

Unexpected Trauma in Oral Interviewing

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ABSTRACT: This paper seeks to address the issue of expected trauma and how practitioners of oral testimony might draw on some of the principles of transactional analysis to deal practically with recall that is unexpectedly traumatic. Transactional analysis is a psychoanalytic theory and style of therapy that Eric Berne developed in the 1950s. It works on the principle that individuals possess three ego states—parent, adult, and child—and that those ego states engage in transactions or interactions with the ego states of others. This paper argues that as practitioners of oral history, we might usefully mobilize some of the methodological functionality of transactional analysis as a means of better equipping ourselves, particularly in contexts where the interviewee expresses profound and unexpected trauma.

Keywords: psychotherapy, risk, trauma

Human memory is a complex historical resource unlike any other; it is all at once transient, subjective, and ethereal. As those of us who work with memory know all too well, the coproduced interview merely offers a one-time and situation-specific distillation of a highly complex entity. Often, all that lies between the interviewer and an hour or more of meaningful response has less to do with skillful interviewing and more to do with a set of spoken and unspoken variables—anything from the time of day and the narrator’s perception of their subject to the interviewee’s health and well-being.¹ These variables are part of the attraction. It is history that cannot be remade. However, the characteristics that render oral testimony such an attractive

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¹ For more on the impact of respondent’s perception of the interviewer on the outcome of the interview, see Corinna M. Peniston-Bird, “Oral History: the Sound of Memory,” in *History Beyond the Text*, ed. Sarah Barber and Peniston-Bird (London: Routledge, 2009), 111.

primary source are also the cause of much anxiety. For most of my career, I have been concerned with documenting the lives of the previously marginalized. I have researched various aspects of gender and war in Britain, including female agricultural labor, same-sex desire in the British armed forces during the Second World War and, more recently, trans veterans of the armed forces in Britain.² The testimony that I have generated has provided me with ephemeral snapshots, which, in some instances, have provided a crucial source of information for histories that have no other basis in primary evidence.

Our role in capturing this material is not only to cocreate a usable, historical source but also to consider the well-being of our respondents. What most interviewees are searching for is validation—of their stories, their actions, and their existence. This need for validation is intrinsically tied up with what we understand as the life review and with the need to attain social recognition.³ This recognition, Alistair Thomson highlights, has the power to “confirm that versions of self and world figured in a narrative correspond to those of other people; that they not only exist in the imagination of the storyteller, but resonate with the experience of others, as shared, collective identities and realities.”⁴ For the veterans that I interviewed, validation was critical—it was, principally, the acknowledgment that they existed and fought within an institution and on behalf of a nation that was unequivocal about manifestations of same-sex desire and gender variance. It is impossible not to become bound up in the stories and the lives of these individuals and in the precious precariousness of their narratives.

² Trans is an umbrella term for people whose gender identity differs from the sex they were assigned at birth. It includes all transgender, nonbinary, and gender-nonconforming identities; for more about the research project on war and gender in Britain, see Emma L. Vickers, “Dry Your Eyes, Princess: Oral Testimony and Photography—A Case Study,” *Oral History*, forthcoming Spring 2020.

³ P. G. Coleman, “Ageing and Life History: The Meaning of Reminiscence in Later Life,” in *Life and Work History Analyses: Quantitative Developments*, ed. Shirley Dex (London: Routledge, 1991), 140.

⁴ Alistair Thomson, “Anzac memories,” in *The Oral History Reader*, 1st ed., ed. Robert Perks and Alistair Thomson (London: Routledge, 1998), 23.

I have experienced many instances of what I term unexpected trauma in my career, including an interviewee who recalled the traumatic death of his partner from HIV, a man in his eighties who spoke of conducting a sexual relationship with his father and, more recently, the army veteran whose experiences had been so traumatic that her friend informed me when I arrived at the interview that I would probably be used as a therapist. I define trauma here as memories of an incident (or multiple incidents) that include physical and/or mental abuse, terrorism, natural disasters, genocidal atrocities, and violence. It is both “an event and the reaction to it.”⁵ A more detailed definition of trauma comes from the psychotherapist Lijtmaer, who writes that it is

an overwhelming physical, emotional, or social experience, a shock or disaster, acute or chronic that tears apart the ego’s protective organizational fabric. This protective matrix includes the physical body, the social support network, social customs, and individual and social belief systems. All these allow for a measure of predictability, social order, and the means to ensure or restore safety and stability.⁶

Trauma can be experienced throughout the life course of an individual. Adult onset trauma is generally used to describe trauma that occurs in adulthood, although childhood trauma often manifests in adults.⁷ For the purpose of this paper I define unexpected trauma as moments in which interviewees relate experiences that often have a tangential relationship to the stated purpose of the interview, whereas expected trauma is that which occurs in a postcrisis context or

⁵ Kerrylea Sampson, “Shared Trauma: Time to Think,” *Transactional Analysis Journal* 46, no.4 (2016): 350.

⁶ Ruth Lijtmaer, “Reflections: Can the Analyst Share a Traumatizing Experience with a Patient?,” *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 38, no. 4 (2010): 685.

⁷ Sampson, “Shared Trauma,” 344.

that which arises because the research explicitly asks respondents to focus on that aspect of their experiences.

It is frequently assumed that as a historian of gender and sexuality I am used to hearing difficult memories, that trauma is somehow part of the process. However, it is not, and I have frequently found myself in situations in which it was not expected. Seemingly benign interview topics have brought up traumatic memories of sexual abuse and psychological torment that were unforeseen and difficult for both my interviewees and myself to deal with.⁸ Learning to negotiate these scenarios comes overwhelmingly from practice rather than written guidance. Outside of university ethics boards (and institutional review boards in the United States) we largely police ourselves, not least in how we engage with our interviewees and elicit usable memories.⁹ Moreover, while we are advised on how we might prepare for the act of interviewing and the legal implications of our craft (I speak here in terms of university ethics boards and guidelines the Oral History Society in the United Kingdom produced, for example), scant attention has been paid to the practicalities of conducting oral testimony in situations in which unexpected trauma is recalled.¹⁰ In the last ten years, much work has been done on the therapeutic benefits of oral testimony, and moreover, “crisis oral history” has become a “prominent feature of oral history practice in the twenty first century.”¹¹ There are some key works that discuss the practicalities and considerations of such practices, such as Mark Cave and Stephen Sloan’s on interviewing in

⁸ This incident is briefly discussed in Peniston-Bird, “Oral History: The Sound of Memory.”

⁹ On US review boards, see Linda Shopes, “Oral History, Human Subjects, and Institutional Review Boards,” accessed June 5, 2017, <http://www.oralhistory.org/about/do-oral-history/oral-history-and-irb-review/#3http://www.oralhistory.org/about/do-oral-history/oral-history-and-irb-review/>.

¹⁰ In Britain, the Oral History Society provides the most comprehensive ethical framework; see <http://www.ohs.org.uk/advice/ethics-and-legal/>, accessed April 13, 2010.

¹¹ Robert Perks and Alistair Thomson, “Introduction,” in *The Oral History Reader*, 3rd ed., ed. Perks and Thomson, (London: Routledge, 2016), 10.

the aftermath of a crisis and Sean Field's in the context of postapartheid South Africa.¹² Field in particular briefly outlines how researchers might react to their interviewees' feelings in terms of acknowledging the emotion of the moment and giving interviewees the option to pause or cease the interview. Field also outlines how "on rare occasions I have suggested psychotherapy or counselling, but this is carefully articulated to avoid stigmatising the interviewee as 'mentally ill', which is a common misperception of psychotherapy."¹³ This paper builds on this latter suggestion in relation to unexpected trauma. I draw specifically on a type of psychotherapy—transactional analysis (hereafter TA)—to explore how practitioners of oral history might deal practically with unexpected trauma both as the interviewee expresses it in the context of the interview scenario and following its completion.

Unexpected Trauma and Interviewing

When I was twenty-two, I interviewed an elderly woman about her work as a forester in Britain during the Second World War. Completely unprompted, she began to cry and told me that the husband of the woman with whom she was lodging had sexually abused her during her service. This was the first time that she had told anyone about what she had experienced. Although I was able to empathize with her, there was little that I could do to comfort her. My suggestion that she might wish to seek the help of a counselor or therapist was lost in the rush to remember and

¹² Mark Cave and Stephen M. Sloan, eds., *Listening on the Edge: Oral History in the Aftermath of a Crisis* (Oxford: Oxford University Press, 2014); Sean Field, "Disappointed Remains: Trauma, Testimony and Reconciliation in Post-Apartheid South Africa," in *The Oxford Handbook of Oral History*, ed. Donald Ritchie (London: Oxford University Press, 2010), 142-58; and Sean Field, "Beyond 'Healing': Trauma, Oral History and Regeneration," *Oral History* 34, no.1 (2006): 31-42. See also David W. Jones, "Distressing Histories and Unhappy Interviewing," *Oral History* 24, no.2 (1998): 49-64; Wendy Rickard, "'More Dangerous than Therapy?' Interviewees' Reflections on Recording Traumatic or Taboo Issues," *Oral History* 26, no.2 (1998): 34-48; Lenore Layman, "Reticence in Oral History Interviews," *Oral History Review* 36, no. 2 (2009): 207-230; Peter G. Coleman, "Creating a Life Story: The Task of Reconciliation," *Gerontologist* 29, no.2 (1999): 133-139; and Mark Klempner, "Navigating Life Review Interviews with Survivors of Trauma," in *The Oral History Reader*, 2nd ed., ed. Perks and Thomson (London: Routledge, 2006), 198-210.

¹³ Field, "'Beyond Healing,'" 37.

fulfill what she deemed to be my needs, as I had travelled from a different area and was on a limited budget. In such situations, when the recording is turned off and the historian becomes much more than simply a researcher, our position as effective, objective scholars becomes secondary to the needs of our interviewees. Arguably, while practitioners of oral history may be well versed in listening to trauma, whether unexpected or expected, most of us are not trained to deal with it. Indeed, as Valerie Yow observes, the inescapable resemblance between oral history and psychotherapeutic processes that explore a person's past means that we should grant more discursive space to how we can deal with this obvious overlap effectively.¹⁴ As researchers we are perfect strangers, neither friend nor family member, and this is often why interviewees feel able to disclose previously unspoken memories. In this sense, it would be unwise for an oral historian to slip into the role of a confidant or counselor when that interviewee has deliberately chosen not to disclose the same information to a friend or family member. However, my own experiences of listening to unexpected trauma prompted me to begin training in TA as one way of equipping myself. For the vast majority of practitioners, this is simply not tenable and raises questions about the function of the oral historian in the context of working with vulnerable participants. However, basic therapeutic methodologies from TA could be absorbed into our methodology and might be factored more overtly into the training that we receive and deliver, not so that we can counsel interviewees but so that we are equipped to respond in an appropriate way if they convey distress. Given that one of the fundamental tenants of oral interviewing is composure, this suggestion is even more tenable.¹⁵

¹⁴ Valerie Yow, "What Can Oral Historians Learn from Psychotherapy?" *Oral History* 46, no.1 (2018): 33-41. See also Michael Roper, "Analysing the Analysed: Transference and Counter-Transference in the Oral History Encounter," *Oral History* 31, no.2 (2003): 20-32.

¹⁵ In the context of oral interviewing, composure refers to two things: how "individuals compose their memories in such a way as to be able to live with them" and "how individuals compose or construct memories using the public

Transactional Analysis and Unexpected Trauma

TA is a psychoanalytic theory and style of therapy Eric Berne developed in the 1950s. TA theory works on the principle that individuals possess three ego states—parent, adult and child—and that those ego states engage in transactions or interactions with the ego states of others. These ego states are “phenomenological realities” or behaviors that one can observe. A therapeutic strategy that is essential to TA is strengthening the adult ego state, the state that is viewed as rational, thoughtful, and embedded in the present, as opposed to the reactive, emotional ego state of the child or the parental ego state, which copies behaviors, thoughts, and feelings from parents or parental figures.

In the context of unexpected trauma that manifests in a disclosure and an emotional response (often termed a “collapse into feeling”), strengthening the adult (thereby facilitating composure) would involve focusing the interviewee on the present and not the historic memory, the latter of which can regress interviewees back to the child ego state, as they recall the fear and trauma of the memory. To strengthen the adult in the context of traumatic recall, interviewers can encourage the interviewee to come back to the here and now while also acknowledging the trauma of the incident and its impact. One way of doing this is through grounding, which involves various techniques that bring the individual’s attention back to the present moment or “return . . . executive control to the adult ego state.”¹⁶ Grounding can be sensory or cognitive, and in the context of a long-term therapeutic relationship where a client displays signs of trauma, the therapist might ask the client to focus on mutually agreed-upon words, phrases, or images. As oral historians, we do not have the gift of time in which we might establish these aids. However,

language, narrative conventions and attitudes of their culture”; see Peniston-Bird, “‘All in It Together’ and ‘Backs to the Wall’”: Relating Patriotism and the People’s War in the 21st Century,” *Oral History* 40, no.2 (2012): 71.

¹⁶ Wendy L. Pomeroy, “Trauma, Regression, and Recovery,” *Transactional Analysis Journal* 28, no.4 (1998): 338.

we do have the time to ground our interviewees using a grounding technique called refocusing. Helen Kennerley describes this as requiring the person to “concentrate hard on some aspect of the environment such as the colour and texture of curtains, the feel of the arms of a chair, the titles of books on a . . . shelf.”¹⁷ In the context of an interview, I have found it useful to ask an interviewee to place both feet on the floor, take a few deep breaths, and notice the items or features of the room in which we are sitting. The process of making a hot drink and feeling the heat of the cup and the warmth of the liquid is another technique that I have also used with interviewees. It is a task that refocuses the mind on the present and a familiar routine. The ultimate aim of refocusing is to make the participant feel safe and in the moment, thereby minimizing the risk of retraumatization. Sometimes this has meant asking my interviewees if they would like to move to a different space to make themselves feel more settled and, occasionally, ending the interview earlier than expected. This is crucial, as traumatic incidents often make the victims of those events feel powerless. Giving back that control is an important part of making interviewees feel safe. I then usually take a moment to acknowledge the disclosure that has been made and express my gratitude that they felt comfortable enough to discuss it. It is at this point that it is appropriate to discuss with the interviewee whether she or he might wish to work with a counselor or a therapist. This is an important point of the conversation, first because it reinforces the contract between the interviewer and the interviewee and second because it differentiates the roles of the oral interviewer from the professional therapist. Older interviewees have tended to recoil when I have offered such a suggestion,

¹⁷ Helen Kennerley, “Cognitive therapy of dissociative symptoms associated with trauma,” *British Journal of Clinical Psychology* 35, no.3 (1996): 330.

perhaps because they assume that their advanced age renders them beyond help. However, I have always tried to debunk this assumption.

Transactional Analysis and the Role of the Supervisor

Most professional counselling and psychotherapy bodies in the United Kingdom, including the British Association for Counselling and Psychotherapy (hereafter the BACP), and similar bodies in the United States, including the United States of America Transactional Analysis Association (hereafter the USATAA), require that all therapists and trainees who are on placement in the field must work with a supervisor on a regular basis. The BACP's recently updated ethical framework for the counselling professions states, "Supervision provides practitioners with regular and ongoing opportunities to reflect in depth about all aspects of their practice in order to work as effectively, safely and ethically as possible."¹⁸ In short, supervisors meet with therapists to provide guidance and insight on any issues that may have arisen during the therapist's work. They also serve to protect the therapists' clients and provide opportunities for the therapist to learn and develop. In his 2007 article, Mazzetti presents a rather more complex, seven-point operational model of supervision that outlines the role of supervisor:

1. Establish a clear and appropriate contract.
2. Identify key issues.
3. Establish effective emotional contact with the trainee.
4. Make sure that the trainee and the client are both adequately protected.
5. Increase developmental directions.
6. Increase awareness and effective use of parallel process.

¹⁸ The BACP ethical framework for the counselling professions can be found at <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/>, accessed July 23, 2018.

7. Develop an equal relationship.¹⁹

Points two to seven are perhaps the most relevant here. Indeed, replace the word trainee with oral historian and client with interviewee, and we have a model drawn from TA that offers a structural response to the emotional and methodological demands of oral interviewing. To be clear, I am suggesting a system of peer supervision so that all practitioners of oral history have access to a supervisor of sorts with whom they are able to discuss aspects of their practice. Much like TA supervision, this would offer protection to researchers and their interviewees and would ideally facilitate growth and reflection. Moreover, following instances of unexpected trauma, supervisors would be well placed to explore the impact of these recollections on the interview partnership and advise on the way forward. I have no doubt that colleagues and family members already fulfill this role informally. However, formalizing this into a system of peer supervision, using either regional representatives or national ones, would reap benefits in terms of safeguarding the researcher and the interviewee and improving our professional practice.

Moving forward

In the context of unexpected trauma, we need to be aware of what we can reasonably do well in our capacity as researchers. Given that the vast majority of oral historians are not therapists, to try to adopt this role to any great degree would disempower the interviewee and represent a serious and dangerous abuse of our position. There are things that practitioners can do well, however, starting with the acknowledgement that interviewees possess their own agency and can effect change for themselves. Indeed, to draw on TA again, the basic principles of the practice are that “people are OK, everyone has the capacity to think, and people decide their own

¹⁹ Marco Mazzetti, “Supervision in Transactional Analysis: An Operational Model,” *Transactional Analysis Journal* 37, no.2 (2007): 94.

destiny.”²⁰ Interviewees are, in most cases, self-selecting, and so we should work from the premise that they have chosen to get involved with a project because they possess at least some degree of self-consciousness and have processed their experiences. In the event that unexpected trauma occurs, I suggest that grounding techniques drawn from TA can provide a powerful and effective means of defusing distress. Given that unexpected trauma could potentially occur in every interview that we undertake, what I am suggesting is that we might, as practitioners of oral history, mobilize some of the methodological functionality of transactional analysis as a means of better equipping ourselves. This includes grounding but also the suggestion that oral historians should have access to a supervisor with whom they can explore difficult interview scenarios and advance their craft. We also need to ensure that we empower both ourselves and our interviewees to seek out further support should it be needed. In the event that an interviewee reveals unexpected trauma, we are not powerless researchers caught up in human drama, nor are we therapists. We are responsible citizens with a duty to foster the well-being of our participants. Part of that duty is being attuned to the obligations, and the limits, of our methodology, and moreover, remaining open to the adoption of techniques from other modalities.

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²⁰ Mazzetti, “Supervision in Transactional Analysis,” 95.