Bureaucratic Oversight of Human Research and Disciplinary Diversity

IRB Review of Oral History and Anthropology

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Susan Hughes’s April Ethical Currents commentary in AN warns that the “risk for harm to participants is enormous” in oral history projects like one in which she participated at Rhode Island College. Hughes expresses her worries forcefully, but doesn’t justify them substantively enough given the project’s ameliorative objective: “to determine if the treatment children received in the state child care institution was in accordance with the obligations and responsibilities set forth in the act that established the institution,” as determined by documentary analysis and interviews with former residents. Hughes warns, “[t]he likelihood of a resident suffering from Post Traumatic Stress Syndrome . . . was unknown. Therefore, recalling past events during the course of an interview could have been very stressful and extremely harmful to these individuals.” Re-experiencing events by being interviewed “could have possibly led to flashbacks, nightmares, depression, and feelings of low self-esteem.” To prevent “irreparable harm,” Hughes volunteered the project for an IRB (Institutional Review Board) review—it was approved—and developed a “Declaration of Participant’s Rights protocol” to ensure compliance.

I’m responding as a former member (and co-chair) of the AAA’s Ethics Committee and of my own institution’s IRB, who takes ethics seriously too: my concern is that Hughes’s local perspective is shortsighted and thereby misleading. Possible abuses (by oral history generally and this project particularly) cannot be evaluated without more information: For instance, were the interviewers untrained? Potential harm cannot be assessed without context, for example, in relation to the potential benefits of the research (the apparent point in this case being an institutional critique). IRB decisions aren’t made in terms of absolutes. For better or worse, they are relative judgements. Following Hughes’s logic, we should foreswear all research on social trauma for fear of awakening disturbing memories. Insofar as “human subjects” are involved, critical research (not to mention psychotherapy) would be precluded altogether!

This is one of the key issues that oral historians, journalists and others
have raised in their arguments against the past decade’s expansion of IRB oversight. Establishment of IRBs was part of the legacy of Nuremberg and Tuskegee, a necessary response to horrifying medical research abuses. But this response has been deformed in its applications to an ever-wider array of research practices. While the bureaucratic logic of one-ethics-fits-all may seem efficient and fair philosophically, it doesn’t work in practice. Oral history shouldn’t “always” be excluded, but **anthropologists should be supporting—not opposing—efforts to limit what even some federal insiders are calling IRB “mission creep.”**

It helps to approach this problem anthropologically: *comparatively* and with a participant-observer’s eye for *disjunctures*. Part of the problem is that disciplines have diverse research cultures: distinct, sometimes contradictory ethical practices underwrite knowledge claims in the humanities, social sciences and biomedicine (with important differences even within those categories).

For example, anthropologists have long struggled with the disjuncture between biomedically-inspired IRB protocols of informed consent and *anthropological* fieldwork ethics. Those of us who have worked in the rural Third World know that written consent—which makes patient-centered sense in a Western biomedical lab—can imply collusion with governments and other unwelcome authorities from whom a researcher has worked hard to distinguished him/herself on ethical/political grounds. Biomedical research in distinct clinical settings requires prior consent—as Jonathan Church (*Academe* 88 (3) 2002) put it, “consent is the precondition for research, but not part of the research”—while in ethnographic research, taking place where people live, “informed consent is an ongoing interaction . . . subject to the cultural rules and understanding of that community.”

Viewed comparatively, any exclusion of oral history from IRB oversight may be a particular and limited—but good—thing. The Oral History Association’s recent determination, made in consultation with although not officially adopted by the federal Office of Human Research Protections (OHRP), is that oral history should simply be excluded from IRB review because it just does not apply to the OHRP mandate: it is just “not research,” not “systematic” inquiry contributing to “generalizable knowledge.” For many anthropologists, this may be too high a price to pay.

Sociocultural anthropology and oral history do have significantly overlapping interviewing conventions. For example, unlike sociological surveyors, neither oral historians nor anthropologists typically draw large samples of anonymous subjects. We both have principled reasons for not submitting interview questions for IRB review in advance since interviews are understood to be *interactive*, their questions the emergent products of a sociable discovery process.

But in other respects oral history and sociocultural anthropology are quite different. While conventional ethical practice in anthropology
involves preserving informant confidentiality (often by keeping names separate from interview transcripts and not publishing these materials), oral historians conventionally understand themselves to be documenting the experiences of historical actors whose perspectives are unrepresented in existing archival sources. Whether their interviews involve prisoners or sharecroppers, Nazi doctors or Klan members, oral historians’ aim to create a public record of interviews with named persons. In sum, the ethical logics of conventional sociocultural anthropology and oral history diverge; however both rankle at biomedical requirements requiring researchers to preplan interview questions or to destroy interview records after a study is over.

Consequently, anthropologists cannot conclude that the Oral History Association and OHRP’s recent statements about the exclusion of oral history from IRB review do or should apply to us (as folks I’ve talked with have, exclaiming, “Well I do oral history too, so…”). Well no: it mostly doesn’t (and you probably don’t). Understanding disciplinary differences, as well as similarities, is necessary if we are to respond knowledgeably to the last decade’s expansion of IRB oversight, whereas bureaucratized ethics protocols assimilate us all to one dominant biomedical rationale.

That said, IRBs are notoriously limited when it comes to compliance and enforcement. In sociocultural anthropology and oral history at least, researchers’ engagement with their interlocutors is where ethics are enacted. Consequently, some of our discussion of human research protection ought to be about what we’ve been doing to sharpen and contextualize our own and our students’ awareness of the ethical dimensions of alternative research practices.

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