Oral HISTORY in New Zealand

National Oral History Association of New Zealand

TE KETE KŌRERO-A-WAHA O TE MOTU

lume TWENTYSIX 2014

Contents

Editorial

The articles in this year's journal each remind us that oral history is not a straightforward method of research.

Cheryl Ware discusses how the HIV-positive men she interviewed for her postgraduate research took the opportunity of their interview to challenge their own and wider society's reaction to HIV, AIDS and being gay in the late twentieth century.

In 'Ghosts in the Archives', Irene Rogers and Margaret McAllister draw our attention to the ethical difficulties of being a researcher when using interviews which have been recorded and archived for other reasons than the focus of the researcher's current work.

Jacqui Foley picks up the importance of ethical behaviour on the part of the interviewer as she reflects on her 22 years working as an oral historian. Along with Maria Baker, Tio Sewell and Hineroa Hakiaha's report on their project interviewing Maori mental health nurses, Jacqui explains how being an insider has an effect on what is recorded in interviews.

In her report on her involvement with Auckland Libraries' Dominion Road Stories project, Sue Gee paints a vivid picture of the different ways in which interviews can – and should – be used.

Our field is a complex one, and the articles in this issue reflect the concerns that we must consider as we practice in it.

As always, we welcome contributions to future issues of the journal.

MEGAN HUTCHING

'Us' versus 'Them'

Oral History as a forum for HIV-Positive homosexual men to challenge memories of shame, 1984-1997

CHERYL WARE

This article examines New Zealand's recent social histories of HIV and AIDS[1] through the oral history life narratives of homosexual men who were diagnosed with HIV between 1984 and 1997. Focusing specifically on the men's decisions to disclose their positive statuses, this article demonstrates how the interviewees seek agency in their narratives by challenging feelings of silence and shame in their past lives, by speaking openly, and at times publicly, about their positive statuses in more recent years.

Former feelings of internalised blame were partly based on 1980s and 1990s public representations of positive people as 'guilty.'[2] Scholars argue that HIV-positive people are often marginalised, and considered an 'outgroup' by wider society.[3] Such distinctions not only enable people without HIV to maintain their social identity as an 'ingroup', but this 'us' versus 'them' mentality helps establish social boundaries which seem rigid and impenetrable.[4] However, international scholars including Dennis Altman and James Gillett argue that HIV and AIDS are distinct from other diseases in the way that those diagnosed as positive became empowered, and spoke publicly about living with HIV.[5] Indeed, many of the men I interviewed challenged these prejudices. Their oral history interviews provided a forum for them to confront notions of shame attached to living with HIV in the 1980s and 1990s.

Alessandro Portelli argues that 'today's narrator is not the same persona as took part in the distant events which he or she is now relating', and the men have undergone significant personal changes including their social standing and economic conditions.[6]

All participants were diagnosed with HIV between fourteen and twenty seven years before their interviews, and have therefore had the distance to consider the significance of past events. However, oral history not only retrieves previously undocumented memories of the past through the individuals' voices but, as Portelli asserts, it uncovers how individuals make sense of their pasts, and the meaning they attribute to certain events.[7] While oral histories can become intertwined with the narrator's 'fantasies,'[8] Luisa Passerini proposes that researchers should treat all autobiography as 'true', and challenges interpreters 'to discover in which sense, where, for which purpose.'[9] Oral history, then, provides rare insight into the process through which HIV-positive individuals compose memories and stories about their past lives, and into the impact their present personas have on the diverse ways they remember the epidemic.

The year 1997 is a significant end-date for this research as Highly Active Antiretroviral Therapy (HAART) was made accessible during this time, meaning that the progression from HIV to AIDS could be prevented, and that a positive diagnosis was no longer

Cheryl Ware is a PhD candidate in the department of Modern History at Macquarie University in Sydney, and is particularly interested in oral history, the history of medicine, and the history of sexuality. She completed her Master's thesis: 'Wounded Bodies and Illness Narratives: a History of Attitudes and Behaviour Towards HIV-Positive Homosexual Men in New Zealand Between 1983 and 1997' at the University of Waikato in 2011, where she was supervised by Professor Cathy Coleborne.

fatal. The men in this study were diagnosed with HIV as a terminal illness, at a time when, as Heather Worth asserts, 'some of the information from medical sources was translated through the media in a climate of panic and misunderstanding'.[10] The narrators therefore experienced the shift whereby HIV became a chronic illness in the late 1990s, and are some of the few HIV-positive men that survived the epidemic.

Interviewing and ethics

The interviews for this study were conducted while researching for a Master of Arts thesis, and took place between June and September 2011.[11] After receiving approval from the University of Waikato Faculty of Arts and Social Sciences Human Research Ethics Committee, I began recruiting participants through public channels including the New Zealand AIDS Foundation (NZAF), and Body Positive Incorporated.[12] While I aimed to recruit a diverse cohort of positive men, I was able to interview one man of Pasifika and Māori descent, James Mauke (43). James identifies as Takatāpui, which in te reo Māori refers to an intimate connection between partners of the same sex. Four middle-class Caucasian men also participated in this study: Craig Robertson (66), Jonathan Smith (57), Carl Greenwood (48) and Shane Kelly (50).[13] While this is a small-scale study, the men's narratives provide valuable insight into how gay men remember and reflect on their past experiences of living with HIV in the 1980s and 1990s. As this article demonstrates, oral history becomes a space whereby positive men challenge stigma and discrimination in their individual or shared pasts.

All of the men who participated in this study have been actively involved in established HIV and AIDS organisations, which may have influenced their willingness to speak publicly about their experiences with HIV in the years since being diagnosed. Kirsty Machon illustrates the diversity in gay men's experiences with HIV and argues that there is no 'universal' experience of HIV and AIDS, which can range from one taking medication and continuing life as usual, to living alone in poverty. Machon argues that while the aforementioned situations may be a reality for some, there are many whose experiences will not fit into either of these categories.[14] This study therefore represents a small group of homosexual men's experiences of living with HIV in New Zealand in the 1980s and 1990s.

The ways past events are worked and reworked in one's memory means my own subjectivity as a female interviewer in my twenties, and as an outsider to both the gay community, and to the HIV-positive community influenced the men's memories.[15] Wendy Rickard argues that it is important that researchers 'can identify by virtue of their own gender, sexuality and socialised experiences' when interviewing people perceived as 'marginalised.'[16] However, Portelli asserts that rather than a shared identity, 'a shared will to listen and accept each other critically,' is important to establishing trust between a historian and an interviewee.[17] A desire to listen to the men's life stories, combined with my position as an outsider, influenced my decision to pursue 'life narrative' interviews, which was a respectful way to manoeuvre through potentially traumatic memories. Life narrative interviews involve individuals discussing, and reflecting on their lives,[18] and enable the researcher to gain a more thorough understanding of their histories and the communities in which they lived.[19] The flexibility of life narratives is crucial to the type of oral history I wanted to gather, and, as Stephen Caunce asserts, 'only by capturing the whole human being can we really understand the functioning of the communities of which they were part'.[20]

While I aimed to enable the interviewees to narrate their life stories as they wished, Portelli and Penny Summerfield argue that regardless of the interview style, some authority will remain with the researcher, and a level of power imbalance is unavoidable while interviewers interpret and present the findings.[21] Likewise, Katharine Borland draws on her own experiences to demonstrate the issues of interpretive conflict that can arise between a researcher and a participant.[22] I have tried to ensure that the oral histories which feature in this article are a product of shared authority between myself and the interviewees.

Historical Background

New Zealand had its first confirmed case of

AIDS in 1984, three years after the disease was first reported in five homosexual men in America, following a pattern of the spread of the epidemic in developed western nations of that time. [23] In the 30 years since HIV and AIDS were first identified, social scientists have conducted extensive research into social and political responses to the epidemic, some of which engages with positive individuals' perspectives.[24] In the New Zealand context, Worth's comprehensive public health studies into the impact HIV and AIDS had on gay communities provides a clear overview of how men's experiences were shaped by pre-existing homophobia. Worth asserts that '[t]here is a very real stigma attached to being HIV-positive, and an even greater stigma to being gay and HIV-positive; and until 1993, discrimination on the basis of being HIV-positive was legal in this country'.[25] Jason Myers's geographical research also provides insight into the lived experiences of HIV positive homosexual men in Auckland, and what he terms the 'double jeopardy' of being gay and positive, whereby the men endured both the physical side effects of HIV, and rejection from some other members of the gay community.[26] Hostility towards people with HIV or AIDS is also explored in Allanah Ryan's 1991 research, in which she argues that some HIV-negative gay men consciously distanced themselves from people with HIV or AIDS, who 'are seen as being separate from "us", that is, those that don't have "it"'.[27] However, current historiography about HIV and AIDS in New Zealand predominantly focuses on Homosexual Law Reform,[28] and political responses to the epidemic,[29] and few historical studies engage with gay men's narratives about living with HIV.[30] My own research therefore provides a valuable contribution to New Zealand's oral histories by engaging with the individual narratives of homosexual men who have been living with HIV since the 1980s and 1990s.

All of the narrators were born between 1941 and 1968, and their experiences with HIV in the 1980s and 1990s were influenced by their broader personal histories, especially their experiences growing up gay in the post-war New Zealand. As Jeffrey Weeks asserts, 'law does not create public opinion but it does shape and reinforce it,'[31] and homosexuality was suppressed in New Zealand by both legal and social pressure.[32] The outbreak of HIV and AIDS fuelled pre-existing anxieties about homosexuality, which in New Zealand had been defined as a medical condition. Legislation outlawed homosexual sex until 1986.[33]

Homosexual men's collective experiences with HIV and AIDS are distinct from that of other groups due to the anti-gay backlash that the epidemic aroused. Since the first identification of the disease in five homosexual men in America in 1981, and the subsequent overrepresentation of gay men among positive diagnoses, homosexual sex was conflated with HIV and AIDS in the media, political rhetoric, and public opinion. Indeed, medical and media reports initially labelled the illness Gay Related Immune Deficiency (GRID), or the 'gay plague', which scholars assert reinforced the connection between homosexual men and HIV and AIDS across western countries.[34] The narrators' subjective experiences with HIV are located within New Zealand's recent homosexual histories, and this study examines how they navigate their own memories amidst the dual stigma of being gay and positive.

The threat of the fatal disease, and the publicity it aroused, generated considerable interest from New Zealand's gay community, who, like gay communities overseas, were galvanised into establishing national preventative efforts before the epidemic began in New Zealand, and achieved several important political milestones.[35] Gay community leaders informed people about the risks of infection through the National Gay Rights Coalition of New Zealand, and through the AIDS Support Network (ASN), now called the New Zealand AIDS Foundation (NZAF).[36] Activist Bruce Burnett, to whom the Burnett Centre in Auckland is dedicated, was instrumental in developing community responses to the epidemic, and established the ASN,[37] and connections between the Trust Board and the Health Department.[38]

While the New Zealand government were initially slow to respond to the threat HIV and AIDS posed, Worth argues that a combination of gay community pressure, increasing reports of new infections, and the risk that HIV and AIDS could spread to the heterosexual community provided the stimulus for the

government and health boards to react.[39] Specifically, from 1985 government-funded HIV and AIDS organisations were established, including the NZAF, which targeted sexually-active homosexual men, and other members of so-called 'risk groups'.[40] Māori were also identified as members of a 'risk group' partly due to concerns that health officials had limited knowledge about Māori sexuality.[41] Until the mid-1990s, there was limited research into Māori sexual behaviour, and there was no published research into homosexual Māori men's involvement with the gay community, and access to safe-sex education.[42] Therefore, officials identified the need to intervene in Māori sexual health, as they did in other aspects of population health for Māori and Pacific Islanders from the 1960s.[43] Consequently, in 1995, Mate Ketoketo/Arai Kore Project, a collaborative project by the NZAF and Te Waka Awhina Takatāpui Incorporated. produced postcards that aimed to promote awareness of Māori risks of HIV and AIDS. The NZAF also appointed Henare Te Ua as an honorary advisor,[44] and conducted an extensive phone survey into Māori men who have sex with men.[45]

Challenging silence and shame: disclosing one's positive status

The men's interviews describe a shift from internalising notions of blame in the 1980s and 1990s, to publicly disclosing their positive statuses. Their former silence was partly influenced by ideas that HIV and AIDS were punishments for supposed 'immoral' behaviour.[46] From the early 1980s, the mainstream press constructed categories of 'innocent' versus 'guilty' positive people – the latter were mostly comprised of homosexual men and drug users.[47] Yet prejudice was not limited to the media, and scholars argue that 'a great deal of negativity toward PWAs [People With AIDS] arises out of uninfected people's need to protect their identity as healthy and nondeviant'.[48] In other words, positioning HIV and AIDS as a punishment for perceived 'immoral' behaviour, like homosexual sex and drug use, reflects a desire to protect one's own social identities, and to perceive oneself as 'safe' from the virus.[49]

Debates about HIV and AIDS as a 'punishment' held particular relevance as the disease emerged in the wake of the sexual revolution, and medical historian Gayle Davis argues that the 1980s and 1990s therefore became characterised as a period of 'backlash and retribution'.[50] Indeed, some gay men publicly adopted internalised homophobia that labelled HIV and AIDS as punishments for promiscuity, as apparent in James Allan's article in a 1987 edition of *Metro*. Allan, a self-confessed 'sex maniac', recalls that 'most of my close friends would carelessly sexually connect with four of five strangers a day. And I did nothing to dissuade them from this behaviour.'[51] Allan's remorse is apparent, and he concludes that 'AIDS forced a lifestyle re-evaluation upon gay men, making them appreciate that there was more to being gay than simply having gay sex'.[52] Likewise, American scholar Leo Bersani reflected in 1995 that 'in the early days of the epidemic, many of us adopted part of the fundamentalist argument that AIDS was the not entirely undeserved consequence of the unbridled poppered promiscuity of the 1970s'.[53]

Perceptions of HIV and AIDS as a punishment held particular weight for the men's decisions to conceal their positive statuses from family members and friends. Scholars argue that HIV-positive individuals encounter social, psychological and ethical issues about whether they will disclose their status, and in whom they will confide,[54] which may result in social support, or discrimination and stigmatisation.[55] Shane and Carl, in particular, recall feeling a sense of 'shame' when considering whether to disclose their positive statuses to their families. Shane was diagnosed with HIV in 1984, and his narrative is largely reflective of the twenty-seven years that had passed between receiving a positive diagnosis, and the interview. Since being diagnosed at twenty one, Shane had been hospitalised and nearly died from tuberculosis, and at the time of the interview, had knowingly lived with HIV for six years longer than he had lived without it. Such close encounters with death may have provided the impetus for Shane to speak publicly about his experiences with HIV in recent years, both in the interview, and as a member the Positive Speakers Bureau. However, this was not the case in the early 1980s. Shane reflects that after receiving his positive diagnosis:

I tried to isolate myself entirely from my family, only because that would just be shameful. They all put me on a pedestal and said "yay, Shane's the only one to get out of [laughs] out of Stratford" [laughs]. So, yeah, that would be shame. I would've imagined it brought shame on me.[56]

The extent to which Shane internalised shame is apparent in his laughter. As Anna Green asserts, oral historians 'are keenly attuned to the many layers of meaning, because they not only read the words but also hear the voices.'[57] The laughter in Shane's narrative reveals how his trauma at disclosing his positive status was compounded by the risk of losing his family's respect. Alistair Thomson argues that 'jokes and laughter are often ways of discharging difficult or painful memories'.[58]

Shane was not only silenced by his familial expectations, but by what Deborah Lupton terms the 'AIDS carrier' archetype, embodied in 'the individual maliciously or carelessly spreading HIV to others'.[59] Shane participated in a 'twelve on twelve' support group that his doctor had organised, which ideally consisted of twelve HIV-positive people sharing their experiences and thoughts with one another. He recalls that,

You didn't want people to know you were positive. That's why we couldn't actually get a lot of twelve on twelve's together, and they ended up being six on six because we couldn't get anyone to say, "oh, I'll go in a room with people who know my name and see why I'm there" [...] It worked in a way so long as it was all private. But, um, after a while people talked and things got out and accusations started, and the Glenn Mills thing'.[60]

The 'AIDS carrier' archetype is evident in Shane's narrative through his reference to infamous Glenn Mills, who was convicted of deliberately infecting others with HIV. Glenn Mills's crimes were highly publicised in the New Zealand media in 2009, about 20 years after Shane participated in the 'twelve on twelve' support groups that he discusses.[61] Reflecting on the archetype, Shane asserts that Mills was not the exception, and 'there was a lot of that too, "if I'm going, I'm gonna take people with me." A lot of that vicious cycle'.[62] By naming Mills in his narrative, Shane's oral history reflects how memories are influenced by recent events. Thomson argues that 'our memories need the sustenance of public recognition, and are composed so that they will be recognised and affirmed'[63] and Shane composes his narrative around a well-known New Zealand case that was likely to have been present in both his personal consciousness, and perhaps my own, as a young interviewer. In doing so, Shane ensures his narrative will not be disregarded as speculation. Recognition is crucial during this part of Shane's narrative, especially as the 'AIDS carrier' archetype is both serious and potentially damaging.

While such experiences meant Shane felt compelled to hide his positive status in the 1980s and early 1990s, he became involved with the Positive Speakers Bureau in 1996. When asked about what motivated him to break his silence, without hesitation Shane stated, 'maturity. I just had no – I was twenty one but I was still twelve. Yeah, no I wasn't fully there.'[64] Shane's personal development meant that he was not only able to work as a public speaker, but he also reflects on this shift in his oral history. Shane, like others in this study, challenged the apparent 'shame' attached to being gay and positive, and his narrative traces a shift from silence to self-empowerment by openly discussing living with HIV in more recent years.

Carl's life narrative also reflects former feelings of shame and internalised blame about being positive, and he uses what Marie-François Chanfrault-Duchet identifies as 'key phrases'. Chanfrault-Duchet argues that key phrases 'aim to define a type of relation between the self and the social sphere,' which includes the relation between an individual and their community or society. [65] Carl's use of the key phrase, 'I had to' indicates the obligation he felt to disclose his status, and also exposes how Carl felt excluded from wider society because of his sexuality, and later HIV. Scholars argue that when people with HIV or AIDS are believed to have control over their behaviour, and thus the power to prevent contracting HIV, they are considered responsible for their illness.[66]

Carl recalls feeling a sense of shame associated with contracting the virus through unprotected sex, and states that, 'I had to come out twice, and once was as a gay man and once was as a HIV-positive man. And actually, in some ways it was harder for the HIV because 'the gay man' you can't help that, but you could've helped being HIV-positive.'[67]

While Shane's and Carl's decisions to disclose their statuses were based on their own experiences, there is a clear distinction between these men, and those that were diagnosed with HIV at the end of my selected period. This is particularly apparent with Craig and James, who were diagnosed with HIV in 1996 and 1997 respectively, and whose decisions with regard to whom they would disclose their positive statuses were influenced by their understanding of other positive gay men's experiences. Alon Confino argues that generations create memories of the past through '"vehicles of memory", such as books, films, museums, commemorations, and others'.[68] Therefore, public avenues like the media enable people to 'remember' events they have not experienced themselves. Such 'vehicles of memory' were particularly accessible to Craig and James as they were diagnosed with HIV over thirteen years into the epidemic. Their narratives therefore reflect the impact that other men's experiences had on their own understandings of living with HIV.

Craig has disclosed his sexuality, and positive status to few people, and it was apparent from our first conversation that anonymity was a priority. Craig had initially disguised his sexuality by marrying a woman and starting a family, a decision which appears to have been influenced by his experience attending school with two other homosexual boys. He recalls they were treated with 'gross contempt, you know, they were bullied, and nobody had a nice word to say to any of them ... yeah, their lives were a misery at high school'.[69] The impact witnessing others' experiences had on Craig's decision to conceal his sexuality parallels the impact other positive men's experiences had on his decision to conceal his positive status from most people. Craig recalls, 'there was a piece in a paper where a gay man had died from AIDS, and the landlord found out, and kicked his partner out, and had professional cleaners in and cleaned the whole place out. And then sold

it, he wasn't prepared to rent it again. And that was the attitude towards gay men and HIV back then.'[70] This study is one of the few instances where Craig has discussed living with HIV, and he uses his oral history interview to challenge the silence imposed on positive people in the 1980s and 1990s.

Alternatively, hearing about other positive men's experiences is what encouraged James to be vocal about his positive status, and he has spoken publicly on numerous occasions as a member of Body Positive. Oral history became a way for James to make sense of his experiences in relation to other positive men, to whom he pays tribute in his narrative. While discussing HIV and AIDS-related stigma, James affirmed that disclosing one's status can often lead to rejection:

> So, I just wanna, you know, acknowledge that I've been one of the lucky ones in my life with my family, my friends, my ex-workplace [...] but, um, also really to acknowledge that first lot of guys who died in the first ten years of AIDS. Um, because you know they died with very little dignity. They died with very little hope ... that they were gonna live through it or live ... you know, to live longer.'[71]

In particular, James pays tribute to other Māori men who died from HIV and AIDS. He stated that due to fears about how the virus was transmitted, these men received a rushed farewell, and some Māori families were denied the full grieving process before burying their dead. This is not to suggest that rushed burials as a result of fear were normative in Māori culture in the 1980s and 1990s, but his comments are a reflection of how he positions himself in relation to Māori men who died in the early years of the epidemic.

Yet James not only makes sense of his past experiences with HIV in relation to other men, but his oral testimony also reflects the shift he underwent from being HIV-negative, to HIV-positive. Like all of the men that participated in this study, James was diagnosed with HIV as an adult, and can therefore draw comparisons between life before and life after contracting the illness.

I want to turn to James's use of the term, 'clean'.[72] The notion that homosexual positive

men are not 'clean' has been used by people who are not living with the illness. James's understanding of the term is particularly powerful as it details his progression from a member of the 'in group' to a member of a stigmatised 'out group'.[73] James recalls that his first HIV test was negative, and "even then we were using terms like 'clean', which I don't like that term at all cause, you know, when you've got HIV it implies that you're 'unclean'."[74] While his prior use of the term 'clean' was not malicious, being part of an 'in group' meant he was not attuned to the potential emotional damage such terms cause. When reflecting on life post-diagnosis, James' narrative indicates that he has internalised some of the hostility and prejudice that label HIV-positive men as 'unclean.' He recalls, "I've never had anyone come up to me, you know, from a negative perspective and say, you know, 'dirty, filthy faggot' [laughs], or anything like that. Um, but I know of others that have."[75] James's laughter at terms like 'dirty' and 'filthy' exposes his understanding that he is a member of a stigmatised 'out group,' determined solely by his positive status and, while he asserts that he is relatively 'lucky,' he remains conscious of his position as a member of a stigmatised group.

Thomson maintains that individuals compose their memories to make sense of their past and present lives, and to 'help [them] to feel relatively comfortable with [their] lives and identities'.[76] This is apparent in the power dynamic that emerges in Jonathan's oral history, especially when he discusses discrimination at the hands of medical professionals. Jeffrey A. Kelly argues that physicians often carry the same attitudes towards HIV and AIDS patients as the wider community does, yet a physician's prejudice towards their patients carries stronger implications as it hinders their ability to establish a positive, open relationship with their patient.[77] Jonathan describes two parallel incidents whereby he challenged discrimination by medical professionals in the late 1990s, and frames his narrative as representative of other positive gay men's experiences as 'patients'. In this instance, his oral history becomes a space for him to speak out against discrimination he, and other gay or positive men may have faced. When asked to discuss his interaction with medical professionals, Jonathan stated,

If we go back historically – let's talk about the medical treatment we used to get – so if I go back to nine, ten years ago. Um, I've had two instances back then when I was refused treatment by a dentist 'cause of my status. So, they chose the wrong person, 'cause of course I was so heavily involved in the AIDS Foundation, I dealt with that head on.[78]

By his assertion that 'they chose the wrong person' Jonathan has placed himself in a position of power. He reflects that, with the support of the NZAF, he fought discrimination by promoting education. Similarly, while he does not explicitly mention other positive men's experiences, by using the term 'we' he positions his narrative as representative of other gay men with HIV and portrays himself as an advocate for other positive men. Within the same conversation, however, he discusses his interaction with a specialist who, after Jonathan disclosed his status, modified the time and process of a procedure in order to reduce the chance of other patients contracting HIV. Jonathan recalls, "so I said to him," I said "well, so if I said – if I hadn't told you I was HIV-positive." He said, "oh I would have guessed anyway cause you're gay."[79] This instance indicates a clear power shift in Jonathan's narrative, and his interaction with the doctor. Jonathan stated that due to the invasive procedure, he waited until after the operation, "and then I really, really challenged him, and I didn't get anywhere … didn't get anywhere."[80] The repetition of 'didn't get anywhere' emphasises his lack of power, and contrasts with his self-positioning as an advocate for positive men by challenging the medical profession. He is, he implies, inevitably marginalised as a gay, positive patient, although throughout his oral narrative, he contests such marginalisation by prioritising his role as an advocate.

Conclusion
This article is an account of researching New Zealand's recent social histories of HIV and AIDS by uncovering men's personal memories of living with HIV in the 1980s and 1990s. It challenges historians to consult with individuals' living memories of the epidemic, and further understand how 'marginalised' individuals contest their position as an 'out

group' in their oral histories. While many of the men I interviewed were silenced by public notions of 'shame' attached to being gay and positive in the 1980s and 1990s, they sought empowerment by speaking openly, and at times publicly about living with HIV. The years since the events which they are recounting, and the men's changed personas, places them in a position to challenge the silence and shame imposed on themselves and other positive gay men in the 1980s and 1990s. Finally, this article traces a shift in how men diagnosed with HIV in the 1990s based their decisions to conceal or disclose their positive statuses on other men's experiences, as opposed to those diagnosed in the 1980s who appear to have more explicitly internalized blame. Oral history, then, becomes both an avenue for the men to challenge former feelings of internalised guilt, and a means through which historians can further understand the impact HIV and AIDS had on gay men's lives in New Zealand

Endnotes

1 Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

2 Such representations were predominantly driven by the mainstream media. For a selection of discussions about representations of HIV and AIDS in the mainstream press in New Zealand and Australia, see: Bronwen Lichtenstein, 'Creating icons of AIDS: the media and popular culture', in Peter Davis, ed., *Intimate Details & Vital Statistics: AIDS, sexuality, and the social order in New Zealand*, Auckland, 1996, pp. 66-85; Deborah Lupton, Moral Threats and Dangerous Desires: AIDS in the News Media, London, 1994, and Paul Sendziuk, *Learning to Trust: Australian responses to AIDS*, Sydney, Australia, 2003.

3 Patricia G. Devine, E. Ashby Plant and Kristen Harrison, 'The Problem of "Us" versus "Them" and AIDS Stigma,' *American Behavioral Scientist*, vol. 47, no. 7, 1999, p. 1213.

4 Devine et.al., 1999, p. 1213.

5 Dennis Altman, 'The Most Political of Diseases,' in Eric Timewell, Victor Minichiello, and David Plummer, eds., *AIDS in Australia*, Sydney, 1992, p. 65; James Gillett, *A Grassroots History of the HIV/AIDS Epidemic in North America*, Washington, 2011, p. 9.

6 Alessandro Portelli, 'The Peculiarities of Oral History', *History Workshop*, vol. 12, 1981, p. 102.

7 Elizabeth Lapovsky Kennedy and Madeline D. Davis, *Boots of Leather, Slippers of Gold: The history of a lesbian community*, New York, 1993, p. 15, and Alessandro Portelli, 'What Makes Oral History Different?' in Robert Perks and Alistair Thomson, eds., *The Oral History Reader*, London, 1998, pp. 67-69.

8 Graham Dawson, *Soldier Heroes: British adventure, empire and the imagining of masculinities*, Oxon, 1994, pp. 22-23; Alessandro Portelli, 'Uchronic Dreams: Working-class memory and possible worlds,' in Raphael Samuel and Paul Thompson, eds., *The Myths We Live By*, London, 1990, pp. 143-160.

9 Luisa Passerini, 'Women's Personal Narrratives: Myths, experiences and emotions,' in Personal Narratives Group, ed., Interpreting Women's Lives: Feminist theory and personal narratives, Bloomington, 1989, p. 197.

10 Heather Worth, Gay Men, Sex & HIV in New Zealand, Auckland, 2003, p. 144.

11 This study focuses specifically on five of the men that participated in the broader study which involved six HIV-positive men, and one HIV-negative man who has worked extensively with the NZAF.

12 Body Positive Inc. is a New Zealand organisation established by people with HIV or AIDS, which offers services including advocacy, education, and therapies. See Body Positive Inc., *About us*, 2010, http://www.bodypositive.org.nz/Pages/Home/About_Us/ [accessed 10 June 2011].

13 Some of the names are pseudonyms. The numbers indicate the men's ages at the time of the interview.

14 Kirsty Machon, 'And things are not the same: HIV 2000,' in Craig Johnston and Paul Van Reyk, eds., *Queer City: Gay and lesbian politics in Sydney*, Melbourne, 2001, p.136.

15 Popular Memory Group, "Popular Memory: Theory, politics, method," in Richard Johnson, Gregor McLennan, Bill Schwarz, David Sutton, eds., *Making Histories: Studies in history-writing and politics*, New South Wales, 2007, p. 243. See also: Dawson, *Soldier Heroes*.

16 Wendy Rickard, 'Oral History - More Dangerous than Therapy?: Interviewees' reflections on recording traumatic or taboo issues,' *Oral History vol. 26, no 2. 1998*, p. 41.

17 Alessandro Portelli, 'A Dialogical Relationship: An approach to Oral History,' in Manish Jain, ed., *Expressions Annual 2005*, p. 2. http://www.swaraj.org/shikshantar/expressions_portelli.pdf, last accessed September 12, 2014.

18 Marie-Francoise Chanfrault-Duchet, 'Narrative Structures, Social Models, and Symbolic Representation in the Life Story,' in Sherna Berger Gluck and Daphne Patai, eds., *Women's Words: The feminist practice of oral history*, New York, 1991, p. 77.

19 Kathryn Anderson and Dana C. Jack, 'Learning to Listen: Interview techniques and analyses,' in Robert Perks and Alistair Thomson, eds., *The Oral History Reader*, 2d ed, Oxon, 1998, p. 129; Stephen Caunce, *Oral History and the Local Historian*, United Kingdom, 1994, p. 21.

20 Caunce, p. 21.

21 Alessandro Portelli, *The Battle of Valle Giulia: Oral History and the art of dialogue*, Wisconsin, 1997; Alessandro Portelli, *The Death of Luigi Trastuli and Other Stories: Form and meaning in oral history*, Albany, 1991, p. 56; Penny Summerfield, *Reconstructing Women's Wartime Lives*, Manchester, 1998, p. 26.

22 Katharine Borland, 'That's Not What I Said': Interpretive conflict in oral narrative research,' in Gluck and Patai, eds., *Women's Words*, pp.63-76.

23 Phil Parkinson, 'Legitimation Through Disaster? AIDS and the Homosexual Law Reform Campaign, 1983-1993,' in Alison J. Laurie and Linda Evans, eds., *Twenty Years On: Histories of Homosexual Law Reform in New Zealand*, Wellington, 2009, p. 41.

24 See, for example: Virginia. Berridge, 'Introduction,' in Virginia Berridge and Philip Strong, ed, *AIDS and Contemporary History*, Cambridge, 1993, pp. 1-14; Simon Garfield, *The End of Innocence*, London, 1994; James Gillett, *A Grassroots History of the HIV/AIDS Epidemic in North America*, Washington, 2011; Perry N. Halkitis, *The AIDS Generation: Stories of survival and resilience*, Oxford, 2013; Victoria A. Harden, *AIDS at 30: A history*, Virginia, 2012; Jennifer Power, *Movement, Knowledge, Emotion: Gay activism and HIV/AIDS in Australia*. Canberra, 2011; Paul Sendziuk, *Learning to Trust*, 2003; Benjamin Heim Shepard, *White Nights and Ascending Shadows: An oral history of the San Francisco AIDS epidemic*, United Kingdom, 1997; Randy Shilts, *And the Band Played On*, London, 1987.

25 Heather Worth, *Gay Men, Sex and HIV*, 2003, p. 143. See also: Justin McNab and Heather Worth, *In the Heat of the Moment? Sex, Gay Men and HIV Infection*, Auckland, 1999.

26 Jason Myers, 'Health, sexuality and place: the different geographies of HIV-positive gay men in Auckland, New Zealand', *New Zealand Geographer*, vol. 66, no .3, 2010, p. 233; see also: Jason Myers, 'Moving on the margins: emotional geographies of HIV in Auckland, New Zealand,' Unpublished PhD Thesis, Auckland, 2009.

27 Allanah Ryan, *Community, AIDS and Sex: A study of aspects of the New Zealand gay community, Report to the New Zealand AIDS Foundation*, Palmerston North, 1991, p. 25.

28 Laurie Guy, *Worlds in Collision: The gay debate in New Zealand, 1960-1986*, Wellington, 2002; Maryan Street, 'Homosexual law reform - the aftermath', in Laurie and Evans, eds., *Twenty Years On*, pp. 11-13; Alison J. Laurie, 'The Aotearoa/New Zealand Homosexual Law Reform Campaign, 1985-1986,' in Laurie and Evans, eds., *Twenty Years On*, pp. 14-29;

29 Paul Goldwater, *AIDS: The Risk in New Zealand*, Auckland, 1986; Bronwen Lichtenstein, 'Tradition and experiment in New Zealand AIDS policy', *AIDS & Public Policy Journal*, vol. 12, no. 2, 1997, pp. 79-88; B. R. Simon Rosser, *Male Homosexual Behavior and the Effects of AIDS Education: A study of behaviour and safer sex in New Zealand and South Australia*, Connecticut, 1991; Worth, 2003.

30 Autobiographies also provide insight into positive men's lived experiences. See: Tom McLean, *If I Should Die: Living with AIDS*, Auckland, 1989.

31 Jeffrey Weeks, *Coming Out*, London, 1977, p.11.

32 Laurie Guy, p. 25. Other scholars have also conducted significant research into discussions about homosexuality in New Zealand, see for example: Chris Brickell, *Mates and Lovers: A history of gay New Zealand*, Auckland, 2008; Chris Brickell and Ben Taylor, 'What it means to be a gay man', in Lynne Alice and Lynne Star, ed. *Queer in Aotearoa*, Palmerston North, 2004, pp. 133-145; Nigel Gearing, *Emerging Tribe: Gay culture in New Zealand in the 1990s*, Auckland, Penguin Books (NZ) Ltd., 1997; Laurie Guy, 'Between a hard rock and shifting sands: Churches and the Issue of Homosexuality in New Zealand, 1960-86', *Journal of Religious History*, vol. 30, no. 1, 2006, pp. 61-76; Michael Stevens King, *After the War: New Zealand since 1945*, Auckland, 1988; Simon Rosser, *Gay Catholics Down Under: The journeys in sexuality and spirituality of gay men in Australia and New Zealand*, Connecticut, 1992; Worth, 2003.

33 In 1972, the Australian and New Zealand College of Psychiatrists affirmed homosexuality was not a medical condition, and that individuals should only undergo treatment on a voluntary basis. See, Phil G. Parkinson, *Homosexuality as a Medical Condition*, [pamphlet], Wellington, n.d.

34 Angus McLaren, *Twentieth-Century Sexuality: A history*, Oxford, 1999, p. 196; Jeffrey Weeks, The Languages of Sexuality, Oxon, 2011, p. 9.

35 Phil Parkinson, 'Prevention Education and the Gay Community in New Zealand', *New Zealand AIDS Foundation, Prevention Education Workshop*, Auckland, 1986, p.1.

36 The NZAF was a government-funded organisation established in 1985. Some sex education campaigns were funded by *Out! Magazine*, see: MS Papers 143, AIDS Support Network.

37 Geraldine Treacher, 'Burnett, Bruce' in David A. Gerstner, ed., *Routledge International Encyclopedia of Queer Culture*, Oxon, 2006, p. 110.

38 New Zealand Department of Health, *AIDS: Information for Teachers, New Zealand*, 1987, p. 6.

39 Worth, 2003, pp. 27-8.

4. The identification of 'risk groups' also led to complacency among some of those that did not identify themselves as 'at risk' of contracting the virus. Consequently, the Department of Health ran its first AIDS education campaign in 1986 that was aimed at all sexually active people in New Zealand. For a discussion of the campaign, see, Colleen Ireland, 'AIDS prevention education – The Health Education Unit Response, New Zealand AIDS Foundation,' *Prevention Education Workshop*, Auckland, 1986, p. 1.

41 Ministry of Maori Development, *Mate Ketoketo/Arai Kore, A report about HIV/AIDS and Maori*, Wellington, 1994, p. 13.

42 Ministry of Māori Development, 1994, pp. 12-13. In post-war New Zealand, providing sex education was mostly the responsibility of schools and parents, see Claire Gooder 'A History of Sex Education in New Zealand, 1939-1985,' PhD Thesis, Auckland, 2010.

43 Lavinia Denise Strathern, '"Much Remains To Be Done":

The changing health profile in the urban region of South Auckland, 1956-1972,' Unpublished MA thesis, Waikato, 2003.

44 Henare Te Ua, "Reflections on Being Gay and Maori," in Alison J. Laurie and Linda Evans, eds., *Outlines: Lesbian and Gay Histories of Aotearoa*, Wellington, 2005, p. 3.

45 New Zealand AIDS Foundation, Male Call/Waea Mai Tane ma, Report Three: Māori men who have sex with men, Auckland, 1998.

46 Devine et. al., 1999, p. 1217; Deborah Lupton, 'Archetypes of Infection: People with HIV/AIDS in the Australian press in the mid-1990s', *Sociology of Health & Illness*, vol. 21, no. 1, 1999, p. 38.

47 Edward Albert, 'Illness and Deviance: The response of the press to AIDS', in Douglas A. Feldman and Thomas M. Johnson, eds., *The Social Dimensions of AIDS: Method and theory*, Connecticut, 1986, p. 174; Lupton, 1999, p. 125. In the New Zealand context, Christopher Burke analyses political rhetoric about the potential further spread of HIV and AIDS in the New Zealand Parliamentary Debates, see: Christopher J. F. Burke, 'Diversity or Perversity? Investigating queer narratives, resistance, and representation in Aotearoa/New Zealand, 1948-2000', Unpublished MA Thesis, Waikato, 2007, p. 41.

48 Devine et. al., 1999, p. 1214.

49 Devine et. al., 1999, p. 1220.

50 Gayle Davis, 'Health and Sexuality,' in Mark Jackson, ed., *The Oxford Handbook of the History of Medicine*, Oxford, 2011, p. 519.

51 James Allan, 'Vidi Vici Veni: The memoirs of a sex maniac', *Metro*, vol. 70, 1987a, p. 80.

52 Allan, p. 86. Bronwen Lichtenstein provides a thorough analysis of Allan's article, see: Bronwen Lichtenstein, 'Creating Icons of AIDS: The media and popular culture,' in Peter Davis, ed., *Intimate Details & Vital Statistics: AIDS, sexuality, and the social order in New Zealand*, Auckland, 1996, p. 69.

53 Leo Bersani, Homos, Massachusetts, 1995, p. 20.

54 Robert Klitzman, 'Disclosure', in Raymond A. Smith, ed., *Encyclopaedia of AIDS: a Social, Political, Cultural, and Scientific Record of the HIV epidemic*, Chicago, 1998, p.181.

5. Robert B Hays, Leon McKusick, Craig Robertson Pollack, Robert Hilliard, Colleen Hoff and Thomas J Coates, 'Disclosing HIV Seropositivity to Significant Others', in Robert Bor and Jonathan Smith Elford, eds., *The Family and HIV*, London, 1994, p. 45.

56 Shane Kelly, Life narrative interview, 12 September 2011, 26.27-26.45.

57 Anna Green, '"Unpacking" the Stories', in Anna Green and Megan Hutching (eds), *Remembering: Writing oral history*, Auckland, 2004, p.11.

58 Thomson, 1994, p. 44.

59 Lupton, 1999, p. 39.

60 Shane Kelly, Life narrative interview, 12 September 2011, 23.44-24.14. Italics added to reflect emphasis in narrator's speech. For this study, I transcribed the interviews as they were spoken, see: Megan Hutching, 'The Distance Between Voice and Transcript', in Green and Hutching, eds, *Remembering*, pp.168-177.

61 For newspaper articles about Glenn Mills crime, see 'Deadly Sex', March 1 2010, *Metro*; 'HIV infection accused named', June 19 2009, *NZ Herald*; 'HIV-positive man accused of infection four others', May 29 2009, *NZ Herald*.

62 Shane Kelly, Life narrative interview, 12 September 2011, 24.34-24.39.

63 Thomson, 1994, p.11.

64 Shane Kelly, Life narrative interview, 12 September 2011, 40.23 – 40.35.

65 Chanfrault-Duchet, 1991, pp. 77-92.

66 Devine et. al., 1999, p. 1218.

67 Carl Greenwood, Life narrative interview, 12 September 2011, 01.04.18-01.04.33.

68 Alon Confino, 'Collective Memory and Cultural History: Problems of method,' *The American Historical Review*, vol. 102, no. 5, 1997, p. 1386.

69 Craig Robertson, Life narrative interview, 17 May 2011, interviewed by Cheryl Ware, New Zealand, 57.41-57.53.

70 Craig Robertson, Life narrative interview, 17 May 2011, 31.38-32.01.

71 James Mauke, Life narrative interview, 20 May 2011, 02.01.01-02.02.28.

72 For discussion on the term 'clean,' see: Andrea M. Whittaker, 'Living with HIV: Resistance by positive people', *Medical Anthropology Quarterly*, vol. 6, no. 4, 1992, pp. 385-390.

73 Devine et.al., 1999, p. 1213.

74 James Mauke, Life narrative interview, 20 May 2011, 01.28.38-01.28.45.

75 James Mauke, Life narrative interview, 20 May 2011, 01.21.20-01.21.36.

76 Thomson, 1994, pp. 8-10.

77 Jeffrey A. Kelly, 'Stigmatization of AIDS Patients by Physicians', *American Journal of Public Health*, vol. 77, no. 7, 1987, pp. 789-791. In 1988, the New Zealand Department of Health identified that the nurses' reluctance to work with HIV/AIDS patients was a result of inadequate training, and consequently released a report providing guidelines for nurses to abide by while caring for HIV/AIDS patients: Department of Health, 'Nursing Guidelines on the Management of Patients Suffering from HIV Illness/AIDS in Hospital and the Community,' Wellington, 1988, p. 28.

78 Jonathan Smith, Life narrative interview, 21 June 2011, 01.00.13-01.00.37.

79 Jonathan Smith, Life narrative interview, 21 June 2011, 01.01.47-01.01.53.

80 Jonathan Smith, Life narrative interview, 21 June 2011, 01.02.07-01.02.12.

Ghosts in the archives: exploring the challenge of reusing memories

Irene Rogers & Margaret McAllister

Introduction

Recording the memories of people's unique life experiences is a powerful research methodology. Its resurgence after the Second World War demonstrates that transmission of memories, such as from Holocaust survivors, provides a connection for people in the present with the past, offering hope that issues such as injustices are not forgotten (Green & Troupe, 1999).

Luisa Passerini argued that oral history is more than memories; it is predominantly an expression and representation of culture which requires the oral historian to not only understand the literal narrations but memory, ideology and subconscious desires (Passerini, 1979). Like other methodologies, oral history has undergone paradigm shifts and will continue to do so in response to expanding areas of research. This paper explores the secondary analysis of archived oral history

Joanna Bornat argues that, despite it being a rapidly expanding area of research, debate about questions generated or processes involved have received little attention from oral historians. She also reminds us that the re-use of data is normal practice for historians (Bornat, 2008). This is supported by Corti, who argues that historians are not daunted by re-using material not familiar to them (Corti, 2006). Perhaps the very notion that it has become so taken-for-granted means that the re-use of data from oral histories is deserving of reconsideration. Scholars such as social scientists also have an interest in using archived oral history interviews to look at social processes over time, by connecting with earlier studies or reanalysing or replicating studies (Thomson, 2007, p. 571).

Bornat raises questions about the effect of time passed, changing contexts for analysis, the construction of the original data and new ethical considerations, and argues that
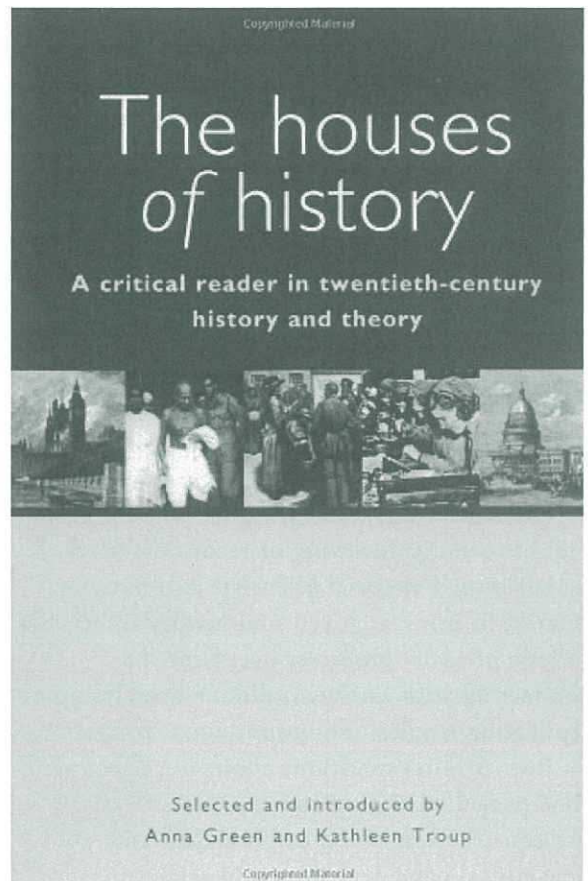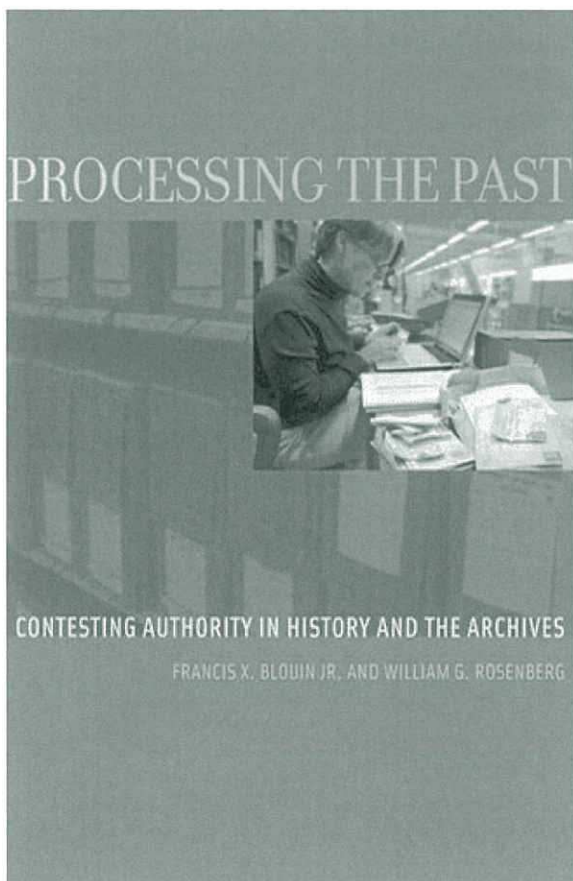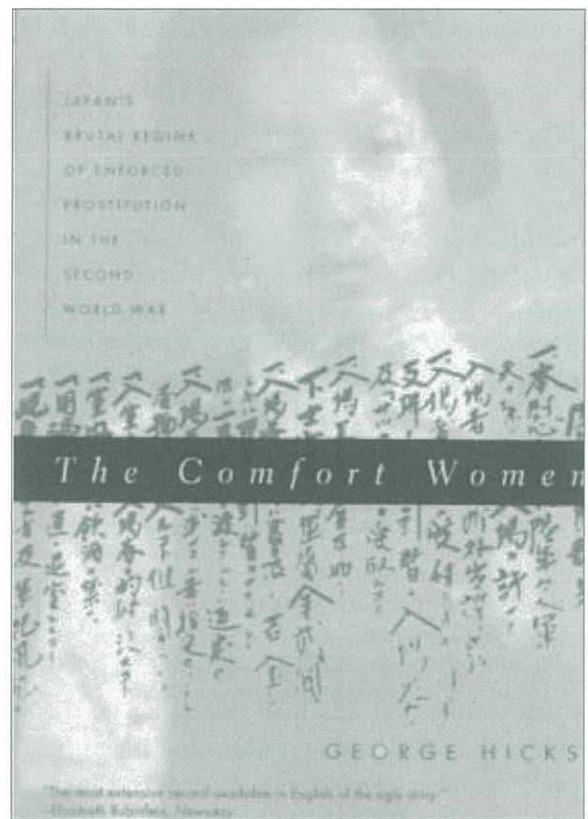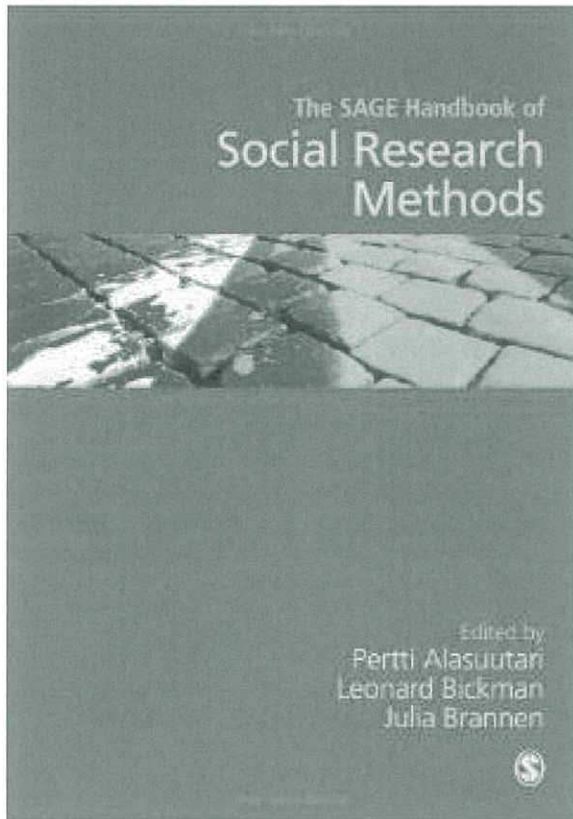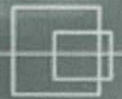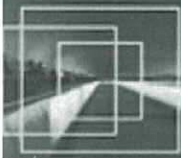
these questions need to be addressed (Bornat, 2003). When there is an intention to use oral history data from other sources, therefore, it is important to explore how the research method may be strengthened. McDonnell asks the question, '[W]hat responsibility lies upon the historian as traumatic human experiences are reified, codified and sent into the academic ether, to be picked up, quoted, referenced, theorised and detached from their source in a specific political reality?'(McDonnell, 2005, p. 127). It is not always easy for researchers recording oral histories to strike a balance between the imperatives of writing history and the moral obligations of protecting their sources. The following case study highlights this dilemma.

Ghosts of Sumatra - a case study

I (Irene Rogers) was undertaking research into the origins of Selangor Hospital, based in the town of Nambour in Queensland. This hospital was founded by Chris Oxley and Dorothy Ralston, two Australian Army nurses who escaped on different ships from Singapore during the Second World War. Dorothy returned safely to Australia but Chris was captured when her ship sank off Sumatra. In researching Chris Oxley's experiences I came across reference to a practice in the camp I had not heard about before in relationship to captured Australian Army nurses: forced prostitution.

Margaret McAllister is Professor of Nursing at CQUniversity, Australia. Her research and teaching foci are in narrative, mental health and nursing education.

Irene Rogers is a PhD candidate at CQUniversity. Her thesis is about Australian non-military nurses who worked for the French Army during the First World War.

The SAGE Handbook of
Social Research
Methods

Edited by
Pertti Alasuutari
Leonard Bickman
Julia Brannen

JAPAN'S
BRUTAL REGIME
OF ENFORCED
PROSTITUTION
IN THE
SECOND
WORLD WAR

The Comfort Women

GEORGE HICKS

PROCESSING THE PAST

CONTESTING AUTHORITY IN HISTORY AND THE ARCHIVES

FRANCIS X. BLOUIN JR. AND WILLIAM G. ROSENBERG

Copyrighted Material

The houses
of history

A critical reader in twentieth-century
history and theory

Selected and introduced by
Anna Green and Kathleen Troup

Copyrighted Material

Euphemistically labelled 'comfort women', up to 200,000 women are estimated to have been coerced into supplying sex for Japanese soldiers during the Second World War. The majority of these women were Asian, with approximately 80 per cent originating from Korea. Social stigma meant that many of the victims remained silent, but over the years some have sought apologies and compensation (Chang, 2009). In 1948, a Dutch Military Court in Indonesia tried, and sentenced to death, a Japanese official who forced 25 Dutch women into prostitution in Jakarta (Ishikida, 2005). It was the only case of its kind and justice for Dutch women alone was sought, despite the fact that many Asian women had been forced into prostitution at the same camp.

The story of 65 Australian Army nurses who escaped from Singapore in 1942 is now part of Australian cultural heritage (McAllister, 2014). This is not because the 65 nurses successfully escaped but because their ship the *Vyner Brooke* was sunk by the Japanese off Sumatra. According to Ian Shaw, the Vyner Brooke was small and very overcrowded, with about 250 civilians, military, crew, nurses and their patients on board. Twelve nurses and many others did not make it to shore after the ship was sunk, and their fate is unknown. A mixed group, including women and children, soldiers, crew members and 22 nurses with their patients, managed to make it to shore on a beach near Bangka Island. A small group went to the nearest village to get help and within a short time a Japanese patrol returned and took 50 of the men around a point where they were bayoneted and shot. As the guards reappeared, they ordered the nurses and one civilian woman to line up and walk into the sea where they, too, were shot. After the guns were silent, 22 women were left for dead in the shallow water. The soldiers did not realise that one nurse had been shot but was not dead. Shaw explains that, by using the recollections of Vivian Bullwinkel and her depositions to the War Crimes Tribunal, the most likely scenario is that Vivian was shot in the side. The impact of the bullet knocked her forward into the water, and she lost consciousness, regaining it partially to enable her to turn her head to the side and breathe. Eventually she was brought to shore by the tide (Shaw, 2010, pp. 220-221).

After surviving in the jungle for many days, Vivian recovered sufficiently to hide her injuries. She surrendered and was reunited with the women and other nurses from the *Vyner Brooke* in a prisoner of war camp (Shaw, p.221). These nurses, by a twist of fate, had come ashore in other places. Vivian, the sole survivor of this massacre, shared her story with the other nurses and they all swore not to discuss it or Vivian's injuries in order to protect her from possible retaliation (McAllister, 2014).

This secret was perhaps not the only information they swore to keep private during and after their captivity. There were rumours for many years about Australian nurses on Sumatra being used as 'comfort women' by the Japanese. Stories had been told by civilian internees and locals but the nurses, as a group, vehemently denied it was true. They all told the same story: the Japanese had tried to coerce them into prostitution but they stood firm and were eventually left alone (Fletcher, 2011; Hicks, 1997; Shaw, 2010).

Encountering a dilemma

In my research, I, too, uncovered information about the imprisonment which was new to me, although since it has been substantiated by others (Shaw, 2010), I feel it is appropriate to retell it now. The exercise serves as an illustration of how historians encounter situations which require techniques to guide their decision making in order that no harm or unintended consequences occur to those whose stories are being told.

When historian Susanna deVries interviewed former captive nurse Sylvia (Muir) McGregor in the later stages of a terminal illness, the issue about forced prostitution of Australian nurses was confirmed for the first time (De Vries, 2004, pp. 230-231). Sylvia related that four young nurses were selected by the Japanese for the officers' 'comfort station' and that they refused to cooperate. All the nurses were punished by their rice ration being withheld. At this stage of their imprisonment, most nurses were less than half their original body weight and many were suffering from serious illnesses, so death would have been inevitable for many of them as a result. Sylvia claimed that at a meeting held in the Japanese Officers' Club, four older nurses agreed to replace the younger

ones, to spare the rest of the group from being starved to death. The nurses swore on the Bible that the names of the four would never be revealed, and no one ever broke this promise. Susanna de Vries described how Sylvia 'told me this very quietly so that no one in the hospital café could overhear what she was saying.' For Sylvia, 'those girls were truly heroic' (p. 231). Shaw confirmed the account by reporting another surviving nurse's recollections recorded three years after Sylvia's disclosure. The nurse's name was not revealed and, true to the oath they all took, she also did not reveal the names of the four nurses (Shaw, 2010, p. 325).

In trying to uncover the story of Selangor Private Hospital, it was important to uncover the story of the first Matron, Chris Oxley. Oxley was a survivor of the sinking of the *Vyner Brooke* and the internment camp in Sumatra. My curiosity was aroused because so little evidence of her contribution to the hospital was available. In *Selangor Story* it is stated she 'continued on as Matron for a short time, after which she took up industrial nursing in Brisbane' (Richardson & Hogarth, 1997, p. 12). Unlike Chris Oxley, other nurses from the camp had written memoirs, given public talks and had some community visibility. The reasons Chris Oxley left the hospital are unclear and there could be many explanations. Clearly war service and imprisonment may have been influences.

There are many records from camp survivors available, written in Dutch, English and Indonesian, to be found in the Netherlands and British National Archives. These possibly contain information about the nurses and the incident that could illuminate more why someone like Oxley would not want to speak about the experience, despite the likelihood that she would not be negatively judged.

In exploring the possible intersection between the comfort women and Chris Oxley, I was aware that I was headed into ethically complex territory. An ethical dilemma arises when a researcher has two clear choices that can both be morally justified (Cohen & Erickson, 2006). A researcher may feel uncertain whether something is right but be unsure of what action to take. Moral distress may then occur when the action is clear but it is impossible to act on the choice.

Both Sylvia and the unnamed nurse, although maintaining silence about the names of the four nurses, breached confidences. One can imagine that, with the distance of time, both might feel a greater loyalty towards truth-telling than confidence keeping, especially because it was now more widely known that comfort women were used by the Japanese. Despite this, they both made a clear decision not to reveal the names of the nurses. De Vries and Shaw chose to publish the details of these disclosures, thus allowing a previously hidden history to be revealed and opening up this important topic for further research.

Informed Consent

The requirement for researchers to request and obtain informed consent from participants is now standard practice for ethical conduct, however, Miller & Boulton argue that increasing regulation and bureaucratisation of consent has led to changes in the meaning of consent and to significant alterations in the relationship between researcher and the researched. For them, the assumption that informed consent may be guaranteed through bureaucratisation and documentation of the process is illusory (Miller & Boulton, 2007).

When interview data is prepared for deposit in an archive, it is expected that consent has been given by interviewees and restrictions and perhaps anonymisation procedures have been agreed to and signed off by all parties (Bornat, 2008, p. 7). However, Shopes reminds readers that oral history is everywhere. It can be found in the archives, in scholarly publications, in the classroom, in media productions and in communities, and interviews are generally available for secondary analysis (Shopes, 2000, 2014). So even when consent is a shared process, rigorously documented and enforced, it does not guarantee that the consent is long lasting, nor does it take into account the issue of secondary data analysis. Sound judgement might therefore be enhanced through the development of ethical guidelines for the secondary use of the archives.

Do no harm

An example shows the complexity involved when a study uses archived oral history recordings, and highlights how difficult it

is to maintain informed consent over time. Jackson, Smith & Olive discussed a particular ethical issue that arose in their project, Families Remembering Food which involved the reuse of secondary data from three oral history archives. The field notes appended to some of the interview transcripts are available online. In some cases the material simply notes how the interview proceeded from the researcher's perspective, but includes comments both flattering and critical about the interviewee. In other cases, 'off the record' material, given when the recorder was off, was included in the record keeping process. Examples include the disclosure of illegitimacy, admissions of delinquency, domestic violence and hearsay information about other interviewees. Recording and making this information publicly available appears to represent a breach of trust, risks causing harm and could raise serious concerns about ethical misconduct if it happened today. However, the recordings were made in the 1970s and ethical expectations have changed, and it could be argued that to continually update the vast amount of deposited material in line with current practices and ethical guidelines would be an overwhelming task (Jackson, Smith, & Olive, 2007).

Savolainen agrees that following the mechanical rules of ethics in oral history does not necessarily produce ethicality. A researcher re-using the data needs to go beyond simply following the rules of university ethics committees and guidelines produced by oral history societies and aspire to a fuller realisation of doing good work. The ethical historian and social researcher appreciates the need to understand the context well enough to judge whether disrespect or damage could occur to people or places, and to balance that with the potential new knowledge that may emerge (Savolainen, 2008). In reference to the case study, a researcher could argue that exposing injustices to Australian women during the Second World War is a greater imperative than protecting the relatives of the four nurses from the disquiet of knowing what happened. It could also be argued that justice has never been achieved for the majority of 'comfort' women because they were Asian, and that if more cases of abuse to European women had been exposed earlier the outcome could have been different (Chang, 2009).

Using technology

Changes in technology can impact on ethics as well. Cohen, in his evaluation of the Oral History in the Digital Age Project, argued that the project produced an impressive set of material to advise practitioners how to choose and use digital networked technology for oral history, and devised a flexible set of best practices (Cohen, 2013, p. 155). Cohen reported vast numbers of people from around the globe have access to the web and can listen to oral histories through these networks, but notes there is little research on the effects, benefits and consequences of such an action. For Cohen, the digital age has extended the purpose of oral history from offering archives as historical records typically used by scholars in a set location, to an immediate rendition of culture, history and human experience to billions of people from different cultures. The question of how confidentiality is maintained and the rights of individuals can be protected is problematic, and conveying cultural meaning is extremely difficult through an oral history interview alone (Cohen, 2013). It is possible that, once the interviews are available on the internet, they can be used without reference to how the participants or the researcher originally anticipated the recordings would be used. Even when there is extensive dialogue between researcher and participants about potential future uses, 'informed consent' is still limited by guesswork about what the future may hold.

Changing theories

Like other methodologies, oral history has undergone paradigm shifts. It has moved towards a concern to achieve understanding about the meaning of events through an appreciation of the subjectivity of memory, shaped by things like culture, race, class and gender (Gluck & Patai, 1991; Grele & Terkel, 1985). Debates in oral history still involve the reliability of memory, the nature of the interview relationship and the connection between memory and history. When interviews come to be used, Abrams (2010) has said that oral history writing demands that researchers comprehend not only what is said, but why it is said and what it means. The researcher has to consider subjectivity, memory, use of language, structure of narratives, modes of

communication, power and ethics and the trend towards secondary use of the archives and the impact of the digital age has added a further dimension to these debates.

Constructing new knowledge

Christine Borland contends that 'we identify useful chunks of talk, give them physical existence and then communicate them. So we construct a second narrative that is based upon but reshapes the first' (Abrams, 2010, p. 15). The practice of creating historical resources in collaboration with the memory-giver is what makes oral history distinctive, and historians understand that memory narratives get created in the present as a result of the interview and any other stimulus present (Abraham, p.22). It could be argued that when historians re-use those narratives they create a third layer with another set of dynamics informing the process so that the collaboration and interview are no longer central to the process.

For Corti, archived qualitative data exists to be re-used, revisited, reanalysed and compared with complementary data sources, however, this requires researchers to publish greater methodological and ethical details about studies to provide greater context for the secondary user (2007, p. 41). It is also very important to note issues such as cultural differences and sensitivities so that a future researcher can make ethical judgements (Corti, 2007).

In their re-use of the archival sources, the team working on Families Remembering Food, emphasise the value of the data in addressing current myths, for examining gender roles and domestic routines and to question the nature of inter-generational transmission. However, they note some 'dangers'. This includes the temptation to try and extract relevant material without paying sufficient attention to the wider narrative context in which the extract is embedded. When keyword searches of interview abstracts or transcripts are used, this risk is increased. The strength of an oral history approach is that particular issues are embedded in the wider biographical and social context. The team also noted that the sheer volume and diversity of data can be a problem, and that summaries attached to the archives add another layer of complexity (Jackson, Smith & Olive, 2007, p. 6).

The question of whether the analysis of secondary data raises distinctive issues when compared with primary data analysis is contested by Bishop (2007), however, who argues that the distinction can be overdrawn and that context is just as critical whether it is primary or secondary data.

For Bornat (2008) there is a risk that these arguments will place restrictions on social research which is not imposed by historians on their data. As Moore (2006) suggests, it ends up fixing research onto a context from which it cannot be retrieved. For Bornat, historians can gain from the insights of sociologists about what happens when data is re-used but equally sociologists can gain from accepting more creative and interpretive approaches to archived data from historians.

Lapse of time is used as an argument against the secondary use of the archive but it also has the potential to enable researchers to analyse the effects of process, change, stability and rupture as well as opportunities for comparison and contrast (Bornat, 2008, p. 4). As new theories and interpretations emerge in the disciplines of history and sociology, their application to old data can reveal new knowledge. An example is re-examining material on smoking practices through the re-use of Thompson's archived oral history interviews which has produced new insights into smoking behaviour (Elliot, 2001). Historians and sociologists understand that data is created at a specific time and within a particular set of social relations by individuals with particular histories and motivations but, as Heaton points out, this is just as relevant during the primary analysis of data (Heaton, 2008).

The role of archiving

Archiving oral history projects is important, to ensure that they are easily accessible to future researchers, and this has become the impetus for sociologists to change some of their practices. Research notes need to provide enough detail for future researchers to understand why certain conclusions were reached in the study, and how the method impacted on the outcomes and summaries. Smith suggests that while academic historians are enthusiastic users of archives, they are less taken by the idea of depositing the materials they have generated (p. 33)

because it is onerous and time consuming, and may expose a researcher to critiques of their methods and results. Luisa Passerini stands out as an oral historian who understood the value of reflexivity. From the late 1970s, Passerini helped the reader understand the challenges, successes, failures and limitations of her work and in doing so encouraged researchers to look critically at their own work (Passerini, 1979).

The notion of 'memory' has received a lot of attention in recent years and the way archives play a critical role in the formation of social or collective memories has become a subject of intense interest to historians and social scientists (Blouin & Rosenberg, 2007, 2011). The relationship between historians and the past is indirect and archivists play an important role in negotiating and facilitating that relationship. Archives are constructed by archivists through what Ketelaar called the 'triage' of acquisition (2007, p. 86), that is, that data considered non-essential, repetitive or of no interest to the collection may be filtered out and not kept. As a result, only a very small amount of the total historical records make it through to the final collection. One clear example is the archives for the United States government where up to 97 per cent of material is destroyed before storage (Ketelaar, p.87). Ketelaar explains that the archivist must be relied upon to make discerning choices, and these will be mediated by archivists' cultural, social and political values and financial resources (p. 165).

Questions therefore arise in relation to historical sources that are accessible to the researcher. Questions such as, who decides what is 'protected' knowledge and what is not? Portelli was concerned with absences in traditional archives and the ways those absences affect a society's capacity to remember. For him, a tape recorder disrupts the categories and hierarchies imposed on materials by archivists (p. 167). Oral historians need to become fully engaged in the debate about the way records are archived.

Discussion and Conclusion

Whilst this paper has explored a number of concerns about ways data can and is being used to assist historians in the interpretive process, there is clearly benefit from the secondary use of the archives. With greater engagement with the issues of ethics and epistemology and more open reflexivity, the process can be made sound. It has also been argued that sharing data in the same way historians do, is becoming increasingly common for social scientists. They examine social processes over time by considering earlier studies, reanalyse data or re-implement the methods to see if results may be replicated (Thomson, 2007). More recently, researchers have begun to use data from oral history interviews and analyse it a second time. Research work may benefit from these kinds of processes, since archived material sourced from other researcher's oral history interviews provide an opportunity to ask new questions and provide new interpretations which in turn may yield new knowledge. There would be potential benefits from interdisciplinary collaboration on this issue.

It is no longer a matter of whether archives should be re-used, but how we do it ethically and with regard to epistemological issues. Every source scholars work with, whether living or dead, visible or invisible, relative or foreign, needs to be respected. As Buchanan and Tumarkin (2012) have said,

> As people who think with and about the past, we have responsibility to that power. To honour it we must produce the kind of work that acknowledges in its every breath the fact that the webs of connectivity and kinships produced by the past – the hauntings, the forces and the archives of all kinds – are real things that exist in the real world and continue to affect real people. (p. 85)

References

Abrams, L. (2010). *Oral History Theory.* London: Routledge

Bishop, L. (2007). A Reflexive Account of Reusing Qualitative Data: Beyond Primary/secondary Dualism. *Sociological Research Online, 12*(3), 2.

Blouin, F. X., & Rosenberg, W. G. (2006). Introduction to part I archives and archiving and introduction to part II archives in the production of knowledge in, *Archives, documentation and institutions of social memory: essays from the Sawyer Seminar* (pp. 1-3; 85-88). Michigan: Ann Arbor.

Blouin, F. X., & Rosenberg, W. G. (2011). *Processing the past: contesting authority in history and the archives.* New York: Oxford University Press.

Bornat, J. (2003). A second take: revisiting interviews with a different purpose. *Oral History, 31*(1-2), 47-53.

Bornat, J. (2005). Recycling the evidence: different approaches to the reanalysis of gerontological data. *Forum: Qualitative Social Research, 6*(1), 1-11.

Bornat, J. (2008). *Crossing boundaries with secondary analysis: implications for archived oral history data.* Paper presented at the Theory, Methods and Ethics across Disciplines Conference. University of Sussex 2008.

Buchanan, R., & Tumarkin, M. (2012). Bread and breath: Two reflections on the ethics of (doing) history. *Australian Humanities Review* (52), 71-89.

Chang, M. (2009). The politics of an apology. *Harvard International Review, 31*(3), 34.

Cohen, S. (2013). Shifting questions: new paradigms for oral history in a digital world. *The Oral History Review, 40*(1), 154-167.

Cohen, J.S., & Erickson, J.M. (2006). Ethical dilemmas and moral distress in oncology nursing practice. *Clinical Journal of Oncology Nursing, 10*(6).

Corti, L. (2006). Editorial. *Methodological Innovations Online, 1*(2), 1-9.

Corti, L. (2007). Re-using archived qualitative data - where, how, why? *Arch Sci, 7,* 37-54.

De Vries, S. (2004). *Heroic australian women in war.* Sydney. Harper Collins.

Elliot, R. (2001). Growing up and giving up: smoking in Paul Thompson's 100 Families'. *Oral History, 29*(1), 73-84.

Fletcher, A. (2011). Sisters behind the wire: reappraising Australian military nursing and internment in the Pacific during World War 2. *Med Hist., 55*(3), 419-424.

Gluck, S., & Patai, D. (Eds.). (1991). *Women's words: the feminist practice of oral history.* New York. Routledge.

Grele, R. J., & Terkel, S. (1985). *Envelopes of sound: the art of oral history,* Ill. Ronald J. Grele with Studs Terkel ... [et al.]. Chicago.

Green, A., Troupe, K. (1999). *The Houses of History.* , Manchester University Press.

Hammersley, M. (1997). Qualitative data archiving: some reflections on its prospects and problems. *Sociology, 31*(1), 131-142.

Heaton, J. (2008). Secondary analysis of qualitative data. In L. Alasuutari, L. Bickman & J. Brannen (Eds.), *The Sage Handbook of Social Research Methods* (pp. 506-519). London: Sage.

Hicks, G. (1997). *The comfort women: Japan's brutal regime of enforced prostitution in the second world war.* USA, Norton paperbacks.

Ishikida, M. Y. (2005). Comfort women *Toward peace: war responsibility, postwar compensation, and peace movements and education in Japan.* Lincoln NE, Centre for US-Japan Comparative Social Studies.

Jackson, P., Smith, G., & Olive, S. (2007). *Families remembering food: reusing secondary data.* Working paper. Changing families, changing food. Working paper. University of Sheffield.

Mason, J. (2007). 'Re-using' qualitative data: on the merits of an investigative epistemology. *Sociological Research Online, 12*(3).

Mauthner, N.S., Parry, O., & Blackett-Milburn, K. (1998). The data are out there, or are they? Implications for archiving and revisiting qualitative data. *Sociology, 32,* pp. 733-745.

McAllister, M. (2014). Vivian Bullwinkel: a model of resilience and a symbol of strength. *Collegian.* (10.1016/j.colegn.2013.12.006).

McDonnell, B. (2005). The politics of historiography—towards an ethics of representation. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 10(2), 127-138.

McLoughlin, P. J., & Miller, R. (2006). "Whatever you say, say nothing", the issue of "macro-content" in the construction of a catalogue and archive of qualitative material on the Northern Ireland conflict. *Methodological Innovations Online*, 1(2).

Miller, T., & Boulton, M. (2007). Changing constructions of informed consent: qualitative research and complex social worlds. *Social Science and Medicine*, 65, 2199-2211.

Moore, N. (2006). The contexts of context: broadening perspectives in the (re) use of qualitative data. *Methodological Innovations Online*, 1(2).

Moore, N. (2007). (Re)using qualitative data? *Sociological Research Online*, 12(3).

Passerini, L. (1979). Work, ideology and consensus under Italian fascism. *History Workshop Journal*, 8(1979), 82-108.

Peer, L. (2014). *Mind the gap in data reuse: sharing data is necessary but not sufficient for future reuse.* London School of Economics blog, March 2014. http://blogs.Ise.ac.uk/impactofsocialsciences/2014/03/28.

Perks, R., Thomson, A. (Ed.). (2006). *The Oral History Reader* (2nd ed.). London: Routledge.

Richardson, P., & Hogarth, J. (1997). *Selangor Story*. Nambour, Selangor Private Hospital.

Robertson, B. (2006). *Oral history handbook* (5th ed.): Oral History Association of Australia: South Australia.

Robinson, H. (2012). Digital heritage: remembering things differently, museums, libraries and archives as memory institutions and the implications for convergence. *Museum Management and Curatorship*, 27(4), 413-429.

Savolainen, U. (2008, 2009). Forum: focusing on oral history and ethics. Paper presented at the Focusing on Oral History and Ethics International Symposium, Helsinki

Shaw, I. (2010). *On Radji Beach*. Sydney, Pan Macmillan Australia.

Shopes, L. (2000). Institutional Review Boards have a chilling effect on oral history. *AHA Perspectives*, 38(6), 34-37.

Shopes, L. (2014). Oral history, human subjects and institutional review boards. Retrieved from oralhistory.org website: www.oralhistory.org

Smith, G. (2010). Historical insights: focus on research in *Oral history*, (December 2010) pp. 3-37. Retrieved from www.historysubjectcentre.ac.uk website:

Thomson, R. (2007). The qualitative longitudinal case history: practical, methodological and ethical reflections. *Social Policy & Society*, 6(4), 571-582.

'Taking care of the Gifts'
Reflections of an Oral Historian

JACQUI FOLEY

This is a presentation given by Jacqui Foley at the NOHANZ conference, Wellington, September 2014

Although I am not about to retire from oral history work, after 22 years in the profession, it seemed like a good time to reflect and look at what has changed and what remains the same.

My involvement in oral history really started in Ireland where I lived for about 15 years. Ireland is the consummate home of storytellers, and language, even in everyday use, is often colourful and creative. However, what sparked my interest, in what I came to later understand as oral history, was through listening to RTE radio, in particular a programme called 'Looking West'. This was a series of interviews with people living in the west of Ireland, more often than not, a few people gathered in a kitchen, sparking off each other, telling stories with great hilarity. It was lively, engaging and compelling listening.

I came back to New Zealand in 1991, and not long afterwards saw an advertisement for a pilot project offering to train people in oral history. This was being run through Presbyterian Support Services in Dunedin. The tutor was Helen Frizzell. I applied and remember really hoping I would be accepted. Fortunately, I was. There were around 14 of us on the course which ran over a two-year period. We met every six weeks or so and had at least two residential meetings. We recorded a number of short interviews and two full-length oral histories under Helen's guidance. She gave us a wonderful grounding in all aspects of oral history – interviewing skills, information about research, knowledge of equipment, microphones, administration in relation to interviews – but above all, we learnt the importance of ethics, respect for interviewees and taking care of the gifts of their stories. This grounding has stood me in good stead over a long time and while recording techniques have changed, as we have moved from analogue to digital, the basic grounding I was given remains the same.

Remains of the sheep dip.

After completing the course with Helen, I was lucky enough to receive my first Oral History Award for a project I called, 'Reading, Writing and Rosaries'. This was a series of interviews with Dominican nuns who had taught in schools in North Otago. I had been taught by some of them at Dominican College, Teschemakers, just outside of Oamaru. I had long been interested in how 'the nuns', as we referred to them at school, lived. Although as boarders we lived closely, their lives were somewhat secret. They never ate in front of us, and in those days their heads were covered, so it was always a bit exciting if we glimpsed a bit of hair underneath their stiff head dresses. Seems somewhat bizarre now. During the course of the project, I spent a weekend at St. Catherine's convent in Invercargill where I was to interview two of the sisters. One of them was someone I had been quite scared of at school, however she couldn't have been nicer. I was pregnant with my second daughter and Sister insisted that I put my feet on a stool while interviewing! I obliged her and recognized her kindness, but the effect was that I was slightly on the back foot and not at all comfortable.

One other thing that stands out from this interview, is something I have never done before or since and that was forgetting to press the record button. I managed to lose half an hour of the precious recording, but what was worse was having to confess my mistake to

my old form mistress. However she was very gracious and understanding. What struck me about this was how past experiences at school could still have an effect on me as an adult and make me nervous, resulting in a major mistake during recording. In spite of that, the project turned out well and was very enjoyable for me. Through it I came to see these Dominican sisters as highly accomplished and independent women, who had run large schools very efficiently and with great success. They were, in effect, great role models for us as pupils, although we didn't realise that at the time.

'Reading, Writing and Rosaries' project was important for me personally, as a certain revisiting of experiences. It raises the question of familiarity with subject matter in the context of oral history and whether this is a positive or negative thing. There are, of course, pros and cons either way. Inside knowledge can be extremely useful and enhance and extend a project. On the other hand, being too familiar might mean that questions seem too obvious, are not asked and information is lost.

Familiarity with subject matter was an issue for me in a different project. I was fortunate to receive another Oral History Award, this time for interviews around a proposed hydro project on the Waitaki River in North Otago. The hydro project was called Project Aqua. The construction never came to fruition but the proposal was on the table for a number of years and caused tension within different communities, and created rifts felt for many years afterwards. My oral history project documented the effects on those communities from different perspectives. I was anti-Project Aqua myself and had been very involved with a group protesting against it, however I was conscious of the need to record interviews from different viewpoints and made my own standpoint clear to interviewees. I found researching and recording the oral histories to be quite a challenge. I came to realise that I was actually quite weary after being so close to the subject matter for a long time, as a person who was against the hydro project. This was unexpected and while I completed the oral histories, the project took longer than anticipated and I found abstracting even more of a challenge than usual. On completion, I was very satisfied with the interviews and the project, but the experience gave me pause for thought. Being very close to subject matter, for whatever reason, can provide challenges for us as oral historians and is something to be aware of when planning projects.

I have always worked on a freelance basis which, like any freelance work, has its rewards and limitations. An American interviewee once summed up freelancing for me. He asked how I operated and when I told him he commented, 'that's hard money.' He was right. As freelancers, we have to get our heads around equipment, have an understanding of soundscapes, be able to transfer material from one format to another, write up abstracts in the required style, liaise with interviewees or organizations, carry out in depth research, be able to take reasonable photographs, be competent at layout and design and run a business! It's fair to say that freelance oral historians will never be rich and at times struggle to make ends meet, but there are many rewards and satisfaction from the work, which will hopefully benefit future researchers and listeners. I work alone mostly, but am always aware of the safety net of our wonderful organization, NOHANZ. Over the years the newsletters and journals, web site, conferences and workshops have been invaluable and often life saving for me. I would like to acknowledge and thank those who have worked so hard over the years. We are extremely lucky to be so well served by such a professional and conscientious team.

I have worked on a couple of projects with a group of other oral historians and that was a real pleasure. These were the 1920s and 1930s Oral History Project, co-ordinated by Megan Hutching, and the Vietnam War Oral History Project, both run by Ministry for Culture and Heritage. The Oral History Award funding now gives options for people to work together and I think this is really an important option for projects.

Interviews often pose challenges and I have faced some in work for the New Zealand Antarctic Society, which has been largely funded by the Lotteries Commission. A number of interviews have been with scientists, more often than not geologists. I found that how best to approach these required a lot of thought. Getting my head around the science was a thing in itself. I was interviewing people who had studied their subjects for many years, were

academics and, in my few hours of research, I would have only a rudimentary understanding of the subject matter. I discussed my limitations beforehand with interviewees and they were, without exception, extremely generous with information and filled in any gaps I might have missed. I remember one interviewee, when faced with my rather off-beat question, said, 'Well, can I just re-phrase that?'

Being upfront about any limitations is vital, in my opinion, as trying to bluff always comes back to bite you. I approach interviews on specialised subjects as a layperson, but with a good amount of research behind me. I aim to make recordings that will be of interest for fellow specialists as well as lay people. This is an approach which has worked well.

I received a recent Oral History Award for a project called 'Building Stories – documenting rural barns and buildings in North Otago'. Farming practices have changed greatly in my area and many historic barns and buildings have been demolished as dairy farming and its accompanying irrigation replace traditional dry land sheep farming. I have been concerned about this loss for some time and while I was aware that trying to save the buildings was not practical, I wanted to at least capture some of the stories around them. I visualised a hub and spoke model, with buildings being the hub, spreading out to pull in stories and information about communities. This has worked well, and topics covered in interviews have been not only about the buildings, but the make up of communities, sports teams, social events and farming practices. For example, for one interview, I photographed five structures – a barn and stables, the remains of a sheep dip, woolshed, another stables and a pump shed – and based the interview around these. The interviewee gave wonderful information about the buildings and additional material about
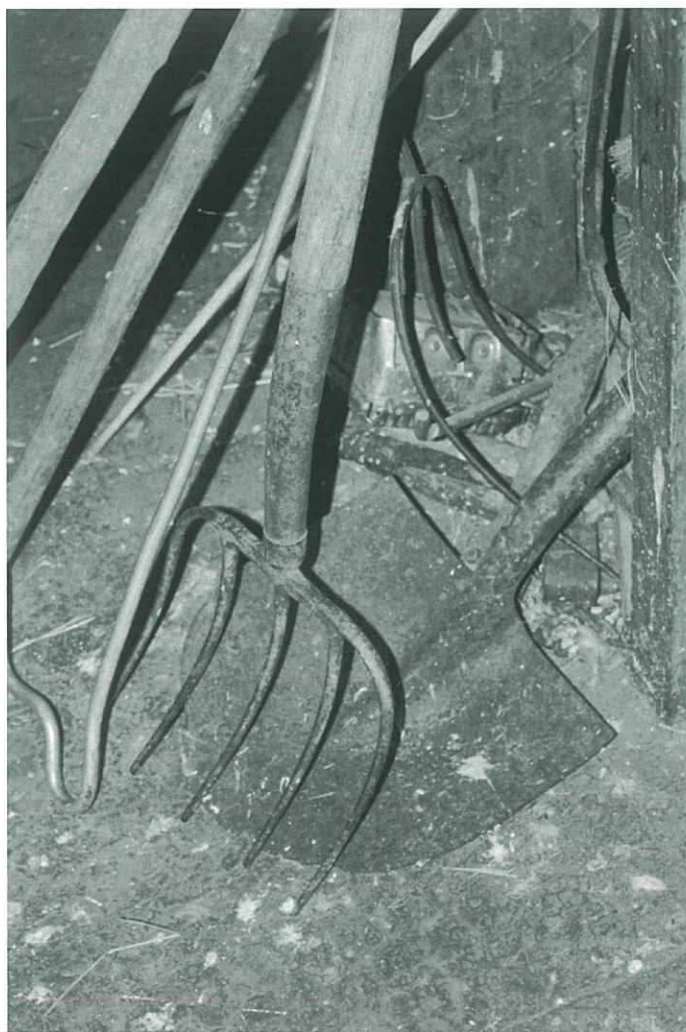

Tools

Pump shed

his farming experience, working with horses, dipping, droving and shearing. He talked also about the make up of the community, the additional labour needed for farming in earlier times which meant that there were sports teams, associated balls, dances, dog trials, church services and community events. Many of these are now largely gone.

I am extremely grateful for the number of Oral History Awards I have received over the years and recognize how lucky we are in New Zealand to have this scheme.

In conclusion and on reflection, I feel privileged to work in the field of oral history and to be part of our oral history community in New Zealand. There is much still to be done and I look forward to the twists and turns of future work and the satisfaction that will inevitably bring.

Top: Barn and stables
Middle: Woolshed
Lower: Sheep dip in use
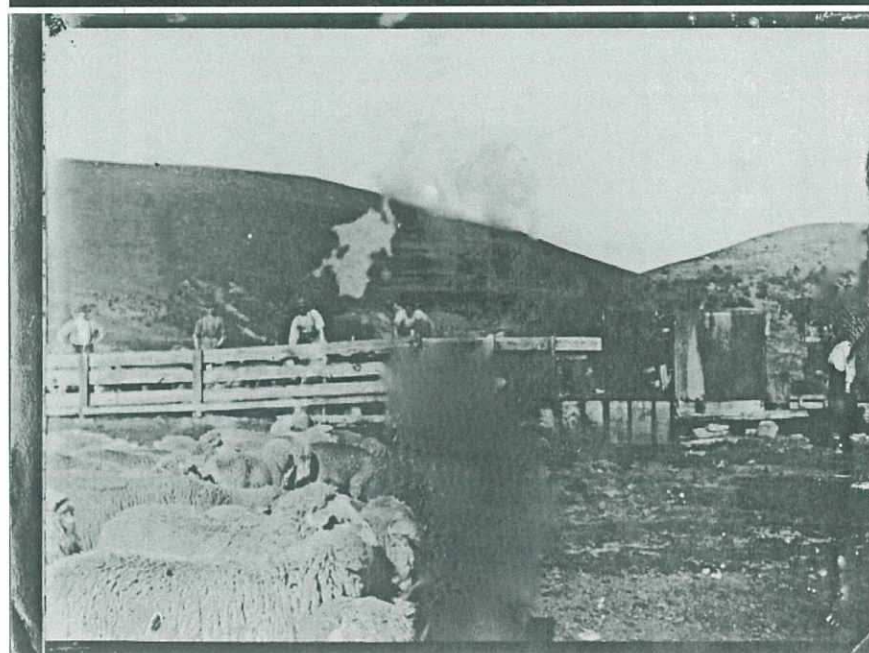
Dominion Road Shopkeepers' Stories

SUE GEE

My first contact with oral history came in 2003 when I met Wong Liu Shueng for the first time at a festival in Potter's Park, Balmoral. 'I'm starting an oral history group,' she said, as we lolled in the afternoon sun. 'You can be the secretary.' So that was that. The Chinese New Zealand Oral History Foundation (CNZOHF) Inc came into being after the 2002 apology to the New Zealand Chinese people by Prime Minister Helen Clark, for the injustices of the poll-tax laws.[1] The CNZOHF Inc records life histories of descendants of poll-tax payers.

During five or so years as secretary, I learnt about oral history, funding applications and helped organise training courses in recording and abstracting. We obtained a small grant from the Chinese Poll Tax Heritage Trust Inc.,[2] towards the costs of our first project which was called 21 Voices. We recorded our community of fruit shops, market gardens, Chinese laundries, restaurants and traders such as Wah Lee. It took several years to complete and is lodged at the Alexander Turnbull Library. The current chairperson of the CNZOHF Inc is David Wong Hop, and we continue to record the stories of descendants of early Chinese settlers.

My involvement with the Auckland Libraries Dominion Road Stories project came about quite spontaneously. In December 2012, at an ACCC barbeque,[3] Monica Mu, who then worked at Auckland Council, mentioned the Auckland Theatre Company (ATC) was looking for someone to record oral history on a volunteer basis. They wished for some Dominion Road shopkeepers' stories. I met with the ATC volunteer co-ordinator who enthused about Walk Eat Talk pop-up theatre where alleyways and restaurants around Dominion Road's Chinatown would become the stage. Patrons would discover the neighbourhood through stories. Interviews had been crafted into scripts and patrons would hear actor's voices through earphones as they were guided in a journey that included fortune cookies, dance, ninja and dumplings. Carried away by the excitement of all of this, I said, 'Yes, of course. I would love to.' I had worked in shops and business – the fruit shop since nine years old, later waitressing, fabrics, commission selling, even photography. Shopkeepers' stories felt natural to me. 'Twenty interviews,' I suggested. The volunteer co-ordinator hesitated for one second, eyebrow raised then nodded. Details of how it would happen? A wave of the hand.

In January 2013 I met with Sue Berman, oral historian for Auckland Libraries. We discussed oral history in general. I mentioned I was going to interview some Dominion Road shopkeepers for ATC as a volunteer. She said Auckland Libraries were also involved with the Dominion Road Stories, were partnering with ATC for The Story Emporium[4] and would I like to do some recording with Libraries and be paid? I wasn't sure if I had heard that right.

Sue and I met on 4 February to walk on Dominion Road and start talking to shopkeepers. We were excited, a little nervous, and open to however things might pan out. We walked south from the Mount Eden Memorial Hall, home of ATC, towards Mount Roskill, as far as Landscape Road. I took photographs on a pocket Sony with a Leica lens and Sue Berman related potted histories of the area. She had acquired local knowledge through the project and pre-interview research which helped build a picture of the shops, buildings, people and history.

Sue Gee lives at Karekare, west Auckland. She is a member of the CNZOHF Inc the Chinese NZ Oral History Foundation.

Biao Sun outside his Vietnamese noodle shop

Two Monkeys on Auckland's Dominion Road

Next day we set off from Balmoral in the opposite direction, north towards the Sky Tower as far as View Road. We were clearer about what we wanted to achieve and already we were getting a message – shopkeepers were willing to talk – they wanted to be heard. By the end of these two days we knew to aim in the interviews for a broad range of ethnicities and ages, equal gender representation, and a broad range of shops and services.

Our first success with making a time to record, was with the owner of The India Express, at 263 Dominion Road. Towards the end of the afternoon, we came to the Vietnamese noodle shop. Fascinated by the name Two Monkeys, Sue particularly wanted an interview. She had a passing acquaintance with the owner and thought it a good place, being a landmark location and a well known cheap and cheerful business on Dominion Road. When I asked him, Biao Sun said happily, 'Yes, I'm Chinese too.' We all smiled and nodded. I made an appointment for the interview—a very satisfying end to the day.

Over the next few days, I made phone calls to the owners of businesses we had identified and noted. Some were hard to reach and a connection was never established. Others were immediately intrigued by the project. We received one enquiry from a locksmith, through the Dominion Road Business Association, but due to time restraints, it didn't result in an interview. In selecting possible respondents I was working on intuition – did I feel some sort of connection? – and also the need to create a balanced portfolio of respondents, all in the context of the geographical limits we had set.

On 8 February, at the West Auckland Research Centre, Sue issued me with a Sony PCMD50. We decided against lapel microphones, preferring flexibility for shopkeepers and the ability to include the sound-scape of Dominion Road. Interviews were conducted at the back of shop (barber, dairy, hardware, gun shop); front of shop (dance, antique, sewing, restaurant); in a separate office (D H supermarket, Metropolitan Rental, Disabled Citizens Society, Geoff's Emporium) and out of business hours (Artragous Tattooists, Tuihana Cafe, Indian Express). They were as short or long as the informants determined.

The first interview, on 12 February, was with Mukesh Bhana, of the India Express, prior to opening. I was pleased to discover he had come in early to do food preparation and make his sauces so he would have time to devote to the interview. We filled out the NOHANZ recording agreement, then in his 44-minute recording, he talked about life in Fiji, obtaining a Commerce degree at Auckland University, learning to cook, his arranged marriage, starting the business, food preparation, time management, having children, and life on Dominion Road. After the recording, we took a few minutes to sign the paperwork and take photographs. This became a pattern.

I spent the next couple of hours calling on shopkeepers whose businesses we had noted. More appointments for interviews were made, then it was time for the recording with Biao Sun at Two Monkeys. It was a short interview. Front of shop – with the clank of the wok, rattle of dishes, chef's calls, refrigerator motors, children's laughter and passing trucks – the sound picture of Dominion Road was colourful. We completed the paperwork, took a few photographs, then I surfed peak hour traffic back to Henderson to download sound and pictures with Liz Bradley at the WARC.

Liz also scanned the recording agreements and interviewee information. All the interviews have open access and no restrictions. Copyright is held by Auckland Libraries. Work on abstracts, and some transcripts of the recordings began immediately. Having the work accessioned on the spot was immensely satisfying.

Over the next 20 days, I completed 19 interviews. One of my challenges was to locate Maori and Pacific shopkeepers. The name gave a clue and upon investigation, I found Leslie Guillard and Nathan Dunn at *Tuihana Cafe* and Food store. Leslie's Pakeha mother had wanted to call her Tui, but her Maori dad disagreed, so years later the name went into the business. Of the food they bake, Leslie says, 'We put love into everything. It tastes better'. I was grateful to find, at the Disabled Citizens Society, Corina Panapa whose iwi is Te Roroa. \Hers was the final interview on 4 March. Sue Berman also interviewed and photographed Colin Wigg of Col's Cobble Shoppe, a business that has been at 315 Dominion Road since the '70s. All in all – 20 interviews.

Some informants told migrant stories. Language difficulties were mentioned. A few had a gripe about Council regulations, bus lanes and parking restrictions. Titbits of history emerged. Richard Langridge of *Metropolitan Rentals*, who was married on Dominion Road, has worked on it since he left school in 1959. He recalls his father had a sweet shop on Dominion Road in 1910, diagonally across from his present office.

Marianne Haye of the Bernina Sewing Shop remembered riding on trams, coming as a girl from the Thames Valley to stay with her Nana who lived on Dominion Road, near where Metropolitan Rentals is now. Her aunt and uncle had a dairy where the Vanilla Ink dress shop is now.

The shop at 240A Dominion Road, where Kirsten McKenzie and her brother Gareth Brettell have Antique Alley, was previously a dry cleaning business. Gareth does the buying, Kirsten the selling. About communications, she said,

> I run the website... I also do the Facebook page and tweet. And as of this morning, [20 February 2013] on Twitter there's 1135 followers. I tweet about strange things customers ask us for; the most common things that customers say to us like, "Oh, you wouldn't want an earthquake in here" and "Ooh, I wouldn't wanna do the polishing".

When Sue B and I first spoke with Natu Chhiba of the Burnley Dairy and Superette, there was a sense of willingness. Later, my phone call to make a recording time was warmly welcomed by Sanjay, his son. The family was aware the business was going to be sold, so an oral history recording at this time was very appropriate. For the first fifteen minutes of his interview, with Indian music, the intermittent beep of the door buzzer, the cry of seagulls and yes, the drone of a low flying aeroplane in the background, Natu recalled his childhood life in the village of Karadi.

He spoke of leaving school and applying for a job in the Indian Railways. He commented on the easy life his children have here compared to his, coming in 1968 from India with nothing except a five pound British postal order, sent to him by his sister who had gone to Nairobi, East Africa to marry. Of his own marriage, he says,

> [My parents] were looking for some girl from overseas to get married. And [my] wife's mother went from here [New Zealand] to India and someone suggested, "That boy is good. He's working." And they choose me to marry her. I met my wife when I came over here. We only met by the photos. Her name Rukhi. We got married in December 1968... That time my wife's uncle, he had a fruit shop in Balmoral...he said there's one fruit shop for sale on Dominion Road. It was called Burnley Fruitmart. We bought it from Mr Hari Jagu. He was Indian too. He probably had it for 20 years at least. He was asking something good like $2,400 and we thought it was reasonable, so we didn't heckle over the price. We bought it 24th May, 1972. This is the first and last business. I didn't buy any other business.

I mentioned language was a problem for some. My interview on the first day with Biao Sun was a classic example. (Of my problem.) I was rolling out questions, unaware his command of English was far less than I realised. When the penny dropped I failed to make the step change to simpler questions. My language became more complicated, the questions longer and more convoluted. I suggested he may like to answer in Mandarin and we could translate later. Biao was a lot more relaxed when speaking in Mandarin, but as a non-Mandarin speaker, I was at a loss as to what my next question should be.

My anxiety levels must have escalated because my listening skills dropped away substantially and I missed his comment that he met his future wife at University in Fujian. So there was me questioning him along the lines of, 'Match-maker? Arranged marriage?' I was rabbiting on, confusing him, confusing myself. He mentioned again, they went to the same university. I have chastised myself roundly over it. But the humour came to me, listening back

> Sue Gee: *So. I would love it if you would tell me how you met? What it was like? What did you do when you would go on a date?*
> Biao Sun: *Oooh. I got three children. I'm so busy. Everyday. So busy... I work here all day... I finish work maybe 11 o'clock. Something. I just want sleep.*

The Dominion Road Stories website was Sue

Berman's idea. We were a few weeks into the project, content was rapidly being collected, people were excited and she said, 'The idea just came. We needed some way to celebrate and share the richness of the stories.' Thanks to a huge input from the team, the website with photographs and a written narrative excerpt went live several days before the exhibition and Story Emporium. It was an immediate success with visitors to the site staying for an average of over four minutes – longer, apparently, than usual web page visit times.

It was with a feeling of great accomplishment that Liz Bradley and the two Sues walked Dominion Road on Friday, 15 March delivering to twenty shopkeepers a DVD with their sound recording, photographs, and scans of the paperwork. Copies of their exhibition poster was a surprise bonus. A huge amount of work had been done by many Auckland Council staff to achieve all this within such a short time frame.

I am still very much a beginner in this field, but the Dominion Road Shopkeepers project marks my transition from a volunteer to paid oral historian. Having recorded nearly twenty interviews with library staff in support, with

Sue Berman's guidance, and Council resources as back-up, I realise if I had attempted the project on my own as a volunteer, it would have foundered and probably not been completed. Working as part of a team, it was an exciting project to work on. I learned heaps and loved it.

Endnotes

1 Introduced in 1881 as part of the Chinese Immigrants Act, the poll-tax was the main plank in NZ's policy of excluding Chinese. Initially £10 per Chinese person entering the country, it also limited Chinese immigrants to one for every 10 tons of cargo. The tax was raised to £100 in 1896 and the limitation raised to one Chinese per 200 tons of cargo. The tax was waived from 1934 and abolished in 1944.

2 CPTHT Inc Set up in 2005 to support the learning and use of the Cantonese language, understanding the history and contributions of the Chinese in NZ, recording and preserving of Chinese NZ history.

3 ACCC Auckland Chinese Community Centre. The centre is in Taylor Road, Mangere Bridge. It is available for use by other community groups and another Chinese group, the NZCA NZ Chinese Association, use it.

4 The Story Emporium, part of the Auckland Festival of Arts was reported in the April 2013 NOHANZ Newsletter. It was held 16th & 17th of March, 2013. NOHANZ volunteers gathered local stories at the Mount Eden War Memorial Hall. A poster exhibition featured Dominion Road shopkeepers.

Tuia Te Ao Marama – oral history of Māori mental health nurses

Maria Baker, Tio Sewell, Hineroa Hakiaha

Background

Te Ao Maramatanga is the College of Mental Health Nurses in New Zealand. It provides an essential professional body for registered nurses working in mental health and addiction services. Te Ao Maramatanga has a partnership-based structure ensuring equal Māori leadership and participation, which consists of a Kaiwhakahaere, Kaumatua and Kuia, and Māori caucus of all Māori members.

At a Māori mental health nursing wananga held by Māori caucus in Whangarei in 2010, participants identified the desire to capture the stories of Māori mental health nurses as a priority. This was motivated by a deliberate activity in the wananga to encourage senior Māori to share stories of their experiences as mental health nurses with other nurses. It was apparent that their stories held significant history and evidence of mental health nursing from an indigenous perspective in Aotearoa, in a bygone era which the younger generation of nurses did not necessarily know about.

The additional backdrop was that within the wider context of mental health theory and nursing knowledge, no one in Aotearoa had captured the stories of Māori who had worked in mental health services, yet their perspectives needed to be recorded. So, the suggestion was for Māori to tell their stories to enable Māori mental health nurses to shape the mental health nursing history. A keen group of members from the Māori caucus gathered together to work out how to approach this, and support to capture the stories of Māori mental health nurses quickly grew. A small steering group was established along with a team of support people.

The aim was to uncover the korero of Māori who worked as nurses in mental health services between 1950-1990. The period was chosen as a significant era of health service change, and the interviews were specifically aimed to capture the era of development of Kaupapa Māori mental health services from a Māori nurses' perspective. The name Tuia Te Ao Marama was gifted by Tio Sewell to represent the 'threading together of new knowledge and understanding from our past'.

Idea of Oral History

Te Ao Maramatanga provided a seeding grant to start the project. It was also at this early stage that the caucus decided to undertake and deliver this project rather than hire in the expertise to do the project.

After a couple of false starts and unsuccessful funding applications, a relationship was established with the National Library Oral History Community Liaison service, which put us in contact with Taina McGregor, Māori Liaison Officer at the library. This led to two successful weekend training workshops held for the team at the National Library in Auckland, in July 2012 and March 2013. The training involved an introduction to oral history, practice in abstracting, and the use of equipment. It also assisted the team to link into the National Oral History Association (NOHANZ) and their Code of Ethical and Technical Practice.

At this training the decision was agreed to use a digital video medium rather than audio to best capture the stories of our pakeke (elders). Having determined on this approach, our first task was to scope the purchase or hire of suitable video equipment capable of recording

high definition video. In the end we settled for a Canon FX100 HD camera capable of 16 bit uncompressed audio. By the time we had purchased the video recorder, a suitable external microphone, 64 GB flash cards, tripod, external storage drives, and a still photo camera, there was little change from $7000.

A best practice project manual was developed by the team outlining the expected standards as outlined by NOHANZ, the required documentation, and guidelines on the use and care of equipment. This also included agreement forms, bibliography, and equipment checklist.

Kaupapa Māori

This was the group's first experience with this visual and audio oral history method. Encouraged by Taina McGregor to apply the skills and knowledge learnt in oral history class, the group devised a range of questions and areas for reflection with advice from participants, which provided a foundation to the inquiry with participants. We strongly believed that the project needed a Kaupapa Māori methodology, which the project team was familiar with because of previous Māori research experience in the group.

Practising interviewing. L to r: Katrina Wahanui, Tio Sewell, Patricia Siaosi, Donna Tearii (sitting)

The Kaupapa Māori methodology supported Māori principles of kanohi kitea, hui, te reo me ona tikanga, whanaungatanga, sharing of kai and taa koha, and ensured the power of the stories were located within a Māori cultural context. The Kaupapa Māori approach underpinned the critical thinking processes and sense-making discussions of the data amongst the team, which promoted a collaborative approach to processing and constructing meaning from the stories. This was particularly helpful directly following the recording of the interview with the participant, and offered an opportunity for reflexivity, especially in situations where the korero had raised experiences of Māori being marginalised, or where the challenging contextual effects of racism had been highlighted.

Participants

Between October 2012 and May 2014, nineteen interviews were conducted with fifteen Māori mental health nurses who practised between the 1950 and 1990. Thirteen interviews were conducted in English and six in te reo Māori. Interviews were held at nine locations; in Tamaki Makaurau (Auckland), Kirikiriroa (Hamilton), Rotorua, (Hauraki) Thames, Paihia and in Whanganui a Tara (Wellington). Interviews were conducted at marae, Māori community health centres, hospitals and at people's homes.

Two of the nurses interviewed started their careers in the 1950s, and six in the 1960s. Four are now retired, two are employed by district health boards as service kaumatua, and five are in senior management/governance positions in the health sector. Two were still practicing nurses. Four of the interviewees are recipients of Queen's Service Honours in acknowledgement of their services to nursing and Māori health.

Interviews were conducted by teams of three, consisting of an interviewer, a video camera operator, and a support person who was also the photographer. Photos were taken at all the interviews to provide a further record of the event and the places where the interviews were held. Some interviewees brought historical photos and records from earlier in their careers, along with other taonga, such as their nursing medals. The interviews were conducted between 45 minutes and three hours, each with regular

Left to right: Ron Baker, Maria Baker, Tio Sewell

breaks every 40-45 minutes.

Insights

There was a real desire among the participants to tell their story. They enjoyed providing an oral memoir of their experiences which gave a positive example to other Māori mental health nurses.

There were turning points in each of the participant's stories which involved a range of factors, such as, being supported by whanau in their decision to choose mental health nursing; the opportunities that were made available to Māori to enter mental health nursing; the common struggle to get through the nursing education, the challenge with success rates for any person considering psychiatric nursing; and the increased number of Māori working in larger psychiatric institutions from the 1970s onward. They also talked about the increased encounter with Māori whanau during the 1980s, and of the experiences of caring for certain patients who were held fast in their memories. All the interviews contributed to a reclaiming of what it meant to be Māori whilst working in mental health.

Key Learnings

A Kaupapa Māori oral history approach is interactive and collaborative, and it engendered an oral research whanau which raised and corroborated forgotten memories and stories. The project team was deeply reflective about the stories told and the relationships they formed with the participants. The insights into people's experiences was a privilege for the interviewer and the support team.

As novice oral historians, 'passion' to do this project, as well as respectful relationships with the participants were crucial to a 'just do it' attitude in capturing the stories – regardless of the continuing learning associated with using the camera and tools.

The strengths of the project team members over time emerged, with Tio taking lead on the technical and camera work, Maria on the abstracting and analyses, and Hineroa on the Te Reo expertise.

A key message to oral historians with regard to utilising video, would be to ensure the right advice is on hand and that there are funds to acquire the equipment. Also: prepare for the consequences with its use. It can take a lot of preparation work to utilise video, and there needs to be a support team help with the process. We sought experts in this field to get advice and guidance. Sharing some of our work with a Māori expert in film, affirmed that the video interview did give mana to the Māori participant and interviewer, by showing the face of the participant as the narrator and giving voice to the interviewer.

The outcome is that there are now stories of Māori mental health nurses which can be reflected in multiple modes of communication, via film, audio and eventually in writing. However, the true value in capturing the story on video is probably yet to be fully realized. We believe it will provide a valuable contribution to the history of indigenous mental health nursing in Aotearoa, and eventually in an international context.

In summary, this is the first stage of Tuia Te Ao Marama. Copies of the interviews have been given back to the participants, and we are planning the next phase which will incorporate further analyses, as well as a proposal that an edited version of the video data be shown to participants in a private screening. There are aspirations of writing a book, making a documentary and utilising the data to provide a history of Māori mental health nursing in Aotearoa.

There is still further work to do and, like the title, Tuia Te Ao Marama, we continue to thread together this new knowledge and understanding from our past to help inform the future.

Book Review

Reviewed by Megan Hutching
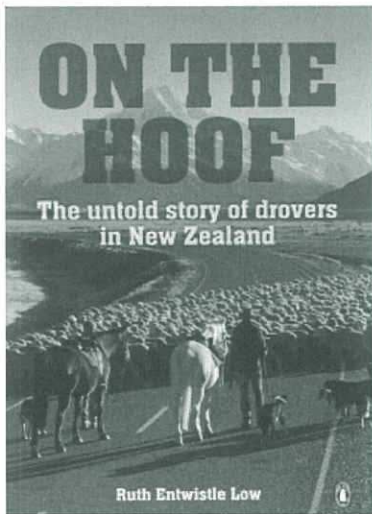
On the Hoof is a popular history of droving in New Zealand. Chapters cover the early history of droving in the nineteenth century, the role of droving in the country's economy, droving routes and the craft of droving. Who, of a certain age, who has grown up in the country, has no memories of spending time in a hot car, with the windows down – and then up because of the dust – sitting in the middle of a flock of sheep slowly moving down the road with drovers and dogs, and the sound of bleating and whistling and barking as the sheep move along the road en route to the sale yards or their next pasture?

Ruth has a lively and easy style of writing which is almost conversational and which matches the tone of the extracts from her interviews which she has used so deftly. Books such as this one, which make the integration of oral history material seem almost effortless, illustrate a huge amount of work on the part of the author. Listening to the interviews, keeping the structure of the book in mind as you choose the appropriate extract, choosing that best extract from hours of material to exactly illustrate the point you wish to make, editing the extracts and then incorporating the result seamlessly into the narrative takes a great deal of hard work. Ruth has done this very well.

Penguin have also done a good job with the book's production. The design of the book is appealing and the quality of the paper is good. The use of boxes and side bars is a nice touch and adds to the visual appeal of the book. I particularly enjoyed the drovers' cookery book on pp 208-9. The photographs would have been better served with a bit more work to enhance their quality in the published book. It is good to see that the images come from a wide range of sources and there are even some colour ones which is an unexpected bonus. The captions are also informative and add to the narrative.

The book contains references, an index and a glossary which add to its usefulness. One particularly nice touch is the inclusion of brief biographies of the people who were interviewed at the back of the book.

Ruth Entwistle Low has been working on this project for a long time and the time spent has been worthwhile. She has been recording interviews with former drovers and their associates for a number of years now. The 60 interviews are archived at the Alexander Turnbull Library in Wellington. *On the Hoof* makes a nice companion to Hazel Riseborough's history of shearing in New Zealand, *Shear Hard Work* which also used interviews. This country relies heavily on the land for its economic success and it is good to see a book which tells the story of one part of that history in such an engaging way.

Megan Hutching is a freelance oral historian based in Auckland

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;

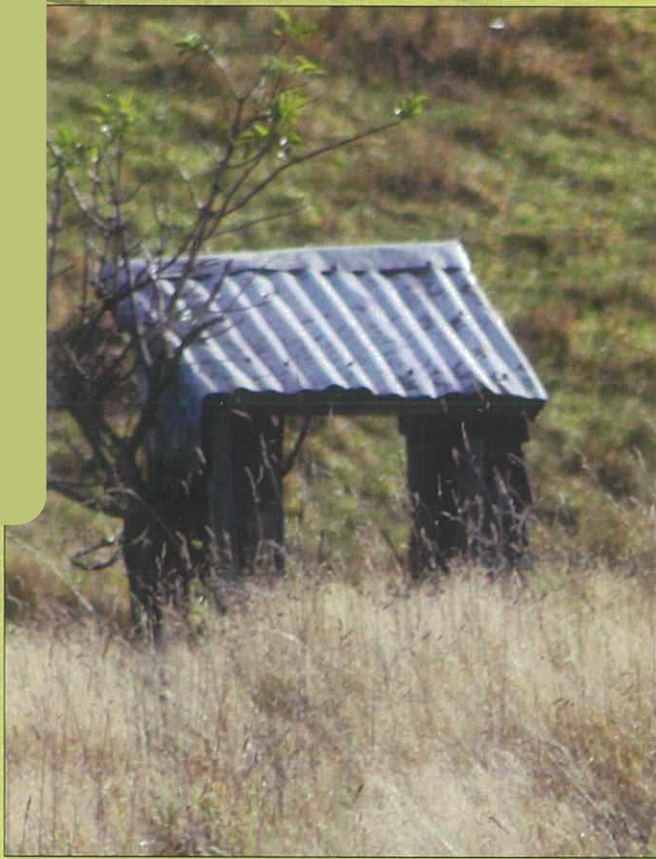» To guard against possible social injury to, or exploitation of people interviewed.

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
Te Kete Kōrero-a-Waha o Te Motu
PO Box 3819
WELLINGTON

WWW.ORALHISTORY.ORG.NZ

NOHANZ

NOHANZ