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Oral History As Method and Practice

Through oral history, in which the work of recovery is to rescue the historical context of the story as well as the narrative itself, we place the body and the self in the world.

Mary Marshall Clark (268)

1. Introduction

In an article that considers the theoretical threads between oral history, testimony giving and the emerging field of narrative medicine, Mary Marshall Clark describes oral history as a process that “suffers from Cartesian splits” (269). As a method, oral history has been utilized in a spectacular variety of contexts, including human rights documentation initiatives, medical surveys, gender studies research, and community-based historical projects. However, since the 1930s, a particular discursive tension has been pivotal to shaping the practice of oral history in the U.S.: the emergence of an individual, life history narrative that simultaneously addresses “suffering in its collective forms” (269). Indeed, oral history—as a formal practice employed by scholars, advocates and organizational bodies—initially gained popularity and traction in the U.S. through a project (however problematic) that sought to address pervasive social inequities: the documentation of life history narratives of ex-slaves in *The Federal Writers Project* (Clark, 269-270). As articulated by Amy Shuman, oral history

projects are often designed to “collect the stories not told in official historical documents” (130).

This paper, then, explores the efficacy of using oral history to document the life history narratives of individuals and communities impacted by a high degree of trauma.¹ Although my work specifically addresses the issue of intimate partner violence within migrant/diasporic communities, oral history, I believe, poignantly captures a gamut of traumatic experiences by embodying the multiple dimensions of individual experience—including affective dynamics and social meanings—within a socio-cultural and historical frame.

This paper also articulates the ways in which an oral history project is often directed and informed by the social location(s) of the interviewer and narrator (Shuman 130). For example, my interest in becoming an oral historian is inextricably tied to, and informed by my experiences as a community-based advocate at a domestic violence shelter. After several years of working at an emergency domestic violence shelter in San Francisco, I yearned for a more insightful, impactful approach to contextualizing im/migrant women’s experiences of violence: desired to articulate the ways in which their domestic violence experiences were intimately linked to socio-cultural dynamics, patterns and institutionalized forms of “oppression.”² Most importantly, I wanted to cultivate spaces where individuals had opportunities to speak to a rich

¹ As astutely noted by Devra Weber, Associate Professor of History at UC Riverside, this paper addresses and is limited to discussing the issue of trauma within a *Western* context: that is, trauma is a socio-cultural phenomenon that is experienced and interpreted differently among and across communities. Each culture and community construct and address the experience of trauma in a multitude of ways. For example, within the Western medical community, trauma is largely interpreted as a distressing experience impacting and compromising individuals’ psychological, emotional and/or physical wellbeing. However, in most cases, diagnoses processes and trauma treatment adopt non-holistic frames in that the body, mind and spirit are interpreted as separate entities (Bessel van der Kolk, “The Body Keeps Score: Memory and the Psychobiology of Post Traumatic Stress.” *Harvard Review of Psychiatry*, 1.5 (1994): 253-265).

² Such as racial profiling, or anti-immigration legislation that limits institutional resources and options available to immigrants (particularly if they are undocumented).

spectrum of life experiences including, but not exclusive, to intimate partner violence. More often than not, social work intakes, legal casework and court testimonials are perfunctory processes that delimit a life history narrative: ultimately, each of these processes parenthesize particular moments of impact (usually experiences of violent collision), and are determined by specific outcome goals (usually the successful prosecution of the “batterer”). Consequently, even as they attempt to “tell” their life experiences, a vast majority of impacted individuals are ineluctably rendered to narrating scripted stories of victimhood.³

Therefore, rather than describing oral history as a wholly *distinct* process, I contextualize it as a *blended* qualitative practice informed by other disciplinary processes, particularly ethnographic and therapeutic narrative principles. In the U.S., oral history has evolved into a sophisticated method and practice associated with several, ethnographic concepts, such as *intersubjectivity* and *self-reflexivity*, as well as therapeutic notions of *catharsis* and *active listening/speaking*. However, oral history is also differentiated from other narrative research approaches in that oral history often “begins with the premise that the research itself presents” a plausible contention over interpretation: that is, oral history is constituted by a *crisis of interpretation*, rather than a *crisis of representation* (Shuman 131).

2. Oral History as a Blended Practice: Oral History and Ethnography

³ Certainly, there are exceptions to this. However, it is fair to state that “victimhood” continues to be a resonating – and the most “legible” – form of narration within social welfare organizations and legal institutions. For example, all domestic violence shelters in the U.S. are required to conduct initial case intakes. Due to space limitations, initial intakes serve as a filtering process to determine the allocation of shelter space: individuals with the most severe experiences of violence are prioritized over others. Simultaneously, “evidence” is critical within domestic violence legal cases: individuals impacted by intimate partner violence must provide documentation (comprised of photographs of injuries, medical reports, a police record regarding emergency phone calls, etc.) to validate their narratives of violence. Conversely, individuals who resort to violence as a mode of protection against their “perpetrators” are often prosecuted, and in many cases, convicted for “criminal behavior.”

As observed by anthropologists Kathryn Dudley and Micaela de Leonardo, oral history shares a number of striking resemblances to other narrative methods, including ethnography. For one, oral history and ethnography are *dialogical* and *intersubjective*, in that participants of an oral history and ethnographic interview “step back and reflect on the meaning of the social practices and historical events under consideration” (Dudley 165). Simultaneously, oral history and ethnography are rooted within, and contoured by a nexus of relational forces: both practices occur “in the moment,” and are indelibly shaped by subjective conditions.

For example, one thinks about, and refers to the dyadic quality of an oral history itself: an oral history is not merely a “question-and-answer” volley, but embodies a pliable quality. Although oral historians are obligated to the objectives of an oral history project, and conduct rigorous research in preparation for interviews, they do not follow a scripted process, nor do they strictly adhere to a static body of questions. Rather, oral historians follow narrative cues, and discern points of interests provided by interviewees/narrators.⁴ Despite power dynamics that ineluctably shape an interview—such as the ways in which perceptions of race, age, class, education level and gender inform the narrative trajectory— a “conversational narrative” is jointly created, and “authorship” is co-shared (di Leonardo 4; Shuman 130-131). Following the interview(s), the recorded session(s) is transcribed, and narrators are given copies of the transcribed sessions (i.e., written transcript, as well as audio/video-recorded sessions). Within a

⁴ Narrators identify points of interest through diverse ways: some interviewees linger on a particular topic, or consistently return to an issue throughout the interview. Other interviewees ignore or bypass certain questions, but subtly return to such questions throughout interview.

delineated time frame, narrators edit the transcripts, and if they so desire, their edited versions are the “official” documents deposited into archives.⁵

Therefore, the oral history process is a gradated—and at times, contested—process of constant (re)interpretations “wedded to the dialogic frame of the interview, in which interviewer and narrator both draw meaning from the encounter”(Clark 269). When oral history interviews are placed within archival collections— and as narratives within a collection are read in relation to one another— this consensual process of interpretation becomes apparent: mnemonic practices and patterns emerge, forming “social and cultural landscapes of memory” (Clark 269). Subsequently, oral history is undergirded by the notion of *self-reflexivity*. As observed by Rickard, self-reflexivity involves:

The sharing of personal and social experiences of both respondents and researchers, who tell their stories in the context of a developing relationship... thus focusing on the interview process... and the understandings that emerge during the interaction (34).

Within such a frame, the motivations to utilize oral history as a means to engage with, and document experiences of trauma, are compelling: the significance of an oral history does not lie in the art of “truth-telling,” nor does the practice demand a “precise” rehearsal of details

⁵ It is important to note that many oral history archives in the U.S. allow researchers access to written transcripts of the oral histories, unless researchers specifically request the video-taped/audio recordings of the interviews (however, in some rare cases, there are no written transcripts of interview, and researchers have access to the original recording). Also, in addition to the transcription and editing process, I meet with narrators following the completion of all interview sessions. I provide a space for interviewees to share their thoughts and/or questions, as well as their critiques of the interview process. Additionally, I share with interviewees the assumptions and motives that shaped my line of questioning within the interview. Upon interviewees’ requests, I include appendices describing the “de-brief” sessions with the edited interview transcripts, as a means to better contextualize and annotate the interview process. These additional steps are not officially canonized within the oral history process, although they have become more common in oral history interviews conducted with individuals impacted by trauma (such as the *September 11th, 2001 Oral History Narrative and Memory Project*). Simultaneously, due to the sensitive matters described within the interviews, my mentors at Columbia University—Mary Marshall Clark and Roxanna Sussewell—suggested that I take extra measures to cultivate a sense of trust and ease with interviewees.

by the narrator. Rather, oral history emphasizes the *meaning-making* process that emerges from, and contextualizes the act of narration. This last point, in particular, often resonates with individuals impacted by traumatic experiences; such phenomena can compromise—or puncture—a person’s ability to fashion a “coherent” or “intelligible” narrative, as dictated by broader society. Therefore, oral histories do not merely “tell us ... what people did, but what they wanted to do, what they believed they were doing, and what they now think they did” (Portelli 36).

3. Oral History as a Blended Practice: Oral History and Therapeutic Narratives

Similarly to therapeutic practices, oral history interviews with individuals and/or communities impacted by trauma involves an acute process of listening.⁶ In a number of oral history collections explicitly addressing issues of war, genocide and terror—including Yale University’s Fortunoff Video Archive for Holocaust Testimonies, and Columbia University’s *September 11th, 2001 Oral History Narrative and Memory Project*—a contingent of narrators struggle to provide, or access, an “appropriate” language for what they witnessed, experienced and survived. In that sense, oral historians working with traumatized individuals often engage in a patient and active, rather than a passive and indifferent, mode of listening to create a “safe,” narrative zone: “Listening, really hearing out others’ accounts of trauma or loss entails a commitment to ‘presence, to knowledge...’ and the ‘duty’ incurred in the listener” (Charon vii-viii). Active listening becomes critical to informing the dialogical dynamic of an oral history: careful auditory reception and recognition becomes the medium that allows an interviewer to craft thoughtful questions, while simultaneously allowing the narrator to engage in a reflexive

⁶ Most notably Luisa Passerini, Alessandro Portelli and Mary Marshall Clark.

process of “being heard.” As noted by Doris Laub, the co-founder of the Fortunoff Collection: “In the process of narration, the speaker tells the story both to the listener and to him-or herself” (Charon xi).

However, in contrast to therapeutic tactics, an oral history interview is not dictated by goals of identifying and resolving psychoses, nor is it a linear, progressive process. Rather, oral histories offer the “possibility of both affirming and destabilizing” personal narratives because they are open-ended and potentially unstable processes. For oral history participants, the affective consequences of an interview are often unpredictable: the interviewer and narrator may leave feeling “liberated” or “deeply unsettled”—or both (Rickard 36). Oral history, then, is a “moving” and multifaceted process: although the interview may cultivate a desire to narrate experiences, such utterances occur within subjective locations. I often think of a recent collection of interviews I conducted with members of *Voices of Women*, or V.O.W., in New York City. V.O.W. is a grassroots organization constituted by women impacted by experiences of domestic violence. During each of the interviews I participated in, the narrators expressed contradictory feelings provoked by the oral history process: although women interpreted the interview experience as a “positive” one, they also spoke candidly about their hesitations and fears of participating in a narrative project that could exploit and/or modify their life histories. In particular, one narrator named Deedra warily described her past experiences with a mainstream media source that tore apart and re-assembled her life history narrative In order to reify a narrative of victimhood:

And this—this article about me came out in *The New York Times* last month and it was so painful for me to look at and so painful for me to read, but I did it because I made a promise to myself that I wasn't going to be in the closet about this... the article had its own agenda and there were two people portrayed in the article:

the social worker and the needy person. And my role was to be portrayed as the pitiful, needy person. And—and it's—it's hard for me to accept that reality. You know, I live on seven hundred and sixty one dollars a month. I buy my groceries with food stamps, but I don't think of myself as a pitiful person. And it was one of those tug-at-your-heartstrings kind of articles, so that's what they did; they just tugged at your heartstrings, and I was the needy person. So that was painful to look at—to look at the reality of my life (38).⁷

Despite the disappointing and distraught feelings engendered by Deedra's experiences with *The New York Times*, her oral history sessions simultaneously provided a meaningful narrative platform. Namely, through the interview process, Deedra was able to reflect on, and re-formulate her understanding of “strength”— from an idealistic, abstract concept shaped by notions of “hardiness” and “stamina,” to a lived reality informed by her ability to articulate her needs:

I—I thought a lot about it this morning when I woke up and was very focused that this is what the day was set aside for [for the interview]... when I left New Jersey, after fighting for two years, I left New Jersey with nothing but the clothes on my back and I kept hearing this sentence, “The hardest thing you'll ever do,” over and over that week. And I kept wondering, what is the hardest thing I will ever do? And it was—it was to ask for help. And that's what this decade of my life has been about, learning to ask for help (55).

Oral history, then, fosters multiple transformations and utterances of trauma within the public domain: that is, oral history does not seek to identify or delineate certain subjects as “problematic” and “taboo,” nor does it locate individuals' experiences within a clinical or medical context. Instead, through an open-ended narrative process, the practice of oral history moves trauma away from a singular status of “private distress,” to a discursively productive and creative space. As Rickard observes, oral history—and specifically, the life history format—does not isolate or document individuals' traumatic moments through a lens of “psychoanalytic

⁷ Note that “Deedra” is a pseudonym (due to pending legal issues, the interviewee requested that her real name remain confidential).

reduction,” but posits experiences within a “thick” historical trajectory where multiple meanings of experience emerge and are made (42).

4. Conclusion: Oral History as An “Always Already,” Embodied Practice

In his paper presented at the 2008 Oral History Mid-Atlantic Regional Conference (OHMAR), Jeff Friedman, a professor of dance at Rutgers University, described oral history as an “always already” practice embodying multiple subjectivities and performances. He continued to articulate the ways in which the “presence of bodies and their practices in history” have been obscured or wholly erased by “Western methods of historiography” (Friedman 2).

Compelled by Friedman’s observations, I am moved and motivated to think about the ways in which oral history—as method and practice—can be interpreted as an “always already” practice. I am persuaded to not only think about oral history as a medium that captures multiple dimensions of an experience, but as a dynamic force enveloping and radiating *multiple languages* employed by narrators to tell their histories. How is oral history—through its textual, visual, somatic and aural capacities— an embodied practice, capable of capturing the heterogeneous *and* contradictory ways that individuals speak about and express their life experiences, particularly if such experiences are colored by visceral traces of horror and terror? Simultaneously, how does the *body* itself—through a hybrid of gestures, facial expressions, and somatic cues—cultivate, manifest and *become* narrative? Lastly, how might silence function, less as an absolute limit of discourse, and more as an affective, reverberating *sound* that traces the dense intersection of social and cultural dynamics?⁸ As argued by Friedman, “If we

⁸ For an articulation of silence as a “speaking” discourse, refer to Michel Foucault’s *A History of Sexuality, Volume I: An Introduction* (full citation in Bibliography).

understand history as a form of narrative, a form of storytelling about the past, then I posit that the very mode of historiography as narrative emerges from the body itself”(5).

This set of exigent questions related to the textured practice of oral history continues to frame my research interests, projects and fieldwork. As my work evolves and changes, I look forward to exploring and unpacking the ideological concept of “embodied” practice, and the panoply of languages created and used by narrators to tell and contextualize their life histories.

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