

## Oral history and trauma

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*As oral historians, we are challenged by the dialectic between past and present, story and self, but we also presented with a rich opportunity to explore the nature, meaning, and significance of subjectivity as it has changed over time.*

Alistair Thomson, Memory and remembering in oral history

The term “oral historian” used in DEMO does not apply only to professional historians, but to anyone who is going to use oral history methodology to conduct interviews with refugees.

Since the experience of displaced refugees and immigrants might be traumatic, we need to understand the remembering and telling processes of traumatic stories. There is, nowadays, a growing body of research on the narratives of trauma. Considering trauma in the context of oral history involves issues of ethics, methodology and copyright (Rickard, 1998: 35). There is a connection between the concept of "trauma" and the methodology of oral history and the process of remembering.

### Traumatic memory

A trauma response occurs in individuals who have lived through an experience so overwhelming or shocking that cannot be understood as part of the context of everyday life –in other words, it is a rupture of normality, which cannot be understood with reference to common norms or understandings.

The impact of trauma makes the processes of remembering and forgetting more complex than in other situations.

Traumatic memories may cause complications in the process of remembering. As a consequence, the narratives produced by trauma survivors are different

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from conventional stories, because the victims have not managed to come to terms with what happened to them in the past.

Nowadays, the collection and analysis of trauma histories is an established and growing field of oral history practice. One basic reason for this is the proliferation of refugees and asylum seekers who carry their traumatic stories with them.

More specifically, as far as traumatic memory is concerned: Traumatic events are remembered differently from other life experiences. So, it may be difficult for a trauma survivor to tell the story in a coherent way, an indication that there are no frameworks to order the traumatic memories. From one point of view, there is no language and no narrative device that can adequately convey the knowledge and experience of such traumatic events. These are experiences that is difficult to translate into narratives, experiences which cannot be expressed in ordered discursive structures. As a result, the narrator recounts fragmented personal histories and isolated moments. Such fragmentation indicates an extreme form of confusion that stems from the inability to find meanings and explanations for the experiences of the past.

There is also the case of silence. Trauma sufferers may repress painful memories in silence as a protective mechanism. These experiences are never told since they produce shame, anger or guilt they are regarded as secrets rather than as stories to tell. This kind of detachment secures the narrator a safe distance from the traumatic past events (Abrams, 2016: 92, 93-94, 121-122, 176-177, 178).

### Public discourse and its connection with trauma narratives

Traumatic events never take place in a vacuum. In contrast, they are always related to the social and political context. They depend on the norms of a society, on what is spoken about and what is kept silent in public (BenEzer, 1999: 30).

Political constraints can shape -or, even, silence- the memories of those who suffered traumatic events.

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For a survivor of trauma, speaking involves not only one listener (namely the interviewer), but also a wider audience set up by culture. In some situations, the culture is reluctant to hearing survivors' voices, especially when they oppose the official memory or when they oppose state narratives (Abrams, 2016: 184).

Under these conditions, speaking out about the trauma means breaking through a silence which is framed by politics. In this way, speaking out becomes not only a psychological but also a political act. Telling a story of trauma, then, often depends on politics of memory to force the issue into the public domain.

In the course of my presentation, I will present some examples taken from Gadi BenEzer (2016). He interviewed Ethiopian Jews who, in the 1970s and the 1980s, left their homeland for Israel, experiencing, during their dangerous and traumatic journey, a collective as well as a personal trauma,. (As you know, from 1977 to 1985 20.000 Ethiopian Jews left their homes in Ethiopia for Israel. It is estimated that about a fifth of these migrants did not survive).

A testimony of a young adolescent boy, talking about how his journey experiences were understood in Israel:

*“Israelis do not know what we have gone through... the kind of journey we experienced. Israelis think we came directly from our village, that we just boarded an airplane. If they [the boys at his boarding school] only knew how much I suffered to get here, what I had to live through on our journey, that many people were left behind... did not survive. If they only knew all about that, I am sure they wouldn't have picked on me” (BenEzer, 2016: 2).*

One aspect of the trauma is that people feel trapped in the traumatic experience, which, they feel, separates them from other people and makes them different. As a result, they feel alone and isolated from others. They find it difficult to believe that people who have not gone through such an experience could understand or empathize with them.

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At this point, we can turn to the potentialities that oral history can offer. Oral history, especially when dealing with traumatic events, can provide the means to transmit hidden stories into the public sphere. This, in turn, can have beneficial effects for the victims in terms of wider cultural and political recognition of the painful experiences of the past.

Contrary to victimization, we can insist that oral history, more than any other methodology in the history profession, has the power to extend agency and allow the people who experienced traumatic events to gain control over their own experience -by telling their story and making it count (Abrams, 2016: 193-194).

From this point of view, the role of oral historians is not only to interpret the narratives but, also, to attempt to bridge the gap between narratives of trauma and generalized social understandings.

### The role of the researcher/listener in the interview

The extreme nature of the stories told and the impact of trauma on remembering and telling, makes oral history demanding. The oral historian is required to apply a number of methodological and theoretical skills to fulfill his/her work (Abrams, 2016: 177).

This quote taken from Dori Laub (1992: 91-92), describes nicely the relationship that evolves in the context of a trauma oral history interview:

*“It is the realization that the lost ones are not coming back; the realization that what life is all about is precisely living with an unfulfilled hope; only this time with the sense that you are not alone any longer -that someone can be there as your companion- knowing you, living with you through the unfulfilled hope”.*

That’s why it is important for the interviewer to adopt an open approach to the interview. Especially useful with traumatic memories is ‘deep listening’: It means effective and respectful listening for what is being said, a kind of

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listening unaffected by assumptions, judgements or interruptions (Abrams, 2016: 187).

### The indications of trauma narration (trauma signals within the narratives)

Traumatization has to do with the meaning of the events for the individual. In the way I use the term trauma here, the events which happened in the external world should be understood together with the way they were subjectively experienced.

It is important during the interview (to be able) to detect trauma signals, in order to get a better understanding of the emotional and psychological impact that traumatic events have on the interviewee's subjectivity (BenEzer, 1999: 29, 40).

In order to better understand and interpret life stories that contain narratives about traumatic events, the researcher has to take into account not only the words spoken by the narrator but also other non-verbal signals that carry a trauma response (Abrams, 2016: 183, BenEzer, 2016: 1).

### The analysis/interpretation of trauma narratives

Narrative is the means by which interviewees translate their experience into words. So, examining the narrative can help the oral historian to analyze the events described. We must keep in mind that narrative is a communicative strategy and that every element of that narrative -the repetition of certain words, (the use of) pauses or silences, the construction of stories, the use of direct speech- has a role to play in conveying meaning.

The fact that trauma testimonies might be fragmented, incoherent and emotional makes the practice of interpretation challenging. There are certain things to reflect on, which can help us in our analysis: positioning the narratives within the broader context, understanding the political climate, taking into account the character of official or state commemoration,

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comparing the testimony with other narratives from the same event, all these can help us extract (interpretive) meaning from the oral material.

As mentioned above, traumatic events seem to be distant and difficult to express in words. On this basis, we might expect such testimony to contain some inaccuracies. However, these inaccuracies or flaws in no way undermine the value of the narration as a whole.

From an analytical point of view, attention to discrepancies between a personal account and historical records can reveal something interesting about the person's attempt to deal with the trauma (Abrams 2016: 94, 128, 190).

### Ethics

Oral histories of trauma raise important ethical issues. When we conduct interviews with narrators who have experienced traumatic situations, we must consider the potential impact that speaking about these events might have on them.

There was a tendency in the past to regard oral history as always a healing process/ a kind of therapy. Yet oral history does not in itself usually have such an intent. Speaking does not always bring about recovery but, instead, it can have the opposite effect. For some narrators, the interview will bring back traumatic memories, as well as questions of identity that have never been resolved. Under these circumstances, a second form of trauma may emerge (Abrams 2016: 191).

There is a relevant term introduced by the psychoanalyst and oral historian Dori Laub: "retraumatization", meaning that the act of telling might prove to be traumatizing. The telling might be experienced as a return of the trauma, a re-experiencing of the traumatic event itself (Laub, 1992: 67).

Comparing methods of the clinical and oral history interview could be a useful inspiration for us to think of new ways to conduct our interviews (Yow 2018: 40).

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The purpose of an interview in the context of psychotherapy or psychoanalysis is to help the individual cope with problems and feel better. By contrast, this is not the purpose of oral history. Still, in several occasions an oral history interview can help the narrator in a positive way. Often oral historians come to realize, through their own practice, that the interviewing experience can open the way for him/or her to come to a deeper understanding and acceptance of him or herself -the fact that the release of memory can be a therapeutic process (Thompson, 1989: 157).

However, as mentioned above, we should be careful not to assume that oral history interview can always fulfill a therapeutic role.

### The differences between oral history and clinical interviews

The purpose of each kind of interview is different. The oral historian gets information in order to record the human condition in the past and present. On the other hand, the therapist collects information to help the individual overcome personal problems stemming from the past, so that he or she can live better in the present (Yow, 2018: 33).

Oral historians are not trained to treat their informants in line with diagnostic tools. That's why the interviewer, who is not a trained therapist, should not try to interpret the interviewee's unconscious, but rather try to understand the impact on the narrative told.

In general terms, the work of the psychotherapist is focused on the narrator whereas, on the other hand, the oral historian is focused, primarily, on the narrative itself.

Another difference has to do with the limited time frame: oral historians do not usually have a chance for a series of interviews that go on for months.

Having said all that, we should not forget that the line between the different disciplines can be blurred and, certainly, oral historians have a lot to learn from psychology and psychotherapy. Understanding trauma responses and recognizing the symptoms can be helpful to the oral historian trying to make meaning from a narrative (Yow, 2018: 34, 38, Abrams: 177, 188).

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## Links/Similarities

Let's now turn to the connections between oral history, on the one hand, and psychology and psychotherapy on the other. Both interviews in oral history and in therapy are based on narrative. Whether we are oral historians or clinicians, we ask the person before us to tell the story of his or her life.

Another common place between therapists and oral historians is the requirement for self-reflection, that is the ability to reflect on your own behavior during the interview. Self-reflection characterizes both, but -at least in principle- only clinical psychologists and psychiatrists are systematically trained in this process. However, oral historians are nowadays more and more reflective on this issue, also reflecting on the development of their feelings and thoughts during the interview. This practical turn is combined by a shift in theory: until recently historians were skeptical about memory, rejecting that memory can offer any kind of historical evidence. However, nowadays memory and subjectivity are acknowledged as valuable historical sources.

This turn to subjectivity, being sensitive about what is happening inside the narrator, brings oral historians closer to therapists.

Finally, the most important, both oral historians and therapists share a humanistic point of view and they try to show the narrator genuine interest, empathy and positive regard (Yow, 2018: 34- 37).

The oral presentation at the workshop was based on the following bibliography:

Abrams, Lynn. 2016. *Oral History Theory*. Abingdon and New York: Routledge.

BenEzer, Gadi. 2016. *The Ethiopian Jewish Exodus, Narratives of the Migration Journey to Israel 1977-1985*. London and New York: Routledge.

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BenEzer, Gadi. 1999. "Trauma Signals in Life Stories" in Rogers, Kim Lacy, Leydesdorff, Selma & Dawson, Graham (eds.). *Trauma and Life Stories: International Perspectives*. London: Routledge.

Laub, Dori. 1992. "An Event Without a Witness: Truth, Testimony and Survival" in Felman, Shoshana & Laub, Dori (eds.). *Testimony, Crises of Witnessing in Literature, Psychoanalysis, and History*. New York and London: Routledge.

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Thompson, Paul. 1989. *The Voice of the Past*. Oxford and New York: Oxford University Press.

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