

Oral History in UK Doctoral Research: Extent of Use and Researcher Preparedness for Emotionally Demanding Work

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Interest in oral history has expanded greatly in recent decades in the UK, both as a community initiative and as a form of academic inquiry. An exponential growth of community-based oral history projects has been fueled by grant funding provided by the National Heritage Lottery Fund (NLHF).¹ Between 2002 and 2013, the NLHF awarded £81 million to 3100 projects which included a significant element of oral history, and over 77 percent of these projects were led by community and voluntary groups.² At the same time, academics are increasingly using oral history in teaching and research across many disciplines in UK higher education institutions (HEIs), as evidenced by the volume and range of papers presented at various conferences and seminar series and the longevity of events including the Oral History Society's annual national conference (running for five decades), seminar series at the Institute for Historical Research (since 2011), and the Scottish Oral History Centre at the University of Strathclyde (since 1995).³ During this period, there has also been an expansion of short workshops to support academic inquiry using oral history, although this has been patchy in terms of availability and access for researchers.

The UK has also seen an appetite for learning how to engage with oral history methodology, currently unmet by HEIs; high numbers of PhD students are attending the introduction to oral history courses organized jointly by National Life Stories at the British Library and the Oral History Society—PhD students have constituted about a third of attendees of these courses in the last five years—and the Oral History Spring School organized by the Oral

History Society (OHS) and Institute for Historical Research (IHR).⁴ Such considerations led us to ask several questions: To what extent, and in which institutions and disciplines, are doctoral students using oral history in the UK? What are the educational and research needs of these students? How are these being met? To begin to address these questions, we conducted a small study involving desk-based research on doctoral theses held in the British Library's EthOS online repository; an online survey exploring students' experience of using oral history in research; and a series of focus groups discussing the key issues encountered by researchers using oral history and their educational needs.

Our study indicated that oral history was widely used in doctoral research in the UK in recent years but that PhD students often lacked access to adequate support in their HEIs. Researchers were especially concerned about the emotional labor involved in oral history research and lack of preparation for this. This article contributes to emerging debate on the consequences for oral history researchers of conducting emotionally demanding research. It pays particular attention to the contexts in which researchers operate and considers how the neoliberalization of the academy might exacerbate challenges faced by doctoral students and how a feminist ethics of care potentially offers ways of acting back against adversity.

In recent years, scholars and practitioners have engaged with questions of oral history pedagogy at the undergraduate level—for example, by exploring the complexities of teaching oral history in an intergenerational context in Tennessee; evaluating the transformative societal effects of teaching oral history to undergraduate students in Turkey; and teaching oral history methodology to inspire student civic engagement and political activism internationally.⁵ Others have highlighted how oral testimony has been used by undergraduate students from different disciplines in the UK to develop their understanding of reminiscence theater.⁶ More recently, a

section of a special issue of the *Oral History Review* has focused on the implications of COVID-19 for the field of oral history, including teaching and conducting oral history.⁷ However, less attention has been paid to the needs and challenges of doctoral students using oral history as the main research methodology and as a supplementary tool for data collection.⁸

We became concerned with the issue of support for doctoral students using oral history through our involvement in the OHS oral history in higher education special interest group, a forum for university staff and postgraduate and doctoral students to engage in critical conversations about oral history theory, methodology, and ethics in research.⁹ Prior to pursuing a career in academia, Verusca Calabria worked as a community-based oral historian for ten years, running oral history theory and practice training courses and delivering NLHF-funded community heritage projects. During her doctoral study, she became acutely aware of the lack of support and resources for doctoral students in higher education. Jenny Harding taught for eight years in an annual three-day oral history course convened by the OHS and the IHR, where a majority of participants were PhD students seeking academic input not provided by their own institutions. She subsequently conducted a survey on PhD students' experience of supervision and convened a one-day symposium in December 2016, supported by the IHR, to identify the needs of students and teachers at undergraduate, postgraduate, and PhD levels. Louise Meiklejohn was the research assistant on the pilot project discussed in this article; she conducted the desk-based research. Prior to this work, she was a volunteer oral history interviewer for a community heritage oral history project.

This article is structured in three parts. The first section focuses on the results from our desk-based research, which explored the extent to which oral history is being used by doctoral students in UK HEIs, and in what contexts they use it. The second part outlines the findings from

a survey conducted with recently graduated doctoral students to explore their experiences of engaging in oral history in research. The final and main part examines focus-group discussions where participants paid particular attention to the emotional labor involved in conducting oral history research, and the implications of this for researchers. It explores the conceptual complexity and politics of this aspect of the research process.

The Use of Oral History in Doctoral Research

Between January 2015 and December 2020, more than 300 doctoral theses employing oral history methodologies were completed in the UK.¹⁰ Two-thirds of these doctoral researchers used oral history as the overall methodology, while the rest employed it as part of a mixed-method approach to their research. Twenty-four HEIs had more than five of these PhD theses completed; seven of these institutions had ten or more oral history PhDs. These seven belong to the research-intensive Russell Group universities.¹¹ Figure 1 shows the departments with five or more PhD theses; 42 percent of PhD theses were cross-disciplinary, involving history and other subjects (figure 2), a factor increasingly acknowledged in the oral history literature.¹²

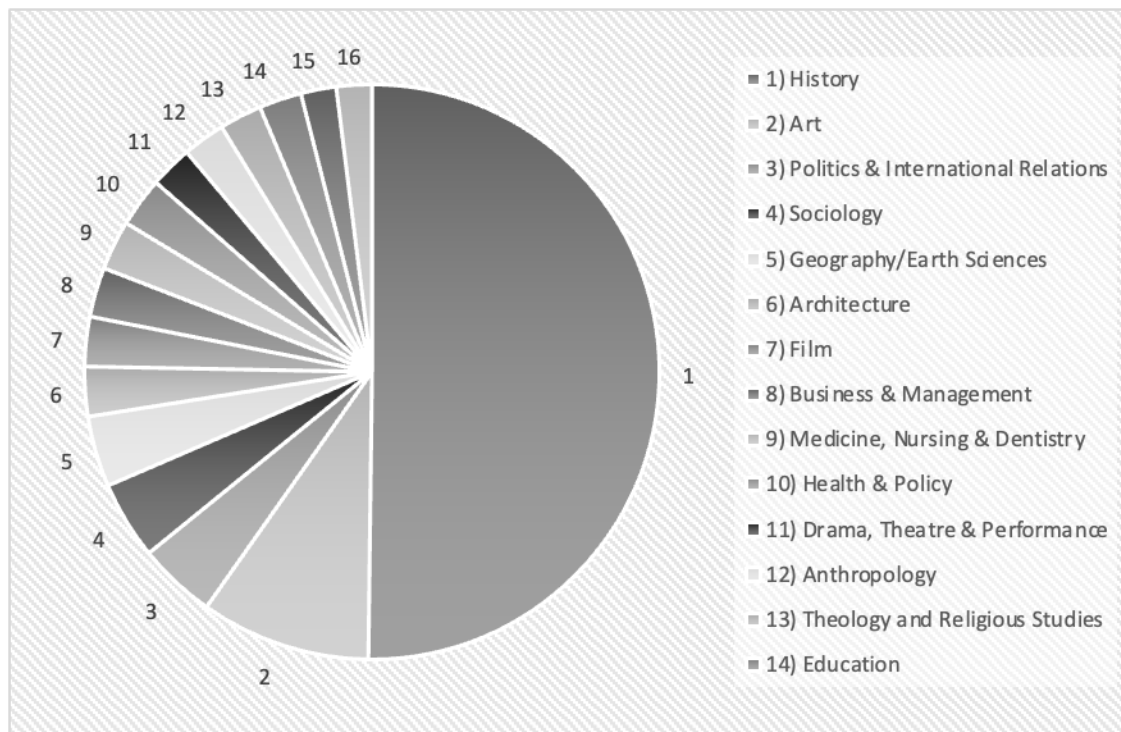


Figure 1. Departments with five or more PhD theses featuring oral history, 2015-2020

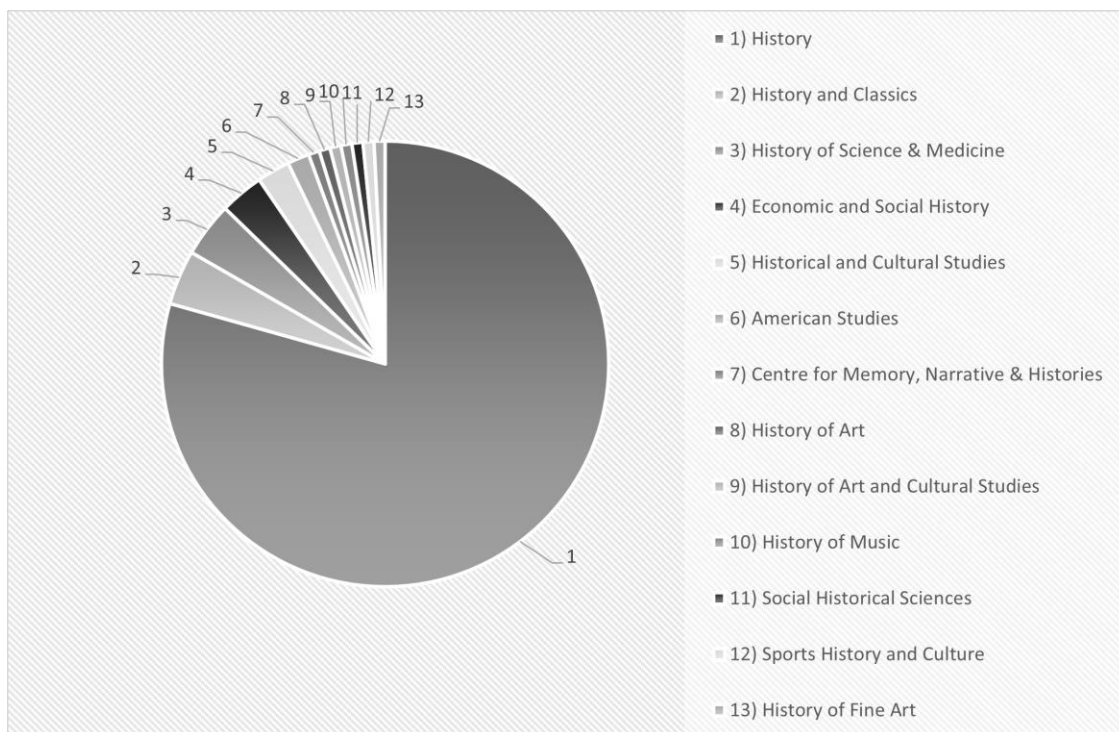


Figure 2. Subdivisions within cross-disciplinary departments

Within the UK system, twenty-two institutions provide advanced oral history training courses for doctoral students and Early Career Researchers (ECRs); the vast majority are HEIs. Notably, eight of these institutions belong to established doctoral training partnerships.¹³ Between 2015 and 2020, eight training courses lasting one term and ten one-day training courses were delivered through these programs. However, currently less than half of these courses are ongoing; although the reasons for this decline are unknown, the advent of the COVID-19 pandemic is likely a contributory factor.

Institutional Support for Using Oral History in Doctoral Research

To explore the training needs of PhD students, we conducted an online survey. We invited PhD graduates, identified through the British Library's EthOS search and doctoral research networks, including regional and national networks, to take part. Eighty individuals completed the survey questionnaire, of whom 70 percent were working as academics, while the rest worked outside higher education. One-third of respondents used oral history as their main research methodology; just under two-thirds used oral history as part of a mixed-method study; and the rest made use of existing archived oral histories for their research. Interestingly, 62 percent had prior knowledge of, or experience with, oral history methodology before embarking on their doctoral journey: 35 percent gained this knowledge or experience through undergraduate degree training, 23 percent via external training, and 42 percent as part of a paid role or through volunteering in museum and archives and in community settings as part of projects funded by NLHF. These data reflect an increased use of oral history methodologies both in community research, boosted by an exponential rise in NLHF investment, and in undergraduate teaching.

Just over half of the respondents received oral history training during their PhD program. The training variously focused on the following: the theory and the ethics of oral history; practicing interviewing skills; designing an interview guide; and analysis, interpretation, and transcribing. Thirteen percent of respondents received specialized training, such as digital storytelling, life histories and elite interviewing, the history of oral history, indigenous knowledge, and decolonizing methodologies. Other training received from HEIs relevant to oral history included research skills; handling qualitative data using analytical software such as *Nvivo*; narrative analysis; video and audio recording; archiving; and training on the General Data Protection Regulation.¹⁴ Although 63 percent of respondents had at least one supervisor with expertise in oral history methodology, the remaining participants did not have any supervisory support in engaging with oral history methodology as part of their doctoral research.

When asked about satisfaction with support offered around the use of oral history in their research, 72 percent said they were satisfied. Respondents pointed to training and support from staff and peers; previous experience with, knowledge of, and membership in an oral history body; and attending academic conferences, as the most useful resources in supporting their oral history research. Nevertheless, two-thirds of respondents would have liked additional support around using oral history methodologies from their supervisors or institutions. Sources of dissatisfaction included a lack of supervisors with expertise in oral history; access to advice, support, training, and resources; and understanding of oral history at the institutional level, where a general one-size-fits-all approach to both qualitative research training and an ethics review process fails to take account of the ethical and methodological considerations peculiar to oral history. We recognize that this data lacks context, in that we do not know how students chose research topics and supervisors; whether oral history was a primary or secondary consideration;

how researchers' needs emerged over the course of a project; and the extent to which expertise in oral history existed in, or was shared across, departments within particular institutions. That said, there appears to be room for developing resources and guidance for supervisors and students with little previous experience of oral history and sharing these across HEIs. For us, a major motivation for conducting this research was to support the OHS Oral History in Higher Education Special Interest Group in developing such resources. We went on to explore participants' experiences of preparation and support in more depth through focus-group interviews.

Being Prepared for Oral History Research

We conducted three focus-group interviews, comprising six, six, and five participants respectively, in September 2021, with participants recruited via our online survey. Each participant had completed a PhD using oral history and all but three (one in each group) were currently working in an HEI and involved in research, teaching, and PhD supervision. All participants were asked these questions: What are the most important aspects of oral history to teach PhD students, and why are they important? What are the main issues encountered by doctoral researchers using oral history?

On the topic of the most important aspects of oral history to teach PhD students, a good deal of the discussion in each group focused on ethics, power, and emotions in oral history research. Participants talked in some detail about taking care of interviewees, their stories, and, significantly, the researcher. Figure 3 represents the keywords participants used, and the topics highlighted, in talking about teaching oral history, with greater emphasis placed on the inner grouping of words.



Figure 3 The most important aspects of oral history to teach PhD students

Participants were largely critical of the existing ethics review processes at their universities. They felt that processes for granting ethical approval considered a too-narrow range of issues to be relevant and tended to be bureaucratic box-ticking exercises often designed for other disciplines. Participants suggested that institutions could encourage a process of engagement which allows researchers to think deeply and carefully about the meanings of informed consent, recognizing and thinking through the implications of positionality and how narratives are cocreated. Such engagement should include “practical ethics,” focusing on how to treat people well during and after the interview and not just extract information from them. Some participants noted the lack of guidance on researching politically sensitive topics and interviewing people with Alzheimer’s or other memory problems. For some, ethics also included looking after oral

history material, making certain that it is secure and ensuring consent for archiving interviews so that they are available for other researchers to listen to and use. Significantly, there was lengthy discussion on the failure of ethics panels and processes to acknowledge the potential impact on the researcher of engaging in emotionally demanding research and a need for self-care.

Existing scholarship on institutional review reveals the tensions between researchers and ethics committees around the bureaucracy and situated formality involved in the process of gaining HEI ethical approval; the weaknesses of institutional ethical approval processes, and the impact of managerial interference on the ability to conduct research.¹⁵ Scholars Christine Halse and Anne Honey term the discontinuity between what researchers in the field do and the purpose of university ethics review systems an “ethical schism.”¹⁶ The dissonance between “research practice and the governing practices of the institutional discourse of research ethics,” they write, is often perceived by researchers to be “more than bothersome, galling, or benignly unsettling.”¹⁷ The suggestion of adopting a practical ethics approach made by our focus-group participants, then, entails moving away from the commonly held assumption that research proceeds in a linear fashion, and instead undertaking an ongoing process of reflection on the impact of oral history interviews on narrators both during and after the interview. As scholars Jane Spiro and Sarah Quinton note, recent research ethics guidance designed for qualitative researchers in the field of education embed “an actively deliberate and iterative process of assessing and reassessing issues as they arise.”¹⁸ While the ethical concerns of doing oral history fieldwork is not the main focus of this article, turning institutional ethical reviews from static to continuous processes would better support the reflexive nature of methodologies such as oral history.

When discussing ethics, focus-group participants drew attention to the interplay of power and emotion in oral history research. Indeed, power and emotions figured prominently in much

of the discussion on what to teach doctoral students and the kinds of preparation for oral history research that focus-group participants themselves would have liked. Participants said that new researchers should be encouraged to reflect critically on their own positionality and the power dynamics involved in creating and controlling historical narratives. In particular, they should be helped with learning how to build rapport and trust in interviews, show respect and empathy towards often marginalized interviewees, value their unique stories, and appreciate the privilege of listening to them.¹⁹ Participant Q said, “I think it’s an incredible privilege to sit across from someone and listen to their story,” while participant I said, “I think it’s kind of the importance of having respect for the story of somebody else and to be aware that they’re not, although it’s a form of data collection, you were talking to living human beings about their experiences and their memories.”²⁰ Here, participants expressed unease about their power and privilege as researchers in relation to narrators from marginalized communities and managing a potential tension between criticality and empathy.

Participants also discussed the need for interviewers to communicate with people from very different social and cultural backgrounds and engage in deep listening, while often being unprepared for this. Participant G said:

For me it was listening, but by listening I don’t mean the very simple thing, but what I got feedback for listening that I tried to do was from my participants saying that I can tell you this because I know you were paying attention, you’re there with me emotionally; you are there without stigma without judgment, and that’s something that I never, never been trained to do.²¹

This participant conveys a sense of trepidation that storytelling depended on the quality of her own emotional engagement with narrators and their feelings as well as her capacity to communicate empathy and neutrality.

Participants agreed that doctoral students need input on how to interpret interview material; how to communicate their interpretations to others and make knowledge claims; and how to represent marginalized people, sometimes talking about sensitive issues, without jeopardizing the narrator's story. There was a sense that people and their feelings can be erased when their stories become part of research data. Participant M thought it important to routinely consider how narrators would feel if they were to read what the researcher had written; would they feel upset, or deceived, when they had given their time and opened up to the researcher? Here, she communicates a sense of conflict between, on the one hand, feelings of responsibility and care for narrators and, on the other, interpreting and critically analyzing interview material, "even though that is my role as a researcher."²²

In discussing what to teach PhD students, focus-group participants were clearly concerned about narrators' feelings. However, when it came to discussing the main problems encountered by researchers using oral history methodologies, participants shifted their attention from narrators' feelings to the emotional experience of the researcher. Figure 4 illustrates the words used to signal key themes when talking about this topic. Significantly, participants talked at length about the emotional labor involved in oral history interviewing and the analysis and representation of oral history narratives, and not being adequately prepared for or supported in this. The term *emotional labor*, spontaneously introduced by one participant, was enthusiastically taken up and explored by others. Participant H said "I often see my students struggling with, difficult narratives, emotional labor that goes into doing oral history."²³ Several participants

spoke of the range and strength of feelings that emerge for the narrator and the interviewer in the interview and, especially, the emotional toll this may take on the researcher as well as the narrator. Participant J put it this way:

Based on my personal experience and the nature of my research, what definitely I was not prepared for, I don't know how to describe this to you, dealing with particularly traumatic stories and being psychologically, emotionally drained I guess. And being, you know, an empathetic person, [it was] really weird. This is where this didn't help, you know, it was kind of counter intuitive. And yeah, like having that burden with you with like very, very tragic stories.²⁴

Here, participant J underscores the intensity of feeling experienced in interviewing, being drained as a result of listening to stories of trauma, and how “being an empathetic person” increased the burden she felt. She and several others spoke about feeling especially challenged when interviewees have been subjected to violence and when interviewing around politically sensitive issues.



Figure 4 The main issues encountered by doctoral researchers using oral history

Speaking about her own PhD research, participant P reflected on the problem of “feeling attached” to the women she interviewed, rooted in a sense of connection developed through the interview process, where narrators talked about confidential, emotional, and intimate experiences.²⁵ This participant worried about how to adequately analyze, interpret, and represent such material because of both its nature and her sense of attachment. Because she recorded life histories, she met each narrator several times and stayed in touch with many afterwards; she developed relationships with them, and sometimes boundaries became blurred. She experienced these aspects of the research process as “challenging,” “tricky” and “problematic:”

I think my biggest problem I actually had was about attachment, I became attached to my interviewees and, particularly because the women I interviewed

were broadly my age. [...] is my home city and they told me some very confidential and emotional stuff. So I felt as I had and I well I think you feel that you have an obligation to interviewees and I found that challenging in terms of my obligation to them, but also the fact that it was my thesis and my analysis, so that bothered me for some time.”²⁶

Here, participant P, like participant M above, experienced a conflict between a deeply felt sense of obligation to her narrators and commitment to her own research and academic goals, which “bothered” her for some time.^[50] While she finally worked through these issues and feelings, she said that it would have been “good to talk to somebody” about her emotions at the time. This account articulates aspects of emotional labor undertaken over the course of the research process and a clear need for forms of support in dealing with the implications of performing emotional labor.

Several other participants spoke about a lack of support at their institutions for dealing with complex, sometimes ambivalent feelings involved in doing oral history and feeling isolated in this. Participant G said, “You’re carried by the emotions of other people, and you can disappear in it, and it would be very important that you touch base with a person, but there were weeks when I didn’t see anyone.”²⁷ Another said that, while there is “a really nice community of oral historians” at his institution, support tends to be effective only when research is going well. However, he noted that:

Where students stumble either in terms of gaining access to the communities that they want to work with, getting through ethics approval because of, you know, things like compassion fatigue, vicarious trauma and all of that, problems in their own personal lives in these kinds of

things, that support tends to dissipate really, really quickly. And there isn't a lot there, I mean, even outside of history, if you're looking at resources more broadly within the university. And it's really hard for students to get access to say things like counselling and other forms of support through the institution. So, there's a real shortage there.²⁸

In this passage, participant G illustrated some of the implications of emotionalized reflections on positionality and responsibility, as well as conflicting imperatives, in conducting research. Researchers expressing concern about their own positionality and doing justice to narrators is not uncommon. Scholars Anna Sheftel and Stacey Zembrzycki, reviewing fifty years of literature to trace debates and developments in the ethics of oral history, observed that “failing narrators and doing harm” through power differentials in the collection, preservation, and dissemination of oral histories, especially when working with marginalized and vulnerable communities, is one of the major recurrent fears of oral historians.²⁹ The potential hazards associated with evoking, experiencing, and representing emotion in oral history research are often ascribed to interview participants, often viewed as “vulnerable communities.”³⁰ However, some oral historians have begun to write about emotional issues that may arise for researchers and, specifically, how some oral history research can expose the interviewer to “risk,” “danger,” and “harm.”³¹ Liz Strong writes that “oral history practice in general can be emotionally and mentally draining” and that interviewers also risk “vicarious trauma, burnout, and compassion fatigue,” especially when collecting oral histories of “violence, addiction, illness and abuse.”³² In addition, Strong suggests

that interviewers, as well as narrators, may carry traumas, moral injuries, and other sensitivities throughout life, and these may be triggered—forcing painful experience to be relived—in an interview.³³ But researchers may be reluctant to talk about the impact of emotional labor on themselves and struggle to be heard if they do speak out. Erin Jessee argues that the potential for harm to the researcher is often dismissed out of fear that it deflects attention from more vulnerable research participants, and that admitting to “our own mental health challenges” may have negative consequences—for example, social stigmatization and reputational and socio-economic harm to ourselves.³⁴ Support structures within HEIs, insofar as they exist, may simply be inadequate.

Focus-group participants discussed the need for, and availability of, support measures in some detail. Participant Q said that, through discussion with other researchers, she had come to realize that there is a need to make self-care for the researcher central to undertaking oral history research, and for “some kind of mentor,” who is not your supervisor, to talk to throughout the research process.³⁵ Participant L said that peer support had been vital to successful completion of his doctoral research. Participants suggested that informal support networks may exist in other disciplinary contexts but that organizational structures in HEIs may inhibit the development of support networks. For example, they said that the cross-disciplinary nature of oral history and the scattering of oral historians across several departments, sometimes organizationally siloed, meant that students often feel that they do not fit in anywhere.³⁶ For a PhD student, said participant L, this “can be a slightly kind of disorienting and worrying experience” and may contribute to a sense of isolation and feeling unsupported.³⁷ Some academics have begun to discuss ways of supporting student researchers. For example, Liz Strong, Jaime Waters, and Jessica Hammett

have suggested ways of potentially mitigating risks and fostering resilience to deal with the consequences of emotionally demanding work. These include practices of self-care, academic supervision, counseling, formal and informal support networks, education and training, changes to institutional ethical approval processes, and regular “risk assessments.”³⁸ However, there is scant detail on how such practices might be actualized and accessed. In addition, the hours allocated in staff timetables to PhD supervision are variable and, in some institutions, exceedingly low.³⁹ The introduction of the Teaching Excellence Framework and other metrics, used to measure the efficiency of higher education teaching in the UK, have brought greater emphasis on and investment in undergraduate teaching at the expense of provision for doctoral students.⁴⁰

The value of focus groups as a research method lies in being able to observe the interaction that occurs within the group as participants articulate opinions and experience, listen and respond to others, re-evaluate their own viewpoints, and so collectively engage in the process of coconstructing meaning and shared understandings.⁴¹ Participants in all three focus groups paid a great deal of attention to exploring feelings (narrators’ and researchers’) in oral history research. This led us to reflect in more detail on the various meanings of *emotional labor* and *care-taking* in research, which we argue have been previously underexamined. The rest of our article scrutinizes these constructs.

Emotional Labor and Care in Research

The online survey and focus-group discussions identified a desire for more preparation and support in conducting oral history research. The focus groups specifically problematized both the potentially adverse effects of emotionally demanding work on the researcher and, importantly,

the ways in which researcher isolation and institutional context might exacerbate these. While researchers in humanities and social sciences are increasingly discussing the implications and management of emotional labor for researchers, this subject area has so far been underexamined in the academic literature.⁴² That is to say, although emotional labor and researcher care have been considered by scholars such as Strong and Jessee, the terms themselves may not be sufficiently well defined or problematized.

The concept of emotional labor was first introduced by sociologist Arlie Hochschild in her study of the emotion work performed by flight attendants.⁴³ Hochschild was interested in the relations between social structure and emotions and, specifically, in how emotions are shaped, expressed, and managed according to social norms in specific contexts.⁴⁴ While emotional work and management of feeling are part of everyday social encounters and relations, Hochschild was specifically concerned with “what happens when the managing of emotion comes to be sold as labor.”⁴⁵ She defined *emotional labor* as that which “requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others.”⁴⁶ Emotional labor, Hochschild argued, requires “surface acting,” involving displaying emotions that are not actually felt, and “deep acting,” involving suppressing or disguising feelings.⁴⁷ She highlighted *estrangement* from the emotional self as a consequence of performing emotional labor.⁴⁸ Scholars have since applied the concept of emotional labor in studying other occupational contexts—for example, health care settings, where professionals are expected to recognize the emotions of others and manage their own, and where the expression of emotion may be shaped by structural factors such as organizational change and demands for efficiency.⁴⁹ Some have discussed how academics, engaging in qualitative research on sensitive topics or marginalized groups, also engage in extensive emotional labor through close personal interaction

with research participants.⁵⁰ However, unlike work in the service industries, emotional labor in an academic context may not lead to the researcher becoming estranged from her emotional self.⁵¹ Indeed, scholar Katherine Carroll argues that the researcher doing sensitive interviewing is required to be “emotionally attuned and sensitive to her own emotions and the needs of the participants.”⁵² Feminist research methodologies emphasize the centrality of the researcher’s lived experience, emotions, and reflexivity to the process of researching sensitive topics.⁵³ That is, researchers draw on their own lived experiences and emotions as analytical and reflexive tools for data collection, reflection, and analysis.⁵⁴ This foregrounding of the self is recognized as integral to the research process. In our research, focus-group participants also drew attention to the often-disturbing consequences for the oral history researcher of a foregrounded emotional self.

Relatively few scholars have investigated empirically the emotional impact on researchers of doing qualitative research on sensitive topics and marginalized groups from the researcher’s perspective. Fenge et al. studied qualitative researchers’ experiences, identifying researcher preparedness and positionality as key issues.⁵⁵ Waters et al. conducted semi structured in-depth interviews with UK doctoral criminological researchers and, drawing faithfully on Hochschild’s conceptualization of surface and deep acting and feeling rules, examined how researchers manage—display or suppress—emotions in the field as well as the emotions they experience as a consequence of performing emotional labor.⁵⁶ Notably, participants in this study reported experiencing emotions such as “guilt, responsibility, hypersensitization and self-blaming.”⁵⁷ Both studies found that researchers were often insufficiently prepared for or supported in conducting research that involved listening to or reading about harrowing stories

and experiences⁵⁸ Waters et al. found that without adequate support, some researchers became “emotionally overwhelmed and overloaded.”⁵⁹

Oral historians and other qualitative researchers have much in common when it comes to the experience of working on sensitive issues and with marginalized communities. Some academics proposing practices directed at mitigating the consequences of conducting emotional demanding work have championed self-care. They have listed self-care practices, which involve the researcher in developing self-awareness and a reflexive stance, reflective writing, and engaging in a range of distancing or grounding activities such as physical pursuits, reading and writing, and talking with others.⁶⁰ Frequently, discussion of risk to the researcher is coupled with the idea of vulnerability, shaped by their own past experience.⁶¹ However, we are troubled by an apparent tendency to individualize care and overlook research contexts, typically shaped by organizational structures, relations, and priorities in universities.

Our analysis of focus-group discussion emphasized participants’ deep concern over the emotional labor involved in conducting oral history research: its unpredictability, potentially adverse consequences for the researcher, and lack of researchers’ preparedness for undertaking this work. Participants called for better structures of support, both formal and informal, and a review of how a duty of care is exercised by supervisors, ethics committees, universities, and funders. Importantly, focus-group discussion highlights the importance of taking into account broader institutional contexts and the relations that constitute them when thinking about how to support oral history researchers. For us, it also foregrounds the importance of care of researchers as well as narrators and investigates of how care relations and practices might be fostered in research communities and HEIs. We propose an approach to this work that focuses on relationality and contextuality.

In attempting to understand the dynamics and consequences of emotional labor for the oral history researcher, we want to steer away from using the terms *risk* and *vulnerability*, which are often treated as self-evident and uncritically ascribed to individual subjects and situations. The meanings of risk have proliferated over recent decades as this construct has been extensively studied across many different disciplines, and the idea that all manner of risk can be objectively and technically assessed circulates widely.⁶² Alternatively, some argue that risk should be viewed as socially constructed and understood in relation to specific contexts.⁶³ Researcher vulnerability, presented as something belonging to the individual researcher and rooted in personal experience, potentially works to individualize experience and pathologize researchers. Researcher self-care is often associated with developing reflexivity, linking self-awareness and self-protection in a way that foregrounds the self as a seemingly discrete entity, both the subject and object of scrutiny. However, a focus on the individual and an atomized conception of the self may divert attention from the contexts—social structures, processes, and power relations—in which researchers work and are constrained.

Intersubjectivity, widely recognized in oral history and other qualitative research as a core component in the process and production of the oral history interview, is a starting point for moving beyond the limitations of a contained and discrete self. However, it is more helpful to think beyond the interview dyad, relationally and contextually. As Zack Walsh states, relational thinking in various forms has become prominent across a range of disciplines and endeavors to understand phenomena “in terms of constitutive processes and relations.”⁶⁴ Relational ontologies maintain that “the relations between entities are more fundamental than the entities themselves.”⁶⁵ Put another way, “no entity pre-exists the relations that constitute it.”⁶⁶ From this standpoint, we understand emotional labor and its consequences, as well as researchers and

narrators and their relations, as all constituted through the relationality and contextuality of the whole research process. Assemblage theory further helps us to frame the dynamic relations constituting academic oral history research as a series of mobile assemblages of actors, hierarchies, rules, activities, ideas, feelings, meanings, sites, institutional structures and goals, and social and political economic contexts. Preparedness for conducting research, the practices and consequences of emotional labor, formal and informal support networks, and care relations can be understood as forming and formed within such assemblages. Again, our focus-group participants highlighted the significance of the contemporary context of HE in the UK in limiting the availability of support and care. This context is increasingly shaped by the adoption of neoliberal ideas and policies in higher education.⁶⁷ Universities, positioned within highly competitive national and international networks, have adopted neoliberal concerns of competition, productivity, and efficiency.⁶⁸ Neoliberalization of the academy in the UK has involved marketization, managerialization, and metricization as the teaching and research activities of academics are subject to increasing scrutiny and measurement.⁶⁹ Consequently, the increased competition, audit, and uncertainty associated with the casualization of academic labor, involving the transformation of the workforce from one employed chiefly on permanent contracts to one increasingly engaged on a short-term or casual basis, have produced and exacerbated anxiety and isolation in the academy. The anxiety experienced across the academic workforce, within a neoliberal environment emphasizing individualism and competitiveness, tends to be viewed as a personal problem for which the individual is responsible. Indeed, Mariya Ivancheva and others argue that a “competitive culture, lack of contractual security and recurrent mobility” have eroded “principles of collegiality, community and care” with the result that carelessness has developed as a norm within neoliberal academic environments.⁷⁰

As a sense of precarity and anxiety pervades the academy, variously affecting academics, students, ECRs, and PhD students may be especially vulnerable. Recently, extremely high rates of depression and anxiety have been reported among graduate students worldwide with little help or support from supervisors.⁷¹ A 2019 global survey of PhD students found that 36 percent of respondents had sought help for anxiety or depression. Worryingly, more than a fifth experienced bullying, including harassment and discrimination, with supervisors most likely to be identified as perpetrators.⁷² The experience of doing research during COVID-19 has shed more light on issues faced by PhD students and ECRs. The first-ever study of British doctoral students conducted during the pandemic found that four out of ten PhD students in the UK are at high risk of suicide because of chronic levels of stress caused by the lack of support and uncertainty for the future, coupled with the disruption to their lives caused by the pandemic, exacerbating their already precarious experiences of academe.⁷³ Such reports further indicate a need to think about what care means and how it can be performed within the relations constituting HE environments at all levels, in research communities, research practices, supervision, ethics review processes, and university governance.

While scholars and focus-group participants have proposed self-care as a way of mitigating potential harm to the oral history researcher, we advocate thinking about care of the self relationally and contextually. Relational thinking, as Jones and Whittle point out, views the self as everywhere entangled in various networks of mutual interdependence.⁷⁴ That is, individuals inevitably exist through relationships with others and cannot be regarded as separated, individualized subjects. Self-care, usually connoting individual self-preservation and self-responsibility, can instead be seen as a collective undertaking and, potentially, a critical and radical act.⁷⁵ Scholar Sara Ahmed, recalling Black feminist Audre Lorde's claim that caring for

herself was “self-preservation and an act of political warfare,” argues that some marginalized subjects have to look after themselves because they are not being cared for. This does not necessarily mean being individualistic and deflecting criticism away from institutional structures and responsibilities.⁷⁶ In queer, feminist, and antiracist work, self-care is about the creation of communities assembled out of shared experience.⁷⁷ Other authors have also argued that self-care, and collective action offer important ways of pushing back against individualism and neoliberalism in higher education.⁷⁸ Reflexivity, too, can be conceptualized as relational, since it involves taking account of and interpreting one’s own and others’ emotions.⁷⁹

Several authors champion a feminist care ethics as a practice of resistance in the contemporary academy.⁸⁰ Exploring alternatives to a “fast-paced, metric-orientated neoliberal university,” Mountz et al. advocate slow scholarship and collective action informed by feminist politics.”⁸¹ A feminist ethics of care, they argue, is about “cultivating a space to care for ourselves, our colleagues and our students” and is a political activity when situated in institutions that devalue such relations and practices.⁸² Here, an ethics of care is envisaged as an everyday collective practice in the academy, which takes time. Sotiropoulou and Cranston advocate “critical academic friendship,” which encourages “self-reflection and constructive dialogue among colleagues as a means to aid collegiality, well-being, personal and professional development.”⁸³ Critical academic friendship contrasts with mentorship because it is a lateral rather than hierarchical relationship, and process-oriented with no specific goal.⁸⁴ In this way, a feminist ethics of care, with a focus on solidarities and collective action, provides a useful strategy for pushing back against the individualizing pressures of the neoliberal university.

When it comes to thinking about researcher preparedness for oral history research, a feminist care ethics perspective could helpfully be applied across the whole research assemblage.

The problem, as we see it, is not a complete absence of care in the academy but that care is insufficiently valued and too infrequently felt by researchers. Actors—oral historians, narrators, supervisor, managers, administrators, and ethics review panel members—are inevitably entangled in networks of interdependence, which necessarily involve some degree of care and responsibility. Yet in our research, lack of care contributed to inevitably networked researchers feeling alone and isolated when dealing with the implications of doing emotional labor. As teachers, we encourage and support care in relations between researchers and participants through empathy, reflection, dialogue, and deep listening. But, looking beyond the interview dyad, how might we engender collectivity and care in relations between academic colleagues, academics and students, and the structures and processes constituting the academy, including supervisory arrangements, departmental structures, ethics review, and funding processes? How might we unravel existing entanglements of responses and responsibilities in conducting emotionally demanding research to identify and embed practices that better support researchers and research participants? These are subjects for further research.

Conversations about emotional labor in research and researcher vulnerability are recent and ongoing in the UK among qualitative researchers, academic oral historians, and community-based oral historians, who often work in precarious working conditions, on a fixed term or freelance basis.⁸⁵ Our findings from this pilot research highlight the collective need to further explore the various meanings and consequences of doing emotional labor in oral history research in academic and community contexts and the potential for developing an ethics of care.

In analyzing focus-group discussions, we choose to emphasize the relationality and contextuality of the research process, drawing on assemblage theory and feminist care ethics. This has led us to focus on care relations, rather than risk and vulnerability, pushing against the

atomization of individual actors, researchers and narrators, and taking account of hierarchies and the operation of power in research processes—fieldwork, supervisory arrangements, ethics review—and their institutional settings—organizational structures, constraints and relations.

Conclusion

Our desk-based study revealed the extent to which oral history has been used in PhD theses in the UK and that oral history training courses have declined in the last five years. We learned from our survey that respondents were dissatisfied with what they perceived as insufficient training and supervisor expertise in oral history methodology and would have liked additional support provided through their HEIs. When we moved to focus groups, we were surprised at the level of attention devoted to emotional labor. Group discussions provided valuable descriptions of key elements in performing emotional labor in oral history research, especially that involving disturbing memories and marginalized groups and its potentially adverse consequences for the researcher. Participants were especially concerned for narrators remembering and engaging with personal trauma and for researchers witnessing such engagement, sometimes repeatedly. They spoke about needing to be prepared and supported at all stages in the research process, specifying a requirement for care and structures of support, raising questions about the entanglements of responses and responsibilities of the researcher, supervisor, university, and ethics committee. Participants' discussions add to emerging debate in oral history and qualitative research literature on emotional labor and its implications.

Our engagement with these discussions and recent literature led us to problematize the concepts emotional labor, risk, vulnerability, and self-care and to pay attention to HE contexts. Consequently, we came to advocate an approach to emotional labor and researcher care that is

contextual and relational, taking account of the ways in which UK HEIs are inflected by neoliberal ideology. Our research sheds light on emotional aspects of researcher experience that have so far been unrecognized and underexplored. It highlights the negative consequences of the neoliberalization of the academy for researchers, fostering isolation as a byproduct of individualism, competition, and metricization, which is detrimental to establishing an egalitarian research culture. It prompted us to consider ways of pushing back against neoliberal ideas through ways of working, as researchers and teachers, that foreground collective action, solidarities and caring. We think that a feminist care ethics, slow scholarship, shared reflections on emotionality in research, collaborative projects, and critical friendship all offer creative possibilities for supporting researchers and engendering more positive research cultures. For us, this means taking time to make connections within and between student and staff peer groups, engage in dialogue, reflect, and listen attentively and empathetically. It means collectively questioning institutional practices such as those concerned with ethics review, PhD supervision, and the allocation of time for research in our universities. We hope this article will contribute to a collective resistance to the oppressive practices of competitive individualism, brought about by the marketization of the academy, which devalue the ethics of care. More broadly, we hope it will encourage other academic researchers to engage in conversations about care relations and recognize and value emotional labor as an integral part of the research process.

¹ The National Heritage Lottery Fund, formerly known as the Heritage Lottery Fund, distributes a share of National Lottery funding, supporting a wide range of heritage projects across the UK; see www.heritagefund.org.uk (accessed October 17, 2021).

² Sophia Michardani, Katie Norgrove, and Jocelyn Goddard, Review of the Heritage Lottery Fund's Investment in Oral History Projects (2013), https://www.heritagefund.org.uk/sites/default/files/media/attachments/2.%20Review%20of%20HLFs%20Investment%20in%20Oral%20History%20Projects%20Final%20Revised%20Report%2022_10_13_SM%20%2828.8.19%29.pdf (accessed October 17, 2021).

³ A list of past Oral History Society conferences can be found at www.ohs.org.uk/conferences (accessed November 8, 2022) and The Scottish Oral History Centre,

www.strath.ac.uk/humanities/schoolofhumanities/history/scottishoralhistorycentre/ (accessed October 17, 2021).

⁴ Email from Camille Johnston (camille.johnston@bl.uk) to the author reporting the number of PhD students/academics attending the introductory oral history course at the British Library, November 9, 2021.

⁵ Gregory Zieren, "Negotiating between Generations: A Decade of Experience Teaching Oral History," *Oral History Review* 38, no. 1 (2019): 158-174; Leyla Neyzi, "National Education Meets Critical Pedagogy: Teaching Oral History in Turkey," *Oral History Review* 46, no. 2 (2020): 380-400; Abby Mills et al., "Global Stories of Citizenship: Oral History as Historical Inquiry and Civic Engagement," *Oral History Review* 38, no. 1 (2019): 34-62.

⁶ Pam Schweitzer and Marta Moreno Lopez Uralde, "Use of Oral History Archives in Cross-Curricular Contexts in Higher and Further Education," *Oral History* 43, no. 2 (2015): 104-114.

⁷ *Oral History Review* 47, no. 2 (2020).

⁸ This recent edited volume considers the role of oral history as a research tool and source for scholars, teachers, and students; Kristina R. Llewellyn and Nicholas Ng-A-Fook, eds., *Oral History and Education: Theories, Dilemmas, and Practices* (New York: Springer, 2017). The route to a PhD varies between countries. In the US, the duration of PhD study is typically four to six years and includes a substantial taught component. In the UK, the most common route to a PhD is by thesis, with students typically spending three to four years conducting research, based on an original research proposal.

⁹ The Oral History in Higher Education Special Interest Group of the Oral History Society, <http://www.ohs.org.uk/higher-education/> (accessed October 29, 2021).

¹⁰ The British Library's EThOS service is the national record of PhD theses in the UK. EThOS makes UK doctoral theses more visible and helps facilitate their use by researchers in the UK and globally; see <https://ethos.bl.uk/> (accessed November 11, 2021). The total number of PhDs completed between 2015 and 2020 is 130,863.

¹¹ The Russell Group represents twenty-four leading UK universities; see <https://www.theuniguide.co.uk/advice/choosing-a-course/what-is-the-russell-group> (accessed October 17, 2021).

¹² This anthology has been cited across a wide range of academic qualitative and discipline-specific textbooks; the number of citations of the *Oral History Reader* (3rd edition) is 1,593 to date; Robert Perks and Alistair Thomson, eds., *The Oral History Reader* (Abingdon, UK: Routledge, 2015).

¹³ The Peace Process Project, www.qmul.ac.uk/law/research/funded/peace/; the Northern Bridge Consortium, www.northernbridge.ac.uk/; the South, West and Wales Doctoral Training Partnership, www.sww-ahdtp.ac.uk/ (all accessed October 17, 2021).

¹⁴ NVivo is a computer-assisted qualitative data analysis tool; QSR International Pty. Ltd. NVivo (2020), <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home> (accessed November 3, 2021). The General Data Protection Regulation (GDPR) came into effect in the UK in 2018, replacing the UK Data Protection Act of 1998. It aims to protect citizens from data and privacy breaches more effectively. The regulation is particularly important in the context of oral history in that interviewees and any other living persons mentioned in oral history interviews have rights over their personal data, including the right to request access to this information, to modify it, and to request the cessation of its usage, including the right to be forgotten.

¹⁵ Rachel Douglas-Jones, "Getting Inside Ethical Review: Anxious Bureaucracies of Revelation, Anticipation and Virtue," *Critical Public Health* 29, no. 4 (2019): 448-459; Carol Brown, Jane Spiro, and Sarah Quinton, "The Role of Research Ethics Committees: Friend or Foe in Educational Research? An Exploratory Study," *British Educational Research Journal* 46, no. 4 (2020): 747-769; Tim Battin and Dan Riley, "The Ethics and Politics of Ethics Approval: Australian Universities' Review," *Australia University Review* 56, no. 1 (2014): 4-12.

¹⁶ Christine Halse and Anne Honey, "Rethinking Ethics Review as Institutional Discourse," *Qualitative Inquiry* 13, no. 3 (2007): 342.

¹⁷ Halse and Honey, "Rethinking Ethics Review," 343.

¹⁸ Halse and Honey, "Rethinking Ethics Review," 336; Brown, Spiro, and Quinton, "The Role of Research Ethics Committees," 752.

¹⁹ Participants are identified by a letter of the alphabet, from A to Q. Group 1 consisted of participants A, B, C, D, E and F. Group 2 consisted of participants G, H, I, J, K, L. Group 3 consisted of participants M, N, O, P and Q.

²⁰ Participant I, focus group 2; participant Q, focus group 3.

²¹ Participant G, focus group 2.

²² Participant M, focus group 3.

²³ Participant H, focus group 2.

²⁴ Participant J, group 2.

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- ²⁵ Participant P, focus group 3.
- ²⁶ Participant P, focus group 3.
- ²⁷ Participant G, focus group 2.
- ²⁸ Participant H, focus group 2.
- ²⁹ Anna Sheftel and Stacey Zembrzycki, "Who's Afraid of Oral History? Fifty Years of Debates and Anxiety about Ethics," *Oral History Review* 43, no. 2 (2019): 338-366; the authors reviewed fifty years of literature to trace debates and developments in the ethics of oral history.
- ³⁰ John Gabriel and Jenny Harding, "Reimagining Islington: Work, Memory, Place and Emotion in a Community Oral History Project," *Oral History* 48, no. 2 (2020): 43-56; Jennifer Harding, "Talk about Care: Emotion, Culture and Oral History," *Oral History* 38, no. 2 (2010): 33-42; Jenny Harding, "Emotional Subjects: Language and Power in Refugee Narratives," in Jennifer Harding and E. Deidre Pribram, eds., *Emotions: A Cultural Studies Reader* (London: Routledge, 2009), 267-279; Erin, Jessee, "Managing Danger in Oral Historical Fieldwork," *Oral History Review* 44, no. 2 (2019): 322-347.
- ³¹ Anna Bryson and Erin Jessee, "Managing Danger in Oral History: From the Field to the Archive and Beyond," plenary at the Dangerous Oral Histories conference of the Oral History Society, Queen's University (Belfast, Ireland, June 2018); Liz H. Strong, "Shifting Focus: Interviewers Share Advice on Protecting Themselves from Harm," *Oral History Review* 48, no. 2 (2021): 199; Jessee, "Managing Danger in Oral Historical Fieldwork."
- ³² Strong, "Shifting Focus," 196, 199.
- ³³ Trauma may be associated with survivors of violence and moral injury with the perpetrators of violence; see Strong, "Shifting Focus," 199.
- ³⁴ Jessee, "Managing Danger," 325.
- ³⁵ Participant Q, focus group 3.
- ³⁶ Participants A and B, focus group 1. Steven High discusses some of the reasons why oral history has not found a secure home in universities; Steven High, "Listening across Difference: Oral History as Learning Landscape," *Learning Landscapes* 11, no. 2 (2018): 39.
- ³⁷ Participant L, focus group 2.
- ³⁸ Strong, "Shifting Focus"; Fenge et al, "The Impact of Sensitive Research on the Researcher"; Jaime Waters et al., "The Emotional Labour of Doctoral Criminological Researchers," *Methodological Innovations*, May-August (2020): 1-12; Jessica Hammett et al., "Researcher Wellbeing: Guidelines for History Researchers," <https://researcherwellbeing.blogs.bristol.ac.uk> (accessed December 19, 2021); Dorothy Atkinson, Sally French, and Pam Shakespeare, eds., *Reflecting on Research Practice* (Buckingham, UK: Open University Press, 1993).
- ³⁹ Participant D, focus group 1.
- ⁴⁰ The Teaching Excellence and Student Outcomes Framework (TEF) was introduced by the government in England to measure the quality of undergraduate teaching in universities. The first results of the exercise were published in 2017, <https://www.officeforstudents.org.uk/advice-and-guidance/teaching/about-the-tef/> (accessed November 17, 2021).
- ⁴¹ Jenny Kitzinger, "The Methodology of Focus Groups: The Importance of Interaction between Research Participants," *Sociology of Health and Illness* 16 (1994): 103-21; Anita Gibbs, "Focus Groups—Social Research Update," University of Surrey (1997), <http://sru.soc.surrey.ac.uk/SRU19.html> (accessed November 17, 2021).
- ⁴² For example, the University of Bath (UK) held a Qualitative Research Symposium, titled Researcher Vulnerability, on February 2, 2022, at which papers were presented discussing the impact on the researcher of doing emotionally demanding research; a small group of UK-based historians ran a series of workshops in which they reflected on the emotional impact of doing sensitive historical research and produced guidelines outlining principles and measures to mitigate risks and promote wellbeing of researchers; see <https://www.historyworkshop.org.uk/sensitive-research/> (accessed January 15, 2022); the Oral History Society Higher Education Special Interest Group is meeting regularly to discuss care for researchers working on sensitive topics. An event titled Dealing with Distress: Care-Taking Strategies in History and Memory was held at Newcastle University on May 16, 2022; see <https://www.eventbrite.co.uk/e/dealing-with-distress-care-taking-strategies-in-history-and-memory-tickets-328089884677> (accessed May 12, 2022).
- ⁴³ Arlie Hochschild, *The Managed Heart: Commercialization of Human Feeling* (Berkeley: University of California Press, 2012), <http://www.jstor.org/stable/10.1525/j.ctt1pn9bk.6> (accessed November 10, 2021).
- ⁴⁴ Harding and Pribram, *Emotions: A Cultural Studies Reader*. Hochschild's work suggested a separation between outward and inward feeling and determinism which can be criticized.
- ⁴⁵ Hochschild, "The Managed Heart," 19.
- ⁴⁶ Hochschild, "The Managed Heart," 7.
- ⁴⁷ Hochschild, "The Managed Heart," 35-55.

- ⁴⁸ Hochschild, "The Managed Heart," 37.
- ⁴⁹ Ruth Riley and Marjorie C. Weiss, "A Qualitative Thematic Review: Emotional Labour in Healthcare Settings," *Journal of Advanced Nursing* 72, no. 1 (2016): 6-17; Virginia Olesen and Debora Bone, "Emotions in Rationalizing Organizations," *Emotions in Social Life: Critical Themes and Contemporary Issues* (1998): 313.
- ⁵⁰ *Emotional labor*, rather than *emotional work*, is the term preferred in academic literature and our focus-group discussions, reflecting perhaps the professionalized research context in which emotions need to be managed; see Katherine Carroll, "Infertile? The Emotional Labour of Sensitive and Feminist Research Methodologies," *Qualitative Research* 13, no. 5 (2013): 548; Virginia Dickson-Swift et al., "Researching Sensitive Topics: Qualitative Research as Emotion Work," *Qualitative Research* 9, no. 1 (2009): 61-79.
- ⁵¹ Carroll, "Infertile?," 549.
- ⁵² Carroll, "Infertile?," 548.
- ⁵³ Carroll, "Infertile?," 546; Liz Stanley and Sue Wise, "Method, Methodology and Epistemology in Feminist Research Processes," in Liz Stanley, ed., *Feminist Praxis* (London: Routledge, 1990): 20-62; Dickson-Swift et al., "Researching Sensitive Topics."
- ⁵⁴ Verusca Calabria, "Self-Reflexivity in Oral History Research: The Role of Positionality and Emotions," in Peter Bray, ed., *Voices of Illness: Negotiating Meaning and Identity* (Boston, MA: Brill Press, (2019): 271-292; Verusca Calabria and Di Bailey, "Participatory Action Research and Oral History as Natural Allies in Mental Health Research," *Qualitative Research* (preprint, September 2021): 1-18, <https://doi.org/10.1177/14687941211039963> (accessed January 10, 2022).
- ⁵⁵ Lee Ann Fenge et al., "The Impact of Sensitive Research on the Researcher: Preparedness and Positionality," *International Journal of Qualitative Methods* 18 (2019): 1-8; Dickson-Swift et al., "Researching Sensitive Topics."
- ⁵⁶ Waters et al., "The Emotional Labour of Doctoral Criminological Researchers," 1-12.
- ⁵⁷ Waters et al., "The Emotional Labour of Doctoral Criminological Researchers," 7.
- ⁵⁸ Fenge et al., "The Impact of Sensitive Research on the Researcher"; Waters et al., "The Emotional Labour of Doctoral Criminological Researchers."
- ⁵⁹ Waters et al., "The Emotional Labour of Doctoral Criminological Researchers," 7.
- ⁶⁰ Atkinson et al., "Reflecting on Research Practice"; Hammett et al., "Researcher Wellbeing," 2; Dorothy Atkinson, "Research as Social Work: Participatory Research in Learning Disability," *British Journal of Social Work* 35, no. 4 (2005): 425-434; Hammett et al., "Researcher Wellbeing." In addition, Emma Vickers suggests grounding techniques drawn from transactional analysis: Emma L Vickers, "Unexpected Trauma in Oral Interviewing," *Oral History Review* 46 no. 1 (2019): 134-141, <https://doi.org/10.1093/ohr/ohy099> (accessed August 2, 2022).
- ⁶¹ Hammett et al., "Researcher Wellbeing"; Strong, "Shifting Focus."
- ⁶² Fabrizio Battistelli and Maria Grazia Galantino, "Dangers, Risks and Threats: An Alternative Conceptualization to the Catch-All Concept of Risk," *Current Sociology* 67, no. 1 (2019): 64-78, <https://doi.org/10.1177/0011392118793675> (accessed January 10, 2022). Renn (2008) suggests that the concept of risk is composed of three elements: "outcomes that have an impact on what humans value; the likelihood of occurrence (uncertainty); and the specific context in which the risk may materialize"; cited in Battistelli and Galantino, 2019.
- ⁶³ Battistelli and Galantino, "Dangers, Risks and Threats."
- ⁶⁴ Zack Walsh, Jessica Böhme, and Christine Wamsler, "Towards a Relational Paradigm in Sustainability Research, Practice, and Education," *Ambio*, 50, no. 1 (2021): 74-84.; Walsh et al., 2020, 74.
- ⁶⁵ Wildman, 2006, 1.
- ⁶⁶ Walsh et al., 2020, 76.
- ⁶⁷ Vik Loveday, "The Neurotic Academic: Anxiety, Casualisation, and Governance in the Neoliberalising University," *Journal of Cultural Economy* 11, no. 2 (2018): 154-166, <https://doi.org/10.1080/17530350.2018.1426032> (accessed January 11, 2022); Jones and Whittle, "Researcher Self-Care"; Kye Askins and Matej Blazek, "Feeling Our Way: Academia, Emotions and a Politics of Care," *Social and Cultural Geography* 18, no. 8 (2017): 1086-1105, <https://doi.org/10.1080/14649365.2016.1240224> (accessed January 11, 2022).
- ⁶⁸ For a more in-depth account of how neoliberalism has affected UK higher education, see John Holmwood, "From Social Rights to the Market: Neoliberalism and the Knowledge Economy," *International Journal of Lifelong Education* 33, no. 1 (2014): 62-76.
- ⁶⁹ Loveday, "The Neurotic Academic."
- ⁷⁰ Mariya Ivancheva, Kathleen Lynch, and Kathryn Keating, "Precarity, Gender and Care in the Neoliberal Academy," *Gender, Work and Organization* 26, no. 4 (2019): 458.

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- ⁷¹ Teresa Evans et al., “Evidence for a Mental Health Crisis in Graduate Education,” *Nature Biotechnology* 36, no. 3 (2018): 282-284.
- ⁷² Chris Woolston, “PhDs: The Tortuous Truth,” *Nature* (2019): 403-406, <https://www.nature.com/articles/d41586-019-03459-7> (accessed January 11, 2022).
- ⁷³ Cassie Hazell et al., “Understanding Suicidality and Reasons for Living amongst Doctoral Researchers: A Thematic Analysis of Qualitative U-DOC Survey Data,” *Counselling and Psychotherapy Research* 21, no. 4 (2021): 757-767.
- ⁷⁴ Jones and Whittle, “Researcher Self-Care,” 385.
- ⁷⁵ Jones and Whittle, “Researcher Self-Care”; Askins and Blazek, “Feeling Our Way”; Sara Ahmed, “Self-Care as Warfare,” Feministkilljoys research blog (2014), <https://feministkilljoys.com/2014/08/25/selfcare-as-warfare/> (accessed January, 19, 2022).
- ⁷⁶ Ahmed, “Self-Care,” 2, 4.
- ⁷⁷ Ahmed, “Self-Care,” 7.
- ⁷⁸ Alison Mountz et al., “For Slow Scholarship: A Feminist Politics of Resistance through Collective Action in the Neoliberal University,” *ACME: An International Journal for Critical Geographies* 14, no. 4 (2015): 1235-59, <https://www.acme-journal.org/index.php/acme/article/view/1058> (accessed January 11, 2022); Askins and Blazek, “Feeling Our Way”; Jones and Whittle, “Researcher Self-Care.”
- ⁷⁹ Mary Holmes, “The Emotionalization of Reflexivity,” *Sociology* 44, no. 1 (2010): 139-54, <https://doi.org/10.1177/0038038509351616> (accessed January 10, 2022); Ian Burkitt, “Emotional Reflexivity: Feeling, Emotion and Imagination in Reflexive Dialogues,” *Sociology* 46, no. 3 (June 2012): 458-72, <https://doi.org/10.1177/0038038511422587> (accessed January 10, 2022). Burkitt argues that emotion cannot be separated from reflexivity, since it “infuses our perceptions of others, the world around us and our own selves” and so influences “our responses in social interaction as well as the way we reflexively monitor action and deliberate on the choices we face”; 458.
- ⁸⁰ Mountz et al., “For Slow Scholarship”; Panagiota Sotiropoulou and Sophie Cranston, “Critical Friendship: An Alternative, ‘Care-full’ Way to Play the Academic Game,” *Gender, Place and Culture* (2022): 1-22.
- ⁸¹ Mountz et al., “For Slow Scholarship,” 2.
- ⁸² Mountz et al., “For Slow Scholarship,” 5.
- ⁸³ Sotiropoulou and Cranston, “Critical friendship,” 3.
- ⁸⁴ Sotiropoulou and Cranston, “Critical friendship,” 18.
- ⁸⁵ University of Bath (UK) Qualitative Research Symposium, Researcher Vulnerability; Oral History Society Higher Education Special Interest Group meetings. The Oral History Society’s Regional Networkers Group took part in a recent meeting to discuss the wellbeing of oral historians conducting interviews involving sensitive and traumatic memories, the time pressures, and the lack of systems of support (January 15, 2022).