Researcher Wellbeing.

guidelines for history researchers

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Why is researcher wellbeing important?

History researcher vulnerabilities, mental health and wellbeing.

As mental health and wellbeing gain rightful attention within many workplaces and academic disciplines, it is clear that historians are failing to share in this progress. Historical research often deals with subjects that are difficult on a societal and personal level, both when working in the archive and with live participants. This can expose researchers to various effects of secondary exposure to trauma. Compounding this is the risk of burnout and wellbeing challenges posed by working conditions, especially with the increase in precarious and insecure work in universities.

This document outlines the main issues that researchers, their supervisors or line managers, ethics committees, institutions and funders should be actively aware of and preparing for. It also seeks to start a more active and meaningful discussion of the issue. Key findings within the guidelines include a need for: better awareness of the real-world risks to the wellbeing of all researchers; prevention of this via regular risk assessments, which respond to emerging personal vulnerability factors; formal university structures to provide accessible, effective support; and positive cultures that normalise wellbeing.

Incorporating good mental health into research activities should not be a choice. Crucially though, success can only be achieved through the combined effort of all parties. By doing so, we support the wellbeing and health of both researchers and participants. We can protect against vulnerability factors; support researchers who have an invaluable ‘insider view’; reduce the risk that skilled and experienced researchers will be lost; and improve the research process through increased reflexivity, empathy and emotional connectedness.

To provide a clear path towards better researcher wellbeing, this document provides key actions for those involved in history research and five fundamental guiding principles.
A proactive approach for all.

Researchers:

- Risk assessments should be regularly carried out between all researchers and supervisors to identify changing risks and vulnerabilities, health and safety issues, training needs and assist workload planning. This should start prior to research and continue throughout.
- Practice self-care routinely and identify other sources of support with your supervisor. This may include counselling, peer-support, reflexive writing, decompression activities and grounding techniques.
- Use therapeutic safeguards to understand and communicate your role as a researcher, set boundaries, and acknowledge the emotional and physical impact of your research.

Supervisors & Line Managers:

- Develop own self-care and role model good working practices.
- Advocate for junior staff: ensure departments provide adequate support and facilities, devise projects with the wellbeing of research associates in mind, and consider meaningful career development.

- Commit to regular meetings to revisit risk assessments, oversee wellbeing and health and safety, and sign-post resources. This requires adequate time to be allocated in department workload models.
- Complete training in pastoral support and leadership to understand the legal and moral responsibilities of your role and reduce stigma. Understand the potential negative impacts of holding dual roles and avoid these wherever possible.

Ethics Committees:

- Risks to researchers and researcher wellbeing need to be more central to ethics applications, with guidance on appropriate strategies and available support provided.
- Provide ongoing, collaborative and custom support to researchers, responding to new issues as they arise. This should be seen as essential training for researchers for the duration of projects.

Universities:

- Take a pro-active and meaningful approach to develop a culture where researcher wellbeing is taken seriously at all levels, and discussions are encouraged and normalised.
- Provide meaningful and expert training for researchers and supervisors in wellbeing.
- Ensure all disciplines are fulfilling their duty of care to all staff. Measure the
progress that is made by supervisors and departments and release transparent annual performance reports.

- All staff should have easy access to specialist clinical supervision and counselling.

**Research Funders:**

- Funding applications should include a section on mitigating risk to researchers, including access to clinical supervision and counselling for the duration of the project and for a period after it ends.
- Review university wellbeing practices and only support institutions that have in place adequate support for all staff, including: wellbeing support, training, facilities, and an ethical workplace culture.
- Collect feedback from researchers on wellbeing, including the short- and long-term impact of research. Respond to this data and develop an action plan for improving researcher wellbeing.
Five key principles

- Understand psychological risk.
  Dealing with difficult and distressing source material (in any medium) exposes researchers to emotional stress and the very real dangers of ‘vicarious trauma’ and ‘secondary traumatic stress’. Exposure to upsetting second-hand accounts, and the impact this has, has long been acknowledged in other professions such as counselling, journalism and legal work but is less understood within a historical research context.

  To effectively manage wellbeing, researchers should have a theoretical and practical understanding of how their research exposes them to second-hand trauma. This should include understanding how a researcher’s own lived experience (vulnerability factors) may increase the impact of emotionally difficult accounts. Importantly, difficult or distressing accounts can occur in a wide range of research topics, even when they aren’t expected.

- Adopt ‘therapeutic safeguards’.
  Safeguards should be adopted when working with source material, whether in the archive or with live participants.

  When working with live participants, it is imperative that both researcher and participant know and agree that they are not in a therapeutic relationship. Having acknowledged this, we can still adopt some of the well-established boundaries and safety techniques used within counselling. Agreed rules and limits around interview length and contact outside of office hours helps protect both researcher and any participants. Set and communicated well in advance, boundaries should also limit researcher self-disclosure of personal experiences which risk retraumatising and unintentionally undermining the research relationship.

  Pacing an interview and planning a clear ending that brings you both back to the present serves to contain the difficult experience to the interview and transition away from difficult subject matter. This is especially important for distance interviews where the online disinhibition effect (ODE) can lead to potentially unsafe rapid disclosure and information disclosures that both parties may later regret. Researchers should become familiar with a clear ‘decompression’ activity after difficult work to help mark this transition and to mentally process the impact of the work on themselves. This should be part of a well-considered and regularly used self-care plan. Researchers working with the public should have appropriate Safeguarding training (in case of disclosure of a safeguarding issue).

  When applying therapeutic safeguards to archival sources, researchers should limit time spent with difficult sources, use decompression activities and have clear boundaries around working hours.

- Consider Physical Safety.
  Understanding psychological risks should not be at the expense of also taking steps...
to guard against physical risks. For oral history projects, preference might be given to a safe neutral location which not only protects researchers who are lone working, but can help balance power within the researcher participant relationship. Utilise lone working safety services, apps and alarms whenever necessary, including the cost in funding proposals.

Use living documents. Managing good mental health is not a single action or activity. The use of formal risk assessments, which are reviewed with a supervisor on a regular basis, provide a way to anticipate and react to researchers as individuals, as well as to outline clear wellbeing requirements to institutions and funders. This may include access to clinical supervision. The researcher self-care plan should also be considered a living document and regularly revisited.

Contribute to a culture of positive mental health. Workplace culture matters. Normalising discussions with colleagues can help build confidence for prioritising mental health, understanding the real impact of the research process and learning which strategies are the most or least effective for mitigating psychological impact. Involvement with informal peer support groups can create support among peers, and should sit alongside other more formal institution led support systems.

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We hope to encourage conversations about researcher vulnerabilities, mental health and wellbeing and we welcome feedback on this document. You can email jessica.hammett@bristol.ac.uk. You can find further information and add comments on our website: researcherwellbeing.blogs.bristol.ac.uk

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