

Embodied memories of trauma: oral history and archetypes

Francesco Ricatti

At a very fundamental level, oral historians' work with trauma and oral narrative has more to do with a medieval story of dragons and monsters than one might initially think.

(Lori Ann Garner)¹

we write from the body.

it remembers everything.

(Nayyirah Waheed)²

Abstract

Through the analysis of interviews recorded with Norma Holmes, a woman born in New Zealand in the late 1920s from a French mother and a Chinese father, this article considers how traumatic experiences are recalled and shared by individuals through archetypal and uncanny narratives. In particular, it explores the surprising interrelation between Norma Holmes' story and the archetypal narratives analysed by Carlo Ginzburg in his work on the witches' sabbath. This unlikely connection illustrates the need to acknowledge the historical depth that oral storytelling of traumatic events often carries. Phantasmatic and archetypal, yet deeply embodied, memories and narratives should be at the core of our understanding of the past, and how it lives in the present.

Premise

The debate over oral history since the 1970s has been dominated by the tension between the symbolic and the forensic. Matters of subjectivity, objectivity, authenticity, reliability, memory and narrative in oral history have intersected with broader debates on the nature of history itself and its role in society: from objective and accurate social science to little more than fiction in disguise. It is well known that the works that have most effectively advanced the standing and credibility of oral history have come from historians who have not just admitted the fallibility of memory and the potential inaccuracy of oral testimonies, but have argued for the historiographical power of understanding the reasons and meanings behind contradictory and ambiguous recollections of the past.

In this article I intend to explore, through a specific case study, the potential connection between oral histories of trauma on the one hand, and oral traditions and narrative archetypes on the other hand. My main argument is that while oral history is an extremely valuable historical methodology, its power also relies on the way in which its close relationship with oral stories provides an opportunity to explore, within historically specific contexts, broader ontological and existential concerns. In other words, oral history – through its intersection of historical specificity, individual and collective memories, and oral stories that rely on deeper archetypes and broader narrative structures – create a complex and productive space in which the human condition can be explored more vividly and profoundly.

Through the individual narrator's personal involvement in major historical events, the dialogical interactions with the interviewer, and the development of powerful forms of witnessing and co-authored story-telling, the best oral histories can provide not just an illustration and interpretation of past events, but also a powerful exploration of the human condition. Oral history, in its most powerful iterations, creates strong connections between the discipline of history and other disciplines, such as ethnography, cultural anthropology, folkloric studies and literary studies. This becomes particularly apparent when analysing oral histories of trauma, as narrators attempt to give voice to unspeakable life experiences. Historical specificity is essential, as universalizing such experiences would correspond to a tragic further denial of their reality, their existence within specific contexts, and their impact on specific individuals and communities. Yet any interpretation of tragic historical events also needs to be sustained by broader and deeper relations to other human events and narratives; it must connect to the emotions, feelings, experiences and stories shared by other people, often from distant places and times. It is in this ability to connect the individual to the historical, and the historical to the universal, that lies oral history's greatest epistemological and political value.

Far from being a general reflection on such complex theoretical and methodological issues, my introductory

paragraphs are a necessary premise to the rest of this article. In it, I explore the surprising interrelation between an oral history I have recently recorded with an elderly woman of French and Chinese descent, and archetypal narratives I studied more than two decades ago in the work of the great Italian historian Carlo Ginzburg on witches' sabbath.³ As unlikely as such a connection might appear, it illustrates the need to acknowledge the historical depth that oral storytelling of traumatic events often carries.

Norma Holmes's story

Norma Holmes was born in New Zealand in January 1927. Her father was born in Canton, China, in 1904, and her mother was born in 1906 in Guernsey Island, from French-speaking parents. During the first thirty years of Norma's life, she experienced a series of personal traumas that intersected with major historical events, including the Japanese occupation of China and Hong Kong, the Second World War and, later, the major transformations of Australian society in the postwar period. I met with her more than ten times to interview her and record her stories.⁴ In this article, I intend to focus on one particular aspect that structured Norma's life memories: namely, the way in which wounds, scars, and various imbalances in her body came to represent in her narrative not just the consequences of those traumatic events, but also a way of narrating the incommensurable and incomprehensible nature of those traumas. In her stories, there is little desire to explicitly name emotions or feelings. Resilience, for Norma, is a matter of stubborn physical resistance, and how the body itself is transformed in the process of survival. Yet such bodily transformations, which continue long after the traumatic events have concluded, inevitably present an uncanny, spectral element. They are a constant reminder that any journey to the kingdom of death, or its proximity, is as physical as it is metaphysical; the trauma of getting too close to death and to the dead, and then coming back amongst the living, is often an embodied trauma. The mysteries of death, suffering, human cruelty and resilience take over the body, so that a reopening wound, a scar, a terrible migraine, or an inexplicable blindness become essential narrative and emotional tools in expressing and re-embodiment trauma.

In the many iterations of her story over the two years I interviewed her, Norma often started by noting how happy her early childhood was: 'I was the only [child], I was a little princess'. Yet a crucial traumatic event almost immediately comes to dominate her narrative of those early years:

When I was young, ... I'm only about five and I climbed up on the sink, ... the water's boiling, bubbled up, and I slipped into the copper. I just looked at my foot and the flesh was just floating

away, it was dreadful. And I screamed and screamed and my mother came, and I ended up in hospital.

...

Because of my foot, I was never without shoes and socks, even at home, because I was always conscious of that foot. The colour has faded now, but at the time it looked terrible.

Because of this accident, Norma limped for a year or so, until she had one of the first graft operations in New Zealand.

Norma relates much of the happiness of her early years to her deep love for her mother and her maternal grandparents, of whom she has fond memories. But at the age of seven or eight, when her parents separated, she was taken away by her father, who made her promise she would never try to contact her mother again; a promise she kept for the rest of her life, and which is still a source of great sadness and regret to her to this day. Her father changed their surname and took her first to Queensland, in Australia, where his family had a market garden and two stores, and then to Hong Kong, where he left her at a boarding school. He then went back to Queensland, remarried and had many children. Due to the Japanese occupation of Hong Kong and the Second World War, he stopped sending money and Norma was forced to leave the boarding school. She spent many years with relatives, first in Hong Kong, then in mainland China, experiencing fear, loneliness, exploitation and starvation and witnessing terrible acts of violence. After the war she moved to Queensland, where she witnessed the suicide of a young uncle, got married, had a daughter, was abandoned by her husband, was exploited for years by her father, and then, when life was finally taking a positive turn, experienced the devastating re-emergence of repressed and traumatic memories. Despite all that, after getting a job at the department store David Jones, and working two more jobs at night and on weekends, she managed to leave her father's house, take proper care of her daughter, and develop long-lasting friendships with other women, which she continues to nurture and



Norma and her father at the maternal grandparents' farm in New Zealand (late 1920s). Photograph courtesy Norma Holmes.



Norma with calves at the maternal grandparents' farm in New Zealand (early 1930s). Photograph courtesy Norma Holmes.

which continue to give her great comfort.

The limping trip to the realm of the dead

In his book *Ecstasies: Deciphering the Witches' Sabbath*, and in particular in the chapter entitled 'Bones and Skin', Carlo Ginzburg notes the recurrence of stories and myth characterised by exactly the same events we find in Norma's story: after the segregation or disappearance of the mother, a disfigured child has to face an inevitable fate.⁵ When the protagonist of the story grows up, a peculiar way of walking or limping, or a peculiar foot, signal his or her uncanny connection with the world of the dead; it is only after extraordinary trials that he or she may go back to the homeland. These components are not all present in each story considered by Ginzburg, but many tend to occur at once and often recur, and connect stories as different as, for instance, *Oedipus* and *Cinderella*.

Ginzburg is particularly interested in showing how, in a great number of these stories, the journey into the realm of the dead is linked to a radical imbalance in the body, often expressed by monosandalism (wearing only one shoe), limping, or some sort of deformation of the foot. It is Oedipus' swollen foot, it is Achilles' heel, and Cinderella's lost shoe.⁶ As we have seen, this is also the foundational trauma of Norma's story. The emergence of this archetype fascinated me when I first read Ginzburg's book in the early 1990s. Was this really an archetype, and how can we explain it? Ginzburg himself notes how his research is an invitation to radically reformulate the notion of the archetype, in particular by conceptualising archetypes as deeply linked to the body and its self-representation. This concept was too abstract for me at the time, until one evening I told my father about the recurrence of limping in characters that must travel or have travelled into the realm of the dead. 'That makes sense' he said to my surprise, as if I had just made an obvious

connection. As a magistrate and prosecutor, he had patrolled the scenes of many fatal crimes and accidents shortly after they occurred. He told me, 'Almost all the people I've seen who had been killed in a traumatic event had lost one shoe.' In a personal experience of this bizarre phenomenon, a few weeks after talking to my father I saw in a street in Rome a person who had just committed suicide by throwing herself from a balcony. The paramedics had tried to cover her with a sheet, but it was too short and her feet were visible; she only had one shoe. Since then, I have noticed hundreds of movies and TV episodes in which the victim of a sudden death is shown without one shoe. A possible explanation is, then, that archetypes and literary tropes about uncanny and spectral stories may relate directly to bodily experiences and the witnessing of traumatic events.

Norma's story recalls very closely the kind of stories and myths analysed by Ginzburg. The segregation or disappearance of the mother, the disfigurement of the child and the limping are already obvious. There are also several contacts with the world of the dead in her story: Norma almost starved to death and at times survived by killing and eating rats; she witnessed many killings and other atrocities, including against women and children; she was told stories of anthropophagy happening around her; and she saw her grandfather being kidnapped and heard him describe how his kidnappers chained him to the ground like a dog. Her story also includes the return home after extraordinary trials (although she could never really go home to New Zealand and her mother). Norma's story has even more details in common with the Cinderella story, for instance the happy early childhood, the presence of a stepmother and stepsiblings, and the fact that she went through years of exhausting and unpaid work, inside and outside the house.



Norma's mother (n.d.) Photograph courtesy Norma Holmes

The way Norma's story almost perfectly fits the archetypal structure suggested by Ginzburg could be a pure coincidence. This, however, wouldn't explain the centrality of the foot and other bodily imbalances in almost all sections of Norma's story and not just in the first instance when Norma was a child. Norma's story confirms that the body is not only transformed during the traumatic event, but in fact never ceases to be transformed by the trauma and its consequences, even long after the traumatic event itself is concluded. Furthermore, I suggest that these bodily transformations come to represent a reminder of how it is impossible to fully remember, narrate and comprehend the trauma itself. There is an uncanny, spectral aspect to be considered in the way the traumatised body never completely heals.

Embodying the trauma

In Norma's story, different and traumatic events are constantly connected to her foot, or to other instances of imbalance in her body. This is how she describes meeting her relatives in China for the first time:

And then we went back to the ancestral house in mainland China to meet everybody [...] I had one ear different to the other and they used to show me off as if I was a freak in the circus.

And this is how she expresses her suffering at the boarding school in which her father had abandoned her:

I've had migraines all my life and they started when I was at boarding school. At the school there was like a quarry, but it was painted white and we used to be out there in the playground and I kept running into this quarry all the time and that was the start of the blinding headaches.

She also explains:

I'm a sleep walker. [...] At boarding school, they used to wait till I go [sic] to sleep and then they'd put down a dish of water here and a dish of water there. And they'd watch me get out of there, push the windows open, go and sit on the window sill, two floors up mind you, and I'd be dangling my feet, but then when I'd sit there and dangled enough, I'd go back and get into bed. And they would just watch me, because they were told never to wake me up. It's a dreadful feeling when they wake you up when you're sleep walking. A feeling of fear, it's dreadful.

Importantly, in introducing the story of her somnambulism at the boarding school, Norma often recalls how, after the operation to the foot, on doctor's advice, she would go to the beach and immerse the foot in the sea to help the recovery. This is one of the few

happy memories she relates. Was she experiencing, in the sleepwalking and the dangling of the feet outside the window, the same relief from trauma? Why would she otherwise often associate these two events in her memories? Was she travelling back to that beach, to the water that had soothed her foot?

And this is how she describes life during the war:

Looking at my foot you would notice that that piece of flesh didn't belong on that foot. But being a girl, I suppose, you're very conscious of this, and I was never without shoes and socks. And I had had the best of everything, because you know, my father had spoiled me rotten. And then all of a sudden things changed. I never had shoes during the war. No shoes, no socks.

She also talks about the hard work in the rice paddies:

I was pretty close to death, several times. I got sick, but you still had to do your work. I had this big ulcer on my leg. That was a big hole, when I was over in China in the paddy fields, and different people would tell me different herbs I had to get, and you could have fitted a golf ball in it, it was so bad. It got infected. You couldn't help but be infected, because you were in the paddy fields, which is all mud. You're in the mud all the time, and nothing on your feet. It was cold. You were in the paddy fields too. You shivered, it was dreadful, you know, so, but I got through it, because I was young. But there, there was hopelessness. I couldn't see anyway of it getting any better.

She later describes her physical state when arriving back to Australia a couple of years after the war:

Because of the diet and numerous things, I never had a period till I was on the boat [back to Australia]. Twenty years old. People in the village used to call me the stone girl. [...] I didn't develop properly inside and out. And when I got off the boat in Sydney, my father could hardly recognise me. I was so thin. My hair's grown back, but my eyebrows never did, everything fell out. For four years, I'd never seen any toothpaste, or soap, or anything on my feet, I was bare-footed for so long. [...] My dad took me to see a specialist when I got out here, and he said, because of the size of my hands and my feet, I should have been three inches taller. Because of carrying the loads, because I was stunted in growth, carrying these loads heavier than I was, I've got big hands, and I've got big feet. But the body didn't match. I was stunted in growth.

And then, in her early thirties, Norma had a nervous breakdown:

I had a nervous breakdown when I was thirty-three. There was no counselling when I came back. I was put straight to work, and because that's all been built up inside of me, when I was thirty-three I just broke down entirely, and I still went to work, but I couldn't talk. My vocal cords had parted.

It was only through hypnosis that Norma's repressed memories returned, and she gradually recovered her voice.

These selected excerpts show how often Norma's memories of those traumatic years are explicitly linked to either an imbalance in the body or a problem with her lower limbs. Emotions, feelings and experiences linked to traumatic events are expressed by Norma through the uncanny manifestation of the trauma within the body, before, during and long after the traumatic events. Norma's story and its relation to archetypical narratives poses a set of questions and issues.

The first is around the relationship between oral history and folkloric archetype. Far from assigning the latter to an ahistorical dimension (the archetype being repeated throughout centuries and across continents), Norma's story suggests that the archetypical narrative may provide deep, complex, imaginative and corporeal dimensions that sustain and reinforce the dynamism and specificity of oral and social history. In her article on the close relationship between oral history and medieval oral tradition, Lori Ann Garner argues that there are, for instance, close parallels between the narrative patterns of early medieval texts and those of contemporary oral history narratives.⁷ She further argues for the function of oral narrative as a means to respond to traumatic events, noting how 'the construction of such personal narratives often follows patterns that have been observed in the composition and performance of oral poetry.'⁸

Similarly, Sean Field has argued that it is important for oral historians to consider how indescribable trauma comes to be described by interviewees through 'myths, fantasies and forms of magical realism.'⁹ In dealing with the challenge of the memory-making and storytelling of traumatic events, traditional stories, patterns and archetypes may provide an opportunity to deal with a truth that relates to, but also transcends, the factual recollection of the events. As historical specificity influences oral tradition, so oral tradition influences historical memories and stories. Archetypical stories are revitalised by and reinvented through their use in oral recollections of historical events by individual narrators. At the same time, those archetypes provide oral histories with deep, nuanced, complex and ambiguous narratives that go well beyond the platitudes of established oral history narratives. If the urgency of recalling historical events as living memories injects

life in archetypical stories, archetypical stories inject life into oral histories through their powerful references to the deep and inscrutable connections between the physical and the metaphysical. It is at this powerful and productive intersection that Norma's individual memories provide a deeper and more intricate rendering of the past.

Franco Castelli has suggested that when mythology intersects with oral history, it provides exemplar and paradigmatic structure to individual events, in exchange for some loss in historical accuracy. This appears to be a reasonable exchange, given the need to remember the past not just as a form of preservation, but as a function of our investment into a better future.¹⁰ Yet what is even more important is that the archetype speaks to the core of our existence, to our deeply shared human history. It gives voice and presence to complex interconnections between past and present, and between physical and metaphysical, that a simple recollection of traumatic events would fail to express. It is around these archetypes that fragmented, contradictory, inexplicable, and at times unspeakable memories of trauma can be reimagined and rearranged to produce a more meaningful tale about life.

The second, and closely related issue that Norma's story raises pertains to the role that the traumatised body comes to play in the recollection, elaboration, and narration of the traumatic events. A number of historians in recent years have argued the need to reconnect the semantic with the somatic, and to consider the body, and how it remembers, as central to storytelling and oral history.¹¹ Jeff Friedman has argued that, because 'historical events are embodied in individual subjects', we need to rehabilitate 'embodied experience in the construction and interpretation of history.'¹² He further argues that 'oral history projects should be designed to explicitly interrogate the embodied experiences of narrators.'¹³ In analysing oral histories of the Italian Resistance to the Nazi occupation, Sarah De Nardi conceptualises the human body as 'a channel of interaction with the world in experience and in memory.'¹⁴

Bodily manifestations of the trauma come to represent not just the persisting physical and psychological consequences of the trauma itself, but also the metaphysical, uncanny, incomprehensible, and perhaps unspeakable elements of traumatic experiences and memories. This becomes particularly apparent in stories in which the individual trauma of the narrator intersects with and relates to the witnessing of other people's traumas, for instance during wars. In Norma's story, while her personal traumas are not always a consequence of the war, the war itself, with its ineluctable and incomprehensible tragedies, comes to represent the crucial existential counterpoint to her

personal history of resilience and resistance against abuses within her family. This connection between the personal tragedy of her life and the tragedy of the war she witnessed is often experienced and remembered through corporeal references: to her traumatised yet resilient body that survives the war, to the bared, unnamed bodies of victims who had been tortured and killed by the Japanese, and to the re-emergence of the trauma in her own body, decades after the traumatic events. It is as if memories are not only remembered and retold, but experienced anew, again and again, through the body.

Oral history has played an essential role in emphasising the centrality of the wounded, mutilated, and desecrated body in personal recollections of the tragedy of the Second World War. In the most powerful instances, such corporeal references become not just a dry acknowledgement of the cruelty of war, but a deep, unresolved expression of the necessity – and yet impossibility – to comprehend and communicate such absurd tragedies.¹⁵ References to injuries to the lower limbs are very common in war recollections. One could assume that such injuries have a lower mortality rate than similarly traumatic injuries to the upper body, and this is potentially another physical explanation for why limping in archetypical stories marks the body of someone returning from the kingdom of death. Yet this specific, physical reason is often intertwined with limping as a metaphorical expression of the imbalance resulting from the trauma.

In concluding this article, I want to clarify that such correlation is neither inevitable, nor always follows a similar pattern. I will do so by referring briefly to three of the many examples of oral histories in which the deambulatory imbalance, while physically linked to war traumas, takes on different meanings and functions. Yet these examples also will reinforce my argument that Norma's history and her use of archetypical references to deambulatory issues are deeply rooted in shared experiences of war, violence and trauma throughout human history.

In her article on traumatised war veterans and oral history, Alison Parr cites one of her interviewee's memories of being unable to walk on grass when he came back from the war due to his fear of mines.¹⁶ Here, once again, the factual element of the story (grass makes mines harder to spot), intersects with an irrational fear (there are no mines to be afraid of at home), and come to express a mental imbalance brought about by the trauma (which, in this particular story, is expressed through agoraphobia). What this story and Norma's have in common is not just the expression of the trauma of war through a deambulatory issue, but also the fact that both of them felt very isolated and were not able

to relate their traumatic event to a broader narrative which was shared by fellow victims.

The need to fit a personal story within an established narrative shared with other victims may, at times, refocus the story away from the physical and mental trauma. For instance, Kevin Blackburn notes that one of his interviewees (a member of the British Indian Army in Singapore during the Pacific War who joined the Malaysian Indian struggle for independence) did not focus much on his leg being mangled during a Japanese bombing raid, because that did not fit with the anticolonial sentiments shared by his community of veterans.¹⁷ This reinforces Blackburn's argument that histories of trauma are more easily shared and remembered as a matter of fact when a sense of shared community allows collective memory to supersede personal memories. Conversely, when individual memories do not fit a community's memory, or when the traumatised person experiences further isolation and alienation, the embodiment of the trauma becomes the focus of the narrative, and often comes to express broader existential concerns.

The deambulatory imbalance also plays a role in Fred Farral's Anzac story, as recorded and analysed by Alistair Thomson.¹⁸ First Farral suffered from trench foot. On his return from war, his feet were too damaged for farm work. The extent to which his trench foot and the injury to his knee were a key component of his persisting health problems is unclear, but Farral continued to suffer from mental and physical issues which, he argued, were the consequence of war. Thomson notes how, in a letter written to his brother in 1917, Farral recalls 'waiting in shell holes [...] with wounded and dead men "everywhere"; [...] copping a "Blighty" wound in the leg that was a ticket back to hospital in England; hobbling five miles to safety "under shell fire all the time" past wounded and dead.'¹⁹ In the light of Ginzburg's considerations and my own analysis of Norma's story, this recollection also seems to establish a clear correlation between the physical injury, the journey through the realm of death, and the return home.

These three different examples, when considered in relation to Norma's story, show how the specificity of the story being remembered – and the context in which it is remembered – have a significant impact on the way the trauma continues to be experienced and recalled through references to the body and, more specifically, through limping and imbalances in the body. Yet they also suggest a continuity between the traumatic physical experience, the mental trauma, the establishment of archetypical narratives and the use of such narratives in oral recollections of traumatic events. Could one argue that feelings and emotions come to be articulated *beyond* linguistic, expressive and performative manifestations? That through bodily

imbalances and deformations emotions have at once a physical and a metaphysical component, positioned at the divide between life and death, the known and the unknown? Norma's story suggests that in studying the relationship between oral history and emotions, we also need to consider what is revealed or concealed by the body, beyond the utterance and performance of codified emotions. Perhaps one of the starting points could be to focus on the body as the very surface in which many binaries become deeply and inextricably intertwined: past and present; event and memory; trauma and resilience; life and afterlife; physical and metaphysical; rational and irrational.

This article has been peer reviewed.

Endnotes

- 1 Lori Ann Garner. "'Stories which I Know to Be True': Oral Tradition, Oral History and Voices from the Past', *Oral History Review*, vol. 43, no. 2 (2016), pp. 263, 275.
- 2 Nayyrah Waheed, *Salt*, Middletown DE (USA), the author, 2013, p. 238.
- 3 Carlo Ginzburg (trans. Raymon Rosenthal), *Ecstasies: Deciphering the Witches' Sabbath*, Penguin, New York, 1991. Originally published in Italy as *Storia Notturna. Una Decifrazione del Sabba*, Einaudi, Turin, 1989.
- 4 Ten interviews were conducted between 25 July 2014 and 15 May 2015 at Norma's home in Brisbane (Queensland, Australia). One final interview was recorded in the same location on 17 November 2016. The interviews are archived at the University of the Sunshine Coast Library (access is restricted). At the time of the interviews, Norma was in her late eighties and had expressed a desire to tell her life story and have it recorded. She claimed this was the first time she was speaking in detail about many of the key events in her difficult life. Norma's life story had a profound impact on me, and this article is my first attempt to make sense of my emotional and intellectual response to it.
- 5 Ginzburg, *Ecstasies*.
- 6 Ginzburg refers to old versions of the Cinderella tale which are widespread across the globe and in which, for various reasons highlighted by Ginzburg in his essay, the visit to the prince's palace can be interpreted as a visit to the realm on the dead.
- 7 Garner, *Stories*.
- 8 Garner, *Stories*, pp. 268–269
- 9 Sean Field, "'Healing': Trauma, Oral History and Regeneration', *Oral History*, vol. 34, no. 1, Spring 2006, p. 31.
- 10 Franco Castelli, 'Fonti Orali e Parola Folklorica: Storicità e Formalizzazione', in Cesare Bermani (ed.), *Introduzione alla Storia Orale: Storia, Conservazione Delle Fonti e Problemi di Metodo. Volume I*, Odradek, Rome, 1999, pp. 167–90.
- 11 Jeff Friedman, "'Muscle Memory': Performing Oral History', *Oral History*, vol. 33, no. 2, Memory Work, 2005, p. 36; Horacio N. Roque Ramirez and Nan Alamilla Boyd, 'Introduction Close Encounters: The Body and Knowledge in Queer Oral History', in Nan Alamilla Boyd and Horacio N. Roque Ramirez (eds), *Bodies of Evidence: The Practice of Queer Oral History*, Oxford University Press, New York, 2012, pp. 1–20.
- 12 Friedman, 'Muscle Memory', p. 47.
- 13 Jeff Friedman, 'Oral History, Hermeneutics, and Embodiment', *Oral History Review*, vol. 41, no. 2, 2014, p. 299.
- 14 Sarah De Nardi, "'No-one had asked me about that before": A Focus on the Body and "Other" Resistance Experiences in Italian Second World War Storytelling', *Oral History*, vol. 42, no. 1, Spring 2014, p. 74.
- 15 It is beyond the scope of this paper to acknowledge the vast literature on the topic. Nonetheless, Gabriella Gribaudi's work on the Second World War in Southern Italy has been particularly relevant for my approach due to Gribaudi's ability to bring the perspective of the civil population (not just as victims and witnesses, but as people able to resist, oppose, disobey and solidarise) to the forefront of the historical narrative. See in particular Gabriella Gribaudi, *Guerra Totale. Tra Bombe Alleate e Violenze Naziste. Napoli e il Fronte Meridionale 1940–44*, Bollati Boringhieri, Turin, 2005.
- 16 Alison Parr, 'Breaking the Silence: Traumatized War Veterans and Oral History', *Oral History*, vol. 35, no. 1, p. 61.
- 17 Kevin Blackburn, 'Recalling War Trauma of the Pacific War and the Japanese Occupation in the Oral History of Malaysia and Singapore', *Oral History Review*, vol. 36, no. 2, p. 231.
- 18 Alistair Thomson, *Anzac Memories: Living with the Legend*, Melbourne, Oxford University Press, second edition, Monash University Press, Melbourne, 2013. Here I refer in particular to Alistair Thomson, 'Anzac Memories Revisited: Trauma, Memory and Oral History', *The Oral History Review*, vol. 42, no. 1, 2105.
- 19 Thomson, *Anzac Memories Revisited*, p. 4.