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Contents

Editorial	ii
Articles	
The family as mnemonic community and the formation and transmission of collective memory JANE MOODIE	1
The analysis of female circumcision stories: Uses and abuses of oral histories PAULINE B. GUERIN AND FATUMA HUSSEIN ELMI	9
“Like a family where you fight and you roar” Inside the ‘personal and social’ worlds of Tokanui Hospital, New Zealand, through an oral history project CATHARINE COLEBORNE	17
Reports	
Compiling a finding aid for oral histories that have been used as a research source in New Zealand publications GILLIAN HEADIFEN	28
Victims? No Opportunists? Yes Controllers of their own fate? Definitely KITTY CHANG	31
Reviews	
Anna Green and Megan Hutching, eds. <i>Remembering: Writing Oral History</i> Reviewed by Don Ritchie, US Senate Historical Office	35
Bee Dawson, <i>Dedicated to Diabetes</i> Reviewed by Lesley Hall, Victoria University of Wellington	36
Megan Hutching, ed., with Roberto Rabel, <i>A Fair Sort of Battering: New Zealanders Remember the Italian Campaign</i> Reviewed by Peter Gibbons, University of Waikato	37
Susan Jacobs, <i>Fighting with the Enemy: New Zealand POWs and the Italian Resistance</i> . Reviewed by Roberto Rabel, University of Otago	39
Donald A. Ritchie, <i>Doing Oral History: A Practical Guide</i> Reviewed by Megan Hutching Ministry for Culture & Heritage, Wellington	40
NOHANZ ORIGINS	41
Code of ethical and technical practice	42

Oral History in New Zealand is an annual publication of the National Oral History Association of New Zealand, Te Kete Kōrero-a-Waha o Te Motu (NOHANZ).

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Editorial

Three quite different studies, each illustrating the capacity of oral history to illuminate the complex relationship between past and present in individual consciousness, feature in this issue. Jane Moodie explores the transmission of family memories between generations, drawing upon oral histories with descendants of the nineteenth-century missionary Williams family. Through, for example, parental stories, extended family social events, genealogies related to family inheritance, and material memorabilia, family memories coalesce into collective myths that continue to influence those generations of the family alive today. Is it within the social context of the family that Maurice Halbwachs' original formulation of the concept of 'collective memory' resonates most strongly?

In the second article, Pauline Guerin and Fatuma Hussein Elmi present female circumcision stories recounted by Somali women refugees who came to New Zealand in the 1990s. The authors raise an important, and difficult, question about the relationship between oral historians and those whose histories they record. We like to think, as the authors remind us in their conclusion, that oral history is a vehicle through which marginalised or minority groups can find a 'voice' and speak for themselves. But how do we respond when we encounter cultural perspectives that may run counter to our own, or challenge our deeply-held convictions? In these stories, many Somali women defend the practice of female circumcision or female genital mutilation. As these alternative terms suggest, it is impossible to discuss this issue without recourse to language imbued with normative values. Although the two authors have chosen to present the oral testimonies without explicit analysis, the attachment to these practices evident in many of the women's accounts takes us back to the social context within which individuals make choices, and the power of collective memory.

In the third and final article, Catharine Coleborne writes about a collaborative oral history project recording the memories of the 'psychiatric community' of Tokanui Hospital, near Te Awamutu. The hospital was closed relatively recently in 1998, and during 2004 Te Awamutu museum curators, Mental Health Services staff at Health Waikato and Coleborne, a historian specialising in the history of psychiatry and psychiatric institutions, began a project to record the oral histories of the wider Tokanui community. For some of those interviewed thus far, the hospital represented an intensely emotional physical and familial space, a place of belonging; for others, the hierarchies and conflict precluded such identification. The third narrative frame, that of 'closure', reflected each individual's attempts to explain and come to terms with the loss of this community. Will, as Coleborne

suggests, oral histories eventually provide 'the key to understanding the impact of institutional closure and changing mental health services'?

In addition to the three articles, this issue includes two short oral history project reports. In the first, Gillian Headifen discusses the construction of an annotated bibliography identifying New Zealand publications that have drawn upon oral histories. This will provide a valuable reference tool for historians and oral historians, and it is intended to provide electronic access to the bibliography through the NOHANZ web site. In the second report, Kitty Chang discusses the unexpected difficulties and findings arising out of an oral history project for the New Zealand Tung Jung Association. She recorded interviews with twelve Chinese men and women, and outlines some of the common themes emerging from the oral histories.

Books reviews complete the journal's contents, and those reviewed in this issue are:

Megan Hutching, *A Fair Sort of Battering: New Zealanders Remember the Italian Campaign* [Peter Gibbons]; Anna Green and Megan Hutching, *Remembering: Writing Oral History* [Donald Ritchie]; Diabetes New Zealand Inc., *Dedicated to Diabetes* [Lesley Hall]; Susan Jacobs, *Fighting With the Enemy* [Roberto Rabel], and Donald Ritchie, *Doing Oral History* [Megan Hutching].

This sixteenth volume of *Oral History in New Zealand* represents a couple of firsts. The journal's long time editor, Megan Hutching, Oral Historian at the Ministry for Culture and Heritage, has been joined by Anna Green who has recently moved to the School of Social Sciences at Auckland University of Technology.

This is our first jointly edited issue, an enjoyable collaboration and a 'just in time' management production! In addition, the journal is now peer-reviewed, and we would like to thank the external readers, from all over the country, for their vital intellectual support for the journal.

Oral History in New Zealand welcomes contributions, whether long or short articles, book, documentary or exhibition reviews, reports of meetings and conferences, or work in progress. The deadline for contributions to the 2005 issue of the journal is 15 July. A *Guide for Contributors* is available upon request from the editors.

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The family as mnemonic community and the formation and transmission of collective memory

JANE MOODIE

In the 1980s, when oral history began to shift from the reconstructive to the interpretive mode, one of its new concerns was with the social context of remembering. It drew in part on the work of Maurice Halbwachs, The Collective Memory. Halbwachs argues that all memory is collective memory. From childhood the mind is organized by social process, and remembering always occurs within social groups which shape our memory, 'not just the facts but attitudes and ways of thinking about the past'.¹ Individual memory is seen by Halbwachs as the 'intersection of collective influences' arising from the various different social groups to which each of us belongs, and individual memory is a 'viewpoint' on the collective memory and subject to change according to changes in our relationships to various collective milieus.² The social milieu may even include the books we read.³

In Britain the Popular Memory Group began to explore the social context of remembering. They investigated the ways in which the public representations of the past, from the media, from books and films, from the social groups of which we are part, shape private memory by providing forms and interpretative categories within which individuals can locate and make sense of their own experiences. They held that there is a dialectical relationship between individual and particular experience, and public representations of the past. Certain experiences may not fit or may even contradict the public sense and these tend to remain incoherent in memory. At the same time however, new experiences constantly challenge old forms of public articulation and eventually generate new ones.⁴

A number of oral historians were influenced by these ideas. For instance, Alistair Thomson in *Anzac Memories* distinguished between the "general" and "particular" publics within which we articulate and remember experience.⁵ The 'general public', which includes various media, provides interpretative

categories which are widely available. 'Particular publics' are those groups to which we belong and on which we rely for social acceptance and affirmation, our fellow workers or the wartime platoon. Because of their importance for our own sense of identity, or identities, these particular publics are especially influential in the formation and maintenance of meaning in our lives and life narratives.⁵

More recently Eviatar Zerubavel has again emphasised the social structuring of memory. He writes of 'mnemonic communities', the social groups which influence the way we remember both in terms of content and also in terms of the cultural 'mental schemata', the 'formulaic plot structures' we use to narrate the past.⁶ The main difference between Halbwachs and Zerubavel appears to lie in the fact that while the former insists that all memory is collective, individual memory being the intersection of different collective influences, the latter speaks of both 'personal recollections' and social or collective memory. Clearly then collective memory is a somewhat confused concept, but Paula Hamilton provides a useful definition: "Collective memory" ... usually refers to the making of a group memory so that it becomes an expression of identity, and accepted by that group as the "truth" of experience.⁷ She maintains that although collective memory may be 'set in stone as unquestioned myth' it may also be continually renegotiated across time in accordance with external circumstances and generational shifts.⁷

Importantly, both Halbwachs and Zerubavel emphasise the central role of family in mnemonic

Jane Moodie has been studying and practicing oral history at the University of Waikato over the past ten years. She recently completed a PhD, which demonstrated the power of family myth in life narrative. The present article arises out of this work.

socialization, a process occurring through daily exchanges between grandparents, parents and children, as well as more formal family gatherings such as reunions. Here we learn what is memorable, and how we should remember it, and also what should be 'relegated to oblivion'.⁸ The way we learn to remember and narrate the past also influences the way we think and act in the present. Thus we learn not just of the deeds of our ancestors, but we learn to be proud of what they did, to honour them by the way we live our own lives and defend them against criticism; or alternatively, to be embarrassed by or even ashamed of their actions and driven to live them down in some way. While many oral historians have considered the ways in which public representations of the past have influenced individual memory, only a few have addressed the influence of family.⁹ And yet in a survey of the presence of the past in the USA Roy Rosenzweig and David Thelen found that it was through family that most people felt they related to the past.¹⁰

In a recent study I have looked at the way the history and myths of one particular family influence the life narratives of its members in the present. The family I studied is a mainly Pakeha one descended from the brothers, Henry and William Williams, who came to the Bay of Islands as missionaries to the Maori in the 1820s. In the second generation some of the sons followed in the footsteps of their fathers and became Anglican ministers, often working with Maori, while the others became farmers. Likewise their daughters tended to marry clergy or farmers. Most settled in four areas of the North Island – inland from Paihia in the Bay of Islands, the East Coast north of Gisborne, around the Te Aute and Hastings area of Hawkes Bay, and in the Wairarapa. Nowadays, five or six generations on, their descendants occupy all walks of life, though many are still involved in farming and some are Anglican clergy.

I interviewed 52 members of this family, and found that many of them use family myths in the construction of their life narratives. These myths arise out of the family history and fall into four main groups concerned with land ownership, class, religion, and the family's special relationship with Maori. The use of family myths in this way suggests the formation of a collective memory and the Williams family as a mnemonic community such as that proposed by Halbwachs and Zerubavel. This paper examines the oral testimony of the Williamses for evidence of the way in which collective memory is formed within the mnemonic community of the family, and transmitted from generation to generation.

I shall begin with an example of the kind of narrative that arises from this sort of collective memory, for which we may turn to the oral testimony of Jean Maclean. Jean is a descendant of Samuel Williams, second son of Henry and Marianne, and his wife Mary, the eldest daughter of William and Jane Williams. Samuel and Mary went to Te Aute in 1854 to establish Te Aute College. Subsequently there were thought to be irregularities in some of Samuel's dealings at Te Aute. Three inquiries were held over 30 years and three times Samuel was exonerated. The family has come to see this almost as a form of persecution, echoing that suffered by Henry at the hands of Sir George Grey.¹¹ Some of Samuel's descendants have continued to live and work near Te Aute and to support the College. Jean was born in 1926. She grew up at Te Aute amongst a large extended family, and also spent most of her adult years there. She tells me:

When Samuel and Mary first came here, their brief was to minister to an unroaded area of 2700 square miles – to break in fern-covered, unfenced, near enough to 7000 acres, and establish a school – and Grey was to give a grant. He promised a grant of 500 pounds, but that never eventuated – so there never was any money. So this was an extraordinary thing to expect of one man, you know it's really quite breathtaking. And he had to close the school after four years because there wasn't the money to run it, and decided that, somehow, they would need to get the farm going sufficiently well to produce the money to fund the school. And that was a very hard thing to do, because Maori had given half of that land – and again as I understand it – they had given it to Samuel, who quickly gave it over to a trust. But they'd given it to him personally and there was some talk of not being able to understand quite why he hadn't hung on to it, but he had to close the school then and it didn't open for – now you see I'm not quite sure of the exact years, whether it was 14 You see it was 1854 that they first came through, so after four years it was the 1860s and the Taranaki problems were coming up. It was the time of the Waikato Kohimarama conference ... was 1860 wasn't it, and that's a story and the Waikato wars So all that was going on and there was generally considerable unrest among Maori right through the North Island. Very difficult time, and settlement taking place in Hawkes Bay and difficulties over that. So it must have been a very intensive and demanding time The railway was being put through, and Samuel and Mary – there was a typhoid epidemic and they personally nursed people there, with no thought of their own lives. They didn't get it fortunately, but extraordinary lives really that they lived, to me now to look at. So I grew up in the shadow of all of that. And Uncle Allen who was the son of Alfred ... [we discuss this point and Jean checks the family tree]. Yes, so Edward was the

oldest son of Henry, I think, wasn't he, and it was his children that I grew up amongst. Edward himself came down [to Te Aute] in his old age and Samuel built the house, Roxton, for him to live in. Now that's no longer standing – but when I was a child it was. And [Edward's] buried, he and Jane are buried in the Pukehou cemetery. But when I was a child, three of their daughters, unmarried daughters lived there – Aunt Ada, Aunt Ellen and Aunt Emma. And Uncle Arthur and Aunt Leslie were living just down below us in another house that got burnt down He was the [Maori] Missioner for Hawkes Bay and up the East Coast. He was a *wonderful* man ... Samuel built the house for my grandfather and it was a wonderful home. But that was there, and then the house where I grew up was a little house further up the drive which had been for a gardener initially, and when Mum and Dad married it was added to, and it got added to like Topsy. It was a *lovely* family home – four bedrooms, but it was added on bit by bit by bit, but it was just up the drive. Uncle Arthur and Aunt Leslie – if you peeled off half way down the drive and went over the drain there was a little path and a wicket gate – that's where Uncle Arthur and Aunt Leslie lived ... and we used to go over there often. And Uncle Arthur was a very gentle man with *wonderful* stories of Maori legends and I can't remember them. I just remember magical evenings when he spoke to us and told us these stories And then you see ... the College [which was] a legacy from the time that ... Samuel had been the only one who developed the land there. Because nobody else would do it they threw it in as being something that they couldn't make a go of, but that's all in the Royal Commissions. There were three Royal Commissions into his handling of the land because [sighs] people thought he'd made a good thing out of it for himself. He was exonerated each time, but they kept coming back to it.¹²

There is a close association here between family history and values on the one hand, and fond childhood memories of people and place on the other, demonstrated by their juxtaposition in the narrative. In the first paragraph above Jean begins with the story of her great grandfather's struggle to establish Te Aute College, referring briefly to the criticism he incurred in the process and to his self-sacrificing dedication to duty. These are events before her time, but ones which she has grown up knowing about, and which, through her subsequent reading and inquiry she has contextualized within wider New Zealand history. In the second paragraph she then moves on to her personal memories of the older relatives living at Te Aute in her childhood, memories in which people are connected to place. The sense of the Williams family's special relationship with Maori is alluded to with the mention of Uncle Arthur's story-telling, and this brings her back to the College which forms the centrepiece of Te Aute. And with the College goes the

controversy surrounding Samuel's involvement in its establishment, a story which forms part of the backdrop to life at Te Aute, and emphasises the importance of integrity in this family. All this is what Jean calls 'living in the shadow' of the family and its history. With this in mind we now turn to evidence of some of the ways in which this memory is formed and passed on.

By far the most important means of creating and transmitting family collective memory occurs in informal ways within the nuclear and the extended family, for instance in the course of ordinary family conversation around the dinner table or fireside. Memories of such everyday occurrences are seldom specific and thus not easy to identify in testimony. They are indicated by the use of phrases like 'we always' or, as in Jean's narrative, 'we used to'. In other narratives we encounter comments such as 'My father always talked about it – he always talked about the history a lot', or '[Dad] used to go on about [the family history] at great length'.¹³ Such remarks suggest that family history, values and beliefs formed part of the milieu of everyday life in childhood.

This may be particularly so for those who grew up in what one member of the family designated 'Williams hatcheries', places where several households and often several generations of the family lived in relatively close proximity. Jean's narrative describes the Te Aute 'hatchery', where the tales told by Uncle Arthur emphasise the family relationship with Maori, and stories about the foundation of the College are a constant reminder of Samuel's dedication. Virginia Williams grew up in another such 'hatchery' near Elsthorpe. She recalls that they 'used to have tennis parties' at the old house, 'Atua', with all the uncles and aunts and cousins from nearby farms, and they 'were always in and out of each other's homes'. She grew up 'feeling very much part of a big family', and having 'quite a firm knowledge of where [she] stood in the scheme of things'.¹⁴ The stories heard from parents, grandparents and others become deeply ingrained.

One way in which collective memory is formed on such occasions is through discussions about genealogy. These occurred quite frequently in the narratives themselves, for instance as debates about who was the oldest of a number of uncles, or whether a person was a second cousin once removed or a third cousin. Such debates often included reflections on the lives of those under discussion, and particularly their identification with place. An example of this is seen in the excerpt from Jean Maclean's narrative in which she discusses the relationship of Edward, Alfred, Arthur and the

three maiden aunts, and where they all lived. This association between people and place appears to be an important way of remembering, and was most notably encountered when reference was made to the farming members of the family. For instance Tom Reed, speaking of his mother's cousin, identified him as 'KS – KS as in Ken Williams – "Matahiia"'.¹⁵

In several landowner narratives there were more structured genealogies which address the processes of subdivision and inheritance over generations. Tom Williams embarks at the beginning of his narrative on a lengthy explanation of how his great grandfather, Thomas Coldham or TC Williams came to the Wairarapa, acquired land, and then subdivided it in the early 1900s. 'These properties' says Tom, 'were all divided up by TC to his sons, and so Bill was given "Mamaku", Guy was given "Te Parae", Hugh was given "Kumukumu", and other brothers got "Longridge"'¹⁶ After tracing the families associated with 'Mamaku' and 'Kumukumu', Tom turns to 'Te Parae' which his grandfather, Guy Williams, 'split' between three of his four children. Tom then explains how he himself came to occupy the homestead property, 'Te Parae', in the 1960s.

So Barbara, the second daughter who married Colin Deans, was given about 7 or 800 acres of the property ... called 'Kautatane', and Barbara and Colin Deans lived there. Joan the youngest daughter ... was given part of 'Te Parae' called 'Wiremu' ... And Michael Deans married Anne Goodwin from the South Island and they have two children, a son, James, and a daughter, Susie, but Michael and Anne still live at 'Kautatane'. Joan Dillon's property, 'Wiremu' ... My understanding is that Joanna, the second daughter has bought out or now controls 'Wiremu', so again the property is still in family ownership ... The rest of the property, 'Te Parae', was 1500 acres, and that was my father's, Alister, and my brother and I have farmed the land [since the early 1960s] ... My mother was Nancy Teschemaker and she came from the South Island ... and my father and mother married in 1938 ... and I was born in 1939 and my brother in 1942. My brother's name is Richard.¹⁷

This kind of narration suggests a mental map in which the names of families are inscribed upon the landscape in a slowly changing succession, forming a 'social connection' to the land through continuity of inheritance over generations.¹⁸ Finally Tom concludes his explanation by reciting his own lineage in a rhythmic and formulaic fashion. His words are transcribed here in stanzas to demonstrate the effect:

And I guess I'm Thomas Coldham, Stanza 1
named after my great grandfather.
And my great grandfather, Thomas, Stanza 2

had a son called Guy
who was Guy Coldham,
and he had a son called Alistair Stanza 3
who was Alistair Coldham,
and he had a son called Thomas, Stanza 4
myself,
who was Thomas Coldham,
and I have a son called Guy, Stanza 5
Guy Coldham.¹⁹

The repetition of the name Coldham is in recognition of Henry Williams's wife, Marianne Coldham, and in this context it emphasises Tom's connection to his great grandfather, Thomas Coldham, despite the fact that his is not the senior male line of the family. The ritualised nature of this liturgy of names from generation to generation makes the family story of descent and inheritance easier to remember. Annette Kuhn suggests that this process of retelling stories to the point where they become almost formulaic, assuming a timeless and mythic quality, is the way 'a group seeks to hand on the contents of its memory-bank to future generations – and so ensure collective immortality for itself'.²⁰

Sometimes the local community beyond the family may also help to reinforce these family memories. An example comes from the narrative of Elisabeth Ludbrook. The Ludbrooks are the branch of the Williams family that inherited the land which Henry Williams bought for his sons near Paihia in the 1890s. Elisabeth was born and brought up on this land, and now lives in Paihia itself. She says she grew up with four families of cousins nearby but few other Pakeha, and recalls how when she was a child the family history was constantly 'coming up' both within this extended family and with local Maori:

If someone like old Tame Clark at Ngawha died, suddenly the story [came up] of how he'd shorn for my grandfather because his father had worked with the missionary, George Clark, so they knew each other all ready. There was all this inter-relating, whenever there was a happening ... Another example – if we went to Kaeo to buy a horse, you would buy a horse from the farmer but he would live next door to someone who'd been involved with the early missionaries up there, so they would – it was always relating. And so you grow up with it.²¹

This interaction between the Ludbrook family and local Maori may be understood in terms of Halbwachs model of collective memory, in which the collective memories of different mnemonic communities overlap.²² Thus the collective memory of local Maori affirms and reinforces that of the family.

The formation and transmission of family collective memory also occurs in more formal situations. One

important setting involves religious rituals such as family baptisms and funerals. One of Kirsty Burbury's earliest memories is of her grandfather, Bishop Leonard Williams, baptising the latest addition to the family in the drawing room at 'Ruangarehu', a memory which appears as part of her strong consciousness of her family as 'pillars of the Church' and her own sense of duty in that regard.²³ For Jean Maclean an important recent memory is that of the funeral of her late husband, Jim, also a member of the Williams family. Since both Jean and Jim had been intimately involved for many years in the running of Te Aute College and in Te Pihopitanga o Aotearoa, Bishop Hui Vercoe spoke at the funeral. Jean was thrilled when he told her assembled grandchildren that Maori 'have known your grandfather since 1823', thus affirming to them the longstanding relationship between the Williams family and Maori.²⁴ In her narrative she repeats this phrase several times with a sense of pride, suggesting it will be one that is not soon forgotten in the family. This relationship with Maori is also affirmed in stories of the funerals of Henry and other members of the family, so that Jean's memories build on earlier oral tradition and the written record which derives from it.

Collective memory is also transmitted in association with family memorabilia. As heirlooms are passed down through the generations they sometimes carry their stories with them. Several of the Te Aute Williamses told a story about the 'missionary box', which had once belonged to Samuel. This family keepsake is now in the possession of Jean Maclean and her version of the story is as follows:

I'll show you the missionary box – I'll show you the missionary box in the dining room, and Dad was a little boy – don't know how old he would have been – and Samuel said, 'If, he said, 'if you will grow me some vegetables, I will pay you.' And Dad grew some carrots, and took them over very proudly to show him, and he was given a shilling. And then he took him on his knee and he put the missionary box in front of him ... and the shilling went into the missionary box. I think that – yeah he was – he was very frugal, and yet apparently he was a man who could have a – he was a very gentle warm-hearted person underneath. I suppose his up-bringing you see, wouldn't have had too much – too much that wasn't – very necessary about it – I mean just think of – they would have been pretty focused.²⁵

The story of the box leads her to reflect on the nature of Samuel as a man who, although gentle and warm-hearted, also espoused frugality and simplicity of life style. Elsewhere she speaks of these as characteristic of the Te Aute Williams family as a whole. Thus associated with the artefact itself is not

only a story, but also a set of beliefs about the moral nature of the Williams family.

Portraits of the missionary ancestors, Henry and William, adorn the walls of many Williams homes. One member of the family is the proud possessor of one such portrait which Henry Williams himself has signed 'The Traitor', an allusion to Governor Grey's accusations that Henry had treacherously sided with Maori against the British. This is not only a reminder of the calumnies and injustices which Henry suffered in the course of duty, but underlines the high value that the family places on integrity and moral righteousness, particularly the requirement to be true to one's beliefs whatever suffering that may bring.

Not all memorabilia elicit such specific stories as these examples suggest. Elisabeth Ludbrook remembers the portraits in her childhood home:

I grew up at 'Tupe Tupe' at Ohacawai and we had these two very large etching portraits of Henry and William on the dining room wall. So as a little child I remember sitting under these two portraits and thinking, 'That old missionary's watching me again.' Because Henry always seemed ... stern – to a little child, whereas William always felt more loving, so it was always, 'Oh, there he is again watching me'.²⁶

In her own home today she has identical portraits and still has a sense of being watched by the ancestors. They seem to represent to her not a specific story but the continual sense of an ancestral presence, a Williams ethos and the need to live up to certain standards.

Of course collective memory is formed and transmitted in more deliberate and organized ways as well. There are over a dozen books about the Williamses, most of which have been written or commissioned by members of the family, in order to preserve the knowledge of the past. These are based on both written and oral records, and tend to present a 'pious' view of the Williamses as examples of genteel muscular Christianity, strong leaders, well educated, humanitarian, self-sacrificing and brave. Honour and integrity are important values. Although most of the family claim to have only 'dipped into' these books, it is clear that this view of the ancestors permeates most of the oral testimony. It is of course impossible, and indeed unnecessary, to disentangle the skeins of oracy and literacy in memory. Nevertheless, one striking example from the testimony which suggests to me the influence of the written record, is the quotation of the words spoken by Henry on his deathbed in reference to the issues with Grey and his dismissal by the CMS. Hugh Carleton records that he was heard to say 'Cruel, it was cruel', and this is quoted also by

George Davis.²⁷ In her narrative Elisabeth Ludbrook recalls these words as “How cruel! How cruel!”, telling me she believes that the hurt suffered by Henry has passed down through the generations.²⁸

Historic sites are also important in the formation of collective memory. A number of interviewees remembered being taken as children to visit the family historic sites such as the memorial church at Paihia, the mission station at Waimate North, the church at Pakaraka where Henry and Marianne are buried, and even the Waitangi Treaty House. These holiday pilgrimages impressed on children a sense of their family history. Memories have been created and passed on too in the building and maintenance of a number of country churches, sometimes memorializing members of the family, and in the history and traditions of care that surround them.²⁹ Others recall that as they travelled around the countryside their parents would point out churches or homes built by members of the family. Indeed, I myself recall that as a child when our family drove past Te Aute we would often talk about the College, the old homestead on the hill, the swampland that was drained by Samuel Williams and his nephew, and the Pukehou church built by Samuel. These physical reminders of the past convey a sense of deep rootedness, as well as an awareness of the missionary and settler background of the family.

Family reunions have also played their part. Most of those to whom I spoke had attended at least one of the reunions organized in 1973 and 1998 to commemorate and celebrate the family’s arrival in New Zealand and the work they have done since. Events at these reunions have included re-enactments of the landing, memorial services, formal and informal discussions on family past and present, and visits to family historic sites, while the link to Maori has been embodied in the presence of Maori clergy. Some members of the family have been deeply affected by such events. Anne Seymour went to the 1973 reunion with her family. She says her father, Brian Williams, felt that some of the family had ‘forgotten’ what the ancestors ‘came out here for in the first place’, and so her family went largely with the intention to ‘liase with the Maori clergy’.

I met – is it Ben te Haara? He’s a Maori clergy, Auckland Maori clergy. It was fantastic. I mean we sometimes had all of them, they would come round to our motel afterwards ... And I met a lot of the family, I met Sybil Woods for the first time. It was lovely. I met lots of branches that I didn’t know existed even. But mainly ... mainly we were there to give comfort and support to the Maori clergy.³⁰

For Peter Sykes, now an Anglican deacon, attending

the 1973 reunion as a 17 year old was an important moment in his life. He recalls:

It was really the first time that I’d had contact both with the family en masse and listened to the stories, and secondly had contact with the story of the family as it impacted on the Treaty of Waitangi and Pihopitanga, the Maori Church ... the whole of the Anglican Maori Church was present, all 28 of them [...]³¹

This reunion was one of the factors which influenced Peter to train for ordination, to try overseas missionary work himself, and finally to end up working among the Pacific Island and Maori population of Mangere East.

For the Williamses the work of family trusts has also been important in fostering collective memory. There are a number of trusts, each with a specific focus, supporting causes such as local community initiatives, education, or drug rehabilitation. In general the family members who serve on these trusts meet together at least once a year to discuss the disbursements they will make. The trusts thus serve to bring together groups of like-minded members of the Williamses, united by the philanthropic ethos which appears to derive in part from the family’s Dissenter background and in part from their class background within New Zealand.³² One trust in particular, the Henry and William Williams Memorial Trust, has been important in maintaining the collective memory of the missionary history of the family. It has contributed for nearly 100 years to the Maori Anglican Church, and to the development of Te Aute College and Hukarere Maori Girls School. All the trust board members are Williamses, and they meet several times a year to focus on matters that have concerned the family at least since their arrival in New Zealand over 175 years ago. Peter Sykes is currently a member of this trust and recalls:

*[B]asically the Williams Trust has sponsored the outreach of the Maori Church in New Zealand ... and they’d kept that story going as advocates. You know whether people like how they did it, or whatever, they were crucial. I suppose you could say like *te ahi ka*, holders of the flame. They, throughout from 1823, through the Treaty right up to the present, have kept on saying, how are we affirming Maori, our Maori partners? And how do we train, resource and empower to the point where basically they’re able to do their own thing? And the Trust has always done it in a way that I believe, in terms of partnership, has broken away from a sort of paternalistic, patronistic type model – ‘Here’s the money, go and do your thing’, but ‘How can we work together, how can we synergise our skills with our resources and your passion and our networks etc so that ...’.*

That’s the question that faces the Trust now?

Yes – is how do we develop that? How – we’re not there – we’re

not just a source of money. The relationship came to us out of the past [and] we want to be a part of their journey, we want to – it's your decisions but we want to be part of the journey.³³

Peter insists that it is important to keep the administration of the trust in the hands of the Williams family, partly as a way of 'maintaining the [family] story'.³⁴ The concept of *te ahi ka* which he invokes here relates not just to the relationship with Maori but to the collective memory of the family also. At some meetings they invite someone to speak on aspects of the history of the College, Maori and the Williams family.

Is the Williams family unique in this way? Certainly their history is intertwined with that of the 'nation', some may have maintained a long association with land, and particular groups of the family may have their trusts to give focus to their collective memory, but many other families will be found which share to some extent these or similar characteristics. And besides it should be remembered that it is within the context of ordinary everyday family interactions that the mnemonic community of the family is mainly centred.

Collective memory is the accretion of time, and if we look carefully we find that the oral testimony itself can provide evidence of its formation and transmission. In the course of everyday family conversation and the stories heard from parents and grandparents, in informal discussions about genealogy, in the memory of experiences from childhood and beyond, in the associations of people with place, in the passing on of family memorabilia, by reading and inquiry, at special family events from funerals to reunions, and in the specific practices of families, in all these different ways and more the family acts as mnemonic community, transmitting its collective memory from generation to generation.

Endnotes

¹ Maurice Halbwachs, *The Collective Memory*, translated from the French by Francis J. Ditter, Jr. and Vida Yazdi Ditter, New York and Toronto, 1980, p. 63. First published in French under the title, *La Memoire collective*, 1950.

² Halbwachs, pp. 44–9.

³ Halbwachs, p. 23.

⁴ Popular Memory Group, 'Popular Memory: Theory, Politics, Method,' in *Making Histories: Studies in History Writing and Politics*, Richard Johnson et al, eds, London, 1982; Graham Dawson and Bob West, '“Our Finest Hour”? The Popular Memory of World War Two and the Struggles over National Identity', in *National Fictions: World War Two in British Film and Television*, Geoff Hurd, ed, London, 1984, pp. 10–11; Graham Dawson, *Soldier Heroes: Britishness, Colonial Adventure and the Imagining of Masculinities*, London, 1994.

⁵ Alistair Thomson, *Anzac Memories. Living with the Legend*, Melbourne, 1994, p. 9.

⁶ Eviatar Zerubavel, *Time Maps: Collective Memory and the Social Shape of the Past*, Chicago and London, 2003, p. 4.

⁷ Paula Hamilton, 'Memory studies and cultural history', in *Cultural History in Australia*, Hsu-Ming Teo and Richard White, eds, Sydney, 2003, p. 90.

⁸ Zerubavel, p. 5.

⁹ See, for instance, Rosalind Thomas, 'Ancient Greek family tradition and democracy: From oral history to myth', in Raphael Samuel and Paul Thompson, eds, *The Myths We Live By*, London and New York, 1990, pp. 203–15; John Byng-Hall interviewed by Paul Thompson, 'The power of family myths', in Samuel and Thompson, pp. 216–24.

¹⁰ Roy Rosenzweig and David Thelen, *The Presence of the Past. Popular Uses of History in American Life*, New York, 1998.

¹¹ Henry Williams was accused by George Grey of treachery against the British during the wars in the north, and also of having acquired land by unfair means. These accusations eventually led to Henry's dismissal by the Church Mission Society. He was later reinstated when this was found to have been unjust, but never resumed his duties at Paihia.

¹² Jean Maclean, interview, 8 June 2000, tape 1 side A 17.9.

¹³ Elisabeth Ludbrook, interview, 8 November 1999, tape 1 side B 20.8; W.A. Williams, interview, 2 November 1999, tape 1 side B 7.6.

¹⁴ Virginia Williams, interview, 11 August 1998, tape 1 side A 2.8, 4.0, 5.4.

¹⁵ Tom Reed, interview, 9 November 1999 tape 2 side B 14.6.

¹⁶ Tom Williams, interview, 15 March 2000, tape 1 side A 3.9.

¹⁷ Tom Williams, 1A 7.2, 8.9.

¹⁸ Michele D. Dominy, *Calling the Station Home: Place and Identity in New Zealand's High Country*, Lanham, Maryland and Oxford, 2001, p. 217.

¹⁹ Tom Williams, 1A 8.9.

²⁰ Annette Kuhn, 'A Journey Through Memory', in Susannah Radstone, ed, *Memory and Methodology*, Oxford and New York, 2000, p. 193.

²¹ Elisabeth Ludbrook, 1B 20.8.

²² Halbwachs, pp. 44–9.

²³ Kirsty Burbury, interview, 8 June 1998, tape 1 side A 2.1, 26.8, 42.9, and tape 2 side A 39.0.

²⁴ Jean Maclean, 2A 17.4.

²⁵ Jean Maclean, 3B 29.5.

²⁶ Elisabeth Ludbrook, 1B 20.8.

²⁷ See Hugh Carleton, *The Life of Henry Williams. Archdeacon of Waimate*, Vol 2, Auckland, 1877, p. 351; George Davis, *The Shield of Faith. The Life and Times of Henry and Marianne Williams*, private publication, 1998, p. 140.

²⁸ Elisabeth Ludbrook, 2B 26.6.

²⁹ Tom Reed, 1B 36.7; Davis Canning, interview, 2 November 1999, tape 1 side A 11.2; HB Williams, interview, 19 January 2000, tape 2 side A 33.5.

³⁰ Anne Seymour, interview, 6 June 2000, tape 1 side B 3.0.

³¹ Peter Sykes, interview, 11 February 2000, tape 1 side A 30.1

³² Jim McAloon, *No Idle Rich. The Wealthy in Canterbury and Otago 1840-1914*, Dunedin, 2002, p. 169.

³³ Peter Sykes, 1A 33.9.

³⁴ Peter Sykes, 1A 23.1.

These interviews are currently in the possession of the author.

The analysis of female circumcision stories: Uses and abuses of oral histories

PAULINE B. GUERIN AND FATUMA HUSSEIN ELMI

We all know how valuable it is when someone tells us personal things about themselves and their lives. This becomes even more apparent when the stories challenge our beliefs and ideas. Can we really hear the story clearly when we have very strong ideas about the topic? Methodologically, when documenting oral histories or collecting interview data, we usually aim to be neutral and non-judgmental so as to document an unbiased story or responses to questions.¹ We also have a responsibility, when reporting on the stories that we have documented, to be fair and accurate in our interpretation, to the best of our ability and that the situation will afford.²

As a Somali woman and a U.S. American working together as researchers with Somali women in a New Zealand society, we ask ourselves and each other these sorts of questions frequently. As researchers we need to be, at the very least, aware of the issues influencing story telling and the issues influencing our interpretation of those stories (both as an 'insider' and an 'outsider') and how then we present them to others. While, for us, these issues are always there, no matter what topic we might be addressing, they have become so much more important as we have come to collect women's stories about female circumcision. The issues, as they relate to female circumcision, have partly been more sensitive, not because the women we talk with think they are sensitive, but because of how the media and other publicity have portrayed the issue and the legal and social issues surrounding the topic. The aim of this paper is to explore issues in research where the data are from oral histories of participants. We do this by drawing on our research around the topic of female circumcision.³

Brief background to female circumcision

According to the World Health Organization (WHO), female circumcision, also known as female genital cutting, female genital surgery and female genital

mutilation, 'constitutes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons.'⁴ In this paper, we use the term female circumcision because it 'does not imply evil intentions' and is a somewhat less contentious phrase than 'female genital mutilation'.⁵ There are different types of female circumcision and the implications of these differences have often been neglected in both mainstream and academic literature. Put simply, the WHO classifies four types, (Type I, II, III, and IV), with Type I being the most 'mild' ('excision of the prepuce with or without excision of part or all of the clitoris'). This is sometimes called *Sunna*, which means 'tradition', in some practicing communities. Type III is perhaps the most 'severe' with 'excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening' and is also called *infibulation* or *Pharaonic* circumcision.

These practices are illegal in New Zealand, from an amendment to the Crimes Act passed in 1995 (which took effect on January 1, 1996) in which anyone 'who

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performs, or causes to be performed, on any other person, any act involving female genital mutilation' can face up to seven years imprisonment.⁶ While exceptions are made for 'female genital mutilation' that has a physical or mental health benefit if performed by a medical practitioner, 'culture' or religion is not a valid reason for performing the procedure. The law is also applied to anyone who is involved in taking, or having someone taken, to another country to have the procedure performed. There have not, to our knowledge, been any cases of the laws actually being applied in New Zealand. In contradiction to this, it is interesting that Section 20 of the Bill of Rights states that any 'person who belongs to an ethnic, religious, or linguistic minority in New Zealand shall not be denied the right, in community with other members of that minority, to enjoy the culture, to profess and practice the religion, or to use the language, of that minority.'⁷ Overall, the criminalization of female circumcision has further contributed to the public narratives (especially western) of the barbaric nature of these practices before adequate evidence supporting this view had been obtained.

Double standards might also be noted in the practice, as recent as the 1950s, of clitoridectomies in the United Kingdom and the United States to 'treat' over-sexed women or women with 'mental health' issues. 'Female genital surgeries', for cosmetic reasons, are also not entirely uncommon in western countries.⁸ While some have acknowledged these medical double-standards, others argue that the main difference between western 'genital surgeries' and the 'mutilations' performed for cultural reasons is the age at which it is performed and the ability of the person having the surgery to give consent, either because of their age or the cultural pressures on them.⁹ But there is huge diversity in the age at which girls or women are circumcised both within and between cultural and ethnic groups and can even be influenced by simple factors such as when the woman who does circumcising happens to be in town. Girls and women can be circumcised as young as two years old or as old as twenty-two. However, the New Zealand legislation states that 'it is no defense to a charge under this section that the person on whom the act involving female genital mutilation was performed consented to that act, or that the person charged believed that such consent had been given'.¹⁰ Age does not appear to have any relevance in the law; that is, it is illegal regardless of age. This then presents us with another curious implication of the law. The way the law is worded and the implications of age and consent suggest that it is

therefore even illegal for an adult woman to have her genitals pierced for cosmetic or other reasons. While some may argue that this is indeed a good thing—that no woman should be doing such things to her body—another question is who has the right to decide this? Interestingly, piercing parlors all over New Zealand do not seem to be, nor do they ever seem to have been intended to be, the ones bearing any consequence of this law—there are no police investigating the piercing of genitals even though this is regularly being done in New Zealand. It is not the white, middle class women who ask to have their labia cosmetically reduced because they are not attractive who bear the brunt of this law. It is the migrant and refugee women who have come to New Zealand, seeking to have a new and better life, who continue to be to be discriminated against in a new form of violation of human rights.

This brings us to why female circumcision has become an issue at all in New Zealand. Only when, in the 1990s, New Zealand became host to relatively large numbers of refugees from countries where female circumcision is a common or ubiquitous practice, did the issue become important in New Zealand. In general, female circumcision as a cultural practice is performed in many African, Middle East, and Asian countries. However, Somalia is perhaps more well-known in the practice of circumcision because of their traditional practice of the most severe form of circumcision—infibulation or Type III. In the early 1990s, hundreds of refugees from Somalia were brought to New Zealand through the quota refugee programme with the New Zealand Immigration Service and United Nations High Commissioner for Refugees (UNHCR). Refugees from Somalia were sent for resettlement to countries all around the world including Australia, the United Kingdom, Canada and the United States. All of these countries have had similar responses to the issue of female circumcision, with similar legal amendments criminalizing the practice.¹¹

While the increase in migration of practicing communities to non-practicing countries all around the world has contributed to the escalation of debates, both for and against the practice, there has not been a corresponding increase in evidence supporting those debates, especially those against the practice. For example, Obermeyer writes:

On the basis of the vast literature on the harmful effects of genital surgeries, one might have anticipated finding a wealth of studies that document considerable increases in mortality and morbidity. This review could find no incontrovertible evidence on mortality, and the rate of medical

complications suggests that they are the exception rather than the rule.¹²

Female circumcision stories in the public arena

Overall, then, there are increasingly diverse and complex arguments both for and against the general practice of female circumcision. Babatunde summarises these two positions in the public arena well:

Two distinct reactions have dominated the polemics surrounding issues of female genital surgery, viz:- the traditionalist and the abolitionists. The traditionalists see female genital surgery and the ritual acts surrounding it as crucial to the maintenance of traditional culture. They further argue that any attempt to abolish it will undermine the total fabric of traditional culture. The abolitionists assert that it is a practice that dehumanizes the female and that it should be abolished since the human rights of the female supercedes the cultural impositions placed on her in the female rites. The abolitionists work assiduously at various levels to put an end to female genital surgery, preferring to call it female genital mutilation. Through this nomenclature, they intend to focus attention, not only on the pain the surgery inflicts, but also on the notion that it is an unnecessary and cruel deprivation.¹³

Stories of female circumcision in the media and their interpretation also usually fail to acknowledge the multitude of factors that influence the telling of any story. It seems we all too quickly forget these factors when the story is a juicy one—with lots of drama. Stories and conversation can be influenced by things such as the speaker's ability to access benefits or resources as a result of the story being told. There can be social effects such as gaining status or sympathy with friends, family or colleagues. In the case of female circumcision stories, there has been a recent attempt by women from practicing countries to gain refugee status in western countries out of fear of them or their daughters being circumcised.¹⁴ For refugees, the desperation of the situation often demands stories that will elicit sympathy; and the more dramatic, the better.¹⁵ But it is at these times that our consideration, as social scientists, of the whole context becomes even more important.¹⁶ One must be careful, however, because we have found that even our own attempts in research to understand the stories for what they are and in their proper context can be perceived as minimizing and insensitive. We can wrongly be seen to be saying, in the case of female circumcision, that the fear is not real, or that we are saying that the story is being exaggerated *only* to get access to resources or

other benefits.

Apart from popular books, possibly the most public portrayal and radical approach to the eradication of female circumcision has been through the Hosken Report.¹⁷ This provides a good example of how oral histories can be used to advance a particular agenda; in this case, the eradication of female genital mutilation (FGM). The Hosken Report also demonstrates well how commentary or interpretation of stories can be expressed in such a way to re-frame the story for the benefit of that agenda. Anyone reading through the Report would be convinced of the appalling and deadly nature of the practice, especially with phrasing such as 'terrible tortures' in reference to female circumcisions (p. 157) and the suggestion that FGM is the 'systematic practice of male violence against girls and women' (p. 54) and that medicalising the practice is 'a deliberate attempt by the male dominated power structure to permanently mutilate all females in order to reinforce patriarchal supremacy and control by all males over all females'(p. 156). The radical approach to eradication taken by the Hosken Report and others resulted in some unanticipated backlash from communities. For example, Lynn Thomas describes a community in which, when a ban on clitoridectomy was about to be imposed by the elder men in the community, all the girls in the community were quickly circumcised.¹⁸ She also writes, more recently, about how the control of women through their initiation practices, pregnancy and childbirth has been critical for colonial and postcolonial exercise of power and that the issues are incredibly complex.¹⁹ These issues suggest that the whole approach with female circumcision needs to be made with extreme caution and that quick 'interventions' are either not likely to be effective, or can elicit even worse outcomes than if nothing had been done.

Female circumcision stories from our research

When we first began our investigation into the literature around the topic of female circumcision, we mostly found discussions similar to those in the Hosken Report: blatant anti-FGM presentations. But our knowledge and experiences were in direct contradiction to these—we did not know of anyone with these sorts of experiences. Only after much searching and when we came in contact with anthropological and more academic literature did we begin to see other views on the topic. Even so, we found there to be a lack of literature actually reporting what the women *said*, whether positive or negative, about their experience at all. When stories of women

have been reported, they have often been pathologised or they have been interpreted through a researcher, (most often a western one). For example, Johansen reports on discussions with Somali women and their circumcision experience and focuses specifically on the experience of pain.²⁰ Thus, what the women actually said was interpreted in the light of 'pain', already assuming a problem with the process, or they were asked leading questions that elicited comments relating to pain that the researcher was looking for. We also found that much of the literature relies heavily on the few stories of circumcision that are available, such as that of supermodel Waris Dirie and those available through the Hosken Report, without actually getting stories from women themselves.²¹ Even in the Johansen study where women were interviewed, Dirie's story is quoted rather than the women's, suggesting there was not a 'dramatic enough' story amongst those interviewed.

Another example of the influence of interviewer expectations on the responses of an interviewee is found in a recent research report relating to Somali conceptions of mental health. The researcher was interviewing Somali about their concepts of mental health. We present here part of a dialogue as documented in the paper:

Dr. Carroll: What are some of the reasons people become crazy?

B.K.: *Out of job. They lose their job. They lose their hope.*

Dr. Carroll: You talked about the war also. Do you think the war has made people crazy?

B. K.: *Yes, of course. Because you can't go to work. You can't get whatever you want.*²²

While one interpretation could be that unemployment is a major factor in becoming 'crazy', this author tries to focus the speaker more on the experience of war or trauma and indeed, as shown, asked questions to further support the idea that war is a major contributor to mental illness.²³

Overall, the lack of women's voices, and the possibility of over- or mis-interpretation or 'leading' interview styles, has sometimes resulted in western perspectives being imposed on these stories, and the portrayal of these women as 'victims' or as not knowing any better, who need to be educated, and obviously do not realize what they are saying and need their stories to be interpreted.

Since we began our work with the women in the Somali community in New Zealand, we have been guided by the needs and issues as presented to us by the women themselves.²⁴ For many 'outsiders', it may seem that the issue of female circumcision would be

the area of most concern for these women. On the contrary, we have found other issues such as negotiating bureaucracies, employment, dealing with teenagers, nutrition and fitness, and literacy, to be of primary concern and our focus has thus been on these issues. In 2002, however, we were approached by a group of elder Somali women leaders in New Zealand to discuss how we might best work with the women on a project relating to female circumcision. We had a meeting in a local community centre and the women expressed concern that their highly valued practice of female circumcision was illegal in New Zealand and they wanted to know how they could reconcile this cultural divide. Our suggestion was that, initially, it might be useful to interview Somali women all over New Zealand to find out how they felt about female circumcision, in general, record their stories about circumcision, and find out more about other issues surrounding the practice. They agreed that this would be useful, and we set out to acquire funding and develop a research project around the general topic of female circumcision among Somali women in New Zealand. A particularly important feature of this project is that we have always tried to do projects that the women felt were important, not what we felt were important. This history, most certainly, contributed to a development in the community of trust in us and our work.

Two bi-lingual Somali researchers conducted interviews in Auckland (11 women), Wellington (14 women), Hamilton (13 women) and Christchurch (16 women) at a time and place convenient to participants and in the language they preferred.²⁵ A total of 54 women were interviewed in four different age groups: 16-35 (25 women), 36-45 (15 women) and 46-50+ (14 women). The women had been living in New Zealand on average five years (ranging between 1.5 and 10 years). We also interviewed women with a diverse range of education backgrounds and from both rural and urban areas prior to migration. The interviewers took detailed notes in English or Somali (whichever was easier for the interviewer) during interviews and checked these for clarity after the interview was finished and re-wrote them in English when necessary. While it would have been ideal to tape-record all interviews, participants preferred only written documentation of the interviews due to the legal implications of the information and the refugee backgrounds of the participants. The interviews had set topics to cover but were conducted in a conversational manner that followed the talk and narratives of the participants.²⁶ Following the completion of all interviews, focus groups were held

and the results were discussed. The aim of these focus groups was to determine if the women were happy with how we presented the findings of the study, and if they had anything they would like to add or change. The focus group participants were not necessarily participants in the research.

Limitations and broader considerations

There are some obvious limitations to the way we conducted this study that are pertinent to the collection of oral histories and interview data in general, both for the person collecting the information and the people telling their stories. For example, responses to questions were written and not tape-recorded, and the answers to questions were usually spoken in Somali, but written in English or written in Somali and then translated. This may have impacted on the precision of the final stories that we have and may not have captured the full flavour of some of the comments.

Some may argue that the stories we documented were influenced by the fact that the interviewers were Somali women and that Somali women would not want to talk negatively about the practice with other Somali women. Indeed, a few participants initially asked one interviewer what her own view on the topic was before they would proceed. (The interviewer replied that she did not feel she knew enough about it, but was trying to learn, in a manner intended to show neutrality about the topic.) We are also confident that this was not an issue in our research as there were a few who did express their opposition to the practice, and in one focus group, one woman against the practice spoke openly about her views within a group of six others who favoured the practice.

The decision to have only Somali women conduct the interviews was also an important consideration because of the former refugee status of most, if not all, of the participants. Issues with gaining trust with former refugees are well-known.²⁷ Refugees have often had troublesome histories relating to authorities, government, and bureaucracies, and this impacts hugely on how they tell their stories—or if they tell them at all. For example, a lack of government, clan warfare and overall corruption in Somalia since the early 1990s has meant essentially no experience of and respect for basic human rights. Even in the refugee camps or in transit to the camps, refugees may have experienced corruption of authorities, discrimination and abuse. The roads were often patrolled by bandits who demanded payment at gunpoint to pass through. There was also a time of corruption within the very

agencies that were meant to be helping refugees, which will have impacted on the trust that refugees have in dealing with people who have access to and allocate benefits and resources. Refugees will also have told parts of their stories to immigration officials, sometimes over and over again, and these might have become standardized for those who are viewed as authorities.

Finally, it was important that a Somali speaker conduct the interviews because all participants preferred to be interviewed in Somali, and in our research team, the non-Somali researchers have only limited ability to speak Somali, especially colloquial and informal Somali. Conducting the interviews with a non-Somali would suffer limitations such as the need to have an interpreter anyway for non-English speakers and the many influences that would have. Also, if the participants were not familiar with and trust the interviewer then participants may give comments that they feel a non-Somali would want to hear. Due to the legal implications, many may not speak positively about circumcision with a non-Somali out of fear. If only good-English speakers were interviewed, then those interviews would be biased as being a good English speaker is usually related to also being more 'westernized.' Other studies have shown that same-ethnicity interviewers are not always best, but overall, what we are indicating here is that the ethnicity of the interviewer can get different information or elicit different slants on similar information, but this information is not necessarily more 'true' or 'authentic'.²⁸

What the women said

Even considering these limitations to our research, its importance as a first-time extensive study of the views of Somali women on this topic in New Zealand (and internationally) cannot be underestimated. Our aim has been to consider the legal issues in the context of the stories of the women themselves who have been involved in this practice. These comments paint a very different picture of female circumcision that is not often found in the literature. We do not intend in this space to present the full details of the research, but just to present some of the comments from participants. For confidentiality, only the age group of the speaker, their identification number and the date of their interview is indicated.²⁹

Cutting is good. It is like embracing your culture and you can't be a Somali in one thing and Westerner in another thing. So cutting should be practised because a lot of good things come with it. It's like a ticket for marriage, acceptance and being a

true Somali. (15-20 year old; 19A, 9 July 03)

... I'm 100% positive if [my daughters] were not cut they would still be single to this day. I'm a firm believer of cutting. Sunna [Type I] now, but 15 years ago it was Pharaonic [Type III]. (41-45 year old, 6A, 10 July 03)

My daughters are already cut. I did my three daughters when they were 13 years old in Kenya and I gave them the option of Sunna [Type I] or Pharaonic [Type III]. One chose Pharaonic [Type III] and two chose Sunna. (50+ year old, 10H, 25 August 03)

I feel positive about [being cut]. It is every aspect of being a complete Somali woman. If I was not feeling this I wouldn't have done it to my daughter. (41-45 year old, 1H, 7 September 03)

I don't know how to explain it, but let's say that if I had never been cut maybe I would not even have called myself a Somali. I would have died of shame. (21-35 year old, 27L, 2 December 03)

We asked women if they felt embarrassed or ashamed about their being circumcised.

No, [that] only happens to people who are not proud of who they are, like that Somali woman on TV who is imitating to be a westerner. (46-50 year old, 4H, 18 October 03)

No, but sometimes I do wish I could speak English. I would tell non-Somali people that it's not as bad as they think and that this has been happening for centuries. (46-50 year old, 8H, 28 August 03)

Maybe shameful to say I have a daughter who is not "cut" but not ashamed for undergoing FGC. (46-50 year old, 12H, 19 August 03)

Overall, out of 54 women, only two of them had stories that even slightly resembled those often reported in the media and literature. But even their stories seemed 'mild' in comparison to the traumatic stories often reported in the public arena. For example, one woman said:

[I have] no sexual pleasure. Maybe that's why my husband left me. He left me just when I got pregnant; that was four years ago. He had no reason for leaving me so that made me doubt my feminine parts. (36-40 year old, 20A, 8 July 03)

A lot of the information out there is not true. It seems that people are misled or they choose to give our practice a bad name. I do agree that Pharaonic is inhumane but when our parents and their parents were doing it they had good intentions and since then we as Somali people have realised the unnecessary of Pharaonic and the health and religious impact it had and we have since abandoned Pharaonic cutting. But that doesn't mean that we don't know what we are doing. Every country or nation at some stage had things that they did in their customs that were not great but no penalties or bad publicity was involved. (21-35 year old, 30L, 2 December 03)

I strongly believe that this practice has no foundation whatsoever, God created us and that's how we should be. [FGC] is purely based on ancient and primitive ideas of our ancestors. (21-35 year old, 35W, 4 December 03)

But this same woman also said:

It's [the publicity and media] good in some ways, like promoting the banning of FGC but in some ways the information is not correct and it sort of puts us in the limelight and everyone knows what we do with our bodies which is supposed to be private. Even our male relatives and our fathers were not notified when this takes place, but now it's a public topic with wrong information.

When asked if they favoured or did not favour the practice, only three women did not and 51 women were in favour of the practice. It is interesting that two of these were among the 13 who had attended education programmes that promoted the eradication of the practice. Also, of the 13 who attended education programmes, only three felt cutting should not be legal, but the other 10 said that cutting should be legal in New Zealand. Overall, 49 women said that female circumcision should be legal in New Zealand, three felt it should not be legal and two did not know.

[It should be] emphasized that we cannot do without [circumcision] and whether legal or not, it is making us feel that we do not belong in New Zealand and are only here temporarily... [I would like to] request the government to allow Sunna as we cannot forget our culture just because New Zealand thinks it's abusing girls. I have had it and I do not consider it as abuse. It's more of a pride thing that I have been circumcised. And the thought of not cutting my girls is really disturbing especially when every New Zealand Somali woman knows that they are not cut just by counting my time of arrival and the ages of my daughters. (41-45 year old, 26L, 12 December 03)

The implications here are that current education programmes, at least among the women in this study, are not having an impact on changing the practice. However, other data in the research found that the practice was changing from Pharaonic to Sunna among the participants and their daughters, but the comments suggest these changes are likely to be occurring more as a result of religious knowledge and community efforts than from any externally imposed education programme. For example, when asked if some forms of circumcision should be legal, but not others, this woman replied:

Yes, Sunna, as Pharaonic is against the religion and when it used to be done it was when people didn't even know the religious side of this matter, but now things have changed. (50+ year old, 31L, 3 December 03)

Conclusions

The stories told to us by Somali women around New Zealand present a very different picture to the ones reported in popular media. Very few said their

experience was bad or had negative consequences for them, and the majority were highly positive about the experience. The women were also clearly aware of the issues of whether tradition and religion do or do not support the practice, and of the different types of circumcision. Most wanted the lesser form (Sunna) to replace the Pharaonic form, but the majority wanted the practice to remain and were offended by its rapid legal prohibition upon the first arrival of refugee women in the early 1990s.

While the research we have conducted has the limitations we have pointed out, in terms of good community research practice it is closer than any of the previous reports we know of because it presents the stories directly from the women. This has taken a number of years of working with the community, it should be noted, and we are doubtful that 'quick' oral histories could be done without the preliminary building of trust within the communities.³⁰ In working with such communities, it often takes years of voluntary community assistance and participation to get to the point where a study such as this can be made with confidence in the findings. We have outlined earlier that the women have stories they can easily tell to strangers and ones that satisfy those strangers, but close participation in the community, for both the 'insider' and 'outsider' researchers, brings about very different views.

In conclusion, our aim in this research has not been to glorify the practice of female circumcision, nor has it been to minimize the sometimes horrendous experiences that some women have undergone. Our aim has been to present the comments of the women as they were told to us. We have deliberately not interpreted these comments too much but have presented them as they are—allowing the women to speak for themselves.

The topic of female circumcision highlights many influences on the telling of oral histories within close communities, and how interpretations can detract from the complexity of those histories and how they are told. Our responsibilities, in whatever our profession, as listeners and interpreters of oral histories or interview data are immense, especially when the topic becomes a legal as well as a cultural issue. Overall, we need to be very careful about how we portray the stories we hear. We need to extend our understanding well beyond the stories we hear if we intend to interpret them. All of this, when done with cultures that are different from our own, has to be done in close consultation with the community involved and in collaboration with them as co-researchers.

Endnotes

- ¹ For example, see www.oralhistory.org.uk/advice for advice in the collection of oral histories, but also C. Robson, *Real World Research* (2d ed.). Oxford, 2002 for guidelines on interview data collection. We acknowledge that there are occasions when these guidelines are not necessarily appropriate for philosophical or other reasons.
- ² M. Miles. & J. Crush, 'Personal Narratives as Interactive Texts: Collecting and Interpreting Migrant Life-Histories.' *Professional Geographer*, 45, 1993, pp 95-129.
- ³ We will not provide a full description of the research here due to space limitations and similarly will only provide a brief introduction to the general area of female circumcision. For a more detailed discussion of the topic, see E. Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective*. Philadelphia, 2001; B. Shell-Duncan & Y. Hernlund, eds, *Female "Circumcision" in Africa: Culture, Controversy, and Change*. London, 2000.
- A full report of the research drawn on here is available from the authors. This work was supported by grants from the Foundation for Research, Science and Technology and the Faculty of Arts and Social Sciences Research Fund, University of Waikato.
- ⁴ World Health Organisation *Female Genital Mutilation: A Joint WHO/UNICEF Statement*, Geneva, 1997. World Health Organisation *Female Genital Mutilation: Fact Sheet*, Geneva, 2000. See <http://www.sho.int/inf-fs/en/fact241.html> 18 Feb 2003.
- ⁵ E. Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective*. Philadelphia, 2001. See p. 4 for a more detailed discussion of labels.
- ⁶ A. Rahman & N. Toubia, *Female Genital Mutilation: A Guide to Laws and Policies Worldwide*. London, 2000.
- ⁷ Ibid.
- ⁸ P. Allotey, L. Manderson & S. Grover, 'The Politics of Female Genital Surgery in Displaced Communities', *Critical Public Health*, 11, 2001, 189-201.
- ⁹ Ibid. See also M. H. Salmon, 'Ethical Considerations in Anthropology and Archaeology, or Relativism and Justice For All' in Kirk M. Endicott and Robert Welsch, eds, *Taking Sides: Clashing Views on Controversial Issues in Anthropology*. Guilford, CT, 2001; L. M. Thomas, *Politics of the Womb: Women, Reproduction, and the State in Kenya*. London, 2003.
- ¹⁰ Rahman & Toubia.
- ¹¹ Ibid.
- ¹² C. M. Obermeyer, 'Female Genital Surgeries: The Known, the Unknown, and the Unknowable', *Medical Anthropology Quarterly*, 13, 1999, p. 92. See also Obermeyer's 'Complexities of a Controversial Practice', *Science*, 292, 2001, pp 1305-1306 and 'The Health Consequences of Female Circumcision: Science, Advocacy, and Standards of Evidence', *Medical Anthropology Quarterly*, 17, 2003, pp 394-412, and R. A. Shweder, 'What About "Female Genital Mutilation"? And Why Understanding Culture Matters in the First Place.' *Daedalus*, 129, 2000, pp 209-232.
- ¹³ E. Babatunde, *Women's Rights Versus Women's Rites: A Study of Circumcision Among the Ketu Yoruba of South Western Nigeria*. Trenton, NJ, 1998, p. 3. For more reading on opposing views and arguments, see R. T. Francoeur, & W. J. Taverner, *Taking Sides: Clashing Views on Controversial Issues in Human Sexuality*, (6 ed.) Guilford, CT, 1998, pp 134-153.

- ¹⁴ Sudanese woman. http://news.bbc.co.uk/2/hi/uk_news/wales/3816247.stm. 17 Jun 2004. See also E. Heger Boyle & A. Hoeschen, 'Theorizing the Form of Media Coverage Over Time', *Sociological Quarterly*, 42, 2001, pp 511-527. for a review of media coverage regarding female circumcision.
- ¹⁵ C. S. Gross, 'Struggling With Imaginaries of Trauma and Trust: The Refugee Experience in Switzerland', *Culture, Medicine and Psychiatry*, 28, 2004, pp 151-167.
- ¹⁶ See, for example, J. Scuro, 'Exploring Personal History: A Case Study of an Italian Immigrant Woman', *Oral History Review*, 31, 2004, pp 43-69; N. North, 'Narratives of Cambodian Refugees: Issues in the Collection of Refugee Stories', *Oral History*, 23, 1995, pp 32-39; A. Thomson, 'Moving Stories: Oral History and Migration Studies', *Oral History*, 27, 1999, pp 24-37; M. Miles & J. Crush, 'Personal Narratives as Interactive Texts: Collecting and Interpreting Migrant Life-Histories', *Professional Geographer*, 45, 1993, pp 95-129.
- ¹⁷ *The Hosken Report: Genital and Sexual Mutilation of Females*, (4 rev ed.) Lexington, MA.
- ¹⁸ L. M. Thomas, *Politics of the Womb: Women, Reproduction, and the State in Kenya*. London, 2003; L. Thomas, ' "Ngaitana (I will circumcise myself)": Lessons From Colonial Campaigns to Ban Excision in Meru, Kenya', in Bettina Shell-Duncan and Ylva Hernlund, eds, *Female "Circumcision" in Africa*. Boulder, CO, 200, pp 129-150.
- ¹⁹ Thomas, *Politics of the Womb*
- ²⁰ R.E.B. Johansen, 'Pain as a Counterpoint to Culture: Toward an Analysis of Pain Associated With Infibulation Among Somali Immigrants in Norway', *Medical Anthropology Quarterly*, 16, 2002, pp 312-340.
- ²¹ W. Dirie & C. Miller, *Desert Flower: The Extraordinary Life of a Desert Nomad*. London, 1998.
- ²² J. K. Carroll, 'Murug, Waali, and Gini: Expressions of Distress in Refugees From Somalia', *Primary Care Companion Journal of Clinical Psychiatry*, 6, 2004, pp 119-125.
- ²³ We are not saying that war is not an influence in mental health/illness issues. For a more detailed discussion of mental health issues with Somali refugees, see B. Guerin, P. B. Guerin, R. O. Diiriye & S. Yates, 'Somali Conceptions and Expectations Concerning Mental Health: Some Guidelines for Mental Health Professionals', *New Zealand Journal of Psychology*, 33, 2004, pp 59-63.
- ²⁴ B. Guerin, P. B. Guerin, R. O. Diiriye & A. Abdi, 'Living in a Close Community: The Everyday Life of Somali Refugees', *Network: Journal of the Australian College of Community Psychologists*, 16, 2004, pp 7-17.
- ²⁵ This research received ethical approval from the Faculty of Arts and Social Sciences Ethics Committee, University of Waikato, Hamilton.
- ²⁶ See R. Pe-Pua, 'Pagtatanong-tanong: A Cross-Cultural Research Method', *International Journal of Intercultural Relations* 13, 1989, pp 147-163 for an interesting approach to interviewing that we have found works well in our research with Somali.
- ²⁷ E. V. Daniel & J. C. Knudsen, *Mistrusting Refugees*. Berkeley, 1995. Also see N. North, 'Narratives of Cambodian refugees'.
- ²⁸ See, for example, S. J. Andrade & A. G. Burnstein, 'Social Congruence and Empathy in Paraprofessional and Professional Mental Health Workers', *Community Mental Health Journal*, 9, 1973, pp 388-397. L. L. De Andrade, 'Negotiating From the Inside: Constructing Racial and Ethnic Identity in Qualitative Research', *Journal of Contemporary Ethnography*, 29, 2000, pp 268-290.
- ²⁹ Somali women, interviewed by Fatuma Hussein Elmi or Farhiyo Elmi, various dates between August 2003 and January 2004, Auckland, Hamilton, Wellington and Christchurch, New Zealand. Full details of the research and interviews are currently held by and available from the first author.
- ³⁰ M. Miles, & J. Crush, 'Personal Narratives as Interactive Texts: Collecting and Interpreting Migrant Life-Histories', *Professional Geographer*, 45, 1993, pp 95-129.

“Like a family where you fight and you roar”

Inside the ‘personal and social’ worlds of Tokanui Hospital, New Zealand, through an oral history project

CATHARINE COLEBORNE

Public history and the history of medicine often intersect in institutional histories, especially those that utilise oral history and/or lead to museum exhibition development. This article reflects upon a joint oral history research project to capture the history of the New Zealand psychiatric institution known as Tokanui Hospital (1912-1998). The Te Awamutu Museum, Health Waikato (Mental Health Services), and the Department of History at the University of Waikato joined forces in early 2003 to investigate the different and shared memories of members of the broadly defined ‘psychiatric community’ at Tokanui. The different members of this research team have been engaged in distinct aspects of such a project. As an academic historian of psychiatry, and specifically, an historian with an interest in large psychiatric institutions, my investigation has focused upon how an institutional community creates meanings about its past. This article functions as a report on this project, and traces these themes as ‘narrative frames’ and argues that the desire to preserve the past of Tokanui has many motivations, not least the concern to grapple with the meanings of its closure for both the institutional and the wider community. In doing so it touches only briefly on the history of deinstitutionalisation and on policy issues where these are required to provide a context for the discussion about these themes.¹ I have been concerned with the specific kinds of narratives told and retold about the institution as a site of ‘community’, about the sense of place and ‘belonging’ felt by its members, about perceptions of its hierarchical operation, and about the meanings of institutional closure and its effects upon personal constructions of ‘belonging’.

By examining oral histories, or life narratives, historians of psychiatry can make sense of the different meanings accorded to the past of the institution.² As British scholar Kerry Davies notes, ‘the history of psychiatry is one of multiple narratives –

professional and cultural, legal and social, those of patients and those of psychiatrists’. Until recently, histories of psychiatry have most often privileged psychiatrists and institutions at the expense of patients. Davies is keen to show that by using oral history, historians might ‘redress imbalances within the historiography of modern psychiatry’. Davies interviewed patients and ex-patients in Britain to provide a set of patient-centred perspectives about the history of contemporary psychiatry and the intersections between their ‘personal and social’ worlds.³ While our research project has not focused upon ‘patient’ narratives, I have used her phrase to capture the collision that occurs between interviews with individuals and the wider meanings of a large institutional culture already in circulation. Certain aspects of Tokanui’s past have become shared memories, but in an interview situation – one might say, in private – individuals both reassert and question these memories, often offering their own perspective on key events or personalities. The closure of Tokanui is one such event.

Understanding the wider context for this institutional closure is also critical to interpreting the memories revealed in the oral narratives collected as part of this project. International scholars and practitioners in the field have traced the impact of institutional closures.⁴ Like Davies, Diana Gittins explores multiple narratives of psychiatry in her history of Severalls Hospital in Essex, England, *Madness in its Place* (1998).⁵ Gittins examines the history of Severalls through the critical problem of

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psychiatric communities and their meanings following deinstitutionalisation, and she also utilizes oral history as a method, hoping to capture the meanings of these changes for the community at Severalls. Gittins is particularly interested in the way institutional spaces held different meanings for different people, from patients to nursing staff and increasingly, others involved with the institutional community.

These different meanings are particularly important in the post-deinstitutionalisation era. Proponents of deinstitutionalisation have questioned the value of large psychiatric institutions despite their relevance both to sufferers of mental illness, and also to carers, psychiatric nurses, and others involved with psychiatric communities over time.⁶ The same can be said about the experiences of Tokanui's institutional community in the 1990s as formal closure approached. It is our aim that the tracing of multiple perspectives on institutions like Tokanui through the gathering of oral histories will play a future role in the preservation of its multiple meanings within the local community, as suggested by Gittins' project and other institutional histories, including institutional histories produced in the New Zealand context. The small sample of interviewees referred to in this article were all interviewed by the principal researcher, and are referred to using a mixture of names and pseudonyms. They include a former psychotherapist, a former consultant psychiatrist, a psychiatric nurse still practicing in the sector, a psychopaedic therapist who worked on the intellectual disability side, and a former patient or client who spent a short time at Tokanui in the late 1950s.⁷ Some images in the private collection of another participant, Judy Besley, are reproduced here as illustrations.⁸

In her analysis of patient narratives, Davies uses the term 'narrative frames'. Oral historians have been interested in subjectivity and the construction of oral narratives in many different areas of study, from war-torn Europe to the working-class narratives of Hamilton, New Zealand in the twentieth-century.⁹ Detailing the shift from oral history as a practice for social historians focused on working-class pasts to one more interested in cultural memory, Anna Green writes that '[t]hrough oral testimonies it was possible to explore the many ways in which individuals construct frameworks of meaning', noting too that oral histories are still used to provide aspects of the past 'inaccessible though other, written, sources'.¹⁰ In this vein, Davies similarly looks for evidence of dominant metaphors, tropes, and significant silences in the patient narratives she analyses, and she identifies

three major frames through which interviewees 'made their experiences meaningful'.¹¹ This explanatory device is loosely deployed here to examine some of the dominant themes in key interviews conducted by the research project leader. The frames explored in this article are 'place and belonging', 'hierarchies', and 'closure'. Before the particular interpretative value of these frames can be understood, the intersection between the 'personal' and 'social' worlds among the interviewees requires a local context.

Tokanui Hospital and New Zealand Psychiatry
Located on Te Mawhai Road near the small town of Te Awamutu in the Waikato, in the North Island of New Zealand, Tokanui Hospital was established in 1912. Tokanui Hospital housed people with intellectual disability, those with acute psychiatric disability, and those with neurological impairment.¹² By the 1950s and 60s Tokanui was overcrowded, housing over 1000 patients.¹³ Tokanui's fiftieth Jubilee commemoration took place in 1962 and a brief history was prepared to mark the half-century of a place that had developed and changed alongside psychiatric practices in New Zealand.

Several institutional histories published in New Zealand are very valuable sources of information about psychiatry. The most substantial of these is Wendy Hunter Williams' commissioned history *Out of Mind, Out of Sight*, about Porirua Hospital, also in New Zealand's North Island.¹⁴ Williams uses oral histories together with documentary materials to build a picture of Porirua over time. These oral histories are not critically interpreted, but are relied upon as useful sources of information about Porirua. The scholarly publication *'Unfortunate Folk': Essays on Mental Health Treatment 1863-1992*, edited by Barbara Brookes and Jane Thomson, focuses mainly though not exclusively on institutions in Otago in New Zealand's South Island.¹⁵ This collection of essays examines a range of themes in New Zealand's history of psychiatry and mental health. In her introduction to this book Brookes notes the role of memory in keeping aspects of the past of psychiatry 'alive'.¹⁶ Some chapters in the collection have specific relevance to this discussion about Tokanui.¹⁷ One chapter about women psychiatrists in New Zealand derives from an oral history project.¹⁸

Tokanui's own history has been recorded over the years in limited ways, but as yet, there is no 'official' Tokanui history. Elsewhere I have discussed Tokanui's history in the context of institutional closures.¹⁹ This is an international context: historian of medicine Roy

Porter saw the rise of 'social psychiatry' from the late 1940s as creating a new, blurred distinction between 'sane and insane', and ushering in changes like day hospitals, regular visiting, and the 'unlocked door' policy explored by many institutions. 'Therapeutic communities', where the hierarchical nature of the institution and its practices was challenged by new practices involving patient autonomy and shared decision-making, followed.²⁰ Broadly speaking, from about the middle of the twentieth century in New Zealand, the 'average number of residents' in psychiatric institutions fell. This could be explained, as studies have argued, by looking at rates of first admission (declining) and readmission (increasing). The average length of stay in a psychiatric hospital was shorter too. But changes in hospital treatment, the growth in outpatient and community services, and changing attitudes to psychiatric hospitals also account for the falling patient numbers.²¹

Deinstitutionalisation policies also emerged alongside debates about the appropriateness of psychiatric institutions for the intellectually handicapped. The deinstitutionalisation of people with an intellectual disability began in New Zealand in response to international trends.²² Beginning in the 1970s, when no extensions to buildings for people with intellectual disability were to be built, and reinforced in the early 1980s when government reports established new guidelines on caring for people with intellectual disability, New Zealand's deinstitutionalisation era brought changes for people whose experiences of the 'community' and community care would be drastically different. This has relevance to Tokanui's story, because over 300 intellectually disabled people at Tokanui were relocated as part of this process.²³

The most important discursive shift in this wider debate about deinstitutionalisation occurred in the 1970s, when "the Health department as a whole took a more 'community-oriented turn' in its official reports".²⁴ There was a trend towards "lessening reliance on the psychiatric hospital as the main source of psychiatric care".²⁵ One of the interviewees, Tony Moran, described the gradual unlocking of the wards from the late 1960s, though one interviewee recalls being in an unlocked ward as early as 1959, showing that unofficially, institutional practices may have been more flexible.²⁶ Another, Doug Hibbs, a consultant psychiatrist who spent two distinct periods of time associated with Tokanui in the early 1970s and the late 1980s, described the move to outpatient services from the 1970s at Tokanui.²⁷ He commented that 'patients were responding to the fact that for the first time in

many years they had liberty, they had their own independence' while there were also a 'few failures'.²⁸ At different New Zealand institutions including Porirua, Oakley Hospital (Auckland), Cherry Farm (Dunedin), Seaview (Hokitika), Kingseat (near Auckland) and Lake Alice (Wanganui) the practice of liaising with the community and breaking down the barriers between community and institution had begun the process of eventual institutional closures in the 1980s, which was completed by the 1990s, though some institutions, including Porirua, remain partially functional. Tokanui's own villa wards were progressively closed and/or demolished throughout the 1990s, a process begun in 1990.²⁹ The institution finally closed in 1998 after around 85 years. Currently, Opus Security monitors the site and empty buildings still contain traces of the institution's daily life, record keeping, and social events, as if they had been eerily abandoned overnight. In reality, the protracted closure took several years. The site is part of an ongoing legal investigation being conducted by the Office of Treaty Settlements.

The Tokanui project and institutional memories

It is crucial to note that the town of Te Awamutu was for a long time intimately associated with Tokanui. Once a large employer for the district, it would not be an exaggeration to say that almost everyone in the town would have had some kind of relationship with the place. When plans to close the institution were made public in the 1990s, there were strong and emotional reactions of all kinds from local people, and widespread media coverage ensured that the debate over its closure was politicized and polarized.³⁰ These emotions have been diluted some years on, but certainly motivated the researchers at the local museum.

For some time these researchers had been interested in collecting oral histories from the wider Tokanui community.³¹ The aim of the project is to add to the existing archival material about Tokanui housed at the Te Awamutu museum, and to record the memories of members of the institutional community. A social history exhibition based on this project is now in development at the museum. Part of a much larger museum project with several stages to investigate histories in the local area, including photographic documentation of Tokanui, and a similar project involving Waikeria, the local prison, public and professional interest in this particular project has been widespread.³²

The wider discursive context in New Zealand for

this research project has recently become very fraught. Several claims of physical abuse against staff in New Zealand psychiatric institutions in the 1960s and 70s have now being publicly scrutinized, with Porirua Hospital at the centre of a large number of allegations of mistreatment.³³ Tokanui is part of this story. The 'personal and social worlds' we have been investigating reveal that the institutional community was not homogeneous, despite claims that it was like one large family; and moreover, the meanings of that community are highly contested. In March 2004 the local newspaper, the *Te Awamutu Courier*, published a letter with the title "Tokanui not all good" in response to our advertisements for participants. The writer of this letter pointed out that "... institutions such as Tokanui were "closed communities" and people who worked there operated under a strong "code of silence".³⁴ The fear that our project would reproduce the 'myth' about Tokanui as a 'nice place', expressed by this letter writer, is a fear that our research team shared. The local expectation that the project would produce merely positive, uncritical and nostalgic responses to the institution has been both reinforced, and yet to some extent also disturbed in different ways, which I explore and analyse in this article.³⁵

The research team sought subjects for interviews through local newspapers and professional newsletters. We decided to interview about 25 people, but around 40 people responded both formally and informally, and we have interviewed 28 people at the time of writing, including one group interview with four former medical administrators. Prospective participants were sent an information pack by the museum and decided whether or not to proceed to interview. Of these, we hoped for a good range of participants from all aspects of the Tokanui institutional community, including nursing and medical staff, kitchen staff, cleaners, drivers, patients or clients, medical administrators and family members. While we achieved a good range



Nurse looking back at ward at Tokanui Hospital, c.1930s. Private Collection of Judy Besley. Reproduced with her permission.

among the final group of interviewees, the majority of respondents were former nursing staff (see table below).³⁶ Therefore, some respondents were asked to provide a written account, to ensure that we achieved this balance among interviewees. In the individual interviews, interviewers adopted a 'life narrative' approach but also asked specific questions tailored to the interviewee's particular role at Tokanui.

Interviewees classified by former role:

Role at Tokanui Hospital	Number interviewed
Nurse (all ranks including Matron)	7
Medical records/administration	5
Former patient/client	2
Family association	2*
Ward kitchen assistant	1
Psychopaedic therapist	1
Official visitor	1
Welfare/nurse	1
Recreation Officer	1
Manager, District Health Board	1
President, 'Tokanui Friendship'	1
Psychotherapist	1
Consultant Psychiatrist	1
Transport worker	1
Justice of the Peace	1
Other	1
TOTAL	28

* Many other interviewees also stated family associations with Tokanui, but in these two cases, this was the only 'role' identified.

From the outset, concern about the possibly deleterious effects of interviews with current mental health clients had the effect of excluding their participation from the project. Only two former clients (patients) have been interviewed, which is a weakness of the project overall, but indicates one of the key areas of contestation over this community, that is, perceptibly, in terms of public memories, Tokanui seems to belong to the carers, not those being cared for. The photograph (left) is symbolic of the way such institutional histories are often shaped by former nursing staff, looking back at their places of work. Ultimately the 'patient narrative' is absent from this institutional history thus far, unlike the work by Davies referred to at the outset of this article. Her explicit concern with contemporary patient narratives is somewhat unusual in this field, although other scholars have recently begun to take a similar approach, particularly in contexts where the ethical dimension of such work has been carefully considered or has not presented any difficulty.³⁷

The vast majority of respondents were extremely keen to tell their stories, and some interesting issues have emerged from these. We also encountered some anxiety from staff who had signed confidentiality agreements in their periods of employment at Tokanui.³⁸ We took legal advice and managed to reassure a number of potential participants that they could talk to us about their memories without breaching these agreements, but several possible interviewees later declined. This underscores another theme that is emerging in the current context, also present in the response of the letter writer mentioned above: the need to tell the 'truth' about psychiatric institutions in the past, versus nostalgic, uncritical assessments of such institutions.

As the museum exhibition team considers its approach to the exhibition to be mounted in 2005, I suggested to the team leader that she might consider the theme 'contested community'. While there were distinct and multiple communities at Tokanui, the belief in one unified community remains strong. One solution to this problem, given the level of local ownership of our project being expressed, is to say that there are many different perspectives on that community. The key area of contestation that has emerged at this point in the project is the meaning given to experiences of the institutional community. The following discussion of interviews through the narrative frames identified at the outset of the article interprets this contestation.

Place and belonging

Tokanui was home to many people: not only to patients, but also to staff. It was somehow without borders and yet contained as a community, in its own world. And it was very attractive, and very peaceful. As Felicity Saxby, a psychotherapist and the wife of a prominent local psychiatrist remarked:

*There was no front fence ... and this huge area of playing field and then the red buildings. It was a very, very pretty place.*³⁹

For a female short-stay patient who went to Tokanui in 1959, the place was

*... lovely, nice gardens, and you could go out and walk around, there weren't, you weren't locked up during the day or anything ...*⁴⁰

Therefore, perhaps the strongest narrative told and retold by interviewees is the description of Tokanui as a physical space. Tokanui was a beautiful place. The seven-acre farm, flower gardens, green hillsides and tree-lined walks remained symbols of its healing capacity; its piggery and bakehouse signs of its past self-sufficiency. Jamie Lane recalled that:

*It was like a little town, you know, really, it was like a little town; I mean there were the settlements ... families of people who worked in the hospital lived there, and um, I mean when I first started working there they had their own plumbers, the gardening gang that maintained the grounds there had about twenty staff, the ground were absolutely beautiful and they had their own electricians, plumbers, kitchen staff, you know, all professions really, builders, carpenters ... (her emphasis).*⁴¹

Interviewees all comment on the grounds and the space at Te Mawhai Road. Supporters and opponents of its closure alike agree that the new facilities in the grounds of the Waikato Hospital in Hamilton lack this beauty and peaceful space for people to walk. At Tokanui, the gardens were tended by patients who were otherwise uncommunicative and who were usually non-participants in the life of the institution. The work therapy models of the Victorian asylum lingered at Tokanui, as in other established large psychiatric institutions.

However, before it became known as a European space, the very site where Tokanui was built still belonged to local Maori in the 1900s. An interviewee and psychiatric nurse now involved with the Maori mental health community, Bob Elliot, spoke about his family's role in the land deal that saw the site pass into government control under the Public Works Act in 1908. Yet in the postwar period Tokanui was not a particularly 'Maori' space. As another psychiatric nurse now working at the Henry Bennett Centre (named after Tokanui's Maori Superintendent), Tony Moran, explained:

When you looked ah at the mentality and the operation of the place, it was, ah, custodial, ah, it ran very very similar to the prison, and most of the people who went there were people who had worked or had been in the armed services who had been repatriated from overseas and certainly when we look at it these days hadn't reintegrated successfully back into the community ... there were very few Maori who worked certainly in mental health services at that time, very very few, I think in [the 1960s] when I started, there were probably half a dozen working on the male side, and about the same on the female side ...

Were there many Maori patients in those days?

*There really weren't all that many, and it wasn't until, um, most probably the late 60s that there was an increase, and partly it was the ... migration of people from rural areas, the breaking up of whanau ...*⁴²

Here Moran was commenting on the way that many Maori people with mental illness of intellectual disability became more vulnerable to institutional confinement because their families were not looking after them in the wake of changes to New Zealand

society. Later, Moran explained, Tokanui changed. Not only were there more Maori staff, there were more Maori patients:

*...pre-70, I suppose as I said the number of Maori employed out there was minimal, ah, and most of those, certainly female Maori who were employed, ah, most of them had European husbands, and most of the husbands worked there, and lots of the husbands were English ... it was minimal ... and in part of it was, again it goes back to the stuff about the head being tapu, so Maori had no way or no recognition of dealing with it and to have people in a place like that was totally outside the concept of whanau ... though ... in many ways it was quite a sacred place as well ...*⁴³

The sense of belonging that emerges in the oral narratives is often linked to descriptions of physical space, but also takes different, less tangible forms. Many participants see Tokanui as having been a large family, often using the Maori term 'whanau' or extended family, not least because so many family members did work together in different roles for many years. Staff lived on site in low-cost housing; staff socialized together in coherent groups; Tokanui couples were married in the attractive grounds; colleagues attended funerals or tangi in the Tokanui chapel for their workmates who had died; and people shared very strong memories of similar occasions, events and personalities.

Maori nursing staff spoke about Tokanui as being a leader in Maori mental health in New Zealand. Many Maori families worked at Tokanui; this, and the history of the site, provided Tokanui with a special significance for some interview participants. Henry Rongomau Bennett also played an important role at Tokanui.⁴⁴ These points were reinforced by a social impact study undertaken in 1990 by the then Waikato Area Health Board's Psychiatric Services. KRTA Limited Engineers Architects Scientists Planners were hired. They consulted 155 people from 30 identified social groups and investigated the potential impact of downsizing and possible closure of the hospital. They concluded that the Maori community was the group that would be most strongly affected by the closure of Tokanui. Not only did Tokanui have the first bicultural psychiatric unit in New Zealand, the Whai Ora Unit, which helped to train Maori staff, employed unskilled Maori from the local area, and provided a safe place for Maori patients, but Tokanui was seen as an acceptable place to send sick relatives by Maori families. The report concluded that Tokanui had a spiritual significance to Maori because it was built on Maori land; local kaumata suggested that Tokanui provided a 'sanctuary' for their people who needed respite.⁴⁵ This

theme opens up a broader area of investigation for historians of mental health in New Zealand.

One Pakeha participant was Felicity Saxby. Felicity gained counseling qualifications and became an important member of the Tokanui therapeutic community in her own right. The Saxbys arrived in New Zealand from England as medical immigrants in the late 1960s. The family became part of the institution, living there on site for a number of years.⁴⁶ John became Medical Superintendent there in the 1980s. Felicity's description of Tokanui was that it was:

*... like a family where you fight and you roar and you jump around and you don't agree and you do agree and you are totally supported, whatever goes on.*⁴⁷

She captured what Tokanui meant to her in this discussion:

*I mean when I say um Tokanui is my home, that is actually about all the people here. It's about the senior domestic supervisor, who is a Maori woman who I first met at a funeral in 1974 and showed me sort of what to do and protected me from the rain. She had an umbrella and I didn't. And it pissed with rain, and we were out in this graveyard. A Pakeha graveyard, one in Te Awamutu actually, of a little girl who I'd nursed until she died. Who I'd helped nurse until she'd died. But she and I, we meet very seldom, occasionally I meet her in town now. Um, but she knows me and I know her and we know where each other's at. And it's that kind of, it's intangible really, it's like what you feel when you're at home. It's comfortable, it's normal, it doesn't have to be there all the time but one is absolutely completely confident that it exists. And it's, it um, it's quite special and I mean yesterday when I met George in the supermarket, it's like oh I'm home again, that sort of feeling. And you don't have to ask questions or talk about it or say it was marvellous. You just, you're there. It is, it's quite, it's quite strange.*⁴⁸

Felicity's interview was very rich with examples of her great and intense attachment to Tokanui. As she remarked, struggling to find adequate language, this attachment was and is intangible. By the time of our interview, Felicity had not been in touch with people from Tokanui for some years, but had seen one old work friend, George, in the supermarket. She became emotional talking about her memories of the place and in particular, her personal interpretation of its 'bicultural' identity. She was very close to several Maori colleagues, an association that became very important to her.⁴⁹ When her husband died in tragic circumstances, they held a tangi in the Tokanui chapel. Her relationship to Maori people was informed partly by her 'outsider' status, coming from England, and also the necessity for her to become part of the

institutional community in order to survive it: living on site with her sometimes controversial psychiatrist husband ensured interesting collisions with its institutional culture.

Like Felicity, Tony Moran developed close relationships to people and to place at Tokanui, spending thirty years of his nursing career there. In two separate interview moments he tried to explain this attachment:

I loved it, because it was a whole community on its own, ah, it was entirely self-sufficient ... because of ... the level of emotional charge you had to rely on other people, and other people had to rely on you, and so there was an incredible bond, and a lot of that was simply because lots of times you were living very much on the edge ...

... it was a high level of social contact ... very very close, very close and very highly emotional bonds among the people at work...⁵⁰

In these two remarks, Tony captured some sense of an explanation for the way bonds shared between staff at Tokanui could be intense. Working with sick people, sometimes 'on the edge', often in circumstances that called for physical responses, staff had to be able to trust each other and to respond appropriately to patients. So Tokanui staff worked hard, and outside work hours, socialized together in local hotels. Other interviewees confirmed that this social life shared by staff was important and sustaining.

More than one participant spoke about having multiple family connections to Tokanui. For instance, Judy Besley's parents met and married through Tokanui and she grew up living in the grounds of the hospital. She provided the project team with a series of photographic images that capture a number of the



Judy Besley meets Santa at Tokanui Hospital Christmas party in the 1950s. Private Collection of Judy Besley. Reproduced with her permission.

themes that surface repeatedly among our interviewees. These images, of social occasions,

sporting contests and staff in the hospital's grounds, will be used to highlight the interviews in the museum exhibition.

The former patient interviewee, referred to earlier, had a more limited sense of belonging that only extended to her one return visit to Tokanui during its Gala Day celebrations in the 1960s. In a short interview, coloured by her inability to recall very much about her experience, she commented: 'I only ever once went back, and that was for a Gala Day that they had, I think that was for fundraising or something, somebody said to me, "oh you're brave, going back", but I didn't feel brave, I just wanted to feel "normal", you know, that I was all right ...'. Not only did she want to feel that she had moved on, but as a longtime supporter of welfare and charities, she also wanted to support the place.⁵¹

Hierarchies

A few participants also talked about the fractured, hierarchical nature of the institution, characterizing it as an unhappy place of work, and as being cliquish. Sometimes the close family connections that defined some people made other people feel isolated. It was sometimes a place where some people controlled others through fear. These same participants talk about incidents of violence on the wards. One issue raised here is the difference between the intellectual disability side of the institution and the psychiatric wards, with seemingly more job dissatisfaction expressed by staff in on the intellectual disability side. Thus there were different communities within the whole.

This institutional culture could be viewed as fairly typical of large institutions. Tokanui had 'a pretty tight kind of bureaucracy with fairly sort of tight rules however the rules were not policed particularly well at times, most of the time in fact', as Jamie Lane noted.⁵² Working with intellectually disabled children and adults, and concerned about patient rights, Lane 'saw lots and lots of things that made me feel very uncomfortable and for the most part I reported them' and according to her, offending staff were moved from psychopaedic to psychiatric wards, not 'sacked'; and later, she remarked, 'I lost faith I guess a lot of the time over reporting stuff and I used to deal with it in my own way'.⁵³ This led to her isolation:

I was not well-liked ... when I was working as a psych assistant, for example, I just got shifted cos I used to piss them off, because I'd be complaining about this and that, and ah, they used to call me the Matron, um, nobody would talk to me, nobody would sit with me for my cup of tea, you know, things like that just sort of ostracised a lot of the time ...⁵⁴

However she also tempered her comments with this statement: 'there were some absolutely beautiful people working there ... people who had the same kinds of standards as me, who thought the same kind of way ...'.⁵⁶ Some of the fissures and complexities within an institutional culture are lost to outsiders. Comments made by Jamie hint at these difficulties, and show that contestation over the meanings of Tokanui's work culture is an important aspect of this project.

Another community within the whole was the medical community. A consultant psychiatrist at Tokanui in the 1970s and again in the late 1980s, Doug Hibbs noted that 'it was a very close-knit community, because I think without exception we ah, all lived in hospital houses, there was a row of them, along the main road, so we were a fairly tight-knit community, there was a fair amount of social interaction ...'.⁵⁶ This extended to a blurring of the lines for some members of the community; as a psychiatrist's wife and later an employee at Tokanui, Felicity recalled having to deal with the casual communication among some employees:

... when John became superintendent I then found that people came up to me as I got in my car to go home for lunch. And say things like "oh would you just tell him" and I had to get to say "nah, I'm going home for lunch with my husband. You want to talk to him you talk to him when he's at work". ... I was flummoxed by the clash of those two roles.⁵⁷

In other ways, memories of fixed and powerful institutional hierarchies, including the training of junior nursing staff, and later, the breaking down of

these hierarchies, coloured the interviews with former nursing staff.⁵⁸ As Moran said, after a long description of a workplace initiation as a junior nurse, 'you just longed for the day when there was going to be somebody junior to you'.⁵⁹

Closure

We also asked people about their responses to the closure of the institution. Now empty and abandoned and patrolled by security guards as decisions about the buildings and grounds are made, the institution made a profound mark upon the local community. Yet despite anxieties about employment in the area, also examined by the Social Impact Assessment conducted in 1990, no lasting adverse effects have been recorded; the district still supports Waikeria prison, and many of the old jobs of a psychiatric institution, including those performed by patients, had disappeared some decades before the formal closure of Tokanui.

However inevitable or eventually acceptable the closure was, it was highly emotional, and it scarred many people in the institutional community. Most responses to the question of the closure referred to loss. Felicity spoke of the loss of community, specifically, a community that had in some ways replaced family ties for her. Doug Hibbs spoke more coolly about the distress other people felt as the gradual process of closure began some years earlier, often using the word 'ambivalence':

... there was a certain amount of distress, not opposition I think, but ah, certainly ambivalence by some of the people; the



Abandoned ward at Tokanui Hospital, 2004. Te Awamutu Museum collection. Reproduced with permission of Te Awamutu Museum.

Matron at the time was Mrs Whitaker, and I remember we had quite a busload going up to Auckland, and I remember at the time Matron Whitaker standing on the steps of the administration building saying goodbye to them with tears streaming down her eyes, she was losing her family ...⁶⁰

Echoing this image conjured by Hibbs, Tony Moran recalled driving to work about two months before the final closure and suddenly bursting into tears.⁶¹

Also closer to the final date of closure, Jamie Lane

deplored the way that the place was left to deteriorate over time:

As time passed, and deinst was you know, going to be happening, decisions had been made that it would happen, but nobody ever quite knew when, I mean the facilities were not maintained, people like the carpenters, and the plumbers, the electricians and so forth and the gardeners were significantly reduced, we were shifted out, I don't know quite how it happened ... and that was a huge huge blow ... and so we were relegated to old buildings like the old laundry which was great big huge freezing cold bloody warehousey type building ... that was appalling, the state of the buildings generally had deteriorated significantly without a proper maintenance schedule ... the physical environment around the hospital deteriorated with no gardeners ... some arsonist burnt the church down and it was never even cleaned up, you know? She concluded, summing up the feelings of many others:

...and really I found it very distressing, because people were still living there! You know, and it was demoralising for everybody, so the morale of people, and you know, and people were thinking am I going to have a job?⁶²

Some interesting discussions about current mental health services have emerged from several interviews with people still working in the sector. Doug Hibbs had what might be called a longer view, and a more detached perspective, when he commented that the closure took its place among world-wide patterns of deinstitutionalisation.⁶³ But, like the other interviewees, he takes the view that Tokanui's country-park concept was not easy to replace in the public – and patient – imagination.⁶⁴

Conclusions: personal and social worlds?

What have we found out about the 'personal and social worlds' of the Tokanui institutional community? A powerful theme to emerge in the process of interviewing is that institutional boundaries and borders, parameters of control and physical perimeters have gradually been broken down since the institution's closure. It is as if the 'sealed' nature of the institutional community is being opened, redefined, reconstructed and reconstituted for the oral history project, all of which engages me as an academic historian in challenging and useful ways.

Interviewees spoke within broad narrative frames about place and belonging, sometimes not belonging; all grappling with the meanings of a large institutional community and their place within it. Sometimes that was defined by ethnicity or gender, two key themes for future interpretations of the body of the project's interviews. Some people were medical migrants, others locals. How bicultural was Tokanui in the last few decades of its operation? This was

certainly a claim made about the place by some interviewees. Institutional hierarchies, also present in these narratives, were both rigid and loose. These changed over time. The life of the large community and the different worlds within it, including ward-specific stories and personalities; the way gender relations shaped institutional culture; the role of psychiatrists and medical administrators; the experience of nursing training; the intellectual disability community; and the operations of the experimental 'Kia tukua', the therapeutic community begun by John Saxby; and workplace strike action, all deserve further exploration.⁶⁵ Finally, 'closure' meant many things and still does to all our participants.

Elsewhere, I have articulated what I see as the main potential themes for an official history of Tokanui.⁶⁶ Oral histories of institutions like Tokanui might just be the key to understanding the full impact of institutional closure and changing mental health services. But more than this, such histories provide communities with ways of preserving their past. There has been a high level of engagement with the project from the local community, and a sense of

ownership displayed by a diverse range of people. I hope that the museum exhibition can usefully explore the 'personal and social worlds' of Tokanui through the concept of 'contested community'.

Acknowledgments

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Arts and Social Sciences Ethics Committee at the University of Waikato. We acknowledge the project participants and interviewees.

Endnotes

- ¹ For mental health policy history, see Warwick Brunton, 'Out of the Shadows: Some Historical Underpinnings of Mental Health Policy', in Bronwyn Dalley and Margaret Tennant, eds, *Past Judgement: Social Policy in New Zealand History*, Dunedin, 2004, pp. 76-80.
- ² 'Life narrative' has become an accepted term within oral history scholarship and for its practitioners. These are sometimes also called 'life histories'. See for instance Jan Walmsley, 'Life History Interviews With People With Learning Disabilities', in Robert Perks and Alistair Thomson, eds, *The Oral History Reader*, London and New York, 1998, pp. 126-39.
- ³ Kerry Davies, 'Silent and Censured Travellers': Patients' Narratives and Patients' Voices: Perspectives on the History of Mental Illness since 1948; *Social History of Medicine*, vol 14 no. 2, 2001, p. 267; 268; 292
- ⁴ See for instance Peter Hall and Ian F. Brockington, eds, *The Closure of Mental Hospitals*, London & Washington, 1991; Duane F. Stroman, *The Disability Rights Movement: From Deinstitutionalization to Self-Determination*, New York, 2003.
- ⁵ Diana Gittins, *Madness in its Place: Narratives of Severalls Hospital, 1913-1997*, London and New York, 1998
- ⁶ See for instance my work about remembering the psychiatric institution through museum collections and displays: 'Remembering Psychiatry's Past'; 'Collecting "Madness": Psychiatric Collections and the Museum in Victoria and Western Australia' in Catharine Coleborne and Dolly MacKinnon, eds *Asylum: History, Heritage and 'Madness' in Australia*, Brisbane, 2003, pp. 183-94; and 'Exhibiting "Madness": Material Culture and the Asylum', *Health & History*, vol 3, no 2, 2001, pp. 104-117.
- ⁷ As the principal researcher and author of this article I wished to focus on my own interviews for this particular discussion, and it is not intended to be representative of the entire body of interviews.
- ⁸ There are a number of 'private' 'unofficial' photographs in the collections at Te Awamutu Museum. Official photography is not referred to in this article.
- ⁹ For a broad description of these topics see 'Oral History', in Anna Green and Kathleen Troup, *The Houses of History: A Critical Reader in Twentieth-century History and Theory*, Manchester, 1999.
- ¹⁰ Anna Green, 'Oral History and History', in Anna Green and Megan Hutching, eds, *Remembering: Writing Oral History*, Auckland, 2004, pp.2-3.
- ¹¹ Davies, 2001, p. 273.
- ¹² Waikato District Health Board, *Deinstitutionalisation: Issues and Challenges for People With an Intellectual Disability Discharged from Tokanui Hospital between 1996-1998*, Waikato District Health Board in Association with the Ministry of Health, Disability Support Clinic and Life Unlimited, [n.d.], p. 9.
- ¹³ During a tour of the now abandoned wards and grounds of the hospital, one of our interview participants described patients in the 1960s sleeping outside the wards on verandahs at the mercy of wind, rain and cold during winter months.
- ¹⁴ Wendy Hunter Williams, *Out of Mind, Out of Sight: The Story of Porirua Hospital*, Porirua Hospital, Porirua, 1987.
- ¹⁵ Barbara Brookes and Jane Thomson, eds, *'Unfortunate Folk': Essays on Mental Health Treatment 1863-1992*, Dunedin, 2001.
- ¹⁶ Brookes and Thomson, p. 10.
- ¹⁷ For instance, Jeff Kavanagh, 'Cherry Farm, 1952-1992: Social

and Economic Forces in the Evolution of Mental Health Care in Otago' in Brookes and Thomson, pp. 168-82; and Susannah Grant, 'A Separate World? The Social Position of the Mentally Ill, 1945-1955' in Brookes and Thomson, pp. 235-54.

- ¹⁸ Paula Cody, 'Women Psychiatrists in New Zealand, 1900-1990: An Oral History', in Brookes and Thomson, pp. 215-234.
- ¹⁹ See Catharine Coleborne, 'Preserving the Institutional Past and Histories of Psychiatry: Writing About Tokanui Hospital, New Zealand, 1950s-1990s', *Health and History*, vol 5 no 2, 2003, pp. 104-22.
- ²⁰ Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, London, 1999, pp. 521-22.
- ²¹ Hilary Haines and Max Abbott, 'Deinstitutionalisation and Social Policy in New Zealand: 1: Historical Trends', in *Community Mental Health in New Zealand*, vol. 1, no. 2 (February 1985), pp. 46-7.
- ²² Waikato District Health Board, Deinstitutionalisation, p. 8.
- ²³ *Ibid.*, p. 9.
- ²⁴ *Ibid.*, p. 49.
- ²⁵ *Ibid.*, p. 53.
- ²⁶ TM, Interview, 10 March 2004, Tape One Side One, Te Awamutu Museum Collection.
- ²⁷ DH, Interview, 22 June 2004, Tape One Side One, Te Awamutu Museum Collection.
- ²⁸ *Ibid.*
- ²⁹ McLaren, *A History of Tokanui Hospital*, pp. 20-21. Information appended to archive copy of history was originally provided by John Graham.
- ³⁰ For instance, a television news documentary, 'Asylum or Sanctuary?', screened in the 1990s in New Zealand as part of *Frontline*, in the Te Awamutu Museum collection. See also Robin Plowright, 'The Closure of Tokanui Psychiatric Hospital - A Process of Deinstitutionalisation', in Social History of Health Group, *Public Bodies, Private Lives: A Century of Change in New Zealand Public Health*, Department of History, University of Waikato, 2000, pp. 109-23.
- ³¹ This project is called 'A Therapeutic Community: Stories from Tokanui to the 1990s'. The project, discussed since the closure of the institution in 1998, was approved by the Mental Health Research Committee of Health Waikato in 2003. The project team was given a small amount of funding to collect oral histories of a wide range of people connected with Tokanui over time.
- ³² For instance, it was recently featured in the regular newsletter produced by the Australasian Health and Medicine Museums group, 'The HaMMer', April 2004, no. 26, p. 5.
- ³³ This has received extensive television and print media coverage in New Zealand in the first half of 2004. See for instance 'Patients lived in fear of "The Treatment"', *New Zealand Herald*, Weekend Herald, July 10-11 2004, p. A5. No official inquiry has ever been conducted into Tokanui Hospital itself.
- ³⁴ 'Tokaui not all good', *Te Awamutu Courier*, 4 March 2004.
- ³⁵ I have continued to use the term 'institution' throughout the article because I feel strongly that while this community was not homogenous, it was defined by the broader imperatives of an institutional community. Other scholarship about institu-

tional communities could be usefully compared here; see Michael Belgrave, *The Mater: A History of Auckland's Mercy Hospital 1900-2000*, Palmerston North, 2000; and Michael Belgrave, "'Three Steps Forward – One Step Back': Individual Autonomy and the Mater Hospital in Auckland", in Green and Hutching, pp. 124-44.

³⁶ Other work I have conducted about museum collections reveals that former psychiatric nurses were also instrumental in keeping their workplace memories alive through this form of historical practice. See Catharine Coleborne, 'Remembering Psychiatry's Past: The Psychiatric Collection and its Display at Porirua Hospital Museum, New Zealand', *Journal of Material Culture*, vol 8 no 1, 2003, pp. 97-118

³⁷ For instance, Doris Kordes, at the Australian National University, is writing a twentieth-century history of Kenmore psychiatric hospital in Goulburn, New South Wales, from 1925-2003, using patient testimony with the full co-operation of participants. This research also involves interviews with carers and community sector workers. Doris Kordes, 'Caring for the Mad: Technologies of Detention in the Asylum and the Community', Unpublished Conference Paper, Medicine at the Border Conference July 1-3, 2004, Sydney. Also interesting in the light of our difficulties is that in 2000, the British Library launched its 'Mental Health Testimony Archive'

³⁸ As far as we have been able to ascertain, taking advice from current staff in mental health services, confidentiality agreements were signed by staff who worked for the Department of Health to 1972, and thereafter, the Hospital Board and its successors. It appears unlikely that the agreements changed much in nature over time

³⁹ FS, 30 October 2003, Tape 1 Side 1, Te Awamutu Museum Collection

⁴⁰ KH, 3 November 2003, Tape One Side One, Te Awamutu Museum Collection

⁴¹ JL, 3 March 2004, Tape One Side One, Te Awamutu Museum Collection.

⁴² TM, 10 March 2004, Tape One Side One, Te Awamutu Museum Collection.

⁴³ TM, 10 March 2004, Tape Two Side One.

⁴⁴ See Coleborne, 'Preserving the Institutional Past and Histories of Psychiatry', pp. 104-22.

⁴⁵ KRTA Ltd Engineers Architects Scientists Planners, Social Impact Assessment, 1990, pp. 57-8; p. 65. Copy held by John Graham.

⁴⁶ Interestingly, her married life had been spent living in the grounds of several different psychiatric institutions before their life in New Zealand.

⁴⁷ FS, 30 October 2003, Tape 2 Side 2

⁴⁸ Ibid.

⁴⁹ When she refers to 'George', she means a local Maori man and former colleague at Tokanui.

⁵⁰ TM, 10 March 2004, Tape One Side Two; Tape Two Side One

⁵¹ KH, 3 November 2004, Tape One Side Two

⁵² JL, 3 March 2004, Tape One Side One

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ DH, Interview, 22 June 2004, Tape One Side One, Te Awamutu Museum Collection

⁵⁷ FS, 30 October 2003, Tape Two Side One

⁵⁸ See for instance the interview with TM, Interview, 10 March 2004, Te Awamutu Museum Collection

⁵⁹ TM, 10 March 2004, Tape One Side Two

⁶⁰ DH, 22 June 2004, Tape One Side One

⁶¹ TM, 10 March 2004, Tape Two Side One

⁶² JL, 3 March 2004, Tape One Side Two

⁶³ DH, 22 June 2004, Tape One Side Two,

⁶⁴ Ibid.

⁶⁵ Kate Prebble is undertaking a PhD thesis in History at the University of Auckland examining psychiatric nursing history in New Zealand and using oral testimony.

⁶⁶ Coleborne, 'Preserving the Institutional Past and Histories of Psychiatry', pp. 104-22.

Compiling a finding aid for oral histories that have been used as a research source in New Zealand publications

GILLIAN HEADIFEN

As part of the Masters of Library and Information Studies (MLIS) programme at Victoria University, I undertook a project which I called 'From Tape to Text: A selective annotated bibliography of New Zealand publications, 1980 to 2003, using oral histories / interviews as a research source.' The purpose of the project was to fill a gap that exists in bibliographical sources on New Zealand publications and to identify for researchers and other interested persons, material they may wish to access.

Why select publications that have used oral histories?

Oral history is a research method which can, where no history is readily available, make or recover undocumented experiences. These include what can be termed the 'hidden histories' of ordinary people and those on the margins.¹ The information gained can not only provide a rich and varied source for historians and researchers, they can add new dimensions to existing historical knowledge.

The making of, or recovering history is particularly relevant to New Zealand. As Jock Phillips points out in his article, 'Of Verandas and Fish and Chips and Footie on Saturday Afternoon', for many years New Zealand history was not of primary interest in the academic world as New Zealand historians modelled themselves closely upon British styles.² It was not until the mid-1960s that a New Zealand history course was introduced to the universities' undergraduate programme.³ However, the gaps in the history of New Zealand social culture are being examined and reconstructed through research from academic, non-academic and multicultural perspectives.

The role that oral history has played in the collection of knowledge of multicultural perspectives of New Zealand life is not insignificant. This is evidenced by the number of oral history projects undertaken since 1991 through the Awards in Oral History and by the

number of recordings of interviews and events held in the oral history collection of the Alexander Turnbull Library.⁴ At the present time, that collection holds over 10,000 recordings of interviews and events covering many aspects of life in New Zealand from the late nineteenth century to the present time.⁵ Other libraries and museums throughout New Zealand also hold oral history recordings and these all contribute to filling the knowledge gaps in New Zealand's social history.

Resource selection

The resources used for the bibliography were firstly, New Zealand publications in book and journal format, and secondly, publications which used oral history projects/ interviews as a research source, contributing to the content of the publications.

The start date was selected because it is the year that the New Zealand Oral History Archive was set up by Judith Fyfe and Hugo Manson. Using the motto, 'Tomorrow is too late', the Archive set about recording specific oral history projects with the view that many of the narratives of social life and struggle and political achievement within the nation's rich cultural memory would be otherwise lost.⁶

Major objectives of the bibliography

- To identify New Zealand publications from 1980 to 2003 that have used oral history projects/interviews as a research source for the publications.
- To identify, for researchers' information, where the oral history projects/interviews that were used in the identified publications are housed.

Gillian Headifen works in the Oral History Centre, Alexander Turnbull Library as a Library Assistant. She has recently completed her Masters of Library and Information Studies at Victoria University of Wellington.

- To enable oral historians to access a reference tool targeting publications that have used oral history sources.
- To provide a finding aid in the format of an annotated bibliography which can be built upon by adding new material.
- To provide public access to the completed bibliography and future updates through the National Oral History Association of New Zealand (NOHANZ) web site.

Finding the publications

This was the interesting part as, not only was the project confined to a time frame of twelve weeks, an additional requirement was that each item contained in the bibliography had to be sighted by the compiler.

The most productive strategy was to talk to the professionals in the field, specifically the Curator of the Oral History Centre and the Curator of the Music Archive, Alexander Turnbull Library, and the Senior Oral Historian at the History Group, Ministry for Culture and Heritage.⁷ Their knowledge of oral history projects and interviews that have been used in publications provided a strong platform from which to conduct keyword and advanced electronic searching for printed material.

Other productive sources were the Ministry for Culture and Heritage Awards in Oral History and New Zealand History Research Trust Fund Awards in History 1990-2003 web sites. Author and keyword data supplied from these web sites were used as a finding aid for undertaking searches using the databases, Index New Zealand and the National Bibliographic Database - Te Puna, both accessible through the National Library of New Zealand.⁸ Publications found were then examined for content and for any connection to the oral history collection in Alexander Turnbull Library, other libraries and public archives and for any reference to oral history sources. *Oral History in New Zealand* was another valuable source of relevant material.

Search outcomes

The personal knowledge of professionals in the field and information contained in the NOHANZ journal proved to be the most productive means for finding the required material. Not all the publications identified clearly acknowledged that oral history projects/interviews had contributed to the publication's content or if, and where, the interviews consulted, were archived. This necessitated further investigation through contacting authors, public libraries and

archives and researching oral history collections held in Alexander Turnbull Library.

Arrangement of the bibliography

The bibliography contains the annotated entries, name index and subject index.

The annotation style of each entry is a descriptive summary intended to provide a sense of what the publication is about. The entries have been arranged under subject headings intended to provide simple but useful groupings, for example, Biographies, Cultural histories and immigration topics, Maori topics, Occupational histories and topics, and Women and women-related topics. Within these groups, material is arranged in alphabetical order by author.

Output Format

At present the bibliography has been produced in paper format. It is intended that electronic access to the completed bibliography will be made available through the NOHANZ web site.⁹ This would not only make the information accessible to a wider audience within New Zealand and to an international audience, it would draw greater attention to the work that New Zealand oral historians have undertaken.

Example of an entry

Carter, Bill and John MacGibbon. *Wool: A History of New Zealand's Wool Industry*. Wellington: Ngaio Press, 2003.

This book traces the history of the New Zealand wool industry from its early beginnings with the opening up of pastoral stations, through to the development of the New Zealand Wool Board and to its disestablishment in 2003. From as early as 1850, wool has driven the New Zealand economy and the contents of this publication not only tell that particular story but also provide an insight into the social history of rural New Zealand. Information gained from many sources including oral histories from farmers and members of the Wool Board, tell of the illusions of wealth to be gained from running sheep during the early settlement years, of financial disasters due to snow storms and falls in wool prices and the development of wool servicing industries including stock and station agencies, wool-brokers, wool auctions and shipping and marketing organisations.

Continual development into sheep breeds, transportation industries, including the refrigerated industry, sheep farmer groups, industries surrounding the harvesting and development of wool products and the shearing trade, explain how political and

organisational controls were introduced into the industry. The 1936 Promotion of Wool Act created the Wool Publicity Committee, which in turn, through further legislation, became the New Zealand Wool Board in 1944. The role of the Board was to not only speak on behalf of woolgrowers but to be a producer board through production, handling, pooling, appraising, storing, distributing, marketing and disposing of wool. How the Wool Board went about researching, developing and marketing wool products worldwide and responding to the growers' needs and desires is described in detail in this publication.

Text style: Oral history is acknowledged as a source but not quoted in the text.

Publication contains: Illustrations; photographs; index.

Deposit location: Alexander Turnbull Library

Endnotes

- ¹ Alistair Thomson, 'Fifty Years On: An International Perspective On Oral History,' *Oral History Association of Australia Journal*, 21, 1999, p. 83.
- ² Jock Phillips, 'Of Verandahs and Fish and Chips and Footie on Saturday Afternoon: Reflections on 100 years of New Zealand Historiography' *New Zealand Journal of History* 24, no. 2 (October 1990), p. 126.
- ³ Peter Gibbons, 'The Far Side of the Search for Identity: Reconsidering New Zealand History', *New Zealand Journal of History* 37, no. 1 (April 2003), p. 38.
- ⁴ Te Manatu Taonga Ministry for Culture and Heritage. *Australian Sesquicentennial Gift Trust for Awards in Oral History*. <http://www.mch.govt.nz/History/oral-history-prev.html> [Accessed 16 January 2004]
- ⁵ National Library of New Zealand, *Oral History Centre* (Wellington: Oral History Centre, Alexander Turnbull Library, National Library of New Zealand 2003). This is a brochure, provided to the public, which describes the purpose of the Oral History Centre, the subject areas of its collection holdings and approximately the number of interviews and events held in the collection.
- ⁶ New Zealand Oral History Archive, *Tomorrow is Too Late: The New Zealand Oral History Archive 1981 - 1990*, Wellington: Alexander Turnbull Library, National Library of New Zealand, 2001. This was a publicity brochure issued to celebrate the twenty year relationship that the Alexander Library had with oral history collecting in New Zealand
- ⁷ Linda Evans, Curator, Oral History Centre and Jill Palmer, Curator, Music Archive of New Zealand, Alexander Turnbull Library and Megan Hutching, Senior Oral Historian, History Group, Ministry for Culture and Heritage, are the three prominent professionals who have been consulted for this bibliography.
- ⁸ Te Manatu Taonga Ministry for Culture and Heritage. *Awards in Oral History: 1991-2002*. <http://www.mch.govt.nz/History/oral-history-prev.html> [accessed 23 March 2004] and Te Manatu Taonga Ministry for Culture and Heritage. *New Zealand History Research Trust Fund Awards in History 1990-2003*. <http://www.mch.govt.nz/History/prev.html> [accessed 23 March 2004]
- ⁹ The *National Oral History Association of New Zealand* web site can be found at <http://www.oralhistory.org.nz>

Victims? No Opportunists? Yes Controllers of their own fate? Definitely

KITTY CHANG

Background

The Chinese in New Zealand originally came from the Guangdong Province in the southern part of China. Although New Zealand developed a policy of exclusion and imposed a poll tax on Chinese migrants in 1881, many still came to New Zealand to search for the 'new gold mountain' which would enable them to provide a better life for their families back home. Many started up businesses when the gold ran out, and sent money back to China. Some returned to China to marry and to tell the news of their fortunes to relatives and friends in their native villages.

Life was difficult for migrants from China during the first part of the twentieth century but some, with foresight, applied for naturalisation and citizenship which meant exemption from the poll tax. Most Chinese did not intend to remain in New Zealand. Children born to these sojourners were taken back to the ancestral homes to be educated in the Confucian ways and to learn Chinese. Chinese boys born in New Zealand were expected to marry Chinese wives but were often sent back to New Zealand without their wives and families to carry on the family business which had been started by the fathers in New Zealand.

Brothers, cousins and extended families learned through the grapevine that there was a country that offered opportunities that could never be had in China. Soon those who were able to afford to pay the poll tax and the boat fare to New Zealand, began to travel back and forth from China telling their stories and generating interest in this English speaking colony. Despite the deterrent of the poll tax, Chinese continued to come to New Zealand, even when the government restricted the entry of Chinese women. Chinese children born in New Zealand in the first decades of the twentieth century were New Zealand citizens by birth. Many of these children returned to China but were unable to bring their wives, husbands or children to New Zealand until the Second World

War when the government of the time allowed family reunification. This move was in recognition of China's resistance to the Japanese invasion in Asia when China became an ally of Britain.

This group of Chinese, however, were considered aliens and not permitted to become citizens of New Zealand until a change of legislation in 1952. Many of these people came to and grew up in a society that was said to be sometimes hostile, and often unwelcoming, but they kept a low profile and prospered in spite of the many barriers that were placed in front of them either formally or informally.

There has been a great deal of interest in New Zealand Chinese history in the last ten years. When I set out to interview Chinese New Zealanders who had come to New Zealand for a better life, it was to assist Henry Chan in his study of migration patterns of Chinese coming to Australasia in the nineteenth and early twentieth centuries. In my naivety, I thought it would be a simple matter of getting people from the Tung Jung community to identify relatives or friends to talk about their journeys from China to New Zealand and their settlement here. However, there were a couple of factors that I had not considered.

- The reticence of Chinese people to talk about their lives to someone who was not family. I may be accused of over generalising here but Chinese people on the whole do not open up to people they do not know intimately to talk about themselves. This has meant that I have had to find people that I know or who have known my family or my husband's family. In a way that has been helpful because we share a common background but it may have left unanswered some of the questions that could have been asked to give more depth to the interview.

Kitty Chang has recently deposited the series of interviews she discusses in this article at the Alexander Turnbull Library's Oral History Centre.

- The scarcity of Chinese New Zealanders from the Jung Seng District in the 80-90 year age group who were born in China. When I approached several people in their 90s, 80s and 70s to see if they would be willing to talk, I was surprised by the fact that they had been born in New Zealand. Because they had been taken 'home' to China by their parents to get a Chinese education, I had assumed that they had been born in China. This means that there must have been Chinese women giving birth to children in New Zealand in the period 1910-1920. This may be an area for further research for some future historian.

The interviews therefore included people aged in their late 60s and early 70s because they fitted the criteria and were willing to talk. I am sure there are many more Chinese migrants from Jung Seng who would fit the criteria, but as they have not come forward or been recommended, my sample is limited to twelve interviews.

This is a step towards developing a record of stories that up till now, have been largely unspoken. There is a period following the decline of gold mining in New Zealand, where Chinese spread out all over New Zealand to carry out business ventures in fruit shops, laundries, market gardens and importing-exporting businesses. Children of poll tax payers often say they never heard their parents talk about the poll tax. There is a Chinese saying that people do not need to talk about 'bitter things.' Most of the poll tax payers have passed away now, but their children remember the family stories. Collectively, New Zealand Chinese are still reticent about expressing their views in public.

Findings from the interviews

Most of the people interviewed came to New Zealand at the time the government allowed relatives of Chinese in New Zealand, who had citizenship or permanent residence, to join their fathers or brothers in New Zealand. The young sons and daughters of people from the Jung Seng districts travelled mostly with close relatives, village kinsfolk, or with people their parents knew in New Zealand. The journey by boat with its associated seasickness and crowded conditions did not seem to have had any harmful effects on the young children and most seemed to enjoy their first taste of non-Chinese food and the experiences of transition from Hong Kong to Sydney and then to New Zealand.

Meeting up with fathers they had never seen or not remembered was apparently not as traumatic an experience as one would have thought. It was obvious that the children, if they were of an age to understand,

were told of their reason for going to New Zealand. However, by all accounts, the fathers were happy to see their children and the children were treated warmly by their fathers on and after arrival. References to Confucian values and obedience to parents were common. Respect for elders and appreciation of the life they had to give up in China was evident. These values in no small way contributed to deference to New Zealand ways and lack of opposition to aggression and injustice reported to be meted out to Chinese migrants.

Memories of schooldays were mixed. Recollections of school days in smaller centres and private schools indicated that there was positive discrimination towards Chinese students. However, in public city schools, there was some name-calling and racist attitudes from other children. Whenever younger Chinese children were tormented by their non-Chinese schoolmates, the older and bigger Chinese children would often protect them as they were from the same village families.

Chinese young people were expected to assist in the family business. Many spoke of going to school and coming home to work in the shop or in the garden. When fathers retired or died, the boys would be expected to take over the family business and forego their own ambitions and anticipated careers. Working in the family business involved hard labour and long hours. Most recalled the frugality and lack of what today we would expect as home comforts but they attribute that as helping them to appreciate and use their money wisely today. Courtship and social encounters were strictly prescribed and many young people looked forward to the big Double Ten (10 October) sports gatherings as a way of 'viewing' potential partners and later asking relatives and friends to make introductions. This enabled the families and communities to scrutinise the suitability of the young people's choices.

However, some pushed the boundaries and had to suffer the criticism of their wider families when they did not agree to follow in their father's footsteps. The decisions were not always easy but for those who made that decision, ensuring that they succeeded in the career of their choice was of paramount importance. Reference was often made to their fathers and families being proud of them when they had proved themselves in business or in careers outside the family business.

Those who had been associated with the fruit and vegetable retail business, although mostly with no formal qualifications in economics, all ran profitable businesses with many innovations in marketing and business practice. Being Chinese was not a limiting

factor to study and success for those that went into professions. It made them more determined to succeed and to work twice as hard to fulfil their goals. Although there may have been latent racism, they were capable of turning potentially discriminatory situations to their advantage without being confrontational. Their accounts of their own development mirrors the development of those professions and shed interesting insights into professional practices carried out at the time in New Zealand.

Conclusion

The people interviewed grew up in a New Zealand that rewarded conformist behaviour. The Chinese in New Zealand have been described as a model minority, now sometimes expressed in a derogatory manner, implying that they were passive and compliant. It is not surprising that such behaviour was attributed to the Chinese in New Zealand and was seen to be the norm. Non-conformist behaviour and attitudes impeded social acceptance. Previous Chinese migrants had weathered abuse and discrimination during the gold-mining and subsequent poll tax imposition. Chinese stood out because of the way they looked, their language and their world views. Family stories and admonitions to be cautious in the Westerners' world were handed down through generations to protect the young ones from perceived dangers within the host community.

Were these fears justified? Were all Chinese discriminated against? Did every Chinese individual experience anti-Chinese sentiments in their day to day existence? Why did the Chinese community in New Zealand not retaliate and stand up for themselves? Newspaper stories of the early days of Chinese in New Zealand have highlighted the negative aspects of cultural differences. By the beginning of the twentieth century several Chinese families with large kinship networks were resident in New Zealand and many of the older Chinese families with links to the Tung Jung district had New Zealand born children. What has been written about how these families went about their daily lives? Although not recorded on tape, one of the interviewees recalled that when her father's shop caught fire the local townspeople stood below the second story window and caught the children as they were thrown down to safety. Is this story congruent with anti-Chinese sentiment?

If you drill down to the individual level, Chinese people were far from passive and compliant in their approach to living in New Zealand. They adapted their lives and lived comfortably in two worlds, overcoming language problems, while maintaining their family

values and respect for their communities. This facility to move between worlds gave them advantages in their business and professional lives.

The chain migration pattern of the poll tax payers and their descendents is obvious from these interviews. People came to New Zealand because their relatives had sought a better life than they could have expected had they stayed in China. Most of those interviewed acknowledged the difficulties their families had experienced in coming to New Zealand but felt that they were better people for having been through those experiences. None regretted the fact that they had come to New Zealand, although some of the older ones, if given the choice, would have loved to have returned to live in the China they remembered. Most consider themselves New Zealanders, even though they were born in China. All of them have succeeded in their businesses and careers and have given back to the communities in which they have lived and worked.

They are proud of their ethnic origins and feel they have had the best of both worlds. Continual adaptation to changing social, political, economic and educational environments has enabled these people and their children to easily identify themselves as New Zealanders. Although many regret the gradual loss of Chinese language and some of the 'old fashioned' values they were brought up with, they recognise that their children now think differently from them and consider themselves New Zealanders and act like other New Zealanders. When questioned about whether they would have fared better in present day China or China after the Japanese invasion, most respond that they are thankful that they were brought to New Zealand by their fathers and their families.

It is time for Chinese New Zealanders to acknowledge the benefits of living in New Zealand and to discard the victim mentality that has been perpetuated by those who would have us believe that Chinese in New Zealand continue to be second class citizens. Of course there was animosity and discrimination in the early days of Chinese settlement in New Zealand but we should move on from there now. Perpetuation of the victim mentality and dwelling on the grievances of the past will not assist Chinese to feel proud of what has been achieved in the space of three or four generations in New Zealand.

Those who were born in China will never forget their heritage. Those who were born in New Zealand cannot forget their heritage because they are and look Chinese. Their forebears wanted their children and grandchildren to take up opportunities that were available in New Zealand. As a community, Chinese in

New Zealand have probably exceeded their forebears' dreams for a better life. The next generation will not be passive bystanders. They have opportunities ahead to contribute positively to the future of New Zealand as New Zealand citizens by birth.

Living in New Zealand has helped shape our world views, which are different from the world views of our parents and grandparents. The challenge for oral historians is not only to assist people to recall the past in its entirety, the positive as well as the negative, but to enable people to view their experiences on the one hand, as unique, but also having commonality with other New Zealanders' experiences. Ethnicity should not be a barrier nor an excuse to becoming a fully functioning member of New Zealand society.

It has been a privilege to record the stories which the interviewees have shared and I hope that more people will record their family stories to enable future historians to get a more balanced picture of life for the Chinese in New Zealand over the last 100 years.

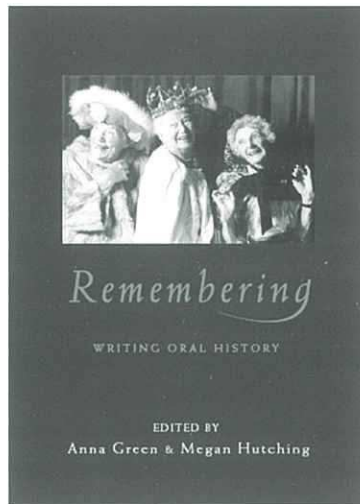
Acknowledgments

Thanks must go to the Ministry for Culture and Heritage for funding the project and to Megan Hutching of the Ministry for her help and advice; Linda Evans and Gillian Headifen of the Oral History Centre, Alexander Turnbull Library for their assistance; Judith Fyfe for her inspiration and teaching; and Henry Chan and Allen Chang for their advice and support.

Reviews

Anna Green and Megan Hutching, eds. *Remembering: Writing Oral History*. Auckland: Auckland University Press, 2004. 182 pp., paperback. \$39.99

Reviewed by Don Ritchie,
US Senate Historical Office



Remembering is highly personal, even if guided by an interviewer. Writing history is often narrowly parochial, recording the events of a single community or nation. Yet the two activities are combined with boundless implications in *Remembering: Writing Oral History*. The essays presented in this volume deal with a variety of New Zealand communities, some that have receded so far into the past that they have largely been forgotten, except for a handful of survivors. At the same time, the studies are based on a global network of sources and methodologies, and uncover

universal truths about human nature.

Anna Green opens the volume by observing that oral history's ability to bring together diverse groups, from community enthusiasts to historians, curators, journalists, and sociologists, has encouraged practitioners to consider each other's ways of collecting, examining, and interpreting information. She and co-editor Megan Hutching asked each of the contributors to address the unique contribution that oral history made to their own work. The result is a lively, diverse, and instructive collection of essays.

Several of the pieces deal with emotional memories, some of which have been suppressed, repressed, or long left unspoken. They deal with social violence, from the physical punishment of children to an armed police assault on a religious commune, community myths and secrets, and the complexity of the Maori oral tradition in contrast to European written history and legal systems. The darker issues are leavened by accounts of personal aspiration and achievement, particularly in Kay Edwards's oral history of the Te Aroha Amateur Dramatic Societies, three of whose members appear in a delightful cover photograph of elderly women beaming over their elaborate costumes like little girls playing dress up.

Given the controversial nature of much of this research, the volume includes a cautionary essay by Lesley Hall on the increasingly pressing problem of confidentiality in oral history. The use of anonymity and pseudonyms reflects the intersection of history and the social sciences. Sociologists and anthropologists

have a long tradition of participatory observation and of creating fictional identities for whole communities, while historians have tended to demand verification through identifiable sources. The advice that Hall offers to all sides in dealing with sensitive information is both pragmatic and principled.

The volume concludes with Megan Hutching's reflections on the paradox of "writing" oral history. Transcription, we learn, is more an art than a science, and there are considerably different requirements for turning interviews into archives or books. Writing oral history also involves interpreting the information collected through interviews and placing it within some larger historical context. Each author grapples with the problem, and also benefits from it. There is something about listening to hours of tapes of various people recalling and describing their lives in their own unique speaking styles that influences the way that oral historians handle their craft. It makes their writing styles more accessible and less prone to professional jargon, as the assembled authors of *Remembering* admirably demonstrate.

Bee Dawson, *Dedicated to Diabetes*, Diabetes New Zealand Inc., Wellington, 2002, 143 pp, paperback

Reviewed by Lesley Hall,
Victoria University of
Wellington

One's own life experience inevitably impacts on how one reads a book and also on a book review one opts to write. As the primary carer of my mother-in-law, who developed late onset diabetes in her eighties, living with diabetes has become an intimate part of my life in the last decade. As a result of not taking prescribed medication and not following the appropriate diet my mother-in-law ended up in a coronary care unit. What followed were discussions with doctors, hospital dieticians and Diabetes New Zealand for advice on how to care for someone who, as a result of Alzheimers, regularly forgot whether and how much she had eaten. I was surprised therefore to discover in this book the range of services available for diabetics of which I was previously unaware.

Diabetes New Zealand Inc. commissioned this work 'to celebrate forty years of active commitment by its members'. There is unfortunately no indication in the text of whether oral histories were the basis of the book - it is the author's voice that predominates - nor if tapes have been lodged in an archive for others to access. As Alison Laurie has argued most persuasively an oral history and an interview are not the same thing and as an oral historian I'd like to know more about the process that preceded publication: who chose the people to be involved; why were they

selected; what kind of oral history was recorded; was an oral history recorded at all; were they life histories or focused on diabetes; how was the author selected etc., etc.?

The stories presented here I would describe as biographical sketches rather than oral histories; although some quotes from the fourteen individuals are included. Those profiled have held positions such as Patron, office-holders, diabetic medical practitioners (doctors, nurses and researchers), and diabetes campaigners. Many have diabetes themselves or have family members who do. However, as any theorist of auto/biography knows, selection of what aspects of a life to include and exclude usually rest ultimately with the biographer. This may not be the case here as we do not know what constraints, if any, Bee Dawson was working within, nor whether the narrators or Diabetes New Zealand were given the opportunity to comment on or change the text. One example of possible silencing or minimising is the reference by a number of those profiled to conflict within and among the diabetic community. John Nesfield refers to the breakaway of the Auckland group, Bob Smith says that 'politics have played their part over the years', and Margaret Jamieson refers to poor relationships and hostility between different diabetes-focussed organizations: Diabetes New Zealand, The New Zealand Society for the Study of Diabetes, Te Roopa Mate Huka O Aotearoa, Diabetes Youth New Zealand and Pacific Island and Welfare. However, the source and details of the discord are tantalizingly absent. The reasons for this editorial decision are multifarious

I am sure; perhaps negativity was perceived as being antithetical to a 'celebration'. However, Elsie Locke, a New Zealand campaigner and activist of long-standing challenges this view:

I don't think that dissensions and divisions are anything to weep about. I think that they are an indication of vigour, passion and commitment. Stormy controversy is a sign of life, and peaceful agreement can sometimes mean nobody is really doing any thinking. (Report on the United Women's Convention, 1977:60).

The commitment of many of the people interviewed for this book is undeniable as their involvement, and in some cases diabetes, has spanned several decades.

The profiles demonstrate how attitudes have changed in forty years: attitudes such as "doctors know best", the necessity for wide dissemination of information (previously considered unwise), and the attitude to diabetes itself. However, presentation of narrators' comments without challenge was frustrating for me on occasion.¹ For example, John Gillies, one-time President said, 'I wasn't interested in running a social club. I thought the society should be doing a hell of a lot more for the benefit of people with diabetes, rather than being there just to entertain its members.' What I wanted to know was why he considered that the two (social and practical activities) were mutually exclusive?² His statement reinforces the view that women and men often tell their stories differently. Australian historian Joy Damousi is one writer who has highlighted how men tend to focus more on achievements whereas for women relationships are more central.² For me, social activities, may well

be of more importance than entertainment alone.

If you have at some time been involved in diabetes-focussed groups or there is diabetes in the family you may find this book of more than passing interest. However, for me the profiles and some of the issues raised by narrators would have benefited from being fleshed out more. I would also have liked a clearer focus. Had I not agreed to review

Megan Hutching, ed., with Roberto Rabel, *A Fair Sort of Battering: New Zealanders Remember the Italian Campaign*. HarperCollins in association with Ministry for Culture and Heritage, 2004, paperback. \$39.99

Reviewed by Peter Gibbons,
University of Waikato

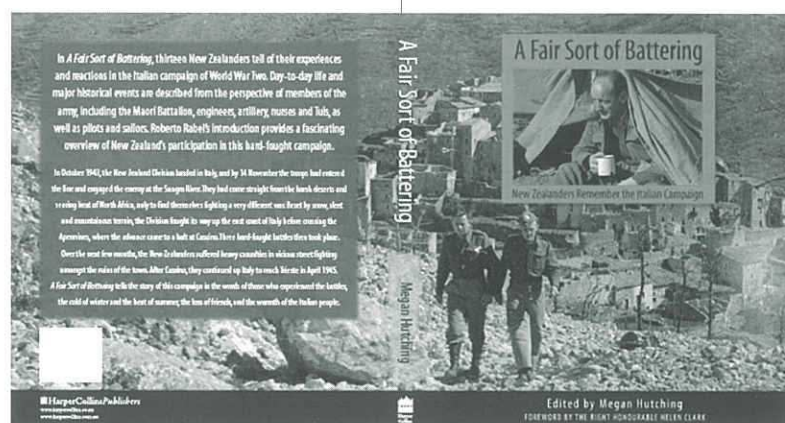
This is the third title in a series of books designed to characterise the experiences of New Zealanders during the Second World War through edited oral recollections. Two women and eleven men contribute personal testimonies which make up the main part of the text. In her Preface, Megan Hutching outlines the nature of the project and her role as editor. Roberto Rabel writes an extensive Introduction to provide political and strategic contexts and to raise questions about what might be drawn generally from the individual testimonies. There is a sensible Foreword from Helen Clark. The book is very generously illustrated, with most

the book I think that I would have put the book down half-read. For me a 'celebration' should be a more inspiring read.

Endnotes

¹ This may well have been a topic the interviewer explored in more depth on the interview tape. However, presented as a stand-alone comment, I wanted the interviewer to confront the issue directly.

² Joy Damousi, *Women Come Rally: Socialism, Communism and Gender in Australia 1890-1955*, Melbourne 1994: Oxford University Press



of the photographs chosen by Alison Parr: some of these pictures are well-known, but many are fresh and all are suitably reproduced in terms of placement, size, and cropping, so that the illustrations may be "read" apart from the text as a supplementary photo-essay. The ubiquity of cigarettes in these images, in battle as well as out of battle, is startling; and an unusually high proportion of troops appear to be wearing the ribbon of the Military Cross, but probably most of these are Africa Star ribbons whose colours are lost in black-and-white photography. It may be doubted whether colour photography would have added

any warmth to Prime Minister Peter Fraser's bedside manner in the picture of his conversation with a patient in hospital at Caserta (p. 25).

Megan Hutching has selected an interesting range of individuals for the testimonies, with a variety of backgrounds and experiences both before and during the war. Douglas Park was a pilot in the Fleet Air Arm of the Royal Navy, Joseph Pedersen an Able Seaman in the Navy. The other eleven were all connected with or served in the New Zealand Expeditionary Force in the Mediterranean and Italy: Pat Hamilton was a Tui, working in New Zealand Forces Club

canteens in the Middle East and Italy; Isobelle Wright was a nurse; Newton Wickham was a major in the Dental Corps, Reg Hermans an Engineer, Jack Somerville a chaplain, Gordon Johnston served in an artillery unit, Rae Familton and Joseph Bacos in tank regiments, Reginald Minter, Gordon Slatter, and Tini Glover in infantry battalions, the latter in the Maori Battalion. The mix of ranks is less representative, with five of the eleven males being commissioned officers, but four were full privates.

With some exceptions, the recollections emphasise personal perspectives. In that sense, the subtitle, *New Zealanders Remember the Italian Campaign*, is slightly misleading: the campaign per se, unsurprisingly, is not a primary focus for most of the interviewees whose wartime experiences are quite various and include reference a wide range of geographical locations in addition to Italy. This is likely even more the case with the full interviews, of which the passages included here are simply excerpts. What we are presented with are portions of life narratives which at times intersected, significantly or in a minor way, with wartime circumstances. For most of the interviewees, the war was not the defining experience of their lives, though its impact was not negligible. This indicates the crucial role oral recollections may play in recovering myriad individual trajectories and in disrupting the grand narratives of great events which distort personal histories, and which obscure the random, capricious, arbitrary aspects of private experience, in battle or out of it.

My own impression is that there are some general differences

between the seven interviews conducted by Megan Hutching herself and the remaining six which were carried out by other people. Certain interviews do seem to emphasise the transformative impact of being under fire (that with Gordon Slatter most of all), and what it meant to be a New Zealander as opposed to other kinds of human being. Perhaps these interviewees had some notion that war was indeed the defining national experience, and sought to identify the nature of this process. There are echoes of such concerns in Roberto Rabel's Introduction, where he discusses, among many other matters, hints in the testimonies of a 'distinctive New Zealand national identity manifesting itself in Italy' (p. 42). He has heard the full interviews and I have not, but these attitudes do not appear very prominently in the extracts from the interviews by Hutching. Of course, the armed forces of the multinational armies in Italy wore distinguishing flashes and badges, signs which emphasised national differences. As for the egalitarianism of (Pakeha) New Zealanders: the interviews indicate a considerable consciousness about rank, as well as irreverence towards it. Conventions on these matters among New Zealanders are not the same as they were with, for example, the English, but the much-vaunted New Zealand egalitarianism may be more rhetoric than reality; and someone who grew up in the immediate post-war era might wonder whether attention to the niceties (and perquisites) of rank generated in the armed services subsequently reinforced widespread obsessions about

hierarchy in civilian society.

In her Preface, Hutching advises that the interviews have been 'heavily edited', but that she has tried to 'preserve the informal language' of the interviews. The laconic tone is striking in places: do the interviewees lapse into understatement and euphemism ('a bit of a sticky do') just when they talk about the war, or is this the speech pattern of their whole lives? There seems to be some evasiveness on such topics of looting, sex, and morale, although Tini Glover's candour is delightful. Hutching's general editing practices are indicated in one section of a recently-published essay, "The Distance Between Voice and Transcript"; eventually what has been recorded in preparation for this publication will be placed in a repository where scholars and others may access the full interviews. It is to be hoped that, after the other volumes in this series have been published, Hutching will provide a detailed account of the entire project, including information on how she conducted the interviews and edited the transcripts.

A Fair Sort of Battering is a fine example of how oral recollections can present important new perspectives on the past. In particular, the book serves as an instructive reminder of how personal perspectives can be recuperated from totalising narratives such as "the war": whether the interviewees were happy or cold or uncomfortable or in love or frightened or bewildered or homesick had little to do with how far the New Zealanders had advanced on the road to Trieste. Attractively-produced and entertaining, it is a thoroughly worthwhile publication.

Susan Jacobs, *Fighting with the Enemy: New Zealand POWs and the Italian Resistance*. Published by Penguin Books, Auckland, 2003, 272 pp, paperback.

Reviewed by Roberto Rabel,
University of Otago

Amongst the tens of thousands of New Zealanders who trekked through Italy from Taranto to Trieste during World War II, one group in particular came into close and sustained contact with the Italian people. They were the 450 or so escaped New Zealand prisoners-of-war, who joined thousands of other Allied servicemen roaming the Italian countryside. Their individual and collective experiences are empathetically reconstructed by Susan Jacobs in this book of analytically informed remembrance.

Beginning with their capture, usually in North Africa, the subsequent wartime odyssey of these New Zealand POWs proceeded from relocation to Italy through to escape, evasion, recapture in some cases (and even death for a few), survival and eventual liberation. Jacobs traces in rich detail this sequence of adventures for a representative number of POWs, some of whom she has interviewed personally. Their experiences evoked some of the most intense of human reactions to war: courage, fear, endurance, adaptation, ingenuity, betrayal and loyalty. While these men struggled to survive in an often harsh physical and military environment, many of them encountered a welcoming social and cultural environment in rural Italy. Hospitable as it may have been, that milieu nonetheless added the challenge of cultural transformation to the more

predictable wartime tribulations confronting the escaped POWs, for they often had to pass themselves off as Italians. These cross-cultural interactions left enduring memories for both the New Zealanders and the Italians who risked so much to assist them — memories which Jacobs shows are still cherished by their descendants at both ends of the world.

Befitting its subject, the book is written with understated eloquence and awareness of cultural nuances. As a New Zealander who lived in Italy and has taught Italian, Jacobs brings a sensitive understanding of both societies to her subject. In particular, she has a keen appreciation for the historical ambiguity of Italy's position in World War II and for how that helps explain the centrality of the Resistance in the (ideologically competing) Italian national mythologies of the war. Jacobs' book reminds us that the struggle against the Nazi occupiers and Mussolini's fascist puppet regime did not simply involve partisan fighters but encompassed multiple forms of 'resistance', one of which was helping and sheltering POWs. From September 1943, the fighting in Italy was also a civil war of sorts and that is brought out well in the text. While this facet of the war in Italy impinged only intermittently on those New Zealanders fighting their way up the peninsula with the rest of the British Eighth Army, the bitter struggle between fascist and diverse anti-fascist Italian groupings was a daily reality for many POWs.

This book thus illuminates numerous aspects of New Zealand involvement in the totality of the Italian campaign, including its political, social and cultural dimensions. Given this laudable

breadth of perspective, it is regrettable that Jacobs did not interrogate her source material even more imaginatively in some cases. For example, she could have included more reflection on how (or if) the experiences of New Zealanders differed from those of Australian, British, American and other Allied POWs. It would also have been interesting to know more about what the pragmatic Kiwis made of the ideologically charged character of the Italian partisan resistance, which was more akin to a congeries of competing political sects than a cohesive, unified movement. Nor does Jacobs look closely at the POWs' sense of what they themselves were fighting for. Disappointingly, the only maps in the book feature the locations of prison and work-camps rather than also tracing where the New Zealand POWs travelled and lived. An index would also have been useful.

Such minor quibbles aside, this is an engrossing, elegantly crafted book. Jacobs makes exemplary use of oral history interviews, which are deftly integrated into the text, alongside the use of written primary and secondary sources—both in Italian and English. There are also some well-chosen photos. Although this volume is not exclusively a work of oral history, it does show how this methodology can be deployed intelligently to enrich popular, accessible history. In particular, Jacobs succeeds in conveying the poignancy of deeply personal experiences while still giving her readers a vivid sense of the wider context in which her POWs' stories are set. She is to be commended for producing a book of respectful commemoration which engages with significant historical questions.

Donald A. Ritchie *Doing Oral History: A Practical Guide* Oxford University Press, New York, 2003, 318pp, paperback

Reviewed by Megan Hutching
Ministry for Culture and
Heritage, Wellington

The second edition of Don Ritchie's practical and helpful guide to 'doing' oral history interviews is warmly recommended.

Helpfully laid out in a question and answer format, the book covers all the practical aspects from setting up a project through recording interviews—both audio and video—to processing the results and archiving. Here, for example, are some of the questions Ritchie covers in his chapter on conducting interviews: Are open-ended questions preferable to specific questions? Can the framing of a question distort an answer? What if the answers are perfunctory? How personal should an interviewer get? How should you bring up subjects that might be embarrassing? [pp. 92-6]

But Ritchie does not confine himself to interviewing. He also discusses the concepts of memory and how oral histories can be used in writing, along with presenting the results in media other than print publications. He gives handy hints to those who teach oral history and to those who have to manage oral history archives.

The book closes with a useful index and a list of website addresses that readers will find extremely useful. The list reminds us how pervasive the internet has become and Ritchie acknowledges this in his introduction, writing that the 'digital revolution has impacted

every chapter'. [p.11] Not least the deletion of references only to 'tape' as interviews are likely to be recorded on anything from tape to hard drive nowadays. He also acknowledges the useful advice he has received via contributors to the H-ORALHIST list service. I agree that this is an essential tool for oral historians who have email.

While some readers may find parts of the book rather too focused on practice in the United States, this should not deter them from using what is a comprehensive and up-to-date overview of the art of oral history. I recommend this not only as an introduction to oral history, but as a book that will remain useful to oral historians no matter what their experience.

NOHANZ ORIGINS

The National Oral History Association of New Zealand
Te Kete Kōrero-a-Waha o Te Motu (NOHANZ)
was established as result of the first national oral history seminar
organised in April 1986 by the Centre for Continuing Education of
the Victoria University of Wellington and the New Zealand Oral
History Archive, a professional organisation then based in the
National Library that worked on major oral history projects.

Objectives

- To promote the practice and methods of oral history.
- To promote standards in oral history interviewing techniques, and in recording and preservation methods.
- To act as a resource of information and to advise on practical and technical problems involved in making oral history recordings.
- To act as a coordinator of oral history activities throughout New Zealand.
- To produce an annual oral history journal and regular newsletters.
- To promote regular oral history meetings, talks, seminars, workshops and demonstrations.
- To encourage the establishment of NOHANZ branches throughout New Zealand.
- To compile a directory of oral history holdings to improve access to collections held in libraries archives and museums.

Code of ethical and technical practice

This Code exists to promote ethical, professional and technical standards in the collection, preservation and use of sound and video oral history material.

Archives, sponsors and organisers of oral history projects have the following responsibilities:

- to inform interviewers and people interviewed of the importance of this Code for the successful creation and use of oral history material;
- to select interviewers on the basis of professional competence and interviewing skill, endeavouring to assign appropriate interviewers to people interviewed;
- to see that records of the creation and processing of each interview are kept;
- to ensure that each interview is properly indexed and catalogued;
- to ensure that preservation conditions for recordings and accompanying material are of the highest possible standard;
- to ensure that placement of and access to recordings and accompanying material comply with a signed or recorded agreement with the person interviewed;
- to ensure that people interviewed are informed of issues such as copyright, ownership, privacy legislation, and how the interview and accompanying material may be used;
- to make the existence of available interviews known through public information channels;
- to guard against possible social injury to, or exploitation of people interviewed.

Interviewers have the following responsibilities:

- to inform the person interviewed of the purposes and procedures of oral history in general and of the particular project in which they are involved;
- to inform the person interviewed of issues such as copyright, ownership, privacy legislation, and how the material and accompanying material may be used;
- to develop sufficient skills and knowledge in interviewing and equipment operation, e.g. through reading and training, to ensure a result of the highest possible standard;
- to use equipment that will produce recordings of the highest possible standard;
- to encourage informative dialogue based on thorough research;
- to conduct interviews with integrity;
- to conduct interviews with an awareness of cultural or individual sensibilities;
- to treat every interview as a confidential conversation, the contents of which are available only as determined by written or recorded agreement with the person interviewed;
- to place each recording and all accompanying material in an archive to be available for research, subject to any conditions placed on it by the person interviewed;
- to inform the person interviewed of where the material will be held;
- to respect all agreements made with the person interviewed.

*National Oral History Association
of New Zealand*

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NOHANZ



Archdeacon Henry Williams being read to, probably by his granddaughter.
Alexander Turnbull Library, Athol Williams Collection, F-52459-1/2



NOHANZ

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