

Transcript: In Conversation with Ann Oakley



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Dr Hughes: So, today we're talking to Professor Ann Oakley – who really doesn't need any introduction – and the themes that our conversation is going to be on: a lifetime of research. We're going to be asking around the impacts and enduring legacy of your research but also that longer term legacy of the work that you've done. So, our first question picks up on that which is: what for you has been the most important strand of research in your career?

Prof Oakley: Well, I obviously have to say gender. I don't obviously have to say gender but that is the case because I started out and I think what I am in some circles best known for is the work that I did on the differentiation of sex and gender, which was a very long time ago. I mean the work that I did for that was over 50 years ago and, "Sex, Gender, and Society", was published in 1972. Now I didn't embark on that as a major research project. I was actually doing a study of housework and I was genuinely puzzled as to why it was women worldwide who did the housework so that sent me to anthropological and medical and psychological literature to look for the answer to this question, and what I discovered was this whole complex system of gender differentiation in which for the most part women are treated unfairly – but not always – and that's what I found so that's why I wrote that book. And I know that book has stayed in print and it is used by A Level students. I get maybe one email a week from a student saying, "Could you just explain to me this?" and often they want me to do the work for them and I tell them to go and read the book, and that doesn't go down very well. So, it's the gender system. And then obviously my work on housework I think has helped to elevate the status of housework both as an academic subject and as an area of labour, and I know that is also quoted quite a lot and some of that work has been read by quite wide areas of the public. It hasn't actually been just sort of academic theory. And then the third area is methodology. So, I think the way in which my work has used different approaches and has been at times quite controversial for doing that. I would like to think that I have made some contribution to the evolution of central science methodology; most recently – well, I say most recently but actually since the 1990s setting up a resource for doing systematic reviews and social research. I think that continues today and I am very proud in my role of helping that off the ground.

Dr Hughes: Yeah. I'm just going to follow up a little bit: why do you think it was so controversial that you were using systematic reviews for social research? What do you think was controversial in that for people?

Prof Oakley: I didn't think it was controversial but parts of the academic community didn't respond particularly well particularly, I have to say, in education. There were professors of education who got quite cross. This work I didn't do in my own; this was very much a team effort but when you came along and said about an area of education research, "We read these studies; we can't tell who you interviewed, who they were, when you did it, what questions you asked them". So, it was more a question of taking them to task for not reporting their research in such a way that you could work out whether or not it answered the question that you were trying to answer. So, we were I think reviled as being unnecessarily picky about that; but it isn't a question of unnecessary pickiness - or whatever the word is – it's a really important criterion about the doing and reporting and disseminating of research results. So, I was surprised; I was surprised not so much by the controversial aspect but by the hostility. I remember going to conferences and presenting these results and just being shouted down, yeah. It didn't happen when we were talking to healthcare audiences because the notion that you need to look at an area of research properly and you need to be sure that you have evaluated something in such a way that you can be confident that you are saying, "This works", or, "This doesn't work", that is much more accepted in healthcare settings. It was not and still is not accepted in the same way in settings outside that.

Dr Hughes: Yeah.

Dr Tarrant: Do you think that those responses are reflective of the discipline at the time, the people who were publishing in those areas, developing methods in those areas?

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Prof Oakley: I don't know because some of that response continues today. I know; I mean I am not in that world in the same way that I was but I know from talking to colleagues that it does. And you don't have very much control over how people read your work and people read other people's work in such a way that makes sense to them at the time – I do it, we all do it – so I can see that some of what I was saying about methodology doesn't sit with what people wanted to hear. And they didn't actually take the trouble to understand it. I mean the degree of misunderstanding – we're going to come onto this later but some of my applications, particularly to what was then the Social Science Research Council, the peer reviewers comments about methodology revealed an appalling level of ignorance about these different methods. I really was appalled and so were other people who were part of that effort to get that work funded.

Dr Hughes: Yeah. That's really helpful, thank you. Well, we'll come onto that question I think straight away which is: what funding applications were unsuccessful? So, were they those applications where you got such ignorant feedback and comments or such lack of understanding of what it was that you were doing?

Prof Oakley: Yes. Well, every social researcher has a whole filing cabinet full of unfunded research.

Dr Tarrant: That's true.

Prof Oakley: You have two, yeah. And when I look back at however many years I was doing this I am amazed by the amount of time, the amount of labour that goes into this; it is a very inefficient way of conducting a research enterprise actually I think. And it also speaks to something which is a theme throughout my career which is the lack of a proper cohere structure for research. Social research is still the poor... and we're not even called academics; there are academics and then "others", and researchers are others. You can get a permanent contract to be a member of the teaching staff but not to be a member of the research staff, and that means that researchers are constantly chasing the next contract. And that has all sorts of implications for the way in which research is done, and one of the implications which again we may come onto later is that the attention to research materials when a project is over: there is no attention. Stuff gets shoved in a cupboard and never gets sorted; it never gets looked after. So, the public money that goes into research is not reflected at the end of the day in a public resource that other researchers can access.

Dr Tarrant: Fascinating; yeah, exactly.

Prof Oakley: So, unfunded: I mean I think in the end I tried to think of a project that I couldn't get funded and I actually wasn't able to think of anything that I didn't eventually manage to get funded, but that might mean seven or eight different applications, you know? And I used to reckon that one application even if it was for quite a small amount of money would take you a month, and so that is a lot of time spent trying to chase funds for something. I think I would have liked to have done more comparative research looking at other countries, looking at the international contexts of some of the issues that I've looked at, but I would've wanted to do that.

Dr Hughes: What do you think that would've added to your research?

Prof Oakley: Well, it would've been fascinating to have, for example, done the housework study in the early 1970s in other countries. Some of the work later on looking at... I mean we did a project evaluating the value of formal childcare and of course Scandinavian countries have a wealth of experience of that, so to have done the same study – and I hesitate to say this but this is in a sense the medical model: when you're trying out an intervention you look at it in lots of different places. And I think social science really hasn't got its head around that. And that would've been in terms of producing a social

science which is relevant to social policy; I think that is what you need to do. And it needs to be an international context.

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Dr Hughes: Yeah, that's really helpful. And just finally: so at the beginning of the first question was looking at the themes that have been taken forward and have been really impactful; are there any themes in you work that have not been taken forward that perhaps have surprised you that they've not been taken up?

Prof Oakley: Well, I think some of the work has been taken up in some circles and not in others. So the book that I wrote about the history of methodology, "Experiments in Knowing", I know is very widely used by healthcare researchers; I would like it to be used by people who are learning how to do sociology more than it is. And then I think there is a piece of work that I did in relation to the study of women having their first babies. I published two books about that; one was called, "Becoming a Mother", and it was reprinted under the title, "From Here to Maternity", and reviewed by some people twice, they thought it was a different book – this shows you how well they read it in the first place. But the second book was called, "Women Confined", towards the sociology of child birth and what it put forward was a theoretical model for explaining post-natal depression. And what I argued on the basis of these interviews which I had conducted with women either during their pregnancies and afterwards was that you didn't need to have any kind of theory about women's psychology to understand that some women having a first baby got quite miserable afterwards. They had gone through a series of traumatic human life events: occupational change, complete change in bodily shape and bodily identity, taking on a new job with no training at all, and surgery often as well, institutionalisation in hospital. And all of this was sufficient to explain why you weren't necessarily overcome by the joys of motherhood afterwards. That has not been taken up and I don't know why. And I think it's a loss because I continue to think that that is a valid... I think it's a useful way of looking at it and I think it would be more helpful in some cases for some women who still have this kind of difficulty.

Dr Hughes: Yeah, absolutely.

Dr Tarrant: I think what's really interesting about that is what's seen as controversial, and I do wonder if topics like that which are part of the lived experience of at least 50% of the population are actually not being taken seriously by broader disciplines, by Funders, and by those who fund social research.

Prof Oakley: Well, yeah, that's a theme that goes all the way along. I should've mentioned earlier in relation to the first question that I think the work - the motherhood work, the early work – drew attention to the impact of medicalisation, which is what it was made for. And what that was part of was a move mostly outside academia, but some within, and there were other sociologists who around that same time particularly in America – Barbara Katz Rothman, Nancy Stoller Shaw and people like that – who were saying the same thing. This helped to change maternity care policy not just here but everywhere. It helped to alert people to the fact that quite a lot of what was done to women who are having babies was not based on good evidence and was actually harmful. And I think it empowered – it's not a word I like very much but you sometimes need to use it – the user organisations to bring about change, yeah.

Dr Hughes: Yeah.

Dr Tarrant: So, I think that's really interesting in the context of research that I'm currently doing around young fatherhood. So, we're working with professionals and practitioners and we're talking about the benefits of father-inclusive practice not just for men but for women and for children as well. And I was just wondering if you could reflect a little bit about why might we need to ask questions about men and their welfare and do you think that contributes to that broader conversation and discussion around challenges that women experience as well and questions of women's welfare?

Prof Oakley: Well, gender is not just about women although it is mostly women that go on about it which I think is a problem. So, gender is about men and if one is looking at the impact of cultures of gender,

ideology, and practices on human beings you have to look at the impact on men and so fatherhood is a good example. It's an area where I think men suffer from being excluded to some degree from experiences of love and care which are deeply meaningful human experiences which women get probably rather too much of. But that is an area where men would definitely benefit. But this whole thing about gender being about women is such a problem. If you look at social policy issues today one of the biggest problems is the culture of masculinity. I did some work on this with a colleague called Cynthia Cockburn; we wrote some piece in the Guardian and various other places looking at the culture of masculinity and why masculinity is not a social policy issue. So, you look at crime: over 90% of violent crime is committed by men. One of my Social Science heroines is a woman called Barbara Wooten who did a lot of work on the treatment of crime, phrenology, criminal justice and she made this remark along the lines of, "If men behaved like women the courts would be idle and the prisons empty"; that remains true. Cynthia and I did a calculation that if men – this was about ten years ago – if men behaved like women in terms of crime £42 billion a year would be saved. So, you could spend that usefully on other things. So, I mean our piece in the Guardian got a lot of responses along the lines of man-hating and man-baiting and all of that; why... it's always women who are the problem. So, the Ministry of Justice publishes an annual report on women in the criminal justice system which is to fulfil the requirement of the Equality Act. They don't do a report on men in the criminal justice system because if they did it would be policy dynamite because, as I've just said, a major area of social policy that needs attention is the anti-social effect of a culture of masculinity and its impact - not just financial but obviously psychological and social. I don't think that was the answer you were expecting.

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Dr Tarrant: Well, no; but it raises more questions for me, which is great. And for me I suppose I'm trying to look at fatherhood and people's everyday lives and I guess my question then is what's our role as Sociologists in developing those explanations and what can we do, I think, to contribute to those broader discussions in a way that benefits men as well as women in society?

Prof Oakley: I don't think I can answer that. I think that's for you, the younger generation. I'll pass that one back to you. It's difficult. It's difficult to change. Cynthia and I we managed to get an interview with Jon Snow. He was very nice. We met for coffee somewhere near ITN and he was very engaged with the whole topic but he said, "The problem is it's not newsworthy".

Dr Tarrant: Yeah. £42 Billion isn't newsworthy. Okay.

Dr Hughes: Interesting.

Dr Tarrant: Yeah, it is interesting. But then that comes back to why certain themes of your work have endured and others may not have around not only in terms of whose interests they serve, which touches on your question, "Who is writing at what time and for what sorts of purposes and for whom?" but also then what is seen as provocative and why is motherhood, why is this example of women saying, "Actually it wasn't good for me in hospital when I was having children and I was being infantilised in particular ways which wasn't great", why that pushback against an orthodoxy like a medical orthodoxy becomes very provocative in those sorts of situations.

Prof Oakley: Well, one answer to that is obviously if you felt, say, that motherhood isn't necessarily a matter of joy and roses and all of that you are criticising, you are taking apart, a really important cultural ideology that keeps the whole kind of gender, family, system in place. So, you're corroding that and that seems threatening to the establishment. And in terms of medicine in the 70s – I hesitate to compare that with the situation today but – doctors were very patronising. It wasn't just women that they treated in this infantilised way. Patients didn't have rights; patients didn't have experiences that you needed to listen to. And that has changed but it was in a process of transition.

Dr Hughes: Yeah, thank you.

Dr Tarrant: Actually, one thing I was going to want to come to was the extent to which we individualise families still and that lets the state off the hook I think in lots of ways actually providing access to resource

and welfare, and I think we sort of expect families to carry a huge part of the load of the whole range of social problems. And that gets sort of talked about a discourse level as well I think. And I certainly see my role in trying to develop those explanations really around... that that's problematic.

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Prof Oakley: Yeah. And within families it's still women who carry the main burden of sorting all of this out; not exclusively but still a lot.

Dr Hughes: We've mentioned which were the most impactful at the time; why do you think that your work continues to have such significant impact? Because it does; it continues to have important resonance for sociologists and social scientists more generally.

Dr Tarrant: And, clearly, young people as well as you were saying.

Dr Hughes: Yeah. And students; they are coming back to you, they are engaging, and there is still so much meat for them to engage in and resonance with their own lives. And yet we're talking... for me I think there are a couple of things here which is around this idea around 1975, this is the students that are writing to you; that's very much in the childhoods of their own parents probably likely. So, for me that raises questions around enduring social trends, enduring social processes, and that also then connects to why some of your work does continue to have. And which ones do you feel are the most important that continue to have resonance for people?

Prof Oakley: I think the question about impact is better answered by other people but I will give you two answers.

Dr Hughes: Okay.

Prof Oakley: One of them is that I think the idea of my work has been about everyday life; it has been about the living of everyday lives. And that is something that people find relatively easy to identify with. And in relation to that my orientation – I hate to say this but – I don't actually hate to say this, it's the truth – has not been predominantly towards the academic world. I have not been trying to become a sociological theorist. I wasn't trying to become a professor at an early age. Those were not my ambitions and therefore I think that I probably have a reputation as quite a practical kind of sociologist; somebody who doesn't write in a theoretical jargon kind of way. It's accessible and I've always tried to write accessibly. But I never wanted to be a sociologist in the first place; I wanted to be a Writer. So, writing and the translation of research into some kind of text that makes sense to people outside that world has always been very important to me.

Dr Hughes: But also those themes endure as well so whilst we've seen tremendous social change since 1975 those themes still endure; they are absolutely at the heart, as you say, of human experience. Motherhood or parenthood or housework, home, family, these are the most profound of human connections really and the most immediate to our everyday lives. They are fundamental to what we –

Prof Oakley: And the Becoming a Mother project was... we did do, but very much helped and led by other people in this unit. I'd follow up contacting some of the women who were in the interviews and re-interviewing them and then we repeated the methodology with another sample, and now there are is a team of researchers who are going to try and get my – probably be spending months and months writing an unfunded research proposal – to get money to do another such study. So, that tells you that those themes and that kind of approach still have resonance today.

Dr Hughes: Yeah. So, when you were talking about gender earlier and you were talking about men you touched slightly on masculinity and I wondered if you wanted to say a little bit more about that.

Prof Oakley: Yes. All I want to say about that is, as I said before, the gender system is about men and women and really the current culture of masculinity is I think very difficult for men. I think it's health-damaging. It helps to explain one of the enduring mysteries in all of this, which is why on the whole men have a higher mortality and morbidity than women. That may very well be something to do with

the expectations of male behaviour and emotional life, or rather the lack of it, and all those related areas. So, if you are looking at inequalities in health there has been so much more work done on trial structures than on gender and inequalities in health. And I've done some work with a public health expert called Alex Scott-Samuel about the fact that patriarchy is damaging to men's health. And this is a really important point. If one is looking as a social scientist at this whole picture this is part of the picture. We aren't just talking about, "Poor women", and the oppression of women; we are talking about the oppression of human beings by a divisive unhelpful way of thinking about human life.

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Dr Hughes: Yeah.

Dr Tarrant: So, your work has had a huge amount of social and intellectual impacts; what does an emancipatory sociology look like in your view?

Prof Oakley: Well, you have to start by looking at what sociology is at the amount and I don't really think there is good evidence that it remains a discipline which looks at the world from the position of dominant social groups, not just men but white people and other dominant majorities, minorities. So, in order for sociology to perform an emancipatory function – and emancipation is leading people out of slavery – it has to re-imagine itself; it has to re-imagine its aims and its methods and it has to recover its history. So, a lot of the work that I've done in the last ten years I've been looking at the history of Social Science and I have discovered that most of what we're talking about now has been talked about before, not just in the 70s but in the 1880s, in the 1890s, in the 19th Century; we've been there before. But sociology has a kind of amnesia about its own past and that is such a shame because it's a bit like unfunded research: all that labour gone to waste. All these people have done all this work before. For example, if you look at the evolution of sociological research methods we shouted a lot in the 70s and 80s about the discovery of qualitative interviewing and stuff but they were doing it; they were doing it in the 1890s and the early 1900s. There were many social researchers – mainly women but not exclusively – who were doing cover ethnography, qualitative interviewing, diaries, formal surveys, the whole lot. They didn't necessarily... They did try... They didn't call it that but that's what they were doing. They said, "We had the data from here and the data from here and the data from here, and we looked at it all together". So, why do we constantly need to reinvent the past? I mean that's not emancipation for anyone. So, I think there's a lot of work still to be done. I think universities have obviously got a lot to answer for. When I started out in all of this something like 80% of academic staff were men; that's not the case now. But do we actually have a culture which doesn't reflect dominant views about not just masculinity but dominant views about important social issues? Health work is not an important social issue; the way men behave is not an important social issue; how babies are brought up is not an important social issue; but why not? The other night when I was awake in the middle of the night, as one is as you get older, I was thinking, "What we really need is we need a degree course which actually takes all these texts from the past", so it doesn't teach Weber, Durkheim and whatever. Well, we look at not Max Weber but Marianne Weber who was a very important sociologist in her own right. We look at what she did. We look at the methods picked from the point of view of people like Margaret Harkness who was a cousin of Beatrice Webb who did this amazing work studying sweated labour. And also about novels; this is another thing. It was one of the things that I had done but it's also something that women and social researchers and male researcher in the past did a lot. It wasn't regarded as extraordinary to write the themes that you were interested in in fiction as well as in factual form. And now that's not regarded as a sensible thing to do, but why not? If you want to encourage debate, if you want to encourage people to think about something and to do something about it, then why not?

Dr Hughes: Yeah. And that leads us to our final question which is: one of the themes of this interview, of this conversation, has been legacy; how do you feel that people may take your work forward, that sort of legacy, into the future of the work that you've done?

Prof Oakley: I have absolutely no idea.

[0:34:05]

Dr Hughes: Okay.

Prof Oakley: I hope that the emphasis on the kind of sociology that I've done, which is attention to the living of everyday lives and people's experiences on the one hand and, as I said before, the notion of Social Science as Social Science I hope those two things are the things that get remembered and taken forward. But I would really like to know what happens and it's really frustrating to know that I won't know.

Dr Hughes: Okay. Well, thank you very much indeed; thank you for your generosity and your time.

Dr Tarrant: Yeah, it's been a real learning experience.

Dr Hughes: Yes, it has.

Prof Oakley: And for me too; it's made me think about the past. Thank you.

Dr Hughes: Thank you.

Dr Tarrant: Thank you so much.

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