupture of the membranes, the behaviour of maternity care staff and particular interventions. These were all features of the BAM and LBBAM studies.

The notion of 'accuracy' as applied to memory ignores its most interesting and powerful aspects: 'memory is better judged on its own terms' (Keightley, 2010:60). How accurate accounts and memories of past events and situations can be considered to be is a critical issue in the whole area of community re-studies (Crow, 2012; O'Connor and Goodwin, 2012), but 'discrepancies' between accounts given at different times of a personal event such as birth reflect the process of self-reconstruction embedded in memory, with 'reconstructive narratives' commonly glossing over or enlarging on difficulties in order to emphasize continuity of self and/or personal growth (Smith, 1994). The Danish writer Aksel Sandemose (1980) suggests that the most appropriate metaphor for the past is a landscape, rather than a series of linear events. People move around the landscapes of their pasts in different ways, according to their current positions and perspectives. There is nothing special about maternal memory here; all memory behaves like that. But for women becoming mothers, telling and retelling birth stories offers a way of confronting and overcoming the feeling many have initially that in the chaos and disruptions of

bodily experience and new social role they have 'lost the plot' (Miller, 2000:322). Recovering the plot involves a creative interplay between memory, identity and meaning.

Most of what people talk about to social researchers lies in the past; memory is in this sense an enormous potential resource for the social sciences, and particularly so when it comes to exploring the relations between public and private life, agency and power. Yet methodological issues arising from memory use have not received much attention. For example, the general advice of the methods textbooks is that researchers should function as impersonal, disembodied beings, 'implied readers', when inviting memorial accounts, so that research participants forget the presence of their interrogators and concentrate on the story alone (see e.g. Denzin, 1989; Kohl, 1981). But as others (see eg Jedlowski, 2001) have noted, there is always a social aspect to recall: the narration of memories takes place within the context of a social relationship between the narrator and the recipient. The accounts of remembered childbirth elicited in the LBBAM study and reported in this paper may well have been influenced by their location in a longitudinal qualitative research project within which some familiarity between one of the four interviewers and some of the women had developed (see Oakley, forthcoming).

Memory practices are gendered, with women's memories generally being more vivid and specific, more focused on interpersonal interactions, having more emotional content than men's, and containing more reported speech (Acitelli and Holmberg, 1993; Bauer et al., 2003; Niedźwieńska, 2003; Leydesorff et al., 2007; Pillemer et al., 2003). All these characteristics are amply illustrated in the interview extracts above. The gendered contestations embedded in the BAM and LBBAM interviews are mostly covert rather than directly articulated, with respect, for example, to the commonly cited expectation that women will suffer easily forgotten pain in childbirth, and to their role as passive recipients of, rather than active agents in, health care interventions. The possible function of memory practices as a tool for women to redress gender equality (Lengermann and Niebrugge, 2009) can be glimpsed in some of the interviews, as for instance when the description of insensitive medical encounters with male doctors is used to portray the doctor in an unfavourable light.

### **Conclusion**

Like other aspects of research on women's lives, research on memories of childbirth has been confined to a special place. Rather than being entered into the central thematic areas of sociology, it has occupied the interests of maternity care researchers and epidemiologists, and the register of 'qualitative' 'feminist' studies. The focus of the former has been on women's capacity to be reliable rememberers, and of the latter on intensely detailed explorations of what childbirth means to gendered womanhood. This paper has used data from a 37 year follow up to a study of first childbirth conducted in the 1970s to put the case for taking maternal memories seriously as a resource for the sociological study of memory more generally. It has argued that maternal memory shares features with other kinds of memory, for example, selection, contextual dependence, change over time, and 'flashbulb' images. It has also suggested that memory practices can effectively reposition their narrators as active social selves in events, episodes and settings which were originally experienced as not allowing much agency or autonomy. Motherhood offers an opportunity to study a particular category of memory practices, those relating to re-evaluations of first experiences in the light of subsequent ones. In the LBBAM study, an easier, less medicalized second birth was a powerful driver for more negative recall of the first. Memories of childbirth constitute a unique resource for studying the interplay between the careers of the self and the body in shaping both social and personal identity over time. While the sociology of memory would benefit from closer encounters with the field of maternal memory, the limited ways in which researchers have studied women's

memories of childbirth would be enriched by a greater familiarity with memory research in general.

**Table 1. The worst aspects of childbirth 5 weeks and 37 years later [based on 53 responses from 35 women (BAM) and 58 responses from 34 women (LBBAM)]**

<b>Aspect</b>	<b>BAM</b>	<b>LBBAM</b>
No worst	1	0
Episiotomy/being stitched	6	5
Breastfeeding	1	5
Pain before epidural, when epidural wearing off/not working	5	0
Epidural	0	3
Caesarean section	0	2
Having waters broken	5	1
Internal examinations	5	0
Other medical interventions*	9	2
Shock/feeling out of control	1	3
Undignified position	0	2
Insensitive/uninformative staff/no continuity of care	3	4
Pain in general	4	3
Physical discomfort	4	0
Discomfort/sickness afterwards	0	8
No sleep/weakness/exhaustion afterwards	0	5
Baby taken away/to SCBU	0	4
No support/on own	0	3
The end	2	0
Problems in relationship/home situation	0	2
Other**	8	6
<b>Total responses</b>	<b>53</b>	<b>58</b>

\*Catheter; suppositories; oxytocin drip; monitor; forceps delivery; manual removal of the placenta.

\*\* Beginning of labour before hospital admission; waiting for epidural/admission/for partner to come; panic/fear; defaecating during labour; pushing; end of first stage; postpartum haemorrhage; baby not allowed on bed; postnatal infection; long hospital stay.

**Table 2. If you could go back and change one single thing about your first experience of childbirth, what would it be? [based on 41 responses from 32 women]**

<b>Desired change</b>	<b>N</b>
More continuity of care/support/help	9
Less or more appropriate medical intervention*	6
No epidural	4
Would rather not have had specific problem**	4
Better prepared	3
Older/different partner	3
Would have breastfed	2
Less anxiety	2
More comfortable environment	2
Shorter birth	1
More sleep	1
Less pain	1
Would change nothing	3
<b>Total responses</b>	<b>41</b>

\*Two women would prefer not to have had a forceps delivery, one not electronic monitoring, two would have preferred more effective induction methods, and one said there should have been earlier diagnosis of pelvic disproportion and an elective Caesarean.

\*\* German measles in pregnancy, breech presentation, a big baby, retained placenta.

**Table 3. The best aspects of childbirth 5 weeks and 37 years later [based on 36 responses from 35 women (BAM) and 41 responses from 35 women (LBBAM)]**

<b>Aspect</b>	<b>BAM</b>	<b>LBBAM</b>
No best	8	2
Having the baby	10	24
The end/getting it over	3	2
Epidural	2	0
Avoiding induction	2	0
Pushing/having strong contractions	3	0
Partner support	2	2
Pleasant/helpful staff	1	1
Breastfeeding	0	2
Feeling of achievement	1	1
Other*	4	7
<b>Total responses</b>	<b>36</b>	<b>41</b>

\*BAM: becoming a mother/family; the beginning of labour, baby coming at last; seeing the foot (breech birth); having 'reasonable day'; LBBAM: being pregnant; becoming a mother/family; quick labour; not being frightened; being 'on a high'; cup of tea afterwards.

## Notes

1. There is a buried history of earlier contributions, especially the 'Settlement sociologist' Jane Addams' *The Long Road of Woman's Memory*, published in 1916.
2. Of the first 50 references produced by a google search on 'maternal memory' in February 2015, 19 were to rat studies, 4 to research involving other animals, and 10 to the impact of maternal factors on children's memory.
3. Twelve women could not be located or did not reply to the addresses we found; two had died, one agreed but then postponed participation, and four said no.

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