

## Handout 21: Do No Harm in Oral History

Session: Taking Care of Yourself and the Narrator

### 1. Taking care of your Narrator: First, Do No Harm (Cramer)<sup>1</sup>:

*While common sense has a lot to do with being a good oral historian, Oral History is not just common sense.*

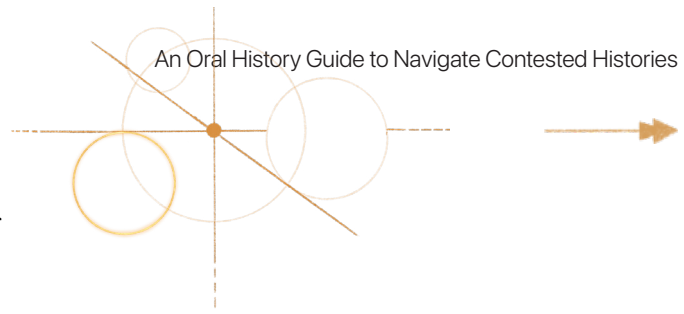
Oral history is both a theoretical approach and a research method. And because Oral History may not be familiar to the narrator, it is your responsibility to give the narrator a brief overview of what Oral History is and why you are using it in the context of your project. This kind of information is part of the *sharing authority* that lies at the heart of Oral History and results in the co-creation of an historical source. After all, through the interview (and the questions), you are inviting the narrator's participation and the contribution of their voice, their memories, and their experience of the past. Practicing empathy, imagining roles reversed, putting yourself in their shoes are ways to imagine how it would feel if a younger person were to ask you about a troubled past. This kind of relational approach is especially critical when dealing with the shaky and sensitive grounds of contested history and/or traumatic historical events.

Some recommendations Jennifer Cramer gives us to protect narrators who may have experienced trauma:

- Practice critical and constructive listening: the narrators' recollections may be fragmented and may not follow a coherent or logical sequence in time when moving from one event to another. There may be a lot of silences indicating the narrator's attempts to piece things together to make sense of what they experienced. It is important to let these fragments exist as the narrators might still be in the processing phase and don't have a clear understanding or meaning of what they went through.
- Never mirror or summarize a narrator's story after they've told you what happened, it might trivialize the recollection.
- Avoid asking leading questions that may suggest that you want them to agree/disagree with how others explain that event or crisis. Instead, ask them a follow-up question based on what they've already shared, or perhaps, just let the silence speak.
- Connect with the narrator emotionally but make sure that you don't overly attach to or internalize your narrator's pain. Keep your own emotions in check, exercise self-restraint, don't over-identify with the narrator, keep boundaries clear. If you do lose control of your emotions, either stop the interview, or have a friend or a colleague continue with the narrator.
- If you are conducting an Oral History about a recent traumatic event, conduct a follow-up interview with the narrator after some time has passed. Views often change within weeks and months of the event.

<sup>1</sup> Jennifer A. Cramer (2020) "["First, Do No Harm": Tread Carefully Where Oral History, Trauma, and Current Crises Intersect"](https://doi.org/10.1080/00940798.2020.1793679)", *The Oral History Review*, 47:2, 203-213, DOI: 10.1080/00940798.2020.1793679.





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- Review the informed consent form before and after the interview to make sure that your narrator knows that they have the option to restrict any parts of the interview they are not comfortable with, that they can always choose to be anonymous, and that they can ask that their interview be deaccessioned (disposed of) or removed from the archive.
- Finally, remember that as an oral historian your role is to document experiences and memories, not to provide therapy. Oral History may make people feel better, but *it is not therapy* and you are not a professionally trained therapist. Cramer makes the distinction between the two clear:

A **therapist** is a “clinically trained and licensed practitioner with advanced degrees in their area of study, be it psychiatry, psychology, or social work. They have undergone rigorous scholarly and practical training in both academic and clinical settings, and their field is global and regulated with governing bodies that determine who can and who cannot practice.”

An **oral historian** is “not required to have an advanced degree, obtain a license, participate in research or practicum. There are no oral history clinics to teach therapeutics, there is no certification or licensing to become an oral historian, and there is no body of oversight that judges what we do with a mind towards expelling us from our profession for unethical or immoral work. Oral historians have many goals but the overarching one is to create and disseminate primary resources for the sake of a shared public history” (Cramer, 207-208).

Further to Cramer’s recommendations, it is important for you to let the narrator set the pace of the interview. For example, narrators may reschedule because they don’t feel up to it on the day, they may cut an interview short because it’s too heavy on them, or be late to an appointment because they needed time to collect themselves. In these instances, don’t put pressure on the narrator but approach them with empathy and understanding and reiterate that they are in control of when and how the interview takes place.

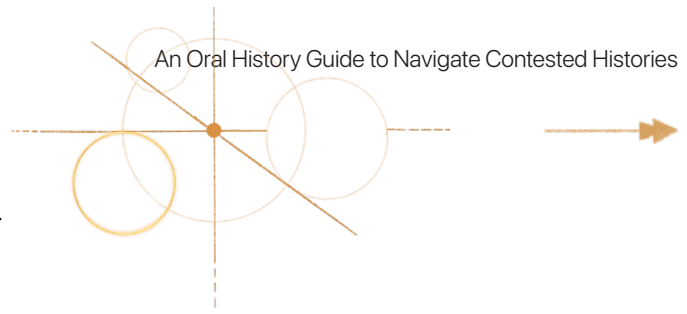
## 2. Protect yourself/ourselves from harm (Strong)<sup>2</sup>:

According to Liz Strong,

- Receiving, collecting, and just listening to Oral History can be emotionally & mentally draining. We carry our narrator’s stories with us, and even if they are not traumatic accounts, we are still carrying them, receiving them, and processing them. This can be very exhausting.

<sup>2</sup> Liz H. Strong (2021) "[Shifting Focus: Interviewers Share Advice on Protecting Themselves from Harm](https://doi.org/10.1080/0094798.2021/1947144)", *The Oral History Review*, 48:2, 196-215, DOI: 10.1080/0094798.2021/1947144.





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- We should be aware of the narrators' microaggressions. We might not feel comfortable with the narrator, either because of gender-based issues or because the narrator is somehow passive aggressive or sarcastic.
- When we are working in our local communities collecting Oral History from our own families, neighbors, and relatives, we may experience more stress and/or vicarious trauma by overly identifying with our narrators.

### **So, what do we need to do to protect ourselves?**

- Professional support (coaching, supervision, therapy, legal counsel)
- Mentor support (your team leader or advisor can be a support person)
- Community support (your fellow Oral History researchers. Make a point to call each other after every interview to debrief, destress)
- Personal support (family, friends, partners)
- Self-care (how can you take care of yourself through actions that comfort you such as connecting with nature and animals or pets, dancing, exercising, meditation, etc.)

